IFMSA Policy Proposal
Primary Healthcare

Proposed by Team of Officials
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Policy Statement

Introduction:
Primary Health Care (PHC) is an approach to healthcare provision that acts as the first point of contact between populations and medical care, in addition to being centred on the needs and circumstances of individuals, families, and communities. It is defined by the World Health Organisation (WHO) as “a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people’s needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people’s everyday environment.”. As a concept, Primary Health Care has been infamously noted as the cornerstone of achieving Universal Health Coverage and advancing concepts such as equity, solidarity, and social justice.

IFMSA position:
The International Federation of Medical Students’ Associations (IFMSA) affirms that Primary Health Care is fundamental to all health systems around the globe and plays a crucial role in achieving Universal Health Coverage and the 2030 Agenda. We strongly assert the need for prioritisation, commitment, and investment in reforming healthcare systems worldwide based on primary health care, while centralising concepts such as multidisciplinary action, health promotion, innovation, and community participation for primary health care. The IFMSA also recognises the importance of addressing the various determinants of health through PHC-centred approaches for better health outcomes that tackle the needs of populations. In addition, the IFMSA believes in the need for a more comprehensive approach to advancing PHC within medical curricula and further supporting the health workforce within PHC through the provision of appropriate working conditions, sufficient remuneration, and career advancement opportunities.

Call to Action:
The IFMSA calls for the following:

Governments:
- To implement all health reforms set by the WHO to strengthen health systems and primary health care.
- To increase access to essential health programs and initiatives, including primary care centres, covering all regions, including rural areas.
- To support and encourage innovative technologies that aim to improve access to primary care through robust financing mechanisms.
- To ensure even distribution of health workers through enforcing policies and providing economic and social incentives.
- To engage all relevant stakeholders in national strategies pertaining to primary healthcare, in addition to providing leadership and guidance when it comes to primary health care-related action.
- To recognise and address the social determinants of health, such as housing, employment and sanitation, among others and identify support mechanisms that could be provided in a PHC setting.
- To scale up financial protection mechanisms for current primary healthcare services.
- To ensure that all groups of the society, including vulnerable groups, are able to access primary health care services.

Civil Society and Non-Governmental Organisations:
- To prioritise health promotion and education activities and interventions through collaboration with primary healthcare agents.
- To advocate for the health inclusion of marginalised and vulnerable groups through primary health care.
- To highlight the health and economic benefits of investing in essential primary healthcare services such as immunisation and screening services through advocacy.
- To advocate for primary health care as the central and most effective approach to achieving Universal Health Coverage.
• Develop accountability mechanisms for monitoring the progress of governments toward primary healthcare.
• Meaningfully engage in the design, implementation, follow up and evaluation of policy processes relevant to primary healthcare.

**The Private Sector:**
• To further engage in policy-making processes to address policy and regulatory gaps when it comes to the role of the private sector within primary health care.
• To increase investment in primary health care, especially in rural areas, in line with national strategies.
• To scale up research in essential medicines and diagnostics to support primary health care systems.

**Academia/ Medical Schools and Medical Students:**
• To integrate primary health care into the medical training curriculum.
• To expand research into primary healthcare to address challenges in accessibility, inclusivity, investment and participation.
• Expand their teaching settings beyond university hospitals, by incorporating rural and remote health centre placements and ensure medical students are provided with adequate undergraduate training in resource-constrained settings and exposure early on.

**Health Workers, Health Professionals and the Health Workforce:**
• To promote health literacy among patients through carrying out and emphasising the importance of health education.
• To review patients' needs and resources and practice the hierarchy of medical care by providing proper and accurate guidance in navigating the suitable levels of healthcare provision.
• To empower and support patients to take the lead when it comes to their own health through counselling, collaborative goal setting, problem-solving, and carrying out suitable actions.
• To actively engage in decision-making and policy setting when it comes to primary health care with other relevant stakeholders.

**Community Leaders and Community Based Institutions:**
• To promote healthier lifestyle changes, promote sanitation in the community, and encourage community members to actively seek healthcare and routine checkups.
• To encourage the involvement of the community in the provision of primary health care and addressing inequities.
• To guide health workers in choosing socially and culturally acceptable health interventions and build trust in communities.

**IFMSA NMOs and Members:**
• To prioritise and actively plan health promotion and education activities, focusing on primary health care.
• To encourage medical students to pursue a career in primary healthcare-related fields through increasing their knowledge and capacities on related topics.
• To advocate for primary health care as the central and most effective approach to achieving Universal Health Coverage and highlight the role of youth in those efforts.
• To keep promoting interprofessional collaboration to build capacities in primary health care through their activities and initiatives.
Background information:

Across the world, the pursuit of more equitable and comprehensive models of health care was first inspired by the Alma-Ata Declaration at the International Conference on Primary Health Care in the USSR in 1978. Throughout the years, the concept of Primary Health Care (PHC) has been modified, which has created misunderstandings about its meaning. The World Health Organisation (WHO), alongside the United Nations International Children’s Emergency Fund (UNICEF), aimed to give a clear definition to facilitate monitoring of efforts locally, nationally and internationally, that states that “PHC is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people’s needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people’s everyday environment.”[1].

In 2018, countries agreed to the Declaration of Astana, focusing on the importance of primary health care systems around the world. It was established that PHC had three main key pillars:[2],
- Meeting the population’s health needs through a comprehensive range of services, integrating both personal health care and public health function.
- Addressing determinants of health through multi-sectoral policies and actions
- Empowering citizens to optimise their health and increase social participation to support other individuals

PHC plays a key role in all high-performing health systems, being the foundation for the Sustainable Development Goals (SDG) achievement.[2] The WHO has been working alongside stakeholders toward strengthening health systems. As an example, SDG 3, “Good Health and Well-being”, aims to increase health financing, support research and the development of vaccines and medicines for multiple diseases, and reduce by one-third the rate of premature mortality by 2030, among other things[3].

The current COVID-19 pandemic has highlighted the importance of an urgent need to strengthen the health system based on a strong PHC foundation. Especially during health emergencies, which pose a global risk, PHC plays a key role not only in surveillance, testing, and contact tracing but also in avoiding the overflow of hospitals with non-critical patients[4]. Therefore, PHC is crucial to overcome health crises, such as the COVID-19 pandemic and to maintain the delivery of essential health services and needs.

Discussion:

Characteristics of PHC

Primary health care (PHC) is known as an integrated and accessible service where physicians provide most of the daily health needs in a long-term relationship, in the context of family and society.[6] Important characteristics of quality health care are: effective, safe, people-centred, timely, equitable, integrated, and efficient. Their connection, influence, and significance will be discussed as follows[5].

The quality of the PHC system is the reason that people use it, which enables itself to address many health needs, promote equity and protect human dignity. Competent systems, evidence-based care, and user experience are the three main domains for quality evaluation[6][7].

Health equality is a challenge with an efficiency-based system, which is defined as the opportunity to achieve full personal health potential, regardless of social position or circumstance. Common evaluation
factors include the length of life, disability, quality of life, and access to treatment. While universality and expenditure are maintained, quality gaps appear in different health care systems.[8].

**PHC and determinants of health**

Although much has been written about Social Determinants of Health (SDoH), there is no clear and general definition for this term as it encompasses a wide range of social, political, economic, cultural, and environmental forces. Together, all of these affect people's living conditions and their health status, from an individual to a collective level[9].

Health inequities are becoming more visible and real. Therefore, their approach must be related to primary health care and social determinants of health since both promote a comprehensive approach to health, with multisectoral action as a priority and empowerment of communities through caring for their own health[10].

Since there is an unequal distribution of social competencies of healthcare providers in addition to poor social policies and programmes, unfair economic arrangements and bad politics[11].

PHC is the most inclusive, equitable, cost-effective, and efficient approach to enhancing people’s physical and mental health, as well as social well-being[1]. It is no secret that oppressed populations have great difficulties in accessing health services. Furthermore, often PHC systems tend to focus on physical care, neglecting the mental health dimension, even though the importance of integrating mental health in primary care has been proven. In fact, the latter guarantees that the population, as a whole, has access to the mental health care that is needed early in the course of disorders and without interruption[12].

When people receive treatment in primary health care settings, the likelihood of better health outcomes, including full recovery, as well as sustained social integration, increases. Therefore, available mental health care in PHC means a greater probability of obtaining better health outcomes, which could reach full recovery. Moreover, there is a sustained social integration when maintaining their family support systems active in the community and thus contributing to the productivity of the household, thus contributing to the productivity of the home[13].

Therefore, guaranteeing a comprehensive approach to primary health care and social determinants will ensure more accessible, affordable, and acceptable health services for the population.

**PHC in rural areas (PHC and accessibility):**

While there are many definitions as to what may be considered as ‘rural’, from geographical proximity, demographic, and economic differences to urban areas - accessibility and acceptance of primary healthcare service has always been a challenge in these areas[14]. Rural populations show a greater need for essential health services due to socioeconomic status, health compromising occupations and behaviours, and limited access to healthcare specialists in distant areas[15].

Research has shown that health workforce availability is correlated with the geographic remoteness of PHC centres[16]. Therefore improving access to primary healthcare requires a shift in focus of primary health workforce to remote and distant areas. This can be supplemented by digital technologies such as m-health and telemedicine[17].

Poorer populations are more likely to visit primary care centres in remote areas as opposed to other population groups who may choose to visit advanced care centres first. This shows that increased accessibility of PHC service has the crucial role to reduce health inequities and health status of poorer populations. Easy access to primary health care service also results in faster diagnosis and treatment
along with additional medical visits. Primary health care centres can also serve as health promotion, immunisation, and screening centres within rural communities[16].

The limited geographical reach of health investments from governments and profit organizations has resulted in large disparities in health resources and health outcomes when compared to urban areas[18]. This calls for the use of more innovative financing mechanisms for rural primary health care services[19].

**PHC in health emergencies and pandemic preparedness**

Health emergencies might be at risk of increasing over time due to various factors that do not directly depend on health systems themselves. No one can deny the consequences of such outbreaks on the health systems as well as the global socio-economic situation[20].

The COVID-19 pandemic has put the principles of PHC at risk, as at present, this must be a form of health practice capable of providing a complex, multi-professional, quality service and combining the centrality of the patient with its community contextualization. Additionally, the current COVID-19 situation has sparked interest in assessing how prepared a health care system is in order to deal with emerging pandemics[21].

According to a WHO qualitative analysis of seven countries in Europe, pandemic preparedness activities were considered appropriate and effective during the 2009 H1N1 pandemic[22]. On the other hand, a comparison of the emergency response to H1N1 and COVID-19 in China showed that the emergency response for H1N1 was faster than for COVID-19, which influenced the peak time of cases and the speed of spread[23].

Following these studies, the WHO recognized that emergency preparedness, as well as the knowledge, skills, and organisational systems developed in coordination by governments and communities to anticipate, respond to, and recover from the impacts of likely imminent, emerging, or ongoing emergencies[24].

Although there is a need for hospitals, emergency departments and the health workforce to be prepared to deal with pandemics, it is also crucial to prepare the general population and increase their awareness in order to ensure compliance with preventive measures[25].

**PHC and Health Systems**

Primary care is the base of the health referral system and marks the first point of contact of patients with any health service. Primary health care includes primary care with a wider focus of health development within economic and social contexts as well. Because of this, PHC needs to be coordinated and directed to meet community needs with sufficient quality and accessibility. Research has given examples that meaningful community involvement in providing primary health care is key to its success and helps to reduce health inequities[26]. It has also been presented that the poor progress of PHC has been attributed to the reluctance of experts and politicians in involving communities in primary health care[27].

For proper PHC integration into the health system, health workforce preparedness, training and distribution needs to be organised to respond to population and community health needs in health promotion, prevention, treatment, and rehabilitative and palliative care[28].

Health investment in primary health care services has been shown to improve health equity, serve vulnerable populations, and boost economies. Effective interventions, such as immunisation and screening, can help save costs on expensive health interventions in the future[29]. Access to essential medicines and diagnostics is necessary for service operation, yet shortages of essential diagnostics have been noted, primarily in public PHC centers[30][31].
Ensuring effective governance in primary health care through health in all policies as well as accounting for social determinants of health results in cost-efficient and swift implementation of PHC. Effective leadership in primary health care should aim to engage all relevant stakeholders[32].

Primary health care is influenced by health system building blocks and defines a new approach to health systems strengthening. Primary health care based health systems strengthening focuses on comprehensive access to health services for patients across different contexts of populations or communities. Health systems strengthening through this approach requires accessibility and adequate financing, access to essential supplies, establishing proper referral systems, encouraging health training in primary care contexts and enacting policies to ensure the continuity of these requirements[33][34][35].

Universal Health Coverage (UHC) which intersects with the concept of primary health care, aims to provide quality accessible care for all without causing financial hardship. Recent reports on the progress of primary health care has shown that access to essential health services has increased to 33-49% of the world’s population. This comes at the cost of proportional catastrophic health expenditure and subsequently results in out of pocket spending above the WHO’s recommended level of 10%. Primary health care is a cost effective approach to universal health coverage, with an emphasis on community involvement and social accountability. Better targeted funding for primary health care services is needed to yield better outcomes within essential UHC services such as child immunisation, cervical cancer screening and tobacco cessation programs[36].

**PHC and Advocacy**

**Health Promotion**

Health promotion is described as one of the essential principles of PHC[37]. The WHO describes health promotion as "the process of enabling people to increase control over, and to improve their health"[38]. Governments, communities and organisations are empowered by the WHO Ottawa Charter for Health Promotion to prevent and address health issues and challenges through framing robust public policies on health, strengthening community action, developing personal skills and health literacy, building healthy and supportive environments, and reorienting health care through intersectoral collaboration[39]. The integration of the social model of health into public health and PHC practice also addresses the many cultural, environmental, biological, political and economic determinants of health, further improving PHC[40].

**Health Education**

The implementation of health promotion and disease prevention programs require various strategies, one of which is health education[41]. Health education/This concept can be defined as any combination of planned learning experiences based on sound learning experiences based on sound theories that provide individuals, groups and communities the opportunity to acquire information and the skills needed to make quality health decisions[42]. It is usually tailored towards the target population—providing tools to build capacity and promote behavioural change in an appropriate setting[41].

Health education usually involves an interdisciplinary approach, as it revolves around diet, lifestyle, sanitation, and other practices of the target population. It not only directs its focus on information communication, but also develops the motivation and skills necessary to improve health"[42]. Integration of health education into PHC helps to address issues related to human growth and development, first aid, nutrition, environmental, emotional and sexual health, consumer health, safety and disaster preparedness, and substance abuse prevention. It also aids in coordinating health care personnel in counselling and health screenings[43].

**Health Prevention**

One of the cardinal aims of health promotion and education is health prevention. Health prevention reduces health-related expenditures and is key to ensuring the building of a sustainable health system. Studies have shown that PHC has a crucial role in the prevention and management of risk factors for chronic diseases; poor nutrition, sedentary lifestyle, harmful alcohol consumption, and obesity[44].
Role of Youth In PHC
Youth have a great role to play in community development as they are a vibrant and active working group. Youth also play an active role in influencing leadership decisions, mobilising members of the community to achieve goals, and actively contributing to societal growth. Through unions and youth-led organisations, the youth drive activism and advocacy through their desire to bring positive change to their communities.
In the development of sustainable PHC systems, studies have shown that governments need to involve youth organisations to ensure the implementation of agreements and policies on healthcare[45]. Governments should also collaborate with youth in the promotion of proper sanitation, hygiene programmes, healthier lifestyles, in building policies, and providing opportunities for health promotion, discouraging substance abuse, and also focusing on mental health[45].

PHC In Medical Curriculum
The integration of PHC into the medical curriculum is crucial to the development of sustainable PHC systems because it equips future medical personnel with the knowledge and skills needed for administering health services in a PHC setting[46]. The principles of PHC—health equity, health promotion, and patient-centred care promote intersectoral collaboration, multi-professional health care, understanding of the determinants of health, and encourage communities to assert their rights and interests. Studies have shown that medical students who pass through PHC courses at an early stage of study, experience increased clinical confidence, patient interaction skills, and understanding of the determinants of health[47].

PHC and Health Systems Financing
Different forms of health systems are versatile and include the Beveridge Model, the Bismarck model, the National Health Insurance model and the Out of Pocket Model. The budgets of both Great Britain and Canada (70% of the total) rely on general revenue, while the latter comes with a single-payer model. On the other hand, Germany’s and Switzerland’s systems are funded by different work-based social insurance contributions. Generally speaking, the out-of-pocket model is the least affordable one for the general public, where patients pay more by themselves[48].

PHC should not be considered as an expenditure but as an investment. A comparison of the PHC influence in 13 high-income countries (HICs) revealed improvement of population health[49]. It has also been concluded that a healthier life course improves the region’s GDP and decreases unemployment along with illness and disability. Furthermore, an unhealthy population drops the next generation from the labour market to the carer system, which also influences the economic development of a country[50][51].

Future and innovation of PHC
Health systems are dynamic, adapting to constant changes intending to meet the population's needs with high-quality care. As of today, across the world, countries are making efforts to strengthen their PHC system through multiple innovations, in order to maximise the use of resources to address the health needs of all people and overcome challenges[52].

By assessing the current system of health care, countries will decide on future actions[53]. Governments are investigating the possibility of using new technological innovations to improve patient care and opportunities, aiming to promote benefits across all sectors of PHC[39]. To accomplish that goal, some questions should be answered to maximise effectiveness and responsiveness of care: what, why and how do countries want to achieve it.
One example of the health innovation in PHC was the Quit campaign, conducted in Australia in the 1980s. It aimed to reduce the number of disease cases related to tobacco use by raising awareness in the health sector and beyond through education and support[54].

PHC innovation must ensure an approach which is patient-oriented and need-based, aiming to improve effectiveness, access to care, and disease monitoring[53].

**PHC on the Global and National Level**

**Global Efforts**

Global leaders, civil societies, and stakeholders in the health sector have increasingly seen the need for and committed themselves to the development of sustainable PHC systems to improve global standards of health. The Astana Declaration expressed the crucial importance of primary healthcare around the world. Member states and stakeholders committed to muster political will, involve academia, CSOs and other stakeholders in order to develop PHC systems across the world[55].

PHC implementation has recorded improvement across the world, with significant progress in immunisation, basic health care coverage, and control of infectious diseases. Governments have also implemented major reforms to their health systems through the development of national health strategies and regulatory frameworks in various aspects of health for equitable and efficient primary healthcare. The development and implementation of innovations and intersectoral approaches have also proven very useful to the development of primary healthcare[56].

**National Efforts**

For Universal Health Coverage (UHC) to become a reality, it has been established that political leaders have to make the right decisions; rational economic, financial, and social choices for UHC. It is a political choice that leaders have to make to pool resources and funding towards the development of PHC in their countries, which is an engine towards UHC.

Some countries have been able to;
- Implement health reforms,
- Strengthen health systems,
- Increase access to essential health programs and initiatives,
- Involve partners
- Improve organisational management[56].

Challenges faced at global and national levels in the development of efficient PHC systems vary according to the income level of these countries:

1. **Human resources/workforce:** the unequal distribution of healthcare personnel within countries as well as the brain drain—migration of health workers from developing countries to developed countries cause a deficit in the efficiency of the PHC systems in these countries.
2. **Poor policy frameworks:** loopholes in the strategies and working policies of countries have posed a great challenge in the establishment of functional health systems.
3. **Substandard health services:** shortage of health workers due to brain drain and other factors lead to more workers focusing attention on secondary and tertiary health centres, leaving lesser trained personnel at primary healthcare centres.
4. **Inadequate financial resources:** poor financing of PHC also poses a challenge to the establishment of equitable and efficient PHC systems.
5. **Health inequities and barriers:** within particular contexts[36].
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