



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## **46th DIRECTING COUNCIL**

### **57th SESSION OF THE REGIONAL COMMITTEE**

*Washington, D.C., USA, 26-30 September 2005*

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### **REGIONAL DECLARATION ON THE NEW ORIENTATIONS FOR PRIMARY HEALTH CARE (DECLARATION OF MONTEVIDEO)**

#### ***CONSIDERING THAT:***

Although the Region of the Americas has made important advances in health and in implementing Primary Health Care (PHC), persistent health challenges and disparities in health remain among and within the countries of the Region. To address this situation States need measurable goals and integrated strategies for social development.

The countries of the Americas have long recognized the need to combat exclusion in health by expanding social protection as a core element of sectoral reforms in Member States (Resolution CSP26.R19). Countries also have acknowledged the contribution and potential of PHC in improving health outcomes with the need to define new strategic and programmatic orientations for the full realization of its potential (Resolution CD44.R6), and have committed to integrate and incorporate the internationally agreed-upon health-related development goals, including those contained in the United Nations Millennium Declaration, into the goals and objectives of the health policies of each country (Resolution CD45.R3).

The Declaration of Alma-Ata continues to be valid in principle; however, rather than implemented as a separate program or objective, its core ideas should be integrated into the health systems of the Region. This will allow countries to address new challenges such as epidemiological and demographic changes, new sociocultural and economic scenarios, emerging infections and/or pandemics, the impact of globalization on health and the increasing health care costs within the particular characteristics of national health systems.

The experience of the last 27 years demonstrates that health systems that adhere to the principles of PHC achieve better health outcomes and increase the efficiency of the health system for both individual and public health care as well as for public and private providers.

A health system based on PHC orients its structures and functions toward the values of equity and social solidarity and the right of every human being to enjoy the highest attainable standard of health without distinction of race, religion, political belief, or economic or social condition. The principles required to sustain such a system are its capacity to respond equitably and efficiently to the health needs of the citizens, including the ability to monitor progress for continuous improvement and renewal; the responsibility and accountability of Governments; sustainability; participation; an orientation toward the highest standards of quality and safety; and intersectoral action.

***WE COMMIT TO:***

Advocate for the integration of the principles of PHC in the development of national health systems, health management, organization, financing, and care at the country level in a way that contributes, in concert with other sectors, toward comprehensive and equitable human development, addressing effectively, among other challenges, the internationally agreed-upon health-related development goals including those contained in the United Nations Millennium Declaration, and other new and emerging health-related challenges. To this end, each State should, in accordance with its needs and capabilities, prepare an action plan, establishing the timetable or deadline for the formulation of this plan and indicating the criteria for its evaluation, based on the following elements:

**I) Commitment to facilitate social inclusion and equity in health.**

States should work toward the goal of universal access to high-quality care that leads to the highest attainable level of health. States should identify and work to eliminate organizational, geographic, ethnic, gender, cultural, or economic barriers to access, and to develop specific programs for vulnerable populations.

**II) Recognition of the critical roles of both the individual and the community in the development of PHC-based systems.**

Local-level participation in the health system by individuals and collectively by communities needs to be strengthened to provide the individual, family, and community a voice in decision-making, strengthen implementation and individual and community action, and effectively support and sustain profamily health policies over time. Member States should make information on health outcomes, health programs, and health center performance available to communities for use in exercising oversight of the health system.

### **III) Orientation toward health promotion and comprehensive and integrated care.**

Health systems centered on individual care, curative approaches, and the treatment of disease should include actions geared to health promotion, disease prevention, population-based interventions and comprehensive integrated care. Health care models should be based on effective primary care systems, have a family and community orientation, incorporate the life cycle approach, be gender and culturally sensitive, and work for the establishment of health care networks and social coordination that ensures adequate continuity of care.

### **IV) Development of intersectoral work.**

Health systems need to facilitate coordinated and integrated contributions from all sectors, including the public and private sectors, involved with the determinants of health in order to attain the best possible level of health.

### **V) Orientation toward quality of care and patient safety.**

Health systems should provide appropriate, effective, and efficient care and should incorporate the dimensions of patient safety and consumer satisfaction. This includes processes of continuous quality improvement and quality assurance for clinical, preventive, and health-promoting interventions.

### **VI) Strengthening of human resources in health.**

The development of all levels of educational and continuous training programs needs to incorporate PHC practices and modalities. Recruitment and retention practices should include the essential elements of motivation, employee advancement, stable work environments, employee-centered working conditions, and opportunities to contribute to PHC in a meaningful way. Recognition of the complement of professionals and paraprofessionals, formal and informal workers, and the advantages of a team approach are essential.

### **VII) Establishment of structural conditions that allow PHC renewal.**

PHC-based health systems require the implementation of appropriate policies and legal and stable institutional frameworks and a streamlined, efficient health sector organization that ensure effective functioning and management, and that can respond rapidly to disasters, epidemics, or other health care crises, including during times of political, economic, or social change.

**VIII) Guarantee of financial sustainability.**

States must make the necessary efforts to work toward the achievements of sustainable financing for health systems, support the process of primary health care renewal and promote a sufficient response to population's health needs, with the support of international cooperation agencies.

**IX) Research and development and appropriate technology.**

Research on health systems, ongoing monitoring and evaluation, sharing of best practices, and development of technology are critical components in a strategy to renew and strengthen PHC.

**X) Network strengthening and partnerships of international cooperation in support of PHC.**

PAHO/WHO and other international cooperation agencies can contribute to the exchange of scientific knowledge, development of evidence-based practices, mobilization of resources, and better harmonization of international cooperation in support of PHC.

*(Eighth meeting, 29 September 2005)*