

## Global primary care: what it is, what it isn't, and why it matters to us all



A distinct field of enquiry is crystallising at the confluence of global health and primary care, with roots in the audacious vision set out in the Declaration of Alma-Ata in 1978. Primary care is a model of care that provides first-contact, accessible, continuous, comprehensive, coordinated, integrated, and people-centred services in the community setting.<sup>1</sup> The Declaration of Alma-Ata placed primary care services at the very heart of the health system. Primary care providers are generally trained to deliver biopsychosocial whole-person care, to manage people presenting with undifferentiated symptoms, and—when appropriately equipped—to manage the vast majority of health problems within their local community.

Although the original Declaration of Alma-Ata and the 2018 rearticulation were universally endorsed and the core characteristics of primary care are universally vaunted, they describe a Platonic ideal. In reality, even mature and well resourced systems struggle to provide truly comprehensive, coordinated, and person-centred services with full continuity. We have observed that the term primary care is often applied to any form of first-contact, non-hospital-based service delivery platform that caters for more than one condition. This basic, episodic, uncoordinated manifestation can offer enormous value, but many policy makers are seeking greater returns for their populations, especially in the face of mounting threats to access and health security.<sup>2</sup>

The growing global interest in strengthening primary care has been catalysed by universal health coverage.<sup>3</sup> The 2023 Political Declaration on universal health coverage committed governments to prioritise and expand the delivery of primary care, recognising that it is “the most inclusive, effective and efficient approach to enhance people’s physical and mental health, as well as social well-being, and that primary health care is the cornerstone of a sustainable health system”.

The provision of essential primary care services looks different in every setting, but all require financing, information systems, medicines and supplies, multidisciplinary teams of health providers, clinical guidelines, and care pathways—alongside model-of-care elements such as empanelment, gatekeeping,

and population health management.<sup>4</sup> Policy makers in almost every country are trying to apply, balance, and optimise these different factors to secure equitable, accessible, and cost-effective care for their populations, while facing a common set of policy commitments and supra-national challenges. In this respect, there is much to learn from cross-national experience and experimentation. This is where global primary care comes in.

Global primary care is a policy-oriented discipline concerned with the transnational actions required to improve equitable access to high-quality primary care services, as well as the structures, inputs, and functions required to optimise primary care systems. It addresses the intersection of primary care systems with transcendent global challenges, which include climate change, ageing populations, migration, workforce shortages, digitisation, political transitions, and other tectonic issues that tend to disproportionately affect underserved populations. It is grounded in the principles of equity, multisectoral action, and community empowerment. Global primary care practitioners focus on models of care, with an emphasis on generating, synthesising, and applying cross-border learning. Primacy is placed on reaching the furthest behind first<sup>5</sup> (see UN Sustainable Development Group principle to leave no one behind)—ie, redressing health inequities within and between countries.

Global primary care is not about primary care “over there”—ie, the exclusive study of systems in lower-income countries by academics based in high-income countries. It starts at home, tackles ubiquitous issues, and includes stakeholders from affected communities as equitable partners. Global primary care is not concerned with biomedical interventions or single conditions. It is not particularly interested in individual countries, instead seeking transferable lessons that apply across multiple populations. It is not just a branch of health services and systems research: it also encompasses capacity building, networking, advocacy, and policy reform. People do not get involved in global primary care because they want to publish papers or speak at conferences. They primarily seek real-world impact and

For the **Declaration of Alma-Ata** see <https://www.who.int/teams/social-determinants-of-health/declaration-of-alma-ata>

For more on **primary care** see <https://www.who.int/teams/integrated-health-services/clinical-services-and-systems/primary-care>

For the **2018 rearticulation of the Declaration of Alma-Ata** see <https://www.who.int/teams/primary-health-care/conference/declaration>

For the **UN Sustainable Development Group principle to leave no one behind** see <https://unsdg.un.org/2030-agenda/universal-values/leave-no-one-behind>

For the **Political Declaration on universal health coverage** see <https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/07/FINAL-draft-UHC-Political-Declaration.pdf>

are driven by the mission of ensuring that all people, in all countries, have access to high-quality care.

Global primary care matters to us all because it is likely that the vast majority of all global health-care interactions take place in the community setting. This is especially true in rural areas and for under-served populations. Again, although we do not yet have the data, it is likely that the majority of contemporary primary care services are not delivering comprehensive, continuous, or coordinated services. This means that most people cannot easily access good care for themselves and their families.

Arguably, we are witnessing a golden period of policy interest in primary care;<sup>6</sup> however, this apogee belies the financial commitments, data, and human resources that are being allocated to reorient health systems towards this neglected area.<sup>7,8</sup> We have a number of assessment tools and frameworks,<sup>9,10</sup> but the world still does not have decent comparative data on primary care system performance against critical functions, or even basic baseline data on indicators, such as the total number of family doctors.

The lineaments of global primary care have snapped into focus at the convergence of national and international policy priorities. By articulating the current prioritisation paradox, we aim to bring attention to the need for concrete investment in global primary care research. This work is fundamental to the realisation of universal health coverage.

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For the WHO primary health care measurement framework and indicators see <https://www.who.int/publications/item/9789240044210>