

Relevance of Primary Health Care to an Efficient Healthcare System

Rubio Rica Rose May, A.

Western Mindanao State University, Zamboanga City, Philippines

***Correspondence to:** Dr. Rubio Rica Rose May, A., Western Mindanao State University, Zamboanga City, Philippines.

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Abstract

The impact of primary health care (PHC) which was established more than four decades ago is limited. In today's world, where globalization and advanced technology are essential factors contributing to a shift in major health issues - from communicable diseases to chronic diseases - this is especially true. Regardless of whether the circumstance poses significant problems and expectations, the PHC's aim of universal health must be seriously reconsidered. In PHC principles and concepts of equity, universal access, community participation, and intersectoral techniques are long-term or possibly eternal tendencies. Regardless of the trend, each country must choose to align its healthcare system with PHC values and principles. PHC implementation should be accompanied by further research to better understand how and to what extent it can be strengthened given the country's current socio-economic, cultural, and environmental conditions, as well as how these factors affect the costs and efficiency of health care provision. With the advent of COVID-19 pandemic, the relevance of PHC values and principles in guiding each country's healthcare system is now greater than ever and cannot be overstated.

Introduction

Governments have realized that public health promotion and protection is critical to the long-term socio-economic development of not just one country, but all countries in the world. This realization was the driving force behind the international conference on primary health care (PHC) in Alma Ata, USSR, in September 1978 (known as the “Alma-Ata Declaration”) [1].

Primary Health Care was viewed as the core of health-care systems at that summit, not only because health care is - was - a fundamental human right, but also because it was - and continues to be - the obligation of all governments to care for their citizens’ health. Primary health care, which includes health promotion, illness prevention, health maintenance, education, and rehabilitation, is critical and affordable care that is available to everyone in the community [2]. It is the most inclusive, equitable, cost-effective, and efficient approach to enhance people’s physical and mental health, as well as social well-being. Evidence of wide-ranging impact of investment in PHC continues to grow around the world, particularly in times of crisis such as the COVID-19 pandemic [3]. Though much has been done (via health system reforms and reorganizations) to fulfill the PHC’s goals, its implementation has not been without difficulties and downsides. Despite this, the PHC’s values and principles inspired the creation of the existing healthcare systems of most countries, if not all, today.

Primary Health Care (PHC) as the Cornerstone of any Healthcare System

The integration of the PHC as part of a country’s healthcare system, as well as the community’s general socioeconomic development, were among the declarations made at the Alma Ata Conference. It was envisioned that it would address the community’s major health issues by delivering preventive, curative, and rehabilitative services at a cost that the country could afford [1]. The PHC has been established as the foundation of health care systems because it is considered an efficient strategy to achieving the aim of universal health care. As a result, the Alma-Ata principles of equity, universal access, community participation, and intersectoral methods are incorporated into a healthcare system based on PHC [4]. Many governments, regulators, financiers, and healthcare providers, however, believe that investment in reaching the full promise of primary health care is still elusive [5].

To effectively contribute to a healthcare system, the focus of PHC should be on reforms of universal coverage, service delivery, public policy, and leadership [6].

Universal Coverage

The universal coverage reforms, which were based on the values of equity and justice, aimed to provide universal access to health care as well as social health protection (financial risk protection) for everybody. Unfortunately, out-of-pocket payments account for more than half of all healthcare expenditures for people in low- and middle-income nations, pushing many of them into poverty each year due to catastrophic healthcare costs [7]. However, evidence shows that in countries with superior financial protection, catastrophic expenditure is less common when there is a less out-of-pocket expense. When health care must be paid for out-of-pocket at the time of service, however, catastrophic expenditure is more likely to occur [6]. As a

result, financial risk protection may help people avoid falling into poverty because of healthcare out-of-pocket costs.

With this data as a foundation, the WHO (2012) [8] addressed universal health coverage (UHC) as a “single overarching health goal” for the next generation of global health goals, with the PHC as an underlying premise, in putting healthcare in the post-2015 development agenda. The United Nations Sustainable Development Solutions Network (UNSDSN) proposed in 2013 [9] that “all countries achieve universal health coverage at every stage of life, with particular emphasis on primary health services, including mental and reproductive health, to ensure that all people receive quality health services without suffering financial hardship” [9]. Countries that shift their healthcare systems to primary healthcare are better positioned to achieve universal health coverage.

Service Delivery

The PHC campaigned for service delivery improvements that would put individuals at the center of health care, making services more effective, efficient, and equitable. This goal, while desirable, is difficult to fulfill for countries afflicted by an economic crisis, political unrest, and developing diseases. Many low- and middle-income countries, as well as certain high-income countries, are dealing with rising rates of non-communicable diseases, as well as persistent infectious diseases, malnutrition, and reproductive health issues [10]. Nonetheless, healthcare delivery must be restructured to bring healthcare closer to the people. This can be accomplished by: (1) relocating the entry point to the healthcare system from hospitals and specialists to community-based primary care centers; (2) entrusting primary care providers with the health of an entire population to which they are assigned; and (3) granting primary care providers administrative roles and purchasing power [6].

Public Policy

The addition of public policies to universal coverage and service delivery changes is critical. Policymaking is an opportunity that must be pursued; else, service delivery and universal coverage reforms will lose much of their impact and significance. Policies in respect to delivery systems, public health, and other related sectors must be developed. The first set of crucial public policies should focus on delivery systems, which are essential for primary care and universal coverage improvements. Essential pharmaceuticals, technology, quality control, human resources, accreditation, and other aspects such as health infrastructure are all part of the systems. These elements can be purposefully aligned if they are to work successfully, even if they are not naturally connected with basic health care [6]. The second set of policies should focus on public health to address the most pressing health issues, as primary care and universal coverage reforms would be hampered without them. Technical policies and programs that aid primary care teams on how to deal with priority health concerns would be included in these policies [6]. The third set of policies, termed as “health in all policies,” would be based on the understanding that population health can be enhanced by policies primarily controlled by sectors other than health [11]. A beneficial partnership between the health sector and a range of other sectors is required to improve the social, economic, and political drivers of ill-health [6].

Leadership

Governments bear the ultimate responsibility for shaping national health systems. This does not imply, however, that governments are the only ones capable of reforming the entire healthcare system and should do so alone. As a result, they require assistance from a variety of social groups. Nonetheless, it is widely assumed that government organizations and the political apparatus that runs them will be entrusted with the primary responsibility for healthcare.

The ability of health authorities and other stakeholders to promote the PHC agenda should not be restricted by political influence, and leadership for greater health equity must be a joint effort undertaken by the entire society and all relevant stakeholders. Other PHC reforms will certainly succeed if this occurred.

Conclusion

The Alma Alta proclamation, which established basic health care more than four decades ago, had enormous symbolic value for all countries around the world, but its practical impact was limited. In today's world, where globalization and advanced technology are essential factors contributing to a shift in major health issues - from communicable diseases to chronic diseases - this is especially true. Regardless of whether the circumstance poses significant problems and expectations, the PHC's aim of universal health must be seriously reconsidered.

In PHC principles and concepts of equity, universal access, community participation, and intersectoral techniques are long-term or possibly eternal tendencies. Regardless of the trend, each country must choose to align its healthcare system with PHC values and principles. PHC implementation should be accompanied by further research to better understand how and to what extent it can be strengthened given the country's current socio-economic, cultural, and environmental conditions, as well as how these factors affect the costs and efficiency of health care provision [12]. Evidence suggests that health systems focused on primary care are more likely to offer better health outcomes and public satisfaction while also lowering costs [13]. With the advent of COVID-19 pandemic, the relevance of PHC values and principles in guiding each country's healthcare system is now greater than ever and cannot be overstated.

Bibliography

1. Declaration of Alma Ata. International conference on primary health care, Alma-Ata, USSR, 6-12 September 1978.
2. Kidd M, ed. (2013). The contribution of family medicine to improving health systems: a guidebook from the World Organization of family doctors. 2nd ed London (UK), New York: Radcliffe Publishing.
3. World Health Organization (2021). Primary health care.
4. Lee, J. (2003). Global health improvement and WHO: Shaping the future. *The Lancet*, 362.

5. Pettigrew, L.M., De Maeseneer, J., Anderson, M.I., *et al.* (2015). Primary health care and the Sustainable Development Goals. *Lancet*, 386(10009), 2119-2121.
6. World Health Organization (2008). The World Health Report 2008 - Primary health care now more than ever. Geneva, Switzerland.
7. Xu, K., Evans, D., Carrin G., Aguilar-Rivera, A., Musgrove, P., and Evans, T. (2007). Protecting households from catastrophic health spending. *Health Affairs*, 26(4), 972-983.
8. World Health Organization (2012). Positioning Health in the Post-2015 Development Agenda.
9. United Nations Sustainable Development Solutions Network: Health in the Framework of Sustainable Development: on file with corresponding author. 2013.
10. Gillam, S. (2008). Is the declaration of Alma Ata still relevant to primary health care? *British Medical Journal*, 336(7643), 536-538.
11. Ståhl, T., Wismar, M., Ollila, E., Lahtinen, E., and Leppo, K. eds (2006). Health in all policies: prospects and potentials. *Helsinki, Ministry of Social Affairs and Health*.
12. (2015). Measuring PHC: the measurement gap. Primary Health Care Performance Initiative.
13. Starfield, B., Shi, L., Macinko, J. (2005). Contribution of primary care to health systems and health. *The Milbank Quarterly*, 83(3), 457-502.