Revitalizing Primary Health Care

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Introduction

Attaining good health is one of the basic fundamental rights for every human being, as well as a human investment for national development programmes. Health is defined as a state of complete physical, mental and social well-being, not merely the absence of disease and infirmity. To attain good health, several efforts need to be carried out. One of the efforts is provision of health services. Health service is part of a health system. Health system has a broader scope since it includes all the organizations, institutions and resources that are devoted to produce health actions. A health action is defined as any effort, whether in personal health care, public health services or through inter-sectoral initiatives, whose primary purpose is to improve health. The Health for All (HFA) movement was part of the Alma Ata Declaration on Primary Health Care (PHC) in 1978. HFA was to be achieved by the year 2000. This target is not yet achieved till date. Therefore, we will continue in pursuing it as a vision of health development. Thirty years after PHC was adopted as an approach to operationalize health systems, we observe different perceptions of PHC that sometimes yield unfavorable health outcomes. Now it is very timely to revitalize PHC in light of the changing disease burden, globalization, trade agreements, social determinants of health, climate change, etc.

In 2000, world leaders reached a consensus on a new movement termed ***Millennium Development Goals (MDG)*** to be achieved by 2015. Five out of eight goals are health-related. The World Health Organization sees the MDGs as milestones on the road to HFA since they set clear goals and distinct targets compared with HFA.

Primary Health Care: then and now

The concept of Primary Health Care emanates from the International Conference on Primary Health Care, jointly organized by WHO and UNICEF in Alma-Ata, the capital city of the Kazakh Soviet Socialist Republic, held from 6-12 September 1978. Primary Health Care according to the Alma-Ata Declaration is '*an essential care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation at a cost that community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process*'.

As a concept PHC offers a comprehensive guide on equity, what to prioritize, technology to be applied, socio-cultural aspects, target groups, full involvement of the community, cost-effectiveness and efficiency. Perhaps due to its rich and comprehensiveness nature, PHC is

oftentimes misperceived. Many misperceive PHC as cheap, second-grade health care, health care at grassroots level, health care for the rural and the poor, health care in developing countries, etc. These misperceptions to some extent are understandable considering that PHC has a multiplicity of meanings depending on which perspective we look into:

- a package or a set of activities
- level of care
- an approach, which has been termed interchangeably PHC principle, PHC pillar and PHC strategy

(i) **From a "package" perspective:** PHC was defined in Alma-Ata to consist of at least eight activities or elements, namely:

(1) Education concerning prevailing health problems and the methods of preventing and controlling them.
(2) Promotion of food supply and proper nutrition.
(3) An adequate supply of safe water and basic sanitation.
(4) Maternal and child healthcare, including family planning.
(5) Immunization against the major infectious diseases.
(6) Prevention and control of locally endemic diseases.
(7) Appropriate treatment of common diseases and injuries.
(8) Provision of essential drugs.

Implementation of comprehensive care as advocated by the Alma-Ata Declaration is essential in Primary Health Care. However in practice, this strategy, considered to produce the most just outcome, is not easy to achieve. There are two main reasons, namely:

- **Role of physicians:** In many countries, training for medical doctors is focused on medical sciences and technologies. As a result, their competence, attitude and behaviour towards public health are not up to the mark. Not surprising then that their focus in delivering care is biased towards medical care.
- **Limited resources for health:** Particularly with regard to human and financial resources.

This constraint has prompted adoption of single disease programmes or selective Primary Health Care. As a result, only a few components of services are provided, which clearly contradicts the original idea of comprehensive Primary Health Care. Some consider implementation of selective Primary Health Care as a threat and regard it as a counter-revolution.

GAVI (Global Alliance on Vaccines and Immunization) and the GFATM (Global Fund for HIV/AIDS, Tuberculosis and Malaria) are global health initiatives that pursue selective PHC. The oil crisis, a global recession and the introduction of structural adjustment programmes reduced resources for health. This has resulted, as mentioned earlier, in selective PHC using different packages of interventions gaining favour, over the intended aim of fundamentally strengthening of health systems for delivering comprehensive PHC.

(ii) **From a "level of care" perspective:** There are three levels of care with different characteristics for each level of care, in terms of personnel, problems encountered and available facilities, which is depicted below:

- **Primary care:** Personnel serving this level are called generalists. Health problems encountered, medical and

non-medical facilities available are usually simple.

- **Secondary care:** Personnel serving this level are called specialists. Health problems encountered, medical and non- medical facilities available are more complex.
- **Tertiary care:** Personnel serving this level are called sub-specialists. Health problems encountered, medical and non-medical facilities available are the most complex and sophisticated.

(iii) From an "approach" perspective: Primary Health Care is an approach to health development. The Primary Health Care concept refers to implementation of a total health development strategy with emphasis on developing primary care as the first level of care of a continuum of care. The four approaches/principles/strategies arise from the concept of Primary Health Care are:

- Universal accessibility and coverage- Primary Health Care strives to ensure universal accessibility and coverage.
- Community and individual involvement and self-reliance- Health should not be the sole responsibility of the government. Each individual and the community should be held responsible as well by involving them from the planning stage down to the implementation and monitoring and evaluation of health programmes.
- Inter-sectoral action for health- The causes of ill-health are twofold, namely health risk and health determinants. Health risks emerge from people's lifestyles, such as use of tobacco, alcohol consumption, food consumption and physical exercise. The determinants of health cover a broad spectrum of factors that include social, educational, economic, gender, political, security and physical environment, such as water and sanitation.
- Appropriate technology and cost-effectiveness-Right choice of technology (for example. appropriate and cost effective technology) will ensure better efficiency of the health system.

By using the Primary Health Care approach as a health development strategy, many developed or high income countries in North America and Western Europe are able to provide effective and efficient health services to the community, through provision of accessible, affordable and quality family health services by family doctors as the first point of contact. At this point, services provided follow the basic principles of family practice, which include:

- Continuous, comprehensive and integrated health services;
- Commitment to the person rather than to a particular body of knowledge, group of diseases or special techniques;
- Sees every contact with patients as an opportunity to provide prevention or health education;
- Emphasis on evidence-based medicine; and
- Sees him/herself as part of community-wide network of supportive and health-care agencies.

In developing or low and middle-income countries in Asia and Africa, the use of the Primary Health Care approach as a

health development strategy is manifest as the provision of basic health services to the community through the establishment of community health centres/health posts in every village.

Health for All

At the minimum, all people in the country should have at least such a level of health that they are capable of working productively and participating actively in social life and community activities. This is popularly known as ***Health for All*** by the year 2000. *Health for All* means:

- People use better approaches for preventing disease and alleviating unavoidable disease and disability and have better ways of growing up, growing old and dying gracefully.
- There is an even distribution among the population of whatever resources for health are available.
- Essential health care is accessible to all individuals and families in an acceptable and affordable manner and with their full involvement.
- People realize that they themselves have the power to shape their lives and the lives of their families, free from the avoidable burden of disease and aware that ill-health is not inevitable.

Millennium Development Goals

Since their adoption by all United Nations Member States in 2000, the Millennium Declaration and the Millennium Development Goals have become a universal framework for development and a means for developing countries and their development partners to work together in pursuit of a shared future for all. These goals gave continuity to the values of social justice and fairness articulated at Alma-Ata. They further affirmed the central place of health on the development agenda as a key driver of social and economic productivity and a route to poverty alleviation.

For health systems, commitment to reach the health-related Millennium Development Goals has two main implications. First, delivery systems must do a better job of reaching the poor, who tend to live in remote rural areas and urban shantytowns. Second, schemes for financial protection must be in place to ensure that the costs of health care, especially catastrophic expenses do not themselves cause poverty.

Health systems using the PHC approach

A health system consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health. This includes efforts to influence determinants of health as well as more direct health-improving activities. A health system is therefore more than the pyramid of publicly owned facilities that deliver personal health services. It includes, for example, a mother caring for a sick child at home; private providers; behaviour change programmes; vector-control campaigns; health insurance organizations; occupational health and safety legislation. It includes inter-sectoral action by health staff, for example, encouraging the Ministry of Education to promote female education, a well-known determinant of better health, and to the Ministry of Transport for the use of safety belt to prevent severe injury to the driver and passengers of motor vehicles.

Countries seeking to prescribe essential health care as prescribed by the Alma-Ata Declaration were faced with two difficult options:

(i) Focus public spending on interventions that are both cost-effective and possess public goods characteristics.

(ii) Boost financing through applying user's fees. While many governments started to levy fees, the poor were deterred from receiving treatment. Limited income yielded from user's fees has prompted many governments to focus on single disease programmes/selective PHC, which further exclude the poor from getting proper care.

Health systems are highly context-specific. There is no single set of best practices that can be put forward as a model for improved performance. The Pan American Health Organization (PAHO)/WHO Regional Office of the America defines Health System using PHC approach as follows:

- A PHC-based health system is composed of a core set of functional and structural elements/building blocks that guarantee universal coverage and access to services that are acceptable to the population and that are equity enhancing.
- It provides integrated and appropriate care over time; emphasizes health promotion and prevention; and assures first contact care.
- Families and community are its basis for planning and action.
- It requires a sound legal, institutional and organizational foundation as well as adequate and sustainable human, financial and technological resources.
- It employs optimal organizational and management practices at all levels to achieve quality, efficiency and effectiveness and develops active mechanisms to maximize individual and collective participation in health.
- It develops inter-sectoral actions to address determinants of health and equity.

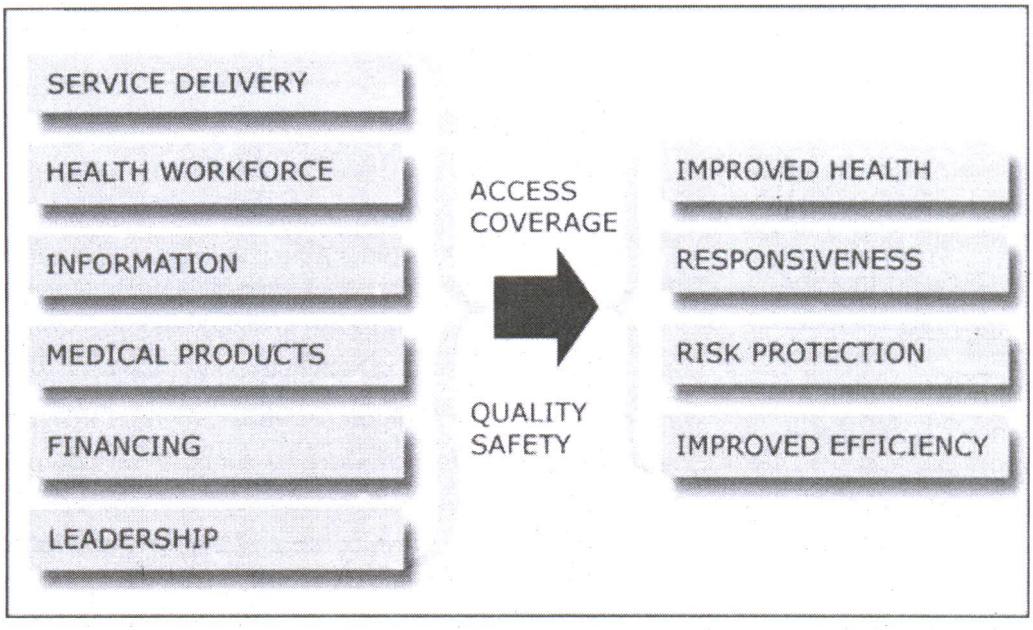

Figure 5-1 : The WHO Health System Framework

In 2007, based on the functions defined in the *World* Health *Report 2000*, six building blocks of the health system were identified, namely:

(i) Service delivery
(ii) Health workforce
(iii) Information
(iv) Medical products, vaccine and technologies
(v) Financing
(vi) Leadership and governance (stewardship)

Figure 5-1 depicts the health system framework. It should be noted that the building blocks are closely intertwined. Therefore, efforts to strengthen health systems should be directed in an integrated manner and not in isolation.

(i) Service delivery

In any health system, good health services are those which deliver effective, safe, good quality personal and non-personal care to those who need it, when needed, with minimum waste. Services delivered, be they prevention, treatment or rehabilitation, may be delivered in the home, the community, in the workplace or in health facilities.

(ii) Health workforce

Health workers are all people engaged in actions whose primary intent is to protect and improve health. A country's health workforce consists broadly of health service providers and health management and support workers. This includes: private as well as public sector health workers; unpaid and paid workers; lay and professional cadres. Countries have enormous variation in the level, skill and gender-mix in their health workforce. Overall, there is a strong positive correlation between health workforce density and service coverage and health outcomes.

It goes without saying that most countries experience a mismatch in distribution between urban-rural, public health and medical care and between supply and demand. The matter is further aggravated by external as well as internal migration. Since solving these mismatches is very time consuming, we need to fully explore the potential of expanding the role of community-based health workers and community health volunteers in public health activities.

Community-based health workers include all healthcare workers who are part of the formal health organization, and have undergone formal training to carry out a series of specified roles and functions, and spend a substantial part of their working time actively reaching out to the community, discharging their services at the individual, family or community level. These may include doctors, nurses, midwives who fulfil above criteria, public health inspectors, health attendants, health supervisors, family health visitors, etc., who spend a substantial part of their working time actively reaching out to the community.

Community health volunteers mean members from communities selected by communities and answerable to them. They have undergone shorter training than professional workers, not salaried, but may receive financial and other incentives. They are predominantly involved in health promotion and prevention of health problems, supported by the community and the health system but are not necessarily a part of its formal organization. In some countries, community health volunteers are basically village members.

(iii) Information

The generation and strategic use of information, intelligence and research on health and health systems is an integral part of the leadership and governance function. In addition, however, there is a significant body of work to support development of health information and surveillance systems, the development of standardized tools and instruments and the collation and publication of international health statistics. These are the key components of the information building block.

A well functioning health information system is one that ensures the production, analysis, dissemination and use of reliable and timely health information by decision-makers at different levels of the health

system, both on a regular basis and in emergencies.

Advances in information technology make it possible to link remote health centers with higher levels of expertise. As suggested by some pilot studies, these advances can also revolutionize the collection and use of data within district health systems, thus addressing the perennial problems of inadequate monitoring and evaluation while supporting better priority-setting. Knowledge development and management as part of health systems research undoubtedly can contribute a lot to health systems strengthening.

(iv) Medical product, vaccine and technologies

A well-functioning health system ensures equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness and their scientifically sound and cost-effective use.

(v) Financing

A good health financing system raises adequate funds for health, in ways that ensure people can use needed services, and are protected from financial catastrophe or impoverishment associated with having to pay for them. Health financing systems that achieve universal coverage in this way also encourage the provision and use of an effective and efficient mix of personal and non-personal services.

(vi) Leadership and governance

The leadership and governance of health systems, also called stewardship, is arguably the most complex but critical building block of any health system. It is about the role of the government in health and its relation to other actors whose activities impact on health.

This involves overseeing and guiding the whole health system, private as well as public, in order to protect the public interest. It requires both political and technical action, because it involves reconciling competing demands for limited resources in changing circumstances.

Challenges in implementing Primary Health Care

- Misinterpretations of the concept of Primary Health Care
- Burden of diseases
- Inequity in health
- Escalating health care cost
- Trade agreements
- Interdependence of the world
- Inadequate performance or low efficiency of the health system
- Need for more research
- Financing the health system
- Need for integrated services
- Public-Private partnership
- Climate change

Revitalizing Primary Health Care: the way forward

Some of the focus in revitalizing PHC is outlined below to be used as guidelines for the Regional Conference on PHC in its deliberations:

- Reaffirm high political commitment towards PHC. The government should strongly support the concept and the implementation of PHC through health system strengthening as well as in health development. Prioritize allocation of funds to public health.
- Improve health equity through specific actions in the health sector as well as other sectors that influence health outcomes, i.e., social determinants of health. Equity or social justice is the most salient feature of PHC. Pro-poor policies in national development in

general and in health in particular should be continually promoted.

- Foster more effective multi-sectoral collaboration for establishment and implementation of Healthy Public Policy, i.e., policies of other sectors beyond health that promote health. Health Impact Assessment is one manifestation of Healthy Public Policy that should be implemented along with Environmental Impact Assessment. Implementation of Healthy Public Policy is becoming more important in light of climate change.
- Strengthen health workforce including Community-Based Health Workers (CBHW) and Community Health Volunteers (CHV). To ensure the availability of health workforce for Primary Health Care, three strategic pillars have been recommended, namely:
  - Renew political commitment and recognize the importance of Community-Based Health Workers and Community Health Volunteers;
  - Strengthen the Community-Based Health Worker and Community Health Volunteer system; and
  - Ensure a supportive environment for effective functioning of Community-Based Health Workers and Community Health Volunteers.
- Implement equitable healthcare financing such as tax-based and social health insurance and various community based health financing. Out-of pocket health expenditure has been blamed as one factor that leads to widening health inequity and at the same time increases the number of the poor. The aim is to achieve universal coverage of financial security to the population in getting quality and safe health care. This may take years. Germany needs more than 100 years, while South Korea and Japan need 50-75 years in attaining universal coverage of their health insurance. In the current globalized world where expertise in health insurance and experience pertaining to it is easily available, targeting universal coverage will take much shorter time.
- Strengthen partnership with civil society that includes the community, the private sector and NGOs. The community should be empowered for their active participation in health development. The role of the private sector in health development, which was not given due consideration in the Alma-Ata Declaration, should be better acknowledged and regulated.
- Promote better transparency and accountability of the health systems through improved leadership and governance (stewardship). All governments are faced with the challenge of defining their role in health in relation to other actors. For many this is changing, for example, with decentralization. Any approach to leadership and governance must clearly be contingent on national circumstances.
- Utilize to its fullest various global health initiatives (e.g. GAVI and Global Fund for HIV/AIDS, Tuberculosis in Malaria) and partnerships in health (International Partnership in Health) that have shown interest in health systems strengthening.