GLOBAL AND REGIONAL CHALLENGES
Context facing the health sector at the beginning of the 21st century

• Growing poverty, inequity, and social exclusion
• Rising unemployment and growth of the informal economy
• Growing population and urban development, aging of the population
• High economic and social instability
• Weakening of governance
• Exponential advances in scientific knowledge and health technologies
• Mixed, complex epidemiological profile
• Poor performance and low resolution capacity of the health services

MILLENIUM DEVELOPMENT GOALS
The Millennium Declaration of the United Nations established objectives and measurable goals with specific timetables in order to combat poverty, hunger, disease, illiteracy, environmental degradation, and discrimination against women, with emphasis on human rights, good government, and democracy. The Millennium Development Goals (MDGs), as they are now called, are:

Objetivo 1: **Eradicate extreme poverty and hunger**
Objetivo 2: **Achieve universal primary education**
Objetivo 3: **Promote gender equality and empower women**
Objetivo 4: **Reduce infant mortality**
Objetivo 5: **Improve maternal health**
Objetivo 6: **Combat HIV/AIDS, malaria, and other diseases**
Objetivo 7: **Ensure environmental sustainability**
Objetivo 8: **Develop a global partnership for development**

The MDGs have put investing in the health of populations at the center of the development agenda for the 21st century.

The 18 MDGs can be viewed as determinants with a high impact on health:

- Poverty
- Hunger
- Primary education
- Gender disparity
- Under 5 mortality
- Maternal mortality
- HIV/AIDS
- Malaria and other diseases
- Environment
- Safe water
- Slum dwellers
- Financial system
- Trade
- Small nations
- Debt relief
- Essential drugs
- Information technology
- Work
- Data

They represent a call to establish a more equitable world, acknowledge the urgency and legitimacy of reducing poverty, and fight inequalities in health, as well as a voice for neglected, disadvantaged and excluded groups and their interests.

**Strategies for achieving these objectives should be based on integrated intersectoral action and reducing gaps.**
Health for All (HFA) is a powerful vision, based on social justice, to enable every individual to achieve a socially and economically productive life. Primary Health Care is a way of organizing health systems to guarantee the achievement of the goal in accordance with the political, socioeconomic, and health conditions of each country.

**PRIMARY HEALTH CARE IN THE AMERICAS**

1. The Region had pioneering experiences in PHC prior to the Declaration of Alma–Ata (1978).
2. The response to the mandate of Alma-Ata in the Region has had varied levels of development and intensity.
3. PHC became the most important platform of health policy in the Americas between the 1970s and 1980s.
4. Contributions:
   - Expansion of coverage to rural and marginal urban areas through priority programs and the strengthening of first level care.
   - Human resources development: changes in public health practices and contents.
   - Shift in the models of care toward comprehensive care with a geographic and family orientation.
   - Social and community participation and intersectoral coordination as strategic components of changes in health.
   - Demedicalization of public health and reindication of the anticipatory nature of public health action with the prioritization of health promotion.
   - Importance of health policy-making and the role of health as an element of social integration, democratic governance, and sustainable development.

**THE MILLENNIUM DEVELOPMENT GOALS AND PRIMARY HEALTH CARE**

The global consensus that the MDGs represent and the key position they assign to health and its role in development represent a significant political opportunity for the renewal of Health for All and the Primary Health Care approach in the Americas.

**Pending Issues**

- PHC and the principles of health promotion have not been sufficiently implemented in order to effectively resitute health care models and secure more effective community participation.
- Poor response capacity at the primary care level and lack of effective transformation of the health system as a whole persist.
- The changes in the demographic and epidemiological profiles of populations have been greater than anticipated.
- There is a need for interventions explicitly designed to reduce inequalities in health and achieve equity in health at the hemispheric level.
- The need for research that provides evidence to guide interventions must be addressed more vigorously.

**Dimensions of the PHC Challenge**

**Ethical dimension:**
- Health: a human and public right
- Social justice: health for all
- Equity in health: the Millennium Development Goals
- Solidarity and international cooperation

**Political dimension:**
- Health as an opportunity for building citizenship
- Steering role of the state
- Intersectoral approach in public policy
- Citizen participation, protagonism, and social control

**Systemic dimension:**
- Reorientation of services, with health promotion as an important criterion.
- Comprehensive care models
- Quality of care
- Sustainability of health systems and health interventions.

**FUTURE PATH AND PRIORITIES OF PAHO**

Resolution CE134.85 of the Executive Committee proposed that the 45th Directing Council recognize the MDGs as a health priority for the Region, strengthen the political commitment to them, and devise strategies for attaining them as part of the national health development plans of the countries of the Region.

Resolution CD44.86 of the 44th Directing Council urged the organization to celebrate the 25th anniversary of Alma-Ata and to organize a regional consultation to define future strategic and programmatic orientations in Primary Health Care, which would include the preparation of a NEW REGIONAL DECLARATION that, like the Declaration of Alma-Ata, proposes policies and strategies to improve the health status of our peoples.