

Draft “DECLARATION OF THE AMERICAS ON RENEWAL OF PRIMARY HEALTH CARE.”**CONSIDERING THAT:**

In the Region of the Americas there have been important advances in health and in access to services. Nevertheless, the unfinished agenda continues to be present and in addition there are inequities and disparities between and within the countries. To overcome this situation the political will of the States is needed, through collective work (among all) and manifested in commitments of goals, strategies, and programs for social and intersectoral development.

The countries of the Americas have recognized the need for combating exclusion in health through the extension of social protection as the element guiding the sectoral reforms of the Member States (Resolution CSP26.R19), have assessed the contribution and potential for Primary Health Care (PHC), as well as the need for defining new strategic and programmatic orientations (Resolution CD44.R6), and have resolved the integration and incorporation of the development goals of the Millennium Declaration, into the goals and health objectives of the health policies of each country (Resolution CD45.R3).

The Declaration of Alma Ata continues to be valid although it currently needs a renewal and redefinition of its principles in order to address the new challenges that arise from the epidemiological and demographic changes, the new sociocultural and economic scenarios, globalization of the risks in health and the growth of the health costs.

The experience of the last 27 years demonstrates that a health system that assumes the principles of PHC achieves better health outcomes and increases the efficiency of the system as a whole.

A health system based on PHC orients its structures and functions toward the essential values of the right to reach the highest possible level of health, equity and social solidarity. This concept goes beyond the level of care or specific program and allows the adaptation at all levels of socioeconomic development and to the multiplicity of historical, political, and sociocultural contexts.

The principles that sustain a health system based on PHC require a process of renewal and include the responsibility and accountability of Governments, as well as the capacity of the systems to respond, justly and sustainably, to the health needs of the citizens through the participation, the orientation toward quality and the intersectoral approach.

WE COMMIT TO:

Concentrate efforts and advocate that the health organization of each country reorients its models of management, organization, financing, and care toward the development of health systems based on PHC that make it possible to contribute with other sectors to a comprehensive and equitable human development, addressing effectively, among other challenges, the development goals of the Millennium Declaration, the unfinished agenda, and the new health-related challenges. To this end each State should, in accordance with its needs and capabilities, prepare an action plan in accordance with the following:

I) Commitment to facilitate social inclusion and equity in health.

All the efforts of States have to come together to attain guarantees for universal access to a set of services that lead to the highest possible level of health; in the elimination of organizational, geographic, ethnic, gender, cultural or economic barriers to access and in the development of programs for vulnerable populations. The foregoing requires the design and execution of pro-equity State policies.

II) Recognition of the protagonism of the person and the community in the development of PHC.

The channels of individual and collective participation in health systems have to be strengthened to increase the decision-making power of the community, recognize its condition as an active subject, strengthen self-reliance, legitimize health policies, and support its acceptability.

III) Orientation toward health promotion, the comprehensiveness and complementarity of care.

Health systems have to ensure the promotion and the adequate performance of the essential public health functions and the comprehensiveness of care. To this end the model of individual care, curative and centered on the disease, has to be overcome through a preventive approach and of promotion of health, the promotion of healthy environments, an orientation toward family and community care practices throughout the life cycle, the establishment of care networks, a health and social coordination that ensures the continuity of care and effective primary care delivery as strategy and first contact between persons and the health system.

IV) Development of the intersectoral work.

The health services have to facilitate the contribution from all actors and sectors involved with the determinants of health in a coordinated and integrated manner to attain the best possible level of health through intersectoral work.

V) Orientation toward quality of the health services.

The organization and the services of PHC have to develop appropriate, effective and efficient models that incorporate the dimensions of quality both scientific-technical and perceived. This recommendation needs to incorporate processes of continuous improvement and quality assurance for the set of clinical, preventive and health promotion interventions.

VI) Strengthening of human resources promoting competencies development, commitment and a multidisciplinary approach.

In formation, the educational programs and continuous training need to be adapted to the contents and specific practices of PHC. Regarding motivation, stability must be preserved, working conditions need to be improved and the sense of belonging and responsibility has to be strengthened. In the professional practice, the complementarity of the formal and informal workers and the advantages of teamwork have to be recognized.

VII) Establishment of structural conditions that allow PHC renewal.

The development of PHC requires the implementation of appropriate policies and legal and stable institutional frameworks that will ensure its function. This support has to be facilitated by those who perform the steering role function preserving it even in situations of change or of political, economic or social instability.

VIII) Guarantee of financial sustainability.

The States will make the necessary efforts to ensure and protect a sustainable financing of health systems; a sufficient response to health needs and support for the process of PHC renewal.

IX) Research development and appropriate technology.

Applied research, monitoring of commitments, assessment of experiences, and technology development will be used as tools to evaluate and disseminate the advances in the renewal and the development of health systems based on PHC.

X) Network strengthening and partnerships of international cooperation in support of PHC.

With the technical support of organizations such as PAHO/WHO, and other international cooperation agencies, the exchange of scientific knowledge and experiences will be facilitated, as well as the mobilization of resources for PHC. This collaboration constitutes an opportunity to advance toward the harmonization and alignment of international cooperation.

COMMITMENTS. The Ten Commandments

I) Responsibility to facilitate social inclusion and health equity.

II) Recognition of the protagonism of the person and the community in the development of PHC.

III) Orientation toward health promotion, comprehensiveness and complementarity of care.

IV) Development of intersectoral work.

V) Orientation toward quality in health services.

VI) Strengthening of human resources, promoting development of competencies, commitment and a multidisciplinary approach.

VII) Establishment of structural conditions that allow a renewal of PHC.

VIII) Guarantee of financial sustainability.

IX) Research development and appropriate technology.

X) Strengthening networks and partnerships of international cooperation in support of PHC.