Review Article

HOW PRIMARY HEALTH CARE WAS ORIGINATED IN INDIA

Mahbooba Khazir[1],Sabzar Abdullah [2], PradeepTangade[3],Ankita Jain [4], Anamika Gupta [5]
Post graduate student [1], Assistant professor [2], Professor & Head [3], Senior Lecturer [4], Reader [5]
1,2-4- Department of Public Health Dentistry Teerthanker Mahaveer Dental College & Research Centre Moradabad, 2-Department of Prosthodontics ZA Dental College, AMU, Aligarh

Abstract
Primary healthcare is very important means to provide the essential services to the community at the cost affordable by the country. The methods involved should be socially acceptable and accessible to individuals. .[1]Primary Health care is an essential foundation for every national health system of the world.
In 1946 the concept of PHC was given three decades before Alma Ata declarations by Sir Joseph Bhore who made recommendations for organization of basic health services in India.
No doubt their occurs various changes in the health sector, it is essential that primary health care should be revitalized for understanding of the functions performed by the government to regulate the implementations made by it.
Key Words: India, Origin, Primary health care (PHC),

INTRODUCTION

World widely Government was looking for way-out how to improve the efficiency, effectiveness and responsiveness of their health systems. Primary Health Care was playing very important role in providing these goals .
Primary healthcare (PHC) is easily accessible to the people of the community in the affordable range. Essential foundation for national health system in every country is primary care. For every national health system primary health plays the role of gate-way. Primary health care serves the community by various ways like basic needs of health care are provided, hospitals referrals are optimized ,services should be economical, comfort zone should be maintained and recovery should be fast after every treatment. besides that PHC also provide follow up care for chronic illnesses. In 1978 alma ata made the light on the importance of PHC.
First country to notice the importance of PHC was India. In 1946 three decades before the Alma Ata declaration concept of PHC was introduced by Sir Joseph Bhore with the recommendations of one primary health centre for 40000 population and each primary health centre should include 75 beds for each of10,000 -20000 population
Primary health structure in India has three tier system i.e Sub-centre, Primary health centre and Community centre. Primary health centre and community can be connected through the sub-centers. 100% assistance to all sub-centers is provided by Government of India. In every sub-centre there is one female and one male health worker. while as One Female Health Assistant (Lady Health Visitor LHV) and one male health assistant supervise six sub centers. First contact between the people and medical officer is Primary health centre. The main functions of PHC are curative, preventive, promotive and family welfare services. PHC consists of one medical officer and14 paramedical staff. In every community centre there is a Physician, Gynaecologist Provide manpower and health services of primary care in India.
Currently primary health care is facing the challenges like Primary Health Care and Non Communicable Diseases[3], Primary Health Care and Elderly, Primary Health Care and Urbanization[3],Primary Health Care and Privatization[3,] Primary Health Care and Health action in Crises[3]

BACKGROUND

Major Milestones in evolution of Primary Health Care in India are Pre-Alma Ata Declaration and Alma Ata Declaration and Beyond.

PRE-ALMA ATA DECLARATION:

Bhore Committee was laid under the recommendations of Sir Joseph Bhore with the recommendation of one primary health centre for 40000 population and each primary health centre should include 75 beds for each of10,000 -20000 population.
First five year plan was formulated in India in (1951-55) in which a program namely Community Development Program for the development of rural areas was given, as about 80% of population live in rural areas only. By definition Community Development Programme is "a process designed to create conditions of economic and social progress for the whole community with its active participation and the fullest possible reliance upon the community's initiative". This program not only covers health and sanitation but the other sectors are also included like agriculture, education, transport, social welfare and industries. There are about 100 villages in each Community Development Block (CDB). For each CDB, one Primary Health Centre was created.[3]
To review the progress of Bhore committee during second five year plan Government of India has appointed Health survey and Planning Committee", The Mudaliar

Committee. The recommendation of this committee was one primary health centers to 40,000 population and one basic health worker per 10,000 populations

In 1967 Jungalwalla Committee gave the concept of integrated health services i.e "a service with a unified approach for all problems instead of a segmented approach for all different problems". In 1973 Kartar Singh Committee on Multipurpose workers was established with the recommendation of one primary health centre for every 50,000 population. 16 sub-centers are found in each primary health centre for a population of 3,000 to 3,500.

In 1975 the committee known as Shrivastav Committee came into existence and the aim of this committee was to Support Manpower and Medical Education. This committee gave the suggestion that para-professional and semi- professional health workers should be selected from the community only e.g. school teachers, post masters etcand moreover this committee recommend development of a "Referral Service Complex". This complex is a link between the primary health centre and higher level referrals e.g, taluka / tehsil, district, regional and medical college hospitals.[4]

Meanwhile along with the Shrivastav committee report,in 1977another Scheme namely Rural Health Scheme was launched, with various recommendations like how to train the health worker, multipurpose workers and how medical colleges can be linked with the rural health. The other scheme namely Community Health Volunteer-Village Health Guide (VHG) Scheme was a scheme in which a person VHG from the village is given training.

ALMA ATA AND BEYOND

Alma Ata declaration in 1978 was signed by 134 governments (including India) and 67other agencies and the concept launched was health for all by year 2000.According to this declaration PHC provides the first contact service .Efforts made by Govt of India were to provide health for all of its citizens after Alma Ata Declaration. According to ICSSR(Indian Council of Social Science Research) and ICMR (Indian Council of Medical Research) majority of the problems of the population were solved by primary health care. National Health Policy take into account various sectors to provide health for all i.e environment, nutrition, education, socio-economic, preventive, and curative. The goal was set on "Health for All by 2000 AD", so as to increase the existing health services and manpower. In 1983 India' s1st National Health Policy (NHP) was formulated when Alma Ata Declaration provide comprehensive primary health care to the people of state.

The main aim of this policy was to provide the primary health services universally. In 1979 Walsh and Waren an "interim" measure was formulated in many countries including India, it was found that to complete the Alma Ata goals within the recommended time limit it is not the resources for development of health systems and infrastructure for primary health care but there should be health equity ,technical justifications and cost-effectiveness analysis .Every effort was made to provide health services to the "underprivileged" by the selective approach of GOBIFFF (Growth monitoring, oral rehydration therapy, breast feeding, Immunization, female literacy, family planning, food supplements for pregnant women). By the millennium development goals despite vast improvements in health services India had yet to achieve most of the goals enshrined in its first national health policy.[3]

The 2nd National Health Policy (2002) was presented almost after twenty years of the first NHP in 1983.The 2nd NHP 2002 look after the successes achieved since the first NHP 1983 including the eradication of small pox and guinea worm, the near eradication of polio, and progress towards the elimination of leprosy and neonatal tetanus. Hence the 2nd NHP suggest a framework to establish new infrastructure in deficient areas and upgrading the infrastructure of existing institutions. The major goals of NHP 2002 were to Eradicate various deadly diseases like Polio and Yaws (2005) Eliminate Leprosy (2005) Eliminate Kala Azar etc

National Rural Health Mission 'NRHM' came into existence for the improvement of quality of health care in the rural areas. This mission was implemented in April2005 throughout the country especially the main target was 18 states having weak demographic indicators and infrastructure. The main aim of NRHM is to involve every community for increased monetary autonomy at different levels and empower multiple stakeholders for efficient health delivery.

CONCLUSION

After the Alma Ata in 1978 many years were taken to formulate various frameworks for human development, stressing equity and the wellbeing of populations and the alleviation of suffering and ill health .Among various countries India is also trying to focus on the improvement of health sector especially the health of women and children. No doubt their occurs various changes in the health sector ,it is essential that primary health care should be revitalized for understanding of the functions performed by the government to regulate the implementations made by it. India is trying very hard to reducing inequity and regional imbalances.

REFERENCES

1. Patel N. Evaluating the role of primary health centers in India. Express health care management, India's first newspaper for health care business [Online]. [cited 2008 Nov 21];
2. Ashtekar S. Health and Healing: A Manual of Primary Health Care. Orient Longman Ltd., Chennai, 2001[Online]. [cited 2008 Nov 21];
3. Primary health care Indian scenario. World health organization. Country office for India. 2008

[Online].[cited 2009 Jan 4];
4. Park K. Park's text book of Preventive & Social Medicine. 19th edition. Jabalpur (India): M/s Banarsidas Bhanot; 2007. p. 21-752.
5. Ministry of Health and Family Welfare. (1981). Report of the Working group on Health for All by 2000 AD. New Delhi: Government of India [Online]. [cited 2009 Jan 5];
6. Ministry of Health and Family Welfare. (1983). National Health Policy. New Delhi: Government of India [Online]. [cited 2009 Jan 21];
7. Ministry of Health and Family Welfare. (2000). National Population Policy. New Delhi: Government of India [Online]. [cited 2009 Jan 21];
8. Ministry of Health and Family Welfare. (2002). National Health Policy. New Delhi: Government of India [Online]. [cited 2009 Jan 21];
9. Ministry of health and family welfare. (2005). National rural health mission. Mission document. New Delhi: Government of India [online]. [cited 2009 Feb 10];
10. Mahagan BK, Gupta MC. Text Book of Preventive and Social Medicine. 3rd edition. Jaypee Brothers Medical Publishers (p) LTD, New Delhi; 2003.p.488-509.
11. Daly B, Watt R, Batchelor P, Treasure E. Essential dental public health. 1st edition. Oxford; Oxford university press; 2003.p.143-151
12. Ministry of health and family welfare. (2006). Family welfare statistics of India. New Delhi: Government of India [online]. [cited 2009 Feb 10];
13. Ministry of health and family welfare. (2005). National rural health mission. Framework for Implementation. 2005-2012. New Delhi: Government of India[Online]. [cited 2009 Feb 12];
14. Ministry of health and family welfare. (2007). NRHM common review mission. New Delhi: Government of India [Online]. [cited 2009 Feb 12];
15. Ministry of health and family welfare. (2005). Accredited social health activist (ASHA) guidelines. New Delhi: Government of India [Online]. [cited 2009 Feb 12];
16. Ministry of health and family welfare. (2007). Bulletin of rural health statistics of India.. New Delhi: Government of India [Online]. [cited 2009 Feb 13];
17. Ministry of health and family welfare. (2007). National health profile. New Delhi: Government of India [Online]. [cited 2009 Feb 13];
18. International institute for population sciences (IIPS) and macro international. (2007). National family health survey (NFHS-3), 2005-06: India: Volume I. Mumbai: IIPS [Online]. [cited 2009 Feb 14];
19. Khot A, Nandraj S. (2008). The national rural health mission: A vehicle towards achieving primary health care in lndia [Online]. [cited 2009 Feb 15];
20. Satpathy and Venkatesh (2006). Human resources for health in national rural health mission: Dimension and challenges, regional health forum – Volume.10. New Delhi WHO-SEARO [Online]. [cited 2009 Feb 12];

Corresponding Author
Dr. Mahbooba Khazir
Post Graduate Student
Department of Public Health Dentistry Teerthanker Mahaveer Dental College & Research Centre Moradabad
Email-mahisab1712@gmail.com
Phone No-+917006364694

How to cite this article: Khazir M, Abdullah S, Tangade P, Jain A, Gupta A. How Primary Health Care was originated in India. TMU J DENT 2018;5(3):10-12.