

RESOLUTION

OF THE

WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC61/R3 REVITALIZING PRIMARY HEALTH CARE

The Regional Committee,

Recalling the Alma-Ata Declaration on Primary Health Care, World Health Assembly resolutions WHA51.7 and WHA61.18, as well as the Regional Committee resolutions SEA/RC50/R4 and SEA/RC53/R3,

Reaffirming the commitment made by Member States in the Alma-Ata Declaration to implement the primary health care approach by upholding the values of equity and social justice through the adoption of principles of universal coverage, multisectoral collaboration, community participation and use of appropriate technology in health development,

Concerned with progress towards achievement of the Millennium Development Goals, which varies from country to country and from goal to goal and depends largely on the health systems,

Further concerned that inequity in health within and across countries is underpinned by social and economic determinants of health and noting that these determinants may further undermine achievement of the health-related Millennium Development Goals,

Recognizing the rapid demographic and epidemiological transitions towards an increasing proportion of noncommunicable diseases, which require a new role for primary health care to meet these increasing challenges,

Mindful of the opportunities and threats posed by the global health initiatives where disease-oriented vertical programmes are heavily funded, and of the potential health system fragmentation and undermining of primary health care,

Having considered the report and recommendations of the Regional Conference on Revitalizing Primary Health Care, which also served as the Technical Discussions prior to the Regional Committee*,

1. ENDORSES the recommendations contained in the report;
2. URGES Member States:
 - (1) to reaffirm their commitment to the primary health care approach in strengthening their health systems that are specific to the overall social, economic and political contexts for achieving health-related MDGs,
 - (2) to strengthen health systems particularly with regard to:
 - (a) human resources at the grassroots level, especially community-based health workers, community health volunteers and family caregivers;
 - (b) referral systems;
 - (c) health information systems and health systems research for better planning, implementation, monitoring and evaluation;
 - (d) partnership with medical and health sciences institutes, and
 - (e) governance and stewardship, and
 - (3) to secure and increase public resources of finance as central to addressing health inequities, catastrophic health expenditure and impoverishment, and explore supplementary sources for sustainable health financing, and
 - (4) to enhance partnership with nongovernmental actors and civil society to achieve the health system goals of efficiency, equity and quality, and
3. REQUESTS the Regional Director:
 - (1) to support countries' capacity development for strengthening equitable health systems;
 - (2) to support countries' capacity in formulating healthy public policies to revitalize primary health care;
 - (3) to facilitate cooperation and exchange of experiences, best practices and lessons learned among countries on revitalizing primary health care, and

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(4) to facilitate collaboration at all levels among health development partners, academia and institutes on health systems strengthening in line with country needs and national health policies.

*Sixth Meeting,
11 September 2008*

