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, the 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.

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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
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. 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

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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.
governments, development 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
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.