1.1 Purpose

The WHO Constitution states that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.” Health systems are an important, although not the only, contributor to the progressive realization of that right.

Defining core values for a society’s health system can assist in identifying strategic actions that lead to realization of the right to health. Core values to be considered for a health system include equity, social justice, universality, people-centredness, community protection, participation, scientific soundness, personal responsibility, self-determination and self-reliance (see Box 1). These values have been identified through regional consultations. The exact emphasis may vary in different settings. Values such as these have been a consistent part of the primary health care agenda since the Declaration of Alma-Ata was adopted at the International Conference on Primary Health Care in 1978.

Decisions about health systems are primarily made within nations, although globalization and external funding have led to some exceptions. Governments have a fundamental responsibility for oversight or stewardship of the health sector even in settings where a government is not solely responsible for health service financing and delivery. International normative guidance can play a role in informing the national decision-making process. Such guidance may assist national decision-makers in navigating among the competing interests and staying on course as political winds shift. Defining long-term goals and aspirations is crucial because the building of a robust health system is a long-term undertaking.

---

Box 1. Core Values for Primary Health Care

- Equity
- Social justice
- Universality
- People-centredness
- Community protection
- Participation
- Scientific soundness
- Personal responsibility
- Self-determination
- Self-reliance

---


The WHO Regional Committee for the Western Pacific, at its fifty-ninth session in September 2008, adopted resolution WPR/RC59.R4. In the resolution, the Committee requested WHO to develop, through a process of consultation with Member States, a regional strategy for strengthening health systems, based on the guiding principles and core values of primary health care and informed by the outcomes of the ongoing and midterm reviews of the implementation of existing strategies and other related technical work, and present this strategy in 2010 to a high-level meeting and to the Regional Committee. The Western Pacific Regional Strategy for Health Systems Based on the Values of Primary Health Care is the result of that process. It is the intent of the Regional Strategy to provide normative guidance on health systems strengthening, primarily to policy-makers in Member States, but also to WHO and development partners. The Strategy was endorsed at the sixty-first session of the WHO Regional Committee for the Western Pacific in October 2010 (see Annex 1).

1.2 Regional context

Member States of the WHO Western Pacific Region are diverse. Some have large populations; others have small populations. Some are continental land masses; others dispersed coral atolls. Some have negative population growth rates and/or rapidly ageing populations, while others have high fertility rates. Urbanization is occurring in most States, although several are still predominantly rural. The Region includes some of the highest per capita incomes in the world, but some of the countries in the Region are still in the low-income category. Political systems are also diverse. Health outcomes vary widely, with some countries enjoying the world’s longest life expectancies and thus ageing populations, while others have unacceptably high rates of maternal and child mortality and relatively low life expectancy. Noncommunicable diseases are the largest part of disease burden, although the control of communicable diseases remains a major challenge.

Health systems in the Region are under stress. They must respond to a changing world. New challenges, such as the health impact of climate change, are occurring, while older challenges, such as tuberculosis, remain unresolved. In some places, accelerating cost inflation is a major problem. In others, service coverage is not yet universal or universality is under
threat due to an increasing reliance on user charges. At the same time, there are concerns about a loss of confidence in health systems.

Technology and specialization have contributed greatly to improvements in health. However, an excessive and sometimes inappropriate reliance on technology and specialization is fuelling cost inflation, undermining the continuity of care, creating risks to patient safety and making health systems less people-centred. A robust health system is appropriate, affordable, acceptable and accessible. In many settings, these characteristics are under threat.

Even though the health systems of the Region and the challenges they face vary greatly, there are shared challenges, values and aspirations. A few of the common challenges are poorly regulated marketization of the health sector; excessive reliance on user fees and the sale of drugs or diagnostics to finance health systems; migration of health workers, both internal and external; the need to adapt and become more resilient to climate change; a need to better harmonize traditional and Western systems of medicine; an over-reliance on technology and specialization with a relative neglect of primary care; and rapid demographic, political and economic changes with resulting effects on the social and environmental determinants of health. A desire for improved population health and the progressive realization of the right to health is a key shared aspiration.

The specifics of each Member State will lead to different responses in determining how the right to health is translated into action. Health systems action occurs mainly within countries. Some countries do have greater similarities, sometimes based on geography, such as smaller island states in the Pacific, or on the level of economic development. When useful, potential actions based on the *Western Pacific Regional Strategy for Health Systems Based on the Values of Primary Health Care* are discussed using those groupings. However, an underlying assumption remains that the values underpinning good health systems are universal.

1.3 Primary health care, now more than ever

Primary health care (PHC) has been an organizing principle for many health systems around the world and within the Western Pacific Region. PHC has contributed greatly to improving health outcomes, even if there is still much to be accomplished. The original *Declaration of Alma-Ata* was issued in 1978. Implementation has been imperfect and the ambitious

---

goal of “Health for All” by the year 2000 has not been fully achieved. However, the consensus is that those countries that have organized their health system on PHC principles have achieved better health outcomes in relation to the funds expended, and that the goals and values of PHC are as valid today as they were in 1978.⁶-⁷

This does not mean that the PHC concept has remained unchanged. There is a constant need for adaptation to changing circumstances. PHC is now viewed more broadly than it was 30 years ago. The changes in emphasis include: achieving universal access and coverage; a focus on the entire population, especially the disadvantaged; recognition of the need for a healthy global and local environment; working within a mixed system of public and private health provision; providing a continuum of care over a lifetime; and recognizing that a PHC approach provides value for money, not low-cost care.⁸

Primary health care is closely related to but not synonymous with primary care. Primary health care encompasses a public health approach as well as individual care at primary, secondary and tertiary levels. A strong primary care system is the foundation for a health system based on PHC values. But secondary and tertiary services are also vital and must connect to the primary care system, following the same set of values (see Box 2).

**Box 2. Primary Health Care and Primary Care**

*Primary health care* is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country’s health system, of which it is the central function and main focus, and of the overall social and economic development of the community.*

*Primary care* is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

*Primary health care has primary care at its core* but the principles and values of PHC extend to all aspects of primary, secondary and tertiary care, and public health—throughout the entire health system.

*A robust health system needs clear PHC values and strong primary care. PHC is the engine for change.* A recent systematic review confirms that there is a considerable evidence base showing that strong primary care contributes to overall health system performance (quality, efficiency and equity) to health.⁹

* Declaration of Alma-Ata, International Conference on Primary Health Care, Alma-Ata, USSR, 1978
A series of meetings held around the world reaffirmed the continued validity of the PHC concept. The work of two major commissions—the Commission on Macroeconomics and Health and the Commission on the Social Determinants of Health—have added further definition to the health challenges of the 21st century.

In October 2008, on the 30th anniversary of the original Declaration of Alma-Ata, The World Health Report 2008: Primary Health Care, Now More than Ever was launched. It suggested that core values should underpin the organizing principles of all health systems. If the values and principles are followed, then health systems are more likely to contribute to maximizing the health benefit achieved with the resources available.

Policy dialogue is part of PHC. The World Health Report 2008 describes four areas of reform, policy and action that foster the development of PHC-oriented health systems. These areas of reform and action go beyond the health sector alone. They are: (1) universal coverage aimed at improving health equity and financial risk protection; (2) service delivery for both personal and non-personal services that is people-centred, responsive and supports universal coverage; (3) leadership aimed at making health authorities more reliable and accountable to those they serve; and (4) public policy implemented across all sectors in ways that promote and protect the health of communities and individuals. Health is promoted in all policies. People and their participation remain at the centre of primary health care (see Box 3).

1.4 Millennium Development Goals

Challenges—new and old, internal and external—exist in the global health environment. The Millennium Development Goals (MDGs) are a globally agreed upon set of development targets. Five of the eight MDGs relate directly to health. If the MDGs are to be achieved by their 2015 target, the performance of health systems in many countries will need to improve. Particularly, the MDGs related to maternal mortality and child mortality are at risk of not being achieved in several countries in the Region unless health system performance improves.

---

---
Social Determinants of Health, is needed. An emphasis on education is of particular importance.

The global public health architecture is increasingly complex, putting cooperation in the health sector at risk. There are new and different partners, such as global health initiatives and private foundations. Many problems require solutions that must be implemented across borders. The new partners in the health sector have been beneficial, although they have increased the risk of fragmentation. The increase in partners makes it even more important that each Member State have its own vision, policy and plan for the health sector, a plan based on a core set of values.