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INDIAN PRIMARY HEALTH CARE - SOCIAL JUSTICE

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Indias primary healthcare

Changing nature of India's primary healthcare landscape

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Introduction:

Anchored in the principles of the **1978 Alma-Ata Declaration**, it emphasises preventive, promotive, curative, and rehabilitative services close to people's homes. India's network of Sub-Centres, Primary Health Centres (PHCs), and Health & Wellness Centres plays a critical role in reducing disease burden, improving maternal and child health, and ensuring universal health coverage

Strengthening this foundational tier is vital to achieving SDG 3: Good Health and Well-being and realizing the vision of Ayushman Bharat.

Changing nature of India's primary healthcare landscape :

1.Shift from Curative to Preventive & Promotive Care :Focus is moving beyond treating illnesses to health promotion, early detection, and lifestyle modification.

Example:National Programme for Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) integrating NCD screening at the primary level.

2.Digital & Telemedicine Integration :Technology is bridging rural–urban gaps through e-Sanjeevani teleconsultations and AI-based diagnostics.

Example:Over 18 crore teleconsultations conducted under e-Sanjeevani by 2024.

3.Expansion of Health & Wellness Centres (HWCs) :PHCs/Sub-Centres upgraded into HWCs delivering comprehensive primary care, including mental health, palliative care, and physiotherapy.

Example:1.6 lakh HWCs operational under Ayushman Bharat (2024).

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4.Integration of AYUSH & Holistic Care :Traditional medicine integrated with modern care for holistic health services.

Example:Co-location of AYUSH clinics within PHCs in states like Kerala and Gujarat.

5.Community-Centric and Decentralised Models :Greater involvement of ASHA workers, Village Health Sanitation & Nutrition Committees (VHSNCs), and Panchayati Raj in planning and delivery.

Example:Kerala's Aardram Mission transforming PHCs into family health centres with local governance participation.

6.Focus on Non-Communicable Diseases (NCDs) :Primary healthcare now addresses rising NCD burden alongside infectious diseases.

Example:NCD screening for people aged 30+ as part of HWC services.

7.Public–Private Partnerships (PPPs): Collaborations for diagnostics, telemedicine, and supply chain strengthening.

Example:PPP-based diagnostic centres in PHCs in Andhra Pradesh and Gujarat.

Importance of India's Primary Healthcare for Rural Empowerment :

Improved Access to Essential Services :Reduces rural–urban disparity by providing affordable, local healthcare close to villages.

Reduction in Out-of-Pocket Expenditure (OOPE) :Affordable primary care lowers the financial burden, preventing medical poverty.

Example:Tamil Nadu's robust PHC network offers free diagnostics and medicines, keeping OOPE among the lowest in India.

Women's Health & Empowerment :Maternal and child health services at PHCs enhance women's survival, mobility, and participation in community life.

Employment & Skill Development :Primary healthcare generates rural jobs for ASHA workers, ANMs, lab technicians, and pharmacists.

Foundation for Universal Health Coverage (UHC) :Ensures rural citizens are not left behind in Ayushman Bharat's vision of "health for all".

Example:70% of beneficiaries under PM-JAY are from rural households, leveraging PHCs for referral.

Challenges nature of health care :

High Out-of-Pocket Expenditure (OOPE) :Over 48% of total health spending comes directly from households, leading to medical debt.

Poor Quality & Accountability in Public Healthcare :Infrastructure gaps, absenteeism, and low patient trust also creates healthcare concerns.

Rising Burden of Non-Communicable Diseases (NCDs) :Shift from infectious to chronic diseases, requiring long-term, costly treatment.

Inadequate Preventive Healthcare Focus :Overemphasis on curative services instead of prevention and health promotion.

Low Public Health Expenditure :India spends around 2% of GDP on health (2023), below the WHO-recommended 5%.

Human Resource Shortages :Deficit of doctors, nurses, and specialists in public facilities.

Government initiatives for health care:

Ayushman Bharat– Health and Wellness Centres (AB-HWCs): Provides primary healthcare services, including preventive, curative, and palliative care, in 150,000 Sub-Centres and PHCs across India.

National Health Mission (NHM):Seeks to enhance healthcare infrastructure and accessibility, focusing on maternal and child health, immunisation, family planning, and disease control.

Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM): Enhances health infrastructure through Block Public Health Units and improved district health systems.

Indian Public Health Standards (IPHS): Standardises healthcare quality by defining minimum service norms and improving consistency in primary healthcare.

National Digital Health Mission (NDHM):Aims to digitise health records and improve healthcare efficiency and accessibility through digital platforms.

Jan Aushadhi Scheme:Provides affordable generic medicines through Jan Aushadhi Kendras, ensuring access for rural populations.

Conclusion:

Effective implementation of the National Health Policy 2017, integration of technology, and stronger public–private collaboration can bridge existing gaps. Achieving SDG 3: Good Health and Well-being will not only improve health outcomes but also empower communities and drive inclusive socio-economic growth