


TECHNICAL 
SERIES
**ON PRIMARY
HEALTH CARE**

Primary health care and **health emergencies**

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).

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Valuable comments and suggestions to the first draft were made by WHO collaborating partners and regional and country office staff, in particular Jonathan Abrahams (WHO, Geneva), Penny Burns (The Bill and Melinda Gates Foundation), Karl Blanchet (London School of Hygiene and Tropical Medicine, England), Lokombe Elongo (WHO, AFRO), Ariana Childs Graham (Primary Care Initiative), Andre Griekspoor (WHO, Geneva), Amanda Howe (World Organization of Family Doctors) and the World Council of Churches, Sheila Leatherman (University of North Carolina, US), Geraldine McDarby, Matthew Neilson (WHO, Geneva), Kwame Poku (WHO, Geneva), and Shams Syed (WHO, Geneva).

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

Background and key messages

A primary health care approach is an essential foundation for health emergency and risk management, and for building community and country resilience within health systems. In emergencies, infrastructure, supplies and the health workforce can be impaired or non-existent, creating challenging environments in which to deliver good-quality care. Not only is there a primary surge in health demand to respond to the initial event, but a secondary peak in demand occurs in the following weeks, months or years (1), placing further strain on an already pressured health system (2).

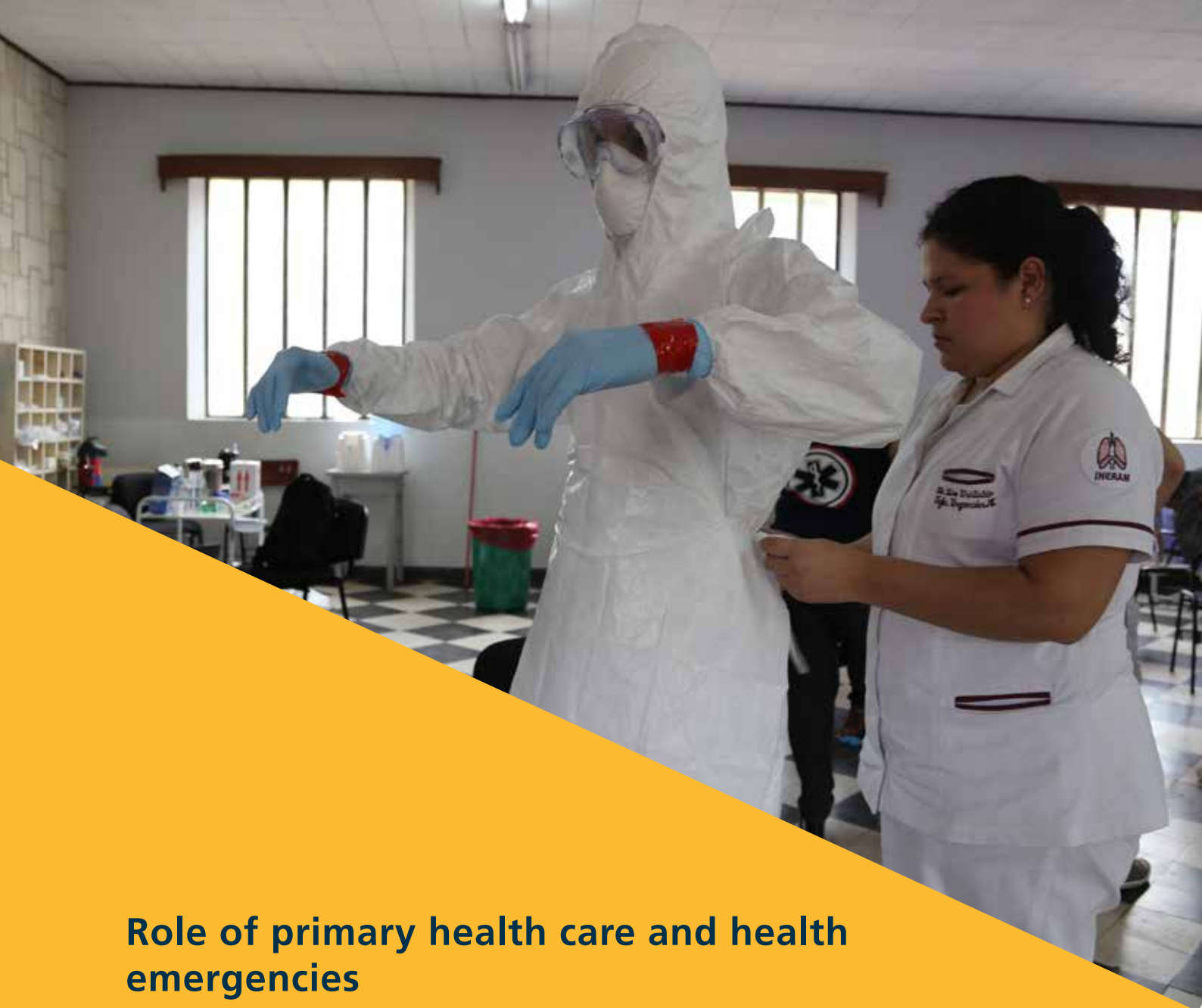
An emergency can be described as “a type of event or imminent threat that produces or has the potential to produce a range of health consequences, and which requires coordinated action, usually urgent and often non-routine” (3). This includes epidemics, disasters (e.g. natural and technological), as well as those involving violence and conflict, which can often become protracted. Primary health care has an essential role to play in preventing, preparing for, responding to and recovering from any emergency situation.

Each emergency is context-specific and its impact depends on a number of factors, such as the severity of the hazard, the capacity of the affected country and community to manage the risks, and the pre-existing vulnerability of the populations affected. A primary health care orientated health system supports resilience, which is the “ability when exposed to a shock to resist, absorb, accommodate and recover from the effects of the shock in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions” (4).

Primary health care has three interrelated and synergistic components: 1) primary care¹ and essential public health functions as the core of integrated health services, 2) multisectoral policy and action for health, and 3) empowered people and communities (5).

In emergency situations, primary care can provide essential routine health services, identify and manage emergency cases, prevent disease outbreaks with effective public health measures and play a key role in disease surveillance. Through proactive communication, working with engaged communities and wider multisectoral action, primary care promotes not only an effective emergency response, but also a prepared system and one that can recover from emergencies. A primary health care approach develops resilience within health systems and can advance the global aim of achieving universal health coverage and health security.

¹ WHO differentiates primary health care, a whole-of-society approach to health, from primary care – the first contact for health services that is people-centred, continuous, comprehensive and coordinated.



Role of primary health care and health emergencies

Providing good-quality primary care supported by essential public health functions

Primary care and public health workers are likely to be the first point of contact for those seeking care for injuries, infectious diseases and other emergency-related illnesses. As first-line responders, primary care workers are responsible for dealing with health emergency case management. This may involve disease-specific case identification, supportive management, with appropriate infection control procedures or safe onward referral. The primary care response to specific health emergencies such as cholera, influenza or emerging new conditions (for example, Zika) may include both case management at the primary care level, and other public health activities such as notification, disease surveillance and even preventative intervention such as immunization (6). Well-trained and equipped health workers can therefore act as sentinels in the surveillance of disease outbreaks and play a major role in detection and early warning.

The number of people currently affected by humanitarian emergencies worldwide is unprecedented; in 2017, the United Nations Office for the Coordination of Humanitarian Affairs estimated that 128 million people needed humanitarian assistance (7). More than half of these, 65.6 million, have been forcibly displaced as a result of armed conflict, civil strife or human rights violations. Among these are 22.5 million refugees and 40.3 million internally displaced people (8).

While the underlying causes of emergencies vary, the resultant population displacement and destabilization of health systems have predictable health consequences. These include increased mortality rates (in some situations more than 10 times above baseline rates). Historically, the causes of the high morbidity and mortality rates have been infectious disease outbreaks, exacerbation of endemic infectious diseases and acute malnutrition. However, increased availability of interventions for these conditions and the rise in conflicts in higher-income countries have led, in complex emergencies², to an increasing burden of disease from chronic conditions, such as tuberculosis, cardiovascular disease, diabetes, and mental illness (9). Ensuring that primary health care services continue to be available in regions experiencing complex emergencies is, therefore, vital, with primary care providing continuation of essential health services to respond to these demands during emergencies. Experience shows that primary care reduces non-emergency-related mortality and morbidity, and is particularly important for women, children and people living with chronic health conditions (10).

Essential public health functions, including health promotion, health protection, disease prevention, and surveillance and early warning mechanisms create a prepared system. This is vital to minimize exposure to health hazards and prevent health emergencies. Community water, sanitation and hygiene, and vaccination programmes, to which primary health care can be central, are important for reducing the risk of outbreaks (11,12).

Engaging and empowering people

Primary care has an important role to play in proactive engagement and appropriate communication with communities, which not only supports an effective emergency response, but also empowers communities to prevent avoidable emergencies. Effective engagement also improves the ability to anticipate and identify events, and reduces the impact of inevitable events when they occur, through codeveloping appropriate and trusted systems before, during and after an emergency. As primary care has pre-existing links with communities and has the capacities and networks to understand the environmental, social and cultural elements that affect health, it can deliver context-appropriate care as well as effective risk communication, and continuing work with the communities through the emergency into recovery (13).

² A complex emergency is defined by WHO as "a disaster complicated by civil violence, government instability, macroeconomic collapse, population migration, elusive political solutions, etc., in which any emergency response has to be conducted in a difficult political and security environment, potentially involving a multi-sectoral, international response that goes beyond the mandate or capacity of any single agency." (http://apps.who.int/iris/bitstream/handle/10665/196135/9789241565134_eng.pdf?sequence=1).



Promoting multisectoral action to tackle inequity

Primary health care promotes multisectoral action on the determinants of health, engaging a range of actors who have key complementary capabilities and perspectives (14). This includes health actors from both the private and public sectors and civil society, and also law enforcement, emergency services, immigration, water, sanitation and hygiene, and the media. Large variations exist in levels of socioeconomic development and implementation of evidence-based policies to promote and protect health, therefore prioritized multisectoral policies and action must be country- and context-specific.

Given the fast increasing importance of the private sector in health service provision, ways to integrate and engage this sector in emergency preparedness and response are needed. Primary care, by nature of its community-orientation and coordinating function, is well placed to facilitate this because it has a prominent and respected place within communities and is able to work with a range of actors. It is important to develop these networks when dealing with normal day-to-day situations rather than waiting for a major emergency.



Continuing care in conflicts and protracted emergencies

In protracted emergencies, and other fragile, conflict or violence settings, the disruption to society, damaged infrastructure including health facilities, and displacement of populations results in weak health systems and also creates vulnerable communities and individuals with substantial health needs. This can lead to increased non-violent morbidity and mortality as previously preventable or treatable conditions become neglected. In such contexts, the vulnerable populations affected may find it difficult to pay user fees, which can increase inequity in care. This may have a negative effect on the detection, case management and spread of infectious disease outbreaks as suspected cases avoid or delay seeking treatment, or cannot access care because of the disrupted health system.

At present, 2 billion people live in countries with fragile, conflict or violence settings (15); of these, 134 million are in need of humanitarian support (16). Providing accessible, equitable primary care services during protracted emergencies meets a critical need, and also builds a foundation for universal health coverage.



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