20th Taro Takemi Memorial Oration

Primary Health Care: where do we stand now?

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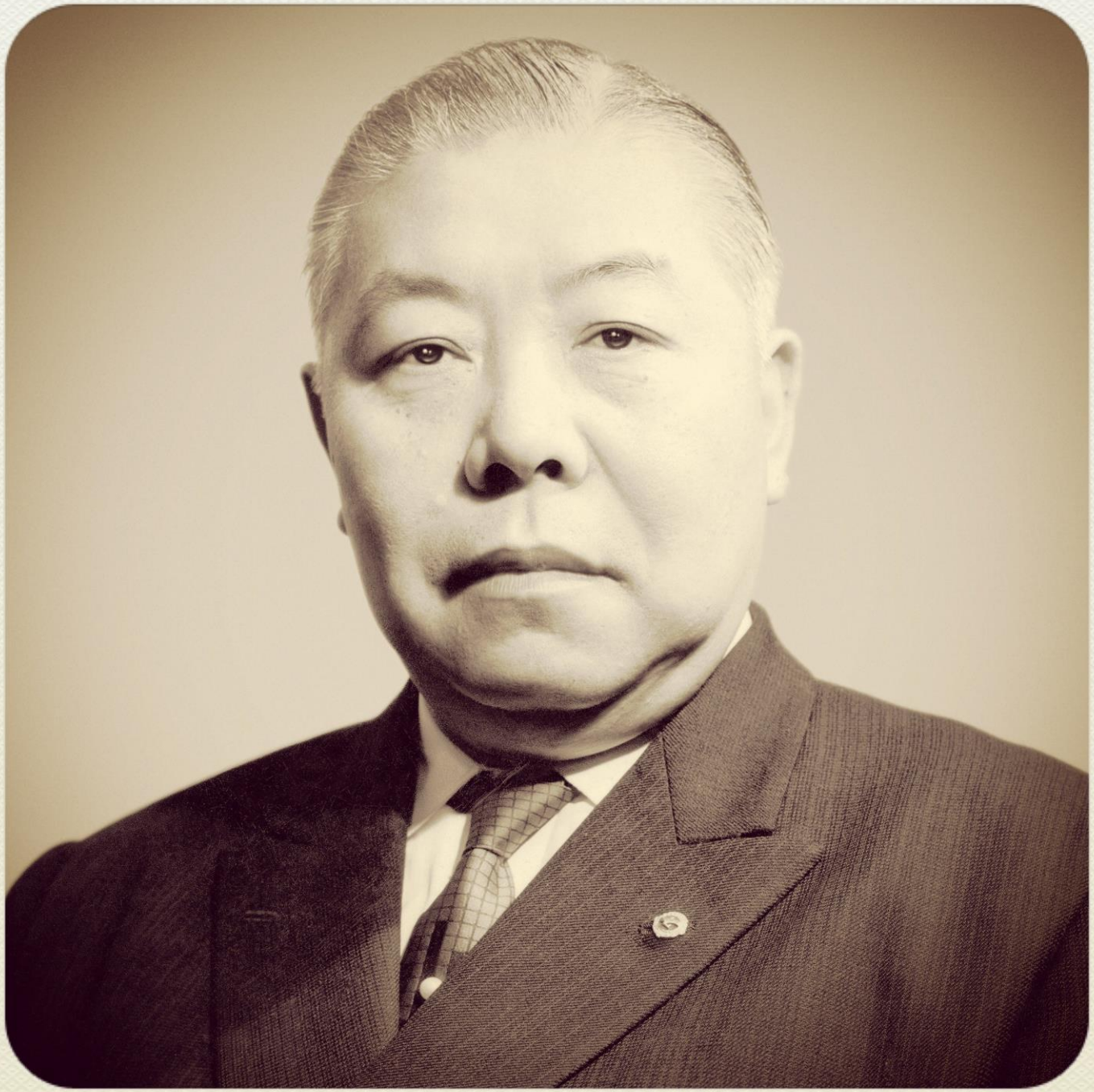
Deep homage to the memory of Dr Taro Takemi



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About Primary Health Care (PHC)

- In 1920, the British government commissioned a report to suggest ways to structure their expanding health system investments.
- The commission chairman, Lord Bertrand Dawson, borrowing from previous experience in education, proposed three hierarchical levels of care locations (primary, secondary, tertiary).
- He and the commission first identified primary care as the most basic level of a structured health system (akin to primary or elementary education), concerned with caring for simple, common problems in outpatient settings (Fig. 1)

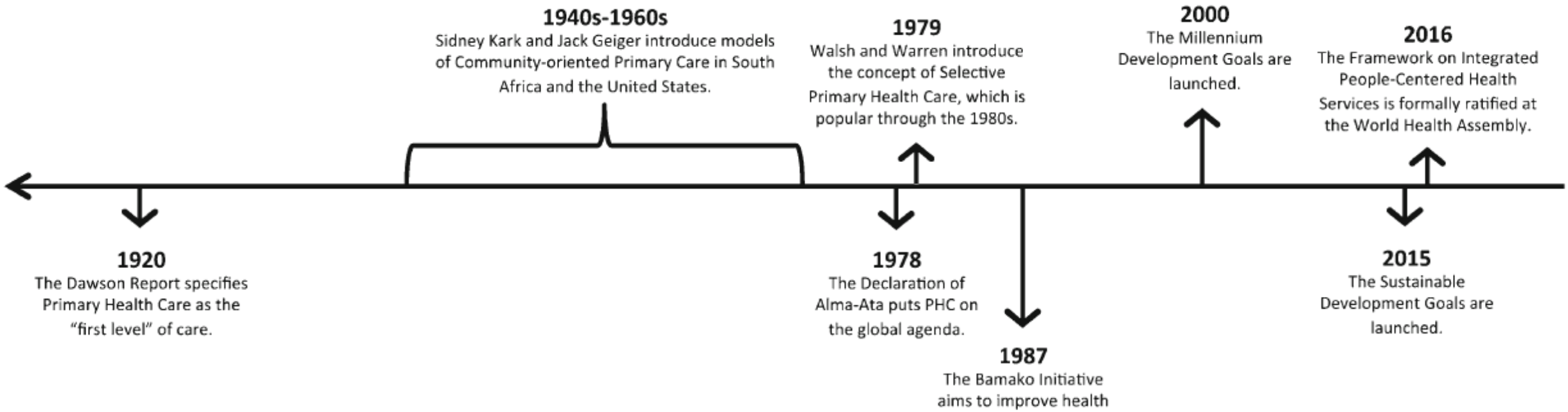


Figure 1 Primary health care evolution over the past century.

- Since that time, a profound evolution has occurred toward understanding the central role of primary health care (PHC) in ensuring individual and population health, transforming PHC from responsibility for the lowest level basic tasks toward becoming the heart of an integrated, people-centered system of care

Declaration of Alma Ata 1978

- “The Conference strongly reaffirms that health, which is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.”

Declaration of Astana 2018
From Alma-Ata towards universal health coverage and the Sustainable Development Goals

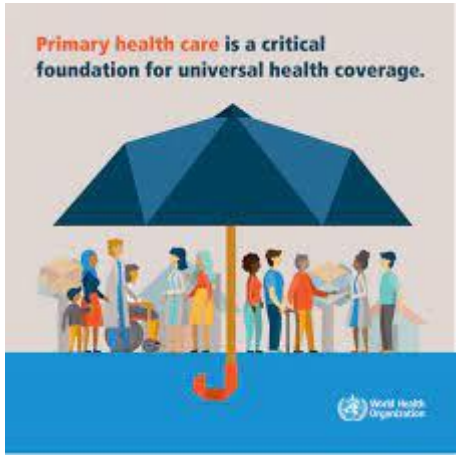
- “We strongly affirm our commitment to the fundamental right of every human being to the enjoyment of the highest attainable standard of health without distinction of any kind.
- “Convening on the fortieth anniversary of the Declaration of Alma-Ata, we reaffirm our commitment to all its values and principles, in particular to justice and solidarity, and we underline the importance of health for peace, security and socioeconomic development, and their interdependence.”

Concept of PHC

- "PHC is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment."
  - WHO and UNICEF. A vision for primary health care in the 21st century: Towards UHC and the SDGs.

…. PHC

- PHC entails three inter-related and synergistic components, including:
  - comprehensive integrated health services that embrace primary care as well as public health goods and functions as central pieces;
  - multi-sectoral policies and actions to address the upstream and wider determinants of health; and
  - engaging and empowering individuals, families, and communities for increased social participation and enhanced self-care and self-reliance in health.



..... PHC

- PHC is rooted in a commitment to
  - social justice,
  - equity,
  - solidarity and
  - participation.
- It is based on the recognition that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction.

..... PHC

- PHC addresses the broader determinants of health and focuses on the comprehensive and interrelated aspects of physical, mental and social health and wellbeing.
- It provides whole-person care for health needs throughout the lifespan, not just for a set of specific diseases.
- Primary health care ensures people receive quality comprehensive care - ranging from promotion and prevention to treatment, rehabilitation and palliative care - as close as feasible to people's everyday environment.

What should be done for best practice?

- WHO has identified three strategic areas of work to strengthen PHC worldwide:
  1. Providing a 'one-stop' mechanism for PHC implementation support to Member States, tailored to country context and priorities.
  2. Producing PHC-oriented evidence and innovation, with a sharper focus on people left behind.
  3. Promoting PHC renewal through policy leadership, advocacy and strategic partnerships

Pillars of PHC

- The three essential, interrelated pillars for primary health care are:
  1) first, empowered people and engaged communities;
  2) second, multisectoral and intersectoral action for health; and
  3) third, health services that deliver both high-quality primary care and essential public health functions

(WHO. A vision for primary health care in the 21st century. 2018)

The Primary Health Care Performance Initiative Conceptual Framework

- In 2015, the World Health Organization, The World Bank Group, and the Bill & Melinda Gates Foundation—in partnership with Ariadne Labs and Results for Development—
- launched the Primary Health Care Performance Initiative (PHCPI), to catalyze improvements in PHC in LMIC through better measurement and sharing of effective practices

PHCPI Conceptual Framework ….

PHC for Pandemic Preparedness

- The experience of COVID-19 pandemic depicted the weakness of primary health care.
- Its robustness may ensure protection against impending pandemics.
- During COVID-19 pandemic, millions of deaths could be avoided, if the PHC could be ready to combat epidemic as a part of effective public health system (Frieden et al. 2023).
- The expected public health system could identify and halt outbreaks, sustain essential health services instead of disruption, build up resilience capacity of the community, infection prevention and control (IPC) for patient and health workers.

……. …. Pandemic Preparedness

- The UNICEF focuses on five areas for pandemic preparedness, which are all related to primary health care:
  a) recruit, train and prioritize health care workers;
  b) establish effective surveillance and response systems;
  c) build confidence in health services through community health;
  d) routine immunization;
  e) strengthen logistics and supply

(www.unicef.org)

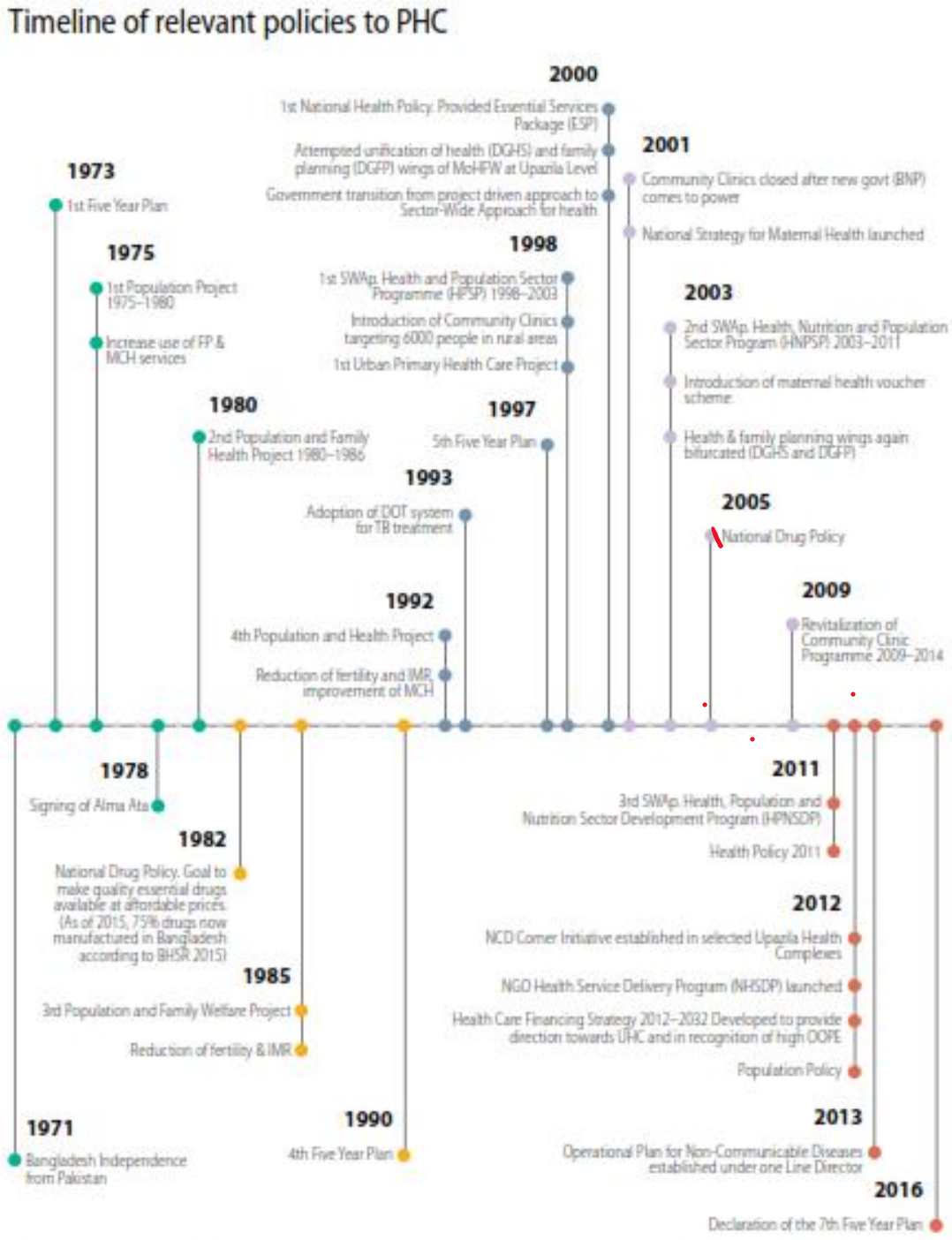
Global scenario of PHC

- About 930 million people worldwide are at risk of falling into poverty due to out-of-pocket health spending of 10% or more of their household budget.
- Scaling up primary health care (PHC) interventions across low and middle-income countries could save 60 million lives and increase average life expectancy by 3.7 years by 2030.
- Achieving the targets for PHC requires an additional investment of around US$ 200 to US$ 370 billion a year for a more comprehensive package of health services.
- At the UN high level UHC meeting in 2019, countries committed to strengthening primary health care.
- WHO recommends that every country allocate or reallocate an additional 1% of GDP to PHC from government and external funding sources.

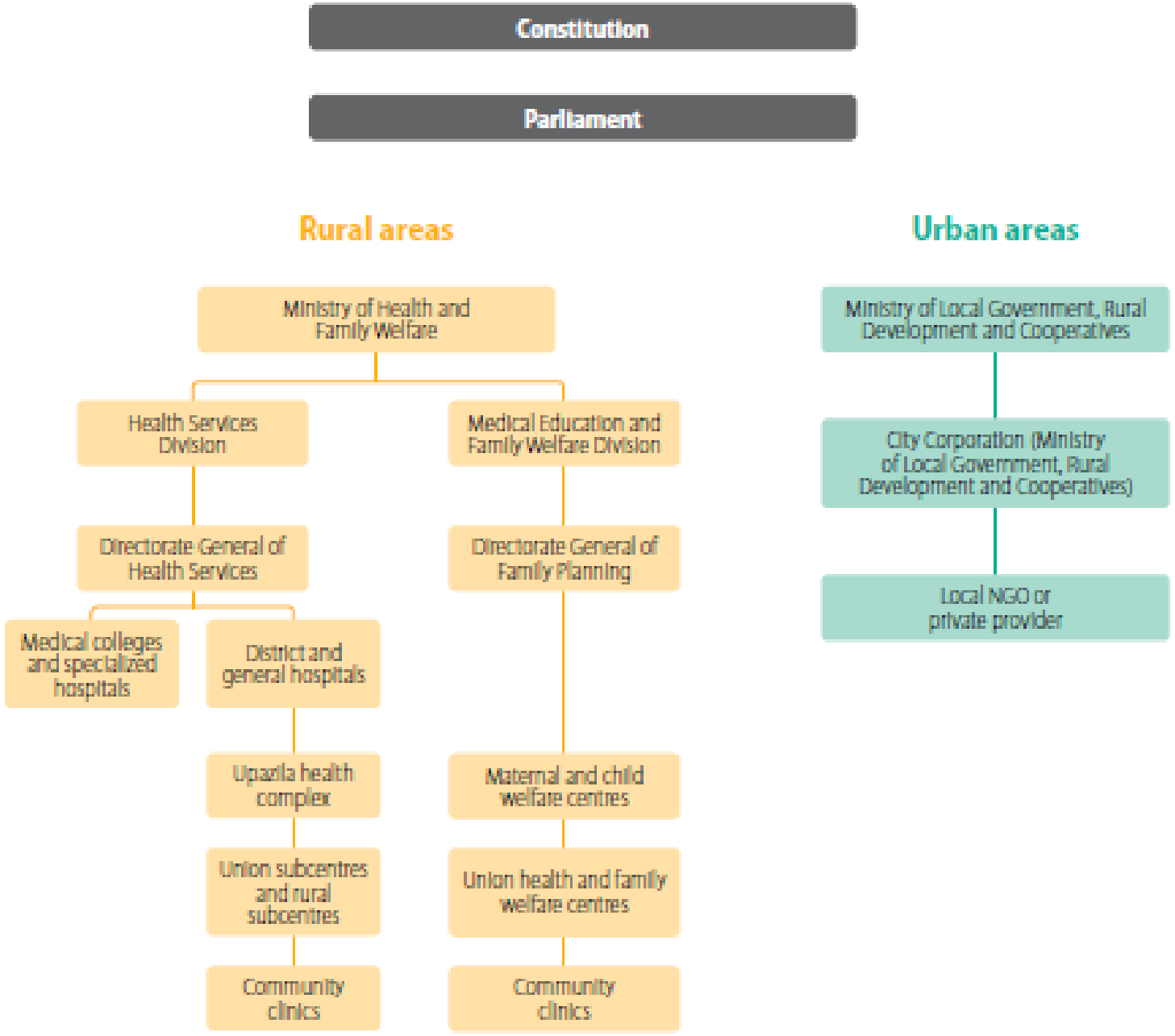
(WHO 2021)

Primary Health Care in Bangladesh

Timeline of policies for PHC in Bangladesh

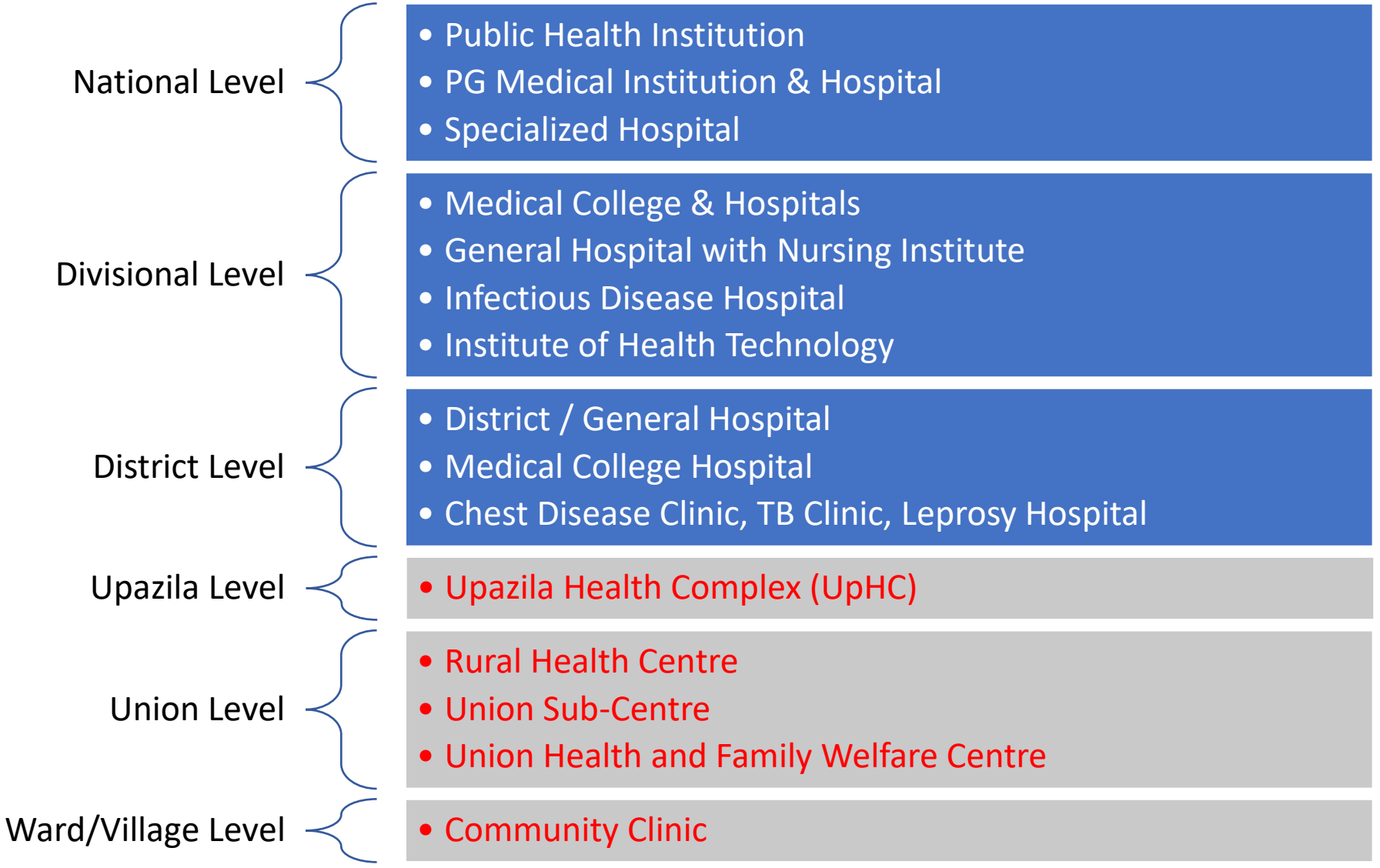


Government Health Service Delivery System



Public Health Services in Bangladesh

- Six tier health system for provisioning of healthcare services



Population and Demographic Transition

- According to the preliminary results of the Sixth National Census 2022, the population of Bangladesh stood at 165.16 million in 2022, as against 144.04 million in 2011.
- Literacy rate (age 7+) was 74.66% in 2022, as against 51.77% in 2011, indicating a significant improvement in literacy.
- Bangladesh is going through a demographic transition with a gradual decrease of mortality and fertility due to a slowing down of population growth (from 1.46% in 2011 to 1.22% in 2022) and an increase (from 61% in 2011 to 66% in 2022) in the proportion of working age population.
- The dependency ratio has also been reduced to 52.64% in 2022 from 73% in 2011.

…. Transition

- Overall, life expectancy increased to 72.8 years; with females having a life expectancy of 74.5 years in comparison to 71.2 years for males (BBS, 2022).
- This demographic shift can have important implications on the economy, as the working-age population, through effective investment in human capital development, can be translated into a productive labor force contributing towards a higher growth trajectory of the country
- Around 31.5% of Bangladeshis (more than 52 million) are urban dwellers, with 20% of them living in the capital Dhaka.
- Most of the migrated rural people end up in populous slums. Around 35% of urban dwellers reside in urban slums (BBS, 2022).

…. Transition

- Rapid urbanization has positively contributed to the rapidly growing economy of Bangladesh, but with persistent wealth inequalities.
- The large urban population is taking a heavy toll on the livability of the cities because of already stressed and poorly developed and inadequate existing basic services including health services, water supply, and sanitation, etc.
- The HNP sector needs to respond by setting up an urban PHC delivery system through a coordinated effort of government, NGO and private sector providers to ensure that no one is left behind

Health, Nutrition and Population Sector

- Over the last few decades, Bangladesh achieved significant progress in key health outcomes which has been termed as “good health at low cost” (Balabanova et al., 2013).
- Steps taken in the HNP sector complemented Bangladesh’s socio-economic progress and achievements.
- Primary Healthcare (PHC) has been the consistent focus of all previous SWAps with special emphasis on provision of an essential service package (ESP), particularly on Reproductive, Maternal, Neonatal and Child Health (RMNCH) areas.
- The revitalization of the Community Clinics (CC) with local community support and participation since 2009 strongly contributed to increasing service expansion as well as its utilization by rural mothers and children.

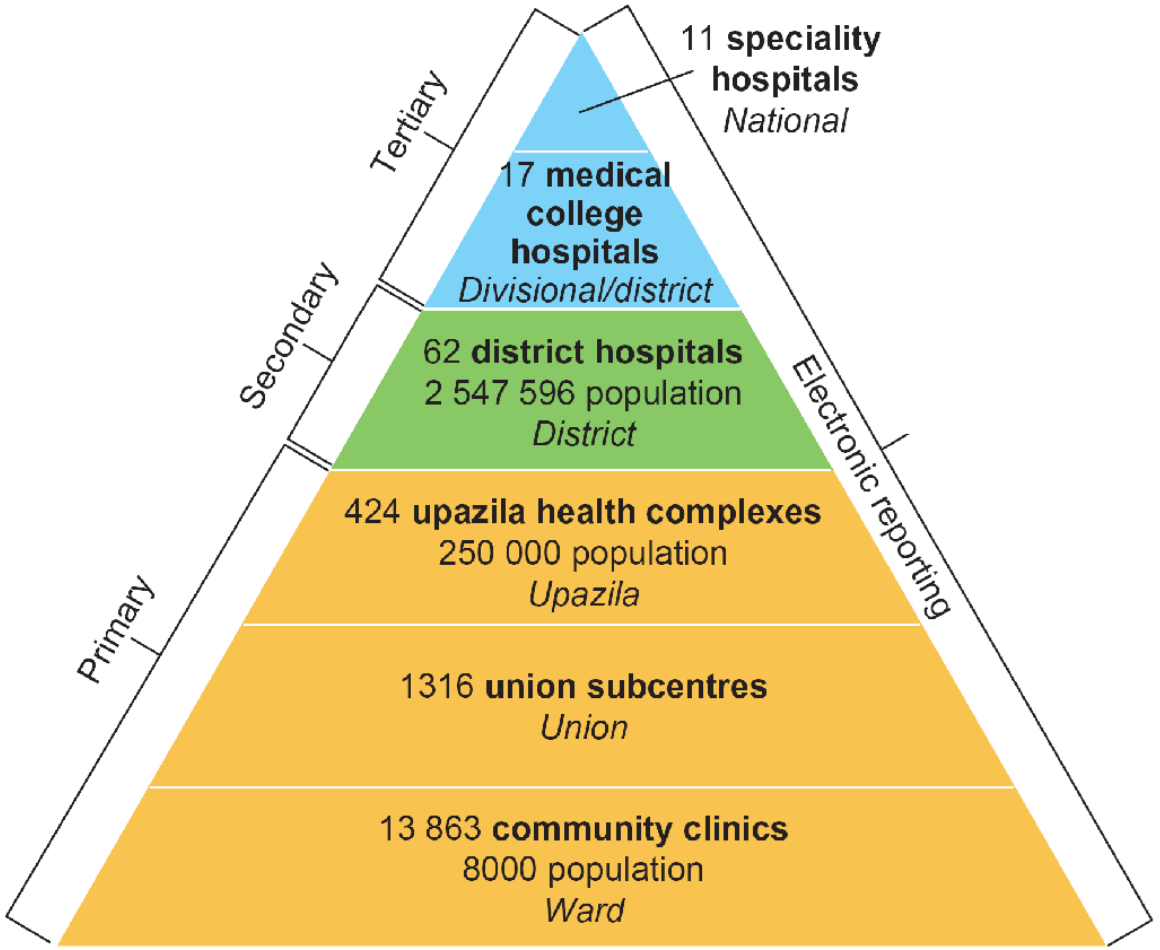
… Sector

- Public health efforts, especially the Expanded Program for Immunization (EPI) helped to reduce child morbidity and mortality while the NGOs and the private sector complemented government efforts.
- A midwifery cadre was developed with the high potential of making considerable contribution to reducing maternal and neonatal mortality, if they are properly supported (IRT, 2020).
- All these contributed to the achievement of many of the Millennium Development Goals (MDGs).
- Health scourges like cholera, malaria and tuberculosis (TB) have been successfully contained due to coordinated steps involving public intervention, NGO participation and international support.
- In recent times, the government has been paying greater attention to setting up and expanding tertiary facilities and specialized institutes while upgrading secondary and primary service centers all over the country.

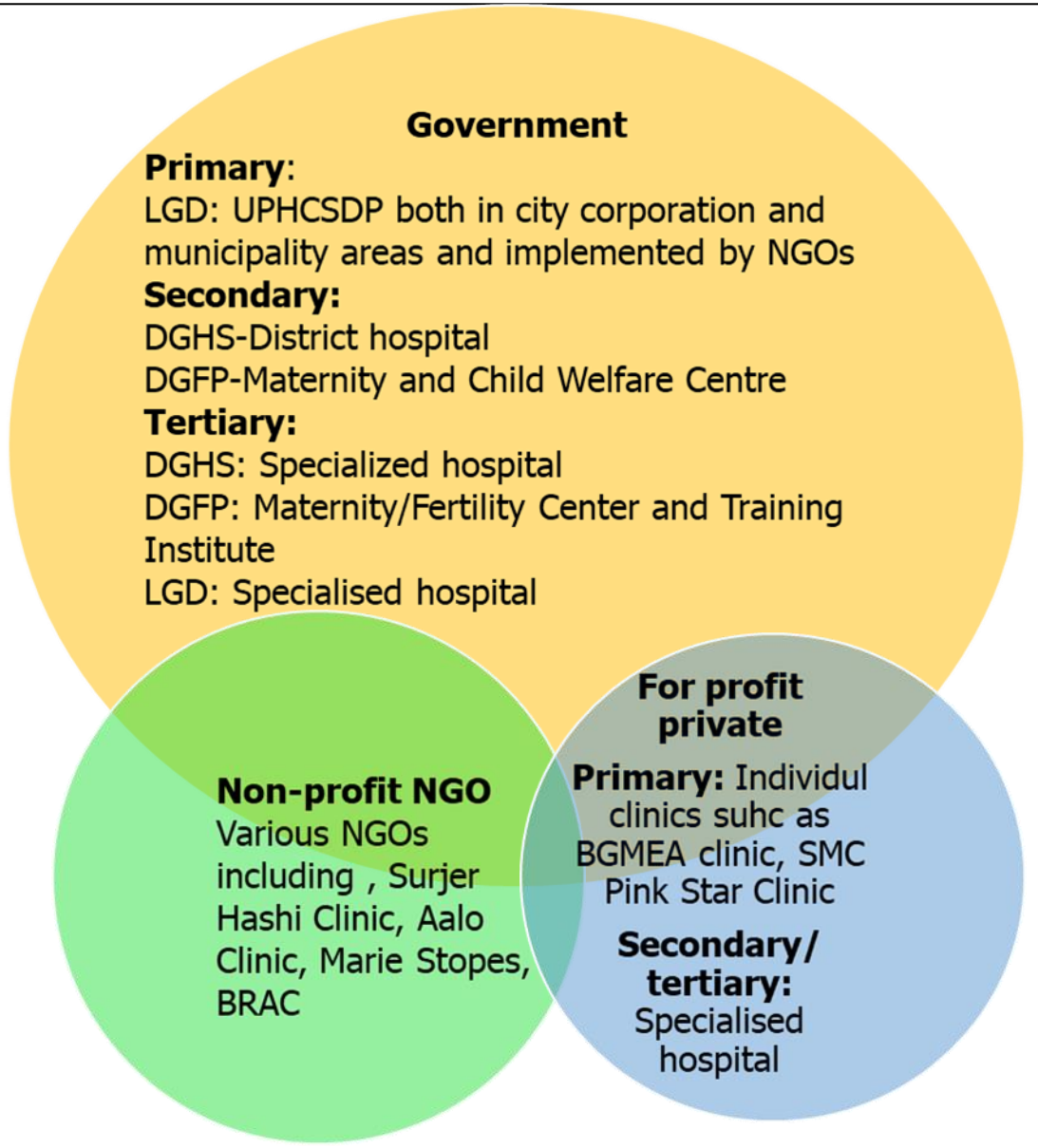
… Sector

- The private sector has been able to play a more active role in developing new service facilities as well and is contributing to meeting increasing demand for trained doctors, nurses, midwives and medical technicians.
- Local pharmaceutical manufacturing industries meeting 98% of the local requirements of medicine are also expanding to the export market with the potential of greater foreign exchange earnings.
- Bangladesh has managed the COVID - 19 pandemic efficiently and rolled out the vaccination program nationwide.
- The rapid and effective response to extend health services to the Forcibly Displaced Myanmar Nationals (FDMNs)
- Bangladesh has attained the target for Millennium Development Goals (MDG) 4 on U5 mortality.
- Bangladesh is also making consistent progress in reaching the SDGs and is already in a better position than some other South Asian countries (Sachs et al., 2022).

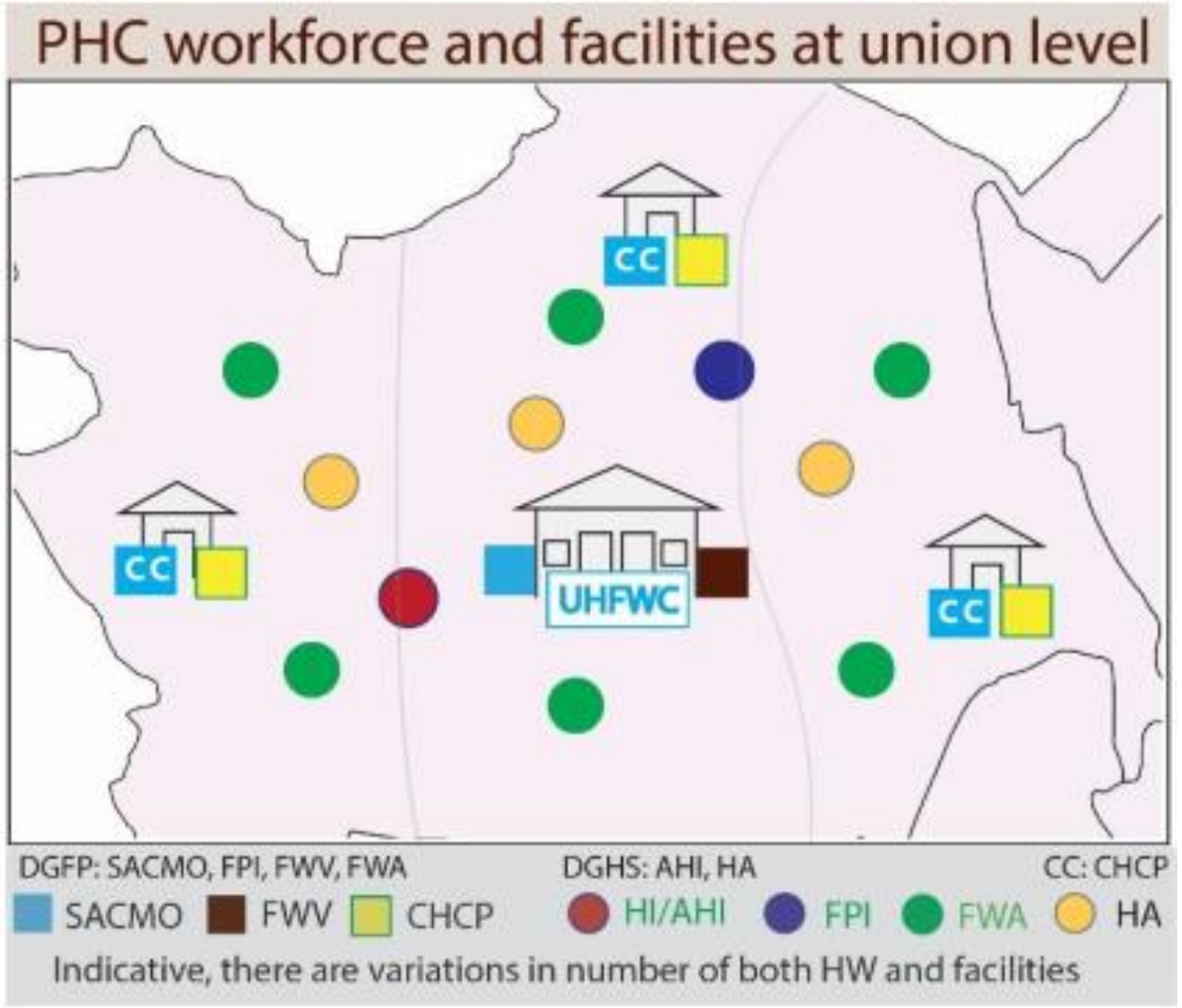
Primary Health Care Delivery in Rural and Urban Areas



Continuum of Care in rural areas



Indicative availability of PHC workforce at Union level

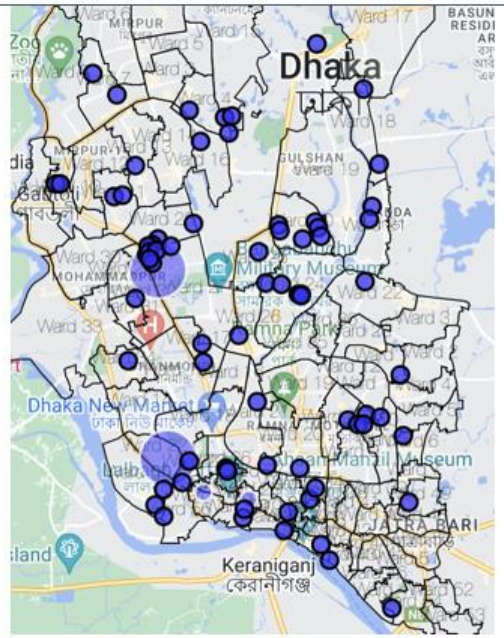


Health Service Providers in Urban Areas

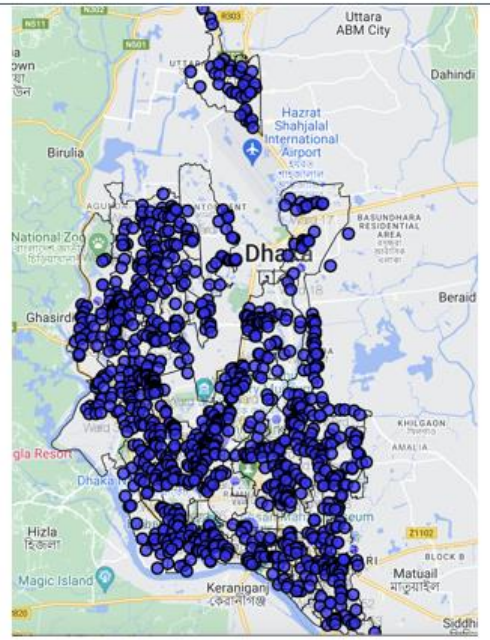
Geo-spatial Mapping of health facilities – Urban – Dhaka District

Managed by

Public

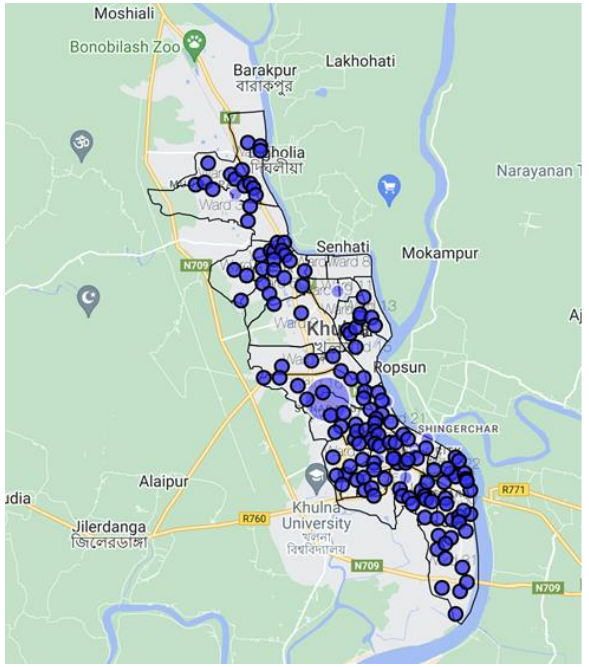


Private



Geo-spatial Mapping of health facilities – Urban – Khulna District

Public



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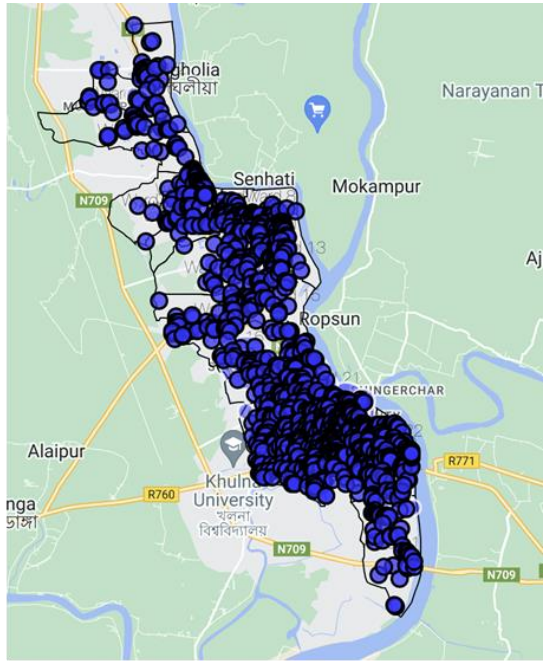

Urban Health Challenges

S. No.	KEY CHALLENGES
1	Poor Coverage of Urban Primary Health Care services. High OOPE (urban 68%, rural 61%) due to lack of pro-active initiative from both ministries
2	Services are focused mainly on maternal and child health, does not have NCD as a priority (weak referral system)
3	Lack of frontline health workers and inadequate training
4	Special healthcare needs of slum dwellers, working and floating/street population
5	Urban health data not linked to DHIS2 in many cases
6	Limited financing for urban primary health care
7	Limited outreach activities and domiciliary services
8	Poor enforcement of law and regulation of private clinics and pharmacies/Drug Store.
9	MoHFW and MOLGRDC and LGIs must work closely to expand coverage in urban areas to achieve UHC
10	2/3rd of Health Services provided by private sectors* (-price, service package, quality unregulated)
11	Absent or non functioning referral system
12	Limited Diagnostic facilities and medicine supply is inadequate
13	Limited updated data and operation research are available

Way forward for Urban PHC

S. No.	KEY RECOMMENDATIONS
1	Implement the National Urban Health Strategy, 2020 with periodic review ➢ *Adequate budget allocation (NUHS 2020 draft action plan will be good basis for calculation)* ➢ *Better Coordination between MoHFW and LGD* ➢ *Regulate Private Clinics and Private Drug Shops*
2	A separate Operational Plan which should be managed by DGHS in close collaboration with LGD, City Corporation, Municipalities, DGFP and other Directorates of MOHFW ➢ MOHFW should be the technical lead for urban health in collaboration with LGD and LGIs and community ➢ *Ensuring delivery of ESP following PHC protocols and identify the catchment population and HR needs for urban PHC program* ➢ *Explore innovative financing for primary health care with NGOs and private sector (social health protection scheme, SSK, SSN, UPHCDSP, GoD, GP model)* ➢ *Strengthen community outreach, domiciliary services and telemedicine* ➢ *Reduce Out of Pocket expenditure*
3	Data integration from urban health facilities with DHIS-2 at all levels and utilization of data to improve services
4	Strengthen the disease prevention and health promotional activities
5	Structured referral system for equitable access to quality care and continuity of care

** Smiling Sun Network (SSN), Urban Primary Health Care Service Delivery Programme (UPHCDSP), government dispensaries (GoD), general practitioner model (GP)*

Way forward for improving existing PHC

- Expand the coverage of PHC services for NCDs, mental health and geriatric care
- Allocation for provision of PHC services from PHC facilities needs to be increased
- Ambulatory service to functionalize the referral services
- Support systems for PHC delivery at facilities needs to be strengthened by ensuring adequate HR, equipment and logistics, essential medicines, etc.
- Quality of PHC services should be improved through strengthening supportive supervision, conducting regular refresher training on quality of care for the PHC workforce
- Community level providers should be encouraged to engage with communities for meaningful public health outcomes and increase their accountability

Concluding words

- A robust PHC is to fulfill the goals of sustainable development (SDG), particularly the attainment of universal health coverage (UHC).
- The preparation against future pandemic threats can be ensured if a robust PHC is in place.
- Public health security cannot be ensured without addressing the strong foundation of PHC

Thank You

Acknowledgement

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