

PHC, UHC and Sustainable Development Goals

This week (25-26 October 2018) in Astana, Kazakhstan, WHO celebrated 40 years since the International Conference on Primary Health Care (PHC) and renewed vision of PHC – building on, *but not replacing*, the declaration of Alma-Ata. In spite of humanity enjoying better health than earlier generations, unfortunately the benefits of modern health care are not accessible to all. Many countries struggle to cope with the growing burden of Universal Health Coverage (UHC) – [PHC for the 21st century](#).

The Sustainable Development Goals (SDGs) are now steering the global health and development agendas. Notably, the SDGs contained no mention of primary health care, reflecting the disappointing implementation of the Alma-Ata declaration of 1978 over the past four decades. The draft Astana declaration (Alma-Ata 2·0), released in June, 2018, restates the key principles of primary health care and renews these as driving forces for achieving the SDGs, emphasising universal health coverage. There is evidence that countries that reorient their health systems towards primary care are better placed to achieve the SDGs than those with hospital-focused systems or low investment in health. ([Thomas Hone et al 2018](#))

Put public health and primary care at the centre of UHC (Extracts from [Astana Declaration](#))
“We must enhance capacity and infrastructure for public health functions and develop quality primary care that is continuous, comprehensive, coordinated, community-oriented and people-centred. We will appropriately prioritize disease prevention and health promotion. We will ensure adequate public health and primary care workforce (including PHC nurses, family physicians, midwives, allied health professionals, and non-professional community health workers) working in teams with competencies to address modern health needs. We will promote management practices that ensure decent work including adequate compensation, meaningful opportunities for professional development and career progression. We will guarantee the availability of appropriate medicines, products and technologies. We will allocate sufficient resources to research, evaluation and knowledge management, promoting the scale up of effective strategies for multisectoral action, public health and primary care.”

It is also encouraging to note that the assessment matrix for monitoring UHC expands on the Alma-Ata essentials from— family planning and maternal and child health care, immunisation coverage, food and nutrition, water and sanitation, prevention and treatment of common and endemic diseases, and the provision of essential drugs— to include tobacco control, antiretroviral coverage for HIV, prevention of neglected tropical diseases, management of hypertension and diabetes, cataract interventions, and indicators of financial protection. ([WHO, World Bank. Tracking universal health coverage: 2017](#))

At the time of Alma-Ata Declaration in 1978, information technology was primitive; and timely and complete information on health was not possible. However, since then IT revolution has changed the world and that goes for primary health care as well. It is unfortunate that we have not used locally generated health information to our advantage. Although all primary health centres have the details of their catchment population serving as the denominator, but it is rarely used. Age-sex register at health centre level is the only way we can aim at UHC. It provided the accurate workload of a health facility such as numbers to be immunised, the family planning coverage, service provision during pregnancy and childbirth, follow up of neonates and children under five etc. It enables health workers to assess the impact of their hard work and possible future adjustments, if the strategies are not working. Descriptive epidemiology and its benefits are not being realised in PHC. Recent discussion on [precision public health](#) addresses it, but we need to move faster. An example of this type of use of data at health centre level is demonstrated in the NTPC Laos project, detailed in this website under

Blog, and under Collaboration with Government Health Services.

Personally, I am delighted that PHC has remained as the way forward and that it has not evaporated like many other jargons since 1978. Alma-Ata Declaration's Survival in its original form proves that it has stood the test of time. Time and again with the new slogans, PHC has emerged as the foundation of any hope for achieving UHC, leading to the SDGs. Since the beginning of my career in Public Health in 1979 at Liverpool School of Tropical Medicine, where I first learnt about Alma-Ata Declaration from Prof. Fendall, I have been an ardent believer that PHC is the only answer to Health for All and UHC.

Financing PHC can go a long way in achieving essential UHC and making "Health for All" a reality are options that remain open to all countries ([Alma-Ata at 40 years. Lancet 2018; 392: 1434–60](#)). Governments must recognise the need for comprehensive PHC for all; and especially not forgetting the health education component, as it is the key for success of PHC.

It is not important to harp about health as a human right, but there is a long tradition of thinking of rights in terms of social ethics: what a good society must have. (Amartya Sen. Why and how is health a human right? [Lancet: Vol. 372. December 13, 2008](#)). Rights are of little consequence without responsibilities.

A renaissance in primary health care is essential to provide health for all, including the most vulnerable. ([Astana Declaration. Editorial. Lancet 20 Oct 2018](#))