

**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 mark the momentum that is building towards ensuring comprehensive, integrated, rights-based and people-centered quality health care within reach of all people and prioritizing those most in need. As civil society representatives, we reflect on this historic moment and call for bold action from governments, development partners, and fellow civil society actors to drive progress for social, physical and mental health for all. Achieving universal health coverage and the Sustainable Development Goals requires high-quality, equitable, accessible and affordable primary health care.

We must look to the social, economic and environmental determinants of health as well as other realities and challenges people face while seeking health and wellness. We must seek to understand the opportunities and risks countries journeying towards universal health coverage face, and chart a bold, but achievable course forward to create the change we seek. The 2017 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 which include promotion, prevention, treatment, rehabilitation and palliative care; 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.¹ The Lancet Global Health Commission on High Quality Health Systems in the SDG Era found that in low- and middle-income countries more than 8 million people die per year "from conditions that should be treatable by the health system", the majority of which are due to poor-quality care.² The ever-increasing economic inequality continues to drive negative health outcomes.

Additionally, increased frequency and average longevity of natural disasters, forced migration, armed conflict and disease outbreaks have a harmful effect on human life and communities. The world faces many obstacles to improving health: 1 in 3 people are malnourished, conflict and climate change are driving up food insecurity and 2.1 billion people globally lack access to safely managed drinking water services. There is an urgent need to address primary health care in these multiple contexts.

Worldwide, many health systems are fragmented, underfunded, inefficient, and ill-equipped to meet the health needs of their populations.

¹ From 2017 Universal Health Coverage Monitoring Report : SDG indicator 3.8.1: Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health; infectious diseases; noncommunicable diseases; and service capacity and access; among the general and the most disadvantaged population). <http://documents.worldbank.org/curated/en/640121513095868125/pdf/122029-WP-REVISED-PUBLIC.pdf>

² High-quality health systems in the Sustainable Development Goals era: time for a revolution [https://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(18\)30386-3.pdf](https://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(18)30386-3.pdf)

WHO WE ARE- OUR COMMITMENT

We come together with a range of experiences and expertise. Our diversity is our strength. We are united by a shared sense of purpose to achieve primary health care for all. We are from low-, middle-, and high-income countries. We contribute to policy-making, financing, research, service delivery, social mobilization and demand creation, and governance of health and health systems at every level. We represent activist and religious groups, professional and community associations, health workers, patients and caregivers, citizen oversight boards and technical experts, young people, aging populations, persons with disabilities, and civil society platforms for global health initiatives such as Gavi, the Vaccine Alliance; the Global Financing Facility; the Global Fund for AIDS, TB and Malaria; the Partnership for Newborn, Maternal, Child Health; Scaling Up Nutrition; UHC2030; and many others.

No single person or group holds the key to improving primary health care. Only together can we achieve universal health coverage and promote health and wellness for all.

As civil society actors, we commit to:

- ***Expand our partnerships and redefine success beyond the status quo.***
- ***Promote a comprehensive, integrated, people-centered approach to health.***
- ***Facilitate participation of most-affected people and communities in policy development, implementation and monitoring.***
- ***Advocate to leave no one behind, shining a spotlight on those populations that are most impoverished, marginalized, stigmatized and discriminated against.***
- ***Contribute to generation of solutions and action agendas.***
- ***Hold governments, private sector and development partners accountable.***

CALL TO ACTION

We look to the agreements and documents that have come before this moment, acknowledging that this focus on primary health care is not new, but does require new resolve and action.³ We recognize the leadership of the World Health Organization, the United Nations Children's Fund and the Government of Kazakhstan and the many other contributors to this moment. We note that governments, development

³ 1994 ICPD Programme of Action; Abuja Declaration; Addis Ababa Declaration on Financing for Development; Addis Declaration on Immunization; Alma-Ata Declaration; April 2017 Tripartite Expert meeting on Improving Employment and Working Conditions in Health Services; the Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030, the Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030; Dublin Declaration on Human Resources for Health; Global Strategy for Women and Children's Health; Global Vaccine Action Plan; High-level Commission Health Employment and Economic Growth (ILO, WHO, OECD); Institutionalizing Community Health Conference Principles; Maputo Protocol and Plan of Action; Ottawa Charter for Health Promotion; outcome documents of UN High-Level Meetings on Health (HIV/AIDS, NCDs, TB, AMR); People's Charter for Health; Political declaration on HIV & AIDS; the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa; Rio Declaration on Social Determinants of Health; Sustainable Development Goals; UHC2030 Global Compact; UN Call to Action on WASH in Health Care Facilities, and corresponding WHO global action plan, UN Decade of Action on Ending Malnutrition; WHO Global Action Plan on Mental Health; WHO Global Action Plan on NCDs; WHO General Programme of Work; Workforce2030; among so many others.

partners and civil society have an opportunity to shape a bold and transformative agenda and take action to strengthen primary health care through quality, access and equity, and achieve health for all. May the realities of the present and the wisdom of the past guide us in the days ahead.

We call on governments to:

STRENGTHEN POLITICAL LEADERSHIP AND GOVERNANCE

- **Develop and implement costed strategies** with clear, time-bound actions, articulating a plan to achieve commitments made at the Global Conference on Primary Health Care, integrated with existing policies at the country level, towards achieving universal health coverage and the health-related SDGs by 2030.
- **Facilitate convergence among ministries** including education, health, nutrition, water, sanitation and hygiene, energy and climate, natural resource management and environmental conservation, labor, gender, and finance, among others, to promote cross-cutting, multi-sectoral solutions, unlock funds and optimize resources to foster health and well-being.
- **Set and measure quality of care and safety standards** in consultation with people and communities.
- **Create an enabling regulatory environment** for constructive private sector engagement in service delivery, curtailing influence in policy development.
- **Democratize and make inclusive the governance of public health** by empowering and engaging communities, trade unions, formal and informal health workers and educators at all levels, academic medical centers, health professions' schools, and civil society organizations in planning, budgeting, implementation and monitoring.
- **Collaborate with and learn from peer countries** on successes and challenges of improving primary health care systems.

IMPROVE FINANCING

- **Increase public financing for health** as reported in national budgets, starting with universal primary health care based on country-defined prioritized essential health services.
- **Cost essential health services beyond efficiency, accounting for quality, access and equity.**
- **Allocate and spend health funding proportionately** across primary, secondary and tertiary levels of care to maximize impact on health outcomes.
- **Eliminate out-of-pocket payments for essential health services, including promotion, prevention, treatment, rehabilitation and palliative care, and reduce out-of-pocket payments for all other health services** to break through barriers to access and prevent financial hardship and impoverishment.
- **Invest in training and support for sustainable primary health care teams, including but not limited to, family doctors, nurses, midwives, allied health professionals, and community health workers.** Empower women, who are 70% of the health and social care workforce, so that they are proportionately represented in decision-making and senior managerial roles.

- **Ensure availability of facilities, equipment and drugs** to people and communities.
- **Prepare sustainable public financing strategies that account for transition from external funding.**

ENHANCE ACCOUNTABILITY

- **Improve quality of data to measure performance of primary health care systems and health outcomes to drive investments and improvements**, while minimizing reporting burden on frontline health workers.
- **Document who is left behind and promote inclusive access and utilization of health services as well as prevent discrimination**, addressing first those most in need, including adolescents, aging, refugees and migrants, persons with disabilities, indigenous people, hard-to-reach, among other marginalized and vulnerable members of society.
- **Ensure oversight of public services and the private sector, strengthening the role of parliamentarians and local governments** to promote highest quality standards of care and reduce harm.
- **Make priority-setting processes, policies, implementation strategies, budgets and expenditures transparent and accessible** and facilitate accountability efforts of civil society.
- **Implement safeguards against corruption** and misuse of funds.

We call on development partners to:

ADVANCE COUNTRY-LED SOLUTIONS

- **Promote approaches to reduce health inequities**, addressing persistent challenges to reaching those who are most in need with quality health services and mitigating marginalization and vulnerability among the population.
- **Support community-based health programs that** extend an integrated primary care system to the community level and empower individuals as drivers of their own health.
- **Promote high-quality, equitable health care delivery** moving beyond cost-efficiency models.
- **Support transparent, accountable donor transitions from health financing** beyond gross national income figures and consider the functionality of a whole primary health care system.
- **Uphold principles of effective development cooperation, optimizing coordination among other development partners and making every effort to work with existing systems and structures.**
- **Support countries to develop reliable tracking mechanisms for primary health care data** to inform progress and required changes.
- **Work across sectors and health issues areas, moving beyond a vertical approach to health**, to facilitate comprehensive people-centered services and care.
- **Collaborate with countries to increase domestic fiscal space for health.**

ORGANIZATIONAL ENDORSEMENTS:

NAME OF ORGANIZATION	COUNTRY
1. 1,000 Days	United States Of America
2. ACADI Cameroon	Cameroon
3. Action Contre la Faim (ACF)	France
4. Action Medeor, German Medical Aid Organization	Germany
5. Action Socio-sanitaire Organisation Secours (ASOS)	Madagascar
6. ACTION, the global health advocacy partnership	Global
7. Advocacy, Research, Training and Services (ARTS) Foundation	Pakistan
8. African Palliative Care Association	Uganda
9. Africare	Senegal
10. Afrihealth Optonet Association	Nigeria
11. ALEJO Community Support Project	Zambia
12. Alliance for Reproductive Health Rights	Ghana
13. Alliance Myanmar (MAHAMATE)	Myanmar
14. Alliance of Health Organizations (AHO)	Afghanistan
15. American Heart Association	United States Of America
16. American International Health Alliance	United States Of America
17. Americas TB Coalition	United States Of America
18. Amref Health Africa	Kenya
19. Asociación Ecuatoriana de Cuidados Paliativos (ASECUP)	Ecuador
20. Asociación Nacional de Personas Positivas Vida Nueva	El Salvador
21. Asociación Panamena De Cuidados Paliativos	Panama
22. Asociación Paraguaya de Medicina y Cuidados Paliativos	Paraguay
23. Association d'assistance au Developement (ASAD)	Cameroon
24. Association d'Entraide Médico-Sociale (AEMS-ASBL)	Democratic Republic of the Congo
25. Association De Lutte Contre Les Violences Faites Aux Femmes, Antenne Extreme Nord	Cameroon
26. Bani Et Al Global Health Consultancy	United States Of America
27. BCH Africa	Cameroon
28. Burkina Technical Working Group on Sexual and Reproductive Health and Rights	Burkina Faso
29. Cairdeas International Palliative Care Trust	United Kingdom
30. Cameroon Baptist Convention Health Services	Cameroon
31. CARE	United States Of America
32. CBM International	Germany
33. Center for Health and Gender Equity (CHANGE)	United States Of America
34. Centre for Capacity Improvement for the Wellbeing of the Vulnerable (CIWED)	Ghana

35. CHESTRAD International	Nigeria
36. Children Advocacy Forum Sierra Leone (CAF-SL)	Sierra Leone
37. CHIP	Pakistan
38. Christian Aid	Kenya
39. CICODEV Africa, the Pan African Institute for Consumer Citizenship and Development	Senegal
40. Club des Amis du Monde	Guinea
41. Coalición Tuberculosis las Americas	Bolivia
42. Collectif Des Citoyens Et Des Organisations Citoyennes (CCOC)	Madagascar
43. COMARESS (plate forme OSC Santé)	Madagascar
44. Community and Family Aid Foundation	Ghana
45. Community Restoration Initiative Project	Uganda
46. Community Working Group on Health (CWGH)	Zimbabwe
47. Community Youth Development Foundation	Ghana
48. Concern Health Education Project	Ghana
49. Concern Worldwide	Global
50. Concern Worldwide	Ireland
51. Conseil National des Organisations de Santé	Democratic Republic of the Congo
52. Cordaid	Afghanistan
53. CORE Group	Global
54. Dakshayani and Amaravati Health and Education	India
55. Development Research and Advocacy Centre (DRAC)	Ghana
56. Development Research and Project Center	Nigeria
57. Divine Mother and Child Foundation	Ghana
58. Drive For Health Foundation	Ghana
59. EANNASO	Tanzania
60. EMMS International	United Kingdom
61. EUNITED KINGDOMA, European Kumba Association	Cameroon
62. European Association for Palliative Care	Belgium
63. Evidence for Action, MamaYe	Kenya
64. Faculty of Paramedical and Allied Health Sciences	Pakistan
65. Family Health Care Association "Mary Potter" Palliative Care	Albania
66. Femmes-Santé-Développement (FESADE) / Women's Health Development (WHD)	Cameroon
67. Fondation Joseph The Worker/ Structure Lazarienne	Benin
68. Frontline Health Workers Coalition	United States Of America
69. Fundación Me Muevo	Chile
70. Girl Child Network	Kenya
71. Global Forum For Development (GLOFORD)	Uganda
72. Global Health Council	United States Of America
73. Global Health South	Nigeria

74. Good Health Community Programmes	Kenya
75. Gramin Punarnriman Sansthan (GPS)	India
76. Health Reform Foundation of Nigeria (HERFON)	Nigeria
77. Health Sector Reform Coalition (HSRC)	Nigeria
78. Health, Education and Literacy Programme (HELP)	Pakistan
79. HealthRight International	United States Of America
80. HOPE MBALE	Uganda
81. Hospice Africa	Uganda
82. Hospice and Palliative Care Association of Zimbabwe (HOSPAZ)	Zimbabwe
83. Human Rights and Health Institute	Peru
84. Human Touch Foundation	India
85. I Will Give, Africa	Nigeria
86. Instituto para el Desarrollo Humano	Bolivia
87. International Agency for the Prevention of Blindness	United Kingdom
88. International Alliance of Patients Organizations	Global
89. International HIV/AIDS Alliance	United Kingdom
90. International Pediatric Association	Switzerland
91. International Women's Year Liaison Group	Japan
92. IntraHealth International	United States Of America
93. Irish Forum for Global Health	Ireland
94. Island Hospice & Healthcare	Zimbabwe
95. Jamkhed International North America	United States Of America
96. Japanese Organization for International Cooperation in Family Planning (JOICFP)	Japan
97. John Snow International (JSI) Training and Research Institute Inc.	United States Of America
98. Journalism Training & Research Institute (JATRI)	Bangladesh
99. Kenya AIDS NGO'S Consortium (KANCO)	Kenya
100. Kenya Hospices And Palliative Care Association	Kenya
101. Kenya NGO Alliance Against Malaria	Kenya
102. KHANA	Cambodia
103. Kicoshep	Kenya
104. Kulich Youth Reproductive Health and Development Organization (KYRHDO)	Ethiopia
105. Last Mile Health	Liberia
106. Le Réseau EVA	Senegal
107. Lesotho Boston Health Alliance	Lesotho
108. Liberia Immunization Platform (LIP)	Liberia
109. Living Goods	United States Of America
110. Malaria Consortium	United Kingdom
111. Management Sciences for Health (MSH)	United States Of America

112. Margaret Pyke Trust, with the Population & Sustainability Network	United Kingdom
113. Mbale Coalition Against Poverty (MCAP)	Uganda
114. Mbrumaney	South Africa
115. Medical IMPACT	Mexico
116. Medicines for Humanity	United States Of America
117. Medicus Mundi International	Germany
118. MEERA FOUNDATION	India
119. Meningitis Research Foundation	United Kingdom
120. Migrant Clinicians Network	United States Of America
121. Muslim Family Counselling Services	Ghana
122. Muso	Mali
123. Myanmar Health and Development Consortium	Myanmar
124. National Council of Health NGOs (CNOS)	Democratic Republic of the Congo
125. National Integrated Development Association (NIDA)	Pakistan
126. NCD Alliance	Switzerland
127. NCD Child	United States Of America
128. Network Movement for Justice and Development (NMJD)	Sierra Leone
129. Nigerian Women Agro Allied Farmers Association	Nigeria
130. Nursing Now	United Kingdom
131. Organization For Health Education Research Services (OHERS)	Kenya
132. Paediatric Association of Nigeria	Nigeria
133. PAI	United States Of America
134. Palliative Care Association of Uganda (PCAU)	Uganda
135. Palliative care Education and Research Consortium	Uganda
136. Panhellenic Physiotherapists' Association	Greece
137. Partners In Health	United States Of America
138. PATH	Global
139. Pathfinder International	United States Of America
140. Planned Parenthood Association of Liberia	Liberia
141. Plateforme des Organisation de la Société Civile pour la Vaccination et l'Immunisation au Togo (POSCVI-TOGO)	Togo
142. Primary Care International	United Kingdom
143. Public Health Initiative Liberia	Liberia
144. Relief International	United States Of America
145. Reseau Jeunesse Population et development (RESOPOPDEV)	Senegal
146. RESONUT	Burkina Faso
147. RESULTS	United Kingdom
148. RISE	Ghana
149. Rwenzori Center for Research and Advocacy	Uganda
150. Salud Para Todos	Argentina

151. Save the Children	Global
152. SEND GHANA	Ghana
153. Services for the Health in Asian & African Regions	Japan
154. Sightsavers	United Kingdom
155. Silverline Development Initiatives (SDI)	Nigeria
156. Sociedad Venezolana de Medicina Paliativa	Venezuela
157. Society for All Round Development (SARD)	India
158. Society for Mobilization Advocacy and Justice	Pakistan
159. SOCOBA	Botswana
160. SOCOBA	United States Of America
161. Soormi Development Women Society	Pakistan
162. Strongheart Group	United States Of America
163. Sun Alliance	Rwanda
164. Swasti	India
165. SWEDEC	Ghana
166. Tanzania Network of Women Living with HIV and AIDS	Tanzania
167. The G4 Alliance	United States Of America
168. The George Institute for Global Health	Australia
169. The Hopeful Initiative	Nigeria
170. The International Council of Nurses	Switzerland
171. The Population Council	United States Of America
172. The White Ribbon Alliance	Global
173. The White Ribbon Alliance for Safe Motherhood (WRATZ)	Tanzania
174. The White Ribbon Alliance	Uganda
175. Todos Frente al Chagas /Chagas Disease Alliance	Argentina
176. Tunisian Center for Public health	Tunisia
177. UPIC Health	United States Of America
178. WACI Health	Africa Regional Organization
179. Wemos	The Netherlands
180. Women in Global Health	United States Of America
181. Women's Association for a Better Aging Society	Japan
182. World Vision International	Global
183. Worldwide hospice palliative care alliance	Global
184. YOSN	Uganda
185. Youth Activists initiative Organisation	Malawi
186. Youth Association for Development	Pakistan
187. Youth Coalition	Canada
188. Youth Voices Count	Asia and the Pacific