



Health for All Now!

People's Health Movement

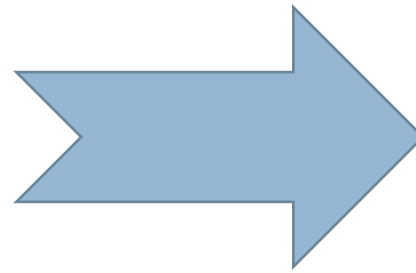
Primary Health Care & Universal Health Coverage: complementary but distinct

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

Marta Jiménez Carrillo - 1st February 2020

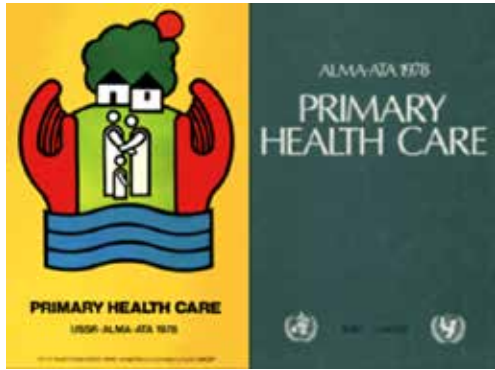


From Alma-Ata to Astana Declaration to the Alternative Civil Society Astana Statement on Primary Health Care

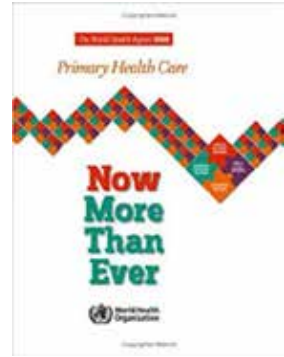


40 years later a call for a New International Economic Order has been completely expunged





1978



2008



2018



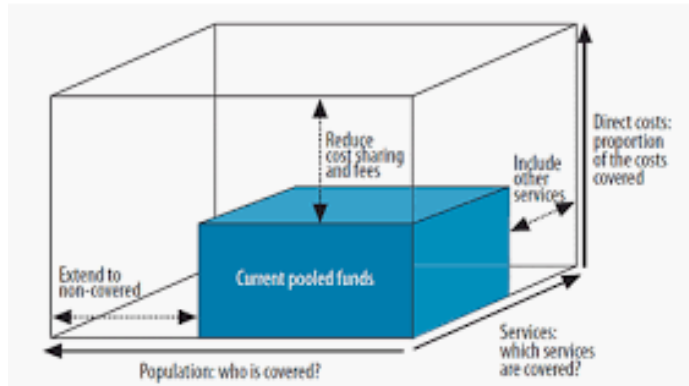
2015



2017



2019



WHO Executive Board 146th session



World Health
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146th session
Provisional agenda item 23.1

EB146/38 Add
25 November 2019



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146th session
Provisional agenda item 6

EB146/5
19 December 2019

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)



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**Evaluation: update and proposed
workplan for 2020–2021**

**Review of 40 years of primary health care
implementation at country level**

§ Identifying achievements, challenges, lessons and best practices associated with PHC generally until 2018.

§ 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 quantity 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



Review of 40 years of primary health care implementation at country level (EB 146/38)



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**Evaluation: update and proposed
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**Review of 40 years of primary health care
implementation at country level**

A survey methodology was used (decontextualized)à
Suggest to use a case study methodology.



Draft operational framework Primary Health Care (EB 146/5)



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Primary health care

Draft operational framework
Primary health care: transforming vision into action

- § 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)

CORE STRATEGIC LEVER

Political commitment and leadership

Funding and allocation resources

Governance and policy frameworks

Engagement of communities and other stakeholders



OPERATIONAL LEVERS

Models of care

Digital technologies for health

PHC workforce

PHC-oriented research

Medicines and other health products
to improve health

Monitoring and evaluation

Engagement with private-sector
providers

Physical infrastructures

Purchasing and payment systems

Systems for improving the quality of
care



Draft operational framework Primary Health Care (EB 146/5)

PHM welcome the Operational framework but would also add:

- § Empowerment of the community as and 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)



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Provisional agenda item 7.1

EB146/6
19 December 2019

Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues

**Universal health coverage:
moving together to build a healthier world**

Report by the Director-General

- § 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.



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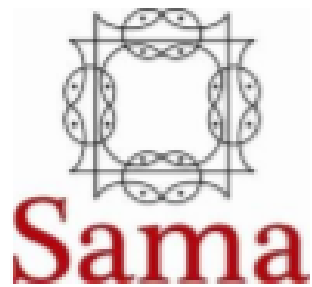
Report by the Director-General



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 Vracar, 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.

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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.

