

11.1 Primary Health Care

MMI, supported by PHM, welcomes calls for increased political commitment and community engagement for achieving primary health care (PHC). We are concerned about elements of the framework under agenda point 11.1.

The framework suggests that PHC can be achieved in a context of low public funding, thereby minimising the importance of public service provisioning. PHC is a public good and universal right. Governments should be committed to funding it adequately. Where funding is obtained through loans, loan conditionalities should not be used to enforce austerity policies, which negatively impact on public provision of PHC.

The framework provides insufficient evidence for its claim that public delivery of PHC is "outmoded". It advocates for market-based models, e.g. "strategic purchasing" and "pay for performance", contrary to evidence that market-based models in health lead to failure. To enable "health for all" PHC services should be free at the point of care, particularly in the context of the Covid-19 pandemic, and the economic immiseration it has caused.

The framework fails to recognise that professional education must generate human resources with the right skills and motivation to work in PHC. A profit driven professional education industry cannot generate it. It fails to address the effects of its financing recommendations on the health workforce. Low public funding contributes to increasing internal migration of staff from public to private sector and dual practice. It also aggravates the poor wages and working conditions of community health workers (CHWs).

Though the framework formally advocates for a whole of society approach, it only refers to primary-level services, fragmented from others levels of care. Continuity of care and access to higher levels of care through the primary level are missing.

We urge the WHA to re-evaluate the framework and steer WHO's PHC-related work towards the concept of comprehensive PHC as defined in the Alma Ata declaration.