

Primary health care for the 21st century, universal health coverage, and the Sustainable Development Goals



Good health and wellbeing are fundamental to the prosperity of societies. By many measures, modern humanity enjoys better health than earlier generations.¹ But the benefits of modern health care are not accessible to all. Even as the incidence of infectious diseases such as HIV, tuberculosis, and malaria are reduced, many countries struggle to cope with the growing burden of non-communicable diseases, and the complex and growing health needs of ageing populations.^{2,3}

The Declaration of Alma-Ata in 1978⁴ was the first international call for primary health care as the main strategy for achieving universal health coverage, otherwise known as “health for all”. Guided by its values of equity, solidarity, and social justice, signatories to the Declaration of Alma-Ata agreed that all people in all countries have a fundamental right to health, and that governments are responsible for upholding that right.⁴

The vision of the Declaration of Alma-Ata was to change how we think about health and move away from hospitals, professionals, and disease, and towards a recognition that health is not only about illness and services but also about the social, economic, and environmental factors that affect the health of individuals and populations. Thought about this way, health services are designed and delivered in response to the expressed needs and expectations of individuals and communities, and are easily accessible where people live and work.

40 years later, that vision has gone largely unfulfilled. Realisation of the vision and values set forth in the Declaration of Alma-Ata has been hampered by inadequate political leadership and circumstances beyond the health sector (eg, economic crises and political instability) and within the health sector (eg, global epidemics, vertical disease-specific approaches, unregulated private health care, and over-investment in specialised curative care).

The 40th anniversary of the Declaration of Alma-Ata is a time to reaffirm the principles of the original declaration and underline the importance of primary health care for achieving health and wellbeing for all. The anniversary also provides an opportunity to revitalise primary health care, bringing to bear the potential of innovation and

technology and empowering young people to participate more meaningfully in their own health.

Primary health care is based on three pillars: community empowerment, multisectoral policies and action, and integrated delivery of quality primary care and public health services. With good design and delivery, primary health care provided to all—irrespective of who they are or where they are from—can effectively meet most health needs people encounter throughout their lives.

Decades of evidence show that health systems developed around strong primary health care deliver better health outcomes at a lower cost, and can mitigate the impact of poor economic conditions on health.⁵ High-quality primary health care is the best platform for responding to evolving health needs, demographics, environmental challenges, and emergencies.⁶ Strong primary health care, rooted in community participation and action, is the foundation of every health system, and no country can achieve health for all without it.

Investing in primary health care will support tangible improvements in health and wellbeing and drive progress towards achievement of the health targets of the Sustainable Development Goals.

Achieving health for all and ensuring health care that is truly universal requires a renewed focus on quality primary health care that is designed around people. We are meeting at the Global Conference on Primary Health

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Care in Astana, Kazakhstan, on Oct 25–26, 2018, to recall and build on the original Alma-Ata vision, and embrace lessons learned since 1978. A new commitment, the Declaration of Astana, developed with the input of UN member states, will call for primary health care that puts people at the centre of health systems, instead of diseases, institutions, donor objectives, or vertical funding streams. We must transform this vision into a practical reality for the benefit and development of humankind.

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How primary health care can make universal health coverage a reality, ensure healthy lives, and promote wellbeing for all

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40 years on from the Declaration of Alma-Ata in 1978,¹ primary health care (PHC) is at a defining moment. Progress in the uptake of PHC across the world has contributed to raising global standards of health care and improving health, including a revolution in child survival and dramatic improvements in life expectancy. However, we are still far from addressing the determinants of health and the growing health needs of the 21st century and from realising a vision for health supported by health systems oriented around PHC.²

The Declaration of Alma-Ata, widely perceived as the birth certificate of the global movement for PHC, made three fundamental contributions. It affirmed the commitment of governments, WHO, UNICEF, and major global health actors to the fundamental values of solidarity around health as a human right. The declaration presented a shared definition of PHC and a vision for the PHC orientation of health systems; it set out the aims, activities, and core responsibilities of PHC providers and services, and emphasised people's right and duty to participate in the planning and implementation of their own care, thereby providing a framework for the redesign of health systems around PHC. Just as importantly, the Declaration of Alma-Ata was supported by a conference

report and a joint report by WHO and UNICEF on how PHC could be operationalised through national strategies.¹ The combined effect was to place PHC prominently on the global political agenda for the first time, shaping subsequent multilateral action and cooperation across the world.¹ Countries that adopted PHC have enjoyed rapid improvement in the health of their populations and, in many cases, have made social and economic progress that outstripped countries with weak PHC.³

However, the boldness and ambition of the Declaration of Alma-Ata, along with global political trends, were partly responsible for efforts to maximise immediate impact through an emphasis on selective interventions, an approach that has ultimately undermined progress.³ Although inevitably appealing, this selective approach compromised the comprehensiveness of the PHC orientation of the Alma-Ata vision, and has contributed to the fragmentation of efforts and delivery systems resulting in inefficiency, waste, and rising out-of-pocket health expenditures. By focusing on single diseases, selective PHC reinforced health systems built on targeted programmes, specialists, and, in many settings, hospitals that rely on intensive use of medical technology. This approach contributed to overestimating the benefits