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Development of primary health care in Ukraine in the light of global trends

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ABSTRACT
In the article various approaches, principles and requirements as to the organization of the primary health care (PHC) have been analyzed, the efficiency of which has been proved in the well-planned international studies. The comparative characteristics of the PHC organization in different countries of Europe have been conducted. It has been proved that the model of modernization of healthcare in Ukraine fully corresponds to the principles, requirements and criteria that were created for the effective functioning of PHC in the world. Moreover, a complex of measures relating to the implementation of the model of PHC modernization in Ukraine based on the use of actual data and the context has been defined.

Keywords: Primary health care, model, components, modernization.

1. Introduction
Primary health care (PHC) is the sphere of the first contact of the patient with the system of healthcare.
It has been scientifically proven nowadays that a well-organized PHC influences the health of the population much better than specialized and highly specialized care. The results of international studies point out to the positive connection between the development of PHC in the country and the health of the population (that is, the level of general mortality and premature mortality, coronary disease mortality and cancer mortality, neonatal mortality and the expected life span of the population) [12; 13].
Besides, it has been demonstrated that ensuring a greater accessibility of PHC decreases general inequality in receiving the medical aid. At the same time, the countries, which healthcare systems are dominated by the specialists, show higher general mortality rates and lower access of the most vulnerable population groups to the healthcare services. What is more, the international community in whole as well as the World Health Organization (WHO) considers absolutely unacceptable for the PHC to be used as a synonym for the low-tech unprofessional aid meant for the country residents and low-income groups, which can not afford a higher quality aid [1].
The aim of the paper is to assess the compliance of the approaches as for the renovation of the system of PHC provision in Ukraine with the international factual standards.

2. Materials and methods. In this work we have analyzed the approaches, principles and requirements for the PHC organization, the efficiency of which has been proved in some well-planned international studies. A complex of measures relating to the implementation of the model of PHC modernization in Ukraine based on the use of actual data and the context has been defined.

3. Results and Discussion. The Strategy of PHC presented in the report for the World Health Organization (WHO) in 2008 "Primary health care. More topical today than ever" [9] contained the following principles:

- the institution which provides PHC is the place where people with a wide range of health problems, and not only a limited group of some "priority illnesses" can come;
- PHC institution is the center from which patients are sent to various services of the healthcare system when there is a need for this;
- PHC facilitates the establishment of permanent contacts between patients and general practitioners, within the frameworks of which patients take part in the process of

- making decisions, which relate to their health and medical help; it gives an opportunity to "build bridges" between an individual medical servicing and not only the patients' families but also the societies they belong to;
- PHC is not limited by the treatment of the most widespread illnesses only, it opens up possibilities for preventing diseases, propagandizing a healthy lifestyle and early disease diagnosing;
- Medical teams (doctors, nurses and experts with special and modern training in the sphere of social work) are needed for rendering the PHC;
- PHC should be provided with proper resources, only in this case can it guarantee better correlation of price and quality than alternative approaches.

The main principles of the effective PHC organization at the present stage include [9]:

- putting the interests of people at the centre of PHC services;
- the right for achieving a maximum possible health level;
- providing a maximum level of equality and solidarity;
- consideration of people's needs.

Adherence to the mentioned principles demands correspondence of PHC to international criteria:

- orientation to a patient (Tables 1,2);
- comprehensive character (a help to everybody regardless of the age, sex, social, racial belonging or religion; consideration of every complaint or medical problem of any character);
- availability (free access to the services of PHC with the minimum term of waiting);
- integratedness (diagnostics, treatment, health resumption, strengthening of the health and prophylaxis of diseases);
- continuous character (help, which is not limited by a separate case or any disease; providing the patient with the individual health care on a long-term basis during the patient's life);
- integrity (consideration of the medical problems of a person, a family and the society in the plan of physical, psychological and social prospects);
- the personal character (oriented to personality, and only then on a disease; support based on mutual relations between a patient and a doctor);
- directivity to a family (a study of the problems in the context of a family and social contacts of a person);
- directivity to the contingent that is served (consideration of the problems of a patient in the context of his life in local conditions);
- coordination (referral of the patients, the medical problems that go beyond PHC, to the doctors - specialists or to the in-patient departments, and reception of the information about the results of the conducted consultations or interferences);
- confidence character (an observance of confidentiality of the information about the health of a patient);
- advocacy function (primary care physician acts as a patient's advocate in all matters relating to his health, before other medical care providers).
- To achieve the main goal facing PHC – providing an acceptable level of health, the following health care systems "putting people's interests in the spotlight of health care services" are necessary.
- Of particular importance is the "focus on the patient", which promotes substantial increase in the quality of medical care, treatment success and the quality of life of the medical care consumers (Tables 1, 2).

Table 1: Peculiarities distinguishing the traditional health care from the primary one, which is oriented to a patient [9]

Traditional ambulatory care in polyclinics or polyclinic departments	Primary health care oriented to a patient
Prior attention is paid to the disease and its treatment	Prior attention is paid to the patient's needs in the sphere of healthcare and medical help
Interaction is limited by the moment of consultation	Long-lasting personal relationship
Occasional medical help	Universal non-stop help oriented to the patient
Responsibility is limited to giving a patient an effective and safe piece of advice during the consultation	Responsibility for the state of health of all the members of the society during the whole life cycle; responsibility for struggling against the factors that have a negative influence on health
People are consumers of services	People are partners, they take part in solving the matters of their own health and health of the society

However, according to the WHO definition, health care systems unreasonably pay much attention to providing highly specialized medical care. At the same time, it is much more difficult to cope with health problems, because the patient should be understood holistically, taking into account his physical, emotional and social status, his past and future as well as the realities of the world he lives in. Ignoring specific family and social context that the individual lives in and acts, leads to overlooking important components of his health state, which do not necessarily correspond to any category of disease. For example, medical care services which work in quite close cooperation with communities and health workers who know the local people well are able to detect, prevent or mitigate the effects of conditions that can eventually develop into serious illnesses. People must be sure that the doctor understands their suffering and difficulties. However, in many medical establishments sympathetic attitude and focus on the patient are regarded as luxuries which are available to the elite. According to numerous data, the focus on the patient is important not only in terms of lessening patient anxiety or increasing health workers' satisfaction with their work, and solving a health problem will be more effective if the health

care provider sees this problem in all its aspects

Table 2: Orientation to a patient: improvement of quality and effectiveness of help [9]

Improvement of treatment intensity and life quality
Deeper understanding of psychological aspects of the patient's problems
Higher satisfaction with the results of communication
High level of patient's confidence in matters that do not relate to health
Higher level of confidence and readiness to keep regime of treatment
Wider introduction of aspects relating to prevention and propagandizing a healthy lifestyle into the therapy

For the majority of countries PHC remains the guideline in policy-making in the sphere of health care due to the movement for its support offering rational, scientific and advanced solution of a problem of the people's needs satisfaction in the sphere of health care and people's social expectations. According to the experience of the most successful, from the point of view of health care, countries (table 3) PHC should:

- be separated from secondary care;
- be close to inhabitancy, which is provided by means of ramified network of outpatient departments or private practices (it is preferred that this practice is a group one, which means that several primary care doctors work there); besides, management functions can be relied upon PHC centers (trusts);
- have a decentralized nature, which reduces the queues and the possibility of getting infected in the establishment itself;
- be suitable for getting medical help (operating schedule / reception schedule should be formed on the basis of studying demand at different time of the day and days of the week);
- be given by general practitioners / family doctors; in case they are not enough it should be given by physicians and pediatricians;
- perform a controlling-and-accessing function (appointment card to specialists and hospitals should be given in non-"acute" states) for forming the right route of the patient, decreasing the possibility of unnecessary intervention which can be accompanied by negative consequences for health;
- provide patients' participation in the process of rendering medical help through the mechanism of the patient's free choice of the primary care physician;
- motivate medical staff for intensive and quality work through using corresponding mechanisms of PHC financing (according to the poll principle).

In Ukraine the model of PHC, which was formed in the period of 1920s-1930s under the pressure of objective circumstances of those times – economic crisis in the country against the background of the epidemics of some infectious diseases (typhus, tuberculosis, trachoma, syphilis etc) has been valid by now. Special medical structures (pediatric clinics, antenatal clinics, dispensaries, medical rooms) were created to solve the problems of prior medical servicing (fighting against infectious diseases, rendering help to certain groups of people – children, women, workers). Other population got help on the leftover principle. In those years, maybe, it was the only possible way to concentrate extremely limited resources on the main tasks. Afterwards economic and epidemiology situation changed, however created structures remained. Because of this, there exist a number of negative characteristics of the national model of PHC:

- the structural breaking up of PHC, represented by numerous establishments (adult outpatient department and pediatric clinics, maternity welfare clinics, etc.) which function isolated one from another, the mechanisms of their co-operation are not debugged, that results in violation of major principles of medical service - continuity and complexity of medical process;
- the excessive participating in poviding PHC with doctors-specialists, that results in depersonification of medical care, disqualification of medical personnel and ineffective charges of limited resources;
- the absence of the effective mechanisms of responsibility (economic, moral, legal) for the patient's life, state of his health.

For the past two decades all countries, including those that had more perfect systems of PHC conducted reforms of the systems of health care, on the assumption of a necessity to provide a greater correspondence to the vital requirements of population in a health care and to increase their influence on a health of population. Ukraine is one of not many countries, where the system of PHC practically did not change, in spite of the radical changes of the situation, including socio-economic structure. As a result, one of the worst indexes of health of population in Europe (high death rate, short life interval), extremely insufficient influence of the system of health care on these indexes. According to the data of the World bank, 80% deceases among the men of capable working age and 30% deceases among the women of capable working age, it was possible to prevent by means of the proper treatment at the PHC level [2]. Only from the year 2010 after the acceptance by the president of Ukraine the Program of economic reforms the years 2010-2014 "Rich society, competitive economy, effective state" transformations began in the system of health care.

The model of modernisation of the health care in Ukraine fully corresponds to the principles, requirements and criteria created for the effective functioning of PHC in the world including the following components:

- the legal and structural differentiation of PHC and secondary health care;
- formation of the ramified and properly equipped infrastructure of PCH;
- the input of the PHC system on family principle;
- the input of the gating system (principle of a "goalkeeper") to form the optimal route of a patient;
- the input of a free patient's choice of a doctor of primary link;
- financing of the PHC establishments from municipal and district budgets on poll principle;
- payment of the medical personnel work of primary link, on the basis of a scope and quality of the executed work.

Nowadays the complex of the measures on its realization fulfilled, first of all, in pilot regions:

- legal differentiation of PHC and secondary help is done, which will not allow to distract the resources intended for strengthening of PMSH to other types of services;
- work on building infrastructure – a network of out-patients'clinics which are as close to the residence of patients as possible – is carried out with limited resources that make it difficult (especially in cities) to create a network of independent out-patients' clinics, it is planned to decentralize them: to provide a separate entrance, reception, a laboratory or premises for collection of biological material (blood, urine) with its delivery done by the medical personnel of an out-patients' clinic to the laboratory of the institution that provides specialized medical care;
- opening hours of out-patients' clinics and doctors' working hours are defined, which provides the most convenient surgery hours (in the morning and in the evening, at weekends etc.) and minimal crossing of streams of special contingent patients (assigning days and surgery hours for children, pregnant women, dispensary group patients, etc.);
- out-patients' clinics are staffed with family physicians and when there is a lack of them – with therapeutists, pediatricians, obstetrician-gynecologists;
- funds for planned re-equipment of out-patients' clinics and centres of PHC are allocated in accordance with the functions they perform;
- the register of population which is served by each centre of PHC care is formed (on the basis of real population census);
- a system of motivation of medical institutions and staff for intensive and high-quality work is created: the amount of financing of institutions of PHC starting with 2013 will depend on the number of people attached, and the salary of medical staff – on the number of people served and the achievement of the planned indices of the quality of work;
- since January 1st, 2013 patients are planned to be served by PHC physicians selected by patients (attachment to doctors is scheduled from the 1st to the 30th September 2012), which will promote the formation of partnership between the doctor and the patient on the one hand, and competition between doctors in their struggle for the patient;
- the system of forming patients' rational routes is renewed by using patient referral by the PHC physician when it is necessary to receive specialized and highly specialized medical care (it should be noted that in cases of emergency when consulting an obstetrician-gynecologist, a dentist, a pediatrician, when patients suffering from chronic diseases need regular medical check-up specialized medical care can be provided without any referral).

Comparative characteristics of primary health care (PHC) in different countries

Country	Specialists which render PHC	Structures of PHC	Access to specialists and hospitals	PHC Structures fee	Mothers and children care	Scheme of forming of contingent under the care of primary link specialists
Poland [8]	General practitioners; in the lack thereof – physicians and pediatricians	Private practice (dominating structure); clinics; outpatients' clinics	Under primary link doctors' referral (goalkeeper principle)	On poll tax principle		Free choice of a doctor by a patient on a long duration basis
Republic of Moldova [7]	General practitioners	Family health centres, created on the basis of district policlinics treating more than 50 000 people; Health care centres,	Under primary link doctors' referral (goalkeeper principle); under the certain diseases list (80 diagnoses) patients can apply without referral	On poll tax principle under the funding scheme on the basis of agreements with national health insurance company	General practitioners carry out a supervision on the health state of pregnant women up to 12 weeks of	Free choice of a doctor by a patient on a long duration basis

		created on the basis of rural first aid stations; General practitioners' offices			pregnancy, on the health state of children, incl. those under the age of 1 year	
France [5]	General practitioners	Private practicing doctors	Under primary link doctors' referral (goalkeeper principle); Possible independent access to specialists of the patients at their own expense with payment up to 40% of such service cost			Free choice of a doctor by a patient on a long duration basis
Canada [6]	General practitioners	1. Private practicing doctors; 2. Municipal first aid health centres have been spread lately	Under primary link doctors' referral (goalkeeper principle)	Fee	On the primary level *mother and child health is not deemed separately from other medical services*	Free choice of a doctor by a patient on a long duration basis
Denmark [4]	General practitioners	1. Group practice of private practicing doctors; 2. Individual practice makes nearly third of PHC structures	Under primary link doctors' referral (goalkeeper principle)	Mixed: poll tax principle+fee	On the primary level *mother and child health is not deemed separately from other medical services*	Free choice of a doctor by a patient on a long duration basis
Israel [10]	General practitioners; physicians and pediatricians	60% of primary health care is given by the primary health care establishments; 40% – private practicing doctors	Under primary link doctors' referral (goalkeeper principle); Free access to six spheres specialists: ENT, dermatologist, orthopaedist, ophthalmologist, gynaecologist, surgery	On poll tax principle	On the primary level children are treated by pediatricians	Free choice of a doctor by a patient on a long duration basis
Great Britain [11]	General practitioners; dentists; opticians; pharmaceutists	1. Trusts primary health care centers (151), most (71%) general practitioners are in contractual relations with	Under primary link doctors' referral (goalkeeper principle)	On poll tax principle	On the primary level *mother and child health is not deemed separately from other medical*	Free choice of a doctor by a patient on a long duration basis

		them; 2. Group practice			*services*	
Germany [3]	General practitioners; physicians and pediatricians	Private practice (individual or group)	Access to specialists is not regulated; patients can address any specialist; access with general practitioners' referral is being introduced	For a service; the measures to use poll tax principle are being taken		Free choice of a doctor by a patient on a long duration basis

NB. Special feature of PHC structure in Germany in comparison with other countries results from the influence of historic development of health care system in the country.

4. Conclusion

Thus, the modernization of PHC that has been launched cannot improve health indices immediately. However, it lays a solid foundation for its strengthening and creates the basis for the formation of fundamentally new mutual relations between doctors and patients when doctors will be interested in meeting people's needs in medical care, and patients will start confiding their physician the most precious thing they have – their health.

The perspectives of research are connected with further studying of issues of modernization of PHC to the population of Ukraine taking into account international experience.

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