

# ***Palliative Care and Primary Health Care. After Astana.***

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THE UNIVERSITY  
of EDINBURGH



## ***Declaration of interest***

*No competing interests*

## **Palliative care**

**Palliative care** is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of **early identification** and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

(WHO, 2002)

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## Palliative care

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- provides relief from pain and other distressing symptoms
- affirms life and regards dying as a normal process
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- offers a support system to help the family cope during the patients illness and in their own bereavement
- uses a **team approach** to address the needs of patients and their families, including bereavement counselling if indicated;
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**Primary care** is more than just the level of care or gate keeping; it is a key process in the health system. It is first-contact, accessible, continued, comprehensive and coordinated care.

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## ***Primary health care***

**Primary health care (PHC)** is a broad and comprehensive concept that places national health development within the overall social and economic development.

PHC refers to core functions of a nation's health system. Encompassing front-line health service delivery (primary care) as well as health system structure; governance and financing; the **intersectoral policy environment**; and social determinants of health, primary health care provides essential health interventions according to a **community's needs and expectations**.

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## **Declaration of Astana on primary health care**

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## **Second International Conference on Primary Health Care:**

### **Towards Universal Health Coverage and the Sustainable Development Goals**

#### **Consultation on the Declaration**

In 2018, 40 years after the Declaration of Alma-Ata, Member States, people, civil society and international development partners will commit to strengthening primary health care to achieve universal health coverage and the Sustainable Development Goals. Our collective commitment and action are required in order to achieve this goal. In this inclusive spirit, we hope you will share your comments on the new Declaration on primary health care.

Following this period of public consultation, the Declaration will be reviewed by the International Advisory Group on Primary Health Care for Universal Health Coverage on April 26-27. An updated draft Declaration will then undergo an informal consultation process with Member States in Geneva, Switzerland starting in May.

The public call for comments will be open until 12h midnight CEST on **April 23, 2018**. Thank you in advance for your input.

Together, we can achieve Health for All.

- [Draft Declaration](#)

**Your contact details**

\* Name

## *Declaration of Astana on primary health care*

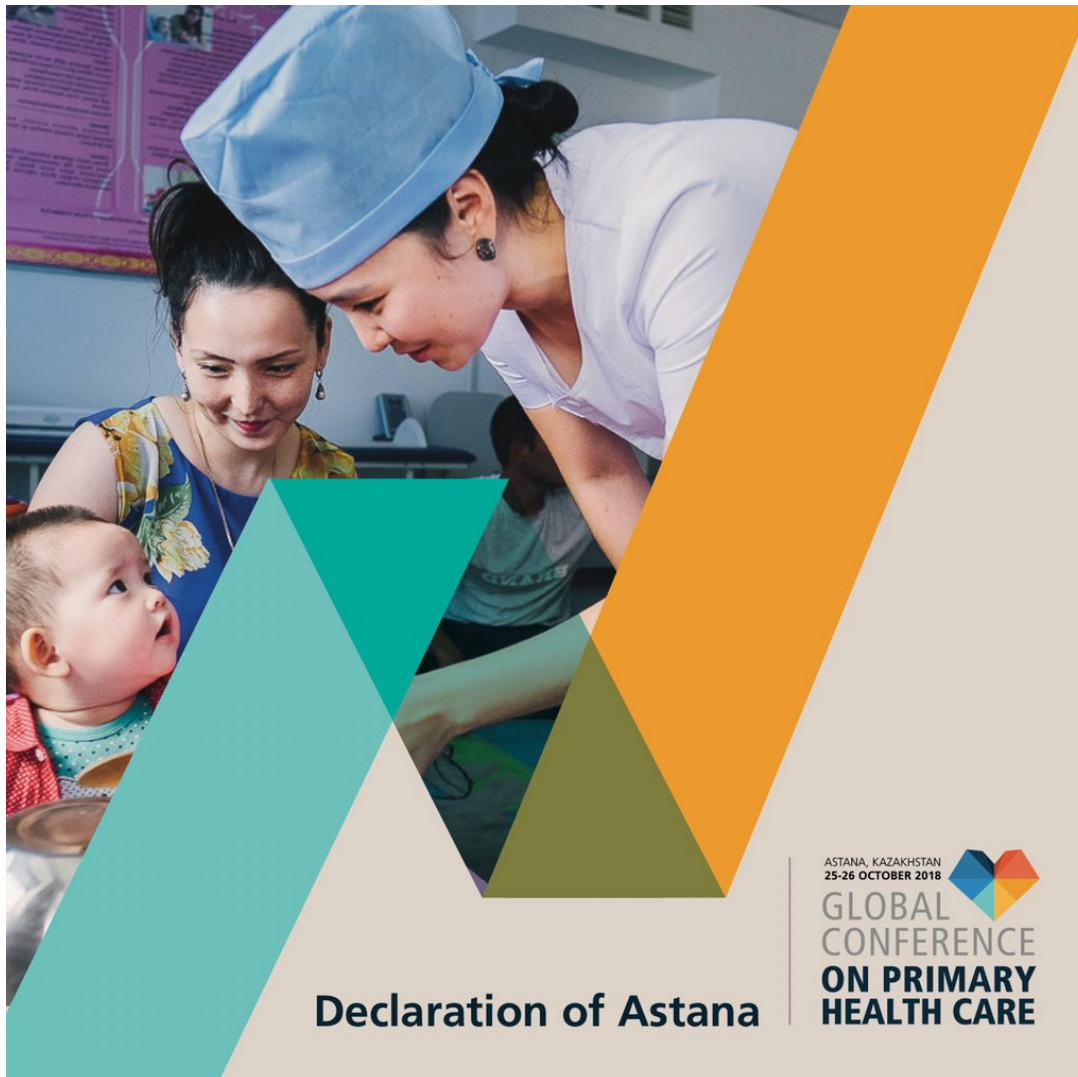




## *Declaration of Astana on primary health care*



## Declaration of Astana on primary health care



I

We strongly affirm our commitment to the fundamental right of every human being to the enjoyment of the highest attainable standard of health without distinction of any kind. Convening on the fortieth anniversary of the Declaration of Alma-Ata, we reaffirm our commitment to all its values and principles, in particular to justice and solidarity, and we underline the importance of health for peace, security and socioeconomic development, and their interdependence.

II

We are convinced that strengthening primary health care (PHC) is the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being, and that PHC is a cornerstone of a sustainable health system for universal health coverage (UHC) and health-related Sustainable Development Goals. We welcome the convening in 2019 of the United Nations General Assembly high-level meeting on UHC, to which this Declaration will contribute. We will each pursue our paths to achieving UHC so that all people have equitable access to the quality and effective health care they need, ensuring that the use of these services does not expose them to financial hardship.

III

We acknowledge that in spite of remarkable progress over the last 40 years, people in all parts of the world still have unaddressed health needs. Remaining healthy is challenging for many people, particularly the poor and people in vulnerable situations. We find it ethically, politically, socially and economically unacceptable that inequity in health and disparities in health outcomes persist.

We will continue to address the growing burden of noncommunicable diseases, which lead to poor health and premature deaths due to tobacco use, the harmful use of alcohol, unhealthy lifestyles and behaviours, and insufficient physical activity and unhealthy diets. Unless we act immediately, we will continue to lose lives prematurely because of wars, violence, epidemics, natural disasters, the health impacts of climate change and extreme weather events and other environmental factors. We must not lose opportunities to halt disease outbreaks and global health threats such as antimicrobial resistance that spread beyond countries' boundaries.

Promotive, preventive, curative, rehabilitative services and palliative care must be accessible to all. We must save millions of people from poverty, particularly extreme poverty, caused by disproportionate out-of-pocket spending on health. We can no longer underemphasize the crucial importance of health promotion and disease prevention, nor tolerate fragmented, unsafe or poor-quality care. We must address the shortage and uneven distribution of health workers. We must act on the growing costs of health care and medicines and vaccines. We cannot afford waste in health care spending due to inefficiency.

## *Declaration of Astana on primary health care*



Declaration of Astana

“Promotive, preventive, curative, rehabilitative services and **palliative care** must be accessible to all.”

***Ministerial Parallel Session on palliative care***



## *Ministerial Parallel Session on palliative care*



## Ministerial Parallel Session on palliative care



**Anna Stavdal**  
@AStavdal

Abonné



And one size doesn't fit all, speaking contexts of different set ups of health systems. But: Palliative care is surely an ethical obligation for all health personell.



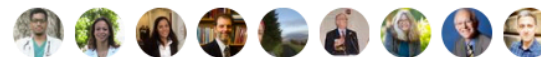
**Harris Lygidakis** @lygidakis

.@AStavdal: A core curriculum must always include #PalliativeCare. #Astana2018 #PrimaryHealthCare

Traduire le Tweet

13:27 - 26 oct. 2018

13 Retweets 23 J'aime



13

23




# #HealthForAll



***“... unanimously adopted by the 194 Member States of WHO...”***



***“... unanimously adopted by the 194 Member States of WHO...”***


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Health economics

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Economic burden of disease

Documents

## Alphabetical List of WHO Member States

The chart below list the regions for every country that is a member of WHO.

Country	Region Number	Region Name
A		
Afghanistan	7	EMRO
Albania	9	EURO
Algeria	1	AFRO
Andorra	8	EURO
Angola	1	AFRO
Antigua And Barbuda	4	PAHO
Argentina	4	PAHO
Armenia	9	EURO
Australia	13	WPRO
Austria	8	EURO
Azerbaijan	9	EURO
B		
Bahamas	4	PAHO
Bahrain	6	EMRO
Bangladesh	12	SEARO
Barbados	4	PAHO
Belarus	10	EURO
Belgium	8	EURO
Belize	4	PAHO
Benin	1	AFRO
Bhutan	12	SEARO
Bolivia	5	PAHO
Bosnia and Herzegovina	9	EURO
Botswana	2	AFRO

[http://www.who.int/choice/demography/by\\_country/en/](http://www.who.int/choice/demography/by_country/en/)

## ***Financing?***

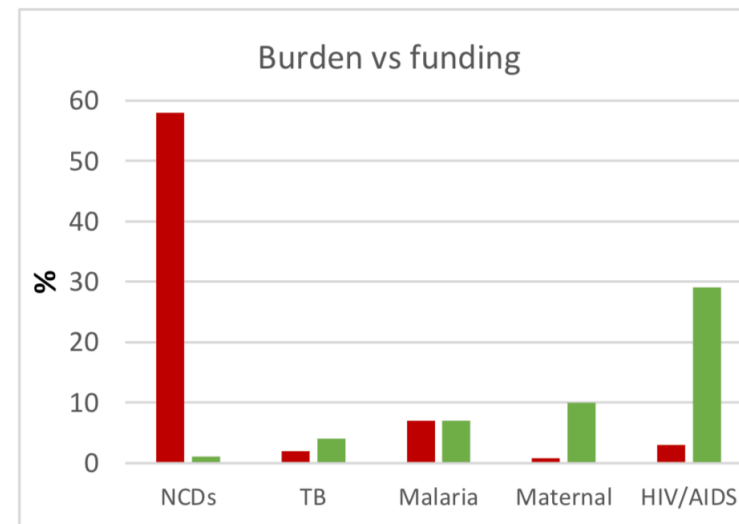
# Financing?



## Financing national NCD responses

### Non-communicable disease (NCD) financing

Although NCDs constitute two thirds of the global burden of disease, in 2015 they attracted 1.3% of all development assistance for health (\$475 million out of \$36.4 billion).<sup>1</sup> NCD funding has grown by 8.2% annually since 2000, but the overall proportion has remained steady at 1-2% of global health financing.<sup>2</sup>



### Political commitments

At the 2011 High-Level Meeting on NCDs ministers committed to *explore the provision of adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms.*<sup>3</sup> This pledge was reiterated at the 2014 World Health Assembly and the Addis Abba Action Agenda in 2015.<sup>4</sup>

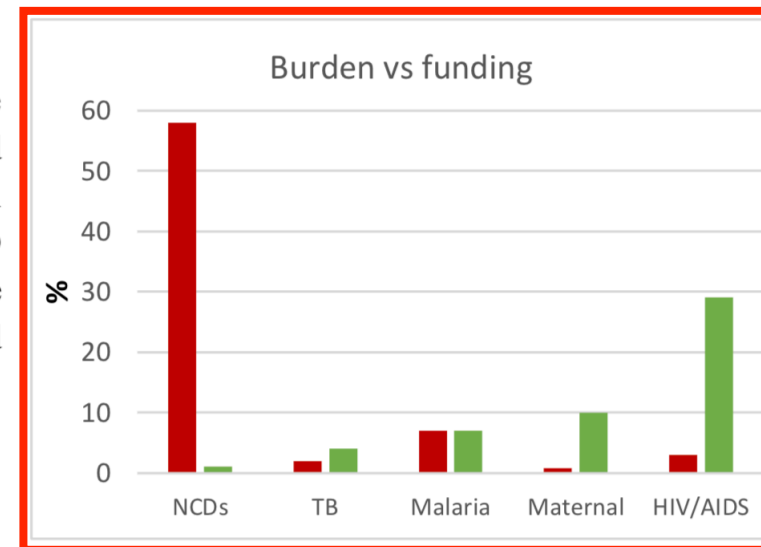
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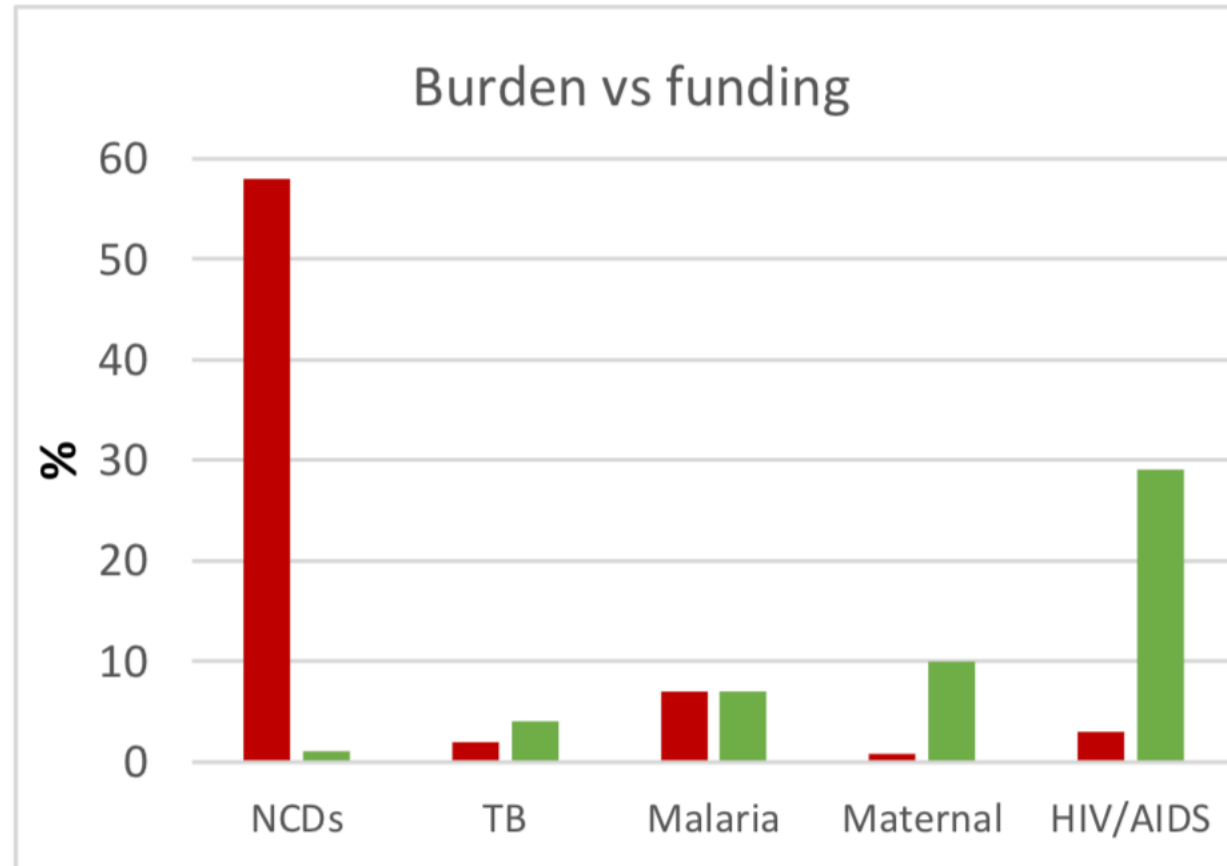
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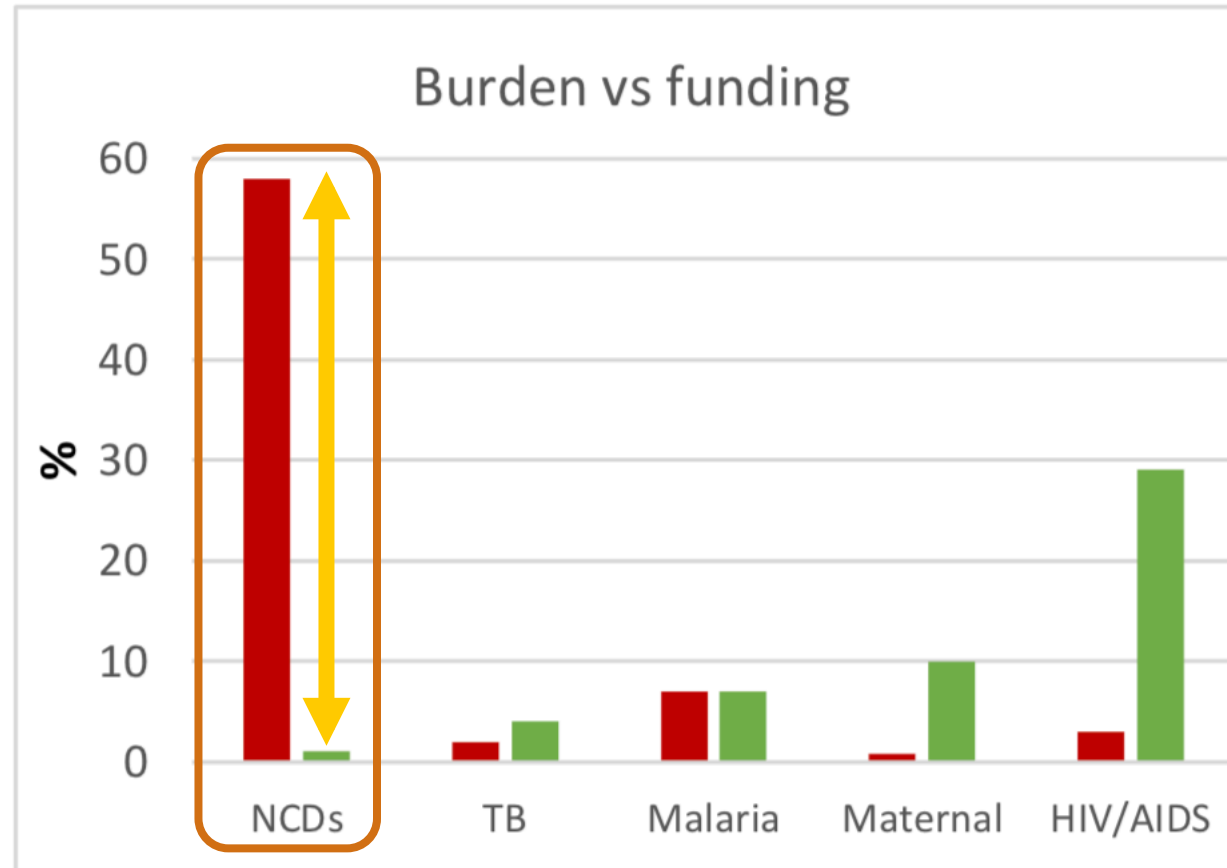
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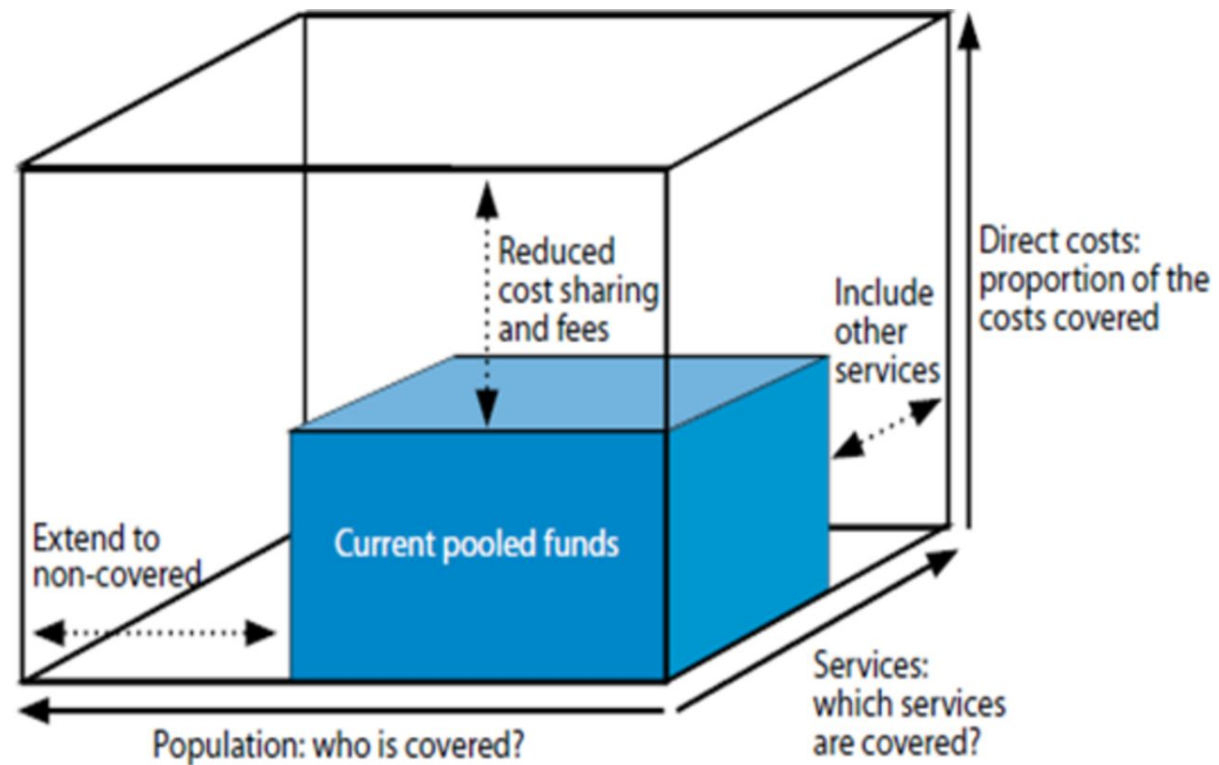


## Financing?



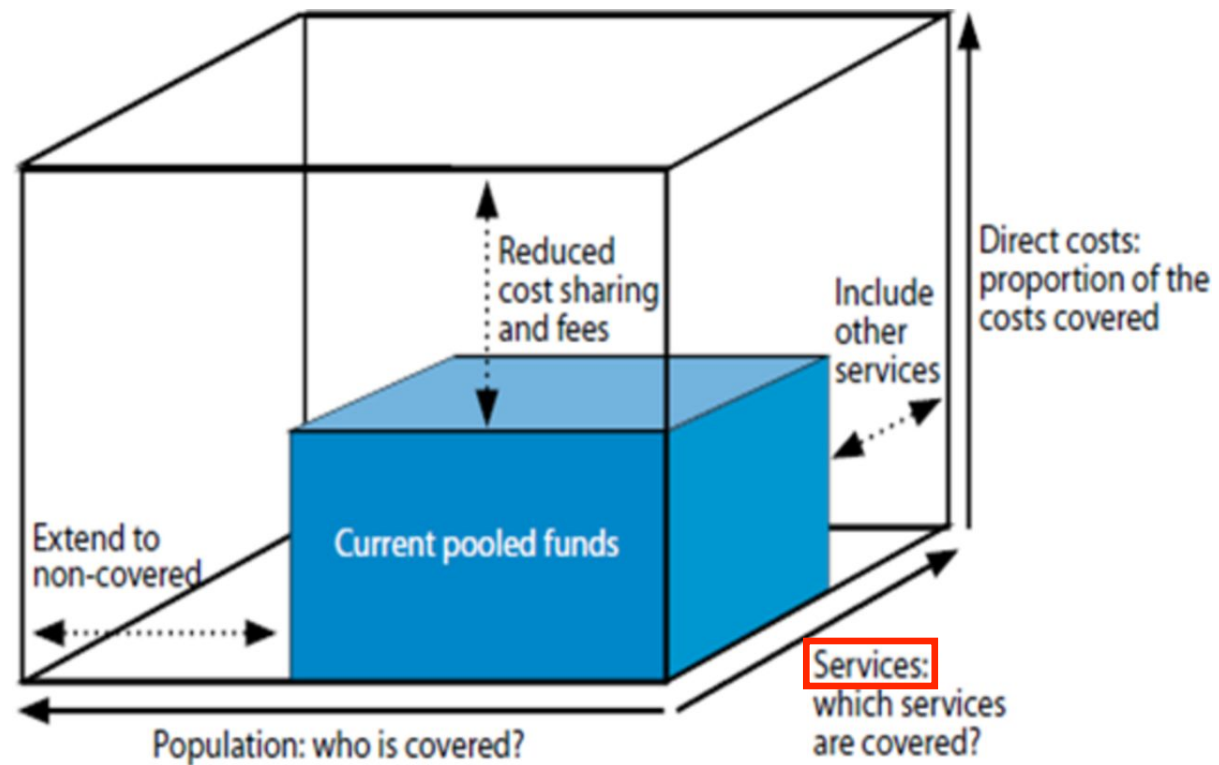
## **Universal health coverage**

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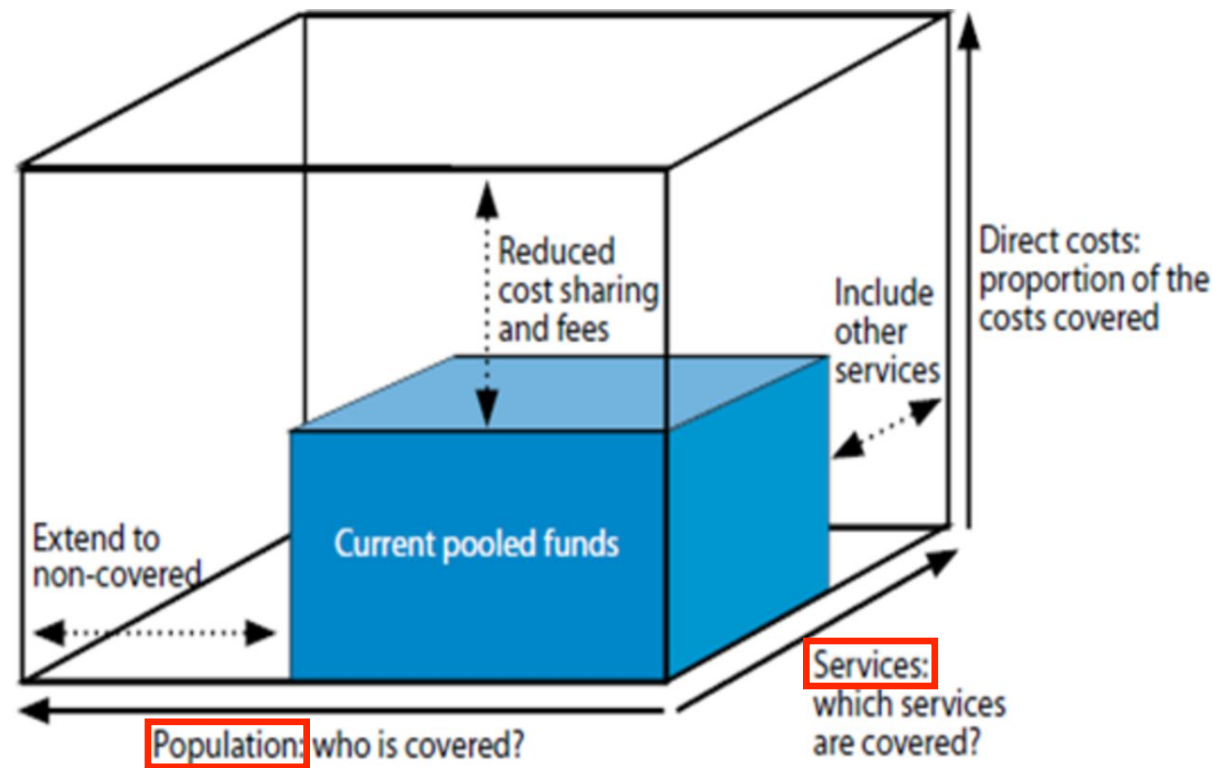




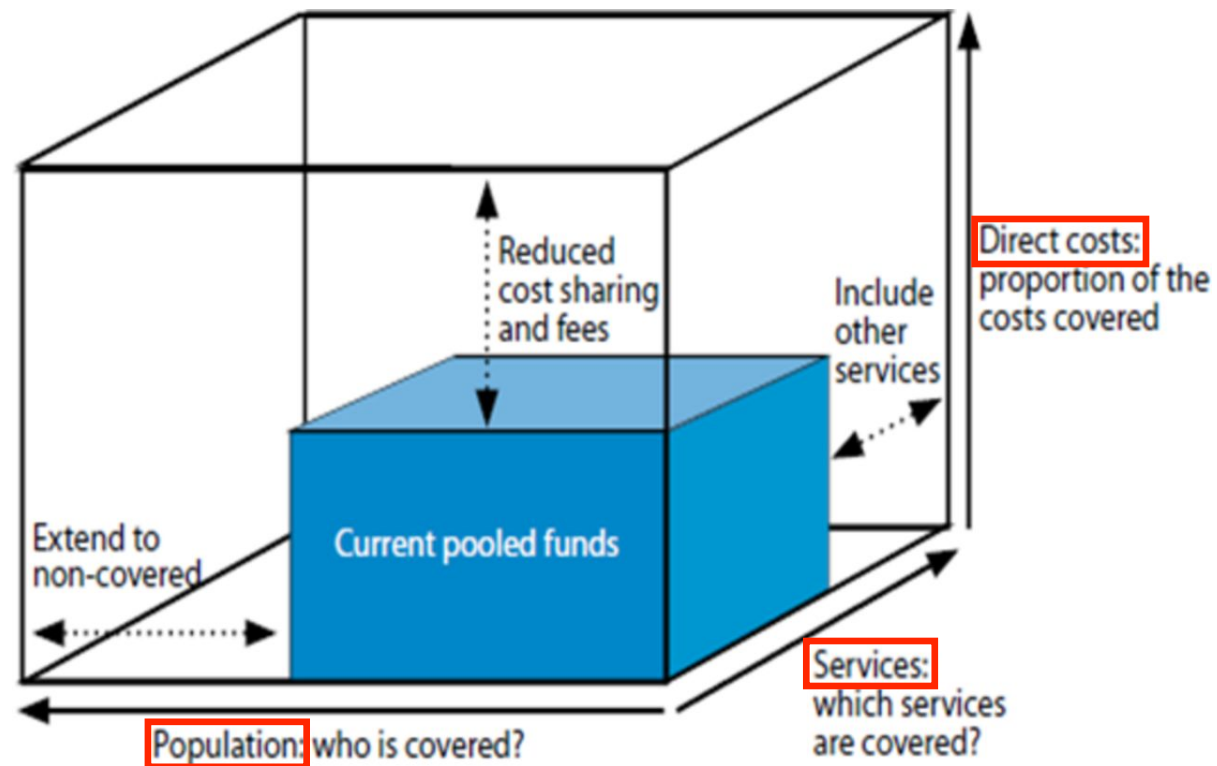
## Universal health coverage



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## **High-Level Meeting on UHC (2019 UNGA)**

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United Nations

A/RES/72/139



**General Assembly**

Distr.: General  
15 January 2018

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**Seventy-second session**  
Agenda item 127

### **Resolution adopted by the General Assembly on 12 December 2017**

*[without reference to a Main Committee ([A/72/L.28](#) and [A/72/L.28/Add.1](#))]*

#### **72/139. Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society**

*The General Assembly,*

*Recalling its resolutions [63/33](#) of 26 November 2008, [64/108](#) of 10 December*

## High-Level Meeting on UHC (2019 UNGA)



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ABOUT

GET INVOLVED

GLOBAL EVENTS

HIGH-LEVEL MEETING ON UHC

# HIGH-LEVEL MEETING ON UHC

26 September 2019

On 12 December 2017, the United Nations passed a [resolution](#) (A/RES/72/139) agreeing to hold the **first-ever UN High-Level Meeting (HLM)** on **Universal Health Coverage (UHC)** during the 2019 United Nations General Assembly (UNGA).

The UNGA President subsequently **appointed the permanent representatives of Hungary and Thailand** to co-facilitate an open and transparent consultative process with Member States to propose modalities for the HLM. The [approved modalities](#), outlining the format, scope, and topic of the meeting, revealed that **the overall theme of the HLM will be “Universal Health Coverage: Moving Together to Build a Healthier World.”**

This year's UHC Day will be an important milestone on the road to the UN High-Level Meeting on Universal Health Coverage on **26 September 2019**. Building on momentum from events like World Health Day 2018 and the second Global Conference on Primary Health Care, **UHC Day will give governments, non-state actors and stakeholders across the United Nations system an important platform to unite and drive action to achieve UHC by 2030.**

## High-Level Meeting on UHC (2019 UNGA)



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HIGH-LEVEL MEETING ON UHC

# The Road to the 2019 High-Level Meeting on Universal Health Coverage

- 12 December 2018: International Universal Health Coverage Day
- 7 April 2019: World Health Day
- 20–28 May 2019: World Health Assembly, Geneva, Switzerland
- By end of July 2019: HLM-UHC multi-stakeholder hearing
- 26 September 2019: HLM-UHC, New York, United States

# PHC, palliative care and health systems strengthening





