Selectivity - A New Trend Within Primary Health Care

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Twelve years after Alma Ata and 10 years before the year 2000, our country has tried different approaches to accelerate health action, to mobilize resources and people for reaching the goal of Health for All by the Year 2000. The most urgent question now is how to achieve long-run sustainability of the accelerated health programs which include:
- Sustainable P.H.C. infra-structures
- Maintaining intersectoral co-operation
- Sustained motivation and commitment at grassroot workers as well as among political and administrative national policy makers
- Financial sustainability (especially during the present period of scarce resources.[1]

The present trend is towards Selective Primary Health Care (SPHC), which is "concerned with Medical interventions aimed at improving the health status of Most individuals at the lowest cost". Whereas Primary Health Care (P.H.C. - or referred to as Comprehensive Primary Health care - CPHC), is concerned with a "developmental Process by which people improve both their lives and styles"[2].

The ultimate goal of every health worker is to improve the health of the people. To do this, we need resources. However, the world economic situation is worsening, hence we must find realistic means of meeting more commitments with fewer resources. We do not expect the world economic situation to improve considerably in the near future, therefore we must get our priorities right.

SPHC - Focuses on people and problems

There is a lot of unnecessary suffering in the world, hence there is a need "now to base our priorities on people and their problems"[3]. Our target population should be the vulnerable groups of our society - women and children from rural community where 80 per cent of the total population of India lives. Fourteen million people die each year of preventable diseases like diarrhoea, measles, neonatal tetanus, etc. In 1988, about 5 million children died of diarrhoea and measles.

SPHC - Goal specific

UNICEF has placed enormous effort on selective interventions by its GOBIFFF program (Growth monitoring, Oral rehyderation, Breast feeding, Immunisation, Female education, Food supplements and Family planning), and set an example for Selective Primary Health Care, with the determination that drove small pox from our planet.[4] In order to achieve our noble objective, it is reasonable to discriminate positively towards these vulnerable groups. This is necessary in our effort to achieve equity and social justice. To do otherwise would be unfair and a crime against humanity. By alleviating the burden of disease, we can enable the population to lead lives that are economically more productive, thereby alleviating the burden of poverty[5] which is the ultimate goal of Health for All by the Year 2000.

SPHC -Success oriented

By being SPHC oriented, results can be quantified and targets can be set. For example, in India in the year 1981, less than 1 per cent of children were treated with Oral Rehydration Solution (ORS), and less than 20 per cent children were immunised. In 1987, more than 50 per cent children were treated with ORS, and the same percentage were immunised against the 6 dreadful childhood immunisable diseases. We have also set targets for the year 1990 and 2000. Success could be evaluated periodically at regular intervals.

SPHC - Realistic within the PHC

The declaration of Alma Ata recognises the wisdom of realistic approach. On page 74, item 117, it says "The National Programme on PHC may begin in selected parts of the country, provided that all are covered as soon as possible. It may also start with only a limited number of the components of P.H.C."[6]

To summarise, Selective Primary Health Care being goal specific, success oriented and realistic within PHC, which focuses on people and problems, is an answer for now. It would be better to combine SPHC with CPHC. It would be successful only if the people at the grassroot level change their attitude towards health, and the political policy and resources at the national level are mobilised. This can be achieved only if efforts are made by all concerned towards delivery of primary health care, poverty eradication, equity, community participation, democratisation of health care delivery system in making the goals of Alma Ata a current reality, and not merely a distant hope.

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