

A Brief Note on Primary Health Care

Srishti Nagpal*

Department of Pharmacy, Viswanadha Institute of Pharmaceutical Sciences, India

Short Communication

Received: 02/02/2021

Accepted: 20/02/2021

Published: 27/02/2021

***For Correspondence**

Srishti Nagpal, Department of Pharmacy,
Viswanadha Institute of Pharmaceutical Sciences, India.

E-mail: nsristi@yahoo.com

Keywords: Primary health; Health policy; Medical technology

INTRODUCTION

Primary health care or PHC refers to "essential health care" that's supported scientifically sound and socially acceptable ways and technology [1]. This makes universal health care accessible to all or any people and families during a community. PHC initiatives allow the total participation of community members in implementation and higher cognitive process. Services area unit provided at a price that the community and therefore the country will afford at each stage of their development within the spirit of autonomy and self-determination. PHC includes all areas that play a task in health, like access to health services, surroundings and more.

Thus, primary tending and public health measures, taken along, could also be thought-about because the cornerstones of universal health systems. The World Health Organization, or WHO, elaborates on the goals of PHC as outlined by 3 major classes, "empowering folks and communities, multisectoral policy and action; and first care and essential public health functions because the core of integrated health services." There have been several factors that impressed PHC [2].

GOALS AND PRINCIPLES

The ultimate goal of primary tending is that the attainment of higher health services for all. It's for this reason that the globe Health Organization (WHO), has known 5 key components to achieving this goal:

- Reducing exclusion and social disparities in health (universal coverage reforms);
- Organizing health services around people's desires and expectations (service delivery reforms);
- Integrating health into all sectors (public policy reforms);
- Pursuing cooperative models of policy dialogue (leadership reforms);
- Increasing neutral participation.

Behind these components lies a series of basic principles known within the Alma Ata Declaration that ought to be developed in national policies so as to launch and sustain PHC as a part of a comprehensive health system and in coordination with different sectors:

Equitable Distribution of Health Care

In step with this principle, medical care and different services to satisfy the most health issues during a community should be provided equally to all or any people no matter their gender, age, caste, color, urban/rural location and class.

Community Participation

So as to create the fullest use of native, national and different obtainable resources. Community participation was thought-about property because of its grass roots nature and stress on self-reliance, as against targeted (or vertical) approaches smitten by international development help.

Health Human Resources Development

Comprehensive tending depends on associate degree adequate range and distribution of trained physicians, nurses, allied health professions, community medical examiners et al. operating as a health team and supported at the native and referral levels.

Use of Applicable Technology

Medical technology ought to be given that is accessible, affordable, possible and culturally acceptable to the community. Samples of applicable technology embody refrigerators for cold vaccine storage. Less applicable samples of medical technology might embody, in several settings, body scanners or heart-lung machines that profit solely a little minority targeted in urban areas. They're typically not accessible to the poor; however draw an oversized share of resources.

Multi-sectional Approach

Recognition that health can't be improved by intervention inside the formal health sector; different sectors area unit equally vital in promoting the health and autonomy of communities. These sectors embody, at least: agriculture (e.g. food security); education; communication (e.g. regarding prevailing health issues and therefore the ways of preventing and dominant them); housing; structure (e.g. guaranteeing associate degree adequate offer of safe water and basic sanitation); rural development; industry; community organizations (including Panchayats or native governments, voluntary organizations, etc.) [3].

In sum, PHC acknowledges that tending isn't a temporary intervention; however associate degree in progress method of rising people's lives and assuaging the underlying socioeconomic conditions that contribute to poor health. The principles link health, development, and advocating political interventions instead of passive acceptance of economic conditions.

REFERENCES

1. Hoemeke L. Three lessons we can learn from 40+ years of community health worker programs. (2018); Retrieved from [https://healthsystems\(2007\)global.org/news/three-lessons-we-can-learn-from-40-years-of-community-health-worker-programs/#:~:text=The%20declaration%2C%20which%20is%20being,in%20the%20community%20throug h%20their](https://healthsystems(2007)global.org/news/three-lessons-we-can-learn-from-40-years-of-community-health-worker-programs/#:~:text=The%20declaration%2C%20which%20is%20being,in%20the%20community%20throug h%20their)
2. WHO. Primary health care. (2019); Retrieved from <https://www.who.int/news-room/fact-sheets/detail/primary-health-care>
3. WHO. STRENGTHENING HEALTH SYSTEMS TO IMPROVE HEALTH OUTCOMES. (2007); Retrieved from https://www.who.int/healthsystems/strategy/everybodys_business.pdf