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Editorial

Revitalising primary health care

Karkee R

School of Public Health, BP Koirala Institute of Health Science, Dharan, Nepal

The Alma-Ata declaration of September 1978 was a landmark event in international health policy. The declaration stated that Primary Health Care (PHC) is the key to the attainment of a level of health sufficient to permit people to lead a socially and economically productive life by the year 2000[1]. Primary health care became the hub of national health system in many countries, with establishment of primary health care units generally employing mid level health workers.

PHC is a blend of activities, approach and level of health care. It had eight elements, known as basic health care, to be conducted on the basis of equity, community involvement, appropriate technology and multi-sectorial approach. It relied on the foundation that most community health problems can be resolved by lower level of health care which can be made affordable, accessible and acceptable to the community. It included the best public health strategy that is prevention and the highest ethical principle of public health that is equity. It was expected the best system for reaching households with essential and affordable care, and the best route towards universal coverage[2]. It, along with overall social development and social justice, intended to achieve a quality of life.

Countries have varied experiences and constraints in implementation of PHC. Few countries such as Thailand, Brazil, Cuba, Sri Lanka were able to translate the values of PHC into action and did achieve impressive health gain while most countries did not. In these remaining groups of some countries, the health system, especially the peripheral health units became decayed, inefficient and bypassed by the consumers. Overall, primary health care movement by the end of 20th century became lifeless. There are many reasons behind this demise ranging from global to local. The main global factors were the 1980s global economic recession followed by government reduction in public spending and commercialisation of health care; political clash between communism and capitalism; favourism of disease oriented vertical interventions by major donors and pharmaceuticals. At national level, implementation of PHC faced inadequate political commitment, lack of adequate supplies and human resources, difficulty in intersectorial co-ordination, in community involvement, retaining health workers in peripheral health care units, and opposition by powerful medical and nursing associations. Some scholars said that PHC failed while other argued that PHC was not allowed to operate in its full empowering sense.

The focus of the global health community is shifting from a biological to a social model of health, from vertical to horizontal programmes, and towards health system strengthening. That means that values, principles and approaches of PHC have been again reaffirmed as the best cost-effective way of achieving quality of life or achieving Millennium Development Goals. With the unequivocal support from six Regional Directors, the current Director General of WHO, Margaret Chan, has once again put PHC at the heart of WHO policy in coming years with the theme of strengthening health system using PHC approach that can also accommodate the needs of vertical programmes[3]. A series of regional conferences endorsed by WHO is taking place to revitalise PHC to mark the 30th anniversary of Alma-Ata declaration and for South East Asia Region of WHO, such conference took place during 6-8 of August, 2008 in Jakarta, Indonesia. World Health Report of 2008 is being dedicated to PHC.

Presently, concerns are rising about what to revitalise and how to revitalise it. To revitalise PHC, we may need to work differently and learn from the past that what we did and did not do for the PHC. Revitalising PHC definitely needs clear implementation strategy and actions in the present changed scenario: increased globalisation, increased commercialisation of health care, dominance of selective health care programmes, increased public private partnerships, increased urbanisation and rising non-communicable diseases. We will need innovative ways in fostering more effective multi-sectorial collaboration, in strengthening partnership with the private sector and community people, and in retaining health workers in public health system. We should put health in a national policy level; allocate resources to primary health centres; and create an appropriate and sufficient mass of socially accountable health workers, volunteers and public health professionals. All of these

are relevant in case of Nepal of which the national policy, strategy and network of PHC need physiological vital boost.

References

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3. Editorial. Margaret Chan puts primary health care centre stage at WHO. Lancet. 2008 May 31. 371.