Primary Health Care - Lessons from Kerala

What is the issue?

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- Proper systems in Universal primary health care are crucial in India for achieving Universal Health Coverage, one of the SDGs.
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- The experience of Kerala in transforming primary care has lessons for the country in achieving the Astana Declaration goals.
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What is the Astana Declaration?

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- In October 2018, at Astana, Kazakhstan, world leaders declared their commitment to ‘Primary Care’.
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- The Astana Declaration aims to meet all people’s health needs across the life course.
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- This would be through comprehensive preventive, promotive, curative, rehabilitative services and palliative care.
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- A representative list of primary care services are provided in this, which includes but not limited to -
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i. vaccination
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ii. screenings
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iii. prevention, control and management of non-communicable and communicable diseases
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iv. care and services that promote, maintain and improve maternal, newborn, child and adolescent health
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v. mental health
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vi. sexual and reproductive health
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What is Kerala's experience in this regard?

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- The 'Aardram mission' in Kerala aims at creating “People Friendly” Health Delivery System in the state.
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- The approach is need-based and aims at treating every patient with ‘dignity’.
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- In 2016, Kerala had, as part of the Aardram mission, attempted to re-design its primary care.
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- In the revamped primary care, Kerala tried to provide the services enlisted in the Astana declaration and more, with mixed results.
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- These services cannot be provided without adequate human resources.
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- It is nearly impossible to provide them with the current Indian norm of one primary care team for a population of 30,000.
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- So Kerala tried to reduce the target population to 10,000, but even this turned out to be too high to be effective.
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- It thus suggests that providing comprehensive primary care would require at least one team for 5,000 populations.
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- This would mean a six-fold increase in the cost of manpower alone.
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What does this call for?

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- **Fund** - Most successful primary care interventions allocate not more than 2,500 beneficiaries per team.
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- But the supply of more human resources would generate demand for services.
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- So there would be a corresponding increase in the cost of drugs, consumables, equipment and space.
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- So the commitment to provide comprehensive primary care would be meaningful only with a substantial increase in fund allocation.
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- **Training** - Providing the entire set of services is beyond the capacity of medical and nursing graduates without specialised training.
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- Practitioners in most good primary care systems are specialists, often with postgraduate training.
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- The Post Graduate Course in Family Medicine, which is the nearest India has to such a course, is available in very few institutions.
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- Kerala has addressed this challenge through short courses in specific areas.
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- E.g. management of diabetes mellitus, hypertension, chronic obstructive pulmonary disease, and depression
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- India has to build its capacity in this regard if it is to offer services as is planned in many States.
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- **Data** - Providers have to assume responsibility for the health of the population assigned to them and the population should trust them.
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- Both are linked to capacity, attitude and support from referral networks and the systemic framework.
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- It will not be possible unless the numbers assigned are within manageable proportions.
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- So access to longitudinal data on individuals will be helpful in achieving the link.

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- Thus, dynamic electronic health records and decision support through analysis of data are essential.
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- **Private sector** - The private sector provides primary care in most countries though it is paid for from the budget or insurance.
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- In India, more than 60% of primary care is provided by the private sector.
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- It can provide good quality primary care if there are systems to finance care and if it is prepared to invest in developing the needed capacities.
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- Devising and operating such a system (more fund management than insurance though it can be linked to insurance) is needed.
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Source: The Hindu

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