



Input on draft *Declaration for The Second International Conference on Primary Health Care: towards universal health coverage and the sustainable development goals*

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Dr. Barkley,

I am writing to provide you a hardcopy of input from the International Federation of Community Health Centres (IFCHC) on the draft *Declaration for The Second International Conference on Primary Health Care*. This hardcopy captures all input provided online by the IFCHC to WHO and the International Advisory Group on Primary Health Care for Universal Health Coverage.

Established in 2013, the IFCHC advances global collaboration in community-oriented primary health care and access to Community Health Centres (CHCs) as a critical way to achieve the World Health Organization's vision of health for all and access to primary health care for all. The federation is led by a diverse group of national and regional CHC associations around the globe, with participation from individual CHCs in countries located in all six WHO Regions.

The IFCHC commends colleagues at WHO for work to date on the draft Declaration. It lists important health and health system challenges faced around the world, and it captures most aspects of the essential role of primary health care in addressing these challenges. We do feel that there are a few omissions and we respectfully urge the International Advisory Group on Primary Health Care for Universal Health Coverage to incorporate our three recommendations, below, into the revised draft of the Declaration that will be presented to WHO Members States for discussion in May 2018.

Our recommendations are grounded in important contributions to action around primary health care arising from *Resolution WHA62.12 – Primary health care, including health system strengthening* – that was adopted in 2009 during the 62nd World Health Assembly, in Geneva. In this way, we believe that our recommendations are an extension of commitments already made by WHO and its Member States.



Recommendation 1: Incorporate health equity and attention to population diversity

While the introductory section of the draft Declaration references “rising inequities”, it fails to mention the correlation of these inequities to various socio-demographic factors such as marginalization of people based on gender, race, ethnicity, sexual orientation, religion, language, physical ability and other factors.

While it may not be necessary to specifically reference these in the introductory section of the document we believe strongly that they should be explicitly stated in the subsequent sections of the Declaration – those which call for action.

For instance, section “III. Primary health care is essential to achieving universal health coverage and Sustainable Development Goals” describes the role of primary health care in addressing various social determinants of health but makes mention only of “gender equality and empowerment” in terms of population groups.

We recommend the addition of language in this section and elsewhere that explicitly states that primary health care is a critical element in reducing health inequities resulting from the marginalization of individuals and groups based on gender, race, ethnicity, sexual orientation, religion, language, physical ability, urban or rural location, and other factors.

WHA62.12, adopted in 2009, lends support to this recommendation in as much as the preamble of WHA62.12 states “Strongly reaffirming the values and principles of primary health care, including equity, solidarity, social justice, universal access to services, multisectoral action, decentralization and community participation as the basis for strengthening health systems”.

Recommendation 2: Reference diverse professional and non-professional health workers, and need for interprofessional education

We believe that, in its current form, the Declaration risks repeating a mistake made in the 1978 Declaration of Alma-Ata by not adequately recognizing the contribution of diverse health workers functioning at the primary health care level.

In 1978, this omission had the terrible consequence that diverse types of health workers operating at the level of primary health care felt that the Declaration did not recognize them or their important professional activities. In 2009, WHA62.12 made progress by calling on WHO Member States to:

“train and retain adequate numbers of health workers, with appropriate skill mix, including primary health care nurses, midwives, allied health professionals and family physicians, able to work in a multidisciplinary context, in cooperation with non-professional community health workers in order to respond effectively to people’s health needs.”



We acknowledge that the draft Declaration currently includes “...Governments, in line with national priorities and context, commit to: (c) Training, recruitment and retention of a competent health workforce for primary health care, for work within facilities and communities, including interdisciplinary teams with an appropriate skill mix.” However, we believe that this section would be improved by replacing it with the specific text above from WHA62.12, and then strengthening it further by making the following two additions:

- add “mental and behavioral health professionals, and oral health professionals” to the list of professionals specifically mentioned in the list.
- amend the concluding sentence to read “...to respond effectively to people’s health and social needs, including the specific needs of diverse marginalized populations.”

A focus on Interprofessional Education (IpE) is also of utmost importance to create a competent and high-performing health workforce. Health professional associations, including unions representing them at regional, state and international levels must play an important role to make this happen and to encourage educational institutions to develop and implement changes in their curricula according to IpE best practices and standards.

Reference to the need for increased IpE and the collective role of governments, academia institutions and professional associations/unions should be added to the Declaration’s call to action for governments, for civil society and for international institutions.

Recommendation 3: Reference promising practices/models of comprehensive primary health care

It is important for governments around the world – at state, regional and local levels – as well as academics, civil society groups and other partners across sectors to appreciate that there are numerous examples of primary health care delivery models that reflect the spirit and integrated principles of primary health care, as intended in the draft Declaration. We believe that models, programs and projects such as community-oriented primary care initiatives, Community Health Centres, and civil society initiatives on improving health literacy and empowerment should be specifically referenced in the Declaration.

WHA62.12 called on WHO Member States to “put people at the centre of health care by adopting, as appropriate, delivery models focused on the local and district levels that provide comprehensive primary health care services, including health promotion, disease prevention, curative care and palliative care, that are integrated and coordinated according to needs, while ensuring effective referral system”.

For decades, Community Health Centres (CHCs) around the world have exemplified this comprehensive primary health care approach, doing so through multidisciplinary teams, partnering with other health sector providers and beyond, and involving local communities in planning and decision-making around



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local services. In recognition of this, we believe it critical that this important work be referenced alongside other promising programs and projects as clear evidence that tangible, practical progress is possible.

We thank you and your colleagues at WHO, as well as the International Advisory Group on Primary Health Care for Universal Health Coverage for your thoughtful review of our recommendations. We are at your disposal should you wish to further involve IFCHC at any point before or during the upcoming Global Conference on Primary Health Care. You and colleagues may follow up through correspondence with IFCHC Coordinator, Scott Wolfe who is based at the IFCHC Secretariat in Toronto, Canada.

Respectfully yours,

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