

Preparing and responding to global infectious outbreaks, and the delivery of basic health care.

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Introduction

Public health objectives can only be achieved within a highly-functioning and resilient health care system with effective primary care delivery. Indeed, some would argue that public health and primary care are so interdependent and interlinked that talking about them as separate functions is counter-productive. Others would argue in favor of the distinction, because (a) primary care, as part of the health care system, is fundamentally patient-centered, whereas public health is focused on population health; and (b) some public health investments (e.g., laboratories, epidemiologists, health educators, etc.) are quite distinct from those of primary care and are often neglected. Whichever view one takes, both sets of capabilities and infrastructure are necessary to prepare and respond to the threat of infectious diseases [1]. A primary health care system without the support of strong public health capabilities will lack the ability to monitor disease patterns and be unable to plan and mobilize the scale of response required to contain an outbreak. A public health system without strong primary care capabilities will lack both the “radar screen” to pick up the initial cases of an outbreak and the delivery system to execute an effective response strategy. In the context of countering the threat of infectious diseases, public health and primary care serve the same ultimate objective—improving the health security of individuals. Public health approaches this challenge from the macro level by looking at the health security of the population, cascading from the national level down to the community level. Primary care approaches the challenge from the perspective of providing clinical care to individual patients at the local community level [2].

We will focus on public health systems with the recognition that even countries with highly developed economies and sophisticated health systems have failed to invest in the infrastructure and capabilities necessary to provide essential public health services. Investment in public health is often hard to justify against other priorities, including other health priorities, because the achievements of good public health often take the form of crises averted and are therefore invisible. It takes a disaster like the recent Ebola outbreak to demonstrate the critical importance of this often unsung component of the health system.

Public health capacities at regional and international levels are also important, but national capacities are the foundation of an effective global health risk framework. Regional and

global capabilities cannot compensate for deficiencies at the national or local level [3]. Systemic deficiencies in national public health systems, especially the lack of functional disease surveillance and response systems, were key contributors to the length and severity of the Ebola outbreaks in Guinea, Liberia, and Sierra Leone. And this is not a problem unique to low-income nations. Recent outbreaks of severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS) demonstrated that even advanced economies are often unprepared to deliver an effective and timely response to public health emergencies.

Every national government must therefore take responsibility for building an effective public health system and be prepared to be held accountable, both by its own people and, given the externalities, by the international community. Indeed, the importance of national core capacities has been recognized by some individual governments and by the international community, as reflected in the 2005 International Health Regulations (IHR), which establish health security as a global public good. Yet despite widespread agreement on the importance of public health, the global community has failed to deliver. Although countries like Uganda, which has contained several outbreaks of Ebola in the past 10 years, have demonstrated that even relatively poor countries can create effective public health systems, most countries fail against IHR according to even their own self-assessments. Independent, objective assessments would undoubtedly paint an even darker picture.

The Commission believes it is imperative to turn fine words into action. Deficiencies in public health systems need to be identified and resolved. National governments must commit to rapid reinforcement of their public health core capacities [4]. Public health should be treated as an integral part of national security—part of a government's fundamental duty to protect its own people. To force the pace and ensure accountability, we need (1) clarity on the core capacities required and definition of clear benchmarks; (2) objective, independent, and transparent assessment of a country's performance against these benchmarks to identify gaps; (3) clear national plans to achieve and sustain these benchmarks, including resourcing; (4) mobilization of resources at a national level, as well as through the international community to fill gaps and sustain benchmark core capacities; and (5) strategies to support minimum standards in fragile and failed states.

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Building infrastructure and capabilities in public health

If outbreaks are not discovered quickly, they cannot be effectively contained. National public health systems must be able to detect an outbreak, set up an alarm system to initiate response, and, if necessary, seek regional and worldwide assistance. Countries should endeavour to establish real-time detection and response systems, including features that reinforce prevention, give early detection, and enable effective reaction as a top priority. Plans to strengthen public health infrastructure and capabilities will need to blend tactical activities that yield short-term gains with longer-term strategic objectives [5].

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