

Disaster Preparedness in Primary Health Care: A Review of the Literature and a New Framework Proposal

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Abstract

Primary healthcare management of chronic diseases affecting Aboriginal and Torres Strait Islander peoples calls for systems that promote improved team-based care and meet healthcare quality and equity requirements. Although elements that facilitate or impede integration within these contexts need to be better explored, non-dispensing pharmacists (NDPs) integrated within primary healthcare settings can improve the quality of patient care. A new comprehensive approach to disaster management (DM) has been established in recent years, stressing prevention and preparedness measures as well as effective resource and information coordination. The World Health Organization (WHO) released the Health Emergency and Disaster Risk Management (H-EDRM) Framework in 2019 to highlight the crucial role that health plays in disaster preparedness (DM) and to provide detailed instructions for creating resilient health infrastructures and lowering the risks and effects of emergencies and disasters on human health. The Sendai Framework for Disaster Risk Reduction 2015–2030, the International Health Regulations, the Paris Agreement on Climate Change, and other prior international instruments with the goal of improving health disaster preparedness are all incorporated into the H-EDRM framework.

Keywords: Primary health care • Disaster preparedness • Chronic diseases

Introduction

Integrating non-dispensing pharmacists (NDP) into general practises is one strategy. NDPs are individuals who provide expert services within a general practise or primary health care model with the overall objective of improving the practise population's quality of medication usage. ¹³ According to umbrella reviews¹³, as well as in New Zealand, the UK, Canada, and the USA, it is anticipated that the integration of pharmacists into primary health care settings will improve health outcomes. ^{14,15} Incorporating NDP responsibilities into primary healthcare teams is a potential low-cost strategy for enhancing the health of Aboriginal and Torres Strait Islander peoples in Australia. This strategy arose in response to an increasing demand for better chronic disease management. As a result, it encourages coordinated preparation and response in the case of a disaster and offers an integrated strategy for resource and knowledge management in relation to present and emerging public health concerns. Despite the fact that primary health care (PHC) services have historically served as the focal point of disaster management (DM), the H-EDRM guidelines emphasise the critical roles and functions that PHC services play in disaster response and the necessity of incorporating them into national disaster and emergency management [1,2].

The Framework also emphasised the need of catastrophe risk reduction for processes of sustainable social and economic development, not merely as a concern for scientists, environmentalists, or humanitarians. Disasters undercut progress made in development, making people and countries poorer. Disasters pose a severe barrier to achieving the Millennium Development Goals if proactive measures are not taken to address their underlying causes.

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The HFA highlighted the critical role that disaster preparedness can play in saving lives and livelihoods, particularly when incorporated into an overarching disaster risk reduction approach, in Priority Five; enhancing preparedness for response at all levels. Increasing capacity to foresee monitors and be ready to lessen damage or address possible hazards are the core two goals of strengthened hazard preparedness [3].

This paper unequivocally demonstrates that the literature on PHC disaster readiness has major gaps, despite the on-going COVID-19 pandemic having highlighted the significance of disaster preparedness and the resilience of healthcare institutions. The H-EDRM Framework emphasises the need for more thorough research on the topic, and few of the papers assessed had a sound methodological design. Furthermore, PHC systems in LAMICs are typically more susceptible to disasters, although HICs have received most of the attention in the literature. According to H-EDRM recommendations, PHC systems should seek to have an all-hazards approach to preparedness, yet nearly two thirds of the publications under study focused on preparedness for specific hazards. Last but not least, there is currently a severe lack of research addressing suggestions for effective service delivery for a prepared [4].

Participants had mixed perceptions of experiencing pandemic influenza in their working community. Four participants pre-dicted there could be a pandemic in the near or distant future, 4 answered that it would never occur, and 4 predicted equal risk for a pandemic in the near future, distant future, and never. Both non-physician clinical managers and physician medical directors who thought pandemic influenza would never occur justified their answers by citing the rarity of previous influenza pandemics, increased knowledge regarding influenza virus, trust toward health organizations to intervene early to pre-vent pandemics, and even prevention of pandemics by giving routine influenza vaccines Participants had mixed perceptions of experiencing pandemic influenza in their working community. Four participants pre-dicted there could be a pandemic in the near or distant future, 4 answered that it would never occur, and 4 predicted equal risk for a pandemic in the near future, distant future, and never. Both non-physician clinical managers and physician medical directors who thought pandemic influenza would never occur justified their answers by citing the rarity of previous influenza pandemics, increased knowledge regarding influenza virus, trust toward health organizations to intervene early to pre-vent pandemics, and even prevention of pandemics by giving routine influenza vaccines.

Description

Participants' opinions of the pandemic flu in their workplace community were ambiguous. Four participants indicated that there might be a pandemic in the near or far future, four responded that it would never happen, and four projected that there was an equal likelihood of a pandemic occurring in the near, distant, or never future. In order to support their claims, non-physician clinical managers and physician medical directors who believed that there would never be a pandemic of influenza did so by pointing to the rarity of previous influenza pandemics, increased understanding of the influenza virus, confidence in health organisations to act quickly to avert pandemics, and even the prevention of pandemics through routine influenza vaccinations [5]

Conclusion

The written survey was followed by a 10-question, semi-structured verbal interview that specifically delved into responses to the initial written survey, such as: beliefs regarding a personal disaster plan and obstacles to its creation; feelings regarding a potential exposure and infection to influenza; and obstacles to attendance at work. A reputable transcribing service verbatim recorded and transcribed the interviews. Descriptive statistics were used to analyse quantitative data. The examination of qualitative data involved codifying and discovering common themes through qualitative description and content analysis. Although we conducted an analysis of the data to find recurring themes, commonalities, and contrasts amongst the interviews, we aimed to do so in a descriptive manner, which offers a more "data-near" analysis than more modified data seen with grounded theory.

Acknowledgement

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Conflict of Interest

None.

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