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Editorial
Strengthening Primary Healthcare: From Curative to Promotive Care

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Introduction

Primary healthcare (PHC) is the foundation of prevention, health promotion, continuity of care, equity, and universal health coverage (UHC). It integrates primary care with public-health services, community participation, and action on social determinants of health. [1] Despite advances in hospital-based medicine, many communicable and non-communicable diseases, maternal and child health problems, malnutrition, and mental health conditions remain preventable through timely community-level interventions, emphasizing a shift toward promotive and preventive care [1].

Situation in Pakistan

The need to strengthen PHC is particularly relevant to Pakistan, where health systems face a combination of communicable diseases, NCDs, maternal and child health challenges, and substantial inequalities in access to healthcare [2]. A 2024 assessment of PHC facilities in Punjab identified important gaps in medicine availability, equipment functionality, infrastructure, sterilization practices, and staffing. [3] These findings demonstrate that strengthening PHC requires more than policy statements; it requires sustained investment in the infrastructure and workforce necessary to deliver reliable services. A recent review of Pakistan's PHC system similarly identified persistent challenges affecting the quality and effectiveness of PHC and emphasized the importance of strengthening primary-level services as a pathway toward improved population health [4]. Pakistan has also implemented PHC-oriented initiatives aimed at improving access to essential services and advancing UHC. WHO reporting describes PHC-oriented models of care implemented in Islamabad and Charsadda, incorporating essential health-service packages and attention to maternal-child health and NCDs. These experiences suggest that PHC strengthening should involve coordinated action across government, healthcare institutions, communities, and other sectors [5].

From Curative to Promotive Care

One of the most important priorities for strengthening PHC is to shift healthcare systems from a predominantly curative approach toward promotive, preventive, and early-intervention strategies. Primary-care facilities are ideally positioned to identify health risks before they progress to serious disease. Blood-pressure measurement, diabetes screening, vaccination, nutritional assessment, maternal and child health services, tobacco-cessation counseling, and lifestyle interventions can be incorporated into routine primary-care services. However, prevention should not simply mean adding more screening activities to already overstretched facilities [6]. Effective preventive care requires trained healthcare workers, appropriate diagnostic capacity, essential medicines, referral mechanisms, follow-up systems, and reliable health information. The WHO PHC measurement framework emphasizes monitoring PHC through a comprehensive approach that includes health promotion, disease prevention, diagnosis, treatment, rehabilitation, and community participation. The distinction between PHC and primary care is also important. Primary care provides essential first-contact clinical services, whereas PHC represents a broader approach involving multisectoral policies, empowered communities, public-health functions, and integrated healthcare [7].

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Health Promotion as a Core Function PHC

Health promotion should be acore function PC rather than an additional activity. Population health is influenced by socioeconomic conditions, education, employment, housing, nutrition, sanitation, environmental exposure, and access to safe water. Therefore, clinical services alone cannot address all determinants of health. Integrating health education with supportive environments can make healthy choices more achievable. [4]

Community Participation and Engagement

Communities should be active participants in healthcare planning and implementation rather than passive recipients. Meaningful engagement can improve the relevance, acceptability, and responsiveness of PHC services and support progress toward UHC Participatory approaches are particularly important where cultural practices, misinformation, financial barriers, geographic distance, or mistrust affect healthcare utilization Community health workers can link households with formal health services through education, preventive activities, disease surveillance, adherence support, and referral. Their effectiveness depends on clear roles, training, supervision, and integration within PHC systems [8].

Strengthening the Primary Healthcare Workforce

A strong PHC system requires a trained, motivated, and appropriately distributed workforce. Physicians, nurses, midwives, community health workers, allied health professionals, and public-health practitioners contribute to prevention and health promotion. Education, continuing professional development, supportive supervision, adequate staffing, safe working conditions, effective referral pathways, and strong leadership are essential for quality PHC services [9].

Table 1. Key Components for Strengthening Primary Healthcare for Disease Prevention and Health Promotion

Component	Key actions	Expected contribution
Disease prevention	Vaccination, screening, early detection	Reduces preventable disease
Health promotion	Healthy diet, physical activity, tobacco control	Reduces risk factors
Community engagement	Community participation and health education	Improves acceptability and utilization
Health workforce	Training, supervision, adequate staffing	Improves quality of care
NCD prevention	Hypertension/diabetes screening and risk reduction	Earlier diagnosis and management
Digital health	Telemedicine, surveillance, electronic records	Improves access and continuity
Equity	Target underserved populations	Reduces health disparities
Monitoring	Indicators, quality assessment, referral tracking	Improves accountability

Main actions to improve prevention, health promotion, access, and quality of care.

Preventing Non-Communicable Diseases

The increasing burden of NCDs makes PHC strengthening particularly important. Hypertension, diabetes, cardiovascular disease, chronic respiratory disease, and many cancers develop gradually and may remain undiagnosed for prolonged periods. PHC facilities can provide opportunities for early detection and long-term management of these conditions. Tobacco-control counseling, promotion of physical activity, healthy diets, obesity prevention, cardiovascular-risk assessment, and appropriate screening should be incorporated into routine services. Importantly, chronic disease management should remain person-centered rather than becoming fragmented into multiple disease-specific programs. Integrated PHC can provide patients with continuity of care while reducing unnecessary duplication of services. [13]

Improving Access and Equity

Physical availability of a health facility does not necessarily guarantee access. Distance, transportation costs, financial barriers, medicine shortages, staff vacancies, social factors, and perceived quality can all influence whether people use PHC services. Health systems should identify populations experiencing the greatest barriers and ensure that resources, personnel, medicines, diagnostics, and preventive services reach underserved communities [10].

Digital Health and PHC

Digital health technologies can support PHC through teleconsultation, electronic health records, clinical decision support, appointment systems, disease surveillance, health education, and communication between different levels of care. However, digitalization should complement rather than replace accessible face-to-face healthcare. Digital exclusion, poor connectivity, limited digital literacy, privacy concerns, and unequal access to devices may otherwise increase existing inequalities. Digital tools should therefore be selected according to community needs and integrated into existing health-system workflows rather than implemented as isolated technological projects [11].

Quality, Measurement, and Accountability

Expanding access without measuring quality may produce limited improvements in population health. PHC systems should therefore monitor not only service utilization but also continuity, safety, effectiveness, equity, patient experience, preventive-service coverage, medicine availability, referral completion, and health outcomes.The WHO PHC measurement framework provides a structured approach for monitoring health systems through a PHC lens and emphasizes the integration of health promotion, disease prevention, primary care, essential public-health functions, and community empowerment Reliable health information systems are particularly important because they allow policymakers and healthcare managers to identify service gaps and allocate resources according to population needs [12].

CONCLUSION

Strengthening primary healthcare requires emphasis on prevention, health promotion, equity, and resilient services. Accessible, continuous, person-centered care, supported by community participation, trained healthcare workers, reliable medicines, diagnostics, referral systems, digital technologies, and sustainable financing, can improve population health and shift healthcare from treating disease toward preventing illness and promoting lifelong wellbeing.

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