

# Public health and primary health care:

## *Common goals and shared responsibilities in the European Region*

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# WHO Regional Office for Europe: 53 countries; 900 million people

## Did you know?

Every year, more than **160 000 children** in the Region die before their fifth birthdays.

Cardiovascular diseases are the **number-one cause of death** in Europe. Most can be prevented by addressing risk factors such as tobacco use, unhealthy diet and obesity, physical inactivity, raised blood pressure, diabetes, and raised lipids.

Every year, **10.7 million** babies born in the Region need to be immunized against vaccine-preventable diseases, yet **1 million** infants do not receive the complete series of three doses of diphtheria, pertussis and tetanus vaccine.

Only **1 in 3** people with MDR-TB and only **1 in 2** people with HIV/AIDS know they are infected.

Each year, **1.6 million people** die from tobacco use and exposure to tobacco smoke in the Region.

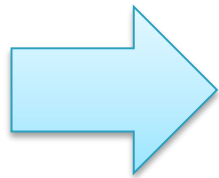
A child born today in a high-income European country can expect to live on average **19 years longer** than a child born in a low-income country.

As many as **1.8 million deaths** can be prevented every year by making environments healthier.

Healthy lifestyles or immunization against cancer-causing infections can prevent more than **30% of cancer cases**.

# Public Health

- “the art and science of preventing disease, prolonging life and promoting health through the *organized efforts of society*” (Acheson, 1988; WHO).

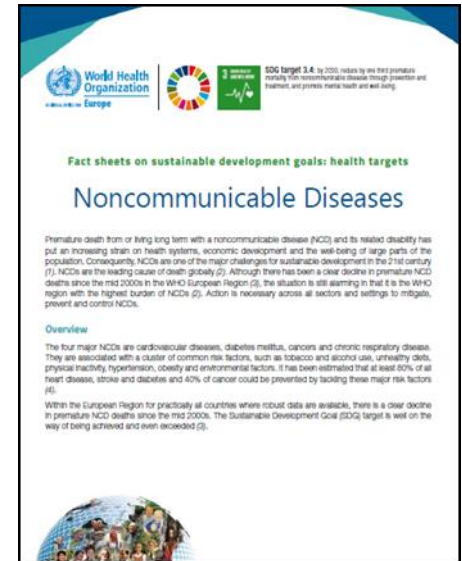


Systems thinking (and acting!):  
*Intra-sectoral (health system)*  
*Inter-sectoral (other sectors)*



# 1. European Region: highest burden of NCDs

- The four major NCDs (cardiovascular disease, cancer, respiratory diseases and diabetes):
  - 77% of the burden of disease
  - 86% of premature mortality
- Poor or patchy coverage of NCD interventions and services.



# Health systems barriers to the delivery of core NCD interventions and services

<http://www.euro.who.int/en/health-topics/Health-systems/health-systems-response-to-ncds/publications/country-assessments>



# Country examples

**Turkey:** governance of public health and primary health care has been merged in its Public Health Institute.

**Kyrgyzstan:** a network of community health workers has been set up in all villages. These community health workers are trained volunteers who work with primary care centers in villages and, among other initiatives, organize an annual hypertension detection drive.

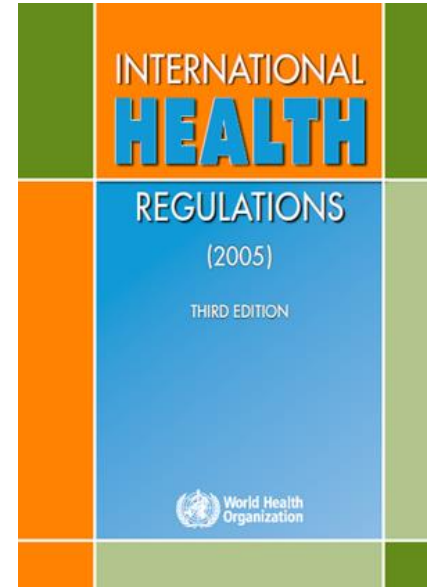


**Hungary:** health-promoting offices have been introduced in primary health care facilities, (health promotion, lifestyle and health behaviour change programmes)

<http://www.euro.who.int/en/health-topics/Health-systems/health-systems-response-to-ncds/publications/good-practice-briefs>

# 2. Health Security

- Despite being legally binding IHR (2005) core capacity requirements are poorly implemented.
- Ebola (2014) and Zika (2016)
- Emergency preparedness and response depends on strong and resilient health systems, and in turn health systems depend on strong emergency planning and response for *its* resilience



### 3. Inequity persistent and in some case growing



#### Inequality:

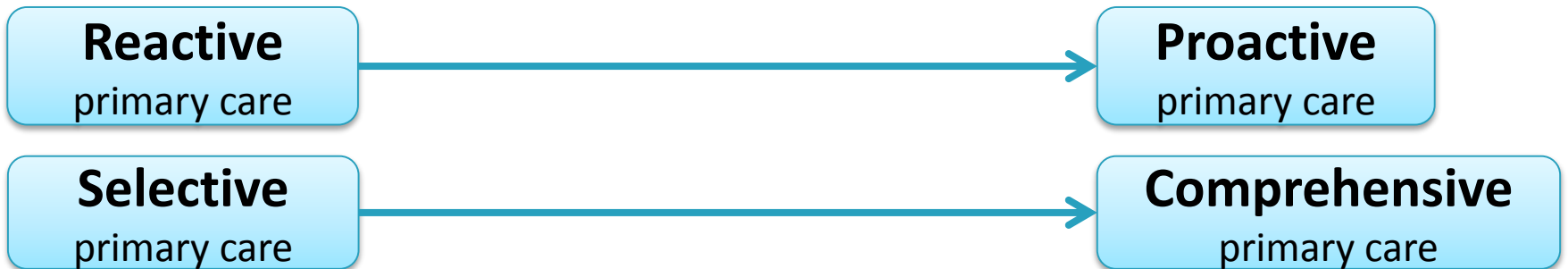
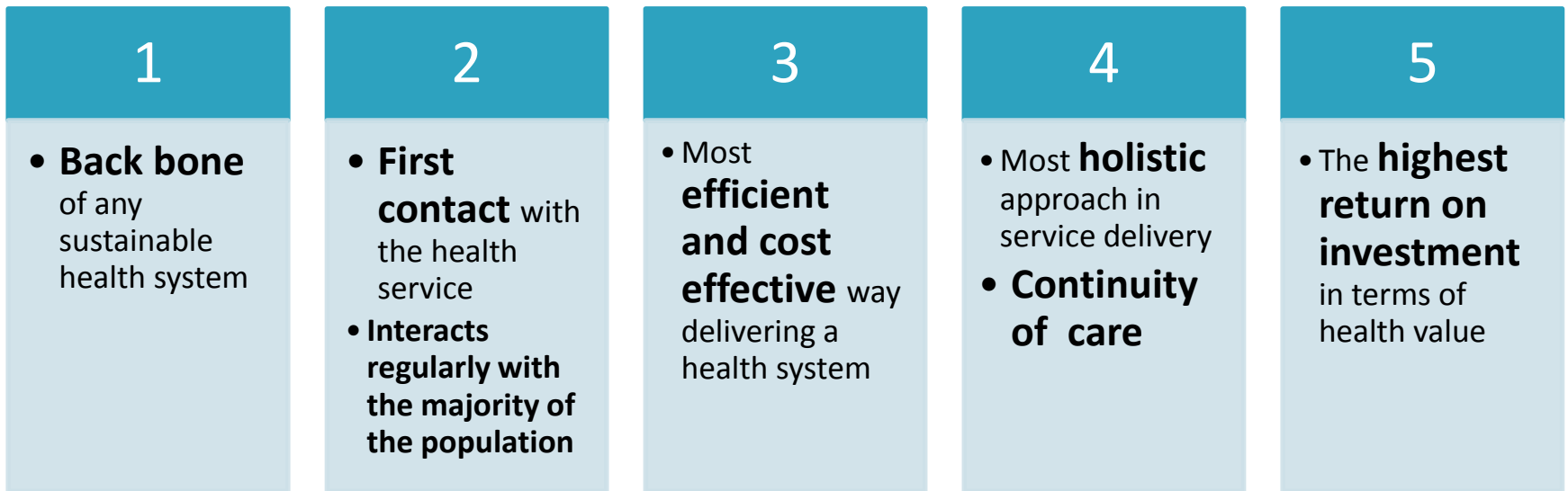
the uneven distribution of health or health resources as a result of genetic, or other factors, or the lack of resources

#### Inequity:

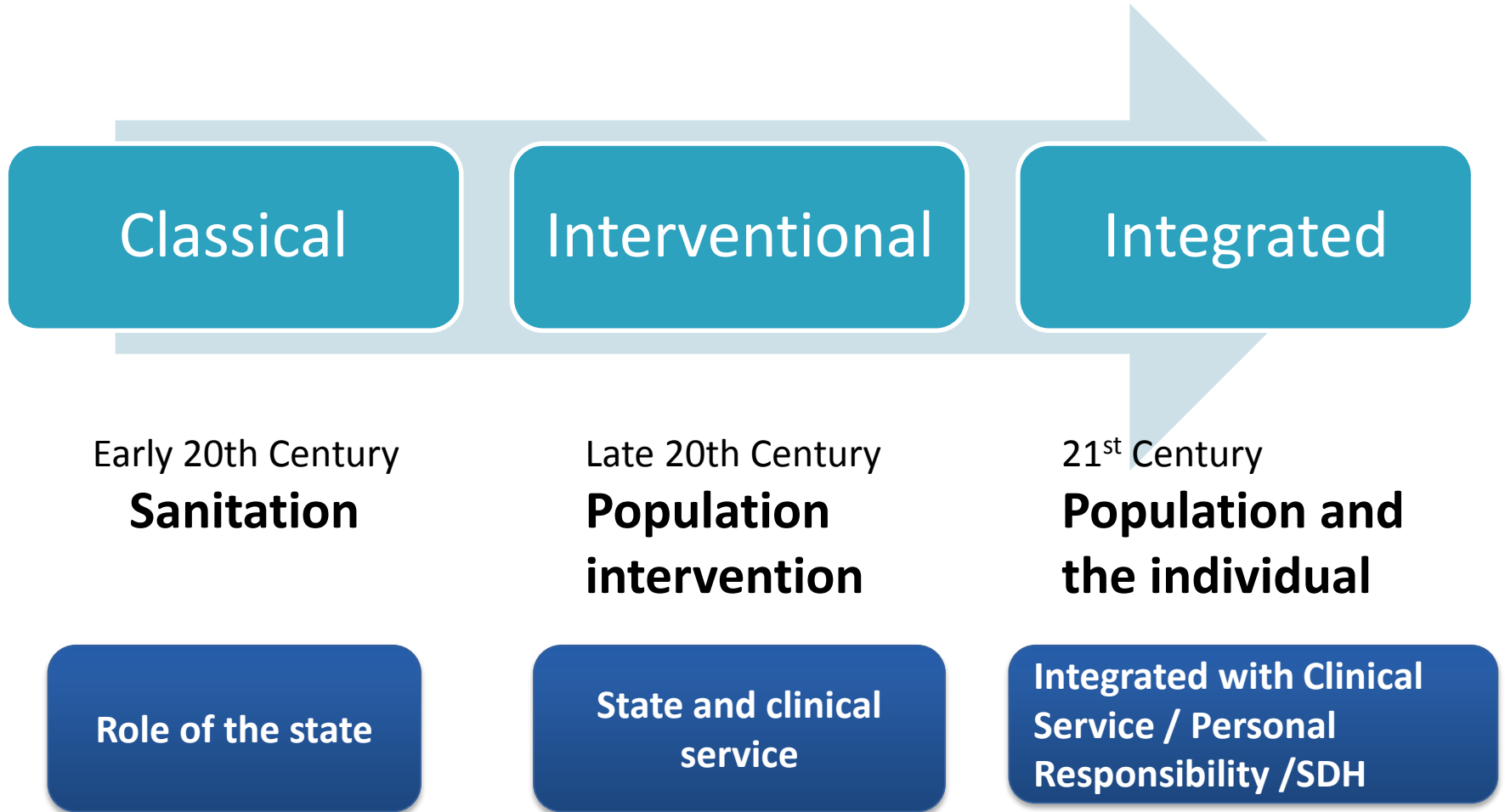
**unfair, avoidable** differences arising from poor governance, corruption or cultural exclusion



# Primary care in the 21<sup>st</sup> century



# Evolution of the public health system



# Universal Health Coverage (UHC)

*“access to key **promotive**, **preventive**, curative and rehabilitative health interventions for all at an affordable cost, thereby achieving equity in access”*



*(UHC definition as adopted by the 58<sup>th</sup> World Health Assembly in 2005)*

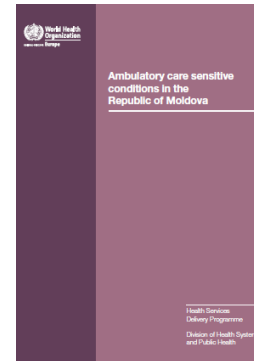
➤ **Achievement of UHC requires strong primary care and public health**

# The potential power of PHC

## *Republic of Moldova:*

- 40% of complications in diabetes type 2 patients could have been avoided.
- 60-70% of hypertension emergency cases could have been avoided.

[http://www.euro.who.int/\\_data/assets/pdf\\_file/0009/276813/Ambulatory-care-sensitive-conditions-in-the-Republic-of-Moldova-final-report.pdf](http://www.euro.who.int/_data/assets/pdf_file/0009/276813/Ambulatory-care-sensitive-conditions-in-the-Republic-of-Moldova-final-report.pdf)



## *Kazakhstan:*

- 75% of hypertension hospitalizations and 42% of angina pectoris hospitalizations could have been avoided through effective PHC interventions

[http://www.euro.who.int/\\_data/assets/pdf\\_file/0003/294402/Ambulatory-care-sensitive-conditions-Kazakhstan-en.pdf?ua=1](http://www.euro.who.int/_data/assets/pdf_file/0003/294402/Ambulatory-care-sensitive-conditions-Kazakhstan-en.pdf?ua=1)



# The potential power of PHC

## *Latvia:*

- Percentage of avoidable hospitalizations for diabetes complications is estimated at 39%

## *Portugal:*

- 57% of heart failure hospitalizations,
- 61% of COPD hospitalizations *and*
- 66% of hospitalizations for hypertensive heart disease were preventable with timely PHC interventions

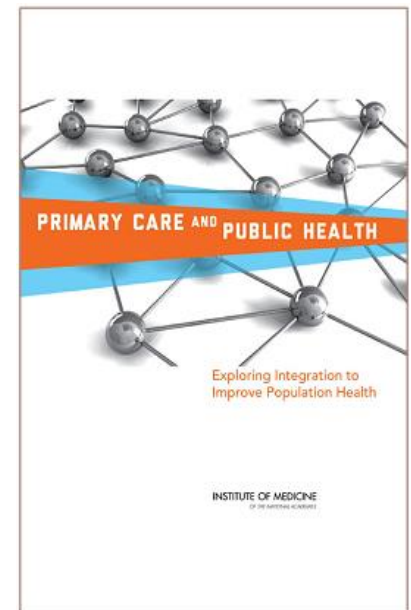
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[http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0007/307195/Ambulatory-care-sensitive-conditions-Portugal.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0007/307195/Ambulatory-care-sensitive-conditions-Portugal.pdf?ua=1)

# Aligning primary care and public health along a 'continuum'

- Aligning primary care and public health (what others have termed 'integration') involves what?
- It depends...
- But, as a alignment / integration occurs on a continuum, we have options

FIGURE: Degrees of Primary Care and Public Health Integration



# Opportunities for integration and coordination

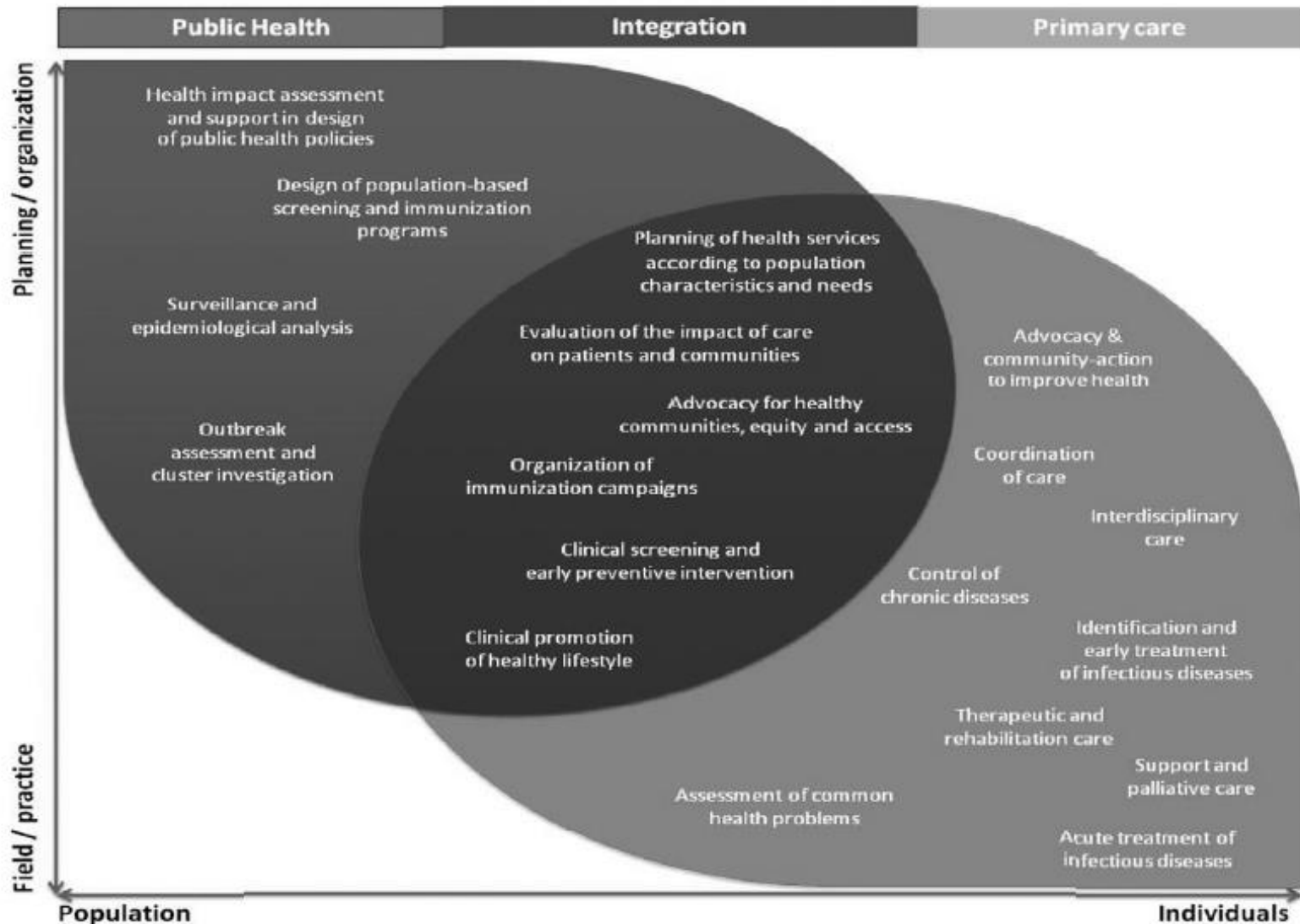
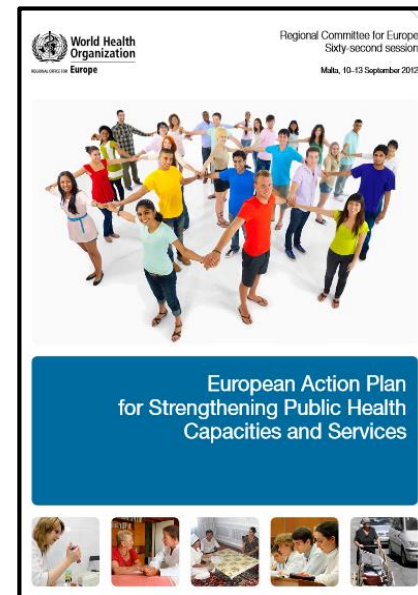
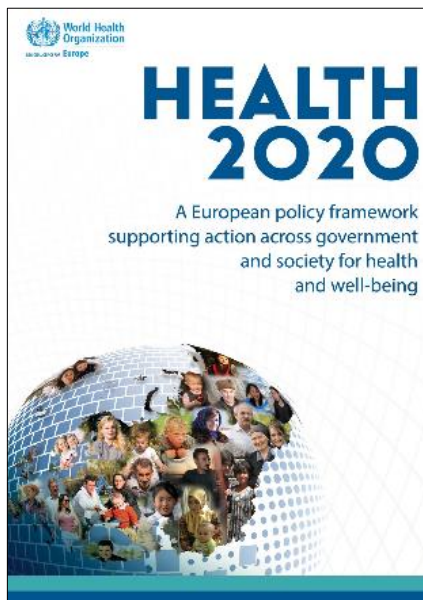


Fig. 1. Public Health and Primary Care Interaction

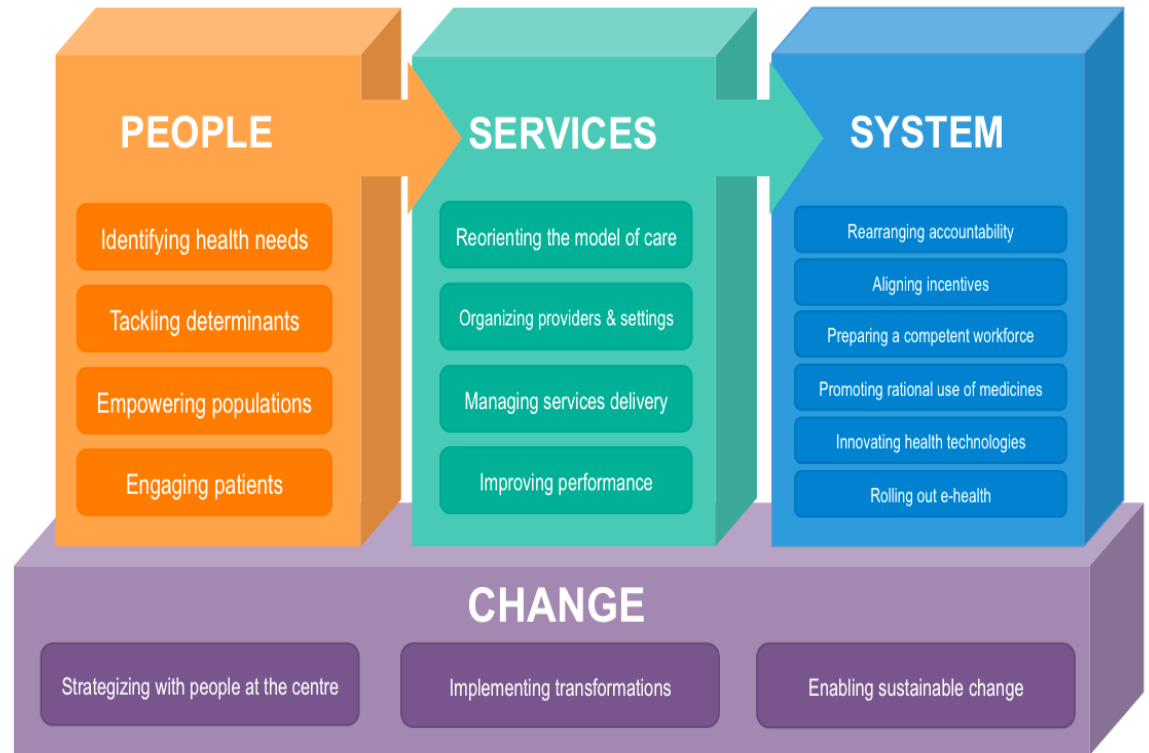
# European health policy framework: *Health2020*

## European Action Plan to strengthen Public Health Services and Capacities





# The European Framework for Action on Integrated Health Services Delivery: four key domains for transforming services delivery in practice



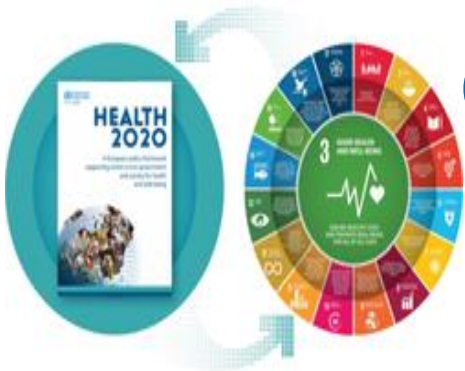
# Concluding thoughts

## *common goals and approaches*

- Health of the population; health of the community
- Equity in health outcomes
- Paradigm shift towards prevention and health promotion
- Life-course
- Community involvement
- Access to affordable, high quality care
- Contribute to a sustainable and resilient health system

**Primary care and public health share many interdependencies and responsibilities and are therefore natural partners**





# Celebrating Health Systems in 2018

UN High Level Meeting on NCDs 2018

40<sup>th</sup> Anniversary of Alma-Ata Declaration **Kazakhstan 25-26 October 2018**

10<sup>th</sup> Anniversary of the Tallinn Charter **Tallinn, Estonia 13-14 June 2018**

Health Systems Respond to NCDs **Sitges, Spain 16-18 April 2018**



UN High Level Meeting on UHC 2019



Universal Health Coverage



“Why treat people and send them back to the conditions that made them sick?”

**Michael Marmot**

*The Health Gap: The Challenge of an Unequal World*<sup>3</sup>