

PHC and... cities ?



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40 years after Alma-ATA: PHC in 2018 and beyond, 23 October 2018 / Werner Soors

No PHC without Healthy Cities



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AN URBAN WORLD



This graphic depicts countries and territories with 2050 urban populations exceeding 100,000. Circles are scaled in proportion to urban population size. Hover over a country to see how urban it is (percentage of people living in cities and towns) and the size of its urban population (in millions).

Urban Population

- Greater than 75%
- 50% - 75%
- 25% - 50%
- Less than 25%



1950-1980:
a world still
rural



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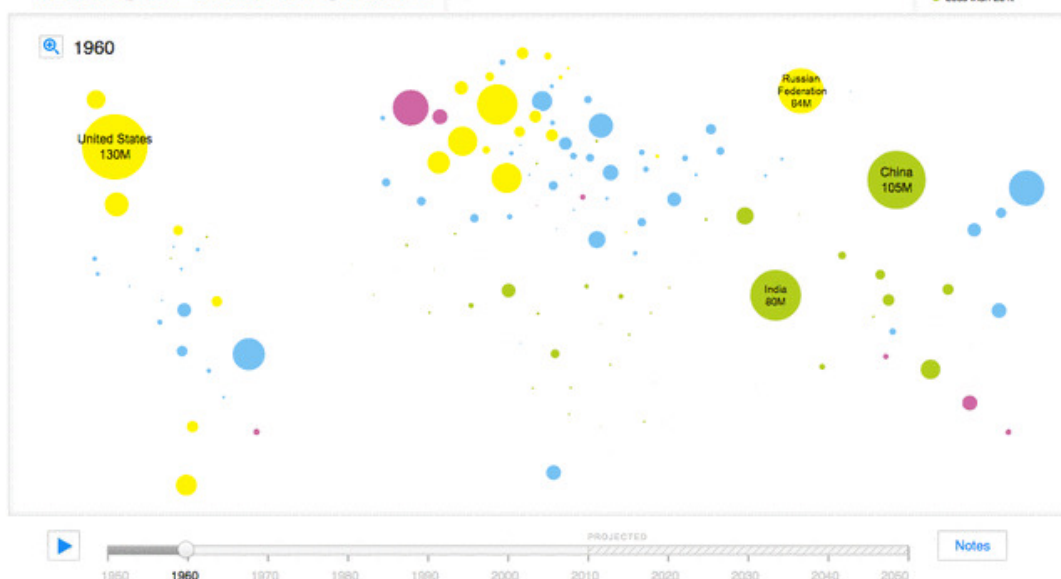
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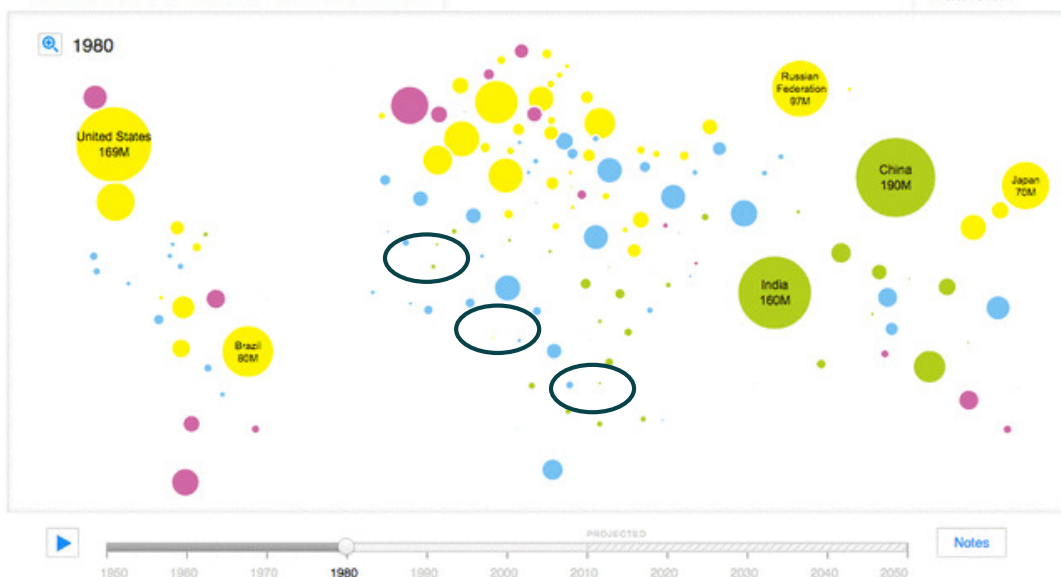
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1978
Alma-Ata:
PHC
based on
rural districts



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PHC as formulated in Alma-Ata

"part of a **comprehensive** national health system"

"requires **maximum community and individual participation** in the planning, organization, operation and control"

"relies on a **health team** to respond to the expressed health needs of the community"

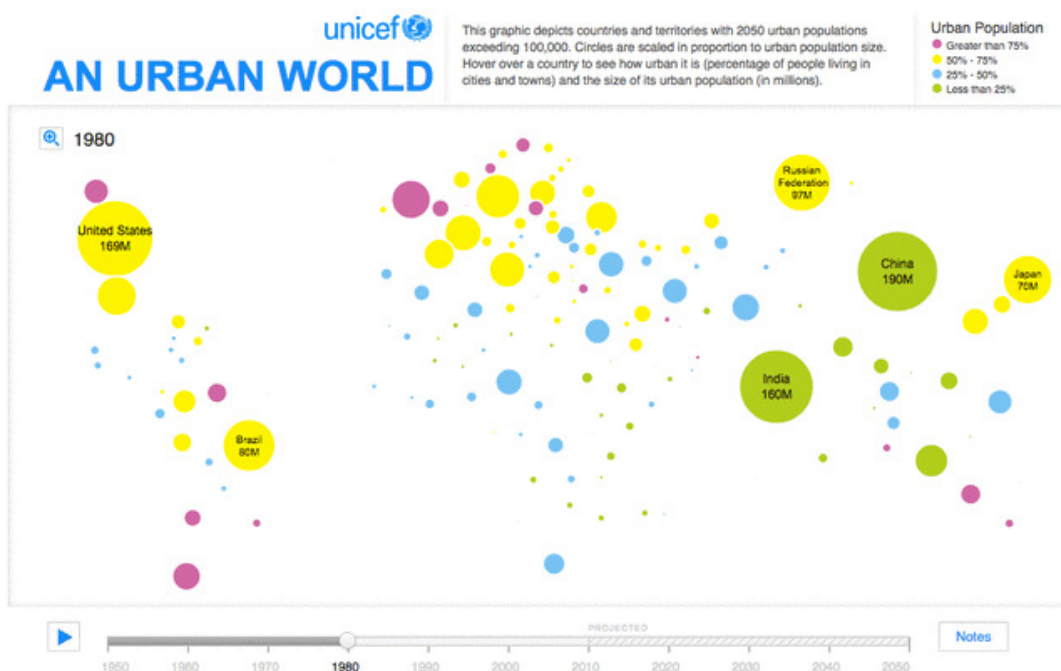
"in **coordination with other sectors**"

"countries **cooperate in a spirit of partnership**"

"based on a **new international economic order**"

In practice:

*Reduction from PHC to PHC healthcare services, with its organisation and operation particularly apt for **rural** environments, turning a blind eye to new challenges*



1980-2020:
a world
becoming **urban**
+ not the
envisaged
international
order



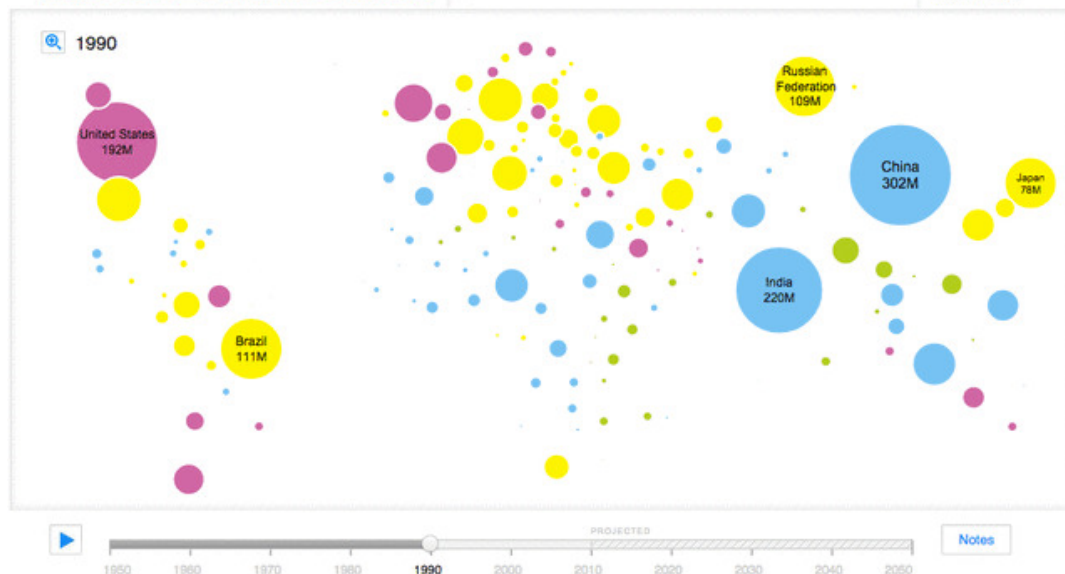
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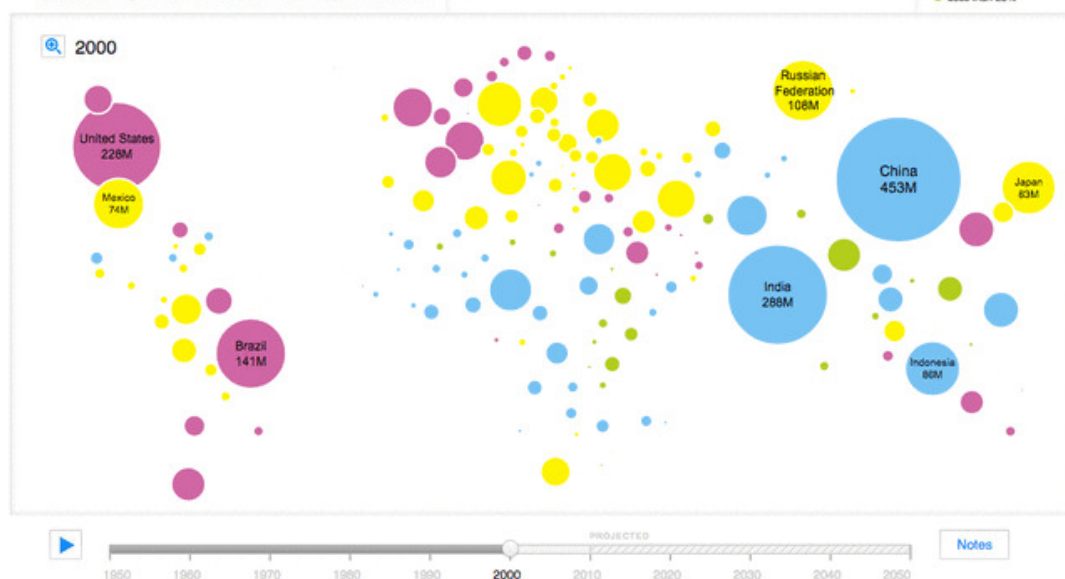
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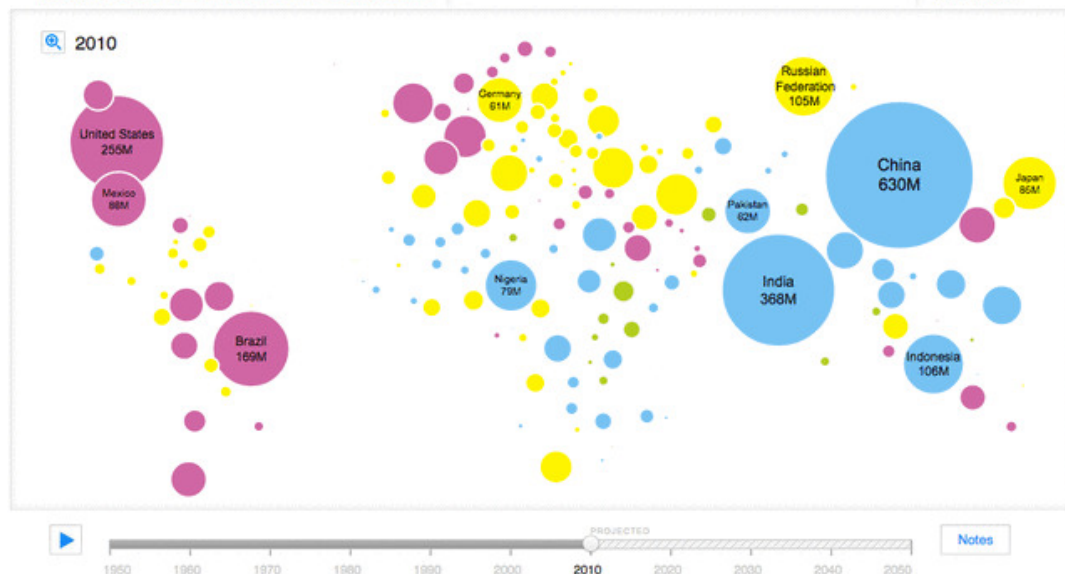
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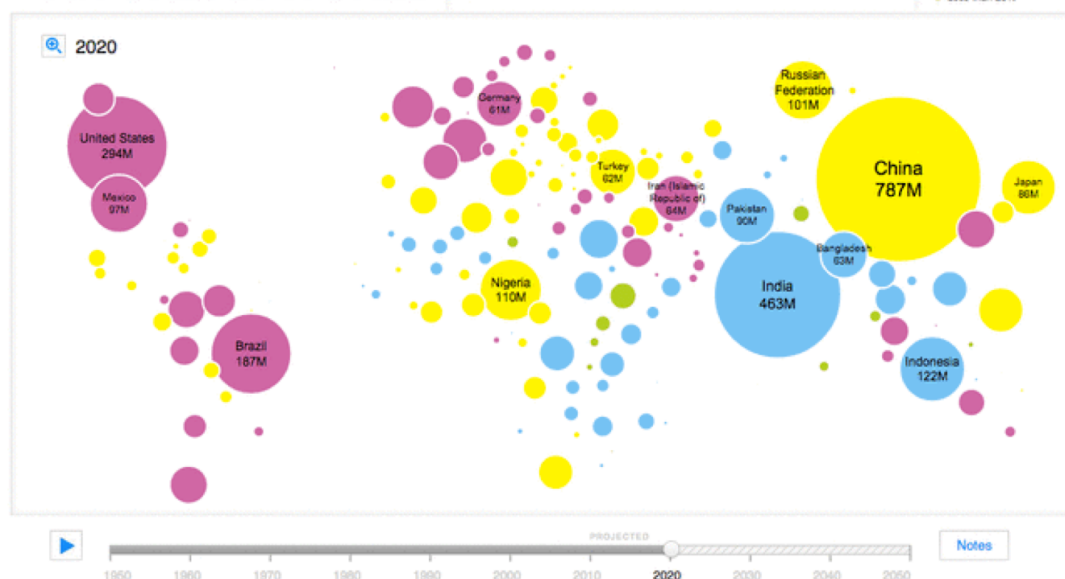
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Today:
 a largely
urban world,
 more changes
 & challenges
 to come



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Keeping the fire burning

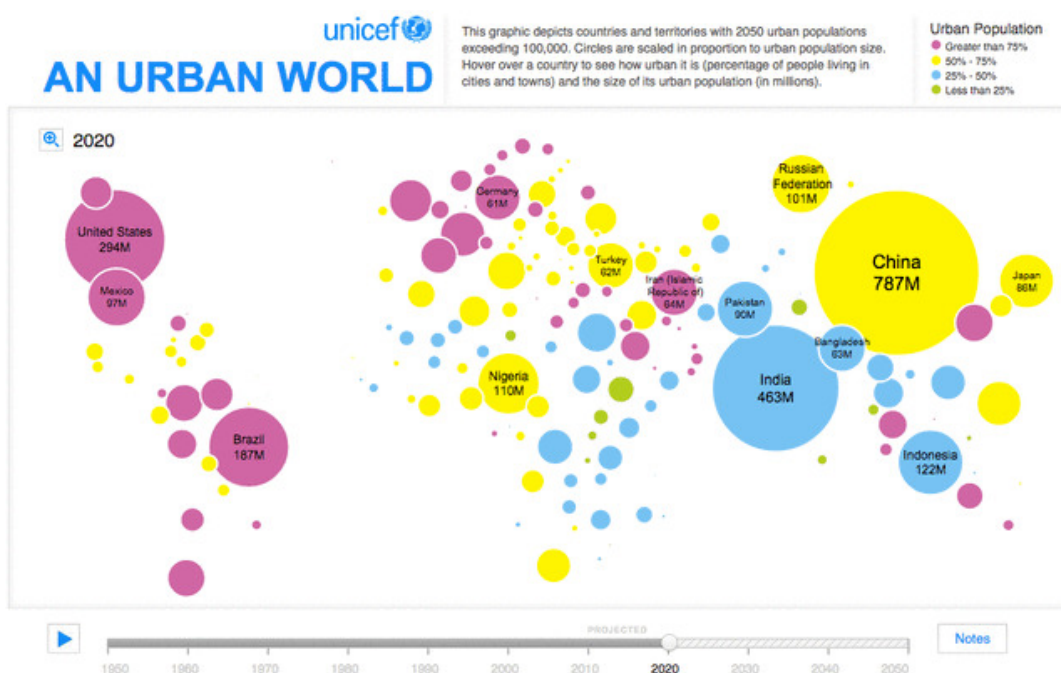
1988, Adelaide declaration: "Healthy public policy is characterized by an explicit concern for **health and equity in all areas of policy** and by an accountability for health impact"

2008, CSDH: "**Intersectoral action for health** – that is, policies coordinated between the health sector and other sectors, is a key condition and preferred strategy for coherent and effective policies"

2010, Adelaide statement on HiAP "moving towards a shared governance for health and well-being": "**need for a new social contract** between all sectors to advance human development, sustainability and equity, as well as to improve health outcomes"

2017, Adelaide statement II: "**transformative strategies** for implementing the SDGs"

2018, Copenhagen consensus: "a transformative approach for safe, inclusive, sustainable and resilient societies" & the **need to focus on cities** "Healthier and happier cities for all"



"We cannot afford to fail"



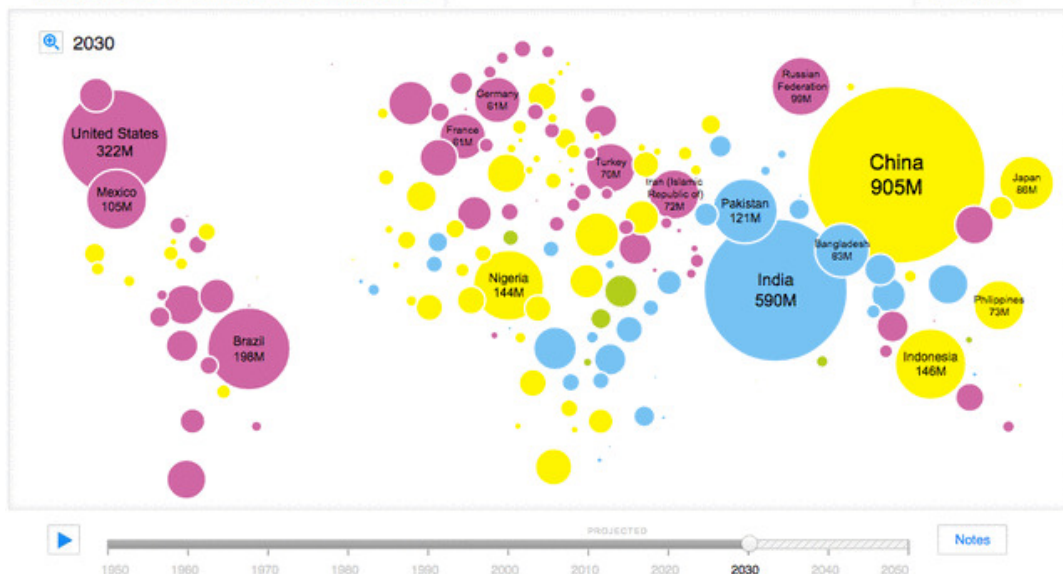
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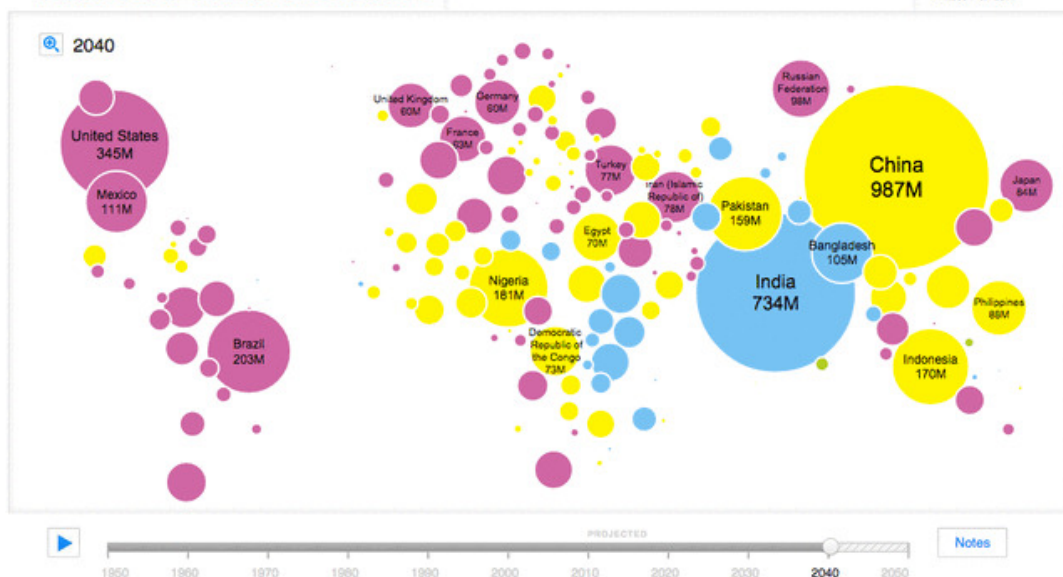
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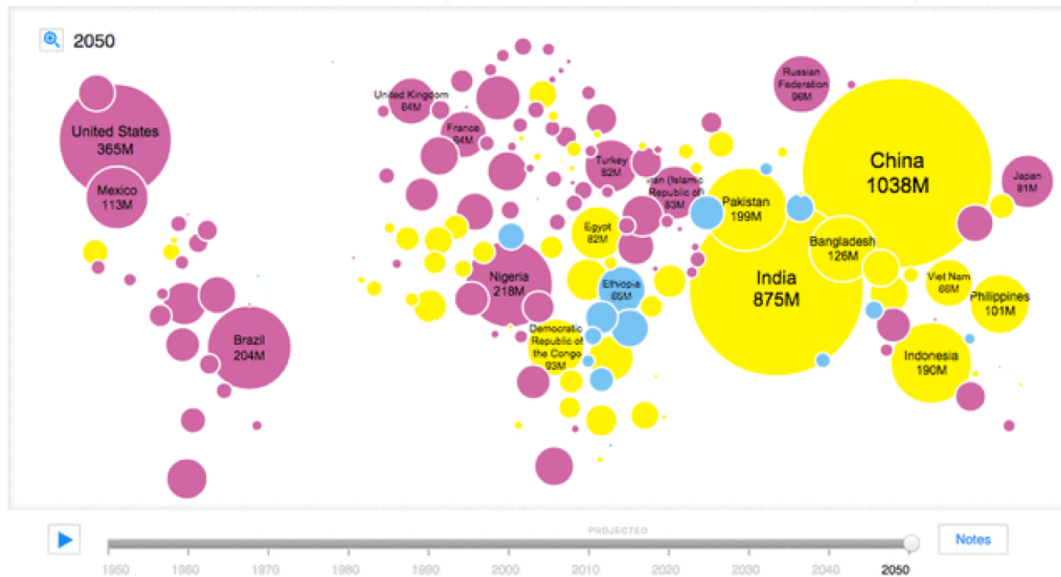
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2050:
 68% urban
 equity?
 ecology?
 sustainability?



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From PHC to HiAP to Healthy Cities

1978, Alma-Ata

2015, HiAP: **Health-in-All-Policies** is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies and avoids harmful health impacts in order to improve population health and health equity. It improves the accountability of policy-makers for health impacts at all levels of policy-making. It includes an emphasis on the consequences of public policies on health systems, determinants of health and well-being"

2018, Copenhagen consensus: **Healthy Cities** foster health and well-being through governance, empowerment and participation, creating urban places for equity and community prosperity, and investing in people for a peaceful planet"

Did I overlook UHC?



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Healthy Cities's 6 P's

Investing in the **people**
who make up our cities

Designing urban **places**
that improve health and well-being

Greater **participation** and partnerships
for health and well-being

Improved community **prosperity**
and access to common goods and services

Promoting **peace** and security
through inclusive societies

Protect the **planet** through
sustainable consumption and production



Healthy Cities' agenda

To "lead by example, tackling inequalities and promoting governance and leadership for health and well-being through innovation knowledge sharing and city health diplomacy"

To "act as leaders and partners in tackling our common global public health challenges, including noncommunicable diseases, communicable diseases, environmental challenges, health inequalities, antimicrobial resistance, health emergencies and the pursuit of universal health coverage"

Expanding HiAP with the use of appropriate new tools

e.g. Urban HEART - Urban Health Equity Assessment and Response Tool (2010+: Teheran, Detroit, Villa Nueva,...) and Place Standard tool (2015+: Glasgow, Barcelona,...)

Doing so with the strength of national, regional and global networks

today: 99 national networks with 1000's of cities, grouped in 6 regional networks



Healthy Cities' momentum

SDG 11 "Make cities and human settlements inclusive, safe, resilient and sustainable" gave/gives the programme a boost, reconverting it in a forceful movement

Today, this Healthy Cities movement has become a lever to deliberately walk the path of multisectoral action and transformation that Alma Ata envisaged

Belfast HC conference:

Healthy cities to change the world



We can indeed not afford to fail



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Bruno Marchal

PHC today & tomorrow, in an urban world:

Challenges, opportunities and possible solutions

- (1) regarding participation & empowerment
- (2) regarding multisectoral cooperation
- (3) regarding growth & sustainability

PHC today & tomorrow, in an urban world: Challenges, opportunities and possible solutions

- (1) regarding participation & empowerment (groups I & II)
- (2) regarding multisectoral cooperation (groups III & IV)
- (3) regarding growth & sustainability (groups V & VI)

20 minutes per group, 30 minutes plenary