

Concept note for side event at the Seventy-Second World Health Assembly, May 2019

Background

In 1978 world leaders, international organizations and health authorities gathered in Kazakhstan and endorsed the Declaration of Alma Ata on Primary Health Care. This landmark document in the history of global health reaffirmed health as a fundamental human right and identified primary health care as the key to the attainment of the goal of Health for All. The Alma-Ata Declaration defined primary health care as not merely a level of care and a set of activities, but as a philosophy, a strategy and a new approach to health.

Since then, the world has been experiencing rapid economic, environmental, technological, and demographic changes. These effects have either benefited or negatively affected health and well-being. Globally, there has been a dramatic shift in the patterns of disease due to population ageing and unhealthy environments contributing to unhealthy lifestyles.

The 2008 World Health Report, Primary Health Care: Now More Than Ever, described the positive efforts and tremendous progress made worldwide in PHC 30 years after the publication of the Declaration of Alma-Ata. However, over the decades, countries have made uneven progress in the field of health. Unhealthy lifestyles, climate change changes in climates, changing demographics, increasing antimicrobial resistance and differences in the economic development, etc., have brought new challenges. Consequently, health systems around the world are facing significant challenges including the rise of chronic diseases and co-morbidities, which require longer term coordinated care; an inadequate focus on patient experience alongside a rise in expectations; increased health expenditure; fragmentation of services; and health workforce shortages, as well as burnout. In addition, poor quality care can place users at greater risk and jeopardize trust of communities in the health system.

The 58th session of the World Health Assembly in 2005, introduced the concept of universal health coverage (UHC), with UHC becoming the new global health goal. PHC remains the fundamental way to achieve this global strategy.

At the 2015 United Nations Summit on Sustainable Development, 193 member States adopted 17 Sustainable Development Goals (SDGs) for 2030, including the 13 health-related sub-goals, on maternal and child health, the incidence of infectious diseases, the rate of premature death from non-communicable diseases, the rational use of drugs and UHC, etc. Areas such as these still depend to a large extent on improvements in PHC.

Today's health and health system challenges can only be sustainably, effectively and efficiently managed by strong primary health care. Therefore, in 2018 in Kazakhstan on the occasion of the 40th anniversary of the Declaration of Alma-Ata at the Global Conference on Primary health care governments, non-governmental organizations, professional organizations, academia and global health and development organizations endorsed the Declaration of Astana on Primary health care and thus renewed a commitment to primary health care in pursuit of health and wellbeing for all, leaving no one behind.

Moreover, the PHC approach is foundational to achieving our shared global goals in Universal Health Coverage (UHC) and the health-related Sustainable Development Goals (SDGs).

Achieving the targets of the SDG 3: Ensure healthy lives and promote wellbeing for all at all ages can only be reached through strong PHC. Targets such as reducing maternal, neonatal, and child mortality, ensuring universal access to sexual and reproductive health services, strengthening the prevention and treatment of substance abuse, and preventing and treating NCDs rely on multisector policies and actions that promote health and well-being, integrated health services that prioritize primary care and public health functions, and empowered people and communities. Even for targets such as ending the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases, which have so far largely been addressed through vertical initiatives, it is increasingly recognized that a more integrated approach is essential to sustain and continue to make gains.

PHC can contribute to the attainment of targets for a number of goals other than SDG3, including those related to poverty, hunger, education, gender equality, clean water and sanitation, work and economic growth, reducing inequality, and climate action.

PHC is a whole-of-society approach to health that aims to ensure the highest possible level of health and wellbeing equitably distributed, by focusing on people's needs and preferences (as individuals, families, and communities) as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment.

PHC is a necessary foundation for achieving UHC for the following reasons;

First of all, PHC plays a key role in reducing household expenditure on health by addressing the underlying determinants of health and by emphasizing population-level services that prevent illness and promote well-being.

Secondly, PHC is a cost-effective way of delivering services. The involvement of empowered people and communities as co-developers of services improves cultural sensitivity and increases patient satisfaction, ultimately increasing use and improving health outcomes. In addition, there is considerable evidence that health systems based on primary care services that are first-contact, continuous, comprehensive, coordinated, and people-centered have better health outcomes.

Finally, PHC is optimally placed to address issues with care accessibility for disadvantaged, because of its emphasis on tackling the determinants of health, which underpin vulnerability. Additionally, the PHC focus on community-based services is the only way to reach remote and disadvantaged populations.

In short; a stronger PHC should be accessible, equitable, safe, of high quality, comprehensive, efficient, acceptable, available and affordable, and shall deliver continuous, integrated services that are people-centred and gender-sensitive. Strong PHC as a cornerstone of sustainable health systems will help avoiding fragmentation and ensure a functional referral system between primary and other levels of care. The success of PHC should be driven by knowledge and capacity building; human resources for health; technology and financing.

China has practiced PHC for more than 40 years, opening up a unique Chinese path. China made an important assertion that “without universal health, there will be no all-round well-off society”, put forward “integrating health into all policies”, and constantly promoted the construction of Healthy China, in which sustainable PHC development and reform played a strong supporting role.

Kazakhstan has started strengthening PHC through reallocating additional financial resources from specialized care to PHC, training and increasing number of General Practitioners (GP), introducing financial incentives for GPs, implementing broad range of reforms on integrating PHC with other healthcare services including public health.

In January 2019, the governments of China and Denmark entered into agreement on a stronger cooperation within primary health focusing on quality and capacity development in the primary sector, with attention to integrated care solutions. The objective is to address the role of the PHC-sector in early detection and treatment with a strong focus on the cooperation and coherence between specialized services and the PHC-sector.

Countries around the world have actively promoted PHC and gained a range of experiences. Ethiopia has fully utilized community health workers to enhance the quality of PHC. The Philippines has transformed the delivery of PHC through the introduction of community-based health programs. Mongolia has transformed PHC by introducing a mixed public-private model. Brazil sees the development of PHC as a central strategy for improving health equity. Cuba has a sound system for the provision of PHC and, on that basis, a general practitioner system. The UK has proposed “leading the NHS with PHC” and has worked over the past decade to improve the quality of PHC and health equity. Finland provides PHC from health centers and occupational health units and establishes a first consultation system for general practitioners.

At the same time, however, countries face common challenges in advancing PHC, achieving quality UHC, and achieving the health-related 2030 SDGs, such as inadequate intersectoral coordination, poor service capacity in remote and poor areas, and inadequate referral systems.

The Declaration of Astana calls for improved coordination of sharing of knowledge and good practices to advance PHC. Therefore, it is of vital importance to strengthen cross-country, cross-regional and cross-cutting knowledge experience sharing to advance PHC towards UHC, and in particular to realize the unfinished SDGs such as in infectious disease and maternal, newborn, child and adolescent health.

The outcome of the side event will help countries and the world community to improve PHC and provide new ideas and international practical experience in advancing the global health agenda of the United Nations and relevant international organizations.

Objectives

The side event will bring political leaders from member states around the world to review the scope and magnitude of the challenges in progression towards strengthening PHC both nationally and worldwide to enhance communication at all levels in order to facilitate the preparation of inclusion of PHC in the Resolution on UHC at 2019 United Nations General Assembly.

To celebrate and reaffirm the importance of both the Alma Ata Declaration and the Declaration of Astana on PHC in achieving UHC and SDGs, the triple billions targets, and the preservation and promotion of the right to health.

To call upon all member states to take viable actions and strengthen effective measures to implement the vision and commitments of the Declaration of Astana on PHC according to national context.

To provide a platform for member states to discuss on the development of the Operational framework for PHC, taking into account the WHO general programs of work and program budgets to strengthen health systems and support countries in scaling-up national implementation efforts on primary health care;

To share national experiences and priorities and shed light on how PHC can contribute to the achievement of SDG target 3.8

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To share good practices and lessons learned in advancing and strengthening PHC towards achieving UHC and the health-related 2030 SDGs on all levels, and explore initiatives to strengthen global and regional dialogue and cooperation in PHC.

Tentative agenda

The side meeting would be jointly organized by Kazakhstan, China, Denmark and other relevant countries.

Part One (20 minutes): Opening remarks. Speakers would be:

- Dr. Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization (TBC)
- Dr. Ma Xiaowei, Minister of the National Health Commission of China (TBC)
- Dr. Yelzhan Birtanov, Minister of Healthcare of Kazakhstan (TBC)
- Ms. Ellen Trane Nørby, Minister of Health of Denmark (TBC)

Part Two (45 minutes): To introduce global, regional and national PHC progress and experiences (about 5 minutes/person, and an additional 3 minutes' Chinese short film airtime).

- Member states (TBD)
- International Organizations (TBD)
- Patient and PHC professionals' (TBD)

Chinese short film

Part Three (20 minutes): Comments and discussions. Open to comments and discussions on the opportunities and challenges faced in PHC, as well as initiatives to strengthen global and regional dialogue and cooperation in PHC.

Part Four (5 minutes): Conclusions.

Moderator: To be determined.