

The Astana Declaration: how can Primary Health Care make Universal Health Coverage a reality, ensure healthy lives and promote well-being for all

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Forty years from the Declaration of Alma Ata in 1978 [1], primary health care (PHC) is at a new defining moment. Significant progress in the uptake of PHC across the world has decisively contributed to raising global standards of health care and improving health, including a revolution in child survival and dramatic changes in life expectancy. However, we are still far from addressing the determinants of health, the growing health needs of the modern era and realizing a vision for health supported by health systems oriented around health 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, the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and major global health actors to the fundamental values of solidarity around health as a human right. It presented a shared definition of PHC and a vision for the PHC orientation of health systems, detailing the aims, activities and core responsibilities of PHC providers and services, and emphasizing 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, it was supported by a Conference Report and a Joint Report by WHO and UNICEF on how PHC could be operationalised through national strategies. 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 others'.

However, the sheer boldness and ambition of the Declaration of Alma Ata, along with global political trends, may have been partly responsible for efforts to maximize immediate impact through emphasis on selective interventions, an approach which in the long-term has undermined progress [3]. Although inevitably appealing, particularly where resources were very limited, 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 and waste, and rising out-of-pocket expenditures. In focusing on single diseases, selective PHC also reinforced health systems built around targeted programmes, specialists and in many settings, hospitals, which inherently rely on intensive use of medical technology and which may have also contributed to overestimating the benefits of efforts to cure, rather than prevent disease or to promote health[4]. Lack of consistent political commitment has also resulted in insufficient intersectoral engagement, ineffective community participation, inadequate funding, unregulated commercialization, suboptimal use of evidence-based policies and local data to direct priorities assess progress and ensure quality and safety. Ultimately, these have acted together to impair access to essential health care, and leave health needs and inequities unaddressed.

Against this backdrop, the Declaration of Astana can provide the impetus needed for health systems to confront existing challenges afresh, overcome previous barriers to the design development and implementation of PHC that is fit for purpose [3]. In order to strengthen commitment and maximize the chances of success, the new Declaration can place PHC firmly in the current political, socio-economic and health systems context, recognizing current challenges that threaten countries' efforts to achieve sustainable development: ageing populations, unhealthy environments and lifestyles, epidemics, health emergencies, climate change, and migration and internal displacement due to poverty, environmental disasters, violence and war [4].

The Declaration of Astana provides a unique opportunity for communicating four key interrelated messages. Firstly, support for PHC is firmly rooted both in core values and the knowledge accumulated over the past 40 years. A renewed impetus for PHC is the pathway to reach the Sustainable Development Goals for healthy lives and well-being for all at all ages, and universal health coverage [4]. Acknowledging that health makes a significant contribution to global and national social and economic development means making affordable, high-quality health care a reality in a way that is responsive to the needs of empowered people. Global health partners will need to invest in PHC for health as a global priority and for sustainable health systems. This cannot be achieved without co-ordinated multi sectoral action across governmental, non-governmental and private sector actors.

Secondly, efforts to reinvigorate PHC are more likely to be successful than ever before. The alignment of renewed political with improved knowledge about health systems, availability of more sophisticated and yet accessible information and communication technologies offers a window of opportunity that cannot be missed, a clear focus on both the population served, and the health professionals tasked with PHC delivery.

Thirdly, key measures are needed for to make firm progress towards the PHC vision, which revolve around the key components of PHC, namely: a) delivery of comprehensive integrated care centred around strong and high quality primary care services as supported by essential public health functions throughout the life course and through early action along disease trajectories and care

pathways; b) evidence-based public policies and actions across all sectors for addressing the multifactorial determinants of health; c) empowerment of people, families, and communities for taking control of their own health and health care. For true action on PHC, bold policies are needed to enable people, families, and communities in acquiring the skills and resources needed to take care of their own health and the health of those for whom they care. In turn, strengthening primary care and essential public health functions will rely on enhancement of capacity and infrastructure, including workforce, especially at the frontlines. All of this should be underpinned by high standards of accessibility, comprehensiveness, continuity and coordination, prioritizing health promotion and disease prevention and supporting research. At a national level, evidence-based policies, strategies and plans should be aligned across sectors, to ensure coherence and consistency. As ever, there must be effective mechanisms in place to hold decision makers accountable for results.

Finally, success will demand all relevant stakeholders to immediately join a concerted effort. The relevant partners shall include WHO and UNICEF; 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 advocacy groups, health professionals, social and community workers organizations, faith-based organizations, and funding agencies). All people, countries and organizations will be encouraged to join and support this movement.

For this commitment to be credible and actionable, an operational framework is needed to support this renewed vision, based on the lessons learnt from the past and covering a range of key relevant areas, including: political commitment and leadership; policy frameworks, governance and accountability structures; funding and allocation of resources; participation ; models of care; high-quality and safe care delivery; private sector engagement; workforce; infrastructure and technologies; information and communication technology; purchasing and payment systems; research; and monitoring and evaluation.

The vision in the Declaration of Astana is health and well-being for all, leaving no-one behind, centred on PHC as reframed for the modern era and acknowledging past successes and failures. It needs to set out a clear set of principles and measures needed to move towards these goals and to call for partners to be resolute in operationalising them.

References

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