Public health and primary health care:

Common goals and shared responsibilities in the European Region



Dr Anna Cichowska Myrup

Programme Manager, Public Health Services Programme, Division of Health Systems and Public Health WHO Regional Office for Europe

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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.

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.

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.

As many as **1.8 million deaths**

can be prevented every year by making environments healthier.

Every year, **10.7 million** bables 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.

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

Public Health

 <u>'the art and science of</u> preventing disease, prolonging life and promoting health through the <u>organized efforts</u> <u>of society</u>" (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.









Noncommunicable Diseases

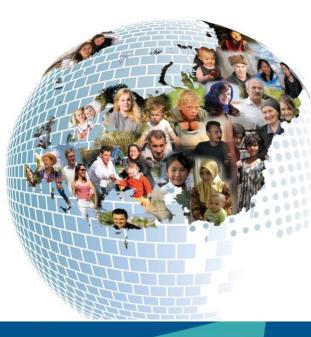
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Overview

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Within the European Region for practically all countries where robust data are available, there is a clear decline in premature NCD deaths since the rmd 2000s. The Sustainable Development Goal (SDG) target is well on the way of bothg activered and even enceded (2).





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

Weak governance for sustained intersectoral action	Mismatched public health services and public health goals	Stand-alone primary care services with narrow task profiles
Unbalanced distribution of specialist care	Provider-centred health systems	A health workforce not fit for current and future NCD needs
Financing misaligned with service delivery objectives	Ineffective coverage of and adherence to NCD medication	Underuse of information solutions

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



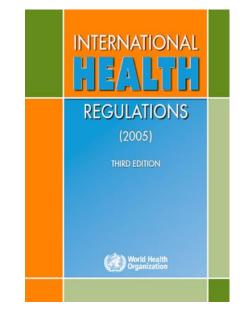


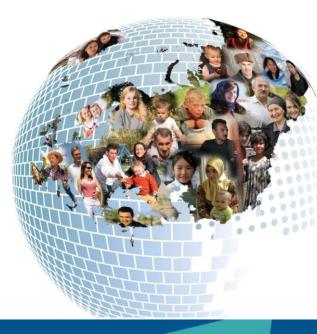


Всемирная организация здравоохранения

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











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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

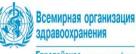
Inequity:

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

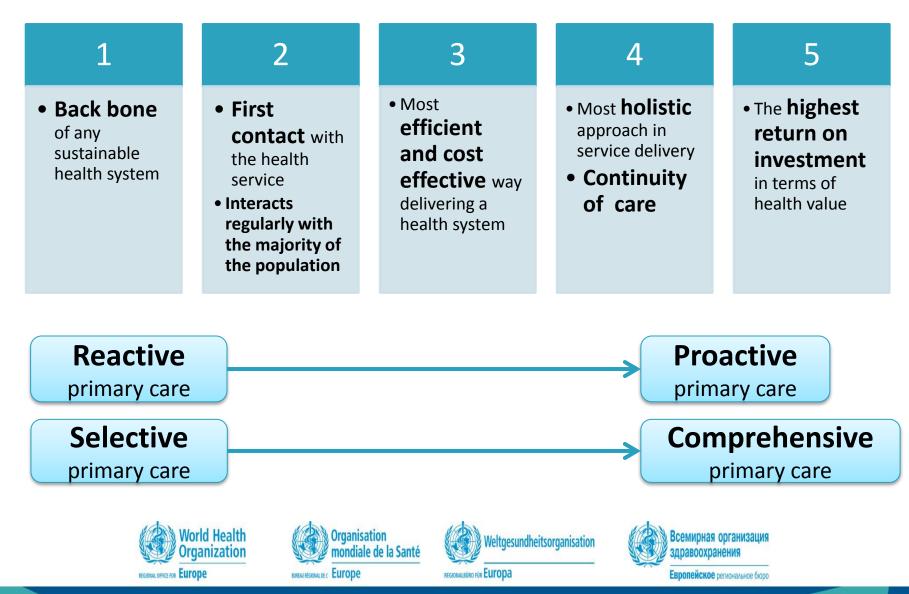








Primary care in the 21st century



Evolution of the public health system

Classical

Interventional

Integrated

Early 20th Century Sanitation

Late 20th Century Population intervention 21st Century Population and the individual

Role of the state

State and clinical service

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Integrated with Clinical Service / Personal Responsibility /SDH







Всемирная организация здравоохранения

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 58th 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 ٠ 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

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







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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

http://www.euro.who.int/ data/assets/pdf file/0008/284192/Ambulatory-care-sensitive-conditions-Latvia.pdf?ua=1 http://www.euro.who.int/ data/assets/pdf_file/0007/307195/Ambulatory-care-sensitive-conditions-Portugal.pdf?ua=1



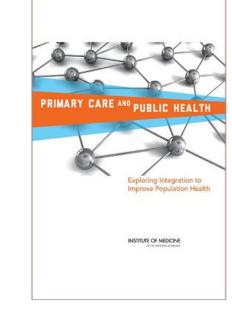






Aligning primary care and public health along a 'continuum'

- 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





Opportunities for integration and coordination

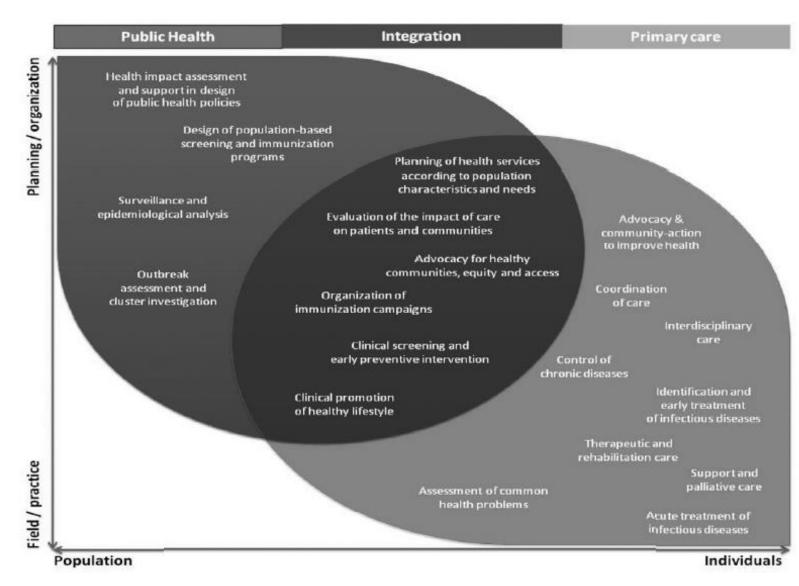
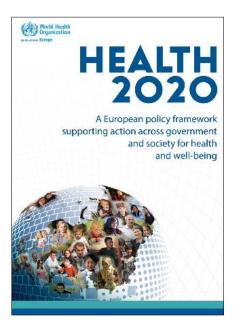


Fig. 1. Public Health and Primary Care Interaction

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

10th Anniversary of the Tallinn Charter **Tallinn, Estonia 13-14 June 2018**

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

40th Anniversary of Alma-Ata Declaration **Kazakhstan 25-26** October 2018

rbeatNCDs

UN High Level Meeting on UHC 2019











Всемирная организация здравоохранения

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

Michael Marmot

The Health Gap: The Challenge of an Unequal World³







