

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

BRIEF



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BRIEF

Acknowledgements

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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.

³ In the context of this paper, the term “high-impact communicable diseases” refers to HIV, TB, malaria, viral hepatitis (hepatitis B virus [HBV] and hepatitis C virus [HCV]) and NTDs.





Opportunities and challenges for addressing high-impact communicable diseases through PHC

Four policy areas, discussed below, offer opportunities and challenges to effectively address high-impact communicable disease through PHC:

- leadership, equity and financing;
- effective, people-centred, integrated quality services across the health care continuum and the life cycle, and strategic information to improve the response;
- multisectoral collaboration and actions, with health addressed in all policies; and
- innovation and research to accelerate response.

Leadership, equity and financing

1. Health as a priority, commitment to achieving targets

The MDGs demonstrated that key factors for addressing high-impact communicable diseases are global, national and community leadership, and commitment to recognizing and achieving internationally agreed targets. Achieving elimination will require commitment to achieving SDG 3.3 and related indicators; prioritization of resource allocation to the health sector and especially to PHC; communicable disease strategies that are fully integrated into national health programmes; and an unwavering commitment to reaching all key, vulnerable and marginalized populations that are disproportionately affected and face challenges in accessing health services. This will require strong leadership and high-level advocacy to overcome stigma, discrimination and other barriers that prevent access to essential health services.

2. Equity

To achieve SDG 3.3, countries will need to reach **all** those populations that are affected and at risk, by focusing efforts on those locations and settings where the burden is greatest, the incidence is highest and access to care is low. Investments need to be made in interventions and delivery strategies that achieve the greatest impact. Achieving equitable coverage of services is not only an ethical imperative but also constitutes good public health practice.

In many countries, epidemics are concentrated in specific locations and among key populations at increased risk, and they disproportionately affect marginalized and vulnerable groups. If these populations are not reached efficiently by effective interventions, then high-impact communicable disease epidemics will never be controlled, and will carry the risk of resurgence among the entire population. Decentralization of service delivery will be required to achieve equity. PHC is key to reaching remote and marginalized populations, to improve both access to services and quality of care and community engagement.

In some cases, new facilities and service delivery mechanisms will need to be expanded. Additional efforts could be made to create mobile service delivery mechanisms that bring multiple health services to remote communities, or provide regular low-cost, reliable transport to existing health facilities. Other innovative solutions may also be available: telemedicine or using combinations of established media (radio, television) with text messages as reminders to share health information and conduct health promotion (12,13).

Factors that hamper access to services include punitive laws and policies must also be identified and addressed by promoting inclusion and acceptance, creating legal frameworks that protect key and vulnerable populations and developing services that overcome these barriers. The concept of 'health in all policies' needs to be implemented to ensure that policies do not lead to unintended health consequences.

3. Financing

Eight hundred million people are spending at least 10 percent of their household budget on out-of-pocket health care expenses, and nearly 100 million people are being pushed into extreme poverty each year because of paying for health care (14). The direct costs for effective interventions for high high-impact communicable diseases can be high, and in many cases they are beyond the ability of affected individuals to pay. There are also the indirect costs of losing wages while someone is sick or caring for others, long-term developmental costs of not being in school due to illness or permanent developmental deficits due to repeated illnesses or chronic parasitic infections (15).

Financing for a sustainable response requires three elements – revenue raising and the fair allocation of resources, financial risk protection and pooling and reducing costs (including through greater service efficiencies and price price-reduction strategies for medicines and other health commodities, including addressing intellectual property barriers). The system for financing high-impact communicable disease will need to support those who are least able to pay.

Protecting people from communicable diseases benefits the population at large and helps to justify public investment. Expenditures on effective interventions for impact communicable disease interventions are often very cost efficient, with economies of scale and long term economic/social benefits that significantly outweigh initial investments - this is particularly true for preventive interventions (16) and is relevant to all countries across the income spectrum. Expanding PHC has been demonstrated to be a low cost strategy in countries of all income levels for improving health, which warrants prioritization and adequate funding. PHC service providers need to be fairly compensated and included as employees, this is especially true at the community level (17).

Investments to address high impact communicable diseases also contribute to building/strengthening health systems strengthen linkages to other sectors and promote broader human rights and development, particularly for marginalized and vulnerable populations.



Effective, people-centred, integrated services across the healthcare continuum and life-cycle, quality of services; and the use of strategic information to achieve impact

1. Effective interventions

Countries will achieve greatest impact if they invest in interventions and services that are evidence-based, quality assured and targeted to the populations in greatest need. A key element of effective PHC services in a country is the definition of a health benefit package that outlines those services will be provided and funded through national health programmes. It is critical that such packages incorporate interventions for high-impact communicable diseases along the full health care continuum. Health benefits packages should be differentiated to meet the needs of targeted populations, and may vary according to the local situation. Effective interventions need to be supported by appropriate enabling interventions. There are opportunities to prioritize services that have an impact across different communicable disease areas. There is also the strategy of progressive realization, in which the scope and coverage (population and geographical) of effective interventions and services are expanded as more resources, capacities and technologies become available.





2. People-centred, integrated services

Effective PHC requires people-centred health services and integrated service delivery models that strategically prioritize primary care and public health services to ensure that care is delivered effectively, cost-effectively and as close to people as possible. The models should also provide opportunities to reach the most vulnerable and marginalized populations, and to achieve health equity. People often experience multiple health problems simultaneously, including coinfections and other comorbidities, such as malnutrition and mental health disorders (e.g. substance abuse and NCDs including diabetes and cancers).

Many communities or population groups will share overlapping and interrelated risks. By adopting a people-centred PHC approach, services can address the broad health needs of the people they serve. People-centred services provide direction as to how different interventions and services can be delivered most efficiently, effectively and equitably through an integrated approach. Integrated approaches may also increase the efficiency and responsiveness of the health system, especially if supporting and enabling interventions are strengthened. The challenge will be to ensure that integrated services can be effectively delivered by adequately trained and compensated staff.

Many high-impact communicable diseases are strongly associated with poverty, stigma and discrimination. People-centred health services should address such non-health needs through strong service coordination with social protection, and community-based care and support.







3. Quality of services

Quality includes aspects of patient safety (i.e. avoiding injuries to and infections in people for whom care is intended), effectiveness (i.e. the degree to which evidence-based interventions and strategies achieve desirable outcomes), people centredness (i.e. providing care that responds to individual preferences, needs and values) and integration (i.e. care that makes available the full range of health services across the health care continuum, throughout the health system, and according to people's needs throughout the life course) (18). Factors that negatively impact quality of care need to be identified and ameliorated.

In countries with severe shortages of health care staff (especially of doctors and nurses), skill mix optimization and role definition help to free up the time of more skilled health workers, because they use less qualified staff – for example, community health workers (CHWs), volunteers and teachers – to perform simpler interventions. In some cases, this approach also makes the services more acceptable to specific populations.

Access to quality medicines and products is critical. Drug regulatory authorities should ensure that they procure only appropriate quality products, and that effective systems are in place to assure the quality of health-related commodities and to monitor for treatment failure, drug resistance and toxicity. Suitable transport processes and storage facilities and conditions are also required to protect the integrity of products.

4. Strategic information to achieve impact

There is a need to better understand rapidly changing disease epidemics, social and political contexts that influence epidemic dynamics, and the evolving public health and development architecture and priorities. Effective strategic information systems are needed to identify those populations most impacted, behaviours and contexts that put populations at greatest risk, and locations most affected; such information can be used to develop more tailored, efficient and equitable responses. Strategic information is needed to make decisions at all levels, but has the greatest importance and potential impact at the community level. Strong health information systems, with disaggregated data (e.g. by age, sex and location) as well as interoperability features, are critical to guide health and development investments, to effectively respond to changing epidemics and contexts, and to ensure accountability across all stakeholders. Building such information systems is key to building strong health systems that can inform the most efficient and fair allocation of resources to achieve the greatest impact, especially as countries move towards the elimination of specific communicable diseases.



Multisectoral collaboration and cross-sectoral actions with HiAP

Achieving SDG 3.3 requires not only better integration of health services, but also concurrent efforts to work across non-health sectors such as agriculture, animal health, urban planning, water and sanitation, education, housing, drug policy, justice, climate adaptation and other sectors that can affect the transmission of communicable diseases. The SDGs recognize the importance of cross-sectoral coordination and the strategy of including health in all developmental policies. Working across sectors that affect the transmission of communicable diseases is essential for progress towards achieving SDG 3.3.

Innovation and research

To achieve SDG 3.3 by 2030, there is a need to identify and develop better tools (e.g. vaccines, effective drugs and diagnostic tests), as well as models of service delivery to better reach underserved and marginalized populations (i.e. those being left behind), including improving the implementation of existing interventions and sustainable financing models. As new tools and interventions are developed, countries should have policies to promote the rapid translation of innovation into country strategies, action and impact. Ensuring that the benefits of innovation and research are available and used widely will require improved information and data sharing, and better coordination of research at the national, regional and global levels. Countries should conduct implementation research to better inform service delivery approaches and uptake of key interventions, especially by underserved, vulnerable and key populations. Since high-impact communicable diseases affect multiple sectors, the social environment has an important effect on individual and community behaviour. Thus, it is critical to design innovative health programmes to empower individuals and the entire community to take action.



Adapting policies to the local context

Technical guidelines and guidance and recommendations for addressing high-impact communicable diseases are developed based on the best available scientific evidence. However, guidelines are not a “one size fits all” proposition. Each country must adapt guidelines for their own unique socioeconomic and health contexts, including regional or target population variation within the country.

Often, there will be a need to progressively strengthen institutional capacities and scale up effective interventions, to ensure that key health services reach all populations using high-impact interventions across the full health care continuum. Adequate financial and human resources will need to be allocated to effectively address high-impact communicable diseases within the PHC system.

Mapping of common service delivery points, population groups, key populations and geographical settings will be necessary for maximizing synergies and responding efficiently to communicable diseases and all other health issues that overlap in these populations. Implementation research is important for adapting policies to the local context. Service delivery experts should be ready to experiment with models of care to maximize health impact and to scale up effective approaches.

Technical and development partners such as the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Children’s Fund (UNICEF) can help countries to adopt and adapt guidelines and recommendations to their national and local contexts.

Conclusions

The Global Conference on Primary Health Care is an opportunity to renew commitment to a well-funded and revitalized PHC movement, to accelerate progress towards the elimination of high-impact communicable diseases and to achieve SDG 3 – fulfilling the original vision of the Alma-Ata Declaration.

Achieving SDG 3.3 to end the epidemics of high impact communicable diseases by 2030 will be a considerable challenge but will have enormous health, social, economic and wider benefits for affected populations and beyond. Realizing SDG 3.3 targets could save more than 4 million lives each year. The response to high-impact communicable diseases will need to be prioritized, to ensure that PHC can deliver effective interventions to the people that need them, where and when they are required, leaving no one behind. This will require differentiated and integrated packages of interventions adapted to the local conditions and target populations, which address the full health care continuum and life-stage needs of each population. Health systems need to ensure that the health products and services that are provided are of high quality and are effective, particularly within primary care and public health services. Innovation will be essential for reaching SDG 3. Finding new, effective ways to reach all at-risk populations is critical. If these populations are not fully empowered, engaged and given priority, the fight against high-impact communicable diseases will.

Results from PHC demonstrate that the provision of people-centred, integrated, effective interventions against high impact communicable diseases is possible. Effective and efficient use of people-centred PHC has led to many of the health gains in lower and middle income countries over the last 30 years. The further development of PHC services and their formal recognition as integral components of the health system will be necessary to fully attain SDG 3 targets. Adequate financial and human resources need to be committed to community based PHC services to accelerate progress towards achieving SDG 3 and especially targets 3.3 and 3.8.

Efforts will also be required to address health through non-health sector laws and policies which may create barriers to access to services including stigma or discrimination.

The responses to high impact communicable diseases will require continued prioritization even as ending the epidemics gets closer. Without continued vigilance, high impact communicable diseases can recur or be reintroduced and return to epidemic levels quickly.

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