

Statement on agenda Item: 11.5

Primary health care towards universal health coverage

This statement by MMI is supported by PHM and PSI.

Whilst we see WHO's work on PHC as a step forward, there are still issues to address.

The 1978 Declaration of Alma-Ata put forward a vision of CPHC, rooted in "health as a human right" and the "spirit of social justice." AA proposed to achieve H4A by 2000 through tackling SDH and noted that achievement was critically dependent on the creation of a NIEO.

Declaration of Astana, which was meant to renew the commitment to H4A, speaks of UHC rather than CPHC. PHM's analysis is that it "UHC prescribes a clear split between health financing and health provision, allowing for the entry of privatisation. In short, UHC model is built on, and lends itself to, standard neoliberal policies, steering policy-makers away from universal health options based on public systems".

We call on MS to recall the original intention of AA, and to insist on a human rights-based approach that promotes a comprehensive approach to healthcare and insists on redistribution of power and wealth.

Additionally, we want to point out that the UN HLM on UHC to be held in September is only one in a series of recent health-related UN HLM with participation of "stakeholders." It remains unclear why UN and WHO have approached health in such a fragmented way.

The 'multi-stakeholder' paradigm in the discourse on UHC tends to neglect or disguise adverse effects of commodification of health. We insist on the responsibility and leadership of governments as duty bearers that goes beyond regulation and stewardship. We call for strong public systems for healthcare financing and delivery, instead of vertical programmes and UHC that enrolls private funders and providers who promote 'tiered' health systems with differential packages of care for different groups of users.

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