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Expert Consensus on Primary-Level Health Governance 2024 Post-Print

Authors: Professional Committee on Public Health Safety and Health, Public Safety Science and Technology Society, General Practice Branch of the Chinese Medical Doctor Association

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Abstract

Primary-level health governance constitutes a vital component of the national health governance system and holds significant importance for achieving universal health. However, primary-level health governance currently faces numerous challenges. The “Expert Consensus on Primary-Level Health Governance 2024” was jointly formulated by the Public Health Safety and Health Committee of the Public Safety Science and Technology Society and the General Practice Branch of the Chinese Medical Doctor Association, in collaboration with experts and scholars from multiple domestic institutions. By integrating evidence-based scientific evidence from multidisciplinary experts in primary-level health-related fields with practical wisdom and experience, this consensus establishes expert consensus regarding the connotation, significance, objectives, fundamental principles, system construction elements, capacity building elements, institutional elements, and technical approaches of primary-level health governance. It provides scientific, systematic, and actionable consensus-based recommendations, offering a scientific foundation and guidance for enhancing primary-level health governance standards, standardizing primary-level health governance practices, promoting equalization of primary-level health services, strengthening talent cultivation in primary-level health governance, fostering innovation in health governance, and facilitating the realization of the “Healthy China 2030” Planning Outline.

Full Text

Expert Consensus on Primary Health Governance 2024

Public Health Security and Health Professional Committee of the Public Safety Science and Technology Society, General Practitioner Branch of the Chinese Medical Doctor Association

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Abstract

Objective: Primary health governance constitutes a vital component of the national health governance system and holds significant importance for achieving universal health. However, primary health governance currently faces numerous challenges. The Expert Consensus on Primary Health Governance 2024 was developed under the leadership of the Public Health Security and Health Professional Committee of the Public Safety Science and Technology Society and the General Practitioner Branch of the Chinese Medical Doctor Association, in collaboration with experts and scholars from multiple domestic institutions. By integrating evidence-based scientific evidence with practical wisdom and experience from multidisciplinary experts in primary health-related fields, this consensus establishes expert agreement on the connotations, significance, objectives, basic principles, system construction elements, capacity building elements, institutional elements, and technical means of primary health governance. It provides scientific, systematic, and actionable consensus-based recommendations to enhance primary health governance standards, standardize practices, promote equalization of primary health services, strengthen talent cultivation, drive health governance innovation, and support the realization of the “Healthy China 2030” blueprint.

Keywords: Primary health governance; Universal health; Primary health services; Expert consensus

1. Consensus Development Methods

This consensus was initiated by the Public Health Security and Health Professional Committee of the Public Safety Science and Technology Society and the General Practitioner Branch of the Chinese Medical Doctor Association, with a launch date of May 2024 and a two-month writing period.

1.1 Target Audience

The target users of this consensus include primary health service providers, primary health service managers, and researchers in primary health governance.

1.2 Working Group

The consensus development expert committee comprises the consensus development expert group and an academic secretariat. Expert group members were selected based on their extensive experience in primary health governance, with representation across regions and disciplines. The group encompasses professionals in general practice, clinical medicine, social medicine and health administration, epidemiology and health statistics, and guideline methodology. Their

primary responsibilities include overall review, discussion, revision, and finalization of the consensus. The academic secretariat consists of young scholars with solid backgrounds in primary health governance research, evidence-based medicine, and guideline methodology, who are responsible for initial drafting, coordination, management, and final editing and proofreading. All members were selected and approved by the Public Health Security and Health Professional Committee of the Public Safety Science and Technology Society and the General Practitioner Branch of the Chinese Medical Doctor Association.

1.3 Registration

This consensus has been registered with the Global Practice Guidelines Registry Platform (<http://www.guidelines-registry.cn/> domestic version, Registration Number: PREPARE-2024CN804).

1.4 Literature Search

Using keywords including “primary health care,” “primary health governance,” “big data,” “governance for health,” “基层健康,” and “基层治理,” we searched PubMed, Web of Science, CNKI, and other Chinese and English databases, as well as relevant professional association websites. The search included guidelines, consensus statements, systematic reviews, meta-analyses, and randomized controlled trials (RCTs), with a timeframe from database inception to June 30, 2024, without language restrictions.

1.5 Evidence Quality and Recommendation Strength

Expert group members drafted preliminary consensus statements and evidence summaries based on guidelines, consensus documents, systematic reviews, meta-analyses, and RCT evidence, organized by predetermined domains. The writing group integrated these documents to produce the initial full draft. Six plenary meetings were convened, during which the expert group engaged in repeated discussions, reviews, and revisions to finalize the consensus.

For each recommendation, experts used a 5-point Likert scale (5 = strongly agree, 4 = agree, 3 = neutral, 2 = disagree, 1 = strongly disagree). Consensus was defined as >80% of experts rating a recommendation as 5. All ten draft recommendations achieved consensus. The degree of expert recommendation is indicated by “consensus degree,” calculated as $(\text{number of experts rating 5} \div \text{total number of participating experts}) \times 100\%$. The total number of participating experts was 42.

1.6 Conflict of Interest Statement

All experts and working group members involved in the consensus development process signed written conflict of interest declarations, confirming no conflicts of interest with pharmaceutical companies related to this consensus.

1.7 Dissemination and Update

To promote dissemination and clinical application, this consensus will be published in professional journals and subsequently promoted nationwide through academic conferences and training programs. The consensus working group will

conduct regular literature searches, evidence updates, and evaluations, with plans to update the consensus every 3-5 years.

2. Definition and Connotation of Primary Health Governance

Recommendation 1: Primary health governance, guided by the new vision and paradigm of “comprehensive health for all,” targets the main health issues and healthcare needs of populations and individuals at the primary level. Under the leadership of government and its competent departments, all stakeholders—including industry institutions, social organizations, and the public—participate comprehensively through division of labor and collaboration, establishing a series of institutional and regulatory systems to promote and protect people’s health through all actions and measures. (Consensus degree: 83.33%)

Interpretation and Evidence: Primary health governance emphasizes diversified governance entities, transforming from single-entity management to multi-entity collaborative governance [4]. It stresses the rule of law in governance methods, establishing and improving health laws, regulations, and rules, perfecting health service and management standards, and implementing supervision and management according to law [5]. It also emphasizes democratization of governance processes, adhering to the principle of co-construction, co-governance, and shared benefits, promoting the integration of health into all policies, and achieving shared health for all [4].

3. Significance of Primary Health Governance

Recommendation 2: Primary health governance constitutes an essential component of primary-level governance, forms the foundation for improving the basic medical and health system, represents an important part of modernizing the national health governance system and capacity, reflects international trends and frontiers in health development, and serves as a crucial vehicle for Healthy China construction. (Consensus degree: 90.48%)

Interpretation and Evidence: From primary health care to the Healthy China strategy, China’s health work guidelines have consistently emphasized a primary-level focus, with primary health governance permeating the entire health governance process [6]. Improving primary health governance is key to implementing the health priority strategy, an inherent requirement for promoting high-quality health development and implementing the Healthy China strategy, and a necessary condition for protecting people’s health throughout the entire life cycle and achieving common prosperity for all. It also represents an important component of transforming health governance concepts and service models and modernizing the health governance system and capacity [7].

4. Basic Principles of Primary Health Governance

Recommendation 3: The fundamental purpose of primary health governance is to provide higher-quality, more efficient, fairer, more sustainable, safer, and more accessible health services to the people, safeguarding their health across the full life cycle and in all dimensions. (Consensus degree: 92.86%)

Interpretation and Evidence: The purpose of primary health governance is to better implement the health work guidelines for the new era by integrating primary health governance throughout the entire health service process, comprehensively strengthening primary health service system construction, improving service capacity and quality, making primary health services more convenient and higher-quality, and enhancing people's sense of well-being, gain, and security [8]. It also aims to implement the new development concepts of innovation, coordination, green development, openness, and sharing through organized actions at individual, family, group, and primary/community levels. By employing comprehensive services addressing physiological, psychological, social, and environmental dimensions, expanding innovative service domains and models, promoting healthy lifestyles, and building healthy environments, primary health governance provides higher-quality, more efficient, fairer, more sustainable, and safer health services, improves public health literacy, raises residents' health levels, and strives to protect people's health across the full life cycle and in all dimensions [9-10].

Recommendation 4: The basic principle of primary health governance is to prioritize people's health in the strategic development agenda. (Consensus degree: 90.48%)

Interpretation and Evidence: Primary health governance must be guided by Xi Jinping Thought on Socialism with Chinese Characteristics for a New Era, fully and faithfully implement the new development philosophy, and prioritize people's health in strategic development [11]. It should adapt to regional socioeconomic development levels, health needs, and cultural environments while coordinating with socioeconomic development. It must adhere to goal-oriented, needs-oriented, and problem-oriented approaches, centering on the people and serving their health [11]. Primary health governance should follow health development laws, optimize resource allocation, mobilize the enthusiasm of health workers, and closely integrate with primary health realities to establish primary healthcare institutions as the main front for residents' health [12]. The values of primary health governance should promote health for all, particularly for vulnerable groups such as women, children, older adults, people with disabilities, and low-income populations, providing health security for achieving common prosperity. It should improve social equity by leveraging the "redistribution" function of primary health governance, directing resources toward key regions, priority populations, and weak links to promote health equity [13]. It should uphold green development concepts, harmonize with the natural environment, and integrate environment and health [14]. It should promote the Healthy China

strategy theme, advance co-construction, co-governance, and shared benefits, and build a community of primary health governance where everyone bears responsibility, fulfills duties, and enjoys benefits [4]. Primary health governance should promote socialist core values, foster a healthy cultural atmosphere, and tap into and carry forward traditional Chinese health culture [15], particularly the concepts of health and disease from traditional Chinese medicine and its health service experiences [16].

5. System Construction for Primary Health Governance

Recommendation 5: The key to primary health governance is constructing a unified, efficient, and coordinated organizational system with multi-stakeholder participation from “government-society-units-individuals” that meets primary health needs. Establishing a new integrated medical-preventive system at the primary level is recommended. (Consensus degree: 85.71%)

Interpretation and Evidence: Building a unified, efficient, and coordinated multi-stakeholder organizational system is crucial for ensuring primary health governance [17]. This system includes unified leadership by Party committees and governments, fulfillment of responsibilities by government departments according to law, active cooperation by health institutions, positive coordination by various organizations, and broad participation by the masses. To improve system construction, Party leadership over primary health governance must be upheld throughout all processes and aspects, with mechanisms for Party building guidance strengthened. Township (street) and village (community) Party organizations should enhance leadership over primary health work, clarifying responsibilities of governments, departments, industry institutions, organizational units, individuals, and families to improve multi-party participation [18]. The focus should be on supervising primary healthcare institutions to implement disease prevention and control responsibilities and building an integrated prevention-treatment-management service model to achieve genuine and deep integration of medical care and prevention. Primary health governance should strengthen community (village) public health committees, which should accept guidance from township governments (sub-district offices) and health administrative departments. These committees are responsible for implementing health policies, disseminating health knowledge, participating in major epidemic prevention and control, assisting residents with health management, conducting patriotic health campaigns, and facilitating channels for residents’ health demands, with regular consultations to address community health needs and major public health issues within their jurisdiction.

6. Capacity Building for Primary Health Governance

Recommendation 6: Strengthen multi-stakeholder capacity building to create a primary health service community and consolidate the foundation of primary health governance. (Consensus degree: 83.33%)

Interpretation and Evidence: Primary health governance requires multi-stakeholder participation and collaboration [19], necessitating capacity building to complement roles and capabilities and address governance blind spots for single entities [20]. As promoters and bearers of responsibility for primary health governance, township (street) governments play important roles. Achieving universal health depends largely on their governance capacity and ability to rationally allocate limited public health resources. Therefore, capacity building should focus on enhancing administrative execution, public service, deliberation and consultation, emergency management, and safety construction capabilities of township (street) governments to improve primary health governance capacity. Community (village) public health committees should be strengthened through regular specialized training for members to comprehensively improve their professional competence, knowledge, and skills [21]. Primary healthcare institutions should be enhanced to enable general practitioner teams to integrate medical and public health services [22], improving primary health service capacity. Mass autonomous organizations and volunteers should be managed with a focus on improving health literacy. The capacity of various mass organizations for co-construction, co-governance, and shared benefits should be cultivated to maximize social consensus and mobilize social forces to participate in primary health governance.

The people's health and safety must remain the top priority [11], with lifecycle management concepts used to build a multi-party participatory primary health service community involving "government-society-units-individuals" [17]. Multi-party linkages should be strengthened [20] to integrate resources and provide comprehensive, coordinated, and integrated health services at the primary level. Deep multi-department cooperation should be promoted to advance "sports + health" services, build healthy campuses, and achieve integration of medical care and prevention [24], sports and medicine, medical care and elderly care [25], and education-health coordination. Primary healthcare institutions provide basic medical and public health services to urban and rural residents [22], playing important roles in improving patient flow, reducing health expenditures, and enhancing health system efficiency [26]. Their foundational position in health governance should be strengthened, with responsibilities for health service provision clarified for township health centers, community health service centers (stations), community health service centers (stations), and village clinics. Primary health governance teams should be strengthened [27], with comprehensive diagnostic capabilities [28] and comprehensive nursing capabilities [29] of primary healthcare workers improved. Primary health services should be extended into enterprises, communities, schools, and households to promote gridded, refined, lifestyle-oriented, and intelligent health services, establishing primary health-

care institutions as important platforms for primary health services and grassroots fortresses for emergency public health response. Meanwhile, cooperation between primary healthcare institutions and hospitals should be strengthened [30], with hospitals providing technical support and functional coordination to better promote universal health [31].

7. Institutions for Primary Health Governance

Recommendation 7: Improve the coordinated linkage system for primary health governance, perfect the resident health management system, and establish a monitoring and evaluation system for primary health governance. (Consensus degree: 80.95%)

Interpretation and Evidence: Establishing a government-led, responsibility-specific, and coordinated linkage system with broad participation from social institutions and organizations, leveraging the professional functions of primary healthcare institutions and implementing individual health as the primary responsibility, is essential for primary health governance. The system should optimize the allocation of authority, responsibility, and benefits among enterprises, social organizations, and the public to stimulate their autonomy, enthusiasm, and creativity [33]. To improve primary health governance, integrated systems for universal health should be strengthened [34], with a resident health management system established [35]. The government should create electronic health records for every resident from birth [36], incorporate them into health management, and assign responsible community health service institutions and family doctors [37] to achieve standardized health management for all residents. Based on the resident health management system, universal health system construction should be strengthened to establish trust and good coordination mechanisms between providers and recipients, transforming provider service concepts, models, and methods. Primary-level (community) health diagnosis should be conducted to identify priority populations for health governance [38]. Dynamic internet-based health monitoring [39] and analysis should be strengthened for early prediction and proactive intervention, building evaluation and early warning mechanisms that precisely match community health needs. A long-term feedback mechanism with monitoring, evaluation, and immediate precision should be established to enhance grassroots self-supervision. With digital technology support, service evaluation mechanisms that precisely match community health needs should be universally established [40].

8. Technical Means for Primary Health Governance

Recommendation 8: Fully utilize modern scientific and technological means, especially information technology, to continuously improve the refinement, stan-

standardization, digitalization, and intelligence of primary health governance. (Consensus degree: 83.33%)

Interpretation and Evidence: Primary health governance should fully leverage modern scientific and technological means, particularly information technology, to continuously enhance refinement, standardization, digitalization, and intelligence [41]. Research shows that digital health interventions can improve disease management in primary health governance [42]. Special attention should be paid to the comprehensive application of information technology and intelligent health equipment [43] to improve digital and intelligent levels and support the development of the digital health industry [44]. Primary health informatization should be incorporated into overall informatization planning to improve information service levels. “Internet + Healthcare” primary-level actions should be vigorously carried out [45] to deepen convenient and beneficial health services for the people. Integrated health big data should be used to promptly identify public health and resident health issues, accurately predict public health risks and major health hazards, strengthen resident health management, and shift the focus of public health and health management forward. Virtual health communities (villages) should be promoted [46], using their information and social networks to reduce blind spots in primary health governance and improve the accessibility, equity, efficiency, and quality of primary health services.

9. Health Education and Global Perspective

Recommendation 9: Improve health education methods and health promotion work, and advance innovative health education models based on intelligent technology. (Consensus degree: 85.71%)

Interpretation and Evidence: Primary health governance requires extensive education and communication. Health education methods and health promotion should be improved, with health education as the guide [47]. Health education in childcare institutions, kindergartens, and primary and secondary schools should be strengthened to cultivate healthy behaviors. Hospital health education should be enhanced through case-based health advocacy to improve health warnings for patients and raise health literacy and health levels among patients and the public [48], while innovating hospital health education models based on intelligent technology [49]. Community public health education and health management for key populations should be strengthened [50-51], using higher-quality and more efficient services to enhance people’s sense of health gain, happiness, and security, disseminating new concepts of primary health governance, and accelerating social consensus formation. Primary health governance should be integrated with family development and the “Healthy Families with Good Traditions” campaign, advocating lifestyles of “balanced diet, appropriate exercise, no smoking, limited alcohol, and mental health.” The public should be called upon to practice civilized behaviors, build healthy families,

and mobilize surrounding residents to inherit and promote civilized customs and maintain healthy and civilized images.

Recommendation 10: Pay attention to global health development needs and health practice requirements, promote international cooperation in primary health governance, and help build a global community of health for all. (Consensus degree: 88.10%)

Interpretation and Evidence: Primary health governance should effectively connect and interact with the concept of a global community of health for all to contribute to its construction [52]. Global health development needs and health practice requirements should be addressed, global cooperation awareness cultivated, and international cooperation in primary health governance actively promoted and participated in [53]. International comparisons should be emphasized to learn from advanced international concepts and experiences in primary health governance [54] to serve Chinese practice. Chinese experiences in primary health governance should be summarized and China's voice disseminated to contribute Chinese strength to global primary health governance [55].

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