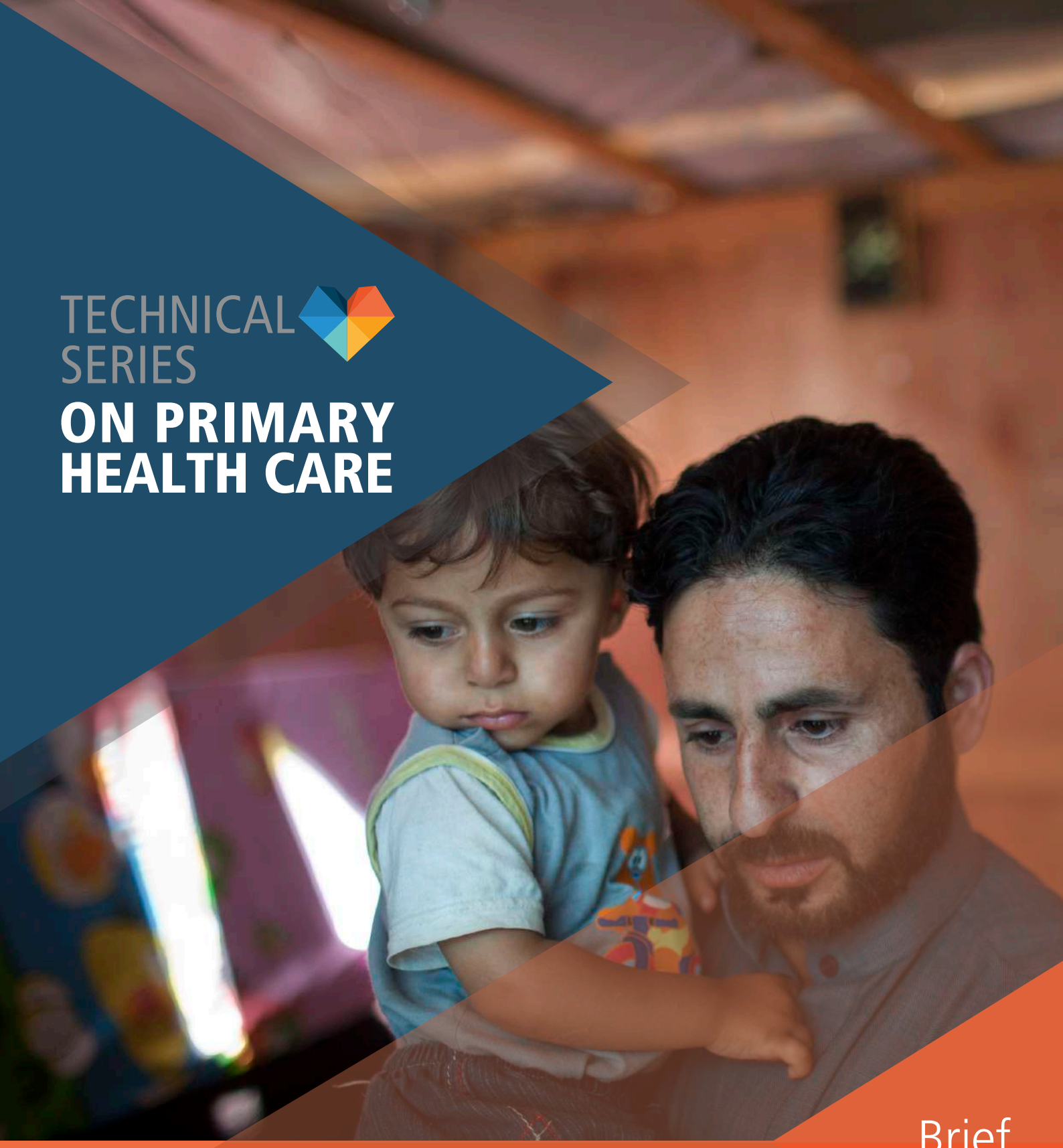

TECHNICAL SERIES

ON PRIMARY HEALTH CARE

Brief

Primary health care and **health emergencies**

WHO/HIS/SDS/2018.52

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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)*.

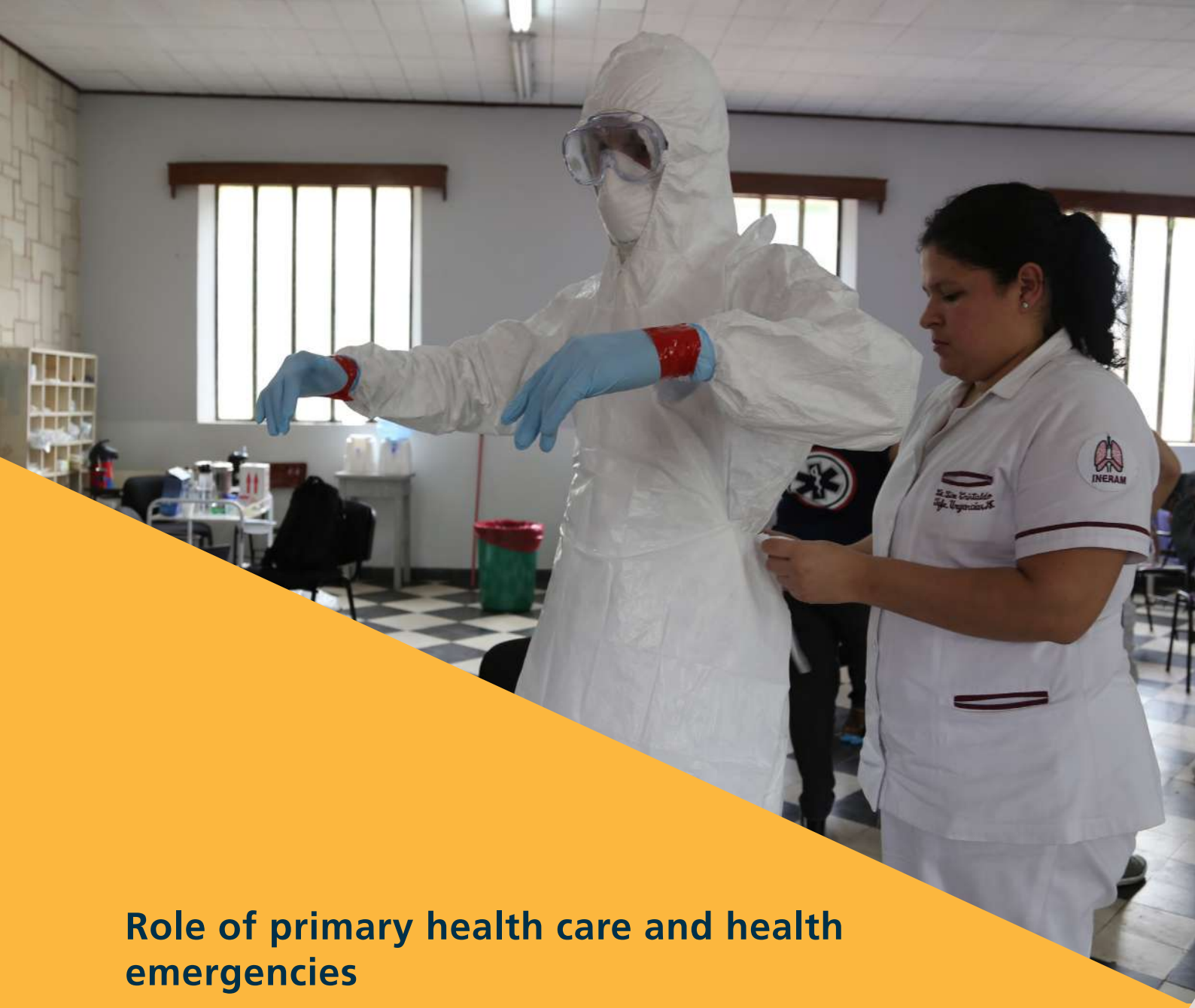
An emergency can be described as "a type of event or imminent threat that produces or has the potential to produce a range of health consequences, and which requires coordinated action, usually urgent and often non-routine" *(3)*. This includes epidemics, disasters (e.g. natural and technological), as 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 care[1] 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)*.

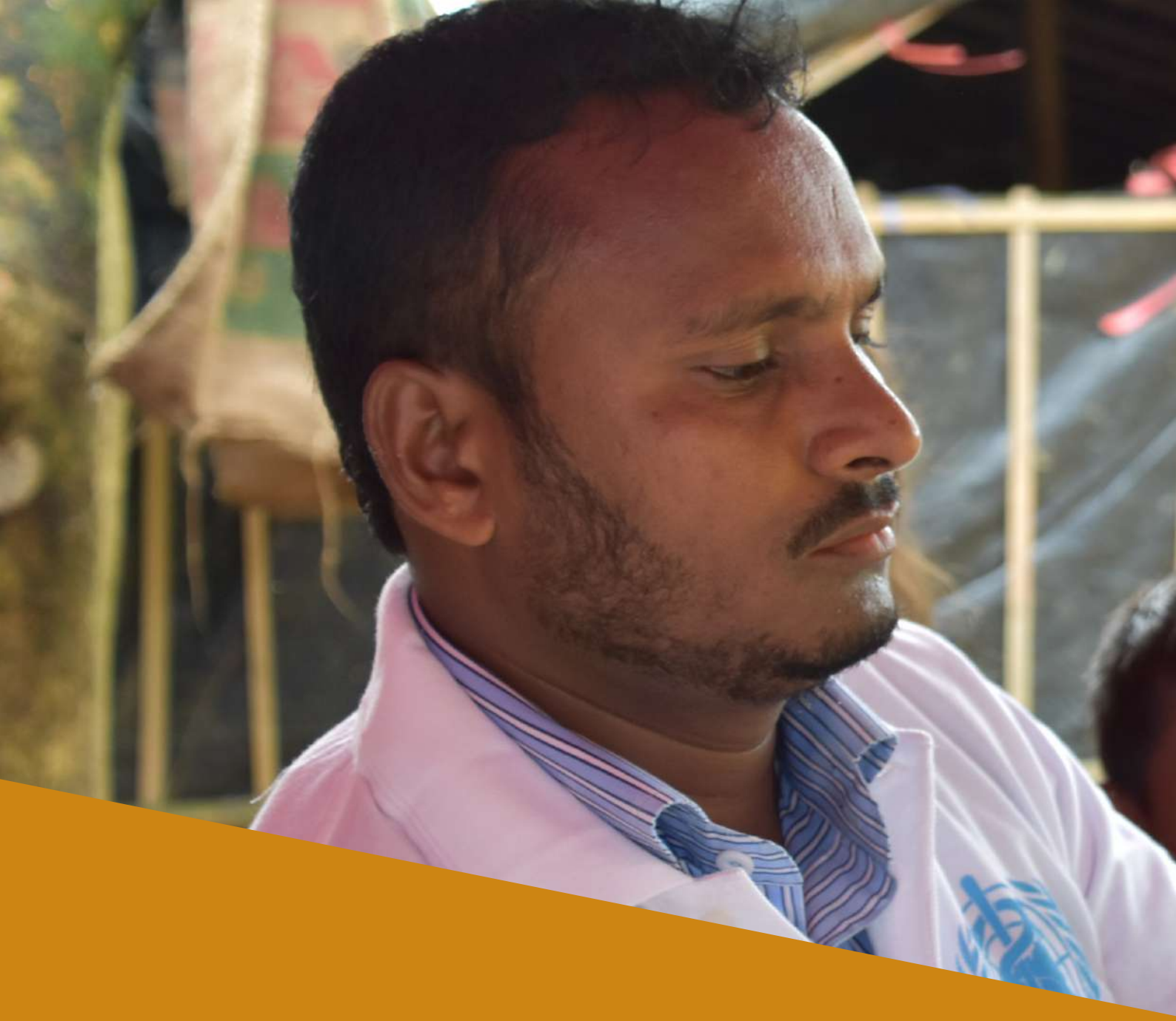
While the underlying causes of emergencies vary, the resultant population displacement and destabilization of health systems have predictable health consequences. These include increased mortality rates (in some situations more than 10 times above baseline rates). Historically, the causes of the high 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 emergencies[2], 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.

Challenges of health service provision in emergencies

The ability of the health system to adequately manage risks of emergencies and provide access to good-quality care is often affected by those very emergencies because they disrupt a range of important elements of health care provision. This includes geographic accessibility to facilities, availability of a competent health workforce, and availability of funding. It also includes issues related to supply-chain management, including inadequate resources, health facility infrastructure, electricity and water supply. Government oversight, the presence of effective leadership and organizational management are also key and may be lacking in emergency situations.

Health workers can be particularly vulnerable in emergency settings. This may be for a variety of reasons including the extra workload and psychological distress they face, the fact that they are often targets in conflict situations, and the risk of exposure to deadly infections because of a lack of proper personal protective equipment. Disruption of the health system may also mean that they remain unpaid for months at a time. Local health workers often do not have training on risk assessments, emergency prevention, preparedness, response and recovery, and may lack specific disaster-response competencies such as infection prevention and control, case management, surveillance and reporting, and risk communication. Furthermore, staff shortages could be exacerbated by the recruitment of health workers by international humanitarian agencies who are able to offer attractive remuneration packages *(17)*.

Primary health care and emergencies – opportunities for action

Orientating health systems to primary health care and strengthening emergency risk management

National and local health emergency management arrangements need to ensure that primary health care is recognized as a vital contributor to all aspects of emergencies. At present, global and national health security activities focus mainly on national and central-level structures and institutions, with primary health care underrepresented or absent. At the national level, there is a need to recognize and include primary health care in national health emergency risk management policies, plans and programmes. At the regional, district and community levels, primary care needs to have well-defined and recognized roles and functions in emergency prevention, preparedness and response integrated in health-facility risk management plans and linked with secondary and tertiary care systems. Primary care leaders must be included in the planning and coordination mechanisms for health emergency management at all levels.

Focusing on communities, individuals and health workers

A people-centred approach within primary care should focus on ensuring that individuals are engaged in the design, delivery and monitoring of health services, and empower them to protect themselves and their communities, promote health and prevent emergencies. Local communities are a vital resource in preventing and preparing for emergencies, and investments in community-level interventions strengthen this cooperation and build community resilience. Misinformation, which is common in emergency situations, can be addressed by ensuring continuous, proactive communication with the population *(18).* In addition to this, viewing and empowering communities as codesigners of service delivery and other solutions, such as addressing environmental and societal issues, could also help to prevent or mitigate emergencies and is essential for recovery *(19)*.

The health workforce is central to the success or failure of any emergency prevention, preparedness, response or recovery measures. Based on defined roles and responsibilities, risk management capacities for health emergencies must be built into front-line staff through training and greater engagement in emergency risk assessment, planning, coordination mechanisms and action. This requires the recruitment and retention of adequate numbers of health workers at the local level *(17*), appropriate and timely remuneration, as well as supportive policies and structures for a conducive work environment to protect staff during every aspect of the emergency response.

Improving financial investment, infrastructure, information and supply networks

Health care financing mechanisms should ensure funding to strengthen capacities for emergency risk management and primary health care in order to build community and country resilience. Contingency funding should be available at a local level to deal with the surge in demand for services, supplies and logistic support. External and domestic funding to develop primary health care capacity and functioning should be flexible, rather than tied to specific programmes. Provider payment mechanisms should not form barriers to care but ensure easy access during emergencies, especially to affected populations. During infectious disease outbreaks this will also help detect and treat suspected cases early, limiting further spread.

Infrastructure, equipment and supplies are essential for service delivery. Health facilities should be able to withstand the effects of hazards, be prepared for emergencies, and provide a safe environment for staff, patients and visitors. Some aspects such as energy, water supply, sanitation and waste management are crucial. Effective supply-chain management, with prepositioned stocks of essential goods including diagnostic equipment, personal protective equipment and medical supplies, is essential. Primary health care can only be resilient if investments are made in this area *(18,20)*.

Strategic health information systems and epidemiological surveillance networks are important for reporting on both the status of the system and impending health threats in real time. Such systems highlight areas of strength and vulnerability, and allow for more effective prevention, preparedness, response and recovery efforts (14). Routine and ad hoc assessments of primary care facilities and district health offices should evaluate their emergency preparedness arrangements.

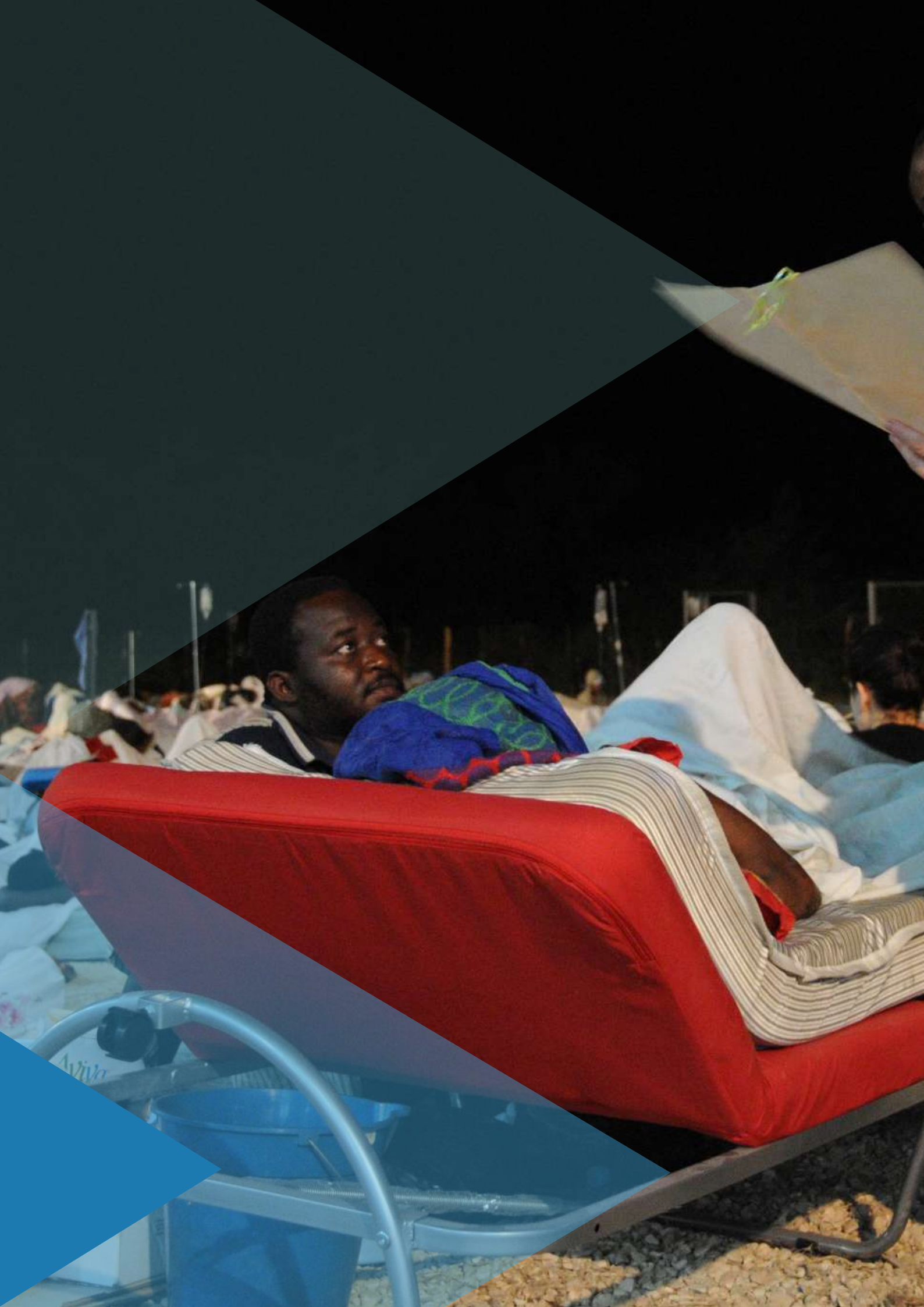
Ensuring quality of care

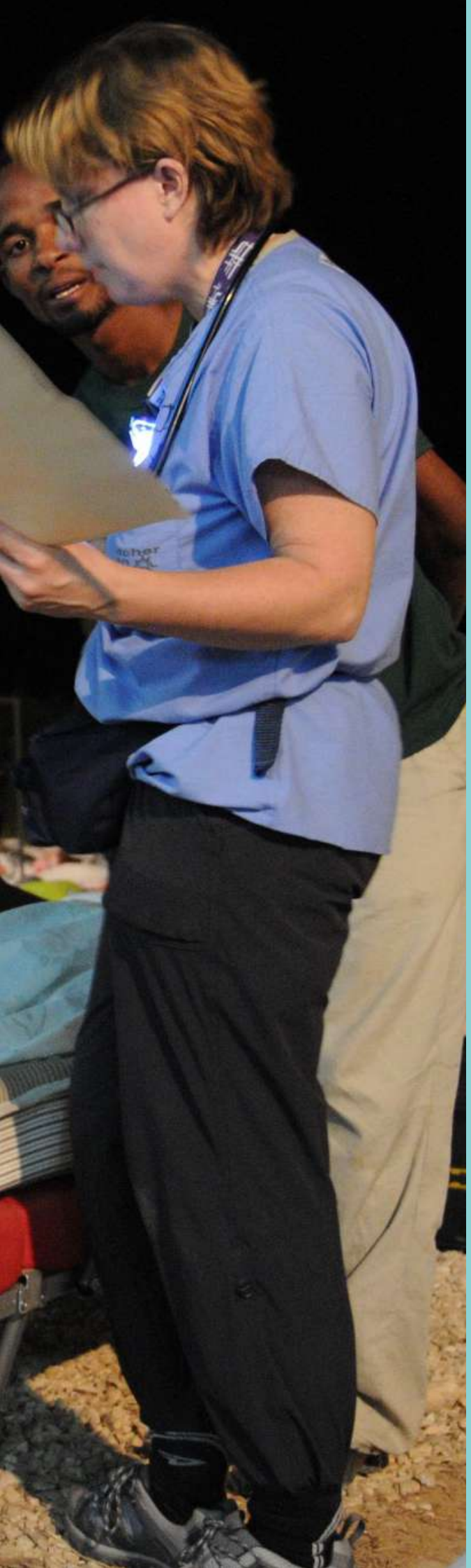
Quality of care and patient safety are often compromised during emergencies because of neglect of routine primary care services in favour of emergency case management and the aforementioned challenges to care provision. The provision of good-quality primary care services, which are safe, effective and people-centred, builds trust in primary care and encourages greater utilization. National policies, strategies and plans on quality should address the continuity of quality before, during and after emergencies. Critical foundations for good-quality care include provision of essential infection prevention and control and water, sanitation and hygiene. Numerous interventions to improve quality exist *(21)*, but in emergency settings may include the use of clinical standards or protocols, monitoring quality such as incidence reporting, training and supervision of the workforce, and facility inspection. Effective leadership and sharing of what is learned are central to efforts to improve quality of care.

Looking to new ways of working

While emergencies and conflicts require quick and effective emergency responses to address people's immediate needs, response activities should not harm existing health systems. In many cases, a joined national and international humanitarian response will be more effective and efficient when integrated with local health systems. The effectiveness of humanitarian response, strengthening of local health emergency management capacities, and health system development can all be improved. This can be achieved if the response and early recovery measures are codesigned, jointly planned and delivered in a collaborative and coordinated manner within a broader developmental framework. In line with new ways of working *(22–24)* and similar initiatives that seek to strengthen the humanitarian-development-peace nexus *(25–27)*, humanitarian and development actors should operate in a complementary way to prevent crises, reduce crisis risk and address long-standing vulnerabilities with the objective of reducing the need for humanitarian aid over time.

Two important coordination platforms, the International Health Partnership for UHC2030 and the Health Cluster promote multistakeholder collaboration focusing, respectively, on development and humanitarian action in order to accelerate progress towards universal health coverage *(28,29)*.





Conclusion

Health security requires strong primary health care orientated health systems that rely on solid primary care programmes and teams. A renewed global commitment to primary health care will contribute to improving the health outcomes of people at risk of emergencies by preventing and preparing for future emergencies, and providing effective response and recovery capabilities to overcome current emergencies. Concerted leadership and action by Member States, supported by WHO and partners, is required to promote primary health care, including through adequate financing to ensure that primary health care remains a worldwide priority, in line with the Sustainable Development Agenda. Primary health care, universal health coverage and health security are intricately linked agendas requiring action at local, national and global levels. The global community – at the 2018 Global Conference on Primary Health Care in Astana and upcoming milestones such as the high-level meeting on universal health coverage at the United Nations General Assembly in 2019 – have the opportunity to propose financial and political solutions that will place universal health coverage led by primary health care firmly at the heart of global health security.

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