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PRIMARY HEALTH CARE FOR UNIVERSAL HEALTH

Background

1. For the past 40 years, the Declaration of Alma-Ata has guided efforts in the Region of the Americas to make health for all a reality. Primary Health Care (PHC) has been the cornerstone of the development of health systems and many mandates of the Pan American Health Organization (PAHO). Member States have a long-standing commitment to the Declaration's call for reaffirmation of the right to health, equity, and social justice; the responsibility of governments to achieve health for all; the need for a new way of organizing health services; the need to make knowledge and health services accessible to people and communities; and the need for participation and community involvement (1).
 2. In 2005, PAHO Member States endorsed the Montevideo Declaration for the renewal of PHC in the Americas (see Document CD46/13). The renewal process explicitly sought to realize the potential of PHC as the foundation for health system transformation and inclusion of the social determinants of health to ensure health for all. In 2008, the World Health Report (WHR), *Primary Health Care: Now More than Ever*, reestablished at the global level the need for a PHC approach, giving concrete evidence that it was more affordable and had greater impact on prevention, health promotion, and the delivery of services where people live at the first level of care, as opposed to concentrating on hospital care. The WHR 2010, *Financing the Path to Universal Health Coverage* (UHC), advocated for every government to make a commitment to universal health coverage, indicating that prepayment and pooling of resources, whether through general taxation or insurance, was more efficient and effective than payment at the point of service (2-5).
 3. In 2014, PAHO Member States embedded this vision of PHC within the Strategy for Universal Access to Health and Universal Health Coverage approved by the 53rd Directing Council (Document CD53/5, Rev. 2 and Resolution CD53.R14) (6), anchored in the core values and principles of PHC enshrined in the Alma Ata Declaration of 1978. In this way, the strategy reaffirms the right to health, equity, and solidarity as core values and calls on all countries to achieve universal access to health and universal health
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coverage thorough strategic and comprehensive initiatives for transforming or strengthening health systems. While noting the need for each country to define its own path according to its context, the strategy is clear in setting specific recommendations that encompass service delivery, stewardship and governance, financing, and intersectoral action to address the social determinants of health. In 2018, the Member States fully engaged in the global call for the renewal of PHC through a formal consultation on the draft of the Astana Declaration on PHC, followed by participation in the Global Conference on Primary Health Care in Astana, Kazakhstan (7).

4. To commemorate the 40th anniversary of the Alma-Ata Declaration, increase advocacy, and accelerate advances toward the achievement of universal access to health and universal health coverage in the Region, the Director of the Pan American Sanitary Bureau (PASB) launched an initiative to take stock of the progress and challenges 40 years after Alma-Ata, and, within this context, to craft a prospective view of PHC as the keystone for universal health in the Americas in the 21st century. The initiative included establishment of the Regional Forum, “Universal Health in the 21st Century: 40 years of Alma-Ata”; appointment of a regional high-level commission of the same name; participation in global processes for the renewal of PHC; and engagement with global stakeholders in preparation for the United Nations General Assembly High-level Meeting on Universal Health Coverage in 2019.

5. The regional High-level Commission (HLC), established in February 2018 under the leadership of Michelle Bachelet, Former President of Chile, and Nestor Mendez, Assistant Secretary General of the Organization of American States, has 18 members from 13 countries, senior experts and representatives with diverse backgrounds in the health and social development fields, academia, labor, civil society groups, and social movements.¹ The Commission also reflected the ethnic diversity of the Region. The HLC was tasked to: *a)* deliberate on health systems in the 21st century and advances and challenges in implementing universal health policies; *b)* examine the role of civil society in health system transformation processes towards universal health with a view to seeking greater social participation in health; and *c)* examine the achievements and lessons from the past, from Alma -Ata to Universal Health in the era of the Sustainable Development Goals.

6. This information document provides a summary of progress made under this initiative, with focus on the report of the High-level Commission.

¹ In addition to Their Excellencies Michelle Bachelet and Nestor Mendez, co-chairs of the Commission, the other members are Mabel Grimberg (Argentina), Vivian Camacho Hinojosa (Bolivia), Toni Reis (Brazil), Andrea A. Cortinois (Canada), Laís Abramo (CEPAL), María Soledad Cisternas (Chile), Mauricio Bustamante García (Colombia), Hernando Viveros Cabezas (Colombia), Carina Vance Mafla (Ecuador), María Isabel Rodríguez (El Salvador), Chelana Providence (Guyana), Mirna Kay Cunningham Kain (Nicaragua), Denzil Douglas (Saint Kitts and Nevis), Loyce Pace (United States of America), Daniel Olesker (Uruguay), and Mario Mujica Vidart (Uruguay).

Analysis of Progress Achieved

7. The regional forum “Universal Health in the 21st Century: 40 years of Alma-Ata” was convened in Quito, Ecuador, by the Director of PASB in collaboration with the Government of Ecuador in December 2017. More than 130 participants, including Ministers of Health and representatives of civil society, academia, and social development, discussed the current context of health systems, achievements to date in implementing the PHC strategy in the Region over the past 40 years, and impediments to realization of the vision of Alma-Ata during that time. One of the key shortfalls identified was the lack of effective civil society engagement and participation in policy development and implementation, health system transformation processes and oversight, and the development and implementation of strategies at the national and local level to address inequities in health.

8. In the Americas, PAHO spearheaded the global campaign for the observance of World Health Day (WHD) for two consecutive years (2018-2019), under the theme “Universal Health: Everyone, Everywhere”. In 2018, the regional campaign focused on breaking down barriers to health, and in 2019 the emphasis was on equity and solidarity. In addition to the WHD campaigns, the Annual Report of the Director 2018 underscored the relevance of PHC for the Region under the theme “Primary Health Care: The time is now!” (8).

9. The Region also participated actively in the global process of drafting the Astana Declaration on Primary Health Care (9). To ensure adequate representation of the Region in the process, in May 2018 the Director of PASB convened a formal consultation with Member States, which resulted in a regional report that was submitted to the Director General of the World Health Organization (WHO). The strong participation in this process is reflected by the fact that 25 of the 28 formal comments received by WHO came from Member States of the Americas. The Region was also well represented at the Global Conference on Primary Health Care in October 2018, with the participation of 17 Member States, represented by eight Ministers, other senior officials, and a representative of the High-level Commission. The Director of PASB delivered the keynote address in the closing session (10-11).

10. The High-level Commission established by the Director of PASB in February 2018 held 10 meetings, including a side event at the 54th Directing Council of PAHO, and delivered its final report in April 2019. The Commission guided its work program through the establishment of five thematic working groups on the following topics: the model of care; the institutional model; the health financing model; social protection in health; and human resources for health. Each working group convened a wide range of experts and stakeholders from the Region who contributed to the development of thematic reports, which in turn constituted the basis for the final report of the Commission. In addition, the Commission reviewed the draft Astana Declaration and sent a formal position letter to the Director-General of WHO. One of the members of the Commission was also a member of the International Advisory Group for the Astana Conference on PHC (12).

11. The High-level Commission’s report was formally launched on 9 April 2019 in Mexico City at an event attended by the President of Mexico, the Office of the United Nations High Commissioner for Human Rights (OHCHR), the President of the Commission, and the Director of PASB. The meeting was attended by 17 Ministers of Health, representatives from 29 countries, members of the Commission, international partners, and stakeholders from civil society. The launch was followed by a detailed presentation of the report with comments from Ministers of Health. There were five technical plenary sessions based on the findings of the report: *a) PHC as a Strategic Approach for Universal Health; b) Social Determinants and the Role of the State in the Right to Health; c) Public Health and Social Participation; d) Human Resources as the Foundation for PHC-based Models of Care; and e) Social Protection and Financing (12).*

Summary of the Commission’s Report

12. In its report, the Commission recognized that in the 40 years since Alma-Ata the Region has failed to achieve the target of health for all. Millions of people are still without access to the right to health, affected by asymmetries of power. In addition, the Commission noted that the persistence of multiple and simultaneous forms of discrimination and exclusion—which lead to mutually reinforcing inequities in health and social development and to inequalities in accessing resources, opportunity, and recognition—are as important as inequalities in income and have similarly resulted in socioeconomic stratification. Social protection mechanisms have not addressed inequities, and barriers to access health and health services persist. Health system transformations within the Region have not followed the PHC strategy. Furthermore, reform agendas have not given adequate attention to public health and the processes of social determination of health. The report highlights the need to shift from a “social determinants of health” approach to one that reflects on the “processes of social determination of health”.² The report also called attention to the growing role of the private sector in service delivery and technology, with increasing influence within countries, both regionally and globally (12).

13. The Commission reaffirmed PHC as “a necessary and sustainable path towards the achievement of universal health, which is a right of all people, with quality, equity, and social justice; with State policies that guarantee this right and respect diversity; and with economic resources that are sufficient and equitable; while strengthening communities as a means to transform realities, so that no one (citizens and non-citizens) remains outside the health system.” The Commission emphasized that health for all is a valid and fundamental imperative. Its analysis and recommendations are based on the fundamental premise that health is a right and a responsibility of the State, and that three interrelated and interdependent linchpins are essential to addressing inequities and needs in health for the future: *a) models of care, with intersectoral interventions impacting processes of social determination of health; b) political and institutional processes to strengthen and integrate*

² The “social determination” approach involves action on the social processes and power dynamics of societies, interpreting them within the historical framework that replicates and perpetuates them, thereby intensifying inequities.

health systems and social protection mechanisms; and *c*) key human, technological, and financial resources (12).

14. The report provides ten recommendations (12):
 - a) Ensure an institutional model that enables the State to meet its ineluctable responsibility to guarantee the right to health within the broader human rights framework.
 - b) Develop people and community centered PHC-based models of care that take into consideration human diversity, interculturalism, and ethnicity.
 - c) Create social participation mechanisms that are genuine, deep, inclusive, and accessible.
 - d) Establish mechanisms to oversee and regulate the private sector.
 - e) Eliminate barriers to universal access to health.
 - f) Address the processes of social determination in health through intersectoral interventions that promote substantive change.
 - g) Reposition public health as a pillar of the States' response for transforming health systems.
 - h) Recognize human resources as the protagonists in the construction of PHC-based models of care.
 - i) Promote the rational use and innovation of health technologies to serve population health needs.
 - j) Develop a financing model that ensures sufficiency, quality, equity, efficiency, and sustainability.

15. The report is available in Spanish and English in electronic and printed format and has been shared with all Member States and a wide range of stakeholders.

High-level Meeting of the United Nations General Assembly on Universal Health Coverage

16. The 72nd General Assembly of the United Nations (UNGA) decided to hold a high-level meeting on universal health coverage in September 2019 (Resolution A/RES/72/139) (13). The high-level meeting —under the theme “Universal Health Coverage: Moving together to build a healthier world” — (Resolution A/RES/73/131) (14) will approve a concise and action-oriented political declaration, which will have been agreed to in advance by consensus through intergovernmental negotiations. The 72nd General Assembly requested the President of the General Assembly and the Director-General of WHO to work in close collaboration with Member States to prepare for the meeting and to organize an interactive multistakeholder hearing prior to the end of July 2019. WHO is working with

Member States to facilitate their engagement in drafting the political declaration and preparing for the high-level meeting.

17. The Report of the regional High-level Commission established by the Director of PASB represents an important contribution to support Member States in the development of a political declaration that can help to advance this agenda globally and for the Region. The recommendations of the report can inform the concrete actions and the accountability framework that will set the benchmarks for follow-up. It is also an important reference to inform the upcoming activities; to provide key input for regional stakeholders in such events as the C20 and G20 meetings in Japan in April and June 2019, respectively, and the Regional Forum on Universal Health; to support comments on the “Key Asks from the UHC Movement”; and to support PAHO Member States, civil society, and key stakeholders in their active engagement at the 74th UNGA in 2019.

Regional Compact on Primary Health Care for Universal Health 30-30-30

18. In responding to the HLC report and the discussions on the plenary sessions, the Director of PASB issued a call to action for the Region of the Americas through the Regional Compact on Primary Health Care for Universal Health: PHC 30-30-30.³ Specifically, the Director called for renewal of the commitment “to realize a vision where everyone in the Americas, irrespective of race, gender, economic status and ethnicity, can realize their full rights of self-determination and of health and wellbeing.” She emphasized the need to break down barriers in the quest for equity and social justice for health. For that, she said, “it is necessary to make Primary Health Care the linchpin of our health systems, with inclusive, quality health and social services that are comprehensive and integrated, with a strong first level of care integrated within health networks. And with people – not disease – at the center of our efforts” (14).

19. The PHC 30-30-30 provides specific targets for advancing universal health in the Region: a concerted effort to reduce access barriers by 30%, a commitment to allocate at least 30% of the entire public investment in health to the first level of care, and transforming health systems based on PHC by 2030. The transformation of health systems, with strategic focus on increased resolution capacity of the first level of care within integrated health service delivery networks, together with the repositioning of public health, is the foundation for the Region of the Americas to achieve universal health (14).

20. The Director tasked the Bureau, as a matter of urgency, to begin charting the way forward on PHC 30-30-30 for Universal Health and to establish a corporate process for engagement, further debate, and development of a proposal within the Bureau and with Member States, other partners, and civil society in order to accelerate concerted efforts to

³ For more information, visit:

https://www.paho.org/hq/index.php?option=com_content&view=article&id=15078:phc-30-30-30-paho-new-regional-compact-on-primary-health-care-for-universal-health&Itemid=1926&lang=en.

fully support the regional compact (14). PAHO will continue to support Member States and advocate to continue preparations toward the 74th UNGA 2019 and beyond.

Action by the Executive Committee

21. The Executive Committee is invited to take note of this report and provide any comments it deems pertinent.

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