PHC and Emergencies

Post-Paper Reflections
# Key Documents
- Declaration
- Background Report
- Operational Framework
- Monitoring and Evaluation

# Core Background Documents
- 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

# Background Documents: Themes
- 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
The PHC Astana Declaration 2018

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.
Emergencies & Primary Health Care

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

in a wide range of settings:

- Health systems capacity
- Conflict
- Governance levels
- Poverty

EPIDEMICS  DISASTERS  VIOLENCE & CONFLICT

a sudden and unplanned increase in the demand for healthcare
# Primary Health Care and Emergencies

*An AA40 Background Paper*

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## Table of Contents

- **Executive Summary** ................................................................. 3
- **Background and Context** ......................................................... 3
- **Role and Challenges of PHC in Public Health Emergencies (PHE)** ........ 3
- **PHC & Public Health Emergencies – The Capacity Building Process** .... 4
- **Resilient PHC on National and Global Agendas** .......................... 5
- **Introduction** ............................................................................ 7
- **Background and Context** ......................................................... 7
- **Role and Challenges of PHC in Public Health Emergencies** .......... 9
- **PHC role in preventing emergencies** ........................................... 9
- **People centeredness and community engagement** ..................... 9
- **PHC role in continuing routine health services** .......................... 10
- **Quality of services provided** .................................................. 10
- **PHC role in case management of Public Health Emergency related pathologies** .......... 11
- **Sustained recovery of PHC and the Health system** ...................... 11
- **PHC in Fragile and Conflict Affected Settings** ............................ 11
- **PHC workforce in Emergencies – workforce safety and specific competencies** ........... 12
- **Beyond Health Centers – other sources of primary care during emergencies** .......... 13
- **Who pays for PHC services during public health emergencies and how?** ........ 13
- **PHC & Public Health Emergencies – The Capacity Building Process** .... 14
- **Universal Coverage Reforms: Health Equity, Solidarity & Social Inclusion** .......... 14
- **Service Delivery Reforms: People-Centered Care, health workforce, package of services, infrastructure and supplies, and health information** .......... 15
- **Health in Fragile and Conflict Sett** ........................................ 15
- **Strong and resilient PHC on National and Global Agendas** .......... 19
- **Primary Health Care and Resilience** ........................................ 19
- **Collaboration between PHC teams and humanitarian actors** .......... 19
- **A differentiated approach advancing PHC** .................................. 20
- **A balanced approach to global financing** .................................... 21
- **A global momentum re-affirming Primary Health Care** ................ 22

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References ...................................................................................... 25
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.

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

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.
Resilient PHC in Emergencies

1. Primary Health Care

2. Include the community

3. Context is ⬛️ ⬛️ ⬛️ ⬛️
   #StrongGovernance

4. Health system strengthening = precondition for resilience?

Resilience = precondition for Health system strengthening?
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