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Primary health care systems and services

FOR THE TWENTY-FIRST CENTURY

Statement of the
Seventh Consultative Committee on
Organization of Health Systems Based
on Primary Health Care

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The Seventh Consultative Committee on Organization of Health Systems Based on Primary Health Care met in Geneva from 10 to 13 February 1997. The purpose of the meeting was to take stock of the challenges to health that will confront the world in the coming century and to assess the implications of these challenges for the development and organization of future health systems and services. It is these implications that will form the future agenda of WHO and its Member States. In view of the far-reaching implications of its findings, the Committee decided to issue the short statement herein as a means of summarizing its conclusions and making them easily available for wide dissemination and debate.

1. Paradigm shift

Health systems worldwide have failed to recognize the implications of the fundamental shift in the paradigm that has come to dominate economic and social development over the past decade. The paradigm can be paraphrased as "the market approach." It poses a number of fundamental challenges to the pursuit of health for all. These include advancement of the notion that health is merely a commodity and, as such, has a price and can be traded off against other commodities.

At the same time there is growing acknowledgement that good health is a prerequisite for human development and for maintaining peace and security, without which economies cannot thrive. In the face of these contradictions health systems have adopted an approach characterized by passive reaction. Reduced public sector budgets for health have been condoned at the same time as poverty and inequities in access to health care have been increasing. The long-term goal of improving the health status of total populations, especially the most needy, has too often given way to delivering medical technology to "clients" and "consumers" who can pay – all in the name of cost-effectiveness. The Committee concluded that, in short, the primary health care approach is perilously close to being overtaken by events.

Countries need to know the options they are facing. These are either to continue current trends of diminishing access to comprehensive services through a market approach to financing, provision and allocation of medical services, or a radical reorientation towards development of health systems whose goal is improvement of the health status and well-being of entire populations, with priority to those in greatest need. Either way, primary health care must come to terms with global and national economic realities.

Paradigm shift

2. The need for vision and values

The value of the primary health care approach lies in its recognition that health is a central component of overall human development and not simply a technical process of delivery of medical care by health professionals. Thus it is also a social and political process that not only focuses on people but in which people are actively involved, enabling them to take more control over their own health. It also acknowledges that the health of individuals and communities depends on the creation of healthy environments, a process in which all sectors of society have roles to play. Sacrificing these elements of primary health care leaves the health sector in isolation to face a task it can never fulfil alone.

values

3. Strengthening the ability of health systems to improve health status

Many countries have formally adopted policies on both health for all and health sector reform. In most cases there has been little coordination between the two. Furthermore, health sector reforms have tended to adopt the concept of efficiency promoted through wider, market-oriented structural adjustment programmes. Moreover, a false dichotomy has arisen between efficiency and equity. As a consequence, financial objectives have tended to displace equity and health outcome objectives in both national and donor policies for the health sector.

The Committee called for rejection of this false dichotomy. In the context of scarce resources it is the poor, above all, who cannot afford inefficiency. The Committee recommended that emphasis should be shifted instead to a comprehensive, population-based view of health status improvement in which financing mechanisms are among the policy tools applied to move health systems towards health-for-all objectives.

The Committee also observed that currently available health financing options would be inadequate to meet the future costs of health systems that had the capacities necessary for health for all, particularly in countries with high levels of poverty and dependency. In this regard, WHO had a major role to play in creating awareness that public expenditure on health must be increased in many poor countries, including increased support by donors; and in seeking new sources of financing, for example in the supranational capital transactions of the global economy.

Strengthening *health systems*

4. Strong leadership for health

National governments must take primary responsibility for ensuring equity in health status and access to health care in the twenty-first century. This is the only way in which accountability to citizens can be adequately ensured in an epoch when health systems and services will involve a multitude of actors – private, NGO and public; when the policies and practices of other sectors of the economy will continue to create both risks and opportunities for improving health; when market forces will continue to create a dilemma with regard to resource allocation choices; and when decentralized authority, on the one hand, and supranational forces, on the other, can offer no guarantee of equity.

In such a setting, future ministries of health must be leaders for health. That means they must be able to lead partnerships with all health care providers; influence the policies and actions of other sectors; and inspire, support and collaborate with community organizations, the media and business leaders to create an informed, supportive and healthy environment.

In other words, future ministries of health will not resemble their counterparts of today. Their functions, skills and capacities will include advocacy, consensus-building, negotiation and mediation, formulating and advocating health policies, influencing the policies and monitoring the health effects of the activities of other sectors, and providing technical guidance to all participants of national health systems and services.

The ability of ministries of health to play these roles effectively will depend on strong systems for monitoring health status trends and health systems performance and close collaboration in national health systems research, as well as the power (based on national and international legislation and conventions) to regulate and enforce adherence to agreed national standards.

leadership

5. Priority to countries and peoples in greatest need

The twenty-first century will be profoundly influenced by the success or failure of poor people and poor countries to make progress in human development. A top priority for the international community, led by WHO, will be to strengthen the institutions of the poorest countries – now being left behind by the health-for-all movement – to enable them to implement healthy public policies and develop sustainable health services and systems.

WHO is already pursuing initiatives in this area, but such initiatives must be considerably strengthened in order to respond to the growing number of needy countries. The willingness of the global community to act through solidarity with poor countries will be essential to achieving health for all.

Increasing poverty and inequity are also tragic features of the end-of-century situation in many other countries, including the most affluent. Here the issue is not primarily weakness of institutions but weakness of will. The culture of equity, so prevalent at the birth of primary health care, has been seriously diluted.

WHO has a major role to play in ensuring that future health services and systems are guided by policies focused on equity and poverty and are equipped with the organizational structures and functional responsibilities necessary to ensure significant improvements in the health status of the most needy population groups. As a first step, for example, WHO can report health status with data disaggregated by income, just as they are now disaggregated by sex.

greatest

6. The role of the international community in supporting the development of sustainable health services and systems for the twenty-first century

The conventional image of the international community as a combination of international and bilateral agencies and NGOs must be expanded to incorporate the totality of what is now known as civil society. This includes supranational business. WHO should take the lead in bringing representatives of this community together in order to foster a deep appreciation of the importance of health systems as producers of human development rather than just as consumers of resources.

As we move into the twenty-first century there is a tremendous need for consistent, coherent, unambiguous global consensus on the principles for organization of sustainable health services and systems. All people, irrespective of their socioeconomic status, have the right to a range of services, including humane care for the relief of pain and support for a dignified death. The epidemiological transition and ageing of the world's population serve to underline the importance of this basic need. WHO should encourage the health leaders of the world to endorse and advocate such a position.

The prevailing health care model for poor countries, based on a "package" of minimum services, does not address this issue and even perpetuates the belief that very low levels of public expenditure on health are adequate. The challenge for the twenty-first century is to develop health systems and services that are proactive and holistic; the piecemeal approaches that have characterized health system development for the last 50 years must end. WHO should take the lead in building consensus within the international community that all countries must provide access to a wide range of services.

The Committee was concerned by the continued divide between well-meaning statements and policies and what

is actually being done at the community level. The primary health care approach evolved from review and analysis in different geographical areas of alternative ways to improve health and provide health care. Considerable experience has now been acquired on how to overcome obstacles and implement primary health care under different socioeconomic conditions. This experience must be reviewed and used as an important input to enhancing the implementation of health for all in the twenty-first century.

international

community

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For the report of the meeting of the Seventh Consultative Committee on Organization of Health Systems Based on Primary Health Care, please contact the World Health Organization as follows:

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