

Public Health and Primary Health Care: Opportunities and Challenges

Javno zdravstvo i primarna zdravstvena zaštita: mogućnosti i izazovi

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Abstract. Public health and primary health care are two vital components of the sustainability of healthcare systems. Although their collaboration is crucial, their integration remains a major challenge for many countries worldwide. Public health primarily aims to prevent diseases and injuries at the population level, while primary health care provides basic healthcare system services to individuals, with health promotion at the very core of both. Although it is difficult today to draw clear boundaries between public health and primary health care, as there is much overlap, there is an obvious gap between them. The path to successful collaboration between public health and primary health care requires an understanding of their respective roles and responsibilities, communication and coordination strategies, and the development of shared goals and values, and only through such successful collaboration is it possible to achieve their integration. By leveraging their respective strengths and working together, public health and primary health care can optimise resource utilisation, enhance health outcomes, and foster health equity, ultimately leading to universal health coverage, which is the first path to sustainability. One key connecting element between public health and primary health care is disease prevention, which can serve as their bridge. Through collaborative efforts, these fields can develop comprehensive strategies to address the social determinants of health, promote healthy behaviours, and ensure equitable access to high-quality healthcare system services. By adopting an integrated approach, this collaborative effort can enhance health outcomes, mitigate disease burdens, and advances health equity for both the population and individuals.

Keywords: Delivery of Health Care; Global Health; Health Policy; Primary Health Care; Public Health; Universal Health Insurance

Sažetak. Javno zdravstvo i primarna zdravstvena zaštita dvije su ključne sastavnice održivosti zdravstvenih sustava. Iako je njihova suradnja ključna, njihova integracija i dalje je velik izazov za mnoge države diljem svijeta. Javno zdravstvo prvenstveno ima za cilj sprječavanje bolesti i ozljeda na razini stanovništva, dok primarna zdravstvena zaštita pruža osnovne usluge zdravstvenog sustava pojedincima, pri čemu oboje u svojoj samoj srži imaju promicanje zdravlja. Iako je danas teško povući jasnu granicu između javnog zdravstva i primarne zdravstvene zaštite jer se uveliko preklapaju, očit je jaz između njih. Put do uspješne suradnje između javnog zdravstva i primarne zdravstvene zaštite zahtijeva razumijevanje njihovih uloga i odgovornosti, komunikacijske i koordinacijske strategije te razvoj zajedničkih ciljeva i vrijednosti, a samo takvom uspješnom suradnjom moguće je ostvariti njihovu integraciju. Iskorištavanjem svojih snaga i zajedničkim radom, javno zdravstvo i primarna zdravstvena zaštita mogu postići najbolju iskoristivost dobara, poboljšati zdravstvene ishode te poticati zdravstvenu pravednost, što u konačnici dovodi do sveopće zdravstvene pokrivenosti koja je prvi korak na putu ka održivosti. Jedna od ključnih poveznica između javnog zdravstva i primarne zdravstvene zaštite jest sprječavanje bolesti, što može poslužiti kao njihov most. Kroz zajedničke napore, ova područja mogu razviti sveobuhvatne strategije za rješavanje društvenih odrednica zdravlja, promicanje zdravog ponašanja i osiguranje ravnopravnog pristupa visokovrsnim uslugama zdravstvenog sustava. Primjenom integriranog pristupa, ovaj zajednički napor može poboljšati zdravstvene ishode, ublažiti opterećenje bolestima te poboljšati zdravstvenu jednakost kako za stanovništvo tako i za pojedince.

Ključne riječi: globalno zdravlje; javno zdravstvo; primarna zdravstvena zaštita; sveopća pokrivenost; zdravstvena politika; zdravstveni sustavi

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INTRODUCTION

Public health and primary health care are two vital components of the sustainability of health-care systems. Recently, there has been a growing recognition that public health and primary health care are closely intertwined and inseparable. Although their collaboration is crucial, their integration remains a major challenge for many countries worldwide¹. In recent years, changes in the composition of populations, societies and economies, as well as continued scientific progress, are increasingly intensifying the demand on the healthcare systems of the world's countries to provide more numerous and better healthcare system services to their entire populations, which is placing a significant strain on the sustainability of their healthcare systems². Public health primarily aims to prevent diseases and injuries at the population level, while primary health care provides basic healthcare system services to individuals, with health promotion at the very core of both. Effective collaboration between these two fields promotes and sustains the health and well-being of all community members. For example, public health interventions, or better-said measures such as immunisation programmes, health education campaigns and environmental health initiatives, are crucial for successful health promotion to prevent disease and promote healthy behaviours in the community to achieve health improvement. However, the success of these interventions ultimately depends on the availability and accessibility of primary health care services³. The COVID-19 pandemic has also highlighted the importance of public health and primary health care collaboration. Namely, the COVID-19 pandemic demonstrated that public health interventions, such as testing and contact tracing, are essential to controlling the spread of the virus⁴. And primary health care providers played a key role in identifying patients who may have been exposed to the virus and referring them for testing, without which these interventions would not have been successful. At the same time, they helped in contact tracing by identifying close contacts of infected patients and ensuring that they received appropriate testing and health care⁵. In addition,

primary health care providers were at the forefront of the pandemic response, providing health care to patients with COVID-19 and other diseases as the first line of defence against the COVID-19 pandemic⁶. As two critical aspects of the healthcare systems that play an essential role in establishing and maintaining good health, public health and primary health care face unique opportunities and challenges in creating health, preventing disease, and ensuring better health outcomes for the population and individuals.

Despite their boundaries, public health and primary health care overlap considerably in their efforts to promote health and prevent disease in communities. Some of their functions are more clearly located in one of the two fields, while others belong to both.

The ageing and population growth, the emergence of new contagious diseases, the increasing burden of non-communicable diseases and the rising rates of mental illnesses are just some of the major challenges that require innovative solutions for public health and primary health care⁷. At the same time, advances in technology, digital health and precision medicine offer public health and primary care the opportunity to improve the effectiveness, accessibility and quality of healthcare system services⁸. In this context, it is important to understand the opportunities and challenges facing both public health and primary health care and accordingly push them to develop strategies to address them by working together. Therefore, this paper aims to explore the opportunities and challenges of public health and primary health care integration through an analysis of the Croatian healthcare system compared to the proven practices of foreign healthcare systems.

PUBLIC HEALTH

Public health, often referred to as public health medicine, is a multifaceted field encompassing a wide range of activities and interventions to promote and protect the health of populations, communities and individuals. It is both a science and an art, relying on a combination of rigorous

scientific research and evidence-based interventions, as well as the creativity and innovation needed to address complex and evolving public health challenges⁹. Through its core functions of assessment, policy development and assurance, public health improves health through health promotion, health protection and disease prevention at the population and individual levels¹⁰. An example of the importance of public health is the global effort to combat the COVID-19 pandemic. Public health interventions such as testing and contact tracing, social distancing, wearing masks and vaccination have been instrumental in slowing the spread of the virus and preventing severe forms of disease and death¹¹. Another example of the importance of public health is the ongoing fight against smoking. Public health campaigns have helped educate people about the dangers of smoking and have led to policies that restrict smoking in public places, increase taxes on tobacco products and provide resources to help people quit smoking. These efforts have contributed to a significant decline in smoking rates and a reduction in smoking-related diseases¹². Although public health has focused on health promotion since its beginnings, this was further emphasised in the 1986 Ottawa Charter for Health Promotion, highlighting the importance of public health and its link to health promotion by providing a framework for promoting health and addressing the social, economic and environmental determinants of health in order to achieve improvements in health⁹. Public health engagement for the health and well-being of populations and individuals worldwide is particularly important today in light of the many issues of the 21st century facing the world's populations. That also highlights several trends, such as:

- Globalisation: With increased travel and trade, contagious diseases can spread rapidly across borders. Public health interventions, such as vaccination programmes and disease surveillance, are powerful in preventing and controlling the spread of contagious diseases and thus prevent the scale of a potential pandemic¹³.
- Ageing populations: As populations age, there is a greater need for public health interventions that address non-communicable diseases, partic-

ularly common chronic conditions such as cardiovascular diseases, cerebrovascular diseases, cancers and diabetes. Public health interventions can help prevent and manage these diseases, improve the quality and duration of healthspan, and ultimately reduce healthcare system services costs¹⁴.

- Climate change: Climate change can lead to various risks for adverse health, such as more frequent and severe extreme weather events, air pollution and the spread of vector-borne diseases. Public health interventions, such as emergency preparedness plans and policies that promote sustainable practices, can help mitigate these impacts¹⁵.

- Health inequalities: Health and health care access are important issues today. Public health efforts can help address these inequalities by improving access to healthcare system services, promoting healthy behaviours and addressing social determinants of health such as low levels of education, unemployment, poverty and discrimination, as well as geographical barriers¹⁶.

Overall, public health is critical to addressing the complex health challenges of the modern age. Public health knowledge and skills can help ensure that populations, communities and individuals lead healthy and productive lives through public health intelligence, research, policy and practice¹⁷.

PRIMARY HEALTH CARE

Primary health care is a fundamental approach to health care that focuses on providing comprehensive, accessible and community-based health care to individuals and families, originally stemming from the 1978 Alma-Ata Declaration¹⁸. It includes a range of basic health care functions such as diagnosis, treatment and rehabilitation, but at the same time, health promotion and disease prevention. Primary health care is provided by a multidisciplinary team of biomedical professionals, mainly general practitioners or family physicians, nurses, pharmacists and other health care providers – primary health care practitioners¹⁹. Studies have shown that delivering primary health care services is linked worldwide with improved access to healthcare system services, better health outcomes, fewer hospitalisations, and

emergency department visits²⁰. Therefore, it is not surprising that the World Health Organisation considers primary health care a crucial aspect of achieving universal health coverage, one of the United Nations Sustainable Development Goals²¹.

Primary health care is crucial for any healthcare system that wants to improve the population's health because over 95% of health problems can usually be treated at the primary health care level, and for most people, the first contact with the healthcare system is precisely primary health care³. This highlights the importance of primary health care as the backbone of any effective healthcare system that aims for better population health and, at the same time, points to its potential for successfully delivering different public health services²².

Primary health care is often equated with primary care, so these terms are often used interchangeably. However, when looked at more closely, they have different assumptions and premises, which carry different connotations²³. Namely, primary care is the first level of health care individuals receive, and it usually includes preventive services, diagnosis and treatment of common chronic diseases, and coordination of health care with specialists when needed. On the other hand, primary health care is a broader approach that focuses on providing comprehensive, integrated and accessible healthcare system services to individuals and communities, emphasising prevention, health promotion and addressing the social determinants of health. Following the Alma-Ata Declaration, which upgraded and expanded the concept of primary care, it is now commonly referred to as primary health care²⁴.

BOUNDARIES AND OVERLAP OF PUBLIC HEALTH AND PRIMARY HEALTH CARE

Public health and primary health care are two distinct but strongly interlinked fields that complement each other with their multiple functions²⁵. Both focus on promoting health and preventing disease but differ in scope and approach²⁶. While public health focuses primarily on population-wide interventions and policy development to prevent disease and promote

health, primary health care is mainly about providing individuals with access to a wide range of healthcare system services that are coordinated and integrated, with an emphasis on prevention, early detection and management of health problems². The boundaries between public health and primary health care can be blurred, and sometimes they are not so firm, but they exist nonetheless, even if they are more robust for some functions and much weaker for others²⁴. Public health professionals design and develop screen-

Namely, disease prevention can serve as a bridge between public health and primary health care by promoting a common understanding and shared goals, which will achieve a synergistic effect.

ing programmes for specific diseases or health conditions to reach the entire population or specific subgroups that may be at higher risk for that health problem. On the other hand, primary health care providers conduct screening tests and provide appropriate follow-up health care for people who test positive²⁵. The implementation of screening requires collaboration and mutual complementarity between public health and primary health care. However, in the actual implementation of screening, public health and primary health care have their tasks for which they are responsible for enabling the implementation of screening, which are actually their boundaries²⁷. In the same way, family physicians are primary health care providers who have a crucial role in implementing public health interventions at the micro level, while public health challenges, on the other hand, determine the healthcare system services and interventions at the macro level. Namely, family physicians are usually the first point of contact for individuals seeking healthcare system services. Their long-term personal relationships with patients enable permanent monitoring and supervision of individuals, which is an excellent way to listen to the population's health care needs and, therefore, effectively design and implement public health interventions¹⁸. Despite their boundaries, public health and primary health care overlap considerably in their ef-

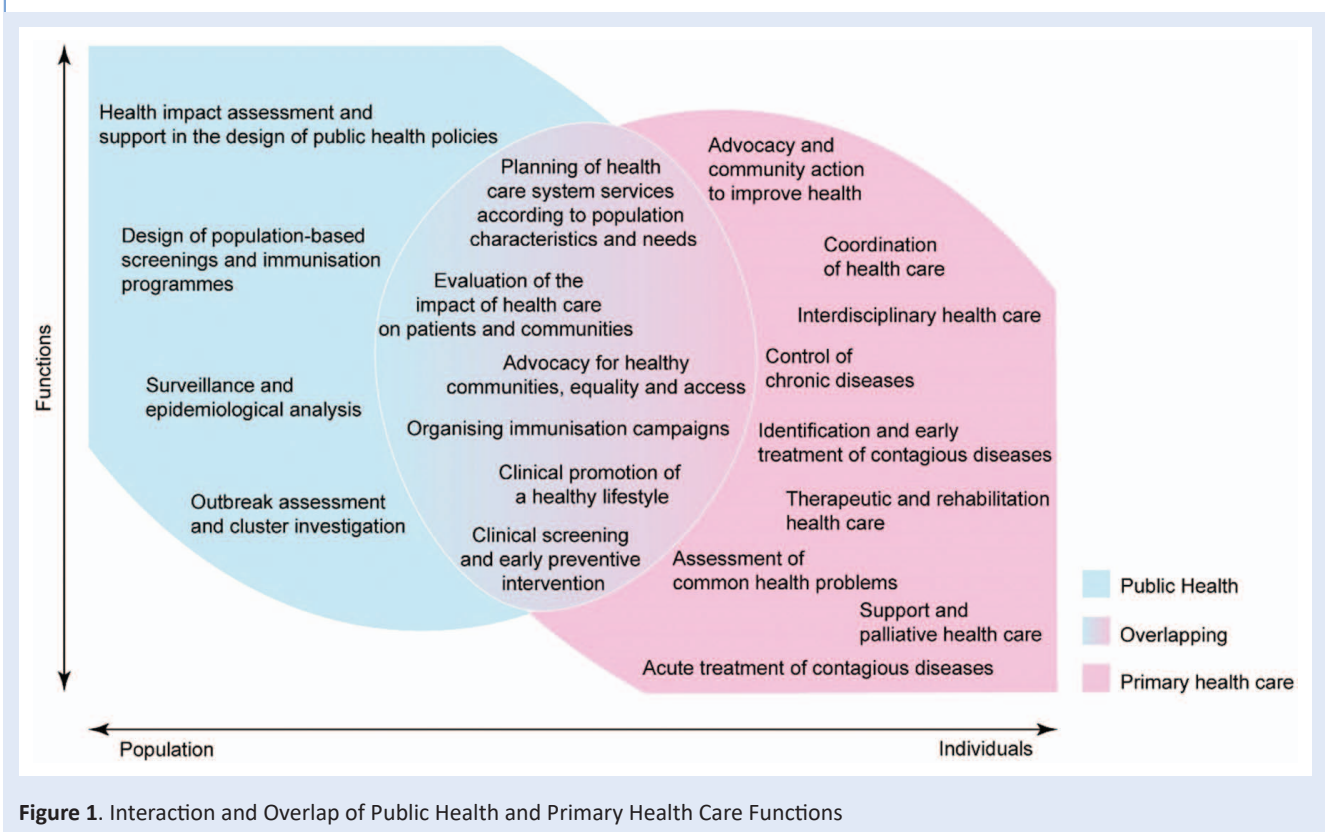


Figure 1. Interaction and Overlap of Public Health and Primary Health Care Functions

forts to promote health and prevent disease in communities. Some of their functions are more clearly located in one of the two fields, while others belong to both (Figure 1)²⁵.

There is considerable overlap between the functions, roles and responsibilities of public health and primary health care, particularly in protecting and promoting health and preventing disease and injury²⁸. Screening, immunisation and the promotion of healthy lifestyles are essential public health functions that are now often carried out as part of primary health care. These functions help prevent the spread of contagious diseases, detect health problems early and promote healthy behaviours that can improve overall health. However, to ensure the effectiveness of these activities, public health functions such as surveillance, planning and evaluation are crucial²⁶. There is a growing need to apply public health and primary health care functions simultaneously in day-to-day work. The more closely these are interlinked, the more integrated the services will be, which will improve the quality and accessibility of health care, reduce duplication and fragmentation of services, and ensure

that healthcare system services are responsive to both community and individual needs. There is clear evidence that collaboration and integration between public health and primary health care can lead to more efficient and effective use of resources and better health outcomes for communities and individuals. At the same time, they would also enhance their strengths in addressing the social determinants of health and providing comprehensive and coordinated care, ultimately leading to better population health²⁹.

GAP BETWEEN PUBLIC HEALTH AND PRIMARY HEALTH CARE

The debate over the boundaries between public health and primary health care is ongoing not only in Europe but also worldwide. This discussion takes place in various contexts, including vaccinations, screening, lifestyle and nutrition counselling, referral of children and adolescents to mental health specialists, and evaluation of health data systems by policymakers to understand the health status of their population and respond appropriately to epidemiological challenges³⁰. Although it is difficult today to draw

clear boundaries between public health and primary health care, as there is much overlap, there is an obvious gap between them. Namely, most primary health care services have focused mainly on treating diseases when they occur rather than preventing them. This is due to the historical need for more proactive actions in primary health care and insufficient coordination and collaboration between public health and primary health care³. Primary health care providers are well-positioned to provide preventive services such as immunisations and screening, but they often have limited resources and time to focus to a greater extent on prevention¹⁸. By working with public health professionals, primary health care providers can also help promote healthy behaviours and lifestyles, further reducing disease risk. Primary health care providers can advise healthy eating and exercise, prescribe physical activity, support smoking cessation and recommend vaccinations and screening to detect and prevent disease. They can also help patients manage chronic diseases such as diabetes and hypertension, which can be prevented or controlled through lifestyle changes and medication management³¹. Moreover, the gap between public health and primary health care is widening because most healthcare systems worldwide are still based on an outdated disease-oriented model from the 1970s that does not meet the health needs of individuals and communities in today's rapidly changing world³. Namely, the traditional disease-oriented medicine model focuses on diagnosing and treating disease, but this approach does not meet the complex health needs of individuals and communities in the modern world. Such an outdated model that is mainly oriented on disease is predominantly reactive and does not prioritise preventive interventions that could reduce the burden of disease in the long-term³². To tide over the gap between public health and primary health care, primary health care must take a proactive role in health promotion and disease prevention, in addition to diagnosis, treatment and care²⁴. This includes integrating key public health functions and interventions into its core, which is a logical next step in developing primary health care. Proactive primary health

care saves lives, reduces the burden of disease, improves the quality of life and means increasing productivity and providing a seamless service³³. By working together, public health and primary health care can ensure that communities and individuals receive the health care and support they need to lead healthy and productive lives³. The integration of primary health care and public health can encompass a wide range of functions, including community engagement and participation, health promotion, health education, preventive interventions, chronic disease management, screening, immunisation, communicable disease control and behavioural health, which ultimately contribute to a comprehensive approach and thus universal health coverage²⁶.

CHALLENGES AND OPPORTUNITIES OF INTEGRATION OF PUBLIC HEALTH AND PRIMARY HEALTH CARE

In order to achieve better collaboration and, thus, the integration of public health and primary health care to become possible, some basic conditions must be met. First of all, the stakeholders must be motivated to work together. An important factor is the level of openness of the community or, rather, the society for their integration³⁴. Furthermore, all stakeholders must be familiar with public health and primary health care and, finally, have a clear idea of the benefits of such collaboration³⁵. Only when these basic conditions are met can one talk about the basic requirements for integrating public health and primary health care are ensured³⁶. However, the collaboration between public health and primary health care is influenced by many factors, which can generally be divided into three main groups:

- systemic factors
- organisational factors
- interactional or interpersonal factors²⁴.

Systemic factors refer to the environment outside the organisation where the collaboration takes place and include various aspects such as government involvement, alignment with local needs and policies, availability of resources and funding, concerns about power dynamics and control, and education and training opportunities²⁵. Organisational factors relate to conditions

within the organisation. These include the need for a common agenda, knowledge and resource constraints, as well as leadership issues, management and accountability, the geographical proximity of partners, common protocols, tools and information²⁴. And finally, interactional or interpersonal factors refer to the way team members interact with each other. These factors include a common goal, belief system and philosophy, clearly defined roles and healthy relationships, and effective communication and decision-making techniques²⁶. The factors described are consistent with the principles outlined by Martin-Misener et al. for successful integration of public health and primary care, which they identified as key elements for successful integration, such as collaboration between public health and primary care professionals, coordination of efforts, data sharing and analysis, and a focus on population health outcomes. By incorporating these principles into their approach, organisations can work towards more effectively integrating public health and primary health care, ultimately leading to better health outcomes for populations, communities and individuals (Figure 2)³⁷.

Today it is known that the most effective health-care systems in the world are those that are able

to ensure the health of the entire population. This cannot be achieved without universal health coverage, which is gained through effective, comprehensive primary health care that focuses not only on the disease but also on the health and its improvement — achieved with integration with public health². Therefore, a strong proactive public health function within primary health care is needed to protect the population and individual health, promote health and prevent disease. Proactive primary care saves lives, reduces the disease burden and improves the quality of life. It is also important to improve productivity and provide seamless service to healthcare systems³³. Many scenarios can be considered in integrating public health and primary health care. They range from full integration, where all aspects of public health and primary health care are brought together, to partial integration, where only selected public health functions are transferred to primary health care³. Today one of the greatest challenges for any healthcare system is the need to establish a close link between public health and primary health care to strengthen both fields in a complementary way and thus achieve universal health coverage²⁶. There are many paths in which primary health care can integrate public health, espe-

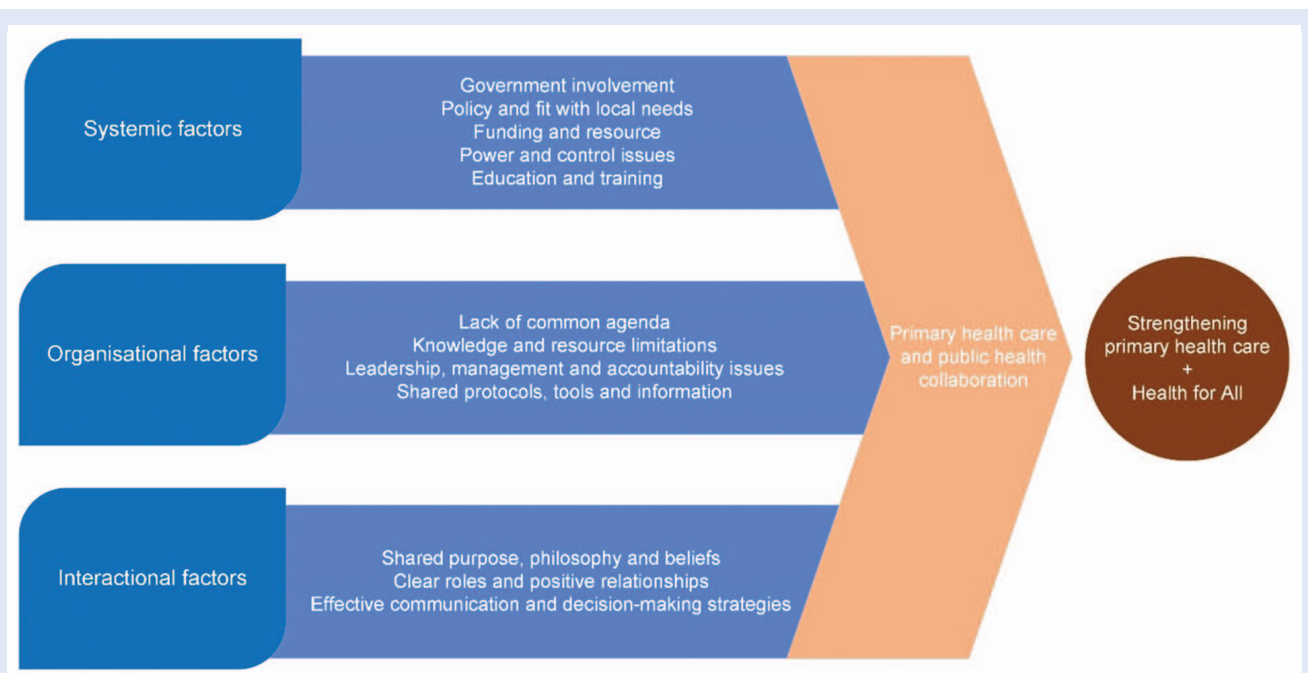


Figure 2. Factors Influencing Collaboration between Public Health and Primary Health Care

cially certain public health functions. Some are very successful, others less so, and the choice of path mostly depends on the health needs of the population, the culture and the willingness of people to fund their country's healthcare system. But regardless of how primary health care can integrate public health, each of them undoubtedly contributes to their better collaboration, which consequently helps to create greater universal health coverage³. Several countries have successfully established a close link between public health and primary health care. In Canada, primary health care is organised in interdisciplinary teams that provide different services, including primary health care, public health and social care³⁸. This integration has led to better coordination of health care, improved health outcomes and lower costs in the healthcare system³⁹. In the Federative Republic of Brazil, the Family Health Strategy (por. *Estratégia de Saúde da Família; ESF*) programme was created to strengthen primary health care and integrate it with public health functions⁴⁰. This programme has successfully improved access to healthcare system services, reduced hospital admissions and improved health outcomes for individuals and the population, especially for vulnerable groups⁴¹. Also, a good example of a successful and meaningful transfer of public health functions to primary health care is the United Kingdom of Great Britain and Northern Ireland, which has established a National Health Service (NHS) to provide comprehensive primary health care services to the population. The National Health Service includes public health functions such as health promotion and disease prevention integrated into primary health care. This integration has led to better health outcomes, lower costs of the healthcare system and increased user satisfaction³. It is precisely such healthcare systems, based on the collaboration of public health and primary health care, that make achieving the World Health Organisation's Health for All agenda possible, which is also a path to its sustainability². Numerous studies suggest that successful collaboration between public health and primary health care may involve several strategies. These include the use of shared data systems, joint planning and evaluation of programmes, and in-

tegration of their functions, starting at the community level and gradually moving to the individual level⁴². First and foremost, however, it is important to build strong partnerships, create trust and mutual understanding, and provide adequate resources and support. One of the most important benefits of collaboration between public health and primary health care is the effective use of resources. Public health can provide data and research to inform primary health care practitioners, and primary health care can provide real-world practice-based data to design public health policies. This two-way flow of information ensures that resources are targeted where there is the greatest need and that interventions are evidence-based and cost-effective²⁶. Their collaboration can also lead to better health outcomes for populations and individuals. By working together, public health and primary health care can develop comprehensive and coordinated approaches to health issues. Public health can identify populations at risk for certain diseases or conditions, and primary health care can provide targeted interventions and treatments to these individuals. Consequently, this approach can lead to earlier detection of disease, better management of chronic conditions and improved overall health outcomes⁴².

Collaboration between public health and primary health care can not only improve the health outcomes of populations and individuals but also lead to better overall health for communities and individuals. By working together, they can also address the social determinants of health that contribute to health inequalities. Public health can advocate for better access to healthy food, safe housing and good education, while primary health care can provide screening and referrals to social services. This holistic approach to health can help address the underlying factors that contribute to poor health and promote health equity, thus ensuring universal health coverage⁴³.

THE PATH TO COLLABORATION AND THE BRIDGE BETWEEN INTEGRATION OF PUBLIC HEALTH AND PRIMARY HEALTH CARE

The path to successful collaboration between public health and primary health care requires an

understanding of their respective roles and responsibilities, communication and coordination strategies, and the development of shared goals and values, and only through such successful collaboration is it possible to achieve their integration³⁰. In general, establishing collaboration is achieved by fostering the development of trust between stakeholders, rewarding excellence and enabling the development of new knowledge and skills⁴⁰, while working together on various projects, ensures uninterrupted communication and participation in decision-making⁴⁴. This refers primarily to the vertical (state, local and municipal) and horizontal levels (primary health care, public health, social care, government institutions, non-governmental organisations and other participants)³⁰. Particular attention should be paid to motivating and training all stakeholders involved to equip them with the knowledge and tools needed to work together, both in public health and primary health care functions and the other healthcare system arrangements⁴². This will significantly increase effectiveness but also contribute to a higher quality of healthcare system services provided and, at the same time, a better experience for patients as end-users of healthcare system services⁴⁵. The World Health Organisation has also recognised this and has therefore made recommendations such as increasing the satisfaction of biomedical professionals by incorporating these improvements into the actions and objectives of the programmes, building the professional resources needed to implement the programmes, creating adaptable legal and organisational frameworks for the implementation of the programmes at all levels, building trust between and within institutions, promoting a collaborative environment, developing a national policy with a mandatory requirement for participation in decision-making, and harmonising organisational incentives according to the program's objectives³⁰. However, since effective collaboration mostly depends on the human factor, it is evident that long-term goals for empowerment, motivation and mutual networking of biomedical professionals dominate these recommendations. Accordingly, policymakers should promote efforts to improve service delivery in

healthcare systems by ensuring local efforts are embedded in supportive frameworks and policies at the national level⁴⁶.

Integrating and coordinating public health and primary health care through disease prevention strategies can improve health outcomes for both population and individuals. Bridging these two fields can create a framework that promotes the better implementation of the Health for All agenda²⁶. Namely, public health focuses on disease prevention at the population level through interventions such as immunisation, health education and surveillance systems. On the other hand, primary health care aims to provide individuals with comprehensive healthcare system services, including preventive measures and curative treatments³. When public health and primary health care work together, they can develop comprehensive disease prevention strategies that consider the social determinants of health. These factors, such as socioeconomic status, education and access to healthcare system services, significantly impact an individual's health outcomes⁴⁵. By addressing these factors, their combined efforts can target the root causes of disease and promote healthier environments, lifestyles and behaviours. Integrating public health and primary health care also gives people access to higher quality healthcare system services. Overall this integration will ensure that preventive measures are implemented at both the population and individual levels, promoting early detection, timely treatment and continuity of care. It will help create a seamless continuum of services, enabling individuals to access preventive measures, screenings, and follow-up treatment as needed, ultimately reducing the disease burden⁴⁷. By implementing evidence-based prevention strategies, diseases can be intercepted before they progress, reducing morbidity and mortality rates. In addition, health promotion efforts can help identify and address health inequities and injustices to improve health outcomes in marginalised populations. Integrating public health and primary health care with disease prevention would promote health equity by ensuring everyone has equal access to prevention and healthcare system services, thus achieving universal health cov-

erage. This integrated approach can improve the population's overall health and reduce health inequalities by targeting the social determinants of health, promoting healthy behaviours and enhancing healthcare system services delivery⁴⁸. Disease prevention, as the primordial function of public health and primary health care, represents the convergence of these two fields, which are crucial to maintaining and establishing human health⁴⁹. Namely, disease prevention can serve as a bridge between public health and primary health care by promoting a common understanding and shared goals, which will achieve a synergistic effect. Through their collaboration and integration, it is possible to achieve a healthier and more resilient society, thus achieving universal health coverage and, ultimately, the long-established World Health Organisation's Health for All agenda²⁶.

CONCLUSION

Although the Declaration of Alma-Ata some 45 years ago cemented the place of primary health care in the very backbone of public health functions, healthcare systems in most countries worldwide have still not fully realised the collaboration between public health and primary health care, and thus even less their entire integration³. In Europe, public health and primary health care have different origins. Public health began in the early 19th century as a movement focused on public goods such as waste disposal, contagion control, and global public health. Meanwhile, universal access to health care, with primary health care at its core, only became a political priority in most European countries almost a century later³⁰. Over time, these fields have grown and now overlap in many of their functions, such as surveillance of long-term conditions, health promotion and disease prevention in general²⁵. Promoting collaboration and integration between complex parts of the healthcare system, like public health and primary health care, can be very challenging for policymakers who want to improve the effectiveness and cost-effectiveness of the healthcare system. This is precisely why it is necessary to listen to the needs of professionals and patients to make

progress and improve. Better collaboration between public health and primary health care is essential for their integration and, thus, for better health outcomes for the population and individuals³. By harnessing their strengths and working together, public health and primary health care can use their resources more effectively. Enhancing collaboration between public health and primary health care is crucial for achieving their integration and, consequently, improving health outcomes for the population and individuals. By leveraging their respective strengths and working together, public health and primary health care can optimise resource utilisation, enhance health outcomes, and foster health equity, ultimately leading to universal health coverage, which is the first path to sustainability². One key connecting element between public health and primary health care is disease prevention, which can serve as their bridge. Through collaborative efforts, these fields can develop comprehensive strategies to address the social determinants of health, promote healthy behaviours, and ensure equitable access to high-quality healthcare system services. By adopting an integrated approach, this collaborative effort can enhance health outcomes, mitigate disease burdens, and advances health equity for both the population and individuals³⁷.

Conflicts of Interest: Authors declare no conflicts of interest.

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