

**DRAFT REGIONAL DECLARATION ON PHC.
(Original in Spanish)**

HAVING CONSIDERED THAT:

Important advances in health and in access to primary health care services have been achieved in the Region of the Americas. Nevertheless, the unfinished agenda continues to exist amidst inequities and disparities between countries that will only be overcome by the political will of the States through commitments and shared goals, strategies, and social and intersectoral development programs.

The countries of the Americas have indicated the need to address exclusion in health by expanding social protection as the core element of sectoral reforms in Member States (Resolution CSP26.R19). Countries have also acknowledged the contribution and potential of Primary Health Care (PHC), the need to define new strategic and programmatic orientations (Resolution CD44.R6), and have committed to the integration and inclusion of the Millennium Declaration development objectives into the goals and objectives of health policies of each country (Resolution CD45.R3).

The Alma Ata Declaration of 26 years ago continues to be valid in principle, although the current reality requires a renewal of its principles and a revision of its essential elements to address new challenges such as aging, epidemiological changes, globalization of health risks and increasing health costs.

The experience of the past 26 years demonstrates that a health system that adheres to the values, principles, and elements of PHC is capable of producing better health outcomes, and increasing the efficiency of the entire health system.

A PHC-based health system adjusts its structures and functions toward the essential values of the right to the highest attainable standard of health, equality, and social solidarity; in addition, it allows for its adaptation to all levels of socioeconomic development and the different historical, political, social, and cultural contexts.

The principles that sustain a PHC-based health system have followed a process of renewal and currently include, among others, Governments accountability to respond to the health needs of its citizens – effectively and efficiently on the basis of justice, sustainability, quality, intersectoral approach, and participation.

WE COMMIT:

To concentrate our efforts on strengthening health systems, required to reach the internationally agreed health-related development goals in the U.N. Millennium Declaration, and to face the problems related to the unfinished agenda effectively, guided by the Primary Health Care Strategy:

a) To combat vulnerability and social exclusion as obstacles to meeting targets in health.

By working towards the goal of universal access to basic health coverage; the elimination of barriers to access, including geographical, ethnic, cultural or economic;

and the development of specific programs targeting socially disadvantaged individuals, families and communities.

b) To align public health and primary health care with emphasis in health promotion.

Essential public health functions have to be strengthened and guided towards a PHC strategy. It is necessary to approach personal care with emphasis on prevention and health promotion, and guided toward family and community care practices, as well as the commitment to integrated health care.

c) To promote quality in the delivery of services.

PHC organization and services should be guided toward effective and efficient models that incorporate clinical management, continuous evaluation, and a methodology of evidence-based practice for clinical interventions and health promotion.

d) To promote community participation and intersectoral approach.

The existence of effective channels for participation in the health systems will serve to legitimate health policies and to produce the necessary support for such policies based on values, culture, and local perspectives. Stakeholders and different sectors involved with the social determinants in health should contribute.

e) To optimize the professional practice in PHC through improvements in competency and motivation.

Educational programs should be formulated and adapted to undergraduate, graduate and continuing professional education based on the content and specific practices of PHC. Motivation should be spurred by adapting professional practice with improvement of working conditions and strengthening the values of commitment and responsibility.

f) To work towards the necessary structural and economic conditions to allow for the renewal of PHC.

It requires the development of appropriate public policies, the creation of stable legal and institutional frameworks and the allocation of resources for financing the health system. Financial sustainability will depend on the capacity to generate new resources without the need for external assistance or financial protection in light of changing situations or political instability.