

ABSTRACTS

«Health for All» by 2030

On the Right Track, or on the Verge of Failing?

Marina Carobbio, Vice-President of the Swiss National Council and Co-President of AMCA

The future of Primary Health Care: Contradictions between Global Challenges and Political Decisions

The Global Conference on Primary Health Care took place in Astana, Kazakhstan from October 25-26, 2018 with the objective to renew the commitment to primary health care and to achieve universal health coverage as well as the Sustainable Development Goal. By signing the Declaration of Astana, countries around the world vowed to work toward universal health coverage by strengthening their primary health care systems. At least half the world's population lacks access to essential health services – including care for non-communicable and communicable diseases, maternal and child health, mental health, and sexual and reproductive health. The Declaration of Astana is a reaffirmation of the Declaration of Alma-Ata. Adopted in 1978, the Declaration of Alma Ata stressed the key role of primary health care in the pursuit of health and social justice for all. 40 years later, however, this goal has not been realised. In the face of multimorbidity and the steady increase of the aging population, it is important not to commercialise health care, but to make it a more attractive work, both in Switzerland and the developing world. Primary health care achieves positive health outcomes and contributes to the reduction of social inequality. Health Care is a fundamental human right. In order to achieve "Health Care for All", including the most vulnerable, a greater investment in primary health care is crucial.

Francisco Songane, Former Minister of Health of Mozambique, and Founding Director of the Partnership for Maternal, Newborn and Child Health (PMNCH)

Country Leadership and Coherence among Global Actors are key Elements to Ensure Health Care for All

Forty years on after the landmark Declaration of Alma-Ata we are still debating about the best ways to achieve Health Care for All. The momentum created by the new vision to address the stark inequalities in provision of health care soon faded as different interpretations emerged on the approaches to adopt, given the magnitude of the problems to be dealt with. The enthusiasm to see rapid changes also contributed to some imbalances in decision making, namely on how to measure success, and which indicators to use; the comprehensiveness of the Health Care for All Agenda was significantly dented and alternative arguments articulated under the banner of „selective primary health care“ limited to interventions to address some specific health problems whose results could be seen in a fairly short timeline.

The Declaration of Alma-Ata was regarded by many countries as an important platform for new policy setting, both in-country and internationally. In fact, countries made strides in demonstrating the feasibility of this aspiration, inspiring their health workforce and the communities, and served as role models to others. However, the lack of consensus on the approach among key international institutions was reflected in the quality of international assistance, where conditions attached to the funding to the many countries in need curtailed the progress they were making, and the common agenda of „Health Care for All“ fragmented into different initiatives which did very little to build the health systems. With variant degrees, this has been the scenario in many countries in the last decades, reflected in the still weak capacity and non-responsive systems.

Profound changes are called for to ensure that the countries are effectively „on the driving seat“ and all the partners involved are guided by the national programmes. It is a moment to renew the countries' leadership, and guarantee coherence among global players, important premises for consistency in programme implementation.

Joel Heredia Cuevas, SADEC

Community Participation: How the Alma Ata principles are reflected in the health care of Chiapas in Mexico

La participación de la población en el cuidado de su salud, nuevos actores, nuevas propuestas, nuevos retos, una mirada desde la salud comunitaria en Chiapas, México

In Mexico, during the last 30 years the welfare state of the population has suffered a significant deterioration. 43% of the population has some degree of poverty, 34% is vulnerable due to social insecurity or lack of income and only 23% is in a non-poor and non-vulnerable condition (Coneval 2016). In addition, there is a climate of violence and insecurity similar to that of a country in a state of war (Proceso-2017). Public policies are marked by drug trafficking and corruption that have permeated different levels and structures of the government.

Regarding health, since the end of the 1970s, regional community structures have been built in the state of Chiapas. These community structures are basic, formed in small localities which need self-care in order not to die. They have formed a sort of a community network that supports more than 80% of the health problems of the population including care of pregnant women. Various actors from civil society, the church and academia find spaces for participation. Health promoters were trained, community health centers were built and equipped, health committees were created that coordinate and define programs. Furthermore, they interact with traditional health workers, such as traditional birth attendants/midwives and herbalists, to support them solving health problems. These interactions help the community to achieve the right to health for all.

How are the Alma Ata principles reflected in the health care of Chiapas in Mexico and what is needed to reach the health goal of the Agenda 2030?

Ala Curteanu SDCs Healthy Life Project, Moldova

Healthy Communities – How multi-sectorial Partnerships can Increase Accountability in the quest for health and well-being in Moldova

Republic of Moldova faces a growing NCD mortality and morbidity burden. The Ministry of Health, Labour and Social Protection is actively leading large reforms of health sector. The Swiss Agency for Development and Cooperation supports the national reform agenda through the “Healthy Life Project”. A key intervention is to build the capacities of district-level Public Health Councils to include health in all sectors.

Multi-sectorial partnerships are mobilized to collect and analyse data on the health status of the population (so called “Health Profiles”). In 10 districts of Moldova, Health Profiles have been updated and further developed. When the information generated is presented in a user-friendly way and tailored to the core interests and objectives of other sectors it is an excellent tool for dissecting the socio-economic determinants of health and harnessing the engagement of different sectors in addressing them.

Representatives of different sectors are supported to jointly review the health profile of their district, to extrapolate this data to their own locality, and to establish community-based teams to raise awareness of NCD risk and increases diagnosis and care-seeking.

Once established, community teams pool scarce, but nonetheless available, resources from their various sectors to help change unhealthy lifestyle and behaviours.

Lessons learned include that it is critical to first understand what each sector is actually tasked to do in the community, and think through how they can promote health through routine activities. This avoids activities only taking place on an ad hoc basis, or when additional funding can be mobilized, but facilitates that they occur regularly and ultimately start to become institutionalized.

Stefan Hofmann, Kawazee

Older people – the last in the queue for health services - evidence from the field

The Declaration of Alma-Ata must have appeared a mere piece of paper early in the new Millennium in Tanzania's Kagera Region – one of the epicentres of HIV/AIDS: The pandemic had thrown almost the whole population into acute crisis and most severely hit its weakest members. Older people clearly were amongst the weakest, yet their crisis only started to become an issue when their role as carers for orphaned grandchildren could not be overlooked anymore.

Kwa Wazee has begun to support older people with very modest pensions from 2003, strong impacts could be observed instantly. A comparison study a couple of years later confirmed that even minimal cash transfers led to significant improvements in most areas of livelihood, nutrition and psycho-social wellbeing: Social protection as the single biggest element for a healthier life. Yet the study also revealed that health remained an absolutely critical issue for older people and that they were mostly excluded from health care: the last in the queue.

Kwa Wazee obviously could not fill this gap, but it could provide some impetus, test interventions, look for evidence and ask questions: Which were the biggest health issues of older people and how could they be addressed even with minimal budgets? Which priorities should be taken? How could older people be empowered to be active promoters of their health? The last five to ten years we have seen progress in health care – also for older people. At the same time new challenges need responses if in the future nobody should be left behind. Where are still the biggest gaps? Is there a role of micro insurances or initiatives like the Community Health Fund?.

Emanuele Capobianco, Director at International Federation of Red Cross and Red Crescent Societies IFRC

The Red Cross approach to UHC: a framework for the next decade?

The Alma Ata declaration was instrumental to strengthen primary health care across the globe, bringing health services closer to populations in need. Much of the success of the primary health care revolution has been due to the expansion of health facilities, leading to increased access and utilization of health services. This emphasis on strengthening health systems has not been matched by an equal push to strengthen community systems, leaving many individuals out of reach of the formal health system. The International Federation of the Red Cross and Red Crescent Societies (IFRC) argues that community systems are critical to reach the most vulnerable populations and should be at the core of the UHC 2030 agenda. In this presentation, the IFRC Director of Health and Care will introduce the IFRC framework to implement UHC through its network of 12 million Red Cross/Red Crescent volunteers in 191 countries.

Jochen Ehmer, SolidarMed

Closing the Gap in a Generation – Health System Strengthening in a Changing World

Primary Healthcare is not merely about health services for vulnerable groups, strengthened community participation or even a set of values. It is a way of looking at our world, to observe, document, monitor, interpret and eliminate illness and harm. But as the world changes, primary healthcare needs to innovate and change, too. By 2050, one quarter of the world's population will live in Africa. This talk will explore the opportunities and challenges for primary healthcare to cope with these changes, its preconditions, the formidable return of investments and what is needed to close the health equity gap in the coming generation.

Thomas Schwarz, Medicus Mundi International

Calling for a New Global Economic Order - the forgotten element of the Alma-Ata Declaration

The Alma-Ata Declaration called for a New International Economic Order to address the political and economic determinants of health. This call risks getting lost in the more diplomatic and technical approach to Primary Health Care (PHC) of the Astana conference this October and its formal programme.

The Alma-Ata Declaration recognised the need to restructure the global economic order to address inequalities and enable countries to generate resources for decent health care and tackle the root causes of poor health. This still remains a critically important task today.

The People's Health Movement framed it in its response to the consultation of the Astana Declaration as follows: "The current global economic system has failed to satisfy the basic needs of much of humanity or to operate within the confines of environmental sustainability. The system is characterised by extreme inequality and poorly regulated markets, and dominated by the interests of a small rich minority in the corporate and financial sectors. If we want to achieve social goals such as health for all, and do so while simultaneously tackling climate change and achieving true environmental sustainability, then we need to redesign the global economic system to realise these aims." Other civil society organizations expressed the same concern.