




TECHNICAL 
SERIES
**ON PRIMARY
HEALTH CARE**

Primary health care:
closing the gap between
public health and **primary care**
through integration

Acknowledgements

This document was produced as part of the Technical series on primary health care on the occasion of the Global Conference on Primary Health Care under the overall direction of the Global Conference Coordination Team, led by Ed Kelley (WHO headquarters), Hans Kluge (WHO Regional Office for Europe) and Vidhya Ganesh (UNICEF). Overall technical management for the Series was provided by Shannon Barkley (Department of Service Delivery and Safety, WHO headquarters).

This document was produced under the overall direction of Pavlos Theodorakis (Health Systems and Public Health, WHO Regional Office for Europe).

The principal author was Salman Rawaf, Imperial College London. Contributions were made by Luke Allen (University of Oxford), Elizabeth Dubois (Imperial College London), Azeem Majeed (Imperial College London), Anna Cichowska Myrup (WHO Regional Office for Europe), Mays Raheem (Imperial College London), David Rawaf (Imperial College London), and Ahmed Razavi (Imperial College London).

Other valuable comments and suggestions were made by WHO collaborating partners and regional and country office staff, and in particular Jan De Maeseneer (Ghent University), Juan Tello (WHO Regional Office for Europe), and Briana Rivas Morello (WHO Regional Office for Europe).

The views expressed in this document do not necessarily represent the opinions of the individuals mentioned here or their affiliated institutions.



Key messages

- Most primary health care services have focused on treating illnesses as and when they arise rather than on the prevention of disease.
- Most health systems are based on an outdated “disease model” which cannot meet the individual and community health needs of the populations in today’s rapidly changing world.
- With advances in interventional public health, personal and community services need to be provided through an integrated service.
- Ageing, population growth, the rising burden of noncommunicable disease and technological advances are driving the transformation of primary care.
- A comprehensive primary care that reaches everyone is the cornerstone of achieving universal health coverage: “leave no one behind”.
- Securing the health of the whole population cannot be attained without universal coverage achieved through effective comprehensive primary health care that focuses not only on disease but also on health and how to improve it.
- Strengthening public health with universal coverage and access to all, irrespective of their ability to pay for it, should be the aim of all modern health systems.
- The six models of integration described in this report provide an opportunity to focus service around the population needs to improve health and longevity.



Executive summary

Modern primary health care emerged when gross health inequalities became a global concern. Forty years ago, the Declaration of Alma-Ata endorsed primary health care as the means of attaining the World Health Organization's goal of Health for All. With declining premature mortality, rising longevity, and an increase in healthy lifestyle, the fitness-for-purpose of current health systems can be questioned. The current disease-focused model is dated and proactive approaches to health through strong and effective primary care are needed. Such primary care should integrate most of the public health functions to address population health needs at the individual and community levels. The question is, how can we integrate public health into primary care and what are the possible models? There are various possible models of integration of public health into primary care. These could be applied alone or in combination, but all can potentially achieve health gains.



Introduction

Modern primary health care emerged when gross health inequalities became a global concern (1). The Declaration of Alma-Ata, 40 years ago, endorsed primary health care as the means of attaining the World Health Organization's goal of health for all (2,3). It was a global health milestone of the 20th century and, crucially, identified primary health care as a fundamental human right and a key factor in attaining equitable health for everyone. Strong health systems founded on the primary health care approach have made substantial gains in population health. Coupled with improvements in living standards and socioeconomic development, people are living longer, with a more healthy life, and premature mortality has declined (4–6). However, such progress is in jeopardy as the burden of chronic conditions and associated risk factors are on the rise (5,7,8). Many of these risk factors, such as smoking, obesity and diabetes, are linked closely to the social, economic, environmental and commercial determinants of health that, in turn, influence behaviour. An additional challenge to health is that the people most affected by these determinants are also more likely to have poor health literacy and are less likely to access health services (9,10).

Primary health care has three main elements: 1) primary care and essential public health functions as the core of integrated services, 2) multisectoral policy and action, 3) empowered people and communities. This paper focuses on the first element and describes ways in which primary care and public health can be effectively integrated to achieve population health benefits.

In many settings, primary care, which is the first contact of people with health services that are continuous, comprehensive and coordinated, has, too often, been focused on treating illness as and when it arises rather than preventing disease in the first place. Modern public health interventions at the individual and population levels aim to prevent disease, protect and promote health, and ensure the greatest threats to population health are addressed (including surveillance and monitoring) (11,12).

Integrating a public health approach into primary care could be an effective way of preventing disease in local communities, thus reducing the demand on primary care and improving the health of the population. Integrating public health functions into primary care involves many different actions including: enabling primary care to deliver more protective, promotive and preventive services to a defined population; improving communication and coordination between public health authorities and primary care providers and managers; sharing knowledge and data to evaluate the impact of both individual- and population-focused services on health; and strengthening the surveillance function of primary care and more effectively linking this to public health surveillance.

Methods for integration of primary care and public health should consider the existing structures, goals, needs, capacities, resources and competencies available within the given context (11). Integration should also address the inequities in health service provision.

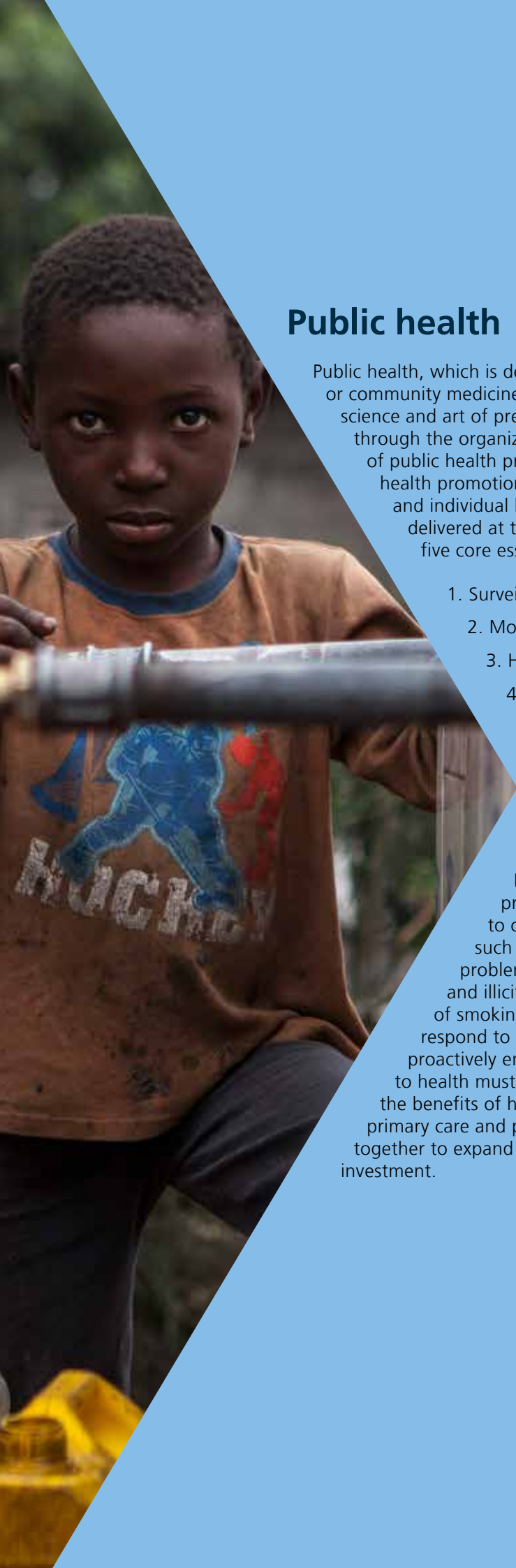
This paper reviews the various approaches reported in the literature that have been taken to integrate public health and primary care and summarizes both the strengths and weaknesses of each approach in order to advise policy-makers of the different approaches available. We have used the WHO definition for health, the Starfield definition for primary care and Acheson (1988) for public health (based on Winslow 1920) (13–17).

Primary care

Worldwide primary care has been shown to be associated with enhanced access to health services, better health outcomes, and a decrease in hospitalization and emergency department visits (18). Primary care can also help counteract the negative effect of poor economic conditions on health (19). Traditional primary care focuses on personal health care services and continuity of care. The curative, “disease model” of the 1970s, which is still common today in many countries, is changing rapidly. Ageing, population growth, a rising burden of chronic, noncommunicable diseases and multimorbidity, and technological advances are driving the transformation of primary care. These demographic and epidemiological shifts require primary care to focus on prevention and quality of life, and encourage a proactive population management approach that targets individuals and groups that are most affected by the structural determinants of health. To do this effectively requires linking with public health (20). Proactive primary care means that radical changes need to be made to the current model of service, which include integrating key public health functions and interventions into primary care services. In her definition of primary care, Barbara Starfield indicated the need to move to a health model that provides “the first level of contact with the health system to promote health, prevent illness, care for common illnesses, and manage on-going health problems” (16,21). With this comprehensive and holistic approach, over 95% of patient contact with the health service would take place in primary care (17). It can therefore be argued that primary care is the backbone of any effective health system that aims for better population health. In settings where primary care has been effectively deployed and supported with adequate training and resources, family physicians only refer around 5% of patients from consultations onto secondary care (22–24). Patient satisfaction is high and at a decidedly low cost to the health system (19,25,26). The evidence is very clear, a health system that is not primary care-led is a weak and expensive system. Indeed, countries more oriented to primary care have populations with better health and services that are delivered at a lower cost (19,20,27,28).

Transforming primary care to have a proactive role in promoting health and preventing disease in addition to diagnosis, treatment and care is a logical next step in primary care development. Primary care, particularly when established with a clear responsibility for a population (empanelment or registration), is the building block of public health and is the appropriate location for local public health interventions. This raises the question: what is public health in the context of primary care? And, how can integration be achieved?





Public health

Public health, which is described in some countries as public health medicine, or community medicine, is a multidisciplinary specialty, defined as “the science and art of preventing disease, prolonging life and promoting health through the organized efforts of society” (13). The multifaceted functions of public health provide the necessary tools to improve health through health promotion, protection and disease prevention at population and individual levels. Not all public health functions however can be delivered at the primary care level. In the WHO European Region, the five core essential public health operations are:

1. Surveillance
2. Monitoring preparedness for response
3. Health protection
4. Health promotion
5. Disease prevention.

There is enormous potential for primary care to take a more proactive role in contributing to tackling some of these essential public health operations, especially, promoting health and disease prevention. Public health guidance from the United Kingdom’s National Institute for Health and Care Excellence advises primary care professionals such as family physicians to opportunistically and proactively carry out activities such as short interventions to identify, reduce and prevent problematic use, abuse and dependence on alcohol, tobacco and illicit drugs, among others (27–32). However, in the case of smoking, for example, primary care professionals tend only to respond to requests for help with giving up smoking rather than proactively engaging with existing smokers. Such reactive approaches to health must become more proactive ones (12,31). Evidence of the benefits of health promotion within primary care is growing, and primary care and public health professionals and academics are working together to expand the evidence base with a particular interest in return on investment.



Public health and primary care: the value of two natural allies

A health system is partly the product of a country's culture and the way people are willing to fund it to ensure equity and fairness. There is no perfect health system, each has strengths and weaknesses (26). However, the most effective systems are those able to secure the health of the whole population (33). This cannot be attained without universal health coverage achieved through effective comprehensive primary care focusing not only on disease but also on health and how to improve it. A strong proactive public health function, therefore, is required within primary care to protect the health of the population and the individual, promote health, and prevent disease.

Proactive primary care saves lives, reduces the burden of disease and improves quality of life. It is also an important means to improve productivity and provide a seamless service (34).

Considerable overlap occurs in roles, responsibilities and functions between public health and primary care, especially in protection and promotion of health, and disease and injury prevention (1). There are numerous possible scenarios of integration. One envisages full integration, where the structures, processes, and delivery of care for both public health and primary care are the responsibility of the same entity. A second is based on two separate organizational structures, where professionals work together and share the same aim and objectives. A third sees integration fostered by a continuity of information and communication

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_25078

