Advancing the workforce to meet the Primary Health Care Agenda: pharmacy’s contribution to universal health coverage

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Primary Health Care: from Almaty to Astana

Primary Health Care (PHC) is a whole-society approach to health and well-being, centred on people’s needs and preferences. PHC ensures people receive comprehensive care, as close as feasible to their everyday environment. According to the World Health Organization (WHO), PHC can cover the majority of a person’s health needs, from prevention and treatment to rehabilitation and palliative care, throughout his or her life. The International Conference on Primary Health Care in 1978, in Almaty, Kazakhstan, was the first international declaration underlining the importance of Primary Health Care. This was a milestone where leaders from 134 countries committed to ‘Health for All’ from then known as the Declaration of Alma-Ata.[1] It expressed the need for urgent action by governments, health & development workers and the world community to protect and promote the health of all people, through PHC.[2]

Forty years later, in October 2018, more than 2000 delegates representing governments, policy-makers, the private sector, non-governmental organisations, civil society and other public health agencies met in Astana in Kazakhstan at the Global Conference on Primary Health Care. This was co-hosted by the Government of Kazakhstan, WHO and UNICEF. Here, participants and delegates united to commemorate the 40th anniversary of the Alma-Ata Declaration, reaffirmed their commitment to ‘Health for All’ in the Declaration of Astana and renew a global to achieve UHC and continued progress towards the UN SDGs.[3]

The rationale of the Astana declaration, to which FIP contributed, is provided in the WHO technical document ‘A vision for primary health care in the 21st century.’ This states that ‘a number of factors and trends have made the world a very different place in 2018 compared with 1978: changes in population distribution (more urban, older, but with a heavy burden of young people in some global regions), increasingly sophisticated health and non-health technologies, improving health literacy, engagement and expectations and growing food security and environmental risks that negatively influence health.’ It gives focus to the health workforce, stating that primary care teams are ‘ideally multidisciplinary’ and lists pharmacists as team members.

The International Pharmaceutical Federation (FIP) was among the participants in Astana advocating for the role of the pharmacy workforce in this important field of health. FIP endorsed the Declaration of Astana, renewing the professional and political focus on strengthening primary health care. The joint declaration will be used to inform the United Nations General Assembly high-level meeting on universal health care in 2019.

Delivering the ambition of Universal Health Coverage

The global vision of ‘Health for all’ continues, being implied in United Nations Sustainable Development Goal number 3: ‘Ensure healthy lives and promote well-being for all at all ages.’ Governments have committed to achieve universal health coverage by 2030, and the WHO considers that focusing on PHC is the best-value way for countries to move towards this. Good quality PHC has been linked to increased access to services, better diagnostic accuracy, fewer hospital admissions, better health outcomes, attenuation of wealth-based disparities in mortality, lower suicide rates and higher life expectancies. FIP believes that quality PHC needs pharmacists.

The declaration also states that the success of PHC will be driven by knowledge and capacity building, human resources for health, technology and financing. This means actively strengthening pharmacists’ contributions to health promotion, disease prevention and screening and medicines expertise in communities and national populations and ensuring best use of medicines.
worldwide as a key component of UHC. FIP is committed to deliver the Declaration of Astana by positioning pharmacists as one of the most accessible and effective providers of PHC. It also means we must have a focus on workforce development.

**Pharmacy’s response to Astana**

FIP & WHO have been in official relations since 1948, working together in collaboration to improve global health with pharmacy at the table. FIP and WHO have recently formalised this relationship through a Memorandum of Understanding signed at the 72nd World Health Assembly in May 2019, Geneva. The work in the MOU seeks to strengthen the role and impact of pharmacy in the priorities of WHO: PHC, UHC, safety, access and quality, to align, collaborate and deliver effectively.

FIP is committed to supporting the profession to deliver PHC, across the WHO regions, through practice, service and workforce transformation, using metrics to measure impact and benefit and align to the needs of the nation within the regions. Commitments to this initiative, to deliver PHC across all regions, started at the first FIP regional conference for the Eastern Mediterranean Region on ‘Transforming pharmacy for better primary health care’ in Amman, Jordan, in April 2019. Around 1200 pharmacy leaders and participants from more than 30 countries gathered to sign the first pharmacy commitment to PHC as our collective response to the Astana Declaration: the ‘Amman Commitment to Action on Primary Health Care’ (See Table 1) to transform pharmacy for better primary health care.

**Pharmacy as a crucial component of Primary Health Care**

At full scope, a PHC team needs to interact with their patients in their communities, and through public health initiatives. Seamless care across modern primary care should be built with care models centred around the patient, strengthened by access to a multidisciplinary workforce for primary care. Accessing PHC services in communities is most often the first point of contact people have with a health care system; and very often, that point of first contact is a pharmacist. In many localities worldwide, the community pharmacy is often the only nearby and accessible point of contact where trusted and expert health advice can be obtained from a healthcare professional – ranging from medicines expertise to preventative and public health services. As such, pharmacists and the pharmacy support workforce play a pivotal role in healthcare systems and achieving UHC through quality PHC.

**‘No health without a workforce’**

It is essential to develop a vision for the pharmacy workforce which is able to advance practice and science through transformative education and training systems for better health care. Pharmacists need to be adaptable, flexible and capable of demonstrating their competency to provide better pharmaceutical care for the improvement of population health. Transforming the pharmaceutical workforce to meet the PHC and UCH agenda requires a global vision with clear and consensus-based objectives consistent with global health strategies. The FIP global vision describes a transformed future in which advanced generalist and specialist pharmacists have the flexibility to adapt to emerging patient and health system needs that are essential to achieving UHC. This vision needs to be translated into concerted actions and engagement at country-level in order to impact significantly on better population pharmaceutical health care.

| Table 1 | The Amman Commitment to Action on Primary Health Care |
|---------|--------------------------------------------------------|
| **AMMAN COMMITMENT TO ACTION ON PRIMARY HEALTH CARE** |
| ‘Envisioning the future together: Transforming pharmacy for better primary health care’ |
| 25–26 April 2019 Amman, Jordan |
| **We commit:** |
| To support the delivery of the Astana Declaration on primary health care for achieving high-quality, safe, comprehensive, integrated, accessible, available and affordable health care for everyone everywhere |
| To provide better primary health care services by transforming our pharmacy workforce and strengthening our practice and sciences |
| To continue to address the growing burden of non-communicable diseases by empowering our profession to provide services in health promotion and disease prevention, disease screening, referral, disease management and treatment optimisation in people with non-communicable diseases |
| To tackle the challenges of antimicrobial resistance by promoting antimicrobial stewardship strategies in our nations |
| To encourage our pharmacy workforce to contribute more to primary health care through the supply of quality medicines, improving medicines adherence and administering medicines and vaccinations |
| To transform and scale up pharmacy education by ensuring high-quality education and training and to provide the foundation for workforce development, professional and scientific advancement |
| To continue to engage our stakeholders and empower our regional and national leaders and stakeholders to strengthen primary health care |
| To promote collaboration between countries and to act as a platform for sharing knowledge and good practices with other countries |
| To continue to bring in more people, countries and organisations to grow and support this movement |
| These are our regional commitments, and we aim to promote and spread them to other regions to improve global health |
| Together we will achieve health and well-being for all: leaving no one behind |

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The pharmacy workforce represents a key entry point to the PHC system for people seeking advice for common, acute and long-term conditions. Health programmes that encourage individuals to visit pharmacies as their first port of call for any health issues have proven to reduce the workload and service burden on physicians and allow better use of available local resources. For example, in most countries, pharmacists consult with patients, provide point-of-care tests and examinations as part of risk assessment strategies, prescribe certain medications and refer for secondary investigations if needed. Within PHC strategies, pharmacists play a much needed and important role in the prevention, risk assessment, screening, referral, disease management and treatment optimisation in people with non-communicable diseases, including cardiovascular conditions, asthma/COPD, diabetes and cancer, some of which (like diabetes) are becoming more prevalent such as in the Eastern Mediterranean regional populations.\(^4\)

The scope of practice for pharmacists now ranges from being health communicators, quality medicine suppliers, supervisors and collaborators to being direct health promoters – and this scope is continually expanding. The pharmacy has a central community role in promoting better clinical and patient-reported outcomes and management for non-communicable diseases and because of this, WHO actively supports and recognises the value of medicines-related care provided by pharmacists.

Pharmacists working at a recognised level of advancement, with a higher set of competencies, improve and safeguard patient safety and more effectively manage complexity in many areas of expert practice. Professional recognition of advanced practice improves acceptance by other colleagues in the clinical team, but also in other areas of practice such as research, education or management. It also provides role models and a source of mentorship for novice and less experienced pharmacists, including pre-service or pre-licensed pharmacists.

The practice, science and education of pharmacy will continue to evolve to meet the evolving needs of patients and the public. With education specifically, systems need to develop so that pharmacists are trained for their evolving role, whilst ensuring the science base remains central to basic training. The unique sciences in our profession will ensure pharmacists are equipped to deliver the complex health care needed to address the demanding challenges of our patients and populations, including safety and access, non-communicable diseases and health delivery in conflict and war-stricken areas.

**References**

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