

-DRAFT ONE-

**Civil Society Statement**  
**Global Conference on Primary Health Care**  
**Astana, Kazakhstan October 2018**

The Global Conference on Primary Health Care and the 40th Anniversary of the Declaration of Alma-Ata shine a light on the momentum that is building within families and communities, at the country level and globally, towards comprehensive, integrated, people-centered quality health care. As civil society representatives, let us pause and reflect on this historic moment. Let us use it to inspire bold action from governments, development partners, and civil society actors to achieve health for all.

By fully understanding the current realities and challenges facing countries journeying towards UHC, we can chart the course forward and create the change we seek. Just last year, the Universal Health Coverage Monitoring Report showed us that the situation is dire: At least half the world's population lacks access to essential health services. Eight hundred million people are forced to spend more than 10 percent of their household budget on health care. Nearly 100 million people are pushed into extreme poverty each year because of out-of-pocket health expenses.

This is not chance. Worldwide, health care systems are fragmented, inefficient, and ill-equipped to meet the health needs of their populations. Integration is imperative if this moment is to yield a movement.

**Who we are**

We do not speak with a single voice. We are many. Our diversity is our strength. We are from low-, middle-, and high-income countries. We contribute to policy-making, financing, service delivery, and governance of health and health systems at every level. We represent activist and religious groups, professional and community associations, citizen oversight boards and technical experts, and civil society platforms for global health initiatives such as UHC2030, Gavi, the Vaccine Alliance, the Global Financing Facility, the Global Fund for AIDS, TB and Malaria, Scaling up Nutrition, and so many others.

No single person or group holds the keys to improving primary health care. Only together can we achieve universal health coverage. We are expanding our partnerships and redefining success. We are promoting a comprehensive, integrated, people-centered approach to health. We are ensuring that no one is left behind. We are united by a shared sense of purpose. Collectively, we are shining a spotlight on challenges, generating and prioritizing solutions, and holding governments and development partners accountable.

## Background

We give thanks for the leadership of the World Health Organization, the United Nations Children's Fund and the Government of Kazakhstan and the many contributors to this moment. We welcome the Astana Declaration, the background paper "A Vision for Primary Health Care in the 21st Century: Toward Universal Health Coverage and the Sustainable Development Goals," the Operational Framework, and the thematic technical background papers produced for this Global Conference on Primary Health Care. We also look to the agreements that have come before this moment, acknowledging that this focus on primary health care is not new, but does require new resolve and action.

There are so many documents that precede this moment that we can look to for guidance, which include but are not limited to the Sustainable Development Goals, WHO General Programme of Work, Maputo Protocol and Plan of Action, Addis Declaration on Immunization, Political declaration on HIV & AIDS, outcome documents of UN High-Level Meetings on Health (HIV/AIDS, NCDs, TB, AMR), UN Call to Action on WASH in Health Care Facilities, and corresponding WHO global action plan, Abuja Declaration, Global Vaccine Action Plan, Rio Declaration on Social Determinants of Health, April 2017 Tripartite Expert meeting on Improving Employment and Working Conditions in Health Services, High-level Commission Health Employment and Economic Growth (ILO, WHO, OECD), Global Strategy for Women and Children's Health, Addis Ababa Declaration on Financing for Development, 1994 ICPD agenda, UHC2030 Global Compact, Dublin Declaration on Human Resources for Health, People's Charter for Health, the Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030, among so many others.

The realities of the present and the wisdom of the past can guide us in the days ahead.

## Call to Action

The commitment among governments, development partners and civil society to strengthening primary health care and achieving health for all is palpable. The careful stewardship evident in the Astana Declaration, the background paper "A Vision for Primary Health Care in the 21st Century: Toward Universal Health Coverage and the Sustainable Development Goals" the Operational Framework and thematic technical background papers. We must be bold and ambitious in translating these visions and commitments into action and impact.

Whether in Astana, Kazakhstan or elsewhere around the world we call on **governments** to:

### Governance

- ***Develop and implement clear strategies***, articulating how to achieve commitments emerging at the Global Conference on Primary Health Care, integrated with existing policies at the country level.
- ***Ensure convergence across ministries*** to promote cross-cutting, multi-sectoral solutions, including nutrition, water, sanitation and hygiene, among others.
- ***Democratize the governance of public health*** with qualitative involvement of communities, trade unions and civil society organizations in decision-making.

- **Ensure sufficient oversight and regulation of the private sector** to promote highest quality standards of care and reduce harm.

#### Financing

- **Increase public funding for health** as reported in national health budgets targeted first at universal primary health care linked to prioritized essential health services, defined by country-level needs and priorities required to meet SDG target 3.8.1.
- **Right-size funding allocations across all levels of care**, preventing disproportionate spending at secondary and tertiary levels.
- **Eliminate out-of-pocket payments** to break through barriers to access and prevent financial hardship.
- **Invest in female health and social care workforce**, recognizing that women are 70% of the workforce, while men comprise 80% of the decision-making positions.

#### Accountability

- **Improve quality of data to measure performance of primary health care systems** and fill gaps in understanding where primary health care systems are falling short to drive action and investments.
- **Leave no one behind** addressing the population-specific needs, including those of adolescents, aging, marginalized and vulnerable, among others first.

We call on **development partners** to:

- **Promote approaches to reduce health inequities**, addressing persistent challenges to narrowing the gap in reaching poor women, children, and adolescents with quality health services.
- **Support community based health programs that** engage women, adolescents and community dwellers to discuss issues that affect their health and extend an integrated primary care system to the community level.
- **Promote high-quality, equitable health care delivery**, mitigating marginalization and vulnerability among the population
- **Develop a roadmap to donor alignment** recognizing the opportunities for synergy and working in concert with public health systems
- **Develop a roadmap supporting transparent, accountable, donor transitions from health financing** which are based beyond gross national income figures and take into account the functionality of a whole primary health care system

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