PRIMARY HEALTH CARE COALITION OF COUNTRIES

*“Uniting nations, galvanizing political commitment and leading a worldwide renaissance of Primary Health Care”*

***Initiated by Kazakhstan***

Concept Note

# I. A brief history

In 1978, WHO Member States adopted the **Declaration of Alma-Ata on Primary Health Care** (PHC), a historic document for global health. It laid the foundations for commitment by states and governments to provide people with accessible (physically and financially) quality health care and was the forerunner of Sustainable Development Goal 3 “Ensure healthy lives and promote well-being for all at all ages”.

In 2018, WHO Member States gathered in the capital of Kazakhstan at the Global Conference on PHC to reaffirm their commitment and adherence to the values and principles of the **Alma-Ata Declaration** and unanimously adopted the **Declaration of Astana on Primary Health Care** in response to today’s global challenges. In the Astana Declaration, countries affirm that “PHC is a cornerstone of a sustainable health system for universal health coverage (UHC) and health-related Sustainable Development Goals.”

To overcome today’s global health challenges, concerted efforts are needed by countries to address the PHC agenda. COVID-19 showed that vulnerability of health systems can have serious consequences for health, economic progress, social cohesion and trust in governments. Inequitable distribution of financial and human resources exacerbates inequalities in health results between countries. In addition, fragmented health systems, an inadequate infrastructure, lack of community participation and individualized care, and weak political will hamper effective actions to strengthen PHC.

Significant support for strengthening country-level PHC and capacity building of specialists is provided by the WHO European Centre for PHC, which opened in Kazakhstan in 2015, and the WHO PHC Demonstration Platforms, which have been operating in Kazakhstan since 2022, in Sweden since 2023, and Spain since 2024.

Considering the current challenges and global trends, the drive to achieve universal health coverage (UHC) and the Sustainable Development Goals (SDGs), Kazakhstan’s Head of State initiated establishment of the PHC Coalition of Countries.

The coalition invites countries committed to a fundamental reorientation of their health systems towards PHC and serves as an **international alliance and partnership platform**, to implement a PHC operating framework for boosting PHC capacity in the Coalition member states towards achieving UHC and SDG3 by 2030.

Multiple opportunities and challenges are present to take forward the PHC vision through this coalition of countries. At the heart of this is a recognition of the PHC approach that includes three components:

* integrated health services with an emphasis on primary care and public health functions;
* multisectoral policy and action;
* and empowered people and communities.

# II. Goals

This Primary Health Care Coalition of countries has the goal of supporting the radical reorientation of health systems towards primary health care across the world.

# III. Objectives and implementation frameworks

## 1. Political mobilization for Primary Health Care

Galvanize political leaders across the world to make a steadfast commitment to the radical reorientation of health systems, placing PHC at the forefront of national health agendas.

This includes two tracks:

* **Global events:** the Coalition will support and conduct activities during the World Health Assembly, the UN General Assembly and other international events in order to sustain political commitment to PHC.
* **PHC Pledge:** each participating country is invited to embark on a transformative journey by completing a PHC Pledge for its people.

## 2. Policy advocacy for Primary Health Care

Advocate for policy reforms that prioritize PHC, addressing systemic challenges and promoting sustainable health systems that cater to the comprehensive health needs of populations.

This would initiate an impactful global advocacy campaign, spotlighting the profound political and societal advantages of PHC. This approach aims to not only raise awareness globally but also empowers nations to drive localized efforts, fostering a unified commitment to prioritize and fortify PHC on both the regional and international stages.

## 3. Knowledge exchange on Primary Health Care

Enrich the global discourse on PHC by supporting a series of thematic events and workshops, each meticulously designed to delve into specific facets of the PHC transformative journey focused on political commitment, governance issues, resourcing, and engagement for PHC.

These gatherings will serve as dynamic platforms for in-depth discussions, fostering a nuanced understanding of critical aspects related to PHC transformation. By organizing these thematic events, the Coalition seeks to facilitate knowledge exchange, share best practices, and cultivate insights that can propel the radical reorientation of health systems towards PHC with a focus on the four strategic levers in the WHO-UNICEF PHC Operational Framework.

# IV. Membership

The PHC Coalition brings together a wide range of countries and organisations with a joint commitment to PHC development.

The Coalition encourages participation by countries from different geographical regions, recognising that collective efforts can address global health challenges effectively.

The Coalition will utilise existing WHO mechanisms to advance the cause of PHC, e.g., the UHC Partnership, the PHC Accelerator under the SDG3 Global Action Plan, UHC2030, etc.

No membership fees are required for the Coalition.

Some considerations to help determine country engagement:

* **Geographical Representation:** Aim for geographical diversity to ensure a broad representation of different regions, as health challenges and contexts can vary significantly.
* **Population Size:** Consider including countries with diverse population sizes to address the needs of both large and small populations.
* **Epidemiological Profiles:** Include countries with varying epidemiological profiles to address a wide range of health challenges, from infectious diseases to non-communicable diseases.
* **Economic Status:** Ensure representation from countries with different economic statuses to capture a comprehensive understanding of resource availability and allocation.
* **Health System Models:** Include countries with different health system models to provide diverse perspectives on primary health care implementation.
* **Leadership and Commitment:** Prioritize countries that have demonstrated strong political leadership and commitment to primary health care transformation.
* **Fragility:** Aim to include countries that are adapting their primary health care approach to the contextual realities of fragility, conflict and vulnerability.

# V. Modality of working

Building a global coalition to reorientate health systems radically towards PHC requires a clear set of mechanisms. The key components are described in detail below:

1. Political leaders and champions:A select group of political leaders are invited by the Core Group (see below) to act as PHC champions and advocates on behalf of the Coalition. Supporters are encouraged to support the Coalition’s mandate at the highest political levels. They are encouraged to undertake a two-year commitment.

2. Secretariat – Core Group:A core group of volunteer countries forms the Secretariat. Kazakhstan is a permanent member of the Secretariat. Other countries may join the Core Group for three years. Core team members fulfil the following functions:

* Organise/participate in annual core group meetings (online or in person as part of WHA) to recap the Coalition’s work over the previous 12 months, agree activity plans for the next 12 months, etc.;
* Provide the necessary resources for the day-to-day operations of the Coalition through a dedicated team with set terms of reference based in Ministries of Health / Foreign Affairs;
* Assume the responsibility of co-leading the above Coalition activities from year to year.

3. Coalition members

The Coalition invites countries committed to a fundamental reorientation of health systems towards PHC to join. An open, inclusive approach is taken to inclusion by calling on countries to express their interest in joining the Global PHC Coalition. All countries wishing to join the Coalition will become integral participants, collectively determining its trajectory. The diverse contributions by participating countries will provide considerable flexibility in steering the Coalition’s focus. Accession will be effected by sending a Declaration / Letter of Interest to the Coalition Secretariat, indicating a contact person. Membership is valid for five years and will be automatically renewed for successive five-year periods unless a country gives the Coalition Secretariat six months’ written notice, prior to the expiry date, of its intention/decision to terminate membership.

## 4. Communication

* **Transparency:** Developing robust communication to ensure a transparent and timely flow of information within the Coalition.
* **Engaging with stakeholders:** Establishing effective communication channels with stakeholders, including governments, NGOs and the public, to ensure widespread awareness and participation.

## 5. Monitoring and evaluation

* **Performance Indicators:** Developing an accurate set of indicators for measuring the Coalition’s progress, effectiveness and impact, and conducting periodical evaluation for adjusting activities.
* **Lessons learned:** Ensuring a strong focus on learning through countries’ shared experience in order to formulate the adopted strategic approaches to PHC development with a focus on scaling up.

Implementation of these frameworks requires unwavering commitment, co-operation and constant communication among the Coalition countries. Regular evaluation and adaptive capacity are necessary for ensuring that the Coalition is effective in initiating a global drive to refocus health systems on PHC.

# VI. Contact information

- Permanent Mission of the Republic of Kazakhstan to the UN and other international organisations in Geneva of the Ministry of Foreign Affairs of the Republic of Kazakhstan: *Anna Lebedeva, Third Secretary,   
e-mail:* [*a.lebedeva@kazakhstan-geneva.ch*](mailto:a.lebedeva@kazakhstan-geneva.ch)

- Ministry of Healthcare of the Republic of Kazakhstan: *Timur Sultangaziyev, First Vice-Minister of Health,   
e-mail:* [*t.sultangaziyev@dsm.gov.kz*](mailto:t.sultangaziyev@dsm.gov.kz)

- Salidat Kairbekova National Research Center for Health Development of the Republic of Kazakhstan: *Gulnara Kulkayeva, Chief of the Board,   
e-mail:* [*office@nrchd.kz*](mailto:office@nrchd.kz)