



▪ **Guest Editorial**

Revitalizing Primary Health Care and activities in Nepal

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The “Health for All” movement was a part of the Alma-Ata Declaration on Primary Health Care (PHC) in 1978 and was to be achieved by the year 2000.¹ This target has not yet been achieved. Thirty years after PHC was adopted as an approach to operationalize health systems, there are different perceptions of PHC which sometimes yield unfavorable health outcomes. Thirty years later, it is now time to revitalize PHC in the light of changing burden of disease, globalization, trade agreements, social determinants of health, climate change, and other factors that influence health.

PHC is an approach for social and economic advancement and, as such, must be planned for and implemented in the context of overall development. PHC means quality care for everyone, rich and poor, urban and rural, with an emphasis on protecting people from falling sick and encouraging them to lead a socially and economically productive life. PHC is an integrated element of total health care for the individual, family and community.

Primary Health Care is different from primary care. Primary Health Care encompasses personal health care (medical care) and public health care. The medical care focus is on treatment and rehabilitation of individuals while public health is on prevention of disease or ill-health and promotion of health of the community. PHC gives higher priority to primary level of care and to public health compared with medical care.²

As a concept PHC offers a comprehensive guide on equity, what to prioritize, technology to be applied, socio-cultural aspects, target groups, full involvement of the community, cost-effectiveness and efficiency. Perhaps due to its rich and comprehensiveness nature, PHC is oftentimes misperceived. Many misperceived PHC as a cheap, second –grade health care, health care at grassroots level, health care for the rural and the poor, health care in developing countries, etc. These misperceptions to some extent are understandable considering that PHC has a multiplicity of meanings depending on which perspective we look into:

- I. A package or a set of activities
- II. Level of care
- III. An approach, which has been termed interchangeably PHC principle, PHC pillar and PHC strategy.

Health is the fundamental right of every human being as mentioned in WHO’s constitution, and PHC was at the heart of WHO’s objectives and its definition of health. The significance of PHC for health policy and planning, is greater than ever today because it is anchored at the community level and captures contextual relevance and responsive to health needs, particularly issues of equity and use of appropriate technology. Further, PHC encapsulates both sectoral and intersectoral aspects of all health and health-related interventions, including prevention and promotion. Health systems researches are necessary to achieve real progress in the organization and management of health care.³

Resources, knowledge and technology to meet the challenges to development, but no sector can do this alone. A multi-sectoral approach such as the PHC approach forms the nucleus of a comprehensive development strategy.

A lot of progress has been made but good health for all people needs to be pursued with more vigour. The social goal of health for all continues to be an inspirational target, which all countries are striving to achieve. And PHC is still considered to be vital to the attainment of this social goal. It is realized that during the past three decades, there have been many changes in all spheres: social, economic, political and technological. At the same time, significant environmental, ecological, demographic and epidemiological transitions have taken place. These changes and transitions have had a profound effect on the way we plan and manage our health policy and programmes today.

It is a fact that, through the application of the principle of the goal of health for all, health has gone far beyond



the confines of the health sector. The roles of other sectors are considered indispensable for the attainment of the goal. The results will be healthy public policy and better social determinates of health. Increasingly, health issues are becoming the concern of the general public, as well as subjects for public debate. The reflection of health issues in the political agenda for social and economic development is very clear today. Health is becoming more prominent on the international development agenda. With rapid global changes and the prevailing formidable health challenges, it is time to revisit PHC. We must ensure that PHC will continue to be firmly embedded as an indispensable element of public health interventions at all levels.

There is a need for health systems strengthening using the PHC approach to better accommodate the needs of various vertical programs and as an effective framework to address key challenges in the implementation of PHC. These challenges include inequities, particularly in financial access; service delivery, including integration of programs and inclusion of the private sector; integration beyond the health sector for all health-related issues, including social determinants of health and macroeconomics and trade; and political commitment and governance. A new definition of "Health for All" without a time definition for the process of revitalizing PHC.⁴

Proposed new definition of Health for All for PHC revitalization: "A stage of health development whereby everyone has access to quality health care or practices self-care protected by financial security so that no individual or family is experiencing catastrophic expenditure that may bring about improvement."⁴

There are three perspectives of PHC: (1) a package or set of activities that contains a minimum of eight elements that combine selective and comprehensive PHC; (2) provision of care at various levels- primary, secondary and tertiary; and (3) approach: universal coverage, intersectoral collaboration, community participation and use of appropriate technology.⁴

Misconceptions of PHC:

- Only for the poor
- Cheap and low-quality of care
- Aimed at developing countries only
- Only for rural areas, and deals with primary care only

The obstacles and mistakes in implementing PHCs follows:⁵

- (a) Financial resources become scarcer, due to unexpected and unprepared for world-wide economic crises.
- (b) Lack of Community participation. Many countries fail to maximize and mobilize the energies and ambitions of locals, civil officers, NGOs and the private sectors.
- (c) High expectation from people for better health care and quick results with various choices.
- (d) Shortage of human resources especially trained and motivated health workers who are willing to work at primary care level.
- (e) Emergence and re-emergence of infectious and preventable diseases and increased pace of spread of serious and unusual disease events. This has resulted in the implementation of more selective Primary Health Care that will not solve most of the health problems.
- (f) Health services have become market-and profit-oriented. Moreover, corruption occurs at many levels of the health sector, making matters worse.
- (g) The growing world population has made consumption of food, drugs and fundamental resources increase. People are moving more than ever, seeking greener pastures for survival, wealth or tourism, and giving us greater connectivity. The more interconnected world leads to the rapid spread of epidemic and pandemic diseases. Universalizing of certain food tastes could lead to greater breeding and slaughter of food animals which could lead to greater danger from animal related diseases. Public health events in one location/region may be a threat to others.
- (h) Mental health problems, stress and dysfunctional families are all on the increase.
- (i) Inequity due to differences in economic growth and geographical challenges. Two-thirds of the vision impaired people in the high-income countries who are not yet blind have cataract surgery whereas a much greater number of blind people in the developing world have no access to such basic remedies.



The challenges in implementing PHC; misinterpretations of the concept of PHC; burden of diseases; inequity in health; escalating health care cost; trade agreements; interdependence of the world; inadequate performance or low efficiency of the health system; the need for more research; financing the health system; the need for integrated services; Public-private partnership; and climate change.

In 2000 world leaders reached a consensus on a new movement, termed Millennium Development Goals(MDG), to be achieved by 2015. Five out of eight goals are health-related. The World Health Organization sees the MDGs as milestones on the road to HFA since they set clear goals and distinct targets compared with HFA.

The MDGs provided a universal framework for development and a means for developing countries and their development partners to work together, and that routine monitoring of MDGs is necessary. To use the MDGs as proxy indicators for health for all. Health systems using the PHC approach comprise all organizations, people and actions whose primary intent is to promote, restore or maintain health. This includes efforts to influence the determinants of health as well as more direct health-improving activities.

As a vision, HFA does not need a concrete timeline as is the case of MDGs adopted by the world leaders in 2000. We can consider health MDGs as the mission or objective of HFA till 2015, and simultaneously as proxy indicators to HFA.

These goals gave continuity to the values of social justice and fairness articulated at Alma-Ata. They further affirmed the central place of health on the development agenda as a key driver of social and economic productivity and a route to poverty alleviation.

The health-related MDGs are still achievable if Member countries act now. This will require sound governance, increased public investment, economic growth, enhanced productive capacity, and strengthening of health systems.

Civil society organizations, through their engagement in policy and plan formulation, implementation, monitoring and evaluation of health programmes, have been instrumental in improving the performance of the country's health systems in general and the district health system in particular.

The following key points are related to revitalize PHC

- Adequate and competent Community based health workers and Community health volunteers play a vital role in health development of the community. Efforts related to empowerment should be linked to income generation. Factors that may impede community participation is a top-down approach that does not sufficiently involve civil society, and insufficient monetary and non-monetary incentives.
- NGOs and private sector working in partnership with the government can lead health-care initiatives and enhance community movement. Involving them from the planning stage and developing a body or committee in the decentralized administration system that can voice community concerns can strengthen this partnership.
- A strong civil society can push the agenda for local development of community health care. Health promotion, self-care and risk prevention should be intensified.
- Decentralization of the roles and functions of health specialists to CBHWs and CHVs as well as community trusts contribute to positive community health outcomes. Good supervision and ensured referral, provision of monetary and non-monetary incentives are some factors that contribute to their sustainability.

The factors related to revitalize PHC can be categorized into five areas:⁶

Leadership and governance

- Strengthening PHC should be viewed as an integral part of overall development and central to equity and poverty alleviation.
- A high degree of political commitment is necessary to ensure equitable health care. This could be reflected by adequate and appropriate budgetary for health.
- The health system building blocks may be seen as effective entry points for non-state (private and non-profit) participation in the PHC effort; the regulatory and facilitatory role of government is important for this.
- Decentralization of health management (financial and administrative), in a country-specific context, with effective capacity building, should be considered as a part of revitalizing PHC.



Human resources

- Capacity building of all stakeholders in PHC at all levels needs re-emphasis, with a focus on first-level and community-level providers.
- Adequate and well-trained human resources are necessary. The role of CHWs and CHVs in the changed context needs to be revised and redesigned.
- Innovative ways are needed to reward and motivate CBHWs/CHVs.
- PHC principles must be integrated in the curricula of educational institutions-medical, nursing, midwifery and public health.
- **Multi-sectoral collaboration**
- The health sector should play an important, proactive and sensitizing role in effecting intersectoral collaboration. The roles of the other sectors in health should be recognized, monitored and promoted using a common agreed framework and indicators.
- Avenues for an interface between the public and private (profit and non-profit) sectors need emphasis. Operational research can help define the most efficient means for effective public-private collaboration.
- Participation of civil society networks should be promoted so that they play an important role in revitalizing PHC.
- Innovative ways for community empowerment, especially of women, need to be explored and implemented. One way to do this is to give the community a role in monitoring and supervision.
- Governments should explore setting up an institutional mechanism to foster multisectoral collaboration at all levels; this will also facilitate effective community-based action.

Managing financial resources

- Financial barriers are an important constraint for marginalized populations in accessing care.
- Government financing through general taxation is the most equitable mechanism to finance health.
- Social and community health insurance supplement tax-based financing. These are equitable mechanisms to finance health system in line with the PHC approach.
- Corporate social responsibility as a means to finance community empowerment should be explored.

- It is essential to effectively allocate, manage and utilize resources across different types of care (preventive, promotive, curative and rehabilitative) and all levels of care as well as sectors (health and health-related)

Knowledge generation

- Health systems research needs to be strengthened to promote effective and efficient functioning of health systems based on PHC.
- Social determinants are important for equitable health. More research is needed to understand how the health sector can address the social determinants of health.
- Health impact assessments, as part of healthy public policy, need to be done at regular intervals.
- Research findings on health systems must be disseminated, and their link to policies and programmes strengthened.

Most countries in South-East Asia were turning to community participation as a part of the action needed to reinvigorate the Primary Health Care strategy. In India, community participation was being encouraged for the procurement of medical equipment for hospitals, and cost-sharing schemes have been introduced for the maintenance of health facilities. In Indonesia, dominant community participations were led by the women's welfare movement. For improving drug accessibility and affordability, community cost-sharing schemes were implemented in Indonesia, Myanmar, Nepal and Thailand.⁷

Despite much progress revealed by many countries in implementing PHC through their health systems, the following are some challenges that need to be addressed if we are to achieve health goals in general and health MDG in particular.

1. Misinterpretations of the concept of Primary Health Care
2. Burden of diseases
3. Inequity in health
4. Escalating health-care cost
5. Trade agreements
6. Interdependence of the world
7. Inadequate performance or low efficiency of the health system
8. Need for more research



9. Financing the health system
10. Need for integrated services
11. Public-Private partnership
12. Climate change

It was recommended that Member States:⁶

- (1) Reaffirm their political commitment to PHC as an effective approach to address national health needs. Such an approach should be anchored at the community level and be responsive to its health needs; emphasize overall health systems strengthening to improve equity and efficiency; and shift from a focus on service delivery to development orientation in the country's social, political and economic contexts.
- (2) Review health financing and expenditure with respect to equity and efficiency of tax-based funding vis-s-vis national health priorities; financing options for funding gaps, especially contributory schemes such as social and community insurance that can support PHC principles; flexibility of the financing structure and strategic use of the non-state sector to advance the PHC effort.
- (3) Strengthen human resources and the service delivery system to support PHC, especially capacity building of community-based health workers (CBHWs) and community health volunteers (CHVs); appropriate training of health workers consistent with the needs of PHC; review incentives for recruitment, deployment and retention of all health workers; improve the effectiveness of the referral system; and ensure availability of infrastructure and supplies.
- (4) Develop a strategy for improving health information systems that can better support setting of priorities and targets, identifying indicators as well as monitoring progress towards national goals and health-related MDGs; monitoring of equity as well as correcting the inequity gap; and multisectoral collaboration in planning, implementation and monitoring progress of PHC.
- (5) Establish mechanisms as well as strengthen capacity for health systems research and ensure its linkage with health policy and programme implementation.
- (6) Empower communities, especially women, to take an active role in ensuring responsiveness and accountability in PHC.

- (7) Strengthen the capacity of ministries of health in governance and stewardship to coordinate all health and health-related sectors and stakeholders.

This needs to be done in the light of overall public sector reorientation towards PHC.

- (8) Advance PHC by ensuring governance and stewardship which is critical for PHC to reorient the public sector towards PHC; coordinate other health and related sectors and stakeholders to strengthen PHC particularly by regulating the non-state sector, comprehensive monitoring and evaluation and conducting advocacy.

It was recommended that WHO:⁶

- (1) Assist in direct capacity building at country level for strengthening PHC-oriented health systems;
- (2) Provide normative support for country capacity;
- (3) Advocate with national governments on the need for multisectoral action for PHC;
- (4) Provide global leadership in orienting other development partners towards PHC.

These recommendations were discussed by the subsequent sixty-first Session of the WHO Regional Committee meeting.

Recent initiatives to revitalize PHC in Nepal:⁸

As a signatory of Alma Ata declaration of 1978, Government of Nepal (GoN) has fully realized the importance of continued adherence to the PHC approaches for the development of coordinated quality health care services for the people living both in rural and urban areas.

Within this context, it has been recognized that the ultimate objective of health development aims at the welfare of the communities through their active participation in its development, management and utilization. The effectiveness and sustainability of health development activities depends on the commitment of the public, private and NGO sectors of district, regional and central level.

In Nepal health-related MDGs thus requires more than escalating public health investment and a makeover in underlying values and societal structures. Progress towards health for all calls for a strong commitment and assurances by the stakeholders to protect all individuals especially the most deprived and excluded. Achieving the MDGs for health also demands a democratic system that are inclusive and publicly



accountable and that ensures free and independent media and civil society and transparent policy making.⁹

Recently Ministry of Health and Population has established a separate department to look after the revitalization of PHC. The Government is: (a) working to make essential healthcare services available to all people through primary healthcare centers, (b) trying to decentralize health systems management to encourage greater people participation, (c) trying to promote and facilitate public-private/NGO partnerships in the delivery of health services, and (d) making efforts to improve the quality of healthcare through total quality management of human, financial and physical resources.⁸

The PHC services including curative health services has been provided since 1978 through a network of district and below the district level health care service delivery network. The lowest level of health facility is Sub Health Post. In order to provide basic health services nearly 50,000 Female Community Health Volunteers are mobilized throughout the country.⁸

The vision of Health and Development of GoN's Ministry of Health and Population is guided by the belief that health is a human right and to have a health system in which there is equitable access to coordinated quality health care services in rural and urban areas; and health services are characterized by self-reliance, full community participation, decentralization, gender sensitivity, and effective and efficient management, resulting in improved health status of population.⁸

The health issues and challenges that lie ahead in putting the PHC approach and principles on ground are as follows:⁸

- Demographic changes and epidemiological transition
- Public private partnership
- Integrating vertical program and improving quality of care
- Tackling issues in equity in health through addressing social determinates of health
- Sector wide approaches
- Local level planning and decentralization

Way forward

A three year interim health plan 2007/8-2009/10 has been prepared. The future course of action will be guided by the objectives and activities formulated in this plan.¹⁰

In order to achieve the objectives, some of the key activities for the initial period of planning cycle are:

- To strengthen on-going high priority EHCS and achieve MDGs in accordance with the principles of Primary Health Care, equity and social justice.
- To redesign health system to make people oriented, efficient and effective through reform in institutional management and health professional education.
- To ensure availability of good quality services and essential medicines to all at affordable prices.
- To strengthen public private partnership.
- To develop performance based planning and budgeting system.
- To strengthen financial information system including monitoring and feedback.
- To encourage the implementation of decentralization approaches in health service delivery system.
- To develop capacity of the health workers and stakeholders involved in health facility operation and management.

Conclusion

Nepal reaffirms its political commitment to revitalizing PHC as an effective approach to strengthen health systems. This approach is anchored at the community level and responsive to its health needs; emphasizes overall health system strengthening to improve equity and efficiency; and shifts from focus on service delivery to a development orientation in the country's social, political and economic contexts.

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