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## Prioritising Primary Health Care: A Critical Investment for Global Health



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Recent evidence synthesised in the WHO Global Report on Primary Health Care (PHC) underscores the imperative to prioritise PHC within health systems. This evidence reveals that the long-term benefits of reorienting health towards PHC significantly outweigh the costs. PHC, by fostering ongoing relationships between physicians and patients, ensures more efficient and equitable care. [As evidenced in a Lancet commentary](#), it reduces the reliance on specialists and hospital services, thereby lowering overall healthcare costs and promoting better health outcomes.

### Enhancing Access and Quality through Comprehensive Primary Health Care

PHC enhances access to quality services by emphasising continuity, comprehensiveness, and coordination of care. Despite the varied impacts of PHC in different settings, effective implementation is enabled by strategic financing, workforce development, and community engagement. These elements are crucial for realising PHC's potential in improving population health, including mental health, child health, and managing noncommunicable diseases. Moreover, PHC's ability to provide care in a trusted, community-oriented setting enhances user satisfaction and self-reported health. In addition to improving individual health outcomes, PHC plays a vital role in reinforcing emergency preparedness and resilience. Its multidisciplinary approach and the strong community ties it fosters bridge individual and population-level health perspectives, enhancing overall system resilience.

### Overcoming Political and Economic Barriers to PHC Investment

Despite the clear benefits, political commitment to investing in PHC often wavers due to persistent political and economic dichotomies. One key issue is prioritising specialist care and hospital services over front-line community care. This preference for specialist services, which are perceived as higher quality due to their association with advanced technology and specialised training, undermines investment in PHC. Consequently, front-line services remain under-resourced, and public trust in primary care diminishes, further perpetuating the cycle of underutilisation and undervaluation of PHC. Another significant dichotomy is the association of PHC with poverty. Investments aimed at reducing poverty-related health disparities have inadvertently contributed to the perception of PHC as inferior care for impoverished populations. This stigma is gradually being addressed through proportionate universalism, which seeks to meet the health needs of the entire population while providing additional support to disadvantaged groups.

### Balancing Vertical and Horizontal Approaches for a Robust PHC System

Moreover, the prioritisation of vertical approaches to health service delivery, focusing on specific conditions or subpopulations, has impeded the integration and comprehensive nature of PHC. This preference is particularly evident in lower-income countries, where donor agencies and governments favour vertical programs for their tangible and immediate outcomes. However, achieving a robust health system rooted in PHC requires a balance between vertical and horizontal approaches, with a stronger emphasis on comprehensive, integrated care. Policy-makers need to understand these challenges and the underlying dichotomies to bridge the gap between where health investments are currently directed and where they are needed most. During windows of political opportunity, it is crucial to address the interests of those benefiting from the status quo and advocate for a shift towards PHC.

Investing in PHC involves several technical solutions: publicly funding comprehensive PHC services, investing in high-quality general practice and nursing, raising awareness of PHC's importance, integrating primary care with public health, leveraging data for performance improvement, and bringing services closer to people through digital means and domiciliary care. By making PHC responsive and high-quality, we can build public trust and ensure it serves as the true interface between individuals and the wider health system.

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