

**Astana Declaration on Primary Health Care:  
From Alma-Ata towards Universal Health Coverage and the Sustainable Development Goals**

\*DOCUMENT AS SHOWN ON SCREEN ON 24 AUG AT 13:07\*

**Comments from the Chair, 24<sup>th</sup> of August, 2018:** text highlighted in yellow is what was generally agreed upon (“compromise” version) during the MS consultation on August 24, yet to be confirmed (to “become green”) at following in-person consultation meetings.  
Text in [yellow and square brackets] is newly added on the 24<sup>th</sup> of August, generally agreed upon (“compromise” version).  
**Blue text** – undecided options of text (both to stay? either one to be chosen? – no majority opinion).

**Principles Guiding the AA40 Declaration Text**

The authors note that the following principles were used when drafting the current declaration:

1. The text must be concise, understandable, and accessible to the public as well as health professionals;
2. The text must avoid use of official or technical language wherever possible;
3. The declaration describes the role of the PHC strategy as part of each country’s efforts to progress toward UHC; and
4. The text must be forward-looking and inspirational while also proposing clear actions for achieving progress.

## Astana Declaration on Primary Health Care: From Alma-Ata towards Universal Health Coverage and the Sustainable Development Goals

P1. We, the participants [in] (USA) [of] (DEL USA) the Global Conference on Primary Health Care, [recalling the ambitious and visionary 1978 Declaration of Alma Ata on Health for All meet again to] (Ecuador, Tanzania, Finland) acknowledge the contribution of [health] [DEL Kazakhstan]/[healthier populations] (Brazil, Uruguay, Kazakhstan) to decades of global social and economic development and affirm [at the highest level possible and with an urgency spirit] (Ecuador) our commitment to primary health care (PHC) in pursuit of health and well-being for all, leaving no one behind [. ] [FULL STOP: Tanzania, Japan, USA, Canada, Iran, Kazakhstan] and [Verb] [equal access for all to primary health services and care] (Finland, Portugal) [reaching the furthest behind first] (RETAIN: Uruguay) / [we aim to ensure the health and wellbeing of the poorest and most marginalized and recognize that these are often women and girls] (Canada, Australia). [indigenous people, and people living with a disability] (Australia) [and people living in remote and rural communities] (Australia) [and people on the move] (Italy)

P2. We envision:

- a. [Governments] (Thailand, Iran, Kazakhstan) / [States] (Ecuador) and societies [, and businesses] (India) (DEL: Uruguay, Austria) that prioritize, promote, and protect people's health [and well-being]; [both at population and individual levels] (Finland)
- b. [People] / [individuals, families and] (Tanzania) and communities empowered and engaged in [determining] / [maintaining] (Chair) their own health [and well-being] (India); [in enabling and health conducive environments] (Finland, Ecuador)
- c. Sustainable health [care] / [services] (France) / [health-care services] (Uruguay) / [health services and care] (Finland) that is [pluralistic, comprehensive, integrated] (India) [available,] (DEL: India) accessible and affordable for everyone, everywhere; [without the risk of financial hardship] (Germany, Thailand)
- d. [Good] (India) Quality [and safe] (Switzerland) health [care] / [services] (France, Finland) / [health-care services] (Uruguay) / [health services and care] (Finland) that are provided to [all] (India) people [equitably] (India) with [equity,] (Switzerland) [and everybody with] (Finland) and with compassion, respect, and dignity
- e. [Health professionals who are well-trained, skilled and motivated] (Austria).

[ADD FOOTNOTE: For the purpose of this Declaration, primary health care means ....] (EU)

P3. [Enjoyment of] (India, Iran) [Attaining the] highest [possible] [attainable] (India, Iran) standard of health is a fundamental right of every human being without [any discrimination such as] (Austria) distinction of race, religion, political [belief,] (DEL Tanzania) [, sex] (Tanzania, Austria) [gender,] (DEL India) economic or social condition. [and culture] (Tanzania).

OR

[We affirm our commitment] (Thailand) [to respect, protect and fulfil the right of everyone to the enjoyment of the highest attainable standard of physical and mental health without discrimination of any kind, such as race, religion, language, gender, political or other belief, economic or social condition, age, disability or other status.] (Portugal, Uruguay, Brazil, Ecuador, Canada, Thailand)

AND

[In 1978, world leaders made the historic commitment to achieve Health for All through PHC in the Declaration of Alma-Ata. ] (DEL Uruguay)

AND

Convening on the 40<sup>th</sup> anniversary of the Declaration of AA, we [re]affirm (Iran, Uruguay) our commitment to its values and principles, particularly to health as a [human right,] (India)(Uruguay) / [the right to the enjoyment of highest attainable standard of health] (Canada) to social justice and solidarity, and to recognizing [that] (DEL Canada) [critical importance of] (Canada, Uruguay, Iran) health [is an indispensable engine of] / [for] (Canada, Uruguay, Iran) [in the socioeconomic] (Zambia) development, security and peace.

P3alt. Convening on the 40<sup>th</sup> anniversary of the Declaration of AA, we [re]affirm (Iran) our commitment to [its values and principles particularly to] (DEL Canada) respect, protect and fulfil the right of everyone to the enjoyment of the highest attainable standard of [physical and mental] (DEL Zambia) (RETAIN Canada, Thailand) health (RETAIN Canada) without discrimination of any kind, such as race, religion, language, [sex,] (Tanzania, Austria, USA) [gender,] (DEL USA) (RETAIN Canada, Norway, Kazakhstan) [sexual orientation] (Austria) political or other belief, economic or

social condition, age, disability or other status, to [social] (DEL USA) justice and solidarity, and to recognizing critical importance of health for socioeconomic development, security and peace

\*Include source (India)

P3b alt

We [re]affirm our commitment] (Thailand, Iran, Canada) to respect, protect and fulfil the [right of everyone to the enjoyment of the highest attainable standard of physical and mental health without discrimination of any kind, such as race, religion, language, [sex,] (Tanzania, Austria, USA) [gender,] (DEL USA) (RETAIN Canada, Norway, Kazakhstan) [sexual orientation] (Austria), political or other belief, economic or social condition, age, disability or other status.] (Portugal, Uruguay, Brazil, Ecuador, Canada, Thailand). Convening on the 40<sup>th</sup> anniversary of the Declaration of AA, we reiterate (Canada) our commitment to [all] (Iran) its values and principles, [to health as a fundamental human right] (RETAIN Switzerland, India)/[to the right of everyone to the enjoyment of the highest attainable standard of physical and mental health without discrimination] (RETAIN Canada), to justice and solidarity, and to recognizing the (EU) [critical (DEL Kazakhstan) importance of] (Canada, Uruguay, Iran) health [for] (Canada, Uruguay, Iran, Kazakhstan) [socioeconomic] (Zambia) development, security and peace.

P4. In 2015, world leaders signed on to the Sustainable Development Goals, which are interrelated and indivisible. SDG3 restates a commitment to healthy lives and well-being for all at all ages, based on multisectoral action and universal health coverage (UHC). UHC means that all people and communities can use the health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship. PHC is the most equitable, efficient and effective strategy to enhance health, making it a necessary foundation to achieve both UHC and the health-related SDGs.

#### **PHC is a strategy to achieve health for all through three components:**

1. (1) systematically addressing social, economic, environmental and commercial determinants of health through evidence-informed public policies and actions across all sectors;
- (2) empowering people, families, and communities to take control of their health - as self-carers and care givers; as co-developers of health and social services through social and community participation; and as advocates for multisectoral policies that promote and protect health; and
- (3) ensuring people's main health problems are addressed through comprehensive preventive, promotive, curative, rehabilitative and palliative care throughout the life course, strategically prioritizing essential public health functions and primary care services as the central elements of integrated service delivery across all levels of care.
2. Achieving our common goal of healthy lives and well-being for all at all ages requires systematic and coherent evidence-based actions to reinforce PHC, emphasizing equity, quality and efficiency.

#### **We are more likely to succeed than ever before. Our success will be driven by:**

3. **Political will:** There is increasing acknowledgement of governments' responsibility to ensure the highest attainable standard of health through multisectoral action and universal health coverage, engaging relevant stakeholders in this process and empowering local communities to act on their own health needs. We have more partners and more stakeholders, both public and private, working toward the SDGs. We acknowledge that increased political will to work on complex multisectoral determinants of health is needed. Heightened political will is also required to help avoid and mitigate conflict which is a powerful determinant of health that undermines health systems and rolls back health gains. We face continued challenges, but with more human and financial resources devoted to health than ever before and renewed global solidarity and commitment to PHC and UHC, the goal of healthy lives and well-being for all is within reach.

4. **Knowledge:** We have much more knowledge of what works and what does not and better tools for knowledge management and translation of knowledge to action. Decades of research, evaluating new and traditional knowledge, have generated solid information about how to address the determinants of health, prevent and treat illness and disease, reduce inequalities, and promote better health for all people. With this knowledge, we are better equipped to strengthen health systems, to ensure all people get the right care at the right time in the right place, taking into account their needs and preferences, and to adapt to changing conditions. We are also better equipped to gather additional information through a range of research methods as PHC evolves. We have greater capability to share knowledge and best practices about health and health care, thus empowering governments, health workers, people and communities to address health needs.

5. **Technology:** Digital technologies can be harnessed to improve access to health care, to complement and enhance existing health service delivery models, to improve health system management, to improve quality, as well as to empower and enable people and communities to play an active role in their own health. Advances in information systems also offer new avenues to improve information continuity, equity, disease surveillance, transparency, and accountability. More cost-effective medicines - including traditional medicines - vaccines, diagnostics, and other technologies are broadening the range of available and affordable health services that can be offered in primary care settings. We know more about how to best capitalize on the opportunities afforded by technology to improve access, equity and efficiency through context-appropriate use, while avoiding overutilization and ensuring equitable access.

6. **People:** People and communities are more informed, more organized, more connected and have higher expectations. People, supported by civil society, have more say in the governance, policies, and planning that impact health and delivery of health care through participation and accountability processes. Population health literacy is rising, prompting more individuals and communities to mobilize and assert their right to health and to health care, increasing community ownership, and contributing to social accountability of both the public and private sectors. Youth, in particular, are using innovative ways, including social media, to assert their rights and voice their needs. People and communities are central to health and their contribution to improving PHC is critical.

7. **Human Resources:** There is increasing attention to the importance of the health workforce and increasing investment in modern approaches to their recruitment, development, training and retention. An increasing number of health workers, with appropriate skill mix, able to work in a multidisciplinary context, have been trained and are responding effectively to people's health needs. The global economy is projected to create around 40 million new health sector jobs by 2030. These human resources will need to be equitably distributed based on the health needs of the population.

### **We face new and ongoing challenges:**

8. Reflecting on the last 40 years, we acknowledge remarkable progress in improving health outcomes and are encouraged by new opportunities that propel us toward the goal of health and well-being for all. At the same time, we recognize that people in all parts of the world have unaddressed health needs and inequities persist. Remaining healthy in today's world is challenging, particularly for people in situations of vulnerability who are often women and children. Evidence based policies that promote and protect health are not routinely implemented. Ageing populations, unhealthy environments, and unhealthy lifestyles have contributed to chronic diseases becoming the leading causes of illness, disability, fragility, and death. War, violence, epidemics, climate change, environmental disasters, poverty, and poor living conditions have driven people to migrate to stay safe and healthy.

9. Today, over half of the world's population, especially marginalized and vulnerable communities, cannot access essential health care. Where people do have access to services, care underemphasizes prevention and is too often fragmented, of poor quality, or unsafe. Costs of health care are rising while up to 40% of healthcare spending is wasted due to inefficiency. Around the world, 100 million people are driven into poverty each year because of out-of-pocket spending on health. Over-commercialization of health care threatens to widen existing gaps in access to comprehensive, quality health services. Despite the anticipated growth in health sector jobs, there is a projected shortage of 18 million health workers to achieve and sustain the Sustainable Development Goals. These challenges threaten each country's efforts to achieve UHC and sustainable development.

### **To address today's challenges and seize opportunities for a healthy future, we must:**

#### **Make bold political choices for health**

10. We will address the social, economic, environmental and commercial determinants of health in all sectors of government through health in all policies, including engaging and regulating the private sector, recognizing and resolving conflicts of interest. We will improve participatory governance in the design of policies that affect health and in health systems, both public and private. We will avoid over-commercialization of health. We will enact policies aimed at reducing health inequities and guarantee actions aimed at leaving no one behind. We will increase the fiscal space for health and health systems, optimizing the utilization of public resources, and directing adequate sustainable human and financial resources to essential public health functions and primary care. We will ensure reforms as needed to enable progressive realization of UHC. We will avoid and mitigate conflict which is a powerful determinant of health that undermines health systems and rolls back health gains.

## **Empower people to take ownership of their health and health care**

11. We commit to enabling people, families, and communities to obtain the knowledge, skills and resources needed to take care of their own health and the health of those for whom they care. We will engage people and communities, including marginalized and vulnerable groups, in multisectoral policies and action for health, as well as in the design, planning, and management of their health systems. We will promote gender equality in health and empower women. We will enable people's participation in health promotion, in choosing healthy lifestyles, and in decisions about their health care, in line with their preferences, goals, values and objectives. We will enable them to hold implementers and decision makers accountable for results.

## **Strengthen health services, prioritizing essential public health functions and primary care to achieve UHC**

12. We will enhance capacity and infrastructure for primary care and essential public health functions, including capacity building for transformational change. We will develop quality, comprehensive, people-centred primary care that is the first-level of contact and the central element of continuous, integrated services across the life course. We will appropriately prioritize disease prevention and health promotion, while ensuring people's main health problems are addressed through comprehensive preventive, promotive, curative, rehabilitative and palliative care. We will promote training and ensure an adequate public health and primary care workforce (including nurses, family physicians, midwives, dentists, allied health professionals and community health workers) working in teams with competencies to address local health needs and to coordinate and integrate care. We will promote recruitment and retention to primary care and public health through management practices that ensure dignified work and adequate compensation, meaningful opportunities to exercise skill, for professional development and career progression.

13. We will guarantee the availability and affordability of medicines, vaccines, diagnostics and other technologies. We will ensure health spending and planning is more equitable to address the urban and rural divide and support other marginalized and vulnerable communities. We will integrate, where appropriate, traditional and complementary medicine, assuring the safety, quality and effectiveness of health services. We will appropriately allocate sufficient resources to PHC research, evaluation and knowledge management, promoting the scale up and of effective strategies for multisectoral action, public health functions and primary care.

## **Align partner support to national policies, strategies and plans**

14. Concerted efforts will be made by international partners on PHC, UHC, and the health-related SDGs aligned with evidence-based national policies, strategies and plans while supporting and leveraging greater policy coherence across sectors. Sufficient human, technical, and financial resources will be directed to implement the PHC strategy in every country at both the national and subnational level. Countries will cooperate in a spirit of partnership and service, sharing knowledge and best practices to implement PHC. All of this will be done in accordance with national sovereignty and the principles of effective aid. We will strengthen the breadth and depth of PHC-relevant data at national, subnational and community levels to inform evidence-based policymaking and to monitor and ensure progress, as well as to promote effective mechanisms for social participation and accountability. We will ensure adequate health information systems to track and enhance primary health care and health system performance and will strategically direct management attention, policy reforms, and resources to the areas of greatest need. Together with all stakeholders, countries and international partners will organize the systematic review of implementation of this Declaration, as part of the UN SDG review process

*15. We envision a future where the highest possible standard of physical, mental and social well-being is attained, where everyone has the right and responsibility to participate in health, and where everyone has access to the comprehensive, quality health care they need without financial hardship. We commit to strengthening PHC globally as part of our collective effort to realize the right to health and well-being for all at all ages.*

*16. We will act immediately on this Declaration in solidarity and coordination with the World Health Organization and United Nations Children's Fund, engaging with leaders; governments; other United Nations agencies; bilateral and multilateral funds, alliances and donors; other international organizations; the private sector; academia; and other partners (such as community-based organizations, youth organizations, patients groups, health professionals, social and community workers organizations, faith-based organizations, and funding agencies). All people, countries and organizations are encouraged to grow and support this movement.*

*17. Together we can and will achieve health and well-being for all, leaving no one behind.*