

Universal health coverage

Primary health care towards universal health coverage

Report by the Director-General

1. The Executive Board, at its 144th session, noted an earlier version of this report.¹ In particular, new information has been added, in paragraphs 19, 21, 25, 26 and 27, in the light of the Executive Board's discussions. The Executive Board also adopted resolution EB144.R9.
2. The year 2018 marked the fortieth anniversary of the Declaration of Alma-Ata. Events across the year, culminating in the Global Conference on Primary Health Care, have shown that four decades on from the first political commitment to primary health care, there remains a global consensus that the health and well-being of populations is most effectively, equitably and efficiently achieved through the primary health care approach, making it a cornerstone of a sustainable health system for universal health coverage and the health-related Sustainable Development Goals.
3. In the Declaration of Astana,² Member States called for a renewal of primary health care, reaffirming their commitment to the fundamental right of every human being to the enjoyment of the highest attainable standard of health without distinction of any kind and to the values and principles of justice and solidarity, underlining the importance of health for peace, security and socioeconomic development. There is a recognition that elements of primary health care need to be updated in order to respond adequately to ongoing and new health and health system challenges, as well as to take advantage of new resources and opportunities for success in the 21st century.
4. The Declaration of Astana describes the ambition to deal effectively with current and future challenges to health, mobilizing all stakeholders – including health professionals, academic institutions, patients, civil society, local and international partners, agencies and funds, the private sector, faith-based organizations and others – around national policies, strategies and plans across all sectors, to take joint actions to build stronger and sustainable primary health care towards achieving universal health coverage.
5. Renewing primary health care and placing it at the centre of efforts to achieve “healthy lives and well-being for all at all ages” are critical for three reasons: (a) the features of primary health care allow the health system to adapt and respond to a complex and rapidly changing world; (b) with its emphasis on promotion and prevention, addressing determinants and a people-centred approach, primary health care has proven to be a highly effective and efficient way to address the main causes of, and risk factors

¹ See document EB144/12 and the summary records of the Executive Board at its 144th session, sixth and seventh meetings.

² Declaration of Astana. Geneva: World Health Organization/United Nations Children's Fund; 2018 (<https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf>, accessed 28 March 2019).

for, poor health, as well as for handling the emerging challenges that may threaten health in the future; and (c) universal health coverage and the health-related Sustainable Development Goals can only be sustainably achieved with a stronger emphasis on primary health care.

6. The importance of primary health care has also been acknowledged in the declaration issued by the 2018 Meeting of G20 Health Ministers, and has been selected as a focus of the G7. It has also been mentioned in United Nations General Assembly resolution 72/139 (2017), in which the Secretary-General of the United Nations and the Director-General of WHO are requested to collaborate and, in consultation with Member States, to propose options and modalities for the conduct of the high-level meeting on universal health coverage.¹

HEALTH AND HEALTH SYSTEM CHALLENGES

7. Although considerable progress has been made in improving health and well-being over the past 40 years, with dramatic reductions in maternal, neonatal and child deaths and in deaths from causes such as HIV/AIDS, malaria, tuberculosis and vaccine-preventable diseases, that progress has been uneven across and within countries.

8. Many countries are still grappling with what has been described as the unfinished agenda of the Millennium Development Goals: addressing the burdens of communicable, maternal, neonatal and childhood diseases and malnutrition. At the same time, there has been a dramatic shift in the global patterns of disease and demographics. Across all countries, the proportion of disability-adjusted life years lost to noncommunicable diseases grew from 47% to 60% between 2000 and 2016, with the fastest increases recorded in low- and middle-income countries. People are living longer, and the coexistence of multiple conditions in a single individual, known as multimorbidity, presents a particular challenge, not only because of the significant burden it imposes on the individual concerned but also because of the relative lack of evidence available to guide the complex management of simultaneous conditions. The burden of disease related to mental health has also been growing in recent decades and is increasingly recognized as a major and largely untreated epidemic. Addressing these often chronic and increasingly complex health needs calls for primary health care, including a multisectoral approach that integrates health-promoting and disease-preventing policies, solutions that are responsive to communities and health services that are people-centred.

9. Additional challenges are presented by increasing health emergencies, including violent conflict and natural disasters (expected to increase due to climate change) that have resulted in the largest population migrations in history. In addition, populations are facing the spread of both new pathogens and pathogens that are resistant to current forms of treatment. The epidemics of the past decade have demonstrated the vulnerability caused by weak local health systems. At the same time, the increasing prevalence of antimicrobial resistance represents a major threat to current therapeutic options. Primary health care includes the key elements needed to address these issues and improve health security, including community engagement and education, a focus on the availability of high-quality medicines, rational prescribing and a core set of essential public health functions, including surveillance and early response. In addition, by strengthening the community and peripheral health facility level, primary health care contributes to building resilience, which is critical for withstanding shocks to the health system and ensuring the continued delivery of essential health services.

¹ See <https://digitallibrary.un.org/record/1640428?ln=en>; for the text of the decision, see <https://undocs.org/A/72/L.65> (accessed 28 March 2019).

GLOBAL CONFERENCE ON PRIMARY HEALTH CARE

10. WHO, UNICEF and the Government of Kazakhstan organized the Global Conference on Primary Health Care: From Alma-Ata towards universal health coverage and the Sustainable Development Goals, which was held in Astana on 25 and 26 October 2018. Member States, relevant entities of the United Nations system, donors, technical and financial partners, nongovernmental organizations, civil society, academic institutions, the private sector, community representatives, patients representatives and community advocates participated. The Conference aimed at encouraging health ministers, ministers of other sectors and all other partners to reaffirm their commitment to the primary health care approach in order to reach global targets for universal health coverage and other health-related Sustainable Development Goals.

11. The sharing of best practices, discussions on key areas for rapid action and the adoption of the Declaration of Astana which took place at the Conference will all contribute to the debates of the high-level meeting of the General Assembly on universal health coverage, due to be held in 2019 through the following outcomes: strengthened political commitment to primary health care and universal health coverage; appropriate financing and resource allocations to primary care and essential public health functions; appropriate health workforce development; increased investment in relevant research and health system innovation; increased appropriate use of technology; and improved assessment of progress on primary health care as countries periodically review the implementation of the Declaration, in cooperation with stakeholders.

A VISION FOR PRIMARY HEALTH CARE IN THE 21ST CENTURY: TOWARDS UNIVERSAL HEALTH COVERAGE AND THE SUSTAINABLE DEVELOPMENT GOALS

12. Primary health care is a whole-of-society approach to health that aims to ensure the highest possible level of health and well-being and equitable distribution through action on three levels:

- meeting people's health needs through comprehensive and integrated health services (promotive, protective, preventive, curative, rehabilitative and palliative) throughout the life course, prioritizing primary care and essential public health functions;
- systematically addressing the broader determinants of health (including social, economic and environmental factors, as well as individual characteristics and behaviour) through evidence-informed policies and actions across all sectors; and
- empowering individuals, families and communities to optimize their health as advocates for policies that promote and protect health and well-being, as co-developers of health and social services and as self-carers and caregivers.

13. Primary health care has been shown to increase efficiency by improving access to preventive and promotive services, providing early diagnosis and treatment for myriad conditions and ensuring people-centred care that focuses on the needs of the whole person and reduces avoidable hospital admissions and readmissions. Primary health care also indirectly achieves wider macroeconomic benefits through its capacity to improve population health in both low and middle-income countries and high-income countries.

14. Health and well-being are specifically addressed by Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Related targets, such as reducing maternal, neonatal and child mortality, ensuring universal access to sexual and reproductive health services, strengthening the prevention and treatment of substance abuse, and preventing and treating noncommunicable diseases, rely on the implementation of primary health care through multisectoral policies and actions that promote health and well-being, integrated health services that prioritize primary care and public health functions, and empowered people and communities. Even for targets such as ending the epidemics of HIV/AIDS, tuberculosis, malaria and neglected tropical diseases and combating hepatitis, waterborne diseases and other communicable diseases, which have so far largely been addressed through vertical initiatives, it is increasingly recognized that a more integrated approach based on primary health care is essential to sustain progress and continue to make gains.

15. Currently, one of the major areas of focus of the global community is achieving universal health coverage, and primary health care is a necessary foundation for this effort. Universal health coverage has several dimensions, including improving financial protection (thereby reducing household out-of-pocket spending on health) and universal access to quality services, medicines and vaccines; primary health care is critical for addressing each of these.

16. Primary health care plays a key role in reducing household expenditure on health by addressing the underlying determinants of health and by emphasizing population-level services that prevent illness and promote well-being. This both reduces the need for individual care and can avoid the escalation of health issues to more complex and costly conditions. Empowered people and communities are key advocates for increasing financial protection for health services.

17. Primary health care is a cost-effective way of promoting health and well-being and delivering health services, thus it is the best-value way for countries to move towards universal coverage. The involvement of empowered people and communities as co-developers of services improves cultural sensitivity and increases patient satisfaction, ultimately increasing use and improving health outcomes. In addition, there is considerable evidence that health systems based on primary care services that are first-contact, continuous, comprehensive, coordinated and people-centred have better health outcomes.

18. In many countries, the majority of people who do not currently have access to care are marginalized or in situations of vulnerability. Primary health care is optimally placed to address the needs of these groups because of its emphasis on tackling the determinants of health, which underpin vulnerability. In addition, its focus on community-based services is a critical way to ensure equitable access to good-quality health services among remote and marginalized populations.

19. The model of service delivery and package of services offered through primary care should vary according to local needs and health priorities. Priority services may vary between urban centres and remote, hard to reach populations even within the same country or region. One of the essential functions of primary care is to coordinate service delivery across the whole spectrum of health and social care services, including sub-specialized medical care, long-term care and social care, through integrated, functional, and mutually supportive arrangements (including referral systems) for transitions and information sharing along evidence-based care pathways. It should also ensure seamless transitions between the public and private sectors – both profit and non-profit – as necessary.

20. The call for renewal of primary health care is not new. However, Member States are better positioned to achieve success in implementing primary health care approaches as a result of new resources, including improved research and knowledge of health system interventions and anticipated results; improved health workforce models for primary care and public health; the availability of new high-quality, safe, effective and affordable medicines, vaccines, diagnostics and other technologies;

improvements in health information systems to enable appropriately disaggregated, high-quality data and to improve information continuity, disease surveillance, transparency, accountability and monitoring of health system performance; and digital and other technologies to enable individuals and communities to identify their health needs, participate in the planning and delivery of services and play an active role in maintaining their own health and well-being.

21. Adopting approaches for health workforce development based on multidisciplinary teams with a diverse skills mix and optimal scopes of practice increases workforce productivity while responding to a wide range of population and community needs. In the context of primary health care, socially accountable strategies, such as decentralizing education programmes and expanding rural health training, improve workforce availability and distribution, particularly in areas where care is most needed. Adapted and flexible packages of incentives, including decent work opportunities, can attract and retain health workers in areas with the most need. Policies to improve working conditions need to recognize the role played by informal caregivers and volunteers. Strengthening regulation to formally recognize all occupations of health workers and allow them to practice to their full scope of competence is key for optimizing their performance.

TRANSFORMING VISION INTO ACTION

22. If transformed into action, the global commitment to primary health care in the Declaration of Astana has the potential to bring about demonstrable change. Two related UNICEF/WHO documents^{1,2} that could support such an effort have been developed and were launched at the Global Conference on Primary Health Care in October 2018 with a set of evidence-based levers to help countries to make progress across the three components of primary health care. These levers address key elements of the health system at both policy and operational levels, while recognizing that the two levels are interdependent.

23. As described in the documents, the levers and their related actions are not intended to provide a one-size-fits-all approach; they should be applied as appropriate to countries at different levels of social and economic development and with different degrees of primary health care orientation and health status. The selection and prioritization of specific actions should be informed by evidence, both local (for example, social, economic, and environmental situation and trends in the country, disease burden, and strengths and weaknesses of the health system) and global (for example, what has been shown to work in improving primary health care and what does not work), as well as by the values and preferences of a diverse range of stakeholders. In addition, actions should be refined according to progress and as further evidence and experience are generated to advance primary health care.

24. Further information on evidence-based mechanisms to implement these levers can be found in the thematic background documents produced by the Secretariat to support the Global Conference on Primary Health Care.³

¹ A vision for primary health care in the 21st century: towards universal health coverage and the Sustainable Development Goals. Geneva: World Health Organization/United Nations Children's Fund; 2018 (<https://www.who.int/docs/default-source/primary-health/vision.pdf>, accessed 28 March 2019).

² Operational Framework. Primary health care: transforming vision into action. Draft for consultation. Geneva: World Health Organization/United Nations Children's Fund; 2018 (http://www.who.int/docs/default-source/primary-health-care-conference/operational-framework.pdf?sfvrsn=6e73ae2a_2, accessed 28 March 2019).

³ Background documents. Global Conference on Primary Health Care (<https://www.who.int/primary-health/conference-phc/background-documents>, accessed 28 March 2019).

25. Sessions at the Conference and WHO senior leadership meetings on the post-Astana agenda identified the need to describe a clear plan for the Organization's support to Member States on primary health care. The Organization is currently reviewing its technical support with regard to primary health care as part of the transformation agenda.

26. In line with the Declaration of Astana's call for stakeholders to align their work with national policies, strategies and plans and to take joint action to build stronger and more sustainable primary health care with a view to achieving universal health coverage, primary health care has been named as an accelerator under the Global Action Plan for healthy lives and well-being for all, which aims to accelerate progress towards Sustainable Development Goal 3.¹ This will improve the way the world's leading health organizations prioritize, invest, programme, measure progress and are held accountable.

27. In response to a request made at the 144th session of the Executive Board, the Secretariat is currently drafting a review of 40 years of primary health care implementation at country level.

ACTION BY THE HEALTH ASSEMBLY

28. The Health Assembly is invited to adopt the draft resolution recommended by the Executive Board in resolution EB144.R9.

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¹ See <https://www.who.int/sdg/global-action-plan> (accessed 28 March 2019).