Second International Conference on Primary Health Care: Towards Universal Health Coverage and the Sustainable Development Goals Consultation on the Declaration

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In 2018, 40 years after the Declaration of Alma-Ata, Member States, people, civil society and international development partners will commit to strengthening primary health care to achieve universal health coverage and the Sustainable Development Goals. Our collective commitment and action are required in order to achieve this goal. In this inclusive spirit, we hope you will share your comments on the new Declaration on primary health care.

Following this period of public consultation, the Declaration will be reviewed by the International Advisory Group on Primary Health Care for Universal Health Coverage on April 26-27. An updated draft Declaration will then undergo an informal consultation process with Member States in Geneva, Switzerland starting in May.

The public call for comments will be open until 12h midnight CEST on **April 23, 2018**. Thank you in advance for your input.

Together, we can achieve Health for All.

- **Draft Declaration**

Your contact details

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These comments represent input from a Member State
No [N]

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Please input your comments for each section of the document

Preamble
1st paragraph is good. 2nd paragraph is good, but item 6 inappropriately conflates the private sector and information technology. These should be two separate items (6 and 7) 3rd paragraph says 'to succeed in achieving health for all'. Health for all needs to be defined, and there is an argument that it should not be a goal, but an aspiration/vision. The goal should arguably be Universal Health Coverage, not health for all, with UHC being specifically defined, with target date and means of measuring progress. 4th paragraph says Together we will achieve health for all, leaving no one behind. Again, this is an aspiration, not a specific goal. Together we will achieve Universal Health Coverage may not sound as catchy, but it is more realistic. There is a real danger of repeating the mistake of the past (promising Health for All by 2000). The preamble rightly refers to people-centred primary healthcare. Yet nowhere does it make the vital link between empowering and enabling people to care for their own and their families health and them having access to the healthcare information that they need to do this.

I. Primary health care is essential achieving Universal Health Coverage and Sustainable Development Goals:

Good. However, this section needs to note that a prerequisite to universal health coverage is universal health information coverage. Universal access to essential healthcare information is a key starting point for heath care and provides (especially when it utilises mobile phone technology) an achievable and affordable early step in progress to UHC.

The SDG target (SDG 3.8) and associated indicators on universal health coverage, while rightly mentioning access to essential services, to medicines etc, fail to mention access to essential healthcare information - i.e. information that is directly useful to citizens, carers and front line health workers in making decisions about what to do in a health care situation.

II. Primary health care is essential to improve health:

'Progress requires a reorientation of...' This sentence merits emphasis.
'... away from curative care...' This should be deleted. Tens of thousands of children and adults are dying every day due to failure to deliver life-saving interventions. Strengthening both preventive and curative primary care should be emphasised.

III. Primary health care is essential to the success of and sustainability of health systems:

There is a numbering error in the second paragraph (2 X 2)

'it is the foundation to integrated service delivery, coordinating with other levels of services and other sectors including specialized care, acute inpatient care, long term care facilities, traditional and complementary medicine, public health and social services'

There is no consensus on the need to integrate scientifically unproven treatments. The original Alma Ata declaration emphasised that traditional workers should be 'suitably trained socially and technically'. In other words, it did not explicitly support traditional medicine but recognised the role of traditional workers in developing effective, scientifically proven technical skills.

Governments:

Good. However, section 1d ("Further developing health information systems within primary care, including integrated, individual patient records and patient registries, to enable continuity and coordination of care, continuous quality improvement and quality assurance, monitoring and evaluation, assessment of equity and accountability") omits entirely the role of information and information systems in directly supporting people (rather crucial for people-centred care!) It should add something on the lines of .... "and including systems giving wide access to reliable, timely, practical, healthcare information that empowers and enables and citizens to care better for themselves and their families and supports front line health workers in helping them to do so. "

The above proposed additional commitment for Governments is required to enable people to action the commitment 2a ("capitalize on the opportunities, knowledge, skills and resources to be articulate and empowered self-carers, informal carers, and co-producers of health")

People, including civil society:

'capitalize on the opportunities, knowledge, skills and resources to be articulate and empowered self-carers, informal carers, and co-producers of health' The term co-=producers of health is meaningless jargon and should be replaced with a term that is more understandable

The international community, including UN organizations, funding agencies and donors:

'organizing a coordinating mechanism for the systematic follow-up and review of the implementation of this Declaration including application of the strategy for monitoring and evaluation of primary health care at national and sub-national and service delivery level as a compliment to the Sustainable Development Goals.' compliment should read complement

If you have any general comments on the Declaration, please provide them below:

The new Declaration excludes several key elements of the original Alma Ata Declaration (numbering refers to Alma Ata 1):
II (stressing inequality as a fundamental issue of concern);
III (impact of economic and social development on health);
IV (that people have a right to participate individually and collectively in the planning and implementation of their health care);
VI (health care that is scientifically sound and socially acceptable);
VII-3. (food, water...);
VIII-4 (cross-sectoral cooperation);
VIII-5 (self-reliance and empowerment);
VIII-6 (referral systems);
IX (inter-country sharing and learning);
X (investment in health vs conflict);
final para (call for a new international economic order)

We are interested in hearing how you will be part of the movement. Consider sharing your personal commitment to primary health care and universal health coverage here. *(Please note these comments will not be used to edit the draft declaration.)*
On behalf of HIFA (Healthcare Information For All) we are ready to explore the issues raised in a dynamic, sponsored, inclusive and multi-stakeholder discussion. I am a joint coordinator of the HIFA Alma Ata 2.0 working group (launched 13 April 2018). We are planning to facilitate a global conversation on the HIFA forum (www.hifa.org) to explore specific questions relating to the Declaration over the coming weeks and months. Our remit will include the role of healthcare information; general and specific aspects of the Declaration itself; and promotion of inclusivity and participation. HIFA (Healthcare Information For All) is a global health community with more than 18,000 health workers, public health professionals, policymakers, researchers, publishers, librarians, information professionals, and human rights activists who are working to improve the availability and use of reliable healthcare information, with a particular focus on LMICs. HIFA's members (health professionals, librarians, publishers, researchers, policymakers and others) interact on 5 global discussion forums in 3 languages (English, French, Portuguese - and Spanish from 2018). HIFA works in collaboration with the World Health Organization and is supported by more than 300 health and development organisations worldwide. Website www.hifa.org Join here: www.hifa.org/joinhifa HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org), a global health community with more than 17,000 members in 177 countries. He is also current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org   FB: facebook.com/HIFAdotORG   neil@hifa.org
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