



PRIMARY HEALTH CARE & PHC INDIA

DR. SHARAD KUMAR AGARWAL
NATIONAL PRESIDENT
INDIAN MEDICAL ASSOCIATION



PHC is the first contact point between village community and the medical officer. The PHCs were envisaged to provide an integrated curative and preventive health care to the rural population with emphasis on preventive and promotive aspects of health care.



The idea of primary health care (PHC) emerged in recognition of the shortcomings of the health systems inherited by developing countries after independence. The urban, centralised and curative-oriented health systems were poorly matched to the needs of the people.



India started setting up primary health centres (PHCs) in 1952, when the first few PHCs were established in Najafgarh (Delhi), Singur (West Bengal) and Poonammalle (Tamilnadu) under Community Development Program.



Alma Ata Declaration

Primary Health Care (PHC) has been associated with the declaration of the 1978 International Conference in Alma Ata, Kazakhstan (known as the “Alma Ata Declaration”). This brought in a wider definition including the Health determinants.



Primary Healthcare System in India

Sub Centre: Most peripheral contact point between Primary Health Care System & Community manned with one HW(F)/ANM & one HW(M)

Primary Health Centre (PHC): A Referral Unit for 6 Sub Centres 4-6 bedded manned with a Medical Officer Incharge and 14 subordinate paramedical staff

Community Health Centre (CHC): A 30 bedded Hospital/Referral Unit for 4 PHCs with Specialized services

As on 31st March 2022, there are 157935 and 3894 Sub Centres (SC), 24935 and 6118 Primary Health Centres (PHCs) and 5480 and 584 Community Health Centres (CHCs) respectively which are functioning in rural and urban areas of the country.



FUNCTIONS OF PHC

1. Medical care
2. MCH and family planning
3. Safe water supply and basic sanitation
4. Prevention and control of locally endemic diseases
5. Collection and reporting of vital statistics
6. Health education
7. National health programs –as relevant
8. Referral services
9. Training of health guides & workers, local dais and health assistants
10. Basic lab services



STAFFING PATTERN OF PHC

	MEDICAL OFFICER	1
1.	PHARMACIST	1
2.	NURSE MID WIFE	1
3.	HWF & HWM	1
4.	BLOCK EXTENSION EDUCATOR	1
5.	HEALTH ASSISTANT MALE	1
6.	HEALTH ASSISTANT FEMAL	1
7.	UDC	1
8.	LDC	1
9.	LAB TECNITIAN	1
10.	DRIVER	1
11.	CLASS IV	4

	TOTAL	15



ROLE OF MEDICAL OFFICER

In India, PHCs form the basic part of the health care system. The Medical Officer appointed to run the PHC must be a MBBS degree holder. In addition to the provision of diagnostic and curative services, the Medical Officer acts as the primary administrator for the PHC.



CURRENT SCENARIO

- India has seen significant improvements in access to primary care
- National Health Policy- 2017, highlighted the importance of primary healthcare.
- Mandated the creation of approximately 1,50,000 health and wellness centres
- Presently 1,61,327 health and wellness centres have already been operationalised
- Government is creating digital health infrastructure through the National Digital Health Mission (NDHM). The NDHM aims to build the digital infrastructure to support data management, create health IDs, and create seamless payment architecture with insurance companies and private providers.
- The government has also announced the opening of more than 100 new medical colleges by upgrading the district hospitals.
- Efforts are being made to narrow the access gap at the policy and operational level.



India	MMR
2004-06	254
2007-09	212
2010-12	178
2011-13	167
2014-16	130
2015-17	122
2016-18	113
2018-20	97



Year	Infant Mortality Rate
1950	189.629
1960	161.742
1970	141.822
1980	114.743
1990	88.791
2000	66.729
2010	45.307
2020	29.848
2023	26.619



Year	Life Expectancy
1950	35.21
1960	41.13
1970	47.41
1980	53.47
1990	57.66
2000	62.28
2010	66.43
2020	69.73
2023	70.42



Covid 19 has rewritten priorities in our national life. Health care has emerged as an important internal security issue. Primary Health Care reduces morbidity and mortality.

If India has to achieve Universal Health Coverage prioritization of Primary Health Care is essential.



SUSTAINABLE DEVELOPMENTAL GOALS

TARGETING TO ATTAIN SUSTAINABLE DEVELOPMENT GOALS BY 2030

CURRENT PROGRESS IS AS FOLLOWS

➤ SDG1 NO POVERTY	POVERTY RATE	21.9 (2011-12)	4.4% NOW
➤ SDG2 ZERO HUNGER	UNDERNOURISHMENT	17.3% (2004-06)	11% NOW
➤ SDG3 GOOD HEALTH & WELL BEING	MMR	167 (2011)	97 NOW
➤ SDG4 QUALITY EDUCATION	ENROLMENT RATIO	93.4% (2014-15)	95.3 NOW
➤ SDG5 GENDER EQUALITY	SEX RATIO	918 (2011)	934 NOW



SUSTAINABLE DEVELOPMENTAL GOALS

RECENT FAMILY HEALTH SURVEY HAS SHOWN

- DECLINE IN MULTI DIMENSIONAL PROVERTY
- DECLINE IN CHILD MORTALITY
- DECLINE IN CONSUMPTION INEQUALITY

DECLINE IN OVERALL INDICATORS

IMR	36.24 (2015)	26.61 (2022)
MMR	130(2014)	97 (2022)
SAFE WATER	35% (2016)	62% (2022)
SANITATION	38.7% (2011)	93.3 (2020)
INSTI DELIVERIES	70% (2010)	96% (2022)
VACCINATION	62% (2015)	76% (2022)
ASHA WORKERS	7,25,000 (2010)	09,83,000 (2022)
DOCTOR POULATION RATIO	1:1300 (2010)	1: 834 (2022)

UNIVERSAL HELTH COVERAGE IS KEY TO ATTAINMENT OF SDG

HEALTH WELLNESS CENTRES

National Health Policy 2017 envisage establishment of Health and Wellness Centre (HWC) to provide comprehensive primary health care that is universal, free and closer to the community.

Under the program, existing Sub- Health Centres (SHCs) & Primary Health Centres (PHCs) are being transformed as Ayushman Bharat - Health & Wellness Centres (AB-HWCs)



AYUSHMAN BHARAT - HEALTH AND WELLNESS CENTRES REPORT CARD

Functional HWC

1,61,327

SHC-HWC
1,21,140

PHC-HWC
23,538

UPHC-HWC
4,811

AYUSH-HWC
8,092

UHC-HWC
3,746



HEALTH WELNESS CENTRES

Offer Expanded range of services

1. Care in pregnancy and childbirth.
2. Neonatal and infant health care services
3. Childhood and adolescent health care services.
4. Family planning, Contraceptive services and Other Reproductive Health Care services
5. Management of Communicable diseases: National Health Programs
6. Management of Common Communicable Diseases and General Out-patient care for acute simple illnesses and minor ailments
7. Screening, Prevention, Control and Management of Non-Communicable diseases and chronic communicable diseases like TB and Leprosy
8. Basic Oral health care
9. Care for Common Ophthalmic and ENT problems
10. Elderly and Palliative health care services
11. Emergency Medical Services
12. Screening and Basic management of Mental health ailment



FUTURE COURSE

- **Build sustainable partnerships with private sector to drive innovation**
- **Shift the focus from activities to outcomes**
- **Prepare now for future crises**



SUMMARY

An agile and strong primary healthcare system is critical to meeting the SDG goals and ambitious commitments. The delivery of high-quality primary healthcare in India has been previously hindered by several challenges: low budgetary allocations, limited access to primary care facilities, shortage of doctors, and regulatory challenges, among many others which had been taken care well in last 10 years and resulting in improved KPIs and deliverables at present.

The progress that India has made in terms of improvement in access to care in the last few years has been quite noteworthy. Both the public and the private sector have also learnt many lessons during the pandemic. It's now time to leverage these gains in response to the challenges that lie ahead.



India has 706 medical colleges and 108898 fine MBBS graduates walk out every year. Sooner than later India will have enough and more doctors to meet the needs of the entire humanity.



Thank you

Dr. Sharad Kumar Agarwal
National President
Indian Medical Association

Dr. Anilkumar J. Nayak
Honorary Secretary General
Indian Medical Association