Primary health care (PHC) is crucial for a country's health system, serving as the first point of contact for patients and providing clinical management at a local level. Primary health care (PHC) aims to achieve physical, psychological, and social well-being, facilitating fair interaction with the patient. It is the cornerstone of global health systems and requires efficient resource allocation, sustainable financing, and a strong primary healthcare system. Primary health care (PHC) principles include universal access, equitable care provision, prevention, health promotion, and community participation. Balancing social and medical aspects is essential in PHC service provision to meet the needs of its users.

Primary health care doctors in the UK, Ireland, Australia, and New Zealand provide first-contact care, saving time and money by preventing patients from going to the hospital. This model is increasingly being adopted in countries like Qatar, Saudi Arabia, and the United Arab Emirates. Qatar has a government-led Primary Care Health Cooperation, Saudi Arabia invests in primary care, and United Arab Emirates recognizes the importance of preventive medicine for a healthy life. Strengthening primary health care and achieving universal health coverage are crucial global health policy initiatives, aiming to provide accessible, affordable, and high-quality health services to all individuals.

Despite the World Health Organization's priority of universal health coverage, primary healthcare remains inadequate in developing countries like Pakistan. Pakistan's policymakers prioritize vertical healthcare programs over quality care, leading to fragmentation of care. Since partition, Pakistan has had a healthcare system modeled on the British system, with three levels: primary, secondary, and tertiary. In the last ten years, Pakistan has spent approximately 0.5% to 0.8% of its Gross Domestic Product on health care, far less than the 6% recommended by the World Health Organisation. Pakistan's primary health centers (PHCs) are facing challenges such as inadequate staffing, equipment, worker distribution, poor service quality, infrastructure condition, and inadequate drug supply, hindering their ability to provide essential healthcare services. Vertical programs in developing countries weaken Primary health care (PHCs), focusing on donor funds rather than individual health needs. This undermines Alma Ata's principles of community empowerment and social justice, leading to disease re-emergence. Undergraduate medical training in developing countries fails to address global health issues, leading to a shortage of PHC professionals in Pakistan, who are overburdened with knowledge. PHC in developing countries is delivered unplanned, influenced by political and economic interests, potentially not meeting individual community needs, leading to suboptimal utilization.
The Primary Health Care (PHC) aims to increase equity, reduce public spending, and provide universal health services. The World Health Organization (WHO) emphasized the importance of PHC in its 2008 Health Report, stating that PHC can reduce disease burden by up to 70%. The report recommends four steps for health systems to achieve the PHC goals. Health systems should focus on universal coverage, people-centeredness, policy integration, and negotiation-based leadership. This will help healthcare systems respond to social and local changes, integrate public health with primary health, and make governments more reliable. To achieve Universal Health Coverage (UHC) in Pakistan, it's crucial to increase health budgets as a percentage of GDP, improve public sector health system readiness, maintain safety nets despite political changes, reduce reliance on donor funding, and ensure accountability for service providers, managers, administrators, and policymakers in the health system. Each country should actively monitor and evaluate performance indicators in each dimension of primary health care service quality, including structure, process, and outcome. Strengthening primary health care involves a shift from disease-focused treatment to tailored, comprehensive, and continuity of care, focusing on patient and community needs, and reducing reliance on professional care. In order to provide the population with reliable and affordable healthcare, the Pakistani healthcare system encounters constraints. However, strategic planning, adequate funding, and government interest in improving conditions can overcome these issues. Political unrest and rapid change in management disrupt policy continuity. Development necessitates making healthcare a top priority as an essential component of national development. All stakeholders have to establish policies and procedures to minimize and resolve healthcare system weaknesses observed over decades.

References