

Side event application / Formulaire de demande de réunion parallèle

Contact

Name/Nom: Mr. Cong Ze	Date of application/Date de la demande: 29 March 2019
Delegation(s)/Délégation(s): China , Kazakhstan, Ethiopia	
Telephone, Email/Téléphone, courriel: +86-10-68792218; intorgs@nhc.gov.cn; congze@nhfpc.gov.cn	

Concept

Description of proposed side event, including objective, expected results, proposed programme and speakers* /
Description de la réunion parallèle proposée, y compris les objectifs, les résultats attendus, l'ordre du jour et les orateurs* :

I. 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, as a result of 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, changes in climates, changing population demographics, increasing antimicrobial resistance and differences in the economic development, etc., have brought new problems. Consequently, health systems around the world are facing significant challenges that include: 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, and 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 solved by a 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 adopted 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 done through 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 and their equitable distribution 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.

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.

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 meeting 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.

II. Objectives

To celebrate and reaffirm the importance of 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 Declaration of Astana on PHC.

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 contribute China's and Kazakhstan's wisdom and relevant regional and country experiences in PHC and 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.

III. Contents

To share good practices and lessons learned in advancing PHC towards UHC and the health-related 2030 SDGs of China, Kazakhstan, the

globe, key regions and countries, and explore initiatives to strengthen global and regional dialogue and cooperation in PHC.

IV. Tentative Agenda

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

Part One (10 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).

Part Two (45 minutes): Country (and international organizations) including patient and PHC professionals' presentations. To introduce global, regional and national PHC progress and experience (about 5 minutes/person, and an additional 3 minutes' Chinese short film airtime).

Part Three (30 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.

Event details / détails de la réunion

Date	May 20, 21 or 22, 2019	Time/Heure	90 minutes
Expected number of participants/Nombre de participants attendus : 100			
Exact title of the event/Titre exact de la réunion: PRIMARY HEALTH CARE TOWARDS UNIVERSAL HEALTH COVERAGE AND SUSTAINABLE DEVELOPMENT GOALS			

Interpretation/Interprétation

Interpretation may be provided in the official languages and the estimated costs are as follows: 2 languages: 2568 CHF; 3 languages: 5136 CHF; 6 languages: 11985 CHF.

L'interprétation peut être assurée dans les langues officielles aux coûts estimés suivants : 2 langues-2568 CHF;

3 langues : 5136 CHF; 6 langues : 11985 CHF.

Are interpretation services requested? / L'interprétation est-elle requise ?	Yes/Oui <input checked="" type="checkbox"/>	No/Non <input type="checkbox"/>
(If yes, which languages)/(Si oui, en quelle langue) <input type="text"/>		
English/Anglais <input checked="" type="checkbox"/>	French/Français <input type="checkbox"/>	Russian/Russe <input checked="" type="checkbox"/>
Spanish/Espagnol <input type="checkbox"/>	Chinese/Chinois <input checked="" type="checkbox"/>	Arabic/Arabe <input type="checkbox"/>
Other language/autre langue: <input type="text"/>		
Invoice to be sent to/ Facture à envoyer à:		

Name/Nom Mr. Cong Ze

Postal address/ Adresse postale No.1 Xizhimenwan Nanlu, Xicheng District, Beijing, 100044

E-mail/Courriel intorgs@nhc.gov.cn; congze@nhc.gov.cn

Room Layout/Aménagement des salles

Due to type of furniture and technical equipment in the room, the layout of the rooms cannot be changed. For information regarding the location and layout of rooms at the Palais des Nations, please see:

[http://www.unog.ch/80256EE60057CB67/\(httpPages\)/BAE3AF717207A5AF80256EF80049C552?OpenDocument](http://www.unog.ch/80256EE60057CB67/(httpPages)/BAE3AF717207A5AF80256EF80049C552?OpenDocument)

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***Badges/ Badges d'accès**

WHA side events are for participants of the WHA and, as such, panelists and participants should be drawn from those participating in the Health Assembly.

Les réunions parallèles sont réservées aux participants de l'Assemblée; Les orateurs de ces réunions doivent donc être choisis parmi ceux-ci.

Please complete the form and send it to / Merci de remplir le formulaire et de l'envoyer à

hqgoverningbodies@who.int

by 29 March 2019