3. PRIMARY HEALTH CARE

Primary health care is essential health care, *universally accessible and acceptable with community participation and includes promotion of health, prevention of diseases and rehabilitation and management of common illnesses at affordable costs.*

Primary Health Care is “the key to attaining an acceptable level of health care for all by the year 2000, as part of overall development and in the spirit of social justice” – The Declaration of Alma Ata 1978.

The year 2000 has come and gone. We have to ensure “**HEALTH FOR ALL – NOW!**”

**What is meant by “Health For All”?**

“With the objective of continually improving the state of health of the total population, every individual should have access to primary health care and, through it, to all levels of a comprehensive health system”

Strategies for health for all by the year 2000, W.H.O. Geneva, 1979

Primary health care has to be the hub of the health system. It has to ensure complete coverage of the total population of the State.

**Comprehensiveness**

Primary Health Care has to be comprehensive. It addresses the main health problems in the community, providing *promotive, preventive, curative and rehabilitative care.* These services reflect and evolve from the social and political conditions prevailing in the state and the values upheld by the people. The services include

- Health Education and its promotion
- Promotion of nutrition
- Adequate supply of safe water
- Basic sanitation
- Maternal and child care and family welfare services
- Immunization against the major infectious diseases
- Prevention and control of the locally endemic diseases
- Appropriate treatment for common diseases and injuries

**Community Participation**

Primary Health Care requires and promotes maximum community participation. Primary Health Care can succeed only with the active involvement and empowerment of the people. It also needs decentralized governance, which can bring in the much needed community participation. Community participation is the process by which individuals and families assume responsibility for their own health and the health of the community and contribute to their and the community’s development. The healthier the people are, the more likely that they are able to contribute to the
social and economic development. In turn, such development helps in better health. They are mutually supportive.

**Intersectoral Collaboration**
Many of the determinants of health are outside the confines of the narrowly defined “health services”. Primary health care involves all related sectors, such as education, agriculture, food and nutrition, industry, housing, women and child welfare and others. It demands coordinated efforts of all these sectors.

**Decentralization**
Primary health care requires decentralization. There is need for delegation of responsibility and commensurate authority. Ideally, community itself provides managerial control. Control of a technical / professional nature has to come from other levels of the health system.

**Logistics and Supply**
Once the goals and objectives are set, it is necessary to make available the supplies on a priority basis. Decisions have to be made on the components to be included in the community’s primary health care programme and the appropriate technologies to be employed. The seasonal fluctuations in incidence of diseases, changes in demand for health care and local variations must be taken into account. A list of essential drugs and equipments must be made and action taken for budgeting, procurement, storage, distribution and control.

**Appropriate Health Technology**
Appropriate technology is one of the core components of primary health care. Appropriate technology includes practical, scientifically sound, health measures, for promotive, diagnostic, therapeutic or rehabilitative purposes, that are accessible and affordable to the community. Through this approach, technology is made to serve society’s needs. Machinery or equipment, if involved, is simple to run and repair, and locally produced and maintained. It is used to develop self-reliance and self-determination.

Examples of appropriate technology for health are:
- a) Home-based oral rehydration solutions (ORS) have proven efficacy to combat dehydration.
- b) Use of herbal and home remedies for treatment of minor ailments.
- c) Use of neem sticks for brushing teeth, massage of gums and gargling after every meal for promoting good oral health.
- d) Use of Jaipur foot as an aid for orthopedically disabled persons.
- e) Intraocular lens at low cost and indigenously produced.
- f) Use of hay-boxes as incubators for newborns.
- g) Use of sputum microscopy for diagnosis of pulmonary tuberculosis, over chest x-ray, as was accepted by the National Tuberculosis Programme.
- h) Simple kits for Traditional Birth Attendants (dais) with a sterilized blade, clean tie, swab, soap and polythene sheet.
- j) Dip sticks for urine testing of sugar and albumin in the field.

k) Low cost, effective health education kits with messages painted on cloth and use of puppets.
l) Bicycle driven ambulance
m) Low cost lightweight rehabilitation aids.

**Essential Drugs**
Primary health Care requires the availability of all essential (including life-saving) drugs appropriate for the level of health care. This should depend on the expertise available and the needs. The Task Force had recommended that the provision for the drugs must be increased by Rs. 25,000/- per PHC so that all essential drugs are available at the PHC at all times. The Government has responded positively and allotted the additional Rs. 25,000/- per PHC for the purchase of essential drugs.

**Laboratory Services**
Health Care depends on diagnostic quality, which in turn requires laboratory tests in specific instances. Many of the laboratories attached to the Primary Health Centres have been non-functional because of lack of trained laboratory technicians and equipments, such as microscopes and reagents. The Task Force had recommended that all laboratories must be staffed with trained technical persons equipped with the necessary instruments, accessories and reagents. Government has taken action to fill up most of the vacancies. The newly appointed technicians have been given training. The Government has also allotted additional funds for the purchase of microscopes (where not available), equipment, glassware and other accessories and reagents.

**3.1 RURAL HEALTH**

Primary Health Care is channeled in the rural areas mainly through the activities around the Primary health Centres (1676 centres as on 31.12.98), the sub-centers (8143 as on 31.12.98) and Community Health Centers (252 as on 31.12.98), which are the first referral units. There is need for partnerships at various levels between the first contact care, the first referral unit and the local people. The PHC and CHC should have sufficient freedom to develop partnerships at the local level. Co-ordination Committees can be formed to have more effective functioning of these centres.

Primary Health Centres are of different types, varying in the population and area covered, the number of subcentres, the facilities and the staff. It is necessary to recognize the PHCs, considering the population and area covered.

**Vacancies**
There have been a large number of vacancies of doctors, laboratory technicians and ANMs. The interim Report had made a recommendation to have them filled up. Many of them have been filled up mainly through contract appointments, but a number of vacancies still remain. It is necessary to have a continuous process of anticipating the vacancies (caused by promotion to higher post, deputation for higher studies and attrition due to retirement, etc) and having them filled up promptly.