

**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.<sup>1</sup> 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.<sup>2</sup> 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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<sup>1</sup> 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>

<sup>2</sup> 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.<sup>3</sup> 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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<sup>3</sup> 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**

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. Balanced Stewardship Development Association (BALSDA)	Nigeria
27. Bani Et Al Global Health Consultancy	United States Of America
28. BCH Africa	Cameroon
29. Burkina Technical Working Group on Sexual and Reproductive Health and Rights	Burkina Faso
30. Cairdeas International Palliative Care Trust	United Kingdom
31. Cameroon Baptist Convention Health Services	Cameroon
32. CARE	United States Of America
33. CBM International	Germany
34. Center for Health and Gender Equity (CHANGE)	United States Of America
35. Centre for Capacity Improvement for the Wellbeing of the Vulnerable (CIWED)	Ghana

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

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

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



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