

Closing remarks by Dr. Carissa Etienne, Director PAHO
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Ladies and gentlemen, at the closure of this historic Global Conference on Primary Health Care I stand here hopeful. I have renewed hope and commitment. For 40 years, I have been a believer, implementer and an activist for Primary Health Care. I am hopeful because the youth, our future, is fired up; because civil society, the guardians of the welfare, the poor and the excluded, are fully engaged.

I have seen people and institutions who ten years ago did not want to hear about PHC, and yet today, are embracing the values and principles of PHC.

I am hopeful because of what I have heard and witnessed over the last two days. We possess the “know how”. We know what works and what we need to do. But we must not lose sight of the fact that there are millions living in our countries that yet do not share that hope.

Today, we are here to reaffirm that health is not a privilege, nor a commodity. It is a fundamental human right. We have come today to reaffirm our commitment to the values and principles of PHC in the spirit of Alma-Ata.

Allow me to be provocative ladies and gentlemen, in this the final session of our conference. If we all share the vision of health for all, why is it that we are not there yet? What is required to make it happen? And what should we be doing differently this time?

First, it is important to have conceptual clarity and a clear vision. Let us agree that PHC is an approach and a strategy for health and well-being, for human and social development which is centered on the individuals, their families and the communities. It is not merely the first level of care, nor is it the provision of a limited package of services for the poor. PHC calls for universal access to quality, comprehensive health services not only curative but: for promotion, prevention, rehabilitation, palliation and treatment of common conditions. It calls for addressing the social determinants of health.

It calls for removing all types of barriers to access, including financial, geographical, cultural, gender. And it requires State action. Without State action, there is no right to health, especially for those living in situations of vulnerability. Without State action we cannot make progress in social cohesion.

Ladies and gentlemen, I say that language matters! This is what we mean by the Primary Health Care Strategy, and this should be our common vision of Primary Health Care.

Second, it is important to learn the lessons of Alma-Ata, namely, that barriers to access must be systematically identified and broken down! and that fragmentation and segmentation of health systems and services is a recipe for failure.

National governments must lead and own national processes towards universal health, in coordination with partners. “Universal” means universal, with no excuses or half-measures in providing the necessary health services for all people. And universal health cannot be attained without multisectoral policies, programs, and actions that address the social determinants of health”.

Third, the pursuit of equity in health demands strengthened social participation and community engagement. Leaving no one behind means making special effort to give voice to those that have not been heard.

Those in conditions of exclusion and vulnerability, including women and children, youth, migrants, LGBT, ethnic groups, and the poor, to mention a few. The development of a people- and community-centered model of care enables the participation of people and civil society as key stakeholders in this process.

This is the time for innovative and creative strategies to enhance community and social participation, and to enable people to make optimal choices for their own health.

A key tenet of the PHC approach is the provision of comprehensive quality health services where people live and work. We need a revolutionary first level of care, one that makes rational and efficient use of technology and organizational innovation, including interdisciplinary health teams with a new cadre of personnel and skills mix.

A first level of care that is supported by an integrated health services delivery network, including hospitals and specialized services.

A first level of care that responds to people’s needs -risk factors, violence, mental health issues, sexual and reproductive health, chronic non-communicable diseases, public health emergencies and disasters, and the impact of climate change.

Ladies and gentlemen, **Primary health care (PHC) must form a central part of the strategy for transforming health systems to achieve universal access to health and universal health coverage.**

And so colleagues, we have arrived at an important juncture in the history of Primary Health Care. We have taken time to look back, to acknowledge our achievements, and to realize our errors. It is time now to look to the future, towards the next 40 years and beyond. It is a time to CALL US TO ACTION, making sure that we accelerate the movement to leave no-one behind.

To governments: We ask you to fully embrace the commitments you have made in the declaration of Alma Ata of 1978, and in the declaration of Astana 2018. Health is a right of the people, and the responsibility of government. Let us then make it so. Assume leadership, and your role as stewards of the health sector.

Realize the vision of Primary Health Care for your peoples, as the principle strategy to improve health and wellbeing. Adopt coherent policies and regulations that strengthen and make your health systems equitable and resilient.

Educate and train your peoples, to build a workforce for health never before realized! Reach your people through a strong first level of care, supported with integrated health services, including hospitals. Invest in your people and your systems; invest in health, not war.

And please, please, please - do not reduce health to merely the access to minimum sets of packages of essential services, when your peoples deserve so much more! Lead, coordinate and drive change within the health sector - and in other sectors. Engage your people in this process – they will acknowledge your efforts and be grateful for it.

To youth: you are our future! You are the energy that will drive change, and your future is in your hands. Engage therefore in the decision-making process, and make your voices heard! And if you feel you are not being heard, reach higher and farther until all those that are not listening, sit up and pay attention. Seize this moment, as the actions we take now will have lasting impact for your health and wellbeing, and that of your communities. I challenge you to be involved in your communities. I challenge you to be involved in health action.

To women: let us continue to fight for what we know is right. To realize a vision of PHC that addresses our needs as women. To prioritize the delivery of quality, comprehensive services that respond to the differentiated needs of women.

Call on your leaders to ensure that gender is central to the decisions that are being taken in health. It is not acceptable that in the 21st century women continue to die in childbirth, because they could not receive prenatal care, or the primary care center was too distant, or because transfusion services are not available.

And call on your leaders to ensure that gender is central to health policy, to ensure your rights as a woman throughout the life course, or as a health worker.

To academia: in this the era of mass information and communication, where policy research is often questioned, and debunked, and best evidence ignored, now more than ever you must stand-up. Work even harder, invest in operational research that is context specific, and focused on needs of countries, and on their health systems. Learn to communicate evidence, to speak truth in a manner that can be readily captured, to guide and support policy makers to take the right decisions. And modify your curricula, to prioritize the generation of a new workforce that will respond to the call of the Astana Declaration.

To the private sector: you have an important role. As health providers, in service delivery, in hosting the platforms that are necessary to generate and manage critical information. You are leaders in innovation.

You provide us with critical medicines and technologies that have allowed us to make leaps and bounds in health. And you are a key partner in the future of primary health care.

With this comes responsibility. Please remain engaged and committed to working with your governments and societies in advancing primary health care. You have a responsibility to your shareholders, but you have an even greater social responsibility to the peoples of this world, in the decisions and actions you take. Innovate, but based on health needs. Participate, engage, and invest in primary health care. And remember that a healthy population drives economic development.

To development partners: this is a golden moment for us. We cannot leave here and repeat the mistakes of the past, in instigating reform processes that weaken governance and stewardship, that reduce primary health care to ‘minimum sets of poor services for the poor’.

Embrace the holistic vision of primary health care in partnering with your countries. Let us not fragment, segment and dilute our collective action in support of this movement. Let us reaffirm the principles of the Paris Declaration in working around one policy, one plan, and one vision towards Universal Access to Health, and Universal Health Coverage, built on the promise of Primary Health Care. Honor your commitment to align, accelerate and account.

To community leaders and peoples of this world; Let us build a global community, a global movement. Let us call for a social compact where universal health is central, and Primary Health Care is the strategy.

We are in a world where connection, and connectivity, drives innovation and social change. Remain connected, participate and engage. Promote health and wellbeing, for yourself, your family, your community. Be accountable and hold your policy makers accountable too. Through social participation, good governance and transparency, we can collectively advance in health and development.

Colleagues, let this be the moment where we come together, to launch and drive this global movement to ensure that the right to health becomes a reality in the 21st century. Let us reaffirm our commitment for action, in the quest for equity in health, and the achievement of all of the SDGs. Let us change the course of history, and set us on a trajectory, whereby, 40 years from now, future generations will look back and say, yes, the vision was solid, and the resolve was strong.

Ladies and gentlemen, there is no other way. Primary Health Care is smart. Primary Health Care is right. Primary Health Care is the foundation of universal access to health and universal health coverage.

The basic tenet embodied in Alma Ata continues to be both valid and relevant to our times. These are the same values and principles that must now be the oil that keeps the lamp of Astana burning.

Primary Health Care – THE TIME IS NOW!