CPHC Alliance

Tackling Chronic Conditions through Comprehensive Primary Health Care (CPHC)

Webinar Summary | May 28, 2025

1. Introduction

On May 28, 2025, the CPHC Alliance hosted a webinar titled "*Tackling Chronic Conditions through Comprehensive Primary Health Care.*" This event convened public health professionals, community health workers, researchers, and policymakers to discuss innovative strategies for managing chronic diseases at the primary care level. The purpose was to share knowledge and highlight how comprehensive primary health care (CPHC) can address the growing burden of chronic conditions. In the face of rising non-communicable diseases and multimorbidity, the webinar underscored the relevance of integrated, community-driven approaches that extend beyond the traditional acute-care model.

2. Opening Reflection: The Human Cost of Chronic Illness

The session opened with a powerful testimony from *Mr. Vakil*, a shopfloor worker at the Just Jute Factory in Peenya, Bangalore. He shared how unmanaged hypertension disrupted his daily life and productivity, vividly illustrating the real-world impact of chronic illness. Mr. Vakil's story underscored the human consequences of inadequate chronic care and reinforced the need for timely primary health care interventions.. This community voice set an empathetic tone for the webinar, reminding all participants why strengthening CPHC for chronic conditions is crucial.

3. Speaker Insights and Thematic Learnings:

Dr. Raghupathy Anchala (Dean, IIPH Hyderabad)

Dr. Raghupathy Anchala, Dean at Indian Institute of Public Health (IIPH) Hyderabad, focused on the urgent need for a systemic shift in primary health care to tackle **multimorbidity**. He noted that the current acute, episodic care approach is insufficient for chronic disease management and called for integrated, patient-centered models. Key insights from his talk include:

- Chronic conditions often co-occur and are influenced by ***medical, behavioral, social, and commercial determinants*** – addressing each condition in isolation is ineffective.
- ***Systemic gaps in primary care:*** Today's PHC system is oriented toward acute care and lacks mechanisms for continuity, follow-up, and coordinated management of chronic illnesses.
- ***Integrated care models:*** Prevention, early detection, treatment, and rehabilitation should be linked across all levels of care, with services designed around patient needs for comprehensive support.

- ***Scaling through implementation science:*** Frameworks like RE-AIM should be applied to evaluate and expand chronic care interventions, ensuring they remain effective and contextually relevant as they scale.
- ***Equity through community engagement:*** Achieving equitable chronic care requires involving communities (e.g. through participatory research) to align interventions with local contexts and needs.

Dr. Shweta Singh (Technical Head, Access International)

Drawing from the **NCD Health Literacy Project in Chhattisgarh**, Dr. Singh shared how community engagement can drive health awareness, prevention and behaviour change. By engaging local stakeholders such as village health workers (*Mitanins*), local governance bodies (PRIs), and PHC teams, the initiative built strong community ownership of health. Her key points included:

- ***Participatory health education:*** Co-designed interventions with community members led to measurable improvements in awareness and preventive actions for five key NCDs namely: Hypertension, Diabetes Mellitus, Oral Cancer, Breast Cancer, and Cervical cancer. Local involvement made health messages more relatable and effective.
- ***Shifting community priorities:*** Initially, health was not a top concern in villages. Regular sessions and local problem-solving gradually elevated health on the community's agenda, demonstrating a shift in priorities over time.
- ***Empowerment through knowledge:*** Improved health literacy increases people' ability to understand the importance of screening, access available services, and make informed decisions about their health.
- ***Policy–practice gap:*** While health infrastructure and workforce were in place, formal health literacy policies require further attention. This highlighted a gap between policy and practice, underlining the need for better policy support for community health education.

Dr. Colis Anwari (Lead, Rural Physiotherapy & Rehabilitation, Basic Healthcare Services)

Dr. Anwari underscored the critical role of physiotherapy and rehabilitation as core components of chronic care in primary health settings. Drawing on field experience in rural areas, he illustrated how integrating physiotherapy into PHC improves patient outcomes and community trust. Highlights from his talk include:

- ***Rehabilitation is essential, not optional***: Chronic care must include physiotherapy as a basic service, particularly in rural and underserved areas. Rehabilitation should be seen as a vital part of treatment, rather than an add-on.
- ***Team-based care improves outcomes:*** When physicians, physiotherapists, and community health workers work in sync, patients experience more continuous and effective care. This task-sharing approach ensures no aspect of a patient's recovery is overlooked.
- ***Success story – integrated care:*** Dr. Anwari shared a case of a 10-year-old boy with spinal tuberculosis who fully recovered through coordinated medical treatment and

physiotherapy. This example demonstrated the life-changing impact of integrated rehabilitation in primary care.

- ***Strengthening the health system:*** Bringing physiotherapy into the primary care level reduces unnecessary referrals and hospital visits. It helps patients regain functional independence closer to home and fosters community trust, thus strengthening the health system from the ground up.

4. Participant Engagement

Using Mentimeter, the Alliance gathered suggestions on how to enhance member engagement within the CPHC ecosystem. Participants emphasized the importance of:

- **Co-creating knowledge products**, including white papers, toolkits, and insights from field experiences.
- **Launching collaborative projects and pilots**, with opportunities for scaling successful models across geographies.
- **Facilitating peer learning** through cross-learning sessions, periodic discussions (e.g., quarterly), and structured exchange platforms.
- **Building a culture of data-driven decision-making** through collaborative analytics and joint evaluation.
- **Starting small, community-based projects**, with regular updates and a shared newsletter to keep members informed and connected.
- **Leveraging institutional partnerships** for technical support, evaluation, and project collaboration in public health domains.

5. Conclusion and Next Steps

The webinar reinforced the need to reimagine chronic care through comprehensive primary health care that is preventive, people-centered, and rooted in community engagement. Discussions highlighted the importance of integrating rehabilitation services, strengthening health literacy, and enabling collaborative care across provider teams. Reflecting the rich insights shared by participants—who emphasized the value of peer learning, shared resources, and field-based collaboration—the CPHC Alliance will initiate a **monthly community-based webinar** series

starting next month. These sessions will serve as a platform to exchange experiences, showcase innovations, and build stronger connections across the Alliance network.

Best Regards,
Team CPHC Alliance