

Primary Health Care, the answer to Sustainable Health

In a recent comment in the Lancet, Gro Harlem Brundtland expressed concerns that imbalance in India's Health Reforms will create surge in hospital care rather than Primary Health Care-led route to Universal Health Coverage (UHC), and went on to site the example of her neighbours Thailand and Sri Lanka becoming global UHC success stories. ([India's health reforms: the need for balance](#)).

Visualise for example, how many children are off sick from school in a particular week or the number of workers absent from an office or a factory due to sickness. It will be hard to assume that this figure would exceed 3-4%. Moreover, only a fraction of this number will be having serious enough illness to end up in a hospital. Even if we include elderly and infirm, the figure is unlikely to exceed 5% of the total population for hospital care. On the other hand, need for immunisations, family planning, growth monitoring among Under-5s and ante/postnatal care for example, is required by the whole subgroup of that population. The latter must be provided under Primary Health Care (PHC). Moreover, effective PHC reduces the burden of disease for secondary health (hospital based) services and eventually improves the state of health of any population. Illness care is certainly a component of PHC and primary health centres deal with simple health problems and refer more difficult cases to higher centres. However, disproportionate time is spent on illness care rather than preventive aspects of PHC. Partly it is due to what medical profession and pharmaceuticals have taught the public to expect from PHC. There is a belief that a pill or an injection is the answer to all health problems, and now people even think that X-ray, ECG or MRI is essential part of the treatment and forcefully demand it. All this is increasing the cost of health care leaving even less for PHC.

So what is PHC and what does it include? For most of us PHC is understood to be care for minor illnesses that can also be provided by a non-doctor. Not only public, but vast majority of medical professionals also have the same notion.

PHC encompasses primary care, disease prevention, health promotion, population health, and community development within a holistic framework, with the aim of providing essential community-focused health care (Shoultz & Hatcher, 1997; World Health Organization [WHO], 1978). PHC is rooted in contemporary conceptualizations of health as a bio-psychosocial phenomenon and not simply the absence of disease (WHO, 1978).

I strongly believe that strengthening the *existing health care delivery system* is the answer to UHC and that must start from the base of the pyramid, the first level of care at primary health centres. Resources must be redirected to PHC from the national health care expenditure. A marginal increase in PHC expenditure can do wonders. (see Nam Theun 2 Health Programme in Laos under Blog under Collaboration with Government Health Services)

Improving the health of women and children around the world is a top priority for the international development community, as evidenced by Millennium Development Goals 4 and 5 and the inclusion of specific health targets in the new Sustainable Development Goals. Although the high-impact interventions needed to prevent maternal and child deaths have been known for some time, they fail to be implemented at the necessary scale for global mortality reductions. (<http://www.gbchealth.org/programs/rmncah/>)

Women and Children together constitute more than 65% of any population. This subgroup

also consume major share of national health expenditure. Hence, maternal and child health is the starting point for cost effective and efficient health service delivery. Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) services through PHC must be prioritised to ensure quality MCH for all.

1. Family Planning: Starting point is a planned birth. Every child born must be wanted and then only there is hope for that child to be nurtured optimally in the family and in the society the child continues to grow;
2. Antenatal Care: A woman who is healthy at the time of conception is more likely to have a successful pregnancy and a healthy child (Stephenson, Lancet Vol.391; 2018). As soon as the conception takes place, care must start so that all available medical knowledge is used to ensure that the foetus grows optimally and mother continues to experience optimal health;
3. Supervised delivery: Once the time for birth, the most dangerous time during pregnancy arrives, every effort is made to provide best possible service to the mother and the newborn through skilled supervision during child birth;
4. Postnatal Care: For newborn and the mother, if things do not go spontaneously, dangers are still lurking around and careful monitoring and care is required for the survival of both;
5. Neonatal care: More than three fourth of all infant deaths occur during the first month of life. It is the most critical period of newborn's life and requires close monitoring and advice to mother for best care of the baby;
6. Under-5's care and advice to mother/care taker is absolutely essential to ensure normal physical and mental development, and that optimal growth continues during the first five years of life. After five years this responsibility is shared between parents and the school; (See Why Growth Monitoring in Under-5s. 12 Aug 2018 under Old Items)
7. Adolescent health: The need for care and advice to adolescent children is underestimated and often they are left to fend for themselves. Most children at this stage of life learn from their personal experiences and that of their peers. Right or wrong these perceptions remain with them to adulthood and there is little chance of change thereafter. Here the role of PHC and schools merge and collaborative efforts are required. (see Health Education in Schools 25 Aug 2018 under Old Items)

Each one of these services have protocols, described and distributed to all health facilities under the national health programmes and is beyond the scope of this article. There is no priority setting in the sequence of these services as this is a cycle of life which has continued for generations and each one is intricately linked to the other for both positive and negative impacts, and are cumulative in nature. Hence, the services must be comprehensive and integrated for the care to be effective. ([**Continuum of Care**](#) Figure 1)

To achieve all this one requires live information. Each health facility must have the detailed knowledge and accessibility of its catchment population. Often health centres have this information but it is rarely updated and used for calculating the workload and coverage. Vital information on births and deaths are not recorded and followed. (see Power of Information

under Blog)

The scenario in a typical health centre is that most of the workforce is engaged in addressing the illness care needs of visiting patients and there is little time left for other things.

Alternative approaches to this problem have been discussed earlier and the reader is directed to previous articles (Home > old items)

Much greater focus on Primary Health Care is the answer to Sustainable Health.

See also Information on Maternal and Child Health under Blog and More > Maternal and Child Health;

Primary Health Care under More > Primary Health Care