

COMMENTARY

Paradigm Shift in Peripheral Health Post

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ABSTRACT

Indian Public Health Standards (IPHS) provides standards and guidance quality health rendered by public health system components such as infrastructure, human resource, drugs, diagnostics, equipment, quality and governance requirements for delivering health services at health facilities at all levels. Setting up a protocol at all health care levels is a dynamic process and needs to update with the introduction of new and existing National Health Programmes as per the epidemiological shift of diseases in the country. The Indian Public Health Standards (IPHS) for Sub-centre and Health and Wellness-Sub centre provide a guidance on essential package of services that are to be delivered at Health and Wellness-SC level, the population norms for its establishment, infrastructure, human resource, drugs & diagnostics, equipment & supplies and quality care assurance.

KEYWORDS

Health and Wellness Centres, Indian Public Health Standards, Peripheral health, Universal Health Coverage

INTRODUCTION

The Bhole Committee (1946) introduced the idea of a comprehensive system of curative, preventive, and promotional healthcare to the rural populace. Then, in the Central Council of Health's inaugural meeting in January 1953, it was suggested that Primary Health Centers be established in the community development blocks to offer complete healthcare to the rural populace. However, these facilities were mostly acting as remote healthcare facilities with no community involvement. [1] The Minimum Needs Program (MNP) was launched in the first year of the Fifth Five Year Plan (1974–1978) with the goal of meeting some fundamental minimum needs and raising people's standards of living. The goal of this programme was to build one Sub-center for a population of 3000-5000 in terms of rural health (in plains and hilly area respectively). The Sub-Health Center is the initial and most peripheral contact point between the community and the primary healthcare system. Early in 2007, Indian Public Health Standards (IPHS) were proposed for Sub-centres, Primary Health Centers (PHCs), Community Health

Centers (CHCs), Sub-District, and District Hospitals in order to provide the highest level of quality healthcare. These standards have since been used as the benchmark for planning and upgrading public health care infrastructure in the States and UTs. The IPHS document has been updated in 2012 in light of revisions to the existing national programs' protocols and the introduction of new initiatives, particularly for non-communicable diseases. IPHS is allowed to be flexible in order to accommodate the various needs according to the state and geographic region. Recently, IPHS document has been revised in 2022 considering epidemiological transition in infectious and childhood diseases and an increased proportion of non-communicable diseases (NCDs) in the country. This article discusses the necessity for and guidelines for the upgraded IPHS 2022, along with the IPHS 2007 guidelines for Sub-centers.

INDIAN PUBLIC HEALTH STANDARDS 2007, REVISED IN 2012

Services, infrastructure, workforce, equipment, and medications were divided into two categories for Sub-Centre: Essential (Minimum

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Assured Services) and Desirable (the ideal level services which the states and UTs shall try to achieve)

The primary focus of Sub-centre was to provide Reproductive and Child Health (RCH) services. IPHS prepared for Sub-centres as per the resources available with respect to functional requirement for Sub-centres with minimum standards, such as building, manpower, instruments and equipment, drugs and other facilities. All “Minimum Assured Services” or Essential Services as envisaged in the Sub-centre included preventive, promotive, few curative, referral services and, all the national health programmes. The overall objective of IPHS is to provide health care that is quality oriented and sensitive to the needs of the community. [2]

In IPHS 2012, Sub Centres were categorized into two types- Type A and Type B. Categorization had taken into consideration various factors such as catchment area, footfalls, health facilities like PHC/CHC/District Hospitals in the vicinity of the Sub-centre. Type A Sub Centre need to provide all the recommended health services except deliveries on case of emergency by trained ANMs in midwifery. Type B Sub-centres were recommended to provide all the health services including facility of deliveries at the Sub-centre itself. These Sub-centre used to work as Maternal and Child Health (MCH) centre with basic Newborn Care.

Health facility focussed: Maternal and Child Health, Family Planning and Contraception, Safe Abortion Services (MTP), Curative Services for minor ailments and appropriate prompt referral, Adolescent Health Care, School Health Services, Control of Local Endemic Diseases, Disease Surveillance, Integrated Disease Surveillance Project (IDSP), Water and Sanitation, Home Visits, National Health Programmes: Communicable Disease Programme, Non-communicable Disease (NCD) Programmes and Record of Vital Events.

Sub-centre were located within the village for providing easy access to the people within the 3 km.

So, over all objectives of the Indian Public Health Standards for Sub-Centre were:

- I. To specify and guide on the minimum assured/essential services to be delivered at Sub-centre level in addition to the desirable services to be delivered at the Centre

- II. To maintain quality care health service and regular skill enhancing training.
- III. To ensure availability of drugs and equipments as per the services rolled out in these Sub centres
- IV. To facilitate monitoring and supervision.
- V. To provide more accountable and responsive health care to fulfil the need of population.[3]

Since the last revision of the IPHS in 2012, a number of new initiatives, interventions and programmes have been introduced in the public health system of India. Taking consideration of new initiatives and in view of newer advances in National Health programmes it was critical to update the IPHS 2012 on the existing standards, relevance and utility.[3]

INDIAN PUBLIC HEALTH STANDARDS, 2022:

NHP 2017 proposes key policy shift from selective primary care to assured comprehensive primary health care envisaged to deliver universal access to equitable, affordable and quality health care services with referrals to linked health care facility. IPHS- Volume IV lays out norms for Health and Wellness Centre (rural/urban) for maintaining continuum of care. Government of India launched Ayushman Bharat (AB) scheme in 2018 as a holistic approach to Comprehensive Primary Health Care (CPCH) which comprises of two twin pillars, which is reckoned as the significant milestone towards the Universal Health Coverage (UHC) in India. One pillar of AB involves upgradation of all the Sub Health Centres, Primary Health Centres and Urban Primary Health Care Centres to Health and Wellness Centres (HWCs) and second involved Pradhan Mantri Jan Arogya Yojna (PMJAY), for Health Insurance.

The HWCs will provide an expanded range of health care services beyond the selective package health care for pregnant women, children, reproductive health and communicable diseases to CPCH with a principle of ‘time to care’ to be not more than 30 minutes. These HWCs are staffed with appropriately trained Primary Health Care team, comprising of Multi-Purpose Workers (male and female) & ASHAs and led by a Community Health Officer (CHO) to provide clinical management for most common ailments, prompt referral to linked PHCs and undertake follow-up of down referrals. primary health care, preventive, promotional, curative, rehabilitative, and palliative care was provided to

all, promoting a two-way referral to the Primary Health Centre (PHC) linked to a cluster of HWCs serving as the first point of reference, improving the Health Care Services at the Health Wellness Centre, and supporting the rural population of the region [3].

Also, Urban health came into consideration and being focused during RCH-I and continued in RCH-II under NRHM. During reorganization of NRHM in 2013, National Urban Health Mission (NUHM) came into existence keeping in view to provide affordable primary healthcare service through UPHCs, UCHCs and outreach services targeting the urban population. Urban Health and Wellness Centres (UHWCs) are to be set up in area with 15,000-20,000 population decentralizing delivery of comprehensive primary health care services closer to the urban population. Hence, increasing the outreach of health facilities to the marginalized and migratory population.[4]

COVID 19 pandemic has affected health care services and preparedness in health systems at all levels. Thus, few steps in preparedness with epidemic has been made as a lesson from COVID -19 that includes oxygen support at HWCs through cylinder/concentrator essential in the management of COVID/other cases as per the GoI guidelines. IPHS includes guidelines for HWCs in this regard to combat sudden outbreak of disease in the community.

CONCLUSION

Considering the above-mentioned new Schemes, National Programmes and emergency preparedness & mitigation along with the newer advances in health, science, and technology, existing standards needed to be updated utility, so revised IPHS 2022 came to stay fit for the purpose. The revised IPHS guidelines 2022, define the norms for public health facilities in rural and urban areas to set benchmarks towards achieving the goal of universal health coverage.[5]

IPHS 2022 have been reviewed as per the requirements of national health programmes

individually. Henceforth, compliance with IPHS would be significant in achieving targets of various health programmes. The IPHS marks a way to standardized comprehensive primary health care needs of the community. Inclusion of new schemes, national programmes and innovations under these standard guidelines are the cornerstone in Comprehensive Primary Health Care.

The broad objectives of the Indian Public Health Standards (IPHS) 2022 for HWC-SHC and UHWCs include:

- To define uniform standards ensuring delivery of accountable high quality services to the door step of the community.
- To improve health outcomes IPHS provide guidance on health care system strengthening components which includes infrastructure, human resources, drugs & diagnostics, equipments, administrative and logistical support services.
- To provide guidance in achieving a sustainable and acceptable standard of quality care at public health facilities
- To facilitate monitoring & evaluation and supportive supervision of the health facilities
- To provide guidance and tools for governance, leadership

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