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Editorial

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Better Together: Opportunities to Integrate Global Surgery and Primary Health Care

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There has been recognition of the importance of strong, people-centered primary health care (PHC) with heightened focus beginning with the Declaration of Alma-Ata, now nearly 50 years ago. When designed and delivered well, PHC re-orients health systems around individuals, families, and communities, offering comprehensive, continuous, and coordinated care.[1] It is for this potential that a PHC-grounded approach is cited as instrumental for achieving universal health coverage (UHC) and the health-related objectives for sustainable development.

However, the promise of PHC has been hampered by challenges in design, implementation, and access and quality. Recent work aimed at better measurement and design of PHC, including by the Primary Health Care Performance Initiative (PHCPI)[2] and the World Health Organization (WHO),[3] recognizes that population health needs are evolving—with aging populations and the growth of noncommunicable diseases—while significant gaps in care persist.

Many of the scopes of PHC initiatives do not include surgery, despite evidence of the role of surgical care in treatment for nearly every disease state, as well as in disease prevention.[4] Dialogue at policy, funding, and implementation levels needs to integrate surgery into PHC, reflecting emerging models of networks of practice to deliver comprehensive care across health system levels.

An understanding of the promise and challenges of providing PHC and the value in applying PHC frameworks is necessary for the advocacy movement known as "global surgery." Although the engagement of global surgery with the PHC policy environment and determining where the spectrum of services and capacities that comprise surgical care fit into a PHC-driven health system transformation will be multimodal, there are a few key areas of opportunity.

Universal Health Coverage

Universal health coverage as commonly defined focuses on three aspects—financial protection, geographic coverage, and more recently quality of care. Measurement of UHC by the United Nations Sustainable Development Goals and WHO tracks limited indicators of service coverage.[5] A greater emphasis on comprehensiveness of services, reflecting the causes of morbidity and mortality, is important for addressing all health care needs, including surgery. Global surgery advocates can promote a more comprehensive operational definition of UHC and PHC at national levels, supported by practical tools such as the WHO UHC Compendium.[6]

Primary Health Care Frameworks

New PHC frameworks go beyond basic indicators for UHC and include the system-level factors, inputs, and capacities necessary for delivering PHC-oriented health care. In addition to assessment, these frameworks can be applied for national planning purposes. The PHCPI conceptual framework incorporates an understanding of service delivery mechanisms.[2] The WHO Primary Health Care Measurement Framework and Indicators detail measurement of outputs relevant to surgical care, including access to emergency surgery, perioperative mortality, and a suggested indicator of comprehensiveness based on patient perception.[3]

For these PHC models to be utilized for strengthening surgical care, new guidance needs to be developed on a range of essential surgical services, starting with a proposed set of service characteristics and mapping backwards the components required for their delivery at the appropriate levels and locations of care, in the

context of a country and its unique mix of communities. Current research on surgical care regionalization and decentralization is a good starting point to identify these components and inform measurement to drive change.[7]

Expanding Primary Care

Applying PHC frameworks to surgical service delivery presents an opportunity to expand the definition of comprehensiveness in primary care. What is the comprehensive set of services that should be considered first-contact care, available "closest to home"? There is reason to propose that some primary care services should be surgical. In the World Bank's Disease Control Priorities Third Edition, McCord and colleagues describe the organization of essential services and the potential for provision of basic surgical care at fully capacitated first-level hospital and health centers.[8] These services need to include diagnosis, referral, and in some cases initial surgical management of life-threatening conditions—a continuum of care described as integrated emergency, critical, and operative (ECO) care.[9] There may be justification for providing other non-emergent services beyond ECO care because they are common, uncomplicated, desirable from a community perspective, and/or necessary for accessing higher levels of care.

There have been models of care introduced by various countries to address the basic surgical needs of socioeconomically or geographically disadvantaged populations through mobile health services and telemedicine to extend diagnostic, rehabilitation, and follow-up, including in Mongolia, Ecuador, India, and the Pacific small island states.[10] Such innovations can be systematized through the explicit integration of surgery into primary care programs and strategies.

The participation of global surgery providers, researchers, policymakers, and advocates in the PHC discourse offers opportunities to enrich PHC and UHC policy and implementation, and strengthen initiatives for improving access to quality, safe, timely and affordable surgical care. Most importantly, with communities at the heart of PHC, it is what patients want.

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