

Problems of Providing Primary Health Care and Prospects for Their Solutions

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Abstract: Primary health care offers a cost-effective route to achieving universal health coverage (UHC). However, primary health-care systems are weak in many low- and middle-income countries and often fail to provide comprehensive, people-centred, integrated care. We analyzed the primary health-care systems in 20 low- and middle-income countries using a semi-grounded approach. Options for strengthening primary health-care systems were identified by thematic content analysis.

Key points: medical services, patients, primary health care, development.

Health systems around the world are facing increasingly complex challenges, such as the growing burden of chronic noncommunicable diseases and associated commercial determinants of health (e.g., tobacco and junk food marketing), emerging epidemics, and antimicrobial resistance. As a result, the focus has shifted from curative care to health promotion and disease prevention, and new models of primary health care service delivery, financing and management have been developed.

Primary health care systems are fundamental to responding to pandemics, such as the coronavirus disease 2019 (COVID-19) pandemic, and maintaining essential health services. Moreover, primary health care policies and interventions can improve equity and support disadvantaged populations that are underserved by essential health services [1]. Many studies have noted that strengthening primary health care improves population health outcomes and reduces all-cause mortality and is a cost-effective strategy for achieving universal health coverage (UHC) [2].

Primary health care is uniquely positioned to provide the range of services needed to meet most of a population's health needs, provide services to communities at the local level, and address changing needs. This adaptive capacity contributes to the responsiveness and resilience of health systems, especially in times of crisis.

In response to the 2018 Declaration of Astana [3], there has been a push for renewed commitment to primary health care worldwide. There is growing recognition that achieving the health-related Sustainable Development Goals, including UHC, will not be possible without strengthening primary health care systems.

In 2019, the World Health Assembly adopted a resolution recognizing the role of primary health care in the provision of health services throughout the life course, including prevention, treatment, rehabilitation and palliative care [4]. However, primary health care systems are weak in many low- and middle-income countries and fail to provide high-quality, comprehensive, people-centred, integrated care. Systems are often at risk due to lack of resources, fragmentation and poor management. The priority given to primary health care and the resources provided vary greatly across countries: between 2011 and 2018, the share of annual government expenditure allocated to primary health care in low- and middle-income countries ranged from 2 to 56% [5]. Health services for poor and marginalized groups are often poorly coordinated and inconsistent [6], and

development aid and vertical programming (which focuses on disease-specific interventions) often increase the fragmentation of primary health care [7].

Key challenges in primary health care management include weak regulation associated with poor quality of care and a lack of transparency, efficiency and accountability in the allocation and use of resources.

Traditionally, the core principles of primary health care—community engagement and citizen empowerment, and strengthening local health systems—have been neglected at the expense of innovative and rapid interventions. To address this imbalance, the Astana Declaration called for action to strengthen the three pillars of primary health care:

- ✓ primary health care and basic public health functions as the basis for integrated health services;
- ✓ empowering people and communities;
- ✓ multisectoral policies and actions.

In low- and middle-income countries, the policies and system reforms needed to create more comprehensive and responsive primary health care systems must be supported by context-appropriate evidence. There are currently gaps in knowledge about key aspects of primary health care systems, including: quality, safety and performance management; politics and management; organization and models of medical care; and financing.

To address these gaps, the Alliance for Health Policy and Systems Research, an international partnership organized by the World Health Organization (WHO), developed an initiative called PRIMASYS (Primary Health Care Systems) [8]. The goal of the initiative was to advance the science of primary health care in low- and middle-income countries and thereby support efforts to strengthen primary health care systems and improve the implementation and effectiveness of primary health care interventions. To this end, PRIMASYS led the development of case studies of primary health care policies and systems in 20 low- and middle-income countries.

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