American Journal of Preventive Medicine and Public Health 2022
VOL 8, NO. 2, PAGE 01

SHORT COMMUNICATION

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Beyond COVID-19: Challenges to Breaking the Silos of Health Care Provision

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ABSTRACT

COVID-19 has highlighted the weaknesses in defining health mainly in terms of health service delivery. The silos health services, financial concerns for supporting these services and involving local people by training community health workers has not controlled the pandemic. To address health improvements for global populations, attention now must focus on health equity and community involvement in health choices. For this change to occur the silo of health services must be broken to address wider social determinants. The WHO definition of health must be put into action and the education of medical professionals must change to provide support the expanded understanding about how health needs can be addressed.

ARTICLE HISTORY
Received: 08-Feb-2022, Manuscript No. AJPMPH-22-54324;
Editor assigned: 11-Feb-2022, Manuscript No. AJPMPH-22-54324;
Reviewed: 25-Feb-2022, QC No: AJPMPH-22-54324;
Revised: 02-Mar-2022, Manuscript No: AJPMPH-22-54324 (R).
Published: 09-Mar-2022

KEYWORDS
Primary health care; Health equity; Community participation; Medical education

Introduction

The World Health Organization (WHO) defines health as "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". [1] In pursuit of this objective, the WHO with Alma Ata Declaration of 1978 put Primary Health Care (PHC) (defined by the WHO Commission on The Social Determinants of Health as "its central means towards good and fair global health-not simply health services at the primary care level (though that was important), but rather a health system model that acted also on the underlying social, economic and political causes of poor health")[2] as a major policy declaration accepted by all member states. Translating this policy into action has proved to be a major challenge. The reality of improving health in the present time is centered on health services driven by the scientific discoveries of the 18th and 19th centuries that have continued to the present day and the growth of a medical profession which is centered power and money to further their own interests.

Description

PHC key principles are health equity and community participation. [3] While these are laudable values, the reality is that policies for health improvements are siloed aspirations focusing on health services rather than the social determinants of health, by focusing on financing health services rather than wider issues of health equity and by focusing on Community Health Workers (CHW) to extend services at the local level rather than community participation for wider choices about health care. [4] The COVID-19 pandemic highlighted the failure of a health service focus to control a pandemic. Resistance to scientific advice to mask wearing continues to prolong the containment. Equity was challenged when financial and political concerns blocked the distribution of vaccines in low and middle income. [5] Lockdown was imposed without any consultation to those who were forced to lockdown at the cost of their financial and mental security. [6]

The COVID-19 experience, if anything, has shown the failure of the linear, predictive, constrictive approach to health care to control of a rapidly expanding disease. It highlights the need to approach health improvements by addressing the issues that most affect good health including the social determinants and multisectoral actions. These challenges can only be met by firstly, redefining health using the WHO definition and secondly, by addressing how medical education must be reformed to meet the new definition.

Concerning the redefinition of health, the siloed approach in recent years has ignored the reasons for achievements for expanding life expectancy in the last two centuries. As Sandro Galena highlights in his book "The Contagion Next Time" [7] this achievement is not only a result of tackling diseases but is also the result of improvements of economic developments. The price paid for emphasis on economic growth has resulted in vast inequalities of health and well-being in the global population, threats to the whole world through industrialization resulting in climate change and, because of the monetary rewards in health ser-

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vice delivery, health care becoming a commercial commodity rather than a public good. [8] It poses an increasing threat to life on this planet.

Concerning the need to revamp medical education, the siloed approach has focused on exploration of the causes of disease and disability ignoring the wider context which caused these conditions. In 2010, The Lancet published a report on the how emerging health problems needed to be addressed in the new realities of health care challenges in the 20th century. [9] In October, 2021, Dr. Dzau, President of the US National Academy of Medicine, and colleagues published a review that updated the conclusions of the earlier report. They argue that it is imperative to move education from clinical studies to addressing population health. Medical education must see health improvements as "the product of multiple determinants of health, including medical care, public health, behaviors, social factors, and environmental factors. Education must ensure that all students understand social inequities and the ethics of medicine to be on the front lines of not only solving the clinical needs but also understanding and caring about the societal needs of patients. In our opinion, all trainees should have early exposure and direct experience in community and social issues in the preclinical years, even before direct clinical training". [10]

Conclusion

The silo of addressing health with a focus on health services with its appendages of financing services and extension of community participation as CHWs has dire consequences for the majority of the world's population. COVID-19 has brought the consequences to the surface and provoked a growing demand and necessity for the way in which health care is defined and delivered. Addressing issues around equity and participation of those who need care is critical for a healthy and thriving global population. The challenges to put these values into practice will define how whether in the next year's people will meet their potential or populations will be radically reduced by failure to share responsibilities and resources.

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