

## Letter to the Editor

# The primary health care: true advocate of health

Sir,

The health care delivery system in India faces challenges due to disparity in geographical, cultural and economic aspects. Nonetheless, health is an issue which brings all humans under one umbrella. It is primary health care that lays the foundation on which health of the people is built and protected. Realizing the strengths of the primary health care system is of utmost importance especially in the era of vaccinations and disease eliminations. This requires for the health system to move towards mass approach and health protection concept sooner than later, and what better way than the primary health care system?

The notion of essential health care was solidified with the Alma-Ata declaration in 1978. It was then that the definition of health was stamped to be not just a mere absence of disease. This led to the baby steps of preventive care; however, by large the health care system is still driven by curative services. But there is only so much a physician can do when a disease is set in and then on it's a downhill course. A few fortunate ones have some time to spare and for the rest it's premature mortality.

Primary care is defined as "the level of a health service system that provides entry into the system for all new needs and problems, provides person focused (not disease oriented) care over time, provides care for all but the very uncommon or unusual conditions, and co-ordinates or integrates care provided elsewhere or by others"<sup>[1]</sup>. A primary health centre of rural India is perfect example and model for accurate conceptualization of a primary care service.

There are more preventive activities that materialise on a daily basis, which in the truest sense is targeted to primary prevention of diseases. Such as immunization, health education, outbreak prevention programmes and so on. These activities are governed by the National Health Programmes and strategies are in line with the Sustainable Developmental Goals.

The future of health lies in realizing the strengths of the primary health care services, filling in gaps and adaptation of the same system in the urban settings. The urban areas are cluttered with numerous private medical practitioners with individual discretion for a disease management. This adversely affects standard of care and disease notification process. As a collateral damage it adds on to drug resistance and cost of health care expenditure.

There is an urgent need to shift our strategy to preventive medicine as opposed to the ancient traditional single case based curative management. This is out dated! Simply because of the rising burden of non-communicable diseases (NCD) and lack of a sure shot cure. People living with NCDs are managed to the extent of prolonging life with little regards to quality of life. The drug induced complications add more to the morbidity profile than the actual natural course of the disease itself. This brings in another dimension of quaternary prevention, which is to prevent iatrogenic diseases.

The Primary Health care approach truly advocates for health. It is the most successful way to achieve Health for All status in modern times with basic tools of health care.

**A-Accessible:** People have an opportunity to avail facilities in primary health centres (PHC) closest to them in a timely fashion. This became the driving force to reduce maternal mortality with the three-delay model.

**D-Defence to health:** PHCs by far are the only promoters of health with active dissemination of health information based on the need's assessment. The success of mid-day meals in schools tells the tales of breaking the viscous cycle of malnutrition. This also added to increased attendees to schools. The health literacy has improved with health seeking behaviour

**V-Valuable information:** Individual information is available through family charts which provides the all the details of the determinants of one's health. This is the sole basis for holistic approach, addressing the socio-environment factors causing any deviance in health. It is the primary care physician who is well trained to examine a body as a whole rather than the systemic approach of a specialist.

**O-Out of pocket expenditure is curtailed:** In practice, it is nothing but sense to handle cases in its primitive stages. This reduces the economic burden individually and nationally. The cost of treatment of a simple sore throat could be free in a PHC, but if it escalates to a rheumatic heart disease, this can bring families to poverty not just the patient alone.

**C-Competent:** In most states of India, every district has a medical college, which is in good partnership with the local PHCs for the purpose of medical education. This allows competent doctors to provide evidence-based standard of care and basic emergency care during the golden hour saving lives.

**A-All-inclusive population:** The PHCs act as a first point of contact to its community. Irrespective of the economic, social and educational background people are provided with primary care and beyond, unlike the scenario in corporate setups.

**T-Transdisciplinary:** Approach to health is rather horizontal. Ties with the local governing body, water and sanitation or the educational institutes strengthen the approachability of health care in a robust manner even during crisis such as a pandemic or a natural disaster. In addition, there is a role to explore the benefits of other traditional medicines especially when conventional allopathic medicines prove no or less beneficial as in case of chronic musculoskeletal disorders. With modernisation sweeping into every corner of the country, the rural expanses are enabled technologically, making the use of telemedicine the most apt.

**E-Efficient and effective:** The PHCs are satisfactorily equipped with trained manpower that is on the front line of implementation national programmes, may it be for surveillance of a disease or vaccine administration. The health workers of the rural India are efficient and effective in moving mountains in the true sense of community medicine.

The Primary health care is considered the grass root of health. Only when the roots are deep and strong can a tree hold its branches wide and tall.

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## REFERENCES

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