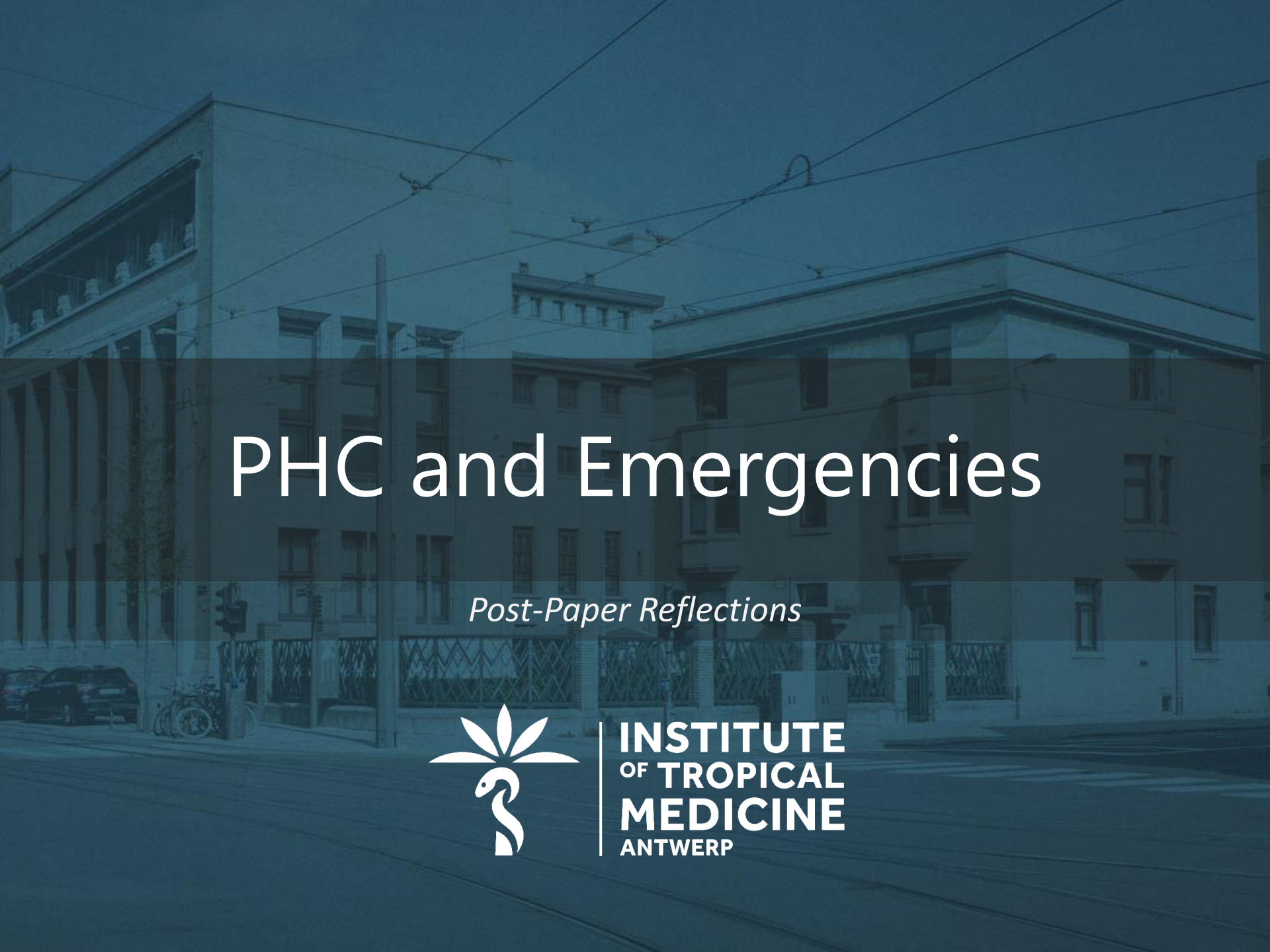

PHC and Emergencies

Post-Paper Reflections

INSTITUTE OF TROPICAL MEDICINE ANTWERP

Global Conference on Primary Health Care

25-26 October 2018 - Astana, Kazakhstan

World Health Organization

Ministry of Healthcare
Republic of Kazakhstan

unicef

World Health Organization

Key Documents	Core Background Documents	Background Documents: Themes

• Declaration
• Background Report
• Operational Framework
• Monitoring and Evaluation
	• Making the economic case:
	• Making it happen:
	  • Lessons learned
	  • Country case series
	  • Regional PHC reports
	• PHC and:
	  • NCDs
	  • Mental health
	  • Palliative care
	  • Disabilities
	  • HIV/TB/Malaria
	  • Ageing
	  • Hospitals
	  • Traditional and complimentary medicine
	  • RMNACH
		• Health workforce for PHC
		• PHC and linkages to other health sectors
		• PHC in complex emergencies
		• Harnessing private sector service delivery
		• Strategic purchasing
		• Quality improvement/quality assurance
		• Technology in ambulatory care
		• Health information system to support PHC
		• Increasing resolution capacity of the first level of care
		• Antimicrobial resistance
		• Underserved and marginalized populations

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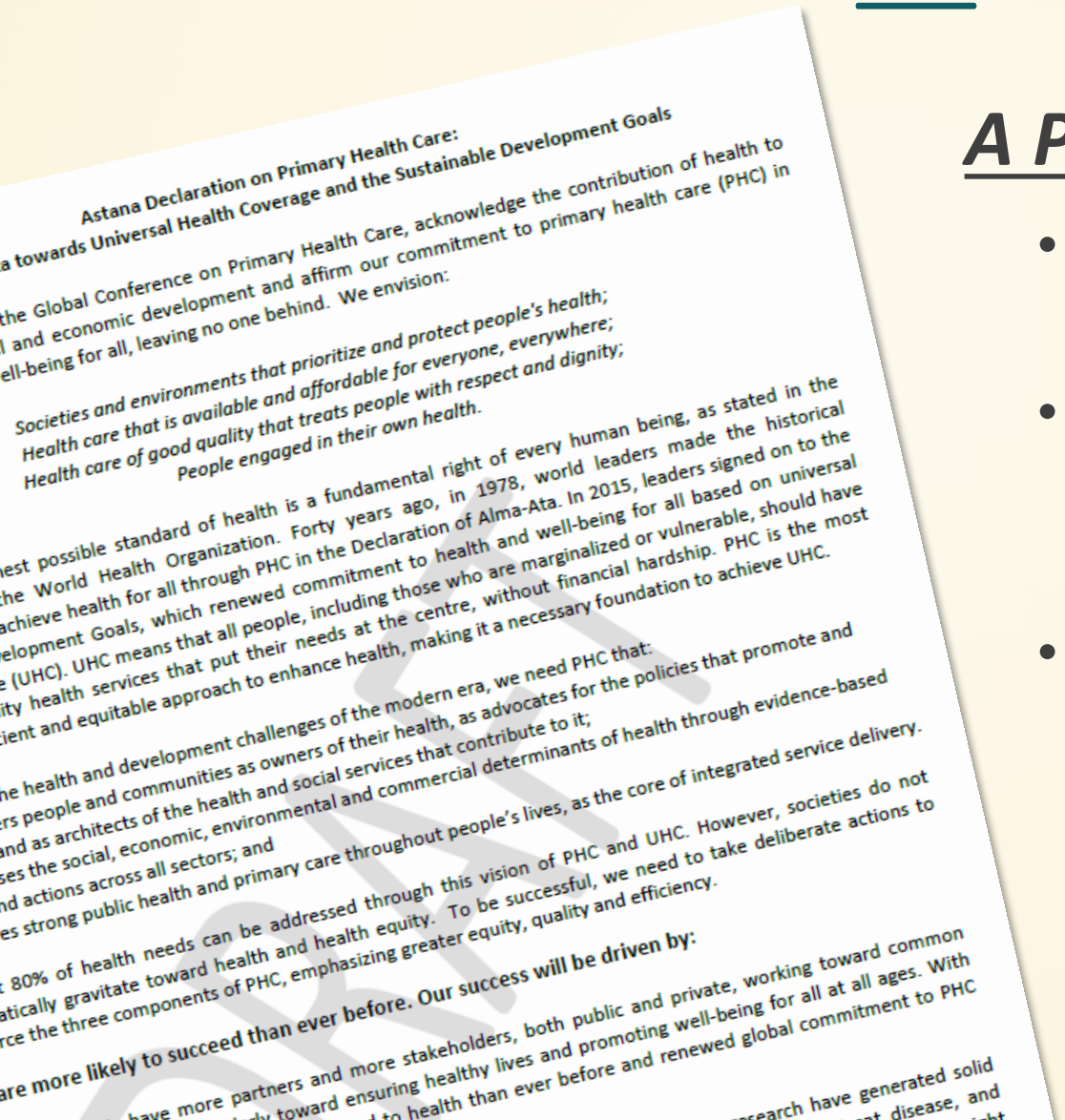
The PHC Astana Declaration 2018



Astana Declaration on Primary Health Care:
a towards Universal Health Coverage and the Sustainable Development Goals

the Global Conference on Primary Health Care, acknowledge the contribution of health to
l and economic development and affirm our commitment to primary health care (PHC) in
ell-being for all, leaving no one behind. We envision:

Societies and environments that prioritize and protect people's health;
Health care that is available and affordable for everyone, everywhere;
Health care of good quality that treats people with respect and dignity;
People engaged in their own health.

hest possible standard of health is a fundamental right of every human being, as stated in the
he World Health Organization. Forty years ago, in 1978, world leaders made the historical
achieve health for all through PHC in the Declaration of Alma-Ata. In 2015, leaders signed on to the
elopment Goals, which renewed commitment to health and well-being for all based on universal
e (UHC). UHC means that all people, including those who are marginalized or vulnerable, should have
ity health services that put their needs at the centre, without financial hardship. PHC is the most
ient and equitable approach to enhance health, making it a necessary foundation to achieve UHC.

he health and development challenges of the modern era, we need PHC that:
ers people and communities as owners of their health, as advocates for the policies that promote and
and as architects of the health and social services that contribute to it;
ses the social, economic, environmental and commercial determinants of health through evidence-based
nd actions across all sectors; and
es strong public health and primary care throughout people's lives, as the core of integrated service delivery.

t 80% of health needs can be addressed through this vision of PHC and UHC. However, societies do not
atically gravitate toward health and health equity. To be successful, we need to take deliberate actions to
rce the three components of PHC, emphasizing greater equity, quality and efficiency.

are more likely to succeed than ever before. Our success will be driven by:

have more partners and more stakeholders, both public and private, working toward common
dy toward ensuring healthy lives and promoting well-being for all at all ages. With
to health than ever before and renewed global commitment to PHC

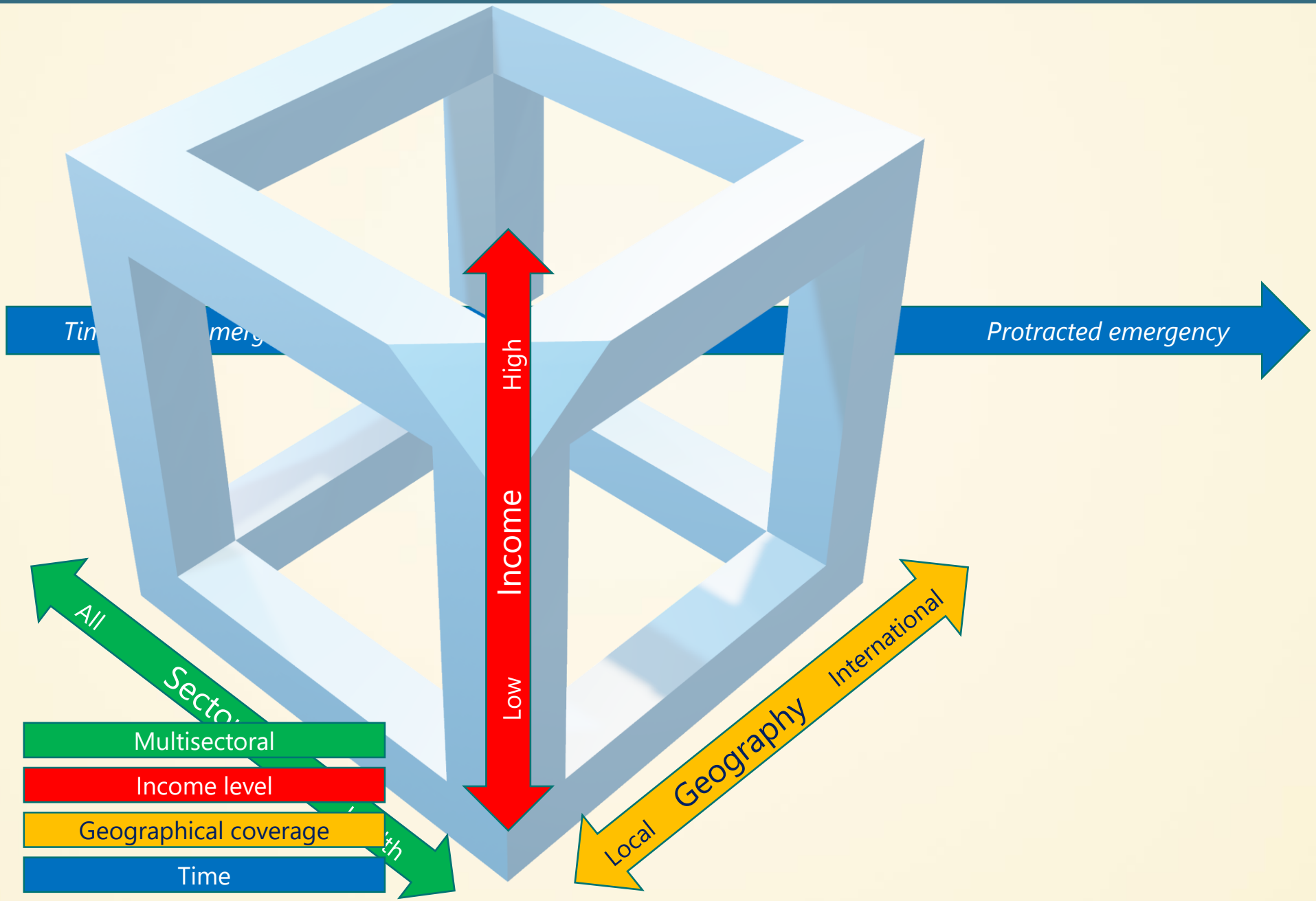
esearch have generated solid
nt disease, and

A PHC approach:

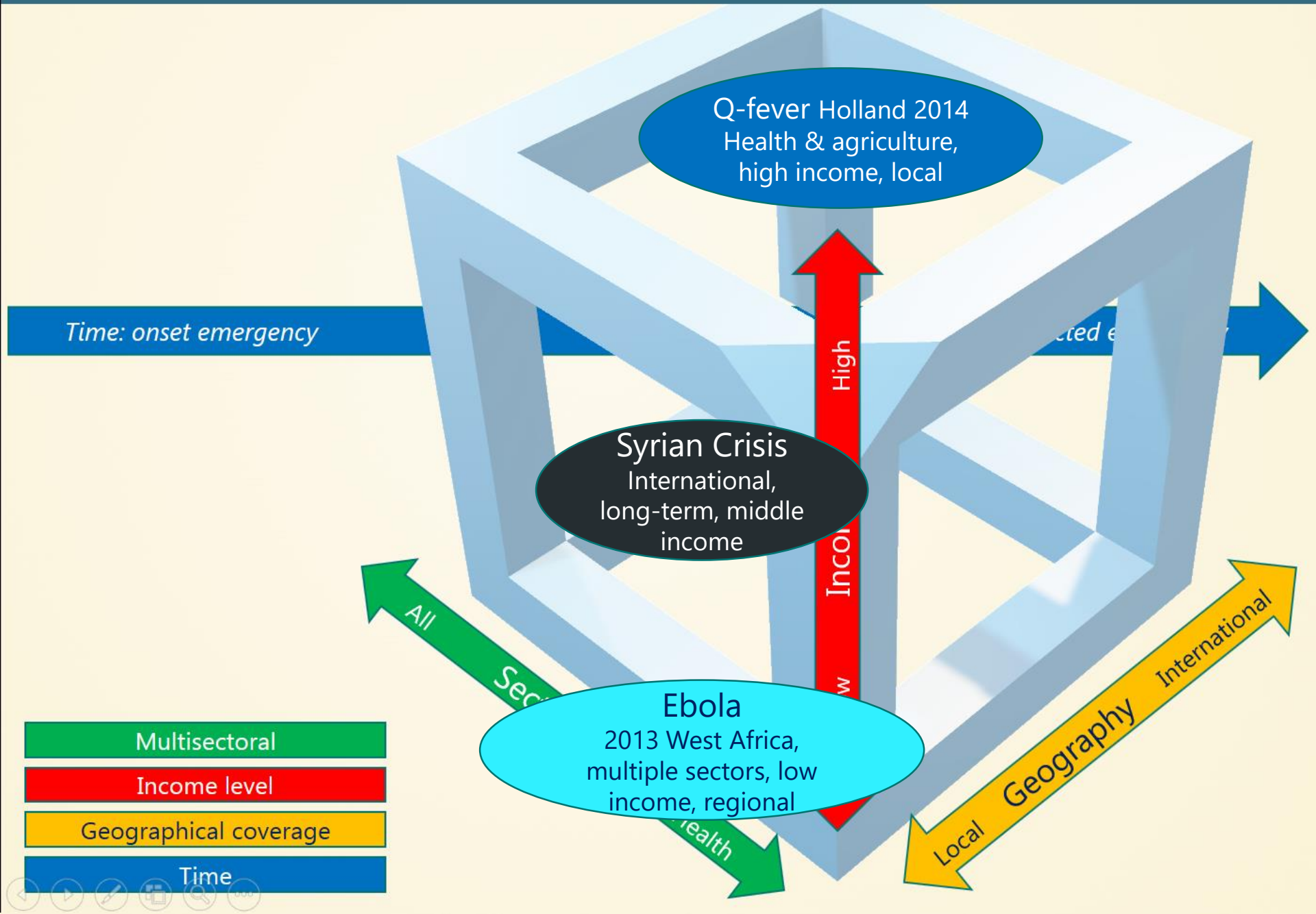
- Empowers people and communities;
- Addresses determinants of health in an inter-sectoral way;
- Ensures strong public and primary care as the core of integrated service delivery

WHO, 2018

DIMENSIONS OF EMERGENCIES



DIMENSIONS OF EMERGENCIES



Emergencies & Primary Health Care

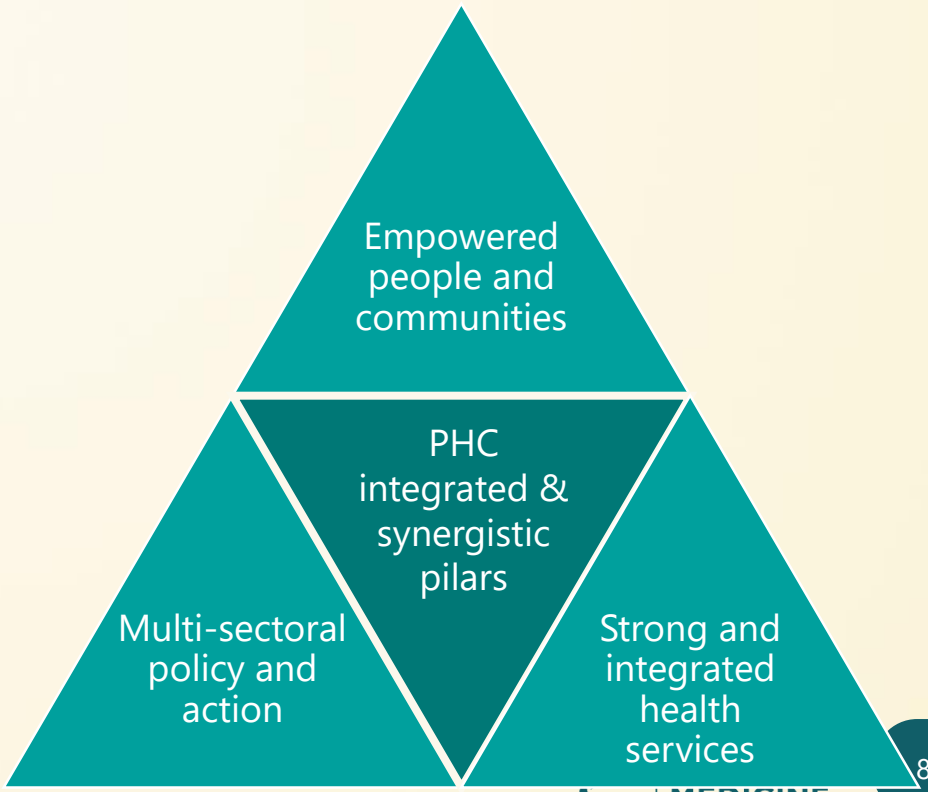
EPIDEMICS DISASTERS VIOLENCE & CONFLICT

a sudden and unplanned increase in the demand for healthcare

in a wide range of settings:

- Health systems capacity
- Conflict
- Governance levels
- Poverty

is an essential foundation for emergency preparedness and for ***building resilience*** to emergencies within health systems



MEDICINE ANTWERP

Primary Health Care and Emergencies

An AA40 Background Paper

Report by (in alphabetical order):

Clara Affun-Adegbulu

Button Ricarte

Sara Van Belle

Wim Van Damme

Remco Van De Pas

Willem Van De Put

Health Policy Unit, Institute of Tropical Medicine Antwerp, Belgium

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Resilience & PHC

"Strengthening PHC resilience in the face of emergencies is essential, and indeed for the resilience of the health system as a whole.

PHC's capacity to deliver access to quality health services and PHC's resilience are closely connected and inseparable."

World Health Organization 2018

However, conceptual frameworks on the development and governance of resilient health systems have not explicitly referred to or included the quality Primary Health Care concept as a core element of system resilience.

Comprehensive Health systems strengthening, including efforts to achieve Universal Health Coverage, requires more than resilience.

"Resilience is not quality, it is not rights, it is not coverage, it is not equity and it is not financial protection".

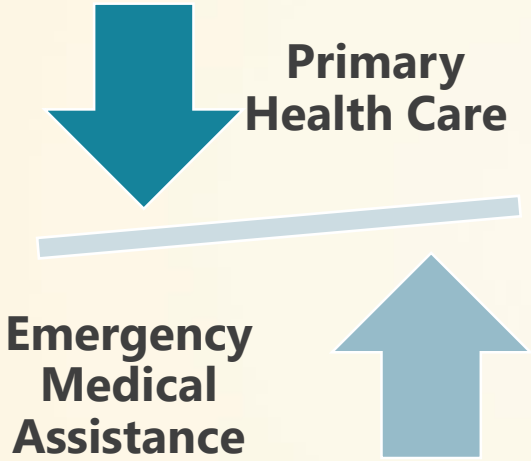
Resilience should not only be about *coping*, as this could make powerful actors expect that the poor and disadvantaged could stretch themselves in the face of challenges.

Rather, it should be about *adaptation with robustness* with health systems strengthening as a precondition for resilience, not the other way around.

Abimbola S, Topp SM. Adaptation with robustness: the case for clarity on the use of 'resilience' in health systems and global health. BMJ Glob Health 2018

Resilient PHC in Emergencies

1



2 Include the community

3

4

How should PHC relate to Emergencies?

What do we mean by resilience?

How can we balance resilience with equity?

How can we balance global health security with local PHC strengthening?

How do we link the global agenda in Astana to local communities?

THANK YOU

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