

Initiatives for Immunisation to Promote Primary Healthcare and Attain Universal Health Coverage

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Abstract

Recent improvements in immunisation coverage and the provision of primary healthcare services have stalled. The coverage gaps that still exist reflect a variety of underlying issues that could be resolved by a better health system design. For better service delivery and a stronger Universal Health Coverage, vaccination programmes and other primary healthcare services can complement one another. Addressing dynamic and multifaceted risks and impediments is necessary for improvements. They include the availability of a skilled labour force, the deployment of high-quality data systems, as well as innovative, adaptable, data-driven leadership and management that is sensitive to regional demands. In order to support community engagement and vaccination, it will also be necessary to make improvements to the procurement, supply chain, logistics, and delivery systems, as well as to the integrated monitoring of vaccination coverage and epidemiological disease surveillance with laboratory systems. Last but not least, it takes political will, on-going resource commitment, and opens accountability systems.

Keywords: Primary healthcare • Immunisation • Vaccination

Introduction

The opportunity to apply lessons learned in order to improve vaccine services integrated with strong primary health care services and universal health coverage across the life course is provided by the experience of the impact of the COVID-19 pandemic on essential PHC services and the difficulties of vaccine roll-out. Primary healthcare (PHC) is a critical component of healthcare delivery systems around the world. It is the first level of care that individuals receive, and it plays a critical role in promoting health, preventing diseases, and managing chronic conditions. PHC is essential for achieving universal health coverage (UHC) and meeting the health needs of populations, particularly in low- and middle-income countries (LMICs) where healthcare resources are limited [1].

Literature Review

Definition and components of primary healthcare

PHC is defined by the World Health Organization (WHO) as “essential health care based on practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination” (WHO, 1978).

The components of PHC include

Accessible and affordable healthcare: PHC aims to provide affordable and accessible healthcare services to all individuals and families, regardless of their

socio-economic status, gender, ethnicity, or geographical location. Community participation: PHC encourages active participation and engagement of individuals and communities in the planning, implementation, and evaluation of healthcare services. Health promotion and disease prevention: PHC aims to promote health and prevent diseases through education, behaviour change, and vaccination programs. Early detection and management of common diseases: PHC aims to detect and manage common diseases at the primary level, before they become severe and require referral to higher levels of care. Coordination and continuity of care: PHC aims to provide comprehensive and coordinated care, with a focus on continuity of care and follow-up [2].

Benefits of primary healthcare

PHC has numerous benefits for individuals, communities, and healthcare systems. Some of these benefits include: Improved health outcomes: PHC promotes health, prevents diseases, and manages chronic conditions, leading to improved health outcomes and reduced morbidity and mortality. Increased accessibility and affordability: PHC provides healthcare services that are accessible and affordable to all individuals and families, including those living in rural and remote areas and those with low socio-economic status. Increased community participation and engagement: PHC encourages community participation and engagement in healthcare planning and delivery, leading to greater ownership and accountability of healthcare services. Increased efficiency and cost-effectiveness: PHC promotes cost-effective and efficient use of healthcare resources by providing comprehensive and coordinated care at the primary level, reducing the need for referral to higher levels of care. Increased equity and social justice: PHC promotes equity and social justice by providing healthcare services to all individuals and families, regardless of their socio-economic status, gender, ethnicity, or geographical location [3].

Challenges in primary healthcare

Despite the numerous benefits of PHC, there are also several challenges that need to be addressed to improve its effectiveness and sustainability. Some of these challenges include: Limited resources: PHC often operates with limited resources, including financial resources, healthcare workforce, and infrastructure, which can impact its ability to provide comprehensive and high-quality care. Inadequate training and education: Healthcare workers at the primary level may lack adequate training and education, leading to suboptimal delivery of healthcare services. Inadequate funding and financing: PHC may not receive adequate funding and financing, leading to inadequate staffing, infrastructure, and equipment. Fragmented and uncoordinated care: Fragmentation and lack of coordination between different levels of care can lead to inefficiencies, duplication of services, and poor health outcomes. Lack

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of community engagement: Lack of community engagement and participation in healthcare planning and delivery can limit the effectiveness of PHC [4].

Discussion

Gaps in vaccination coverage frequently signify a converging of risks. People within communities, communities within districts, and districts within states who do not have adequate access to immunisation services frequently do not have access to basic social and healthcare services, may be experiencing food insecurity, and are therefore more vulnerable to epidemic disease outbreaks. This confluence of dangers could be a result of gender, societal, or economic inequality. By coordinating numerous initiatives under the Immunization Agenda 2030 (IA2030), there will be advancements in primary healthcare and support for universal health coverage. Making sure that "effective, efficient, and resilient vaccination services are accessible to all people as an integral aspect of PHC, and consequently contributing to PHC" is the first Strategic Priority of the IA2030 [5].

This Strategic Priority seeks to achieve universal health coverage (UHC) while facilitating and supporting specific disease eradication programmes. It also seeks to enhance and sustain vaccine coverage in a way that is consistent with and integrated into a primary healthcare agenda. The moment for synergistic alignment is ideal as present progress in immunisation coverage stagnates, the international community works to narrow remaining gaps, and the world is justly focused on vaccination's successes. How can vaccination and PHC policies and initiatives be coordinated across nations to hasten the implementation of UHC? What holes could programme complementarity be able to find and fill? Can the requirements of vaccination programmes support UHC and assist PHC? The IA2030 identifies the following as its top strategic priority [6].

Conclusion

These six goals are in line with the operational framework for PHC developed by the WHO, which stresses integrated health care, effective multispectral policy and action, and empowered individuals and communities. The potential efficiency gains from integrated services will be even more necessary following the pandemic. Implementing IA2030 will require cross-government multispectral priority, enough funding, resource allocation, clear accountabilities throughout the health system, and participation from the commercial sector and civil society organisations (CSOs). Users that are well-informed and empowered create demand for high-quality care delivery and programme administration, which can spur on-going funding, demand

accountability, and raise expectations for more equitable access. Health outreach and communication programmes, information and regulatory systems, disease control initiatives, and disease surveillance systems should all be coordinated with one another.

Acknowledgement

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Conflict of Interest

None.

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