Primary Health Care & Universal Health Coverage: complementary but distinct

Civil society perspectives on selected global health topics
146th session of the WHO Executive Board - and beyond

Marta Jiménez Carrillo - 1st February 2020
From Alma-Ata to Astana Declaration to the Alternative Civil Society Astana Statement on Primary Health Care

40 years later a call for a New International Economic Order has been completely expunged
WHO Executive Board
146th session

Evaluation: update and proposed workplan for 2020–2021
Review of 40 years of primary health care implementation at country level

Primary health care
Draft operational framework
Primary health care: transforming vision into action
Review of 40 years of primary health care implementation at country level (EB 146/38)


- Aimed to make recommendations on the way forward in order to accelerate national, regional and global health strategies and plans for PHC.
Review of 40 years of primary health care implementation at country level (EB 146/38)

- **Achievements:** Health in All Policies approach (intersectoriality)

- **Challenges:** political will of governments to implement primary health care, human resources for health, poor quality of health care, health inequities and access barriers, limited financial resources. Equity in health.

- **Recommendations**
  - Strengthen the commitment to PHC through concrete actions (such as policies, strategies, regulatory frameworks, strengthened governance and broader reforms) through evidence-based approaches wherever possible.
  - Match political will with financial commitment
  - Undertake measures to ensure that human resources for health (in quality and in quality)
  - Strengthen intersectoral collaboration
  - Strengthen whole-of-society approaches through better engagement with nongovernmental actors such as communities, the private sector and other non-State actors
A survey methodology was used (decontextualized)‡ Suggest to use a case study methodology.

Review of 40 years of primary health care implementation at country level (EB 146/38)
The report outlines the levers of the draft operational framework that are essential to strengthening PHC implementation towards universal health coverage at country level.

Proposes 14 levers needed to translate the global commitments made in the Declaration of Astana into actions and interventions.

Such actions and interventions can be used to accelerate progress in strengthening primary health care-oriented systems.
### Draft operational framework Primary Health Care (EB 146/5)

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<th>CORE STRATEGIC LEVER</th>
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<td>OPERATIONAL LEVERS</td>
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<td>Purchasing and payment systems</td>
<td>Systems for improving the quality of care</td>
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PHM welcome the Operational framework but would also add:

- **Empowerment of the community** as an operative lever.

- **Key role of Community Health Workers in addressing the social determinants of health.**

- **The importance of developing and strengthening the public health system to deliver health care services** (single payer public system with public provisioning).

- **Highlighted the problems of privatization of health systems** and the **benefits of publicly funded and publicly provided and comprehensive services**, free at the point of use.
Draft operational framework Primary Health Care (EB 146/5)

- **EQUITY** needs to be explicit

- Engagement with the private sector providers should be in terms of their regulation (price control, protection of patient’s rights,..).

- Reduction in catastrophic expenditure and preventing out of pocket expenditure on health as primary goals (SDG 3.8.2).

- Accountability with **social participation**

- Key role of **social movements in health**

- Avoid **vertical packages** of diseases/selective programmes.
Universal Health Coverage: moving together to build a health world (EB 146/6)

- The document recalls the global commitment to achieve UHC within Sustainable Development Goal 3 of the 2030 Agenda.
- Highlights the central importance of PHC in achieving UHC also by including rights, gender and equity perspectives at the core of primary health care programming.
- EB146/6 lays out clearly the shortfalls with respect to the SDG goals and targets relating to UHC.
Universal Health Coverage: moving together to build a health world (EB 146/6)

Tends to emphasise the financing of curative healthcare services.

It is nearly impossible to mitigate conflicts of interest in relationships with the for-profit private sector.

Obligation of the States to provide quality health services should include all services that people need in fulfilment of the larger goal of access to healthcare as a fundamental right.
An essential component of PHC is UHC which should be universalist, based on social solidarity and built on a unified public funded system, with most service provision through public institutions.

PHC is not a mean to achieve UHC but a necessary prerequisite for it!
A civil society assessment of the political declaration of the UN High Level Meeting on Universal Health Coverage

People’s Health Movement, Partners In Health, Sama, Medicus Mundi International and Public Services International
Insured but not protected: mandatory health insurance in Croatia does not guarantee health care for all

Ana Vračar, PHM Europe Coordinator

The limitation of the insurance-based system towards UHC: The case of Unintentional Contributions Arrears under the South Korean National Health Insurance system

By Sun Kim, M.S., Ph.D.
Regional coordinator, People’s Health Movement (PHM) South East Asia & Asia Pacific (SEAP)
Director, Health Policy Research Center, People’s Health Institute (PHI) South Korea
The need for civil society organisation

Civil society, including health professionals and students, need urgently to challenge inequitable macroeconomic regime and inappropriate policies, including in the health sector, through evidence-based advocacy and social mobilisation.

Making alliances with other social movements such as feminism and environment social movements.