

PRIMARY HEALTH CARE AS AN ENABLER FOR “ENDING THE EPIDEMICS” OF HIGH-IMPACT COMMUNICABLE DISEASES

BRIEF



TECHNICAL
SERIES 
**ON PRIMARY
HEALTH CARE**

PRIMARY HEALTH CARE AS AN ENABLER FOR “ENDING THE EPIDEMICS” OF HIGH-IMPACT COMMUNICABLE DISEASES

BRIEF

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) in collaboration with Pavlos Theodorakis (Department of Health Systems and Public Health, WHO Regional Office for Europe).

This document was produced under the technical direction of Mubashar Sheikh and Ren Minghui and was written by Richard Carr (Communicable Diseases Cluster, WHO, Geneva).

Valuable comments and suggestions to the first draft were made by WHO collaborating partners and office staff, in particular, Ghazanfar Khan (Consultant, WHO headquarters), Helena Nygren-Krug and Keith Sabin (UNAIDS, Geneva, Switzerland); Eleanora Hvazdziova (UNAIDS, Regional Office for Eastern Europe and Central Asia, Moscow); Anne Detjen and Rory Nefdt (UNICEF, New York); Andrew Ball, Philippa Easterbrook, Yvan Hutin (HIV and Hepatitis Department, WHO, Geneva); Katherine Floyd, Nobuyuki Nishikiori, Diana Weil, Matteo Zignol (Global TB Programme, WHO, Geneva); Andrea Bosman, Salim Sadruddin (Global Malaria Programme, WHO, Geneva); Gautam Biswas, Daniel Argaw Dagne, Christopher Fitzpatrick and Raman Velayudhan (Control of Neglected Tropical Diseases Department, WHO, Geneva).

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

Background

The Sustainable Development Goals (SDGs) reflect the growing complexity and interdependence of the global development agenda. In the area of health and well-being, SDG 3 recognizes the need to build on progress made under the Millennium Development Goals (MDGs), while also addressing a much broader range of health challenges – notably noncommunicable diseases (NCDs) and neglected tropical diseases (NTDs) – and doing so in the context of an overarching universal health coverage (UHC¹) framework (SDG Target 3.8). Primary health care (PHC) provides the foundation for achieving UHC, helping to advance country-focused, integrated, people-centred health services² that place people and communities at the centre of the health system. An integrated, people-centred approach helps to empower people and communities to ensure that the needs of the most vulnerable populations are taken into consideration while moving towards UHC. This will affect how health services are planned, delivered, monitored and evaluated. PHC strategies that focus on engaging and empowering underserved and marginalized subpopulations are essential for achieving UHC; and these strategies both affect and address broader societal goals such as equity, social justice, solidarity and social cohesion (1). Also, through multisectoral action, PHC independently contributes to the achievement of other SDGs, reflecting a health in all policies (HiAP) approach.

PHC is the underlying mechanism for achieving the three UHC objectives:

- equity in access to health services (i.e. everyone who needs services should get them, not only those who can pay for them);
- the quality (and range) of health services should be good enough to improve the health of those receiving services; and
- people should be protected against financial risk, ensuring that the cost of using services does not put people at risk of financial harm.

SDG Target 3.3 calls for ending the epidemics of AIDS, tuberculosis (TB), malaria and NTDs, and for combating hepatitis, waterborne diseases and other communicable diseases by 2030. At the current pace, this target is unlikely to be met without substantial changes in health programmes and rapid scale up of new technologies and tools (2). Therefore, to achieve and sustain “ending the epidemics”, countries will need to strengthen and further build people-centred, PHC systems that deliver quality products and services. This can help to ensure that all people in need receive effective interventions along the full continuum of health services, including health promotion, prevention, testing, diagnosis and treatment, mass drug administration in areas of high NTD endemicity and chronic care throughout the entire life course.

The long-term sustainability of responses to diseases addressed in SDG 3.3 requires system-wide actions and efforts to further embed disease-specific responses into broader health programmes and systems. A resilient and well-functioning PHC-oriented system provides an opportunity to ensure that countries continue to prioritize responses to communicable diseases through an appropriate set of interventions that are included in health benefits packages. In turn, this helps to ensure adequate coverage and quality to achieve the desired impact, by reaching those most in need and protecting them from financial risk in accessing those services.

¹ UHC means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need (and that those services are of sufficient quality to be effective), while also ensuring that the use of these services does not expose the user to financial hardship (3).

² People-centred services means services that are organized around the needs of people (across the life course) and communities rather than around specific health issues.





Primary health care

PHC is a whole-of-society approach to promoting health that aims to equitably maximize the level and distribution of health and well-being, by focusing on people's needs and preferences (both as individuals and communities) as early as appropriate along the continuum from promotion and prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment (4). It is based on three components:

- ensuring that people's health problems are addressed through comprehensive promotive, protective, preventive, curative, rehabilitative and palliative care throughout the life course, strategically prioritizing primary care (first access and site of ongoing care) and public health services as the central elements of integrated service delivery;
- systematically addressing the broader determinants of health (including social, economic and environmental factors, as well as people's characteristics and behaviours) through evidence-informed public policies and actions across all sectors; and
- empowering individuals, families and communities to optimize their health, as advocates for policies that promote and protect health and well-being, as co-developers of health and social services through their participation, and as self-carers and care-givers to others.

In this context, PHC refers to first access and ongoing site of care, community service delivery platforms and health outreach or public health services for individuals and populations.

Epidemiological context

High-impact communicable diseases³ currently cause about 4 million deaths annually, as well as illness and suffering in nearly 2.1 billion people (about 28% of the world's population) (5–11). These diseases predominantly affect vulnerable, marginalized populations and the poorest people in low- and middle-income countries with low access to health services. Although considerable progress has been made since 2000, many challenges remain to fill the gaps in prevention, diagnosis and testing, treatment and care.

PHC – key to ending the epidemics

Most of the interventions required to address high-impact communicable diseases are delivered at the PHC level. In most situations, PHC is the interface for health promotion, disease prevention, testing and diagnosis, treatment and provision of chronic care.



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_25972

