Meeting basic health care needs

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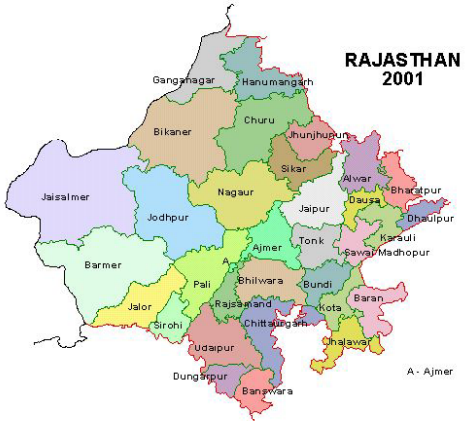
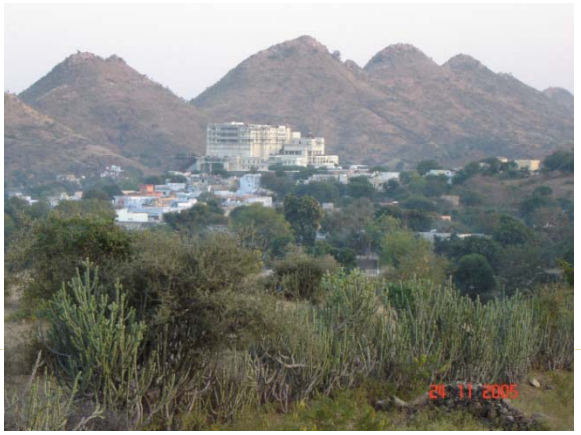
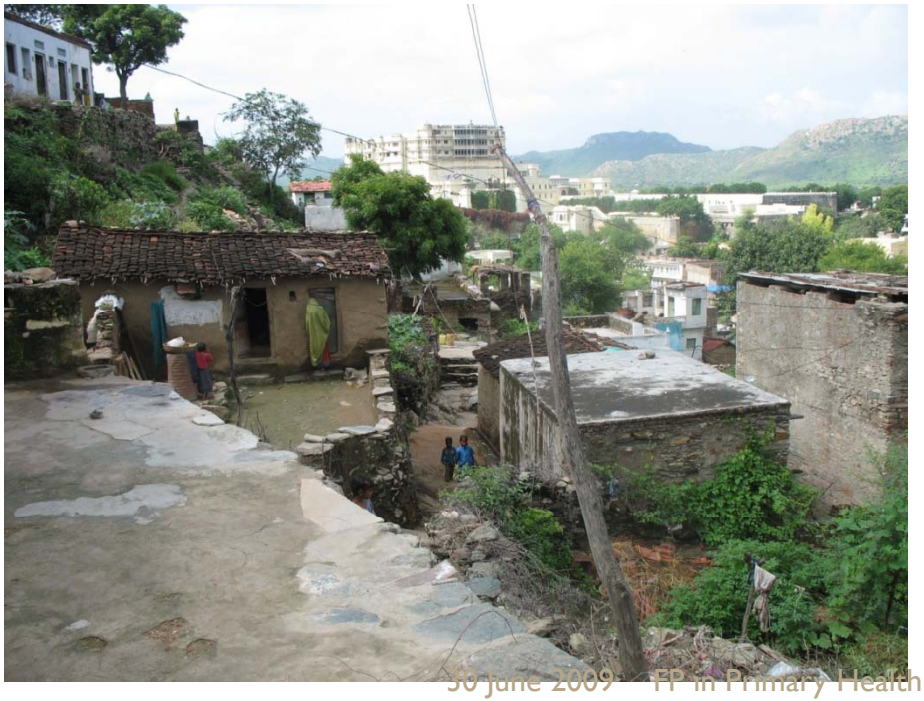
Reducing Inequities: Ensuring Universal Access to FP in the context of SRH

UNFPA, New York, 30 June – 2 July 2009

Rajasthan (65 mi), north India







Primary Health Care (Alma Ata, 1978)

- Health is a fundamental human right
- People have a right and duty to participate in the planning and implementation of their health care
- Promotion of positive health
- Equity and social justice
- Inter-sectoral collaboration
- Services that are:
  - accessible
  - acceptable
  - affordable

PHC as the key enabler of "Health for All by 2000"

- The evidence base: experience from China and innovative NGO health projects embedded in the community
  - "An aspirational rather than measureable objective"
  - "a philosophy of holistic health" rather than a how-to manual
- Selective primary health care: GOBI-FFF
  - Growth monitoring, oral rehydration, breast-feeding, immunization
  - Family planning, female education & food supplementation

Vertical family planning

- Community based distribution
- Family planning clinics
- Sterilization camps
- Post-partum family planning services
- Quality of family planning services – the Bruce framework
- Focus on management of family planning programmes

Family planning and primary health care

Primary health care	Family planning
Health for All by 2000	Universal access to RH services by 2015
Equity	Unmet need among marginalized groups
Community participation	Choice and reproductive rights
Inter-sectoral collaboration	FP in workplaces and its link to population development
Integration of services	FP integrated within S&RH
Availability	Community level / doorstep availability
Acceptability	User perspectives
Affordability	Public funding of contraceptive production, procurement and services

The reality of primary care for the poor

- In countries and regions with inadequate investment in health systems, formal government providers tend to be unavailable or irregularly present, especially in the interiors
- Where regulation is weak, the available public providers can be difficult to regulate
- Income-driven primary care practitioners thrive on the demand for fast acting curative care
- These entrepreneurs include private (and several government) providers, with demarcated territories and local political support

Primary care entrepreneur

Cure-seeking behaviour

- The poor, caught up with the incessant chores of survival, tend to seek care late and yet demand a quick cure, so as to return rapidly to work
- Primary care entrepreneurs address this "reactive care-seeking" with shotgun therapy:
  - High dose (especially injectable) medications
  - Irrational combination therapy
  - Unnecessary procedures or surgery
- Families meet high but short-term costs by:
  - Taking loans at usurious interest rates
  - Pawning or distress sale of family assets.

Where providers are few, they are more powerful

- Health managers and community members acknowledge the difficulty of retaining primary care providers in interior areas
- Hence they put up with rent-seeking, poor quality and even rude behaviour
- Family planning service provision entails:
  - Balanced information-sharing and counseling
  - Respect for choice, privacy and confidentiality on part of the potential user

  These imply an equitable power relationship that in fact does not exist
- Unlike (for example) abortion services, FP does not meet an articulated community need, and hence does not earn additional income for providers
- Hence the difficulty of integrating FP within weak health systems

What then, are the opportunities for integrating FP within Primary Health Care?

Constellation of “pro-active” services

- Introducing FP within a continuum of adolescent – maternal – neonatal – child care continuum
- FP linked to:
  - SRH (especially maternal health, STI, abortion, services)
  - HIV prevention and care
  - Services for the sick child
- Community based distribution integrated within critical phases of the life-cycle
- Postpartum and post-abortion contraception
- Social marketing and social franchising

Intersectoral collaboration

- Family planning linked to interventions for savings and micro-credit, income generation, education, women's development and empowerment
- The approach however cuts across conventional boundaries of implementation:
  - Requires innovative and sensitive handling since it uses public platforms to influence intimate, private behaviour
  - Can be difficult to scale up in the government sector, more feasible in the hands of NGOs or social development units of corporates

From vertical to integrated CBD?

- A caution: CBD assumes that geographical access rather than social constraints are the major reason for non-use
- Community based distribution:
  - Type 1 (depot holders)
  - Type 2 (active home-visits)
  - Type 3 (community mobilization, "complex CBD")
- While type 3 allows for optimal community participation and mobilization, but is also the most resource intensive and difficult to scale up
- CBD may be implemented for groups needing integrated services (adolescent girls, young men, postpartum women & infants, etc), provided:
  - Requisite management capacity can be sustained
  - The community participates in CBD

Technologies that can empower

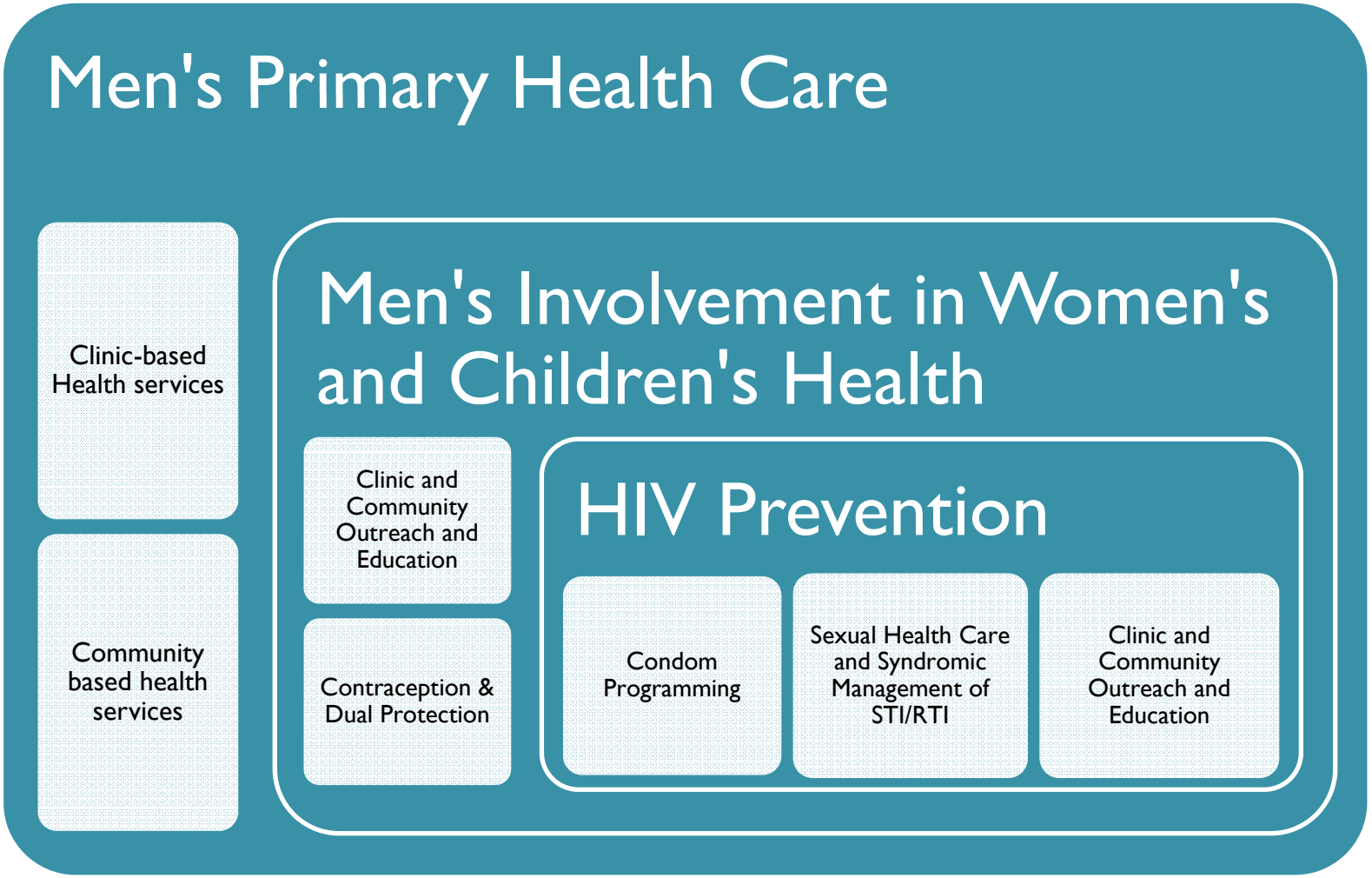
- Urine pregnancy testing: at least 4 counseling situations

Test result	Woman is relieved or happy about the result	Woman is anxious or unhappy about the result
Positive	**1**	**2**
Negative	**3**	**4**

- Emergency contraception
- Female condom

- Access through primary care – CBD, outreach staff or fixed clinics, can lay the ground for sustaining contraceptive use

FP within primary health care for men



Family planning: meeting health workers' needs?

- The premise
  - Frontline workers are at the core of primary health care
  - Their role in family planning ranges from helping people re-examine their options, make decisions, try out contraceptives, switch methods, sustain or discontinue use
  - Most such workers have themselves faced these very same situations
  - Hence the quality of frontline workers' experience with FP can influence their professional roles
- Prioritizing access to FP for frontline workers, as part of improving their working and living conditions
- Field level supervisory support for delivery of FP & SRH services, especially in interior areas
- Support with logistics, supplies and mobility

Task shifting

- Non-clinical methods – condoms, OCPs, ECs and pregnancy tests delegated to community level agents
- Outpatient clinical methods – IUDs, injectables and implants delegated to mid-level providers
- Surgical functions – sterilization and the removal of stubborn IUDs or implants, however remain a limiting factor; have not been delegated
- However, the tasks of fostering individual and community action within a context of reproductive rights does not get shifted either way
- In a poorly regulated health system, "unproductive" tasks such as those related to FP might be shifted, but not accepted.
- Hence the need to incentivize health workers to deliver FP services, in areas where the demand is the lowest

Linking social marketing and franchising to primary health care

- Social marketing initiatives have greatly increased access to condoms, OCPs, injectables, etc, even though the rural interiors have not been as benefited
- Social franchising interventions gain efficiencies from enlarging the basket of services
- Two-way linkages between these and public primary care services however tend to be neglected. People shop around separately for their health needs and waste resources
- An environment of trust and mutual support can and should be created notwithstanding differing work cultures

To sum up...

- While primary health care undergoes a revival, several constraints that impeded its scaling up in the 70s and 80s still need to be addressed
- In a time of HIV, non-communicable diseases and the effects of globalization, FP needs to integrate better within health systems
- Recent programme and technological changes have made it more feasible for locating FP within PHC, especially in those regions where inequity of access to SRH services is the greatest

Thank you

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