India Primary HealthCare Support Initiative

IPSI

Comprehensive Primary Health Care

District CPHC Strengthening Workshop

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

IIPH INDIAN INSTITUTE of PUBLIC HEALTH GANDHINAGAR

ESTABLISHED BY GOVT. OF GUJARAT AND PHFI

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Learning Objectives

By the end of this session, learners will be able to:

1. Understanding the concept of CPHC and its core principles (specifically the shift from selective to comprehensive approach of PHC)

2. Able to assess the comprehensive score of their district on identified CPHC components

Section 1: Introduction to the concept of PHC and CPHC

What is Primary Health Care?

Have you heard of the term Primary Health Care?

What does it mean to you?

Infographic source: Taken from WHO website. Accessed on 1st June 2023 at : https://www.who.int/teams/primary-health-care/conference/communications-materials

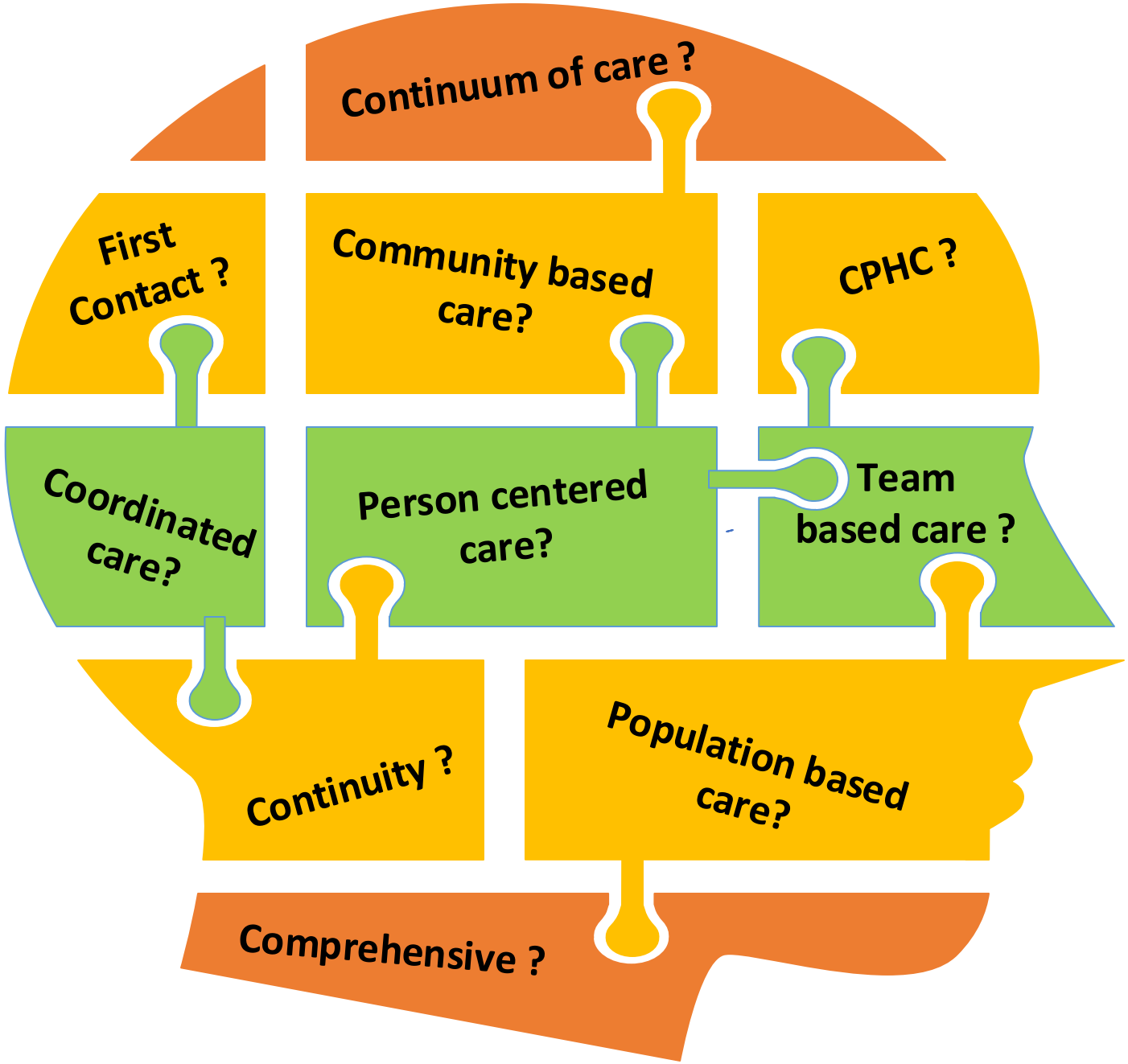
What is Primary Health Care?

Are “Primary Care” and “Primary Health Care” the same?

Yes, they’re the same

No, they’re different concepts

Lets talk about some related concepts/ Elements of primary health care approach



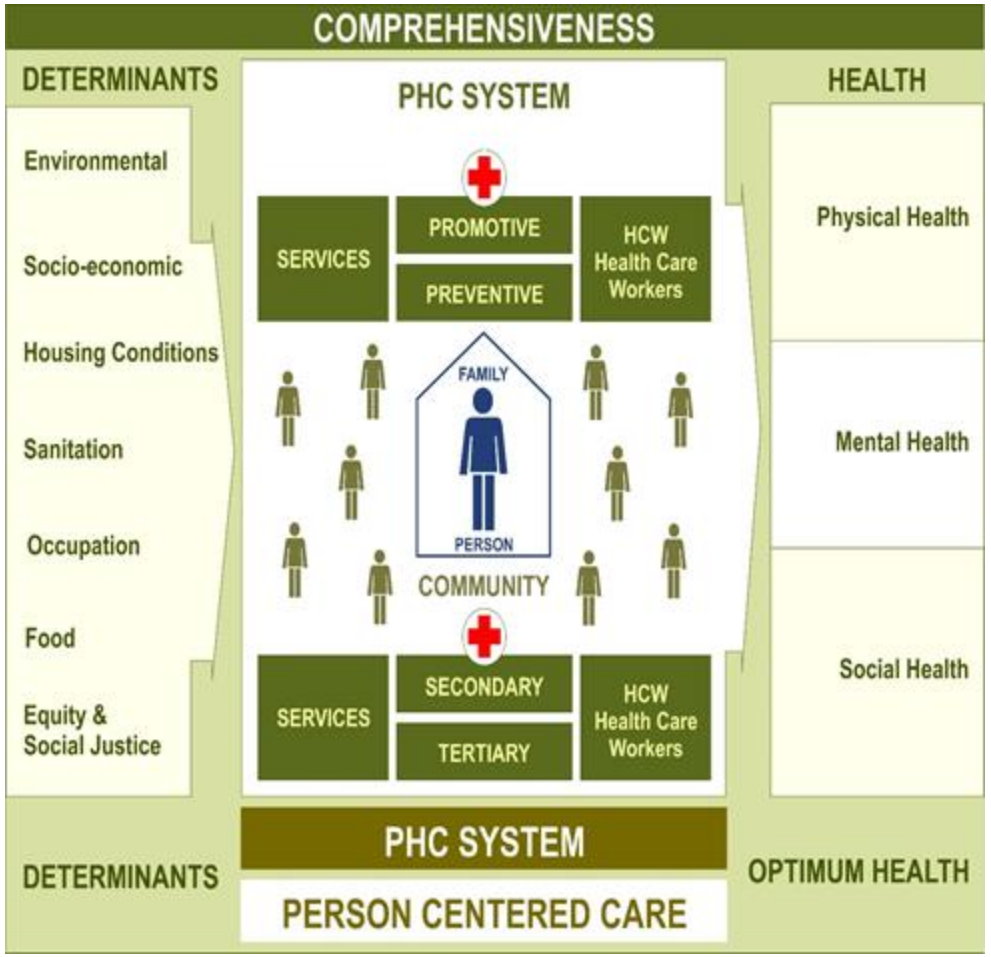
Have you heard of the terms ‘selective’ primary health care and ‘comprehensive’ primary health care’?

Why is ‘comprehensive’ added?

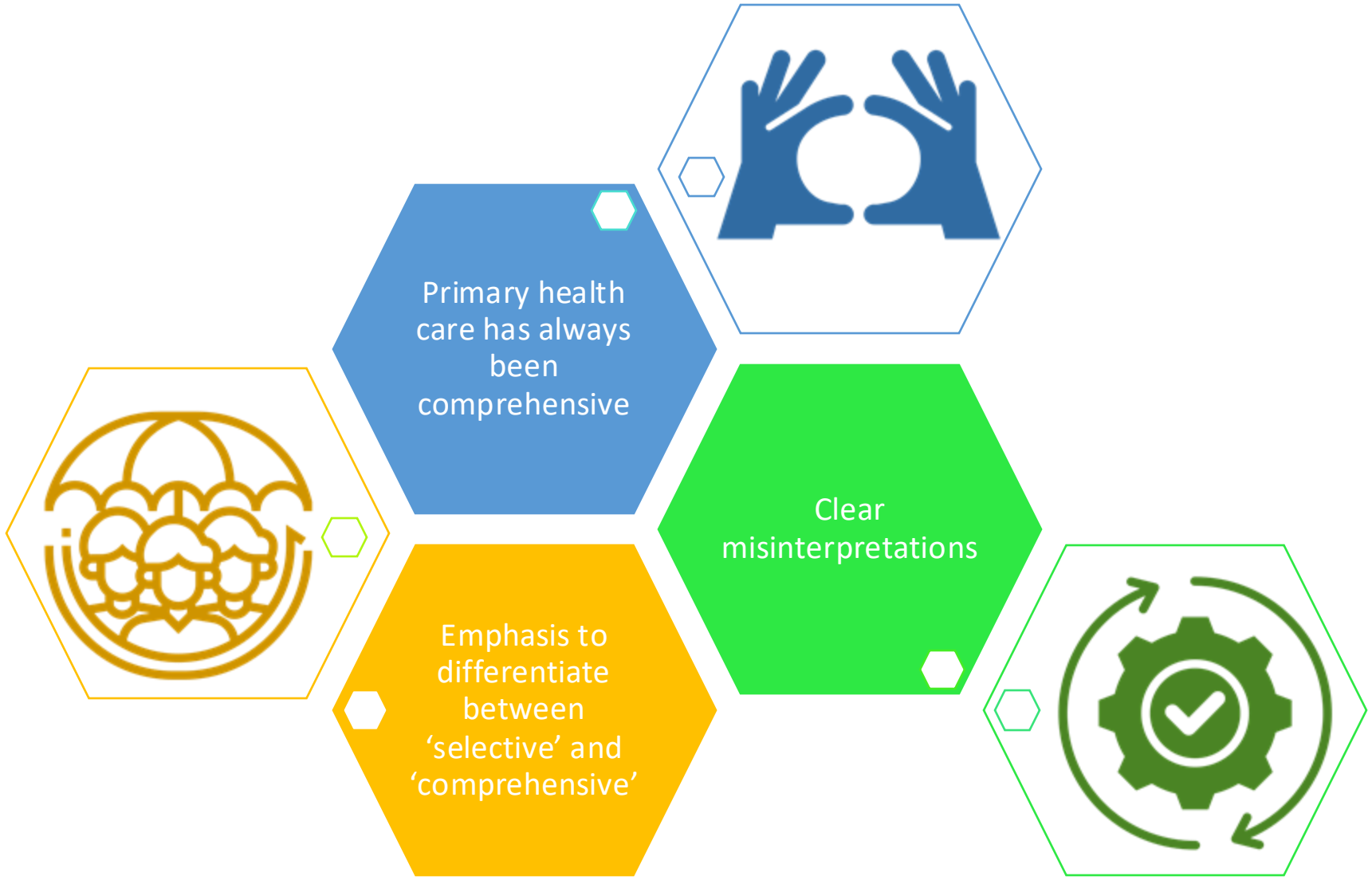
How are they different from each other?

COMPREHENSIVENESS

- Offer a range of services broad enough to meet all common needs in the population.
- Address a wide range of preventive, promotive, chronic, secondary, behavioural, and rehabilitative services.
- Approach to treating the “whole person”, not just a particular organ system or disease with clinicians and health care workers understanding the health needs of population



Source: PHCPI. High Quality Primary Health Care. PHCPI. [last accessed on 16- Jan 2022] Available from: https://improvingphc.org/improvement-strategies/high-quality-primary-health-care



It includes promotive, preventive, curative, rehabilitative and palliative care

It includes access to secondary and tertiary care as well

Expanded services: 12 packages in our context

The Primary Health Care Approach (recent definition)

Integrated health services with an emphasis on primary care and essential public health functions

Empowered people and communities

Multisectoral policy and action

PHC is a **whole-of-society approach** to health that aims at ensuring the **highest possible level of health and well-being** and their **equitable distribution** by **focusing on people's needs** and as early as possible along the **continuum** from health promotion and disease prevention to treatment, rehabilitation and palliative care, and **as close as feasible** to people's everyday environment." *

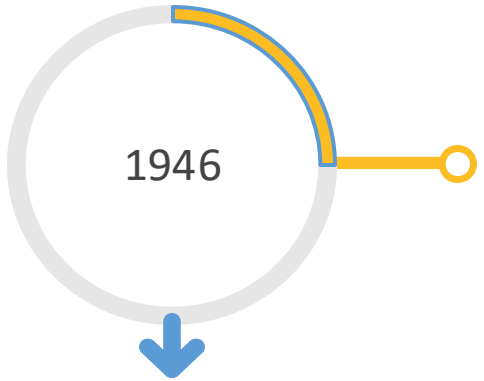
Source: Operational framework for primary health care: transforming vision into action. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2020. Licence: CC BY-NC-SA 3.0 IGO.

* WHO and UNICEF (2018). A vision for primary health care in the 21st century: Towards UHC and the SDGs.

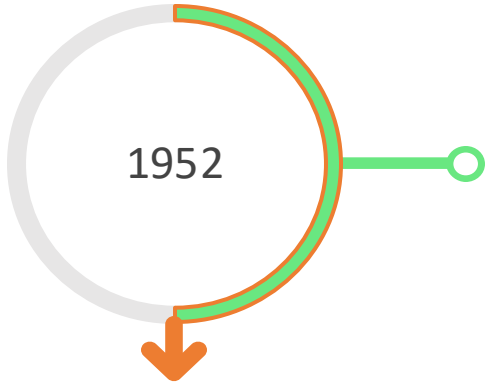
In simple words, the broad scope of CPHC essentially incorporates the following:

- Integration of all existing vertical programs to deliver services
- Focus on entire population and not just who seek treatment
- Addresses wider range of health conditions
- Prevention of disease by addressing risk factors and healthy behaviors through health promotion
- Support in early detection through provisioning diagnostics and referral support including transportation
- Community engagement and multi-sectoral participation

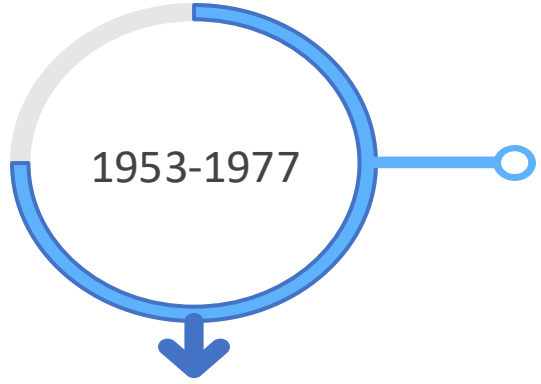
Historical Evolution of PHC



Bhore Committee
Strengthening health services based upon a stronger primary health care approach



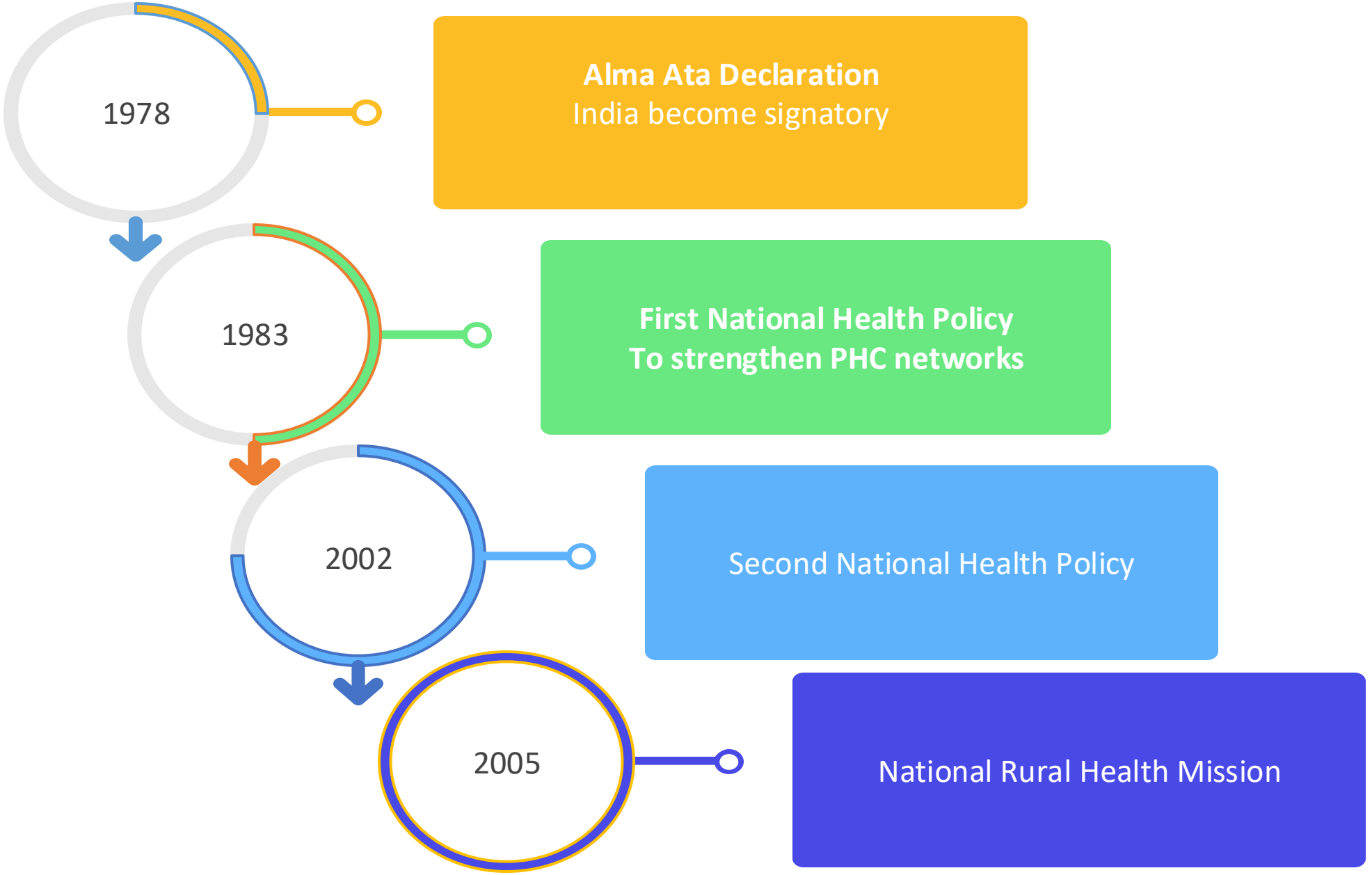
Community Development Programme
Setting up of primary health care centres as a part of three-tier health care system



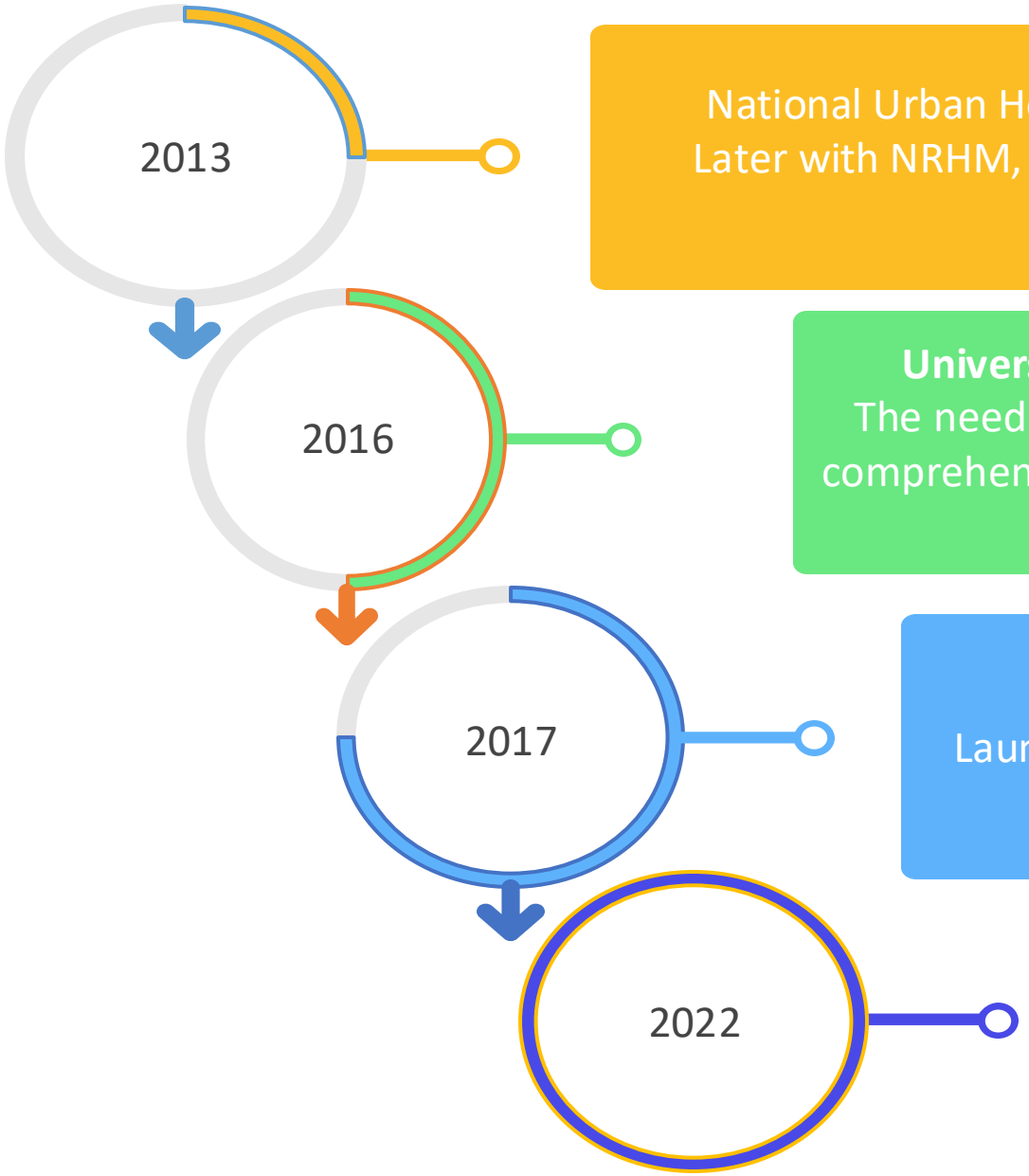
Various committees and reports: The Mudaliar committee, Jungalwalla committee, Kartar committee, Shrivastav committee

Source: Khazir, M., Abdullah, S., Tangade, P., Jain, A., & Gupta, A. (2018). How primary health care was originated in India. TMU J Dent, 5(3), July-September. Retrieved from http://www.tmujident.co.in/pdf/vol5issue3/vol%205%20issue%203_04.pdf

Historical Evolution of PHC



Historical Evolution of PHC



Source: Lahariya C. Health & Wellness Centers to Strengthen Primary Health Care in India: Concept, Progress and Ways Forward. *Indian J Pediatr*. 2020;87(11):916-929. doi:10.1007/s12098-020-03359-z

Section 2: Implementation of CPHC approach in India OR CPHC Systems in India

What is Universal Health Coverage and why is it needed?

Infographic source: WHO

What is Universal Health Coverage and why is it needed?

Infographic source: WHO

In order to achieve UHC….

Focus of today

India launched ***Ayushmann Bharat***

Health and Wellness Centers (HWCs):

to provide Comprehensive Primary health Care (CPHC) to all people, closer to their community

Pradhan Mantri Jan Arogya Yojana (PM-JAY) :

Health insurance to vulnerable families to protect them against financial hardships

Need of CPHC concept to achieve UHC: INDIA

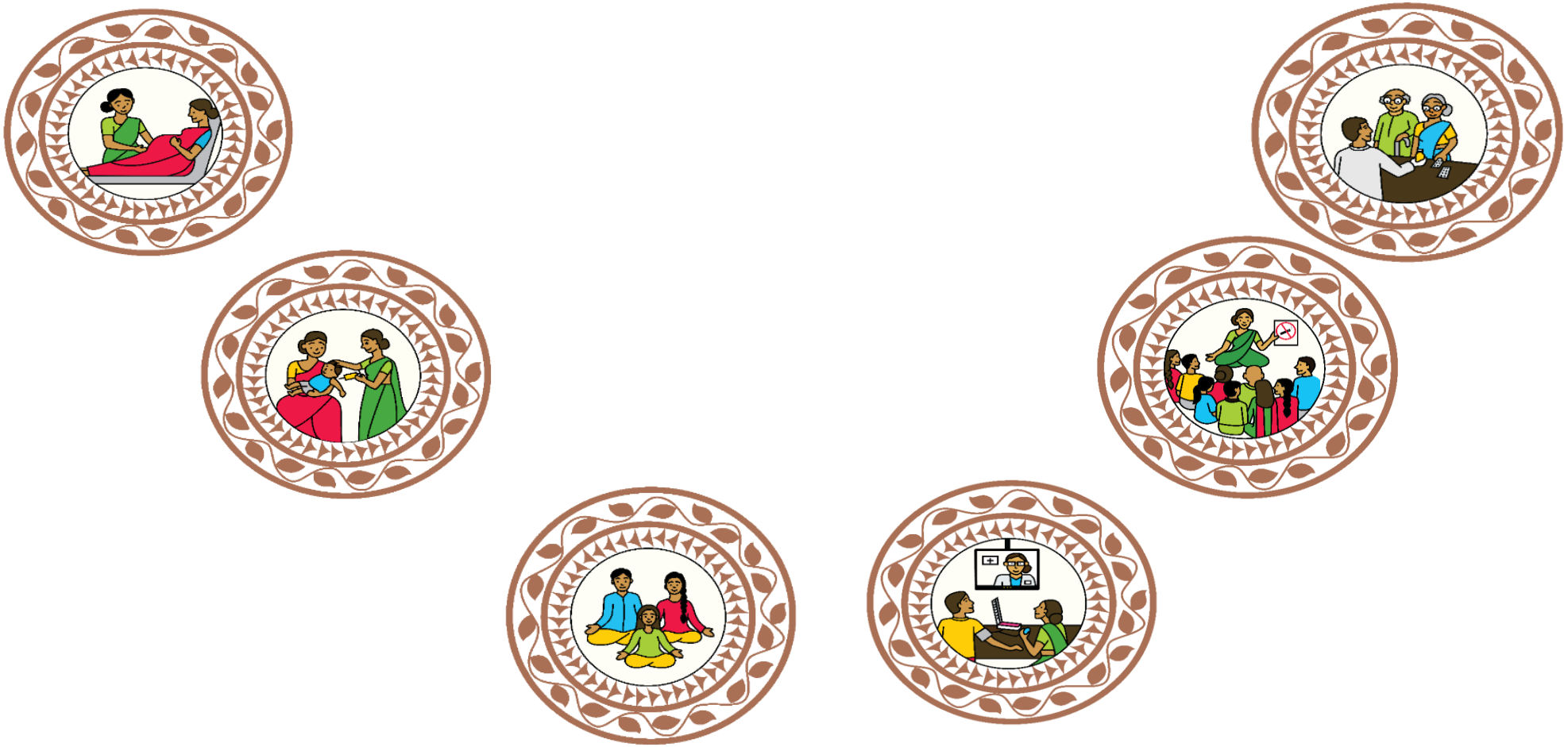
- To move from selective to comprehensive health care
- Epidemiological transition to NCDs
- Low utilization of public health facilities

Objectives of AB-HWCs: Equitable, Efficient and Effective Health Care

- Provide universal access to free primary health care services
- Promote wellness and prevent illness
- Strengthen accountability
- Provide first contact care close to people's homes
- Enable treatment adherence and follow-up
- Enhance Continuum of Care
- Expand access to higher level care

How to deliver CPHC through AB-HWCs?

HEALTH AND WELLNESS CENTRES- BRANDING



Expanded Package of Services

From Head to Toe & From Womb to Tomb

Care in Pregnancy & Childbirth

Neonatal & Infant Healthcare Services

Childhood & Adolescent Healthcare Services

Reproductive & Family Planning Services

Management of Communicable Diseases

Outpatient Care for Acute Simple Illness

Screening Prevention & Control of NCDs

Eye & ENT Care

Oral Care

Mental health Care

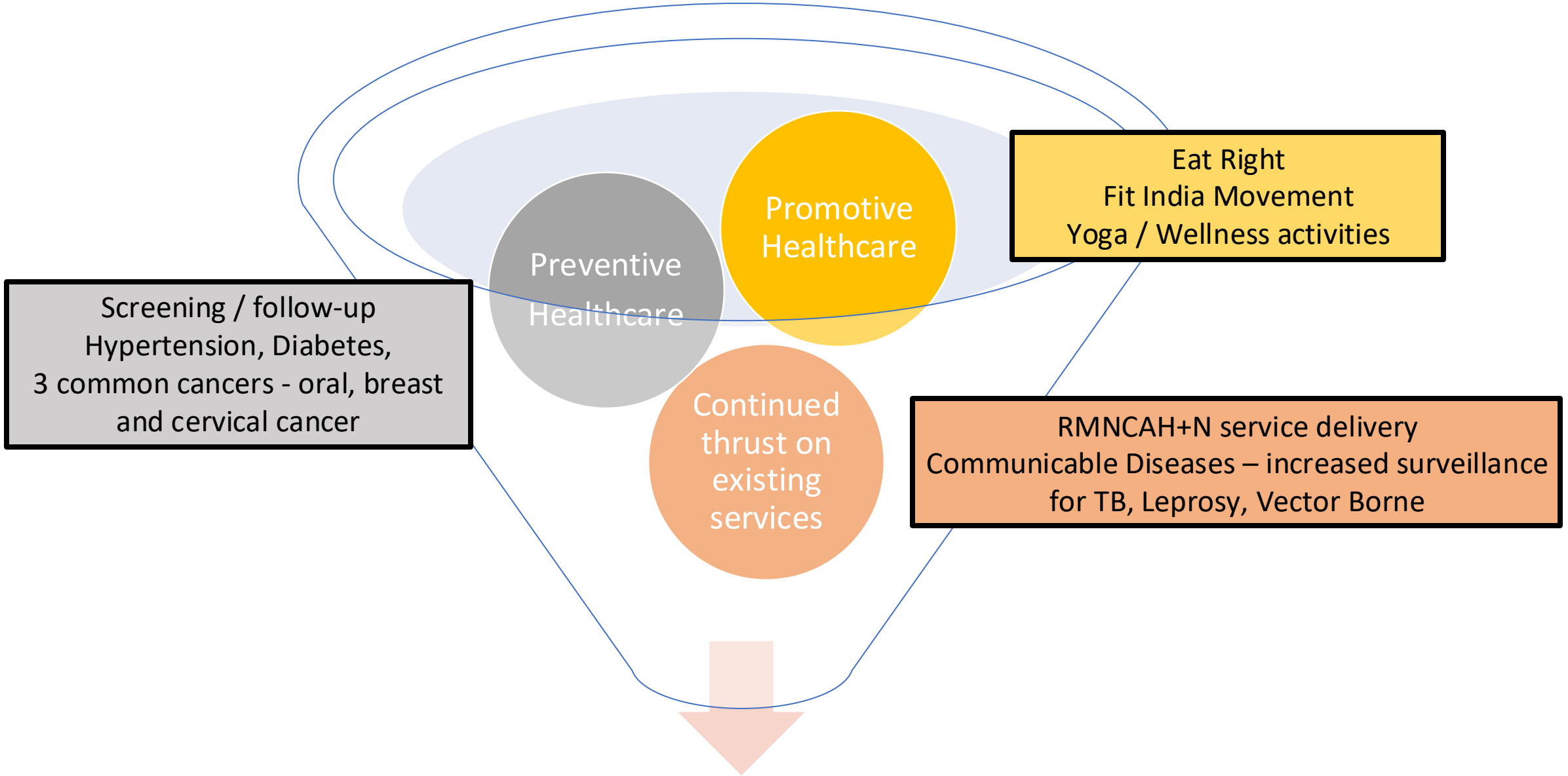
Emergency Care

Elderly & Palliative Care

POPULATION BASED APPROACH

ALL WELLNESS & ILLNESS Services For ALL PEOPLE

Comprehensive Heath care services at AB-HWCs



Key Elements to be discussed

I. Human Resources and Teams
II. Logistics: Medicine and Diagnostics
III. Community Mobilization and Health Promotion
IV. Robust IT system/ Digital health tools

Source: Operational guidelines Ayushman Bharat Comprehensive Primary Health Care through Health and Wellness Centers

Key Elements: Human Resources

HWC PHC

HWC SC/ AAM | HWC SC/ AAM | HWC SC/ AAM | HWC SC/ AAM | HWC SC/ AAM

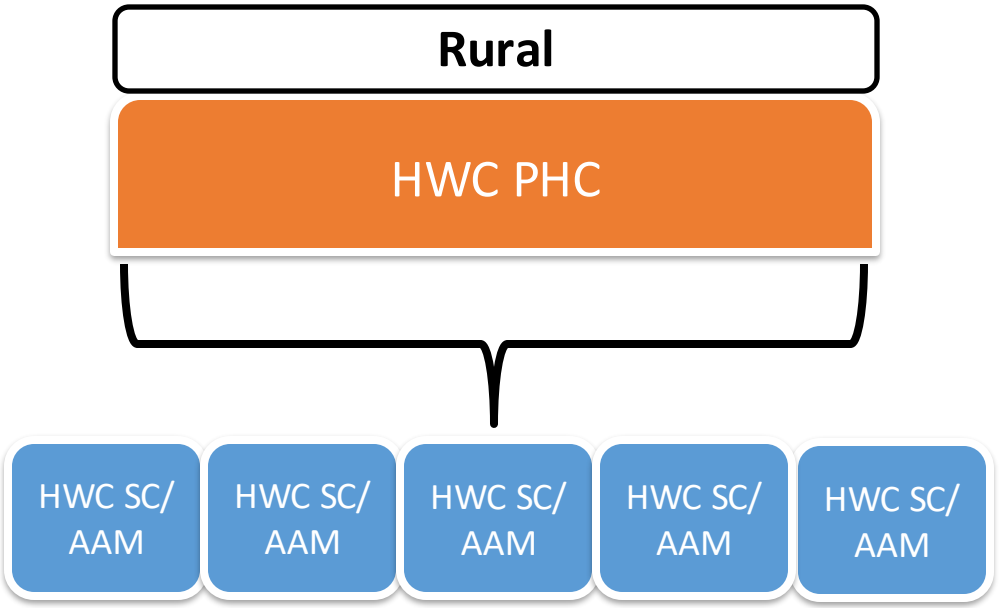
HWC SC/ AAM Team

- Community Health Officer
- 1 MPW Female
- 1 MPW Male/Female
- 5 ASHAs (@1 per 1,000 population)

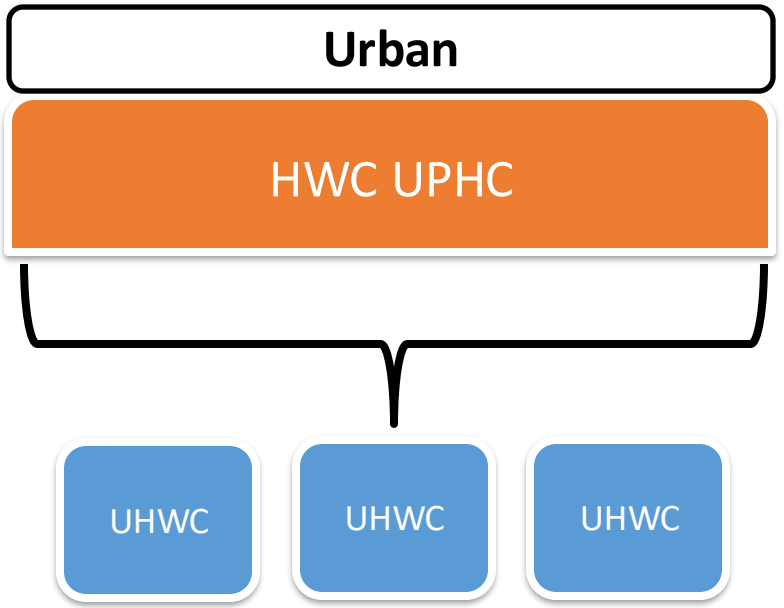
HWC PHC team as per IPHS
(Minimum Requirement)

- 1 MBBS Doctor
- 1 Staff nurse
- 1 Pharmacist
- 1 Lab Technician
- LHV
- Rural- 1 MPW + 5 ASHAs
- Urban- 5 MPWs (@1 per 10,000 population) and 20-25 ASHAs (@1 per 2,000-2,500 population)

Our Primary Health Care System

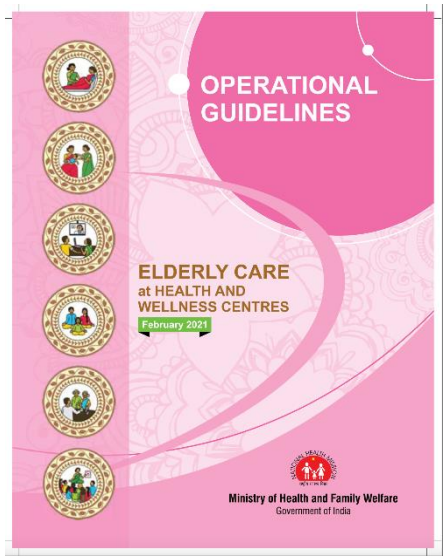


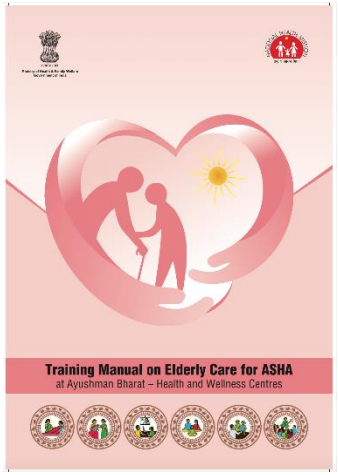
- ✓Each SHC cover 5000 population;
- ✓Tribal and hilly Area - 3000 population
- ✓Each PHC covers 30,000 population;
- ✓Tribal and hilly area - 20,000 population



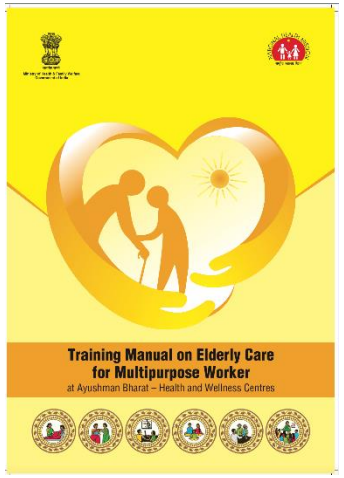
- ✓Each UHWC covers 15,000 - 20,000 population
- ✓Each UPHC covers 50,000 population

Resources for training Primary Health Care Teams at AB-HWCs

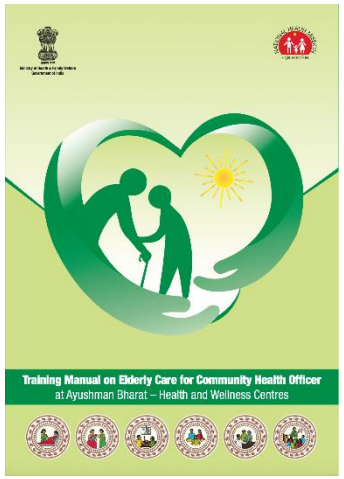




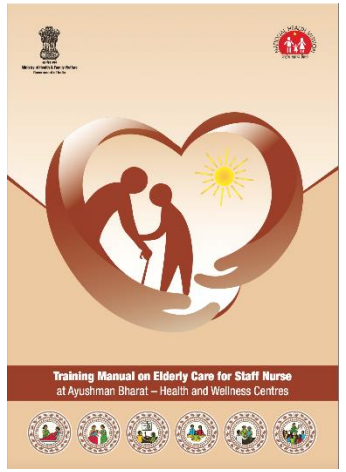
Training manual for ASHA



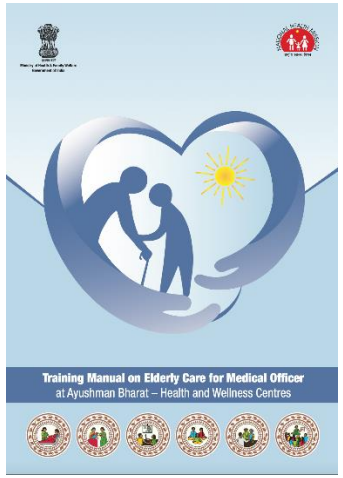
Training manual for MPW



Training manual for CHO



Training manual for Staff Nurse



Training manual for Medical Officers

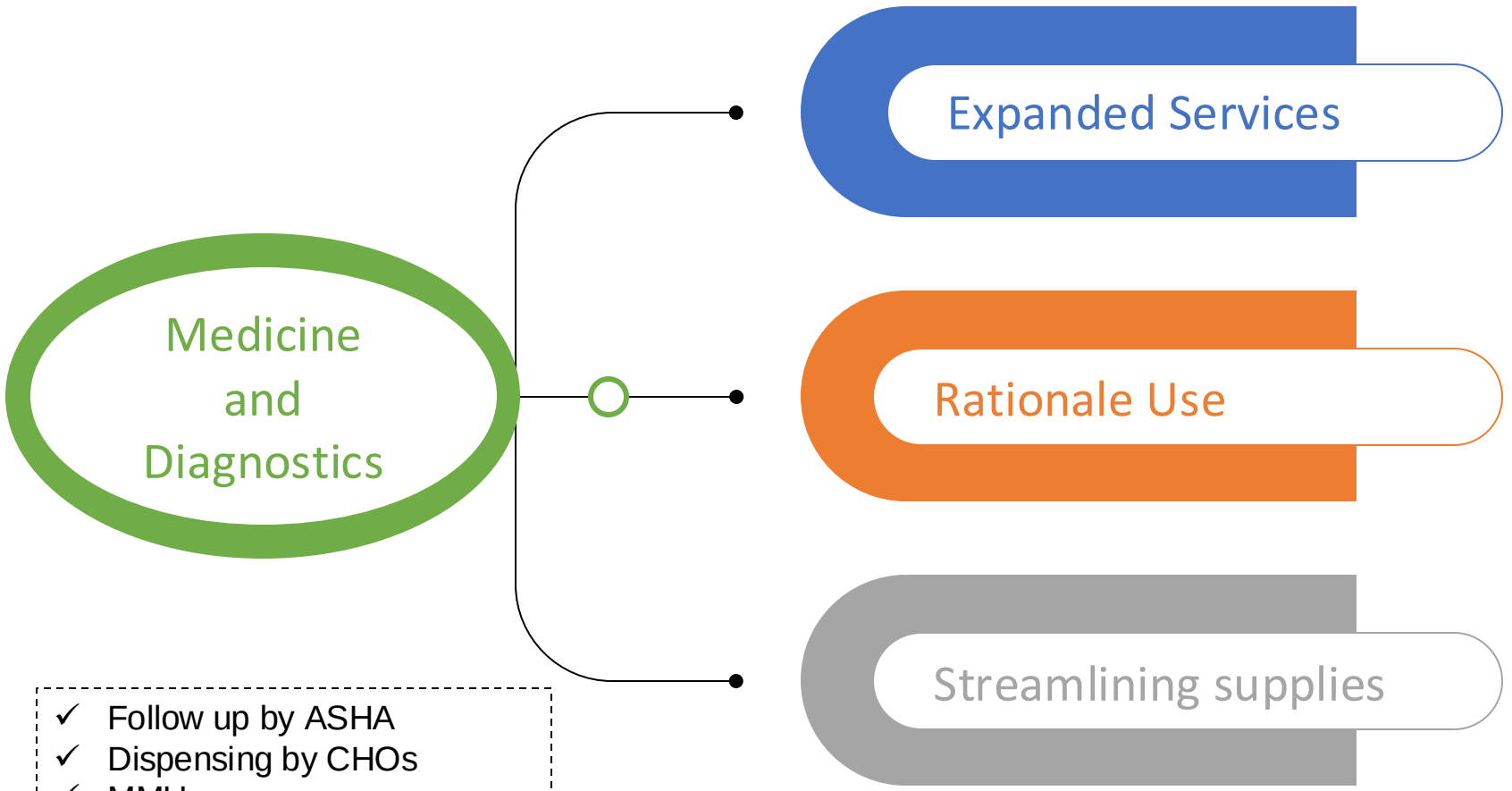
Key Elements - Capacity Building

Orientation Of
State Health Officials, District Collectors, CDMOS, Health Officers, PHC Medical Officers

Cadre	Total Number of Training Days
MOs	13.5 Days
CHOs	14 Days
Staff Nurse	11 Days
MPW-M/F	12 Days (Face to Face training)
ASHA	14 Days (Face to Face training)

SASHAKT for planning, implementation documentation and tracking of training

Medicines and Diagnostics



Expanded Drugs (105 @SHC HWC171@PHC-HWC) and Diagnostics (14 @SHC-HWC 63 @PHC-HWC) as per Essential medicine list/ Free Drug Service Initiative

Use of medicines & diagnostics as per specified guidelines

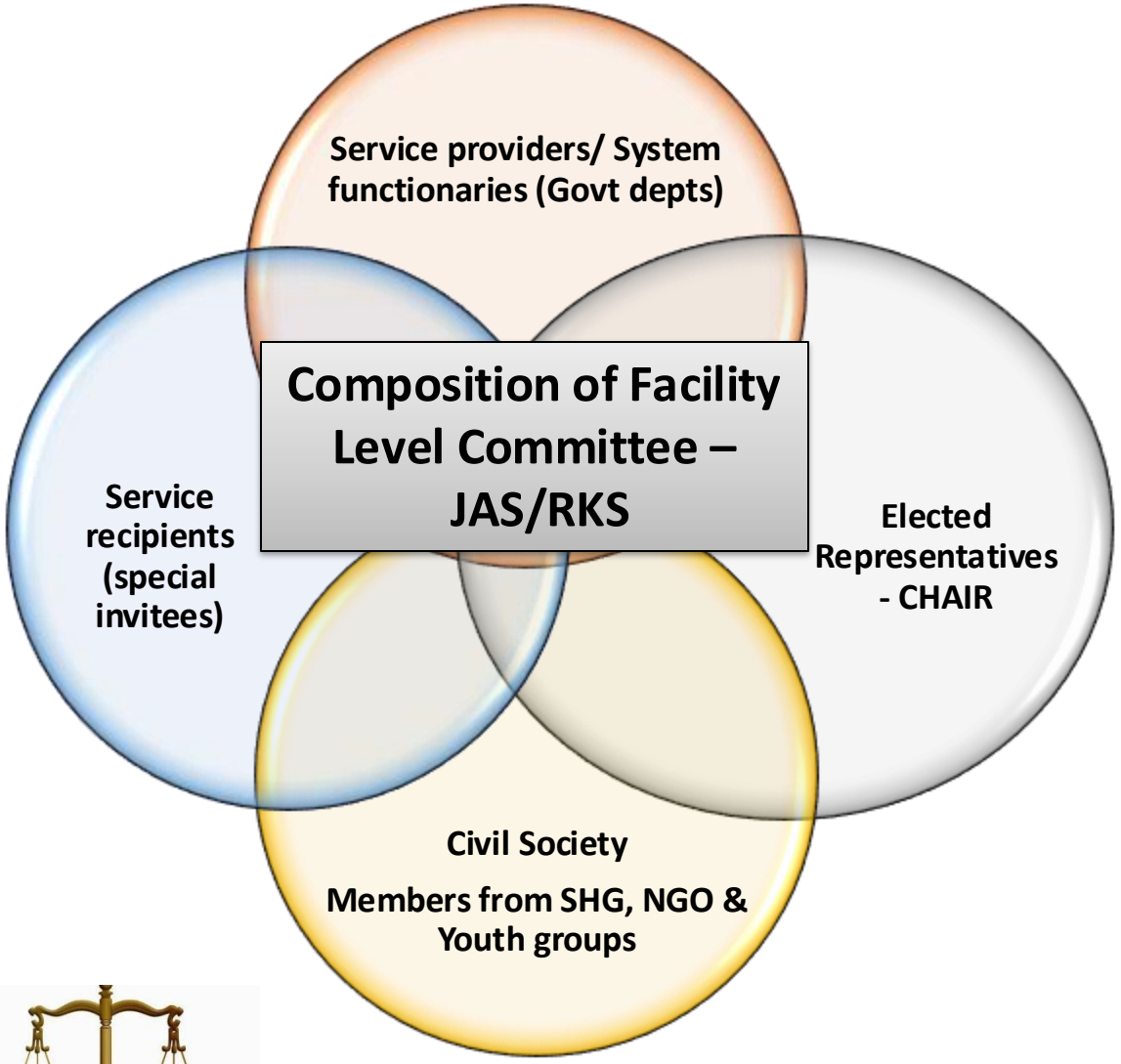
Ensure uninterrupted supply of medicines & consumables including stock management & track stock outs

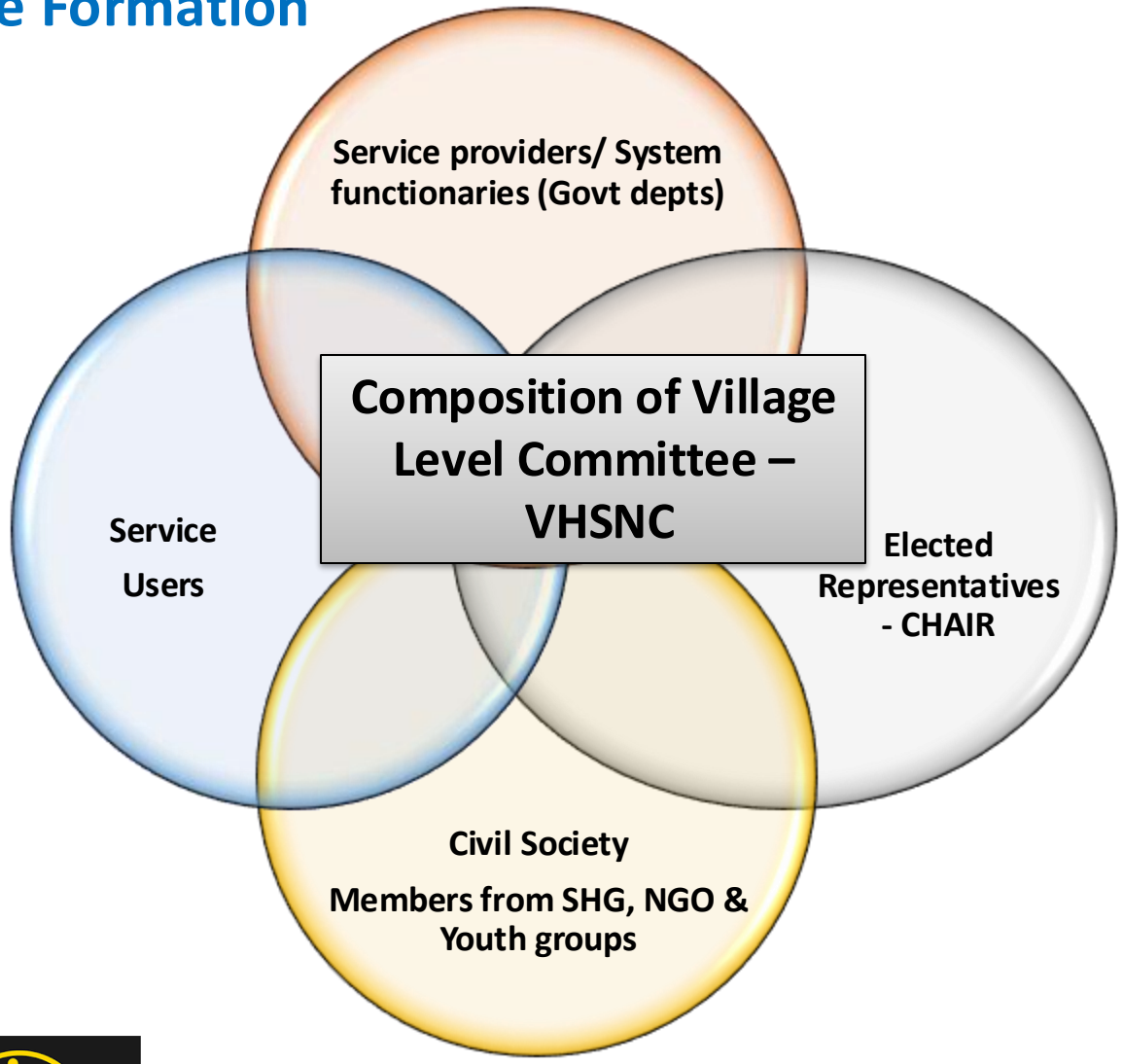
- ✓ Follow up by ASHA
- ✓ Dispensing by CHOs
- ✓ MMUs

Source: Operational guidelines Ayushman Bharat Comprehensive Primary Health Care through Health and Wellness Centers

Communitization – JAS, VHSNC, MAS

Principle Of Committee Formation





At least 50% representation of women

At least 33% representation for venerable & marginalized

Composition: Community Level Platforms

Members	JAS HWC SHC	JAS HWC PHC	VHSNC	MAS
Chairperson	The Sarpanch of the Gram Panchayat (GP) at HWC PHC	Zila Panchayat Member/Janpad Panchayat member of the corresponding area	Elected member of the gram panchayat. Members of tribal councils (in absence of elected panchayats)	ASHA facilitates the selection of the Chairperson of the MAS unanimously by the group members.
Co-Chair	The Medical Officer of the concerned HWC PHC	Block Medical Officer / Taluka Health Officer		
Member Secretary	CHO of SC HWC at PHC level	Medical Officer In-charge of PHC level AB-HWC	ASHA	ASHA
Members	Ex-Officio - Sarpanches of the other GPs of AB-HWC area, President of VHSNCs, ASHA, MPHW,	- Other Medical Officer / AYUSH Medical Officer of PHC, Senior Staff nurse / LHV / ANM - Chairperson of Janpad Panchayat's Health Sub-committee, Members from Dept. of Women and Child (DWCD) / ICDS, Dept. of Public Health Engineering (PHED) / Department of Water and Sanitation (DWS), School Dept. - Chairpersons of all JAS of SHC level, NYK/Youth volunteers, Civil society representatives	Representatives from: Frontline staff of government health related services, Community Based Organizations, Pre-Existing Committees and Service-Users	Members of local CBOs, ICDS Frontline Staff, Existing SHG members, Service Users, Local Women, and Opinion leaders
Members	General - Women Self Help Groups, School Health Ambassadors, Peer Educator,			

Source: Community ownership of Health and Wellness Centres, Guidelines for Jan Arogya Samiti; Induction module for Mahila Arogya Samiti. National Health Mission; Guidelines for Village Health and Sanitation Committee, Sub Centres, PHCs and CHCs. MoHFW.

Primary Health Care Ecosystem

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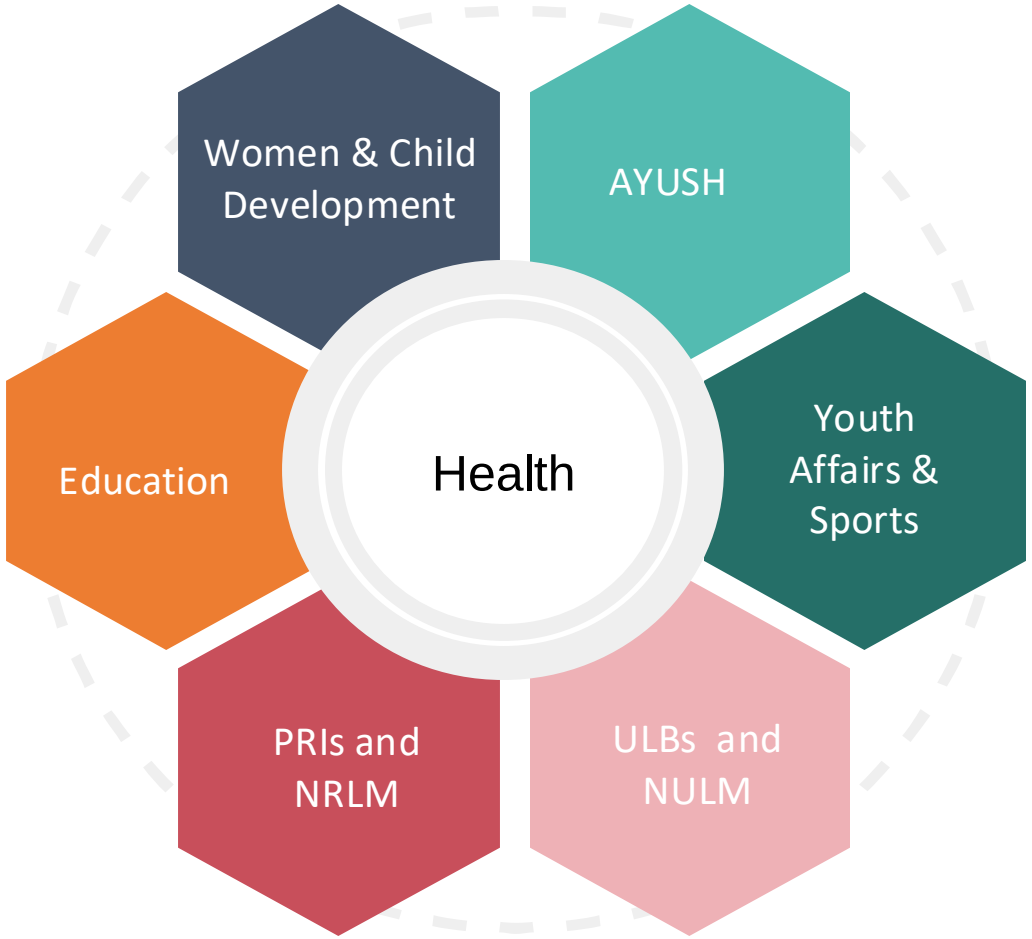
Multisectoral Action on Health



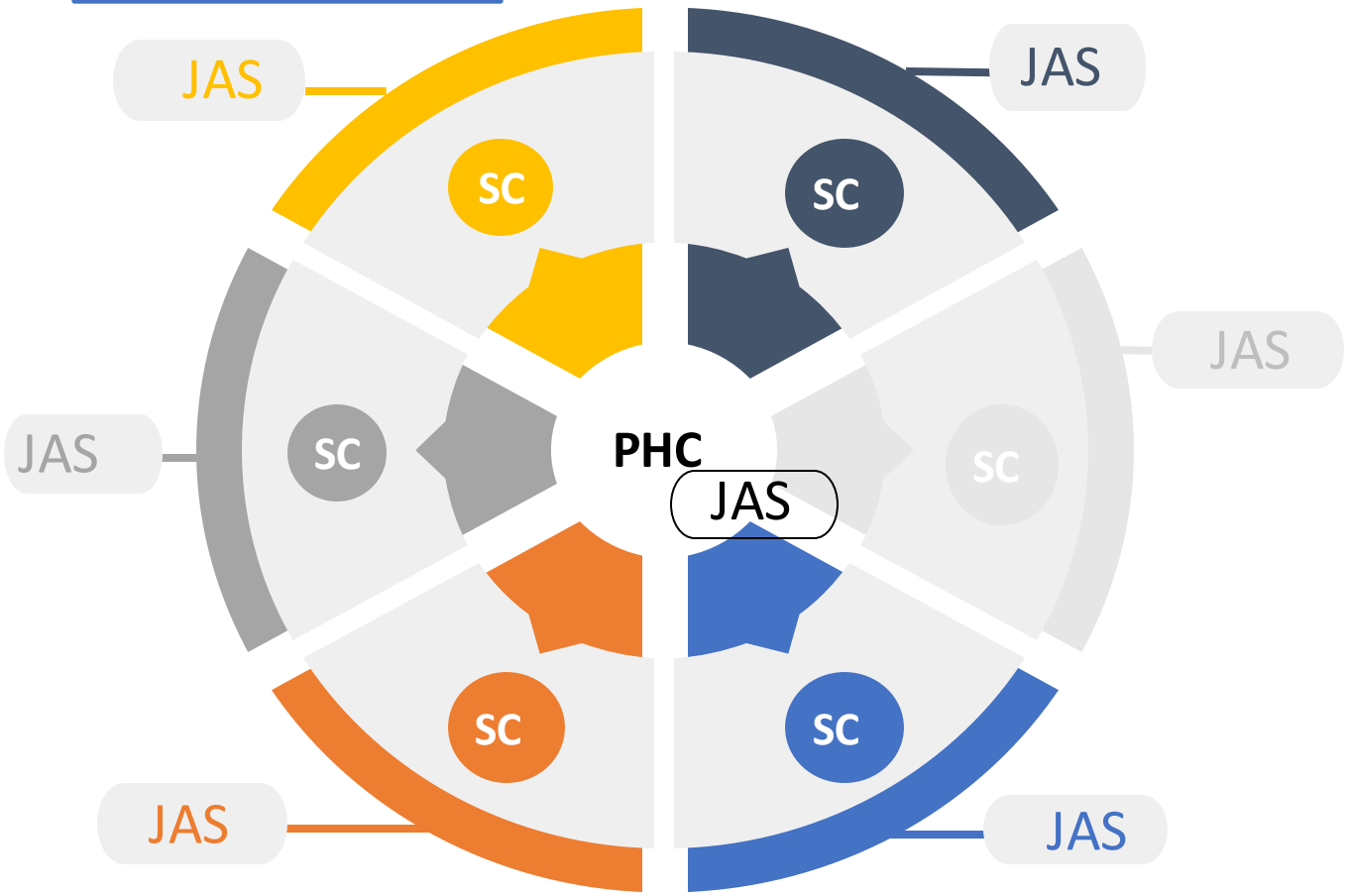
2-3 PANCHAYATI RAJ INSTITUTIONS (PRIS)

JAS

- At each HWC SC
- At HWC PHC

VHSNC

- At revenue village
- Action on social determinants of health
- Health Promotion



Information and Communication Technology (ICT)

- Aspirational goal: The use of standardized digital health record and establish a seamless flow of information across all levels of health care facilities

- An IT system has been envisioned at the Health and Wellness Centres and will need to be inter-operable with the overall e-health architecture plans at the national and state level.

Source: Operational guidelines Ayushman Bharat Comprehensive Primary Health Care through Health and Wellness Centers

Key functions of IT system

Registration

- Empanelment and identification of all individuals and families in the database
- Unique Health ID creation & allotment
- Longitudinal health record of each empaneled individual.

Management of Service Delivery

- Measure health outcomes using population-based analytics.
- Team work plans with reminder feature
- Use service delivery data to validate use of services & enable Direct Bank Transfers to beneficiaries.
- Support birth and death registrations and disease surveillance.

Service Delivery

- Record all services delivered
- Follow up of services that individual patients are receiving
- SMS/reminders for follow up visits
- Facilitate clinical decision making for the services
- Track & support upward/downward referrals for continuity of care.

- Ability to print key summary and prescription
- Ability to provide standardized prescription, discharge summary and/or referral note which can be scanned/photographed or printed and uploaded
- Capture, store and transmit images to support teleconsultation, referral and follow up.

Key functions of IT system

Reporting and monitoring

- Generate population-based analytics reports & assess performance of health care providers.
- Generating performance matrix for all service providers, calculating incentives from the service transaction data in the system.

Teleconsultation

- Capture and transmit images, prescriptions and diagnostic reports for teleconsultation.
- Support video call using platforms like zoom and skype to connect with hubs identified for teleconsultation.

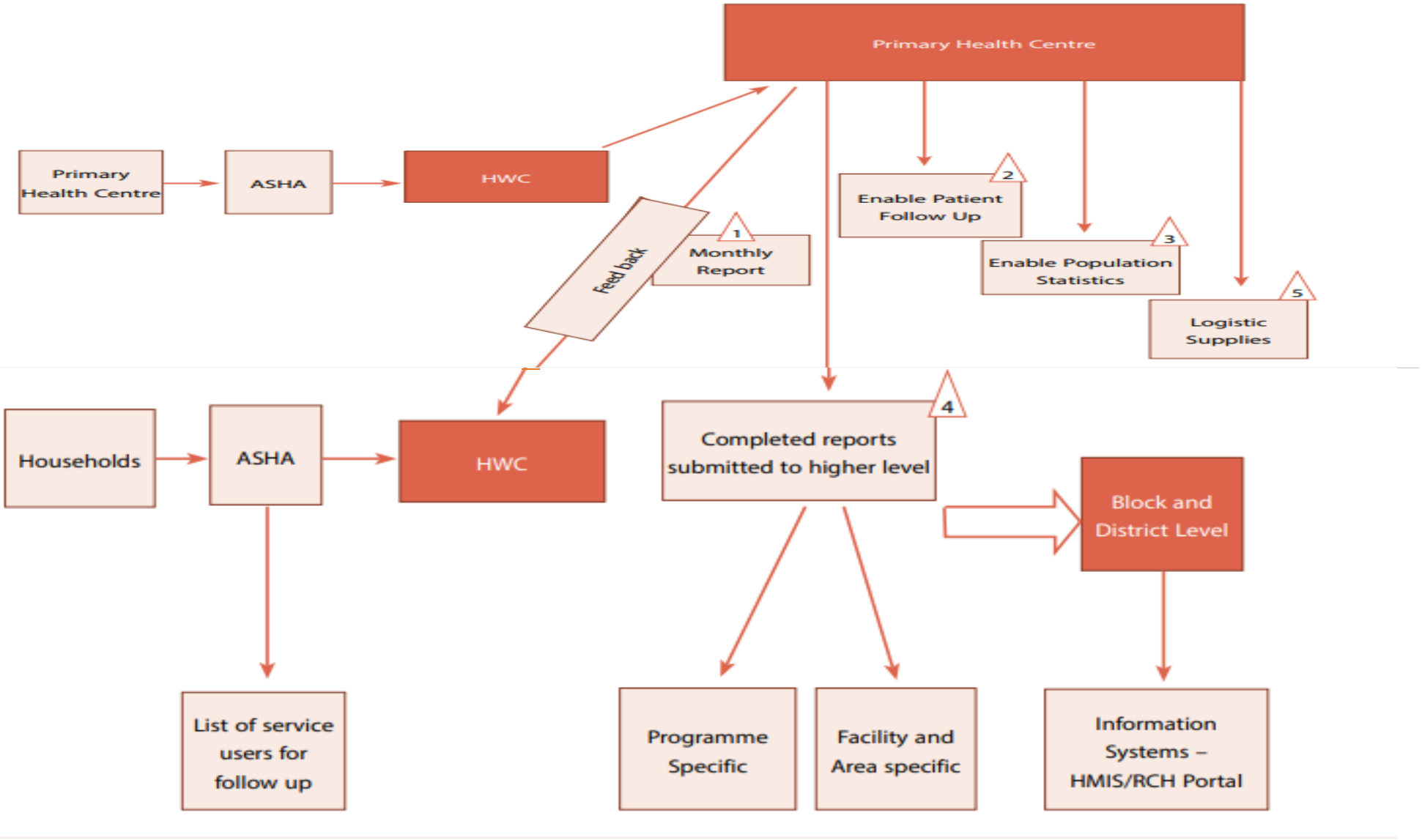
Logistics

- Support Inventory management and regular supply by linking with DVDMS – Drugs and Vaccines Delivery Management Systems.
- Support biomedical equipment maintenance by maintaining database for equipment at HWC.

Capacity building

- Provide Job aids (flow charts or audio/ video aids) for continuous learning and support of the primary health care team.
- Support access to Massive open online courses (MOOC) and use of platform such as ECHO for regular capacity building and problem solving for HWC teams both at SHC and PHC level.

Flow of information via IT system



Digital tools for CPHC

Telemedicine in AB-HWC	**Doctor-to-doctor** tele-consultation even at remote areas. eSanjeevani-HWC is operational
CPHC-NCD IT system	CPHC-NCD system for **Population based NCDs Prevention, Screening, Control and Management. Patient tracking system on CPHC-NCD App.** Dashboard monitoring for policy makers.
AB-HWC portal	**GPS enabled monitoring system with visibility of Nation , State and District wise status of operationalization of AB-HWCs. Facility wise information of Footfalls, NCD parameters, expanded service packages.**
Training Monitoring web po	**To support States in implementation and real time monitoring of trainings- Systematic Assessment of Health Care Provider's Knowledge and Training (SASHAKT)**
Capacity Building	**Training resources** made available through online training modules on **I-GoT platform** (**1.6 crore** Covid warriors trained) **E-modules** for self and teacher learning

Leveraging ICT (Digitalization) for Data driven Decision Making : A case study

The Need:

The state of Tamil Naidu needed comprehensive UHC IT platform, to ensure continuum of care

What the health system already had?

- Data on disease conditions and events collected on various existing health applications (i.e. numerator for indicators)
- Already in place the IT platforms used for various health programmes

But there was no data on population as denominator that is essential to establish a continuum of care

Source: We Care Coffee Table Book – Good, Replicable and Innovative Practices 2019, Available at: https://nhinp.org/uploads/coffeetable/Coffee_Table_Book_2019.pdf

Comprehensive UHC-IT platform

- **1) Creating family folder using e-PDS data**

e-PDS data

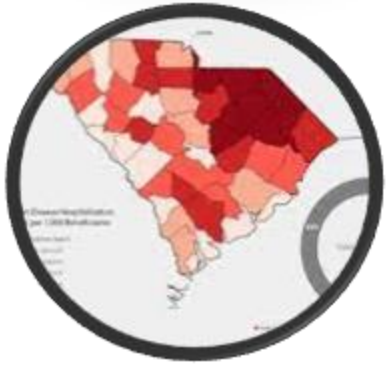
PDS Shop Location

GIS to join these databases

Family folder with household level mapping

Verified and uploaded into app

Health Facilities



Health Service boundary

2) Use of ICT for data driven decision making

Module based approach for integration of existing and new health applications in phased manner

Programme Outcomes:

Master Registry (Denominator):

Health facilities.

- Geographical locations with Service Area Mapping.
- Family Folders with individual details
- Fields and Options for selection like gender, lab test menu, diagnosis.

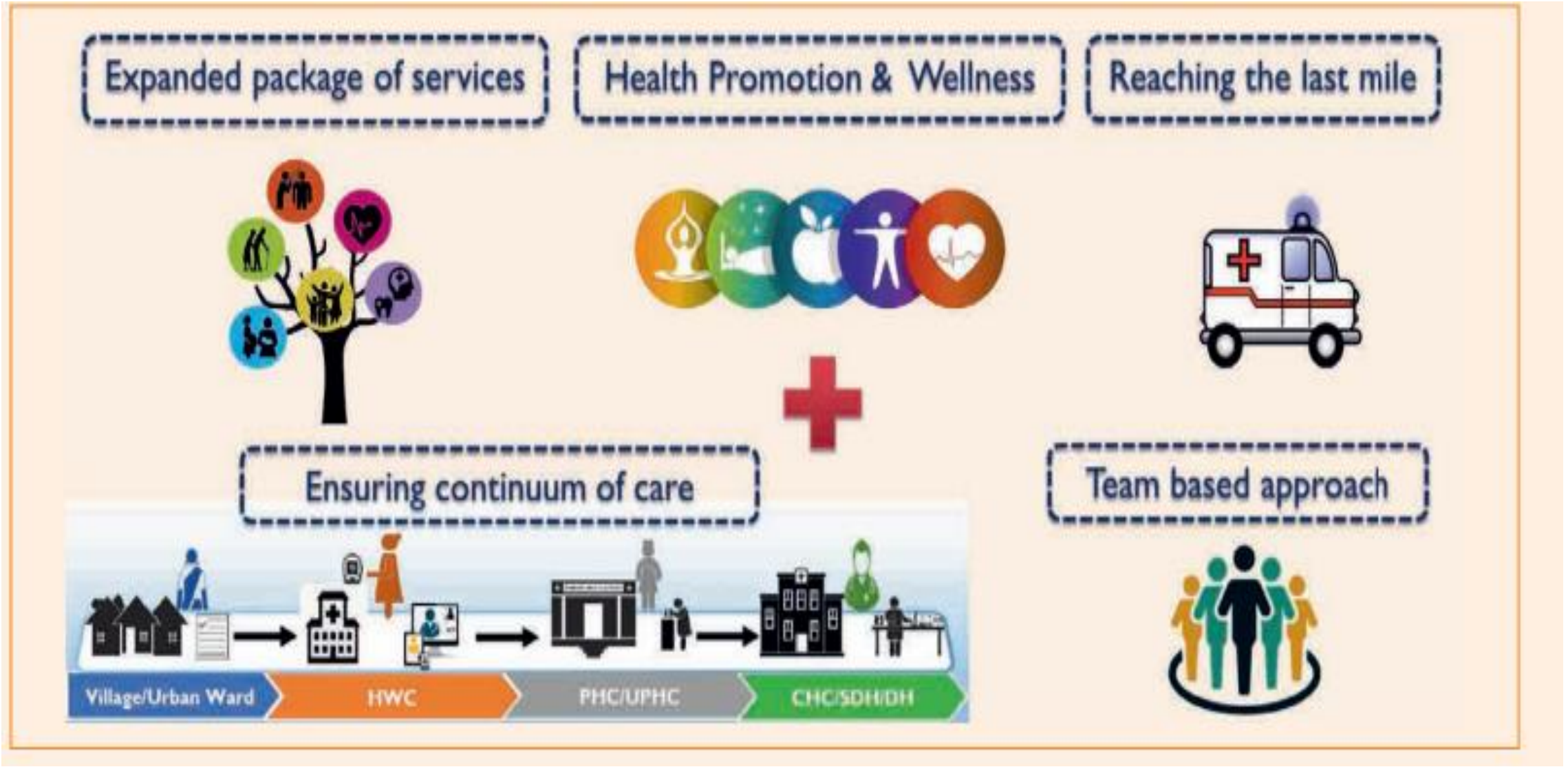
IT Enabled Service Delivery:

- NCDs: As and when the entry is made, interpretation is shown for decision support.
- Drug indenting support
- Clinical audit by the Medical Officers
- Health staff can download the line list and generate the disease-wise morbidity and follow up plan.

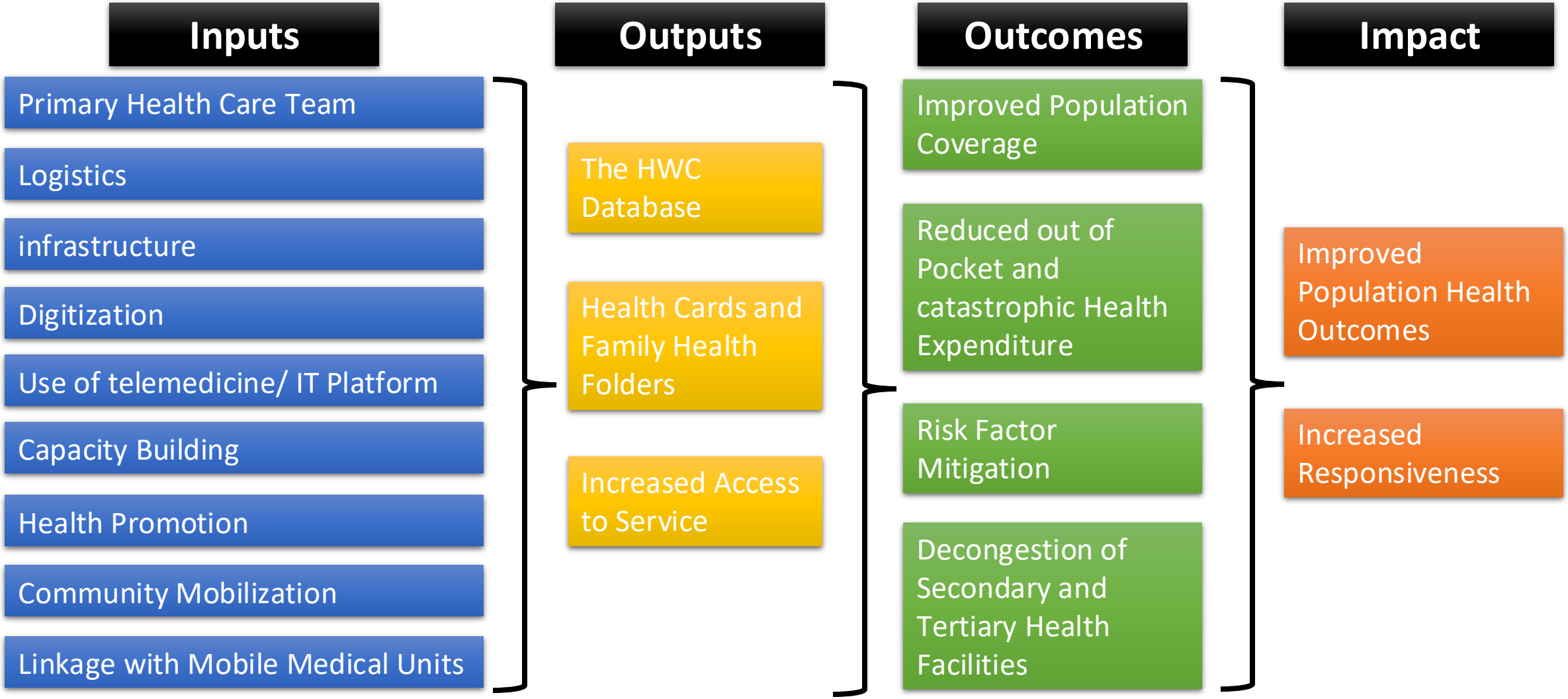
Population based outcomes:

- HWC level MLHP able to understand, among the population (5,000) how many are diabetic, hypertension

Overall concept of AB-HWC



Theory of Change for CPHC



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Thank you!