Integrated primary health care-based service delivery in the Global Conference on Primary Health Care, Astana, Kazakhstan

NOVEMBER 2018 | GENEVA -- The Global Conference on Primary Health Care took place in Astana, Kazakhstan, on 25–26 October 2018 and brought together 2050 delegates from 147 countries. The conference was held at the Palace of Independence and was co-hosted by the Government of Kazakhstan, WHO and UNICEF. The aim of the conference was to commemorate the 40th Anniversary of the Alma-Ata Declaration and to renew political commitment to placing primary health care (PHC) at the heart of achieving Universal Health Coverage (UHC) and the Sustainable Development Agenda.

Conference structure
The structure of the conference included plenary and parallel sessions on high-priority topics related to PHC and UHC. Heads of States, Ministers of Health, Ministers of Finance, Ministers of Education and representatives from international organizations, development partners, civil society, professional organizations and academia attended the conference.

Adoption of the Declaration of Astana
A high-level ministerial plenary explored the whole-of-government approach to advancing primary health care. The session, moderated by the Minister of Health of Kazakhstan, Dr Yelzhan Birtanov, included the Prime Minister of Kazakhstan, Bakytzhan Sagintayev; WHO Director-General, Dr Tedros Ghebreyesus; United UNICEF Executive Director, Henrietta Fore; the Prime Minister of Samoa, Tuilaepa Aiono Sailele Malielegaoi; the Deputy Prime Minister of Nepal, Upendra Yadav; and the European Commissioner for Health and Food Safety, Dr Vytenis Andriukaitis.

The plenary looked at lessons learned over the past 40 years and sought to create a movement, with the Declaration of Astana as a starting point, for the strengthening of primary health care as the foundation of universal health coverage and to achieve the Sustainable Development Goals.

The Declaration of Astana was then adopted unanimously by Member States. It makes pledges in 4 key areas:

- make bold political choices for health across all sectors;
- build sustainable primary health care;
- empower individuals and communities;
- align stakeholder support to national policies, strategies and plans.

“Today, instead of health for all, we have health for some,” said Dr Ghebreyesus. “We all have a solemn responsibility to ensure that today’s declaration on primary health care enables every person, everywhere to exercise their fundamental right to health.”
Integrating primary health care-based service delivery

A ministerial parallel session, co-organized by Service Delivery and Safety department – WHO Headquarters, WHO European Centre for Primary Health Care and UNICEF, explored how primary health care can effectively integrate the delivery of health services to ensure that populations receive the right care, at the right time, in the right place, in accordance with their needs and local context. It provided the audience with an understanding of integrated service delivery, and of the role of primary care to ensure coordination with secondary and tertiary care, public health interventions and other sectors to better respond to the needs of population's, (including those who are underserved and marginalized) towards the achievement of UHC.

In the session, the Minister of Health of Lithuania, Aurelijus Veryga, spoke of the reform of health services provision in the country. Lithuania achieved the great step of moving from use of a hospital centre to a multidisciplinary centre, based on family practitioners. It was a very serious political decision. “It was big scepticism from both sides, patients and health professionals”. After many years, in Lithuania doctors are now more trusted than before by patients. This happened because practitioners proved they can take care of patients. “This change has already happened in people and patients’ minds”.

The Minister of Health of Ghana, Agyeman Manu, explained the structure of primary health care in Ghana. The Ministry of Health first analysed what mechanisms are conducive to providing PHC services. They have three levels of these services: community level, sub-district and district level. At the community level, they have two years’ training for community nurses, where the training tools are adaptable to their needs. Training and tools are provided for integrating other services, for example, nurses at the community level provide health education, health promotion, home visits and referrals.

Cieko Ikeda, Senior Assistant from the Japanese Ministry of Health, Labour and Welfare, spoke about a community-based integrated care system that has been established to address rapid ageing. “It is a people-centred system, which provides comprehensive care including health care, nursing care, prevention, housing and livelihood support.” Through this system, Japan expects that elderly people will be always in nurturing environments, even if they end up needing strong care in the long term.

Mirella Minkman, Professor of Innovation, TIAS School for Business and Society, the Netherlands, stressed the importance of rethinking and reorganizing the system to put the person at the centre, with primary health care teams around them, “creating networks of care, where the traditional vertical governance will not work anymore”.

It will demand new competences of professionals, and a more value driven approach into what it is called “network governance”. “We have to go further than projects and programmes, and we have to really integrate it into the governance of the existing organizations”.

She explained that the critical issues for having successful integrated systems are a combination of leadership, supervision on quality, accountability and funding allocation. Collaboration beyond health care domain is key. “It is not only connecting doctors to nurses, integrated perspective means other actions and also other partners”, she stated.
Salman Rawaf, Director of the WHO Collaborating Centre for Public Health Education and Training (Imperial College), started his presentation highlighting the need of integrating public health in primary health care. “People need promoting their health, they need to maintain their health, they need to live longer, they want to live free of disease, and they want to live in society where everyone enjoys quality of health and quality of living. Primary care in an integrating way, provides an opportunity to do so”. He stated that the spirit of Alma Ata is there but many countries did not take public health and primary health care seriously.

He stressed the importance of having primary health care embedded in integrated people centred health services. Primary health care must assess the total needs of the patient, not only looking at the person as “pneumonia, as a disease, as a cough. Primary health care is about looking at the whole person”.

He also spoke about looking at the health system in a bigger picture than that of only basic needs. “We should move away from the vertical thinking about waiting for the people to become ill, from disease model to something much bigger. It is about really looking at the needs of population, communities, individuals, and then tailoring the services around the needs”.

Eric de Roodenbeke, Chief Executive Officer, International Hospital Federation, Switzerland, spoke of the need to re-assign the image of hospitals as a place of population health and as a place that supports a primary health care approach. “We really need in the hospital to break the silos in between specialities, it is about multi-mobility, which means people working together in a team, means hospitals organised by conditions and not anymore by organic diseases”.

He also stressed the importance of breaking the silos at external level, where hospital can do more to better support primary health care. “Hospitals are open door organizations in which all stakeholders in the health system should have a place and are welcome”.

It is important to avoid the mistake of dividing primary health care and hospital care. “We are now on track for integrated primary health care where contribution of each stakeholder can be better harnessed for better health of population”.

Kawaldip Sehmi, CEO, International Alliance of Patients’ Organizations, explained how important patients’ ideas for the health system are. “They know the obstacles, bottlenecks, problems… use them, include them in your decision making and structure”. Patient engagement should be at the center of the system to be able to improve it. “No industry I can recall where the consumer is ignored from the center”, he stated.

The Global Conference was a success, with 147 countries registered, 42 Ministers and 20 Deputy Ministers, and over 700 participants from Member States. Besides, 339 organizations participated, including UN agencies, NGOs, and other non-state actor organizations representing civil society, academia, young professionals, patients and health workforce.
More information


Global Conference of Primary Health Care

Declaration of Astana 2018

Video – Primary health care: the time is now

From Alma-Ata to Astana: Primary health care – reflecting on the past, transforming for the future (2018)