

Feedback on the Consultation on The Declaration for The Second International Conference on Primary Health Care: towards universal health coverage and the sustainable development goals.

### **General comments on the Declaration** (see box at the end of the document)

The declaration gives an excellent overview of the actual challenges, and the role the primary health care system can play.

What is missing:

1. To emphasize the importance of diversity, that actually is an important characteristic of primary health care activities. In III. the document asks our attention for "Gender quality and empowerment", but it would be important to add other domains of diversity (e.g. ethno-cultural diversity,...).
2. In I.c. the document makes the same mistake as in 1978, not taking the opportunity to mention the healthcare workers that are functioning at the primary healthcare level. In 1978, this omission had the terrible consequence that a lot of professionals in primary health care, did not have the impression that the excellent Alma Ata-Declaration did speak to them and to their professional activities. At the occasion of the formulation of WHA62.12 in 2009 in Geneva, there was a long debate on how to mention professions in primary care. I suggest that we copy point 1.5. from that Resolution.
3. The document would become more concrete, when it could mention, some examples of "good practices that have proven during the last 40 years to really put in to practice the principles of the Alma Ata Declaration. In III.c. some of those can be mentioned "... programs and projects (e.g. Community Oriented Primary Care, Community Health Centers, Interprofessional Primary Care Networks, civil society initiatives on improving health literacy and empowerment,...).

For the rest, this is a great document that will inspire lots of people.

### **Preamble.**

Line 5: "Today, the need for person- and people-centered primary health care": this is in accordance with the formulation later in the document (in the section "Primary health care is essential to improve health": "... provide better population and individual health".

Line 6: "...globalization, rising inequities and decreasing solidarity": for the sustainability of health systems, the decreasing solidarity in large parts of the world, the discourse where it is "we" against "them", does not contribute to the necessary solidarity to build sustainable health systems.

### **Primary health care is essential achieving universal health coverage and sustainable development goals.**

In this section on line 1, one focus could be added: "..., coverage of services, relevance, cost-effectiveness,...". Increasingly, "relevance in health care is of utmost importance: that means a care that is responsive to the "needs, goals and values" (see III.), that deals with what "matters to the person".

In line 8 of this section, the phenomenon of "inequity by disease" could be mentioned: this means that people with similar conditions e.g. a chronic condition, or with similar functional status, but with a different diagnosis, do not have the same access to health care. Two examples: in Africa, in a lot of services, there is HIV/Aids medication (ARV), but no diabetes-medication (e.g. Metformin). Also in many Western countries where there is a "cancer program", 2 people with hemiplegia, the one due to a brain tumor, the other due to stroke, have access to different care packages and different conditions. This "inequity by disease" is a very serious issue, because it is the health system that is responsible for this "inequity". So, I suggest: "...fragmentation of services, inequity by disease, less access to care for those who need it most,..."

### **Primary healthcare is essential to improve health.**

In this section, in line 2, I suggest: "Approach and a person- and people-centered health system".

This is in accordance with what is written in the next sentence: "a better population and individual health".

### **Primary healthcare is essential to the success of and sustainability of health systems.**

In this section, on line 5, the issue of "diversity" (broader than gender), can be addressed.

I suggest line 5: "Education, equality and empowerment in addressing diversity (gender, ethno-cultural,...), productive employment..."

In line 13, I suggest: "... geographically, culturally, and financially accessible": in our diverse society, cultural access to health care becomes more and more important.

### **Governments.**

In b., line 5: "...and service delivery, focusing on improving the health of the population; and ensuring..."

c. line 2: I suggest to mention here the disciplines active in primary health care. In order to avoid a new discussion (this was at length debates when WHA62.12 was adopted), I suggest to copy the relevant paragraph from WHA62.12: "...teams with an appropriate skill mix. This requires the training of adequate members, with appropriate skill mix, including primary health care nurses, midwives, allied health professionals and family physicians, community health workers and others prepared to work in teams."

d. line 3: "...quality assurance, informing the health status of a community and monitoring and evaluating change overtime, assessment of equity and accountability..."

### **People, including civil society.**

a. line 2: "...informal carers and co-creators of health;"

b. line 1: "...role in social accountability with special attention for vulnerable groups and participatory governance of health services..."

### **The international community, including UN-organizations, funding agencies and donors.**

Excellent paragraph. It would be appropriate to mention some of the typical projects that have put the principles of the Alma Ata Declaration in practice.

Suggestion:

c."...focused programs and projects (e.g. Community Oriented Primary Care, Community Health Centers, interprofessional Primary Care networks, civil society organizations developing health literacy and empowerment,...), bringing together..."