Health service reform is on the policy agenda throughout the world. Since the Declaration of Alma-Ata in 1978, much of the discussion about the role of primary healthcare (PHC) in health service reform has centred on the political attraction to decentralised health systems [1,2]. The primary goals of PHC are to make health services effective and efficient in the improvement of people’s health by focusing on: enhancing health status; reforming health service delivery, healthcare provisions and financial sustainability; and strengthening the local and national health services [3]. The philosophical commitment of the Alma-Ata declaration was that people or service users have the right to access essential and universal healthcare services without any personal and institutional constraints. They should, indeed, be involved in shaping and delivering their own health plans and policies at national, regional and local levels [4]: nothing about us without us [5]. The reform, however, is not one concept in itself and it is highly contested because in many cases it is unlikely that a causal relationship between the aspects of reform and changes in the performance of health systems could be established [6,7]. It has been decades since a commitment was made to improve people’s health by spending billions in clinical advancement and infrastructure development globally, but the outcome is rather disappointing because healthcare is still beyond the reach of many poor people. Women and children are suffering, children from poor households are malnourished and at risk of dying and death tolls have increased at an exponential rate like the speed of the ‘Bloodhound’ car [3,8]. Penchon et al. [9] argue that ‘continued investment in clinical care brings diminishing returns’ (p. xxxi). In a similar vein, several authors argue that ill-distribution of resources between central and provincial countries with weak infrastructures etc. Teasing out system PHC effects of reform approaches from other political and institutional changes is difficult.

The reality of course is that although health reform has much been centred in the policy debate, the outcomes have not been revealed at a satisfactory level. Few of these will come as a surprise and these include a lack of funding, poorly defined concepts, diversity of policy changes, inadequate staffing levels, under-strength skill mix and different driving forces and political and economic motivations behind reform [3]. While accessing and using health services, the public often ‘expects and demands the highest quality of care’ [12], it is equally important that to bring healthcare success there should be a clearer health policy agenda from a ‘system perspective’, including better institutional reform, development of health workforce - skill-mix right, political changes, autonomy, restructuring or reorganising of authority, accountability and responsibility to bring positive outcomes amongst the most vulnerable people in the world [13-15].

References

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