Opinion

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Primary Health Care are Shared References in the Debates

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Description

Prevention, detection, and response to public health threats like the novel coronavirus disease 2019 (COVID-19) are all part of global health security. According to the Global Health Security Index (GHSI) for 2019 and 2021, the world is still ill-prepared to deal with future pandemics, as evidenced by COVID-19's historic impact on nations. More than six million people have died from COVID-19 as of December 7, 2022, mostly in countries with higher GHSI scores. The health of human societies has been supported for millennia by medicinal plants and the bioactive molecules they contain. These plants are essential components of nature. Nonetheless, the overarching perspective on restorative biodiversity exclusively as a biological system decoupled normal asset of business esteem keeps individuals from completely profiting from the limit of nature to give meds and from evaluating the weakness of this ability to the worldwide ecological emergency. Traditional wisdom and recent advancements in science and technology make it possible to appreciate medicinal plant resources from the perspective of the health of the planet. To evaluate natural medicinal resources and their vulnerability in the anthropocene, this Personal View highlights and integrates current knowledge from medicinal, biodiversity, and environmental change research in a transdisciplinary framework. We propose proxy spatial indicators for determining the capacity, potential societal benefits, and economic values of native medicinal plant resources, as well as their vulnerability to global environmental change, using Europe as an example. The indicators and framework that have been proposed have the goal of providing a foundation for cross-disciplinary research on medicinal biodiversity. They could also serve as a guide for decisions about how to address important Sustainable Development Goals, such as making accessible global health care and protecting and restoring natural habitats.

Primary Health Care

Economic evaluations, such as cost-effectiveness analyses, are used by global health actors to estimate the impact of various interventions they might fund. Organizations must frequently choose between funding interventions for which reliable predictions of efficacy exist and those for which they do not because it is difficult to produce cost-effectiveness estimates. In practice, numerous organizations appear to be risk-averse,are favoring interventions that are more certain because they more certain. We argue that this behavior cannot be justified. Projects that are supported by more evidence may frequently result in greater health benefits. Global health actors, on the other hand, will miss opportunities to assist less well-studied populations, support promising but complex interventions, address illness's root causes, and carry out the most crucial impact evaluations if they prefer more certain interventions. Instead, global health actors ought to have nuanced attitudes toward uncertainty and be willing to fund interventions that are highly uncertain in some instances. We go on to talk about the things they should keep in mind when making these decisions. Health systems remain hospital-centric, with health resources largely concentrated in urban centers, despite the need to strengthen primary health care (PHC) to respond to demographic and epistemological shifts and meet commitments to achieve universal health coverage.

This paper looks at innovation islands that show how hospitals can influence the delivery of Primary Health Care (PHC). We illustrate the mechanisms used to unlock hospital resources to improve PHC, with the transition to "systems-focused hospitals," using literature and country case studies from the Western Pacific. This paper distinguishes four "optimal sorts" of jobs medical clinics perform to fortify PHC in various settings. By examining the current and potential roles of hospitals in supporting the provision of frontline services and reorienting health systems toward Primary Health Care (PHC), this provides a framework for influencing policy regarding health systems. A vulnerability framework, solutions for population-representative household segmentation, and a collection of qualitative stories and insights that bring the framework and segmentation to life are all part of the Pathways approach. This strategy aims to make it possible for actors in the health system to divide their customers into groups based on the social, environmental, and cultural risks associated with poor health outcomes in a variety of areas, including nutrition, reproductive, maternal, and newborn child health, and women's health and well-being outcomes. We reflect on our role in bringing a more woman-centered approach to understanding how women are made vulnerable by the social and cultural systems in which they are embedded and the distinct effect this has on specific health outcomes in this viewpoint article. We did this by employing design methods.

Tertiary Hospitals

Interprovincial patient mobility has emerged as a significant phenomenon in China as a result of the implementation of the patient-mobility policy and the growth of intercity transportation. However, the extent to which intercity transportation alters the delivery of high-quality healthcare is unknown. In multiple patient-mobility scenarios, the study mapped the accessibility of 41,259 township-level divisions to 1152 tertiary hospitals based on whether patients chose interprovincial health care or intercity transportation. The conventional rail, High-Speed Rail (HSR), and air transportation systems were all included in our analysis. Then, the geographical detector model was used to compare how different accessibility patterns affected mortality in different locations. According to our findings, the use of high-quality health care was primarily influenced by HSR, with air travel having a statistically insignificant impact. Because it reduces the Gini index and the accessibility gap between urban and rural areas by 9.52 percent and 13.25 percent, respectively, HSR can help ensure that high-quality health care is distributed fairly. Additionally, there is a synergistic effect between the patient mobility policy and intercity transportation, which has the potential to reduce the Gini index and the accessibility gap between urban and rural areas by an additional 5.07% and 22.50%, respectively.

Sustainable transportation policies and services are necessary to ensure that everyone has access to high-quality health insurance. Through a historical examination of the WHO's 1978 policy of "health for all by 2000," we examine Universal Health Coverage (UHC). Alma Ata is frequently portrayed in contemporary debates regarding access to healthcare as a brief period of well-meaning utopia that gave way to global health's agenda of performance metrics and targeted diseases. In the UHC debates, these visions of primary health care (PHC) are frequently cited. The paper draws on historical and ethnographic work on health policies and practices in Tanzania, Oman, and Kerala (India), where primary health care (PHC) was not only envisioned but constructed as the backbone of local health systems, frequently prior to Alma Ata, in order to aim at a less geopolitical and more local approach to the strategy's roots than the existing historiography. The achievements of the three states in PHC were lauded. By studying them, it is possible to emphasize the significance of national trajectories in PHC and to uncover common core issues like the significance of accessibility and affordability; In addition, it reveals very distinct trajectories in terms of duration, priorities, outcomes, and global visibility. Apart from biomedical care, the social determinants of health approach focuses on factors that have linked poor health outcomes to socioeconomic inequality and social injustice. Social determinants of health are often hard to measure and complicated; As a result, additional efforts are required to encourage the effective incorporation of social determinants of health into global health programming. The Pathways vulnerability approach is one possibility for use.