Opportunities and challenges for delivering comprehensive primary health care

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17 November 2018

"*I will give you a talisman. Whenever you are in doubt, or when the self becomes too much with you, apply the following test.*

Recall the face of the poorest and the weakest man [woman] whom you may have seen, and ask yourself, if the step you contemplate is going to be of any use to him [her]. Will he [she] gain anything by it? Will it restore him [her] to a control over his [her] own life and destiny?

Mahatma Gandhi, 1948

People have dynamic, life-cycle healthcare needs...

- Kalki Bai: 28 year old
- Lives across a pond, on the hills, 20 kms from nearest functional PHC
- Presented with TB
- Went on to have contraceptive needs
- On screening children were malnourished, had TB as well
- Developed Vivax Malaria on follow-up

A family in remote, rural and tribal area of South Rajasthan

- Grandfather detected and being managed for Diabetes (Non Insulin Dependent Diabetes), has normal nutrition
- Mother visited us for medical abortion, is anemic
- The child is severely wasted and visited us with an infection
- Father is a migrant, lives and works in a city

What is (not) Primary Healthcare? Four myths and Four Facts

- Myth # 1: Primary care will deal with only priority problems
  - Fact # 1: Primary care provides a place where people seek care for a range of problems

- Myth # 2: Primary care means a standalone health post or a community health worker
  - Fact# 2: Primary care is a hub from which patients are guided through the health system

What is (not) Primary Health Care?

- Myth # 3: Primary care is about first level curative care
  - Fact # 3: Primary care opens opportunities for disease prevention and health promotion as well as early detection of disease

- Myth # 4: Primary care would be synonymous with low-tech, non-professional care for the rural poor who cannot afford any better
  - Fact # 4: Primary care requires team of health professionals with adequate biomedical and social skills

Primary Healthcare

- Primary healthcare includes, preventive, promotive and curative care
- Care is provided within or closer to the communities they serve
- Primary health care is universal in nature, but focuses on the most marginalized
- It provides person-focused and population focused care rather than the disease focused care

Alma Ata declaration, All member countries, WHA, 1978

"Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate *health* and *social* measures. A main social target of governments in the coming decades should be the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life.

Primary health care is the key to attaining this target as part of development in the spirit of social justice."

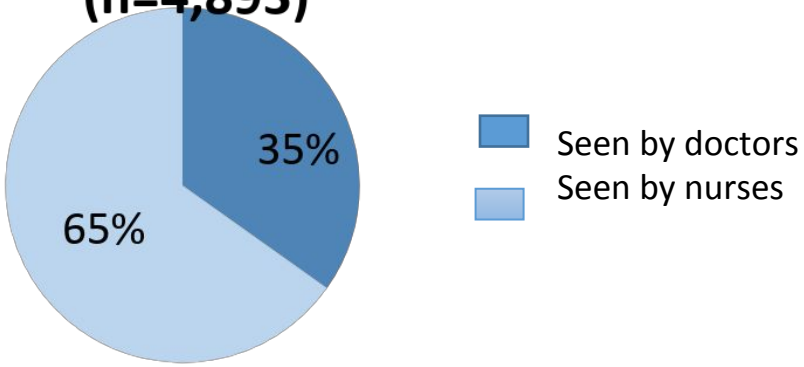
(Reaffirmed in Astana in October, 2018)

Comprehensive

- Horizontal:
    - All conditions: Communicable// non-communicable//injuries
    - Life-cycle: newborn, childhood, youth, elderly
    - Preventive, promotive and curative
- Vertical: primary, secondary and tertiary

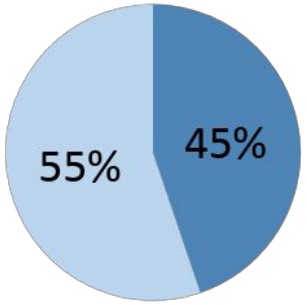
Range of services, provided by a team of providers

Children (n=4,893)



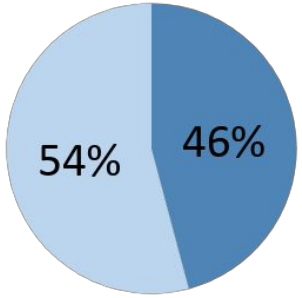
Sev malnutrition, pneumonia, diarrhea

Communicable diseases (n= 25,312)



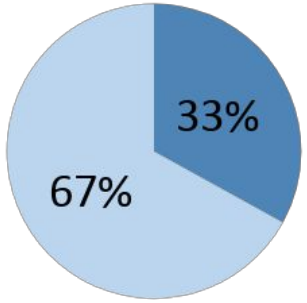
TB, falciparum malaria, LRI, Diarrhea

Non-communicable diseases (n= 16,306)



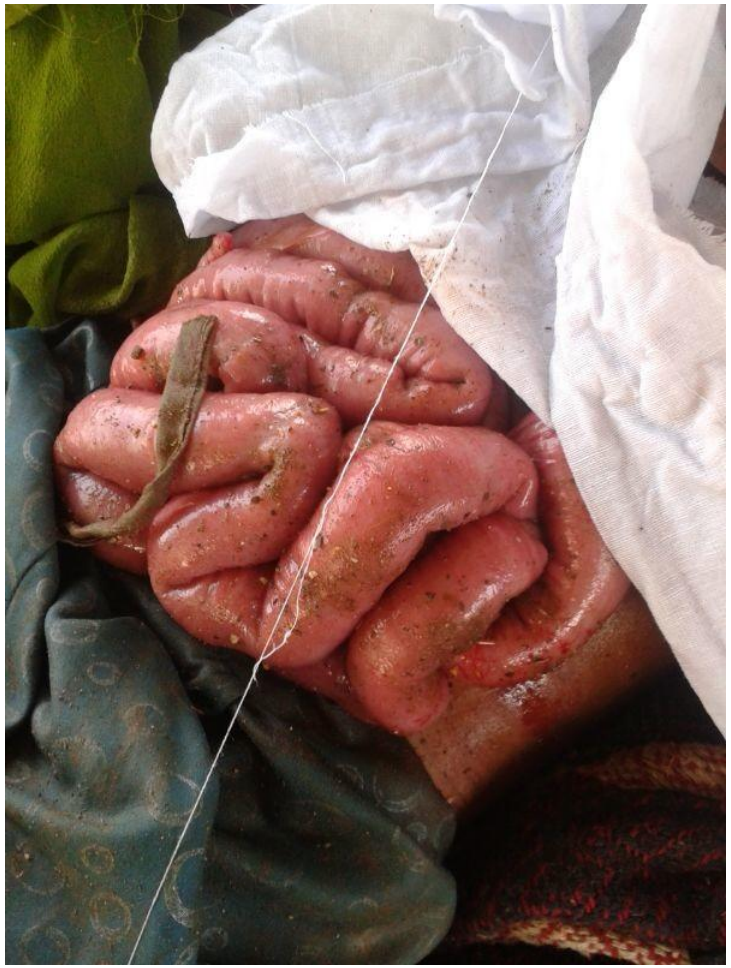
Hypertension, Diabetes, COPD, OA

Reproductive conditions (n= 8,129)



ANC, FP, Med Abortion, safe deliveries

Primary care is a hub from which patients are guided through the health system



- Girl with burst abdomen following accident presented
- Managed by AMRIT Clinic Staff for shock
- Escorted referral to Med College Hospital
- Followed up in hospital
- Dressing after discharge at Clinics

Barriers to delivering primary health care (1): Access

- People live far from where services are (population norms rather than distance norms)
- Especially services in remote areas and difficult terrains
- May need to travel as much as 20-30 kms to reach the nearest functional health facility
  - Bad roads
  - No or erratic transport
  - Geographical barriers (nullahs, hills, jungles)
  - 108 does not reach!

Barriers to deliver primary healthcare (2): who delivers

- Excessive reliance on non-existent physicians
  - Increasing production in recent years: expected 1 million new physicians will join the workforce in next ten years

Or

- Excessive reliance on community volunteers or workers

- Most successful models across the world foster a team approach: Physician, Mid-Level Providers, Community Volunteers

How can we get more health professionals to work in rural primary healthcare?- Global Evidence

- Evidence across the world shows that doctors, nurses and other health professionals live and work in rural areas when:
  - Adequately trained:
    - In rural settings
    - Focused on “generalism” rather than specialization (family medicine/ community nursing)
    - For adequate duration
  - Adequately looked after:
    - Compensation
    - Accommodation
    - On the job training

Barriers to deliver primary healthcare -3: Selective healthcare

Mismatch between epidemiological realities and what we deliver

Mismatch between what people demand and what we offer

(focus on public health priorities, for example)

Focus on either curative (many standalone private primary healthcare initiatives)

or

on preventive and promotive (many government programs)

Barriers to deliver primary health care-4: Fragmentation of health care

1. Public-private fragmentation:

Lesser investments in public facilities, especially primary health facilities:
Shifts to private, unregulated, informal sector

[only 8% healthcare provided by primary healthcare in public facilities]

2. Primary-secondary-tertiary fragmentation:

Absence of gatekeeping by PHCs: Shift to higher levels of care

[11% of people in rural and 3% in urban areas seek care below CHC]

Opportunities

- Policy commitment to increased resources for primary health care (70% of all health expenditure)
- Commitment to strengthen Health and wellness centers
- Greater recognition of mid-level providers
- Increasing production of doctors and nurses (a million new doctors over next ten years)

Threats

- Comprehensiveness may deflect focus from communicable diseases, maternal-child care (grasp all, loose all!)
- Mid-level providers may deflect focus from primary health care teams
- NHPS/NHPM may deflect focus from primary health care
- Large numbers of additional physicians may get “sucked up” in specialization [US model)
- Increased public investments to primary healthcare may not come (Brazil, South Africa)

Recommendations (from a national consultation on strengthening primary healthcare in rural areas)

1. Increased public investments in primary health care:
    - 2.5% of GDP (States have a large responsibility)
    - 70% for PHC

2. PHC team for health and wellness:
    - Physician/ mid-level providers/ ANMs/ ASHAs
    - Physicians to be trained in family medicine, nurses in community nursing
    - Legal provisions to allow mid-level providers to provide primary care

3. PHC and NHPS
    - PHCs to retain gatekeeping function
    - NHPS to include Primary health care

Recommendations

4. Creating and retaining health care professionals for primary care:

- Mandate revision of UG curriculum to align with rural priorities
- Allocate PG seats to family medicine and to community nursing/ NP
- Make newly set up rural medical colleges responsible for district healthcare
- Identify and accredit rural training sites
- Set up an empowered group to identify improvements in living and working conditions of doctors and nurses in rural areas

AMRIT Clinics

- Each Clinic provides comprehensive primary care to an underserved community
- Managed by 3 skilled Primary Care Nurses & 2 community health workers
- Visits by a Primary Care Physician
- A small user fees for clinical services

AMRIT Clinics

High quality, low cost primary care with dignity

Services provided

- Clinical services:
  - Daily OPD from 9 am-5 pm
  - Dispensing of drugs
  - Basic lab tests
  - Contraceptives
  - Emergency and maternity services 24 X 7
- Escorted Referral services:
  - Emergency
  - Scheduled

Services provided at home and community

- Home based care:
  - Mothers- Newborns in post-natal period
  - Patients with chronic illnesses
  - Other high risk
- Outreach sessions:
  - Antenatal care
  - Health education
  - Weighing and counseling of children under-threes
  - Integration with women solidarity groups

AMRIT Clinics

High quality, low cost primary care with dignity

Comprehensive primary care

Clinical Care

Outreach sessions

Health Literacy

Home based care

AMRIT Clinics

High quality, low cost primary care with dignity

AMRIT innovations

- HR Innovation: Nurse Clinicians
- Partnership innovation: Communities/ AB/ Hospitals
- Technology innovations: Tele-consultation/ HMIS/ rapid diagnostics/ Solar energy

Recommendations for the consortium

- Design and evaluate models of primary health care
  - Rural : urban
  - North : South
- Bring in synergies:
  - Simplify specialities and integrate: “Specialism” to “Generalism”
  - Standards of care
  - Integrate technology
  - Integrate management principles
  - Capacity enhancement for task shifting
  - Integrate community engagement
  - Bring in Empathy
- Public-private partnerships

He aha te mea nui o te ao
He tangata, he tangata, he tangata

What is the most important thing in the world?

It is the people, it is the people, it is the people

Maori proverb