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## THE COVID-19 PANDEMIC, UNIVERSAL HEALTH COVERAGE AND PRIMARY HEALTH CARE STRENGTHENING

In light of the COVID-19 pandemic, this article provides a review of the literature on the development of the World Health Organization (WHO) universal service coverage concept, starting with the 1978 Declaration of Alma-Ata on Primary Health Care, including the 2018 Declaration of Astana as an integral basis for all comprehensive healthcare systems.

WHO Political Declaration 2019. The development of primary health care in the CIS countries followed different scenarios, often deviating from the principles of the Alma-Ata Declaration. In the Analytical review of the organization on the provision of medical services in the Kyrgyz Republic during the reform of health care, the basic principles of PHC and family medicine were also implemented with distortions, which played a negative role in the context of the pandemic. The COVID-19 pandemic has rejected all countries on the path to universal health care, but also demonstrated the critical role of the absence or insufficiency of sustainable and high-quality primary health care, tested the strength of health systems around the world, highlighting the urgent need to achieve universal health care coverage, which is only possible with strong primary health care.

**Key words:** universal health coverage – UHC, Alma-Ata Declaration on PHC, Astana Declaration, UN Political Declaration on UHC, COVID-19 pandemic.

### Introduction

Over the past two years, the COVID-19 pandemic has been the most devastating event for healthcare systems worldwide. Primary health care plays a critical role during the pandemic, facilitating early recognition, resuscitation and referral of people with COVID-19, and providing coordination and continuity to maintain other essential health services and limit hospital stays. A strong primary health care framework, including accessible first aid services, links between levels of the health system, supports the dynamic adaptations needed to limit transmission of COVID-19 and safely deliver services during pandemic outbreak and decline. The pandemic has tested the strength of the health care system and the deployment of response forces all over the world. Many countries have already suffered the second and third waves of the disease. This forced us to look for completely new approaches to the diagnostics and treatment of this new infection, to apply exceptional measures to protect the population, patients and medical workers. At the same time, it showed that the health systems of many countries cannot provide effective medical care to all segments of the

population, and not only are many people facing a deadly virus without frontline support, the rest of the population is also suffering collateral damage due to a sharp decline in access to health services [1].

In this regard, many world health experts are again raising questions about the need to step up to implement the UN Political Declaration on Universal Health Coverage (UHC) 2019 [2-4].

The Declaration influenced a generation of public health workers towards achieving health for all through the primary health care strategy. The Declaration also emphasizes the importance of primary health care services. Primary health care serves as a person’s first point of contact when people seek health care, interacting with their family and community, solving most problems, and acting as the fulcrum of the health system, referring patients to other services when needed. None of these principles have lost their relevance over time.

The issue of universal health coverage was first raised many years ago, when the famous Alma-Ata Declaration [5] was adopted in Almaty at the historic 1978 PHC conference and the concept of “Health for All” by the year 2000 was proclaimed. However, this concept was never fully implemented [6].

WHO data shows that in 2000 the UHC index for Central Asian countries [7] ranged between 42 and 56, with an average being 52. Subsequently, due to active measures in developing health care system, the UHC index increased significantly by 21 points (Figure 1). Kazakhstan showed the highest coverage

with health services, while other Central Asian countries also improved their indicators. However, nevertheless, in 2017, the UHC index for Central Asian countries was only 73 points, indicating that almost a third of the population of our countries did not have access to modern health services.

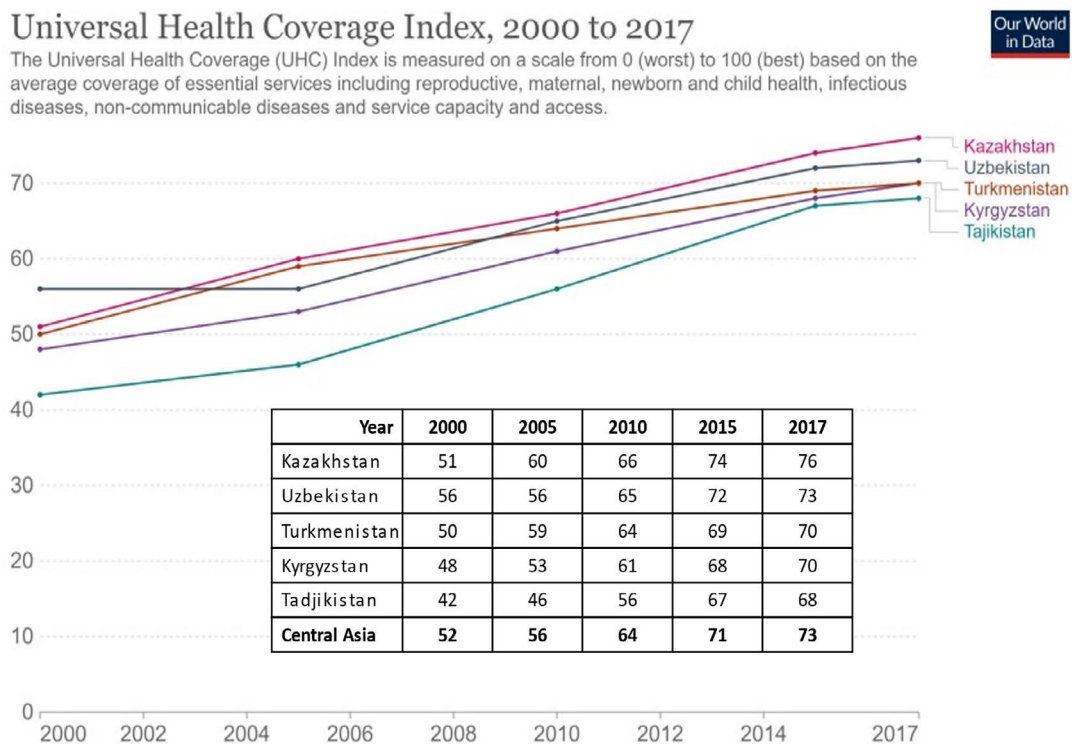


Figure 1 – Dynamics of the UHC index in Central Asian countries of from 2000 to 2017. (accessed 12.12.2021 [7])

It is clear that the COVID-19 pandemic has thrown all countries back on the way to achieving UHC, but it also showed the extraordinary role of the absence or insufficiency of sustainable and high-quality primary health care [8], harshly reminding of the need to implement those fundamental principles that were laid down in Alma-Ata (1978) and were confirmed in the Astana (2019) declarations. In this regard, it is important to recall why the concept of “Health for all by 2000” has not been implemented.

**Alma-Ata Declaration 1978.** The International Conference of WHO and UNICEF on PHC was held in Alma-Ata in the period September 6 – 13, 1978. The participants adopted the historical Alma-Ata Declaration [5]. In it, for the first time in the history of mankind, all states recognized health as a fundamental human right, the achievement of which requires efforts of not only the health sector, but also joint efforts of other sectors of society, including the civilian and the population itself. The Declaration

emphasized the responsibility of Governments to the health of their peoples, while making health services equitable, accessible and effective as a critical condition. The Alma-Ata Declaration highlighted the central role of primary health care (PHC) as an essential foundation for an entire comprehensive health system. As the first level of contact for individuals, families and communities with the national health system, PHC brings health care closer to where people live and work and represents the first step in a continuous process of protecting public health, while playing an important role in integrating with all other levels and sectors of the health care systems.

It should be emphasized that in the 70s of the last century, a lot of facts have been accumulated about the importance of PHC. One of the fundamental works of 1961, entitled “The Ecology of Medical Care” [9], shows that out of 1000 people in the population, only 15 (or 1.5%) are hospitalized

within a month, including only 1 (or 0.1%) patient admitted to a tertiary hospital. The overwhelming majority of people (98.5%) visit or should be under the supervision of a primary health care provider. These data were confirmed in similar studies in many countries, which allowed us to talk about some patterns. Thus, Roncoletta et al. (2012) summarizing data on hospitalization in university clinics, proposed the “One in a Thousand” rule [10]. In the works of recent years, it has been shown that in modern conditions the need for inpatient medical care is even more reduced [11].

The historical Alma-Ata conference on PHC has had a significant impact on the development of the entire world health care system [12,13]. Changes in the health status of the population in different regions of the world in the period after Alma-Ata conference indicate that life expectancy has increased, medicine has become closer to humans, and many states have begun to pay more attention to health issues and even included the principles of the Alma-Ata Conference in their constitutions. However, although many developed countries have made progress since 1978, at the same time, the efforts of a number of countries have gradually faded due to the dominant political and economic climate, and the development of primary care did not go the way it was determined by the declaration. In the context of the global crisis, even developed countries started to reduce social programs, including the domain of health care. Selective approaches using limited health packages have been used instead of programs for fundamental reorganization of health care. The very philosophy of PHC, contained in the Alma-Ata Declaration, was distorted. Some perceived it as a call to reduce the role of hospitals, while others understood the essence of PHC as a primitive aid for poor people, as a solution for developing countries [14].

**From Almaty to Astana.** Further advancement of the PHC philosophy is associated with the opening of the WHO European Center for Primary Health Care. The center was established by the decision of the WHO Executive Committee and with the support of the Government of Kazakhstan in 2015 in Almaty and today is a center of excellence in the field of primary health care and healthcare organization. In 2016, an Advisory Group on PHC was established, which began active discussions on the role of PHC in modern conditions and the prospects for its development until 2030 [15].

On October 25, 2018, in Nur-Sultan (until March 2019 – Astana), all WHO member states unanimously approved of the Astana Declaration on Primary Health Care (PHC) [16], which reflects the development in the 21st century of both primary care

and the entire global health system aimed at ensuring universal access to health care.

The Astana Declaration reaffirms the core values and principles of the 1978 Alma-Ata Declaration, while at the same time reinforcing the emphasis on primary health care as a key factor in people-centered health systems [17,18]. The Declaration highlights the need to move from health systems designed around diseases and health facilities to health systems designed around and for people. The Astana Declaration clearly spells out the responsibilities and obligations of states represented by heads of state, ministers of health and leaders of other sectors. The Declaration calls on all countries to adequately fund primary health care, to ensure the financial sustainability, efficiency and resilience of national health systems through adequate allocation of resources for primary health care. As noted in the Astana Declaration, knowledge, including scientific knowledge, will contribute to the success of PHC; conducting scientific research, strengthening the capacity of primary health care; ensuring decent working conditions and adequate remuneration for PHC workers, increasing investment in education and training; introduction and application of new technologies.

The Astana Declaration was widely discussed and supported by the participants of the conference dedicated to the 40th anniversary of the Alma-Ata Declaration (Astana, October 25-26, 2018), and in May 2019, the governments of 196 countries ratified it at the WHO World Health Assembly [19-20]. Numerous publications devoted to the Astana Declaration have been placed in the world's leading journals. It should be noted that the World Organization of Family Physicians WONCA fully supported the main provisions of the Astana Declaration, while expressing concern that the role of family medicine was not clearly noted in it [21-22].

**Alma-Ata Declaration and problems of healthcare organizations in the CIS countries and Kyrgyzstan.** Since 1930-1940s, the Soviet Union encouraged the process of specialization of medical care, which in the 60s of the last century spread to the outpatient level. Many specialty physicians were introduced to the staff of polyclinics, and any patient by “self-registration” could apply for a quick check of highly qualified and specialized medical care. Such health care system was demonstrated to the delegates of the Alma-Ata conference and presented as the highest achievement of the Soviet “model” of PHC. Unfortunately, the Soviet leadership viewed the conference more as a significant ideological or political event, but in fact later showed a lack of understanding and rejection of the basic principles of

primary health care and family medicine [23].

The Soviet system of “specialized” PHC in subsequent years began to manifest itself in significant negative shifts. As a result of the chaotic movement of patients from one specialty doctor to another, the number of unnecessary examinations sharply increased, the workload of specialty doctors increased as well, and unreasonable referrals for inpatient treatment and examination became more frequent. The fragmentation and inconsistency of the recommendations of different consultants often did not optimize, but worsened the results of treatment and the patient’s condition. The continuity of observation of a patient, and even more so of his family, was disrupted. The preventive activity of district doctors has decreased. In the end, all this led to an increase in the cost of medical care, a deterioration of the qualifications of both district and specialty doctors, and a quality deterioration of medical care in general [24-25].

And if the Soviet Union could still barely maintain such a cumbersome and costly system of medical care, the collapse of the country revealed its unviability in the context of the transition to the market economy in most of the CIS countries. In the 90s of the XX century, reform in the health care began in the post-Soviet countries, the key moment of which was the development of primary health care and the implementation of the principles of family medicine, which fully corresponded to the basic principles of the Alma Declaration. Despite the difficulties of the transition to a market economy, by 2000, most of the post-Soviet countries have implemented institution of family medicine, provided retraining for doctors, and launched training of family medicine residents [24].

However, it should be recognized that from the very beginning, the principles of family medicine were not fully implemented in all CIS countries. Insufficient attention to primary health care, unsatisfactory working conditions, inadequate understanding of the role of the family doctor, insufficient funding that does not provide a decent level of salary and other factors have led to a significant decrease of the image of the family doctor and the outflow of staff.

In Russia, the reform of PHC in the format of general medical practice has not been completed entirely yet. At the primary level, along with general practitioners, there are wide variety of specialty doctors, who disrupt the uniformity of the entire PHC system, making it impossible to demonstrate both medical and economic efficiency [26].

An analytical review of organization of health services delivery in the Kyrgyz Republic, prepared with the support of the WHO European Center for Primary Health Care in 2017 revealed the lack of a clear model for the provision of primary health care; and low prestige of family medicine led to the outflow of personnel, poor quality of medical services and the reluctance of population to apply to the PHC [27]. The lack of strong primary health care and underdevelopment of family medicine, insufficient funding and limited resources have been particularly critical during the Covid-19 pandemic.

## Conclusion

UN Political Declaration on Universal Health Coverage as development of ideas of the Alma-Ata and Astana conferences. The Political Declaration of the UN High Level Meeting on Universal Health Coverage (UHC), endorsed by all countries on September 23, 2019, made the most comprehensive set of commitments for the development of global world health [28]. This document once again recognizes “...that primary health care brings people into first contact with the health system and is the most inclusive, effective and efficient approach to enhance people’s physical and mental health, as well as social well-being, and that primary health care is the cornerstone of a sustainable health system for universal health coverage and health-related Sustainable Development Goals, as was declared in the Declaration of Alma-Ata and reaffirmed in the Declaration of Astana” [28].

But while universal health coverage (UHC) is one of the main development goals adopted by the United Nations and the World Health Organization (WHO), the COVID-19 crisis has clearly shown that achieving UHC at a sufficiently optimal level and protection of the most vulnerable population groups remains an unresolved problem even for the richest countries. Therefore, many health professionals and WHO experts propose number of measures to increase the resilience of health systems to ensure universal health coverage and health security during the COVID-19 pandemic and beyond [29, 30].

Today, COVID-19 calls on us to urgently reaffirm what was said in Almaty and Astana: only universal coverage with equitable, affordable and comprehensive health services, based on strong primary health care can ensure our security now and in the future!

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