

COMPREHENSIVE PRIMARY HEALTH CARE: A ROAD TO ACHIEVE HEALTH FOR ALL

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ABSTRACT

Comprehensive Primary Health Care service is a combination of promotional, curative and preventive health services for the individuals throughout their life. With the shortcomings of our Primary Health Care delivery system Indian government rope the comprehensive primary health care in our existing health care structure to get the Universal Health Coverage, Sustainable Development goal 3 and health security. It's true that we have achieved a lot in health industry after launching Ayushman Bharat Yojana (2018) under which Government Primary Health Care Facilities has been upgraded to Health and wellness centers, which is the main source for disseminating the CPHC. In spite of these efforts from government we have to go way forward to achieve our objective of Universal Health Coverage. We should learn from our lacking's and have to come more powerful by dissolving all the challenges which are considered to be hurdles in our way to achieve "Health for All".

Keywords: Primary Health Care, Ayushman Bharat Yojana, CPHC., AB-HCW's, Universal Health Coverage.

INTRODUCTION

The Alma Ata Declaration, so named because it was espouse at the 1978 International Conference on Primary Health Care in Alma Ata held at Kazakhstan, contains this well-known healthcare delivery paradigm, which has since developed into a pivot tenet of the World Health Organization's (WHO) vision of "Health for All".

PHC (Primary health care), pertain to "essential health care," which is essentially a collection of tools and techniques with a scientific foundation and broader societal acceptance. As a result, everyone or any individuals and households in a community can now access universal health coverage. PHC initiatives don't require community members to actively participate in execution or decision taking. Health care facilities are given at a cost that the society and the nation can pay at any stage of their evolution well with in the spirit of self-sufficient and self-sustenance. PHC, then,

is a method for promoting health that goes beyond the Indian health care system of medicine and places a strong emphasis on social policy that encourages equity in health. PHC includes all elements that affect health, including the environment, way of life, and access to treatment.

This review article describes the significance of primary health care and how comprehensive primary health care is a pathway to reach universal health coverage. Here we specifically focuses on the initiatives taken so far by the government of India to mark the difference and somehow to make health services available for all the people below margin. We also proposes the way forward to strengthen the delivery system for achieving health for all at the earliest possible.

WHY IS IT IMPORTANT?

A person's physical, psychological, and social wellbeing are all part of primary health care, according to the WHO.

Treatment and prevention control are indeed the primary objectives of primary health care, which is multidisciplinary and consumer centred care. In order to deliver comprehensive care as possible in proximity to people's daily environments, primary health care guarantees that people receive everything from prevention and promotion through treatment, restoration, and hospice care.

The Sustainable Development Goals pertaining to health and achieving universal health coverage depend on stronger primary healthcare. Even beyond health goal (SDG3), it aids in accomplishing other objectives, such as those related to eradicating poverty, decreasing hunger, promoting gender equality, ensuring access to clean water and sanitation, improving the labour market, addressing inequality, and addressing climate change.

Primary healthcare refers to comprehensive care that addresses the needs of the entire community as well as illness prevention, wellness promotion, including health education services. The goal of primary healthcare coincides with the goal of universal health coverage, which calls for accessible essential medical care services and secure, appropriate, and cheap necessary medications and vaccinations for everyone. PHC's additional goals can be categorised as the accomplishment of universal health coverage and the reformation of primary healthcare through their strengthening to guarantee equity and cost reduction. The metrics used to track change should take into account the fundamental elements of primary healthcare, including continuity of care, population- and person-centeredness, care coordination, health promotion, prevention and patient autonomy.

PRIMARY HEALTH CARE IN INDIA:

India's Primary health care services have seen big evolution in post independence era starting with the 200000 Government Primary Health Care facilities over the country across the rural and urban areas. A major initiative taken by the country towards the Primary Health Care started with the implementation of National Rural Health Mission, 2005. NHM/NRHM plan different strategies to strengthen the existing PHC services: decentralization of health planning, partnership with NGO's, flexible funding and more.

With the Increasing Global burden of Disease and change in epidemiological profile of diseases the deficiencies of GPHC's are underlined. The identified challenges are like shortage of manpower,

insufficient infrastructure, narrow ranged services, scarcity of medication and diagnostics and minimum referral services make the government to review their existing policy to attain Universal Health Coverage.

COMPREHENSIVE PRIMARY HEALTH CARE:

According to National Health Policy (2017), the Indian government should devote a notable amount (more than two thirds) of its budget to PHC. The one lakh fifty thousand Health and Wellness Centers, which are ascertained to serve as the primary contact points for communities and individuals well within public health system, are the most crucial component in achieving this. Around 70% of OPD Clinics will be served by Health and Wellness Centers, which will also include services for maternity and children's health as well as non-communicable illnesses. These clinics also hand out free basic medications, diagnostic tests, and assistance for referring patients to intermediate and tertiary levels of treatment.

While reiterating that primary care is an approachable means of achieving universal health coverage for India, the Primary Health Care Response Team report from the Ministry of Health and Family Welfare (MOHFW) of India also provided accurate knowledge of the structure and processes that are largely required in health systems to facilitate Comprehensive Primary Health Care (CPHC).

AYUSHMAN HEALTH AND WELLNESS CENTERS:

Indian Government launched Ayushman Bharat Yojana in 2018 with an aim of achieving universal health coverage after reviewing the report of global burden of disease in India, the government found there is a major disease and risk factors in every state of India. And they have found that 6 crore Indians are dragged over poverty by the out of pocket medical expenses.

The main objective behind this was to solve infrastructure shortages in public health, particularly in primary care and vital facilities in both urban and rural settings. And for achieving the same government of India converted all the sub-centre's and PHC's in both rural and urban area into Health and wellness centre's so they can ensure the smooth delivery of Comprehensive Primary health care services to all. Up until 22 September 2019, when approximately 21,000 AB-HWCs had been in operation but also reported a visitation of 17 million, formal data on the use of services was available from HWCs. 950,000 yoga sessions, 7 million hypertension treatments, 3.1 million diabetes treatments, 16 million consumers receiving needed medications, and 4.9 million receiving free essential investigations were all carried out in these centres.

COMPREHENSIVE PRIMARY HEALTH THROUGH HWC'S:

It is a difficult undertaking to provide comprehensive primary care using AB-HWCs since it necessitates a massive change throughout all of the health system's levels. Numerous inputs must be provided for AB-HWCs to somehow be operationalized.

Key components of CPHC:

- Expanded Service Delivery: AB-HWCs allow you to add non-communicable disease care, oral, Ear, Nose, Throat and eye care, mental health, hospice & restorative care as well as first aid treatment for emergencies and trauma to the service packages that include MCH services.
- Continuum of Care- Tele-health and referral: A gatekeeping role, a bilateral referral system

that connects to secondary and tertiary care, along with followup treatment, are all part of the commitment to deliver comprehensive primary health care through AB-HWCs. Teleconsultations are utilized on all levels to increase referral guidance, get explanations, and conduct virtual instruction with expert case management guidance.

- **Expanding HR – CHO and multiskilling:** At SHC-HWC, a fresh body of employees known as Middle level health care provider has been hired and trained in public health and primary healthcare competencies. The Middle level health care provider is meant to enhance clinical management, continuum care, prescription dispensing, and careful follow-up for patients leaving medical institutions who have chronic illnesses. **Medicines and Expanding diagnostics:** The capacity to issue medicines and execute necessary tests nearby is made possible by the adequate availability of vital medications and diagnostics. The community has access to 105 free and necessary medications at HWC-SHC, 14 screening procedures at HWC-SHC, 172 medications at HWC-PHC, and 63 diagnostic tests at HWC-PHCs.
- **Community Mobilization and Health Promotion:** The involvement of community-level aggregates like VHSNCs, MAS, and SHGs facilitates health promotion at AB-HWCs. To guarantee that no individual is denied health care access and that ubiquity and equity are upheld, community mobilisation for action on ecological and social determinants will build on the accountable activities under NHM.
- **Robust IT System:** The HWC team is equipped with laptops and desktop computers at the PHC level and tablet computers at the SC level to promote electronic health records for the population served by the HWCs. The AB-HWC team will be able to track patients for adherence to treatment and follow - ups through the use of a secure IT system.
- **Infrastructure:** Health and wellness centers are being modernised and rebranded to support enough room for expanded delivering services, for medication dispensing, for diagnostic testing structures, for health promotion-related activities like the practise of yoga, etc., in addition to enough rooms for showcase of health awareness matter, including audiovisual equipment.
- **Partnerships for knowledge and implementation:** To incorporate AB-HWC in their field of competence, partnerships are being built with development agencies and technical support entities. These collaborations assist the AB-HWC Program's campaigning, research, and execution across the states.
- **Financing- provider payment reforms:** financing- Performance-based payouts that are based on how well the AB-HWC team performs have been implemented to promote teamwork. It serves as a method to increase community health care demand and provide high-quality, prompt treatment nearby.

DISCUSSION:

The Report submitted by Bhore Committee in 1946, as well as the declarations by Second National Health Policy, both in India, first highlighted the necessity for and emphasis on developing Primary Health Care (1983 and 2002). India joined the 1978 Alma Ata Declaration for Health for All as a signatory. According to the adjuration on Universal Health Coverage by the High-Level Expert panel group Report, the Twelfth Five Year Plan prioritized Universal Health Coverage as a major objective and called for allocating 70% of the budget towards primary healthcare in order to achieve UHC for India.

Estimates from the National Sample Survey indicate a 10% spike in households with unmanageable healthcare expenses between 2004 and 2014. This could be accounted for by the fact that perhaps the private sector still provides 62% of inpatient care and more than 75% of outpatient care nationwide. In India, non-communicable diseases like heart disease, tumor's, diabetes mellitus and other chronic illnesses now contribute for more than 60% of all mortality, signalling a demographic and epidemiological shift.

There is evidence from all across the world that primary healthcare is essential for optimising health outcomes. It plays a significant part in both primary and secondary disease prevention, including that of non-communicable illnesses. Comprehensive Primary Health Care is offered, which drastically lowers the demand for secondary and tertiary care while reducing morbidity and death at much reduced prices. Beyond initial contact care, primary health care is anticipated to coordinate a multiple referral assistance to higher-level facilities (from the first level care provider through specialty care and back again) and to guarantee follow-up assistance for both individual and population intervention strategies.

Zodpey, S., & Farooqui, H. H. (2018) also tells that overburdened health care facilities nailed by a private sector is reaching out of pocket health expenditure to the families who are dependent on their daily wages. And the initiative to provide comprehensive primary health care at primary and secondary level can help them to reduce their out of pocket expenditure for health which leads to an improvised household.

Beheshti, L. (2022) discuss that tele-health held lots of benefits in the primary health care as it become accessible to the people living in remote areas. On the other hand it will be easy to communicate with the physicians at the time of emergency. Doctors working in remote or rural areas can go for expert advice from their colleagues sitting on the other side. As PHC works as a first point of contact for population, tele-health helps people to easy access to the health services. But still we are way back as we are facing challenges like technical issues, low human resources in the field.

According to annual report of Ministry of Health and Family Welfare (2021-2022) 77,786 AB-HCW's were operationalized till 16th sep 2021, total 116.91 lakhs teleconsultations under e-sanjeevani have been done, and over 36.48cr screenings for non communicable diseases has been done so far. Middle-level health care(Community health officer) provider has been deputed to health wellness centres to shift the services from doctor centric to team focused.

While the AB-HWCs aims to address the current hurdles in the Primary health care system, the impact and success will depend on a swift transformation from strategy to execution stage; focus on the both demand and supply sides side intervention strategies; commitment of society and society organisations; other sponsors; concentrate on productive and efficient referral linkages; continuing learnings, inventions, and mid-course modifications; efficient linkages; and commitment of society and society organisations. Lahariya, C. (2020)

CONCLUSION:

There is ongoing debate over the Universal health coverage that it can be achieved through primary health care services. To accomplish the universal health coverage India has taken so many steps starting from primary health care services strengthening by upgrading the infrastructure of primary, secondary health care delivery system in health and wellness centers through which comprehensive primary health care services are disseminating all over the country. We have come so far from our lacking and bringing up the public health system to another level. But still there are some challenges to nail our vision of health for all. Challenges like funding issues of services, shortage of manpower in health care centers, vague role of private sector towards the goal of achieving universal health coverage are the speed breakers in our path. We have more to go towards our dream to achieve “Health for all”.

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