**Forum:** World Health Assembly

**Issue:** Establishing Primary Health Care Towards Universal Health Coverage

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**Introduction**

 Primary Health Care serves as the foundation of health systems, promoting prevention, treatment, rehabilitation, and palliative care across a wide range of conditions. In 1978, the Alma-Ata Declaration emphasized the importance of PHC in achieving "Health for All," but progress has been uneven, and challenges remain in implementing comprehensive PHC systems globally. Establishing strong PHC systems is crucial not only to improving health outcomes but also to ensuring that health systems are equitable, sustainable, and responsive to the needs of all populations.

 The right to health is an economic, social, and cultural right that guarantees every individual access to a basic standard of health. Despite this, over 44 million people worldwide lack adequate healthcare, according to the Public Broadcasting Service. The right to health was formally recognized in the Universal Declaration of Human Rights. However, there is still a need for all member states to engage in discussions about which institutions should be responsible for providing this right, how "health" is defined, and what the minimum entitlements under this right should be. It is essential to remind ourselves of the purpose of this system and work to revive the failed healthcare coverage model to ensure it reaches all people.

**Definition of Key Terms**

**Social Determinants of Health**

Social determinants of health are the economic, social, and environmental factors that influence health outcomes, including income, education, housing, employment, and access to clean water and sanitation.

**Health Literacy**

Health literacy is the ability of individuals to understand and act on health information, navigate health systems, and make informed decisions about their health.

**Primary Health Care (PHC)**

PHC refers to essential health services that are universally accessible to individuals and families in the community.

**Universal Health Coverage (UHC)**

UHC is the goal of ensuring that everyone has access to essential health services (including PHC) without facing financial hardship.

**Health for All**

A term popularized by the Alma-Ata Declaration (1978), referring to the global vision that all individuals and communities should have access to the essential health services they need for good health.

**Sustainable Development Goal 3 (SDG 3)**

SDG 3, adopted as part of the 2030 Agenda for Sustainable Development, focuses on ensuring healthy lives and promoting well-being for all at all ages.

**Community Health Workers (CHWs)**

CHWs are individuals (often from the community they serve) who provide basic health services and health education, often in rural or underserved areas.

**Family Health Strategy (FHS)**

A health system model developed in Brazil that uses family health teams consisting of doctors, nurses, and community health workers to provide comprehensive and integrated primary health services to local communities, especially in underserved and rural areas.

**Background Information**

 The concept of Primary Health Care (PHC) emerged in the 1970s as a response to the failure of many health systems, especially in low- and middle-income countries (LMICs), to meet basic health needs. The 1978 Alma-Ata Declaration defined PHC as affordable, accessible, and community-oriented healthcare, emphasizing community participation and addressing the broader social determinants of health, such as education, nutrition, and clean water. The declaration called on governments to lead efforts to create equitable health systems.

**Bangladesh's Community Clinics**

 In Bangladesh, the government introduced the concept of community clinics to provide affordable and accessible health care to people living in rural and remote areas. These clinics offer primary health services, including maternal and child health care, vaccinations, and disease prevention, at little or no cost to the community. By bringing services closer to people's homes, Bangladesh has significantly reduced barriers to health access and improved health outcomes.

**The Health Insurance Scheme in Rwanda**

 Rwanda implemented a community-based health insurance scheme (Mutuelles de Santé) that allows rural populations to access primary health services at an affordable rate. The scheme has helped increase health care access and equity, especially in remote areas where people would otherwise struggle to pay for services.

**Goals that have succeeded**

**Community Participation**
Many countries successfully integrated community participation into their health systems, particularly in terms of community health workers (CHWs) and local health committees. In countries like Ethiopia, India, and Bangladesh, community health workers such as Health Extension Workers (HEWs) and Accredited Social Health Activists (ASHAs) have been instrumental in providing primary care, educating the community, and improving health outcomes. These programs have helped bridge gaps in health service access, especially in rural and remote areas.

**Health Promotion and Prevention**
Some nations made notable strides in promoting health and prevention as part of their primary health care strategy. Immunization programs and maternal and child health initiatives have had considerable success. For example, Sri Lanka implemented effective maternal and child health services that reduced maternal and child mortality rates, contributing to a healthier population.

**Social Determinants of Health**
The focus on addressing the broader social determinants of health gained traction, particularly in Cuba, where health policies emphasized education, clean water, sanitation, and nutrition as integral components of health. Cuba’s integrated approach to health has led to improved outcomes in life expectancy, infant mortality, and general population health despite its limited resources.

Despite its ambitious goals, progress in achieving a comprehensive PHC was uneven, prompting the international community to revisit the issue in 2018 with the Astana Declaration. This reaffirmed PHC as central to achieving Universal Health Coverage (UHC), ensuring access to essential health services without financial hardship. UHC, as part of Sustainable Development Goal 3, aims to promote healthy lives for all by 2030.

However, challenges persist, including insufficient financing, weak health systems, workforce shortages, and health inequities, particularly in low-resource settings. The COVID-19 pandemic highlighted these vulnerabilities, emphasizing the need for stronger, more resilient primary healthcare systems worldwide.

**Goals that did not succeed**

**Health for All by the Year 2000**
One of the most ambitious goals of the Alma-Ata Declaration was the achievement of "Health for All" by 2000, but this target was largely unmet. While progress was made, the promise of universal health care by 2000 was unrealistic given the vast disparities in resources, infrastructure, and governance in many LMICs. Access to essential health services remains a challenge, especially in rural or conflict-affected regions. Many countries faced significant barriers such as lack of financial resources, insufficient infrastructure, and political instability, which hindered their ability to achieve UHC by the target date.

**Equitable Health Systems:**
While some countries made progress toward equitable health systems, large disparities in health outcomes between urban and rural populations, rich and poor, and different ethnic groups continue to persist in many parts of the world. For example: In countries like India and Nigeria, significant portions of the population still lack access to basic health services. Maternal and child health indicators remain poor in many LMICs, where access to trained healthcare professionals and essential services is limited.

**Major Countries and Organizations Involved**

**Countries:**

**Alma-Ata Declaration (1978) Signatories:**

 The 1978 Alma-Ata Declaration was endorsed by 134 countries, marking a global commitment to Primary Health Care (PHC) as a key strategy for achieving Health for All. These countries included a mix of both developed and developing nations

**China:**

 China has been a leader in integrating PHC into its health system, particularly through its vast network of community health workers and rural health services.

**India:**

 India has made strides in PHC development, focusing on integrating services for maternal and child health, immunization, and basic healthcare in rural areas.

**International Organizations:**

**World Health Organization (WHO):**

 As the leading global health organization, the WHO has been at the forefront of promoting PHC and Universal Health Coverage (UHC). WHO's Astana Declaration (2018)reaffirmed PHC as the central strategy for achieving UHC and improving health outcomes globally.

**UNICEF:**

 UNICEF plays a critical role in promoting PHC for maternal, neonatal, and child health. It focuses on improving the delivery of basic health services, such as vaccination, nutrition, and sanitation, in underserved communities, particularly in countries with high child mortality rates.

**Timeline of Events**

| **Date** | **Description of Event** |
| --- | --- |
| **The Alma-Ata Declaration (1978)** | Set the global agenda for primary health care, called for the provision of essential health services to all populations through PHC. |
| **The Astana Declaration (2018)** |  Reaffirmed the commitment to PHC as the key to achieving UHC and the Sustainable Development Goals (SDGs). The declaration emphasized the need for a people-centered, integrated approach to health care that promotes prevention and addresses the broader social, environmental, and economic factors affecting health. |
| **WHO’s Global Strategy on Human Resources for Health (2016-2026)** | This strategy aims to address the shortage of healthcare professionals through workforce development, better distribution of health workers, and improving education and training. It is integral to strengthening PHC systems, especially in rural and underserved areas. |

**Relevant UN Treaties and Events**

* United Nations General Assembly (UNGA) Resolution on Universal Health Coverage (2012)
* Calling for a global commitment to ensuring that all people have access to essential health services without facing financial hardship.
* The World Health Assembly Resolutions on Universal Health Coverage (2013-2019)
* focused on the importance of PHC and UHC. Notably, the Resolution WHA66.10 (2013) called for a global strategy to support UHC.

**Previous Attempts to solve the Issue**

The Health for All Initiative (1980s-1990s)

Goal: The Health for All movement, driven by the World Health Organization (WHO), was designed to bring primary health care to the forefront as a way to achieve universal health coverage and equitable health systems.

The Abuja Declaration (2001)

Goal: The Abuja Declaration was adopted by African Union (AU) countries during the African Summit on HIV/AIDS, Tuberculosis, and Other Infectious Diseases in Abuja, Nigeria.

**Possible Solutions**

 Invest in Health Workforce Development: Countries should prioritize investments in training, recruiting, and retaining healthcare workers, especially in underserved and rural areas.

 Strengthen Health System Integration: To improve the effectiveness of PHC, it is necessary to integrate primary care services with other levels of care. This can be achieved through improved referral systems, better communication, and a focus on continuity of care across the health system.

 Expand Community Participation: PHC systems should be designed with active participation from communities to ensure they are responsive to local needs. This involves empowering individuals and communities to take charge of their health and encouraging participatory decision-making in healthcare planning.

**Guiding Questions**

1. How can countries ensure equitable access to primary health care for all populations, particularly underserved and vulnerable groups?
2. How can community health workers (CHWs) be effectively utilized to improve access to primary health care in hard-to-reach areas?
3. What role do gender and age play in access to primary health services, and how can policies address disparities?
4. How can technology and digital health contribute to strengthening primary health care systems?
5. How can global health initiatives support countries in achieving UHC through primary health care?
6. How can we ensure that health systems remain resilient in times of crisis, such as during the COVID-19 pandemic?

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**Appendix or Appendices**

1. UHC topics: <https://www.who.int/health-topics/universal-health-coverage#tab=tab_1>.

Website is useful since it provides a data sheet, WHA 72 resolution document, and other useful information.

1. UHC documents: <https://www.paho.org/hq/index.php?option=com_content&view=article&id=9742:universal-health-coverage-documents-references&Itemid=40690&lang=en>

Website is useful since it contains documents with information about UHC by Pan American health organisation.