



Revitalisation of primary health care governance: an important pillar for the tangible management of COVID-19

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Health and security are essential for human survival and social life. The health of communities is affected by communicable- and non-communicable diseases. During human socialisation, the elevated rate of mortality from communicable diseases led to drafting of the defining health and prevention document 'Primary Health Care' in the 30th World Health Assembly in Almaty, 1978.^{1,2} This document, recognising the tangible benefits of prevention when epidemics or pandemics are occurring, has had an enduring effect on worldwide public health promotion, advocating simple and comprehensive approaches.

Increasing global mortality from non-communicable diseases due to urbanization and industrialization led to the advancement of therapeutic technologies and weakened Primary Health Care.^{3,4} The emerging of some communicable diseases as 21st-century pandemics, including Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS), Ebola, Influenza and, more recently, the latest coronavirus disease (COVID-19) has shown that surveillance and management based on Primary Health Care principles is the best strategy for communities' health protection.^{5,6}

According to studies on the COVID-19 pandemic, the dimensions (severity and extent) of previous epidemics have not had as profound effects as COVID-19 on the resilience of the world's health systems.^{7,8} Its impacts on social and economic activities confirm that attention to Primary Health Care is necessary for improved therapeutic resilience and tangible effects on the use of healthcare

resources. Lack of safe, reliable and completely approved vaccines, drugs, specific treatment mechanisms, and accurate knowledge of the disease reservoir are the most important challenges in the control and prevention of COVID-19. Over the past year (and more), these issues have forced health systems' policymakers and authorities to implement the traditional public health approaches of quarantine and social distancing. In the absence of cost-effective and widespread therapeutic services, policymakers globally are now forced to reconsider previous policies that largely relate to hospitals. The convergence of these conditions in the control of the COVID-19 pandemic and lack of attention to Primary Health Care may be causing multiple and frequent COVID-19 waves.

Despite the availability of new therapeutic technologies, irreparable damage has occurred in most developed and developing communities, and COVID-19 has introduced serious challenges to the resilience of health systems. These complexities highlight the need for global agreements and consensus for revitalisation of Primary Health Care as a powerful tool to save societies from pandemics' consequences. The realisation of Primary Health Care governance as sustainable, productive, effective and fair needs global consensus so that supportive plans for therapeutic programmes can be considered.

Finally, any new therapeutic technologies that do not consider impacts of their introduction on Primary Health Care will limit countries' ability to withstand pandemic waves, to protect the health of suffering people, and to reduce their pain, social,

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economic, and health vulnerabilities. Developing health policies that protect Primary Health Care and provide health services will reduce global inequality and lead to the development of humanitarian services.

Conflicts of interest

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