

2018 Geneva Declaration on Person Centered Women's Health 40 Years after Alma Ata



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Preamble

This year marks the fortieth anniversary of the Declaration of Alma Ata, a major milestone of the twentieth century in the field of public health. It identified primary health care as the key to the attainment of the goal of Health for All. It affirmed that people have a right and duty to participate individually and collectively in the planning and implementation of their health care. It called for maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care.

Forty years later, it is necessary to recommit to the values and principles of equity, solidarity and social justice embodied in the Declaration and ensure that they are translated into the way health care supports women's and all people's health. The realities of the current global challenges are elucidated and responded to in the UN Sustainable Development Goals. The extension of universal health coverage, based on primary health care, is imperative, and must be person-and people-centered to be effective.

Women's health involves women's emotional, social, cultural, physical and spiritual wellbeing and is determined by the social, political, cultural and economic context of women's lives, as well as by biology. This definition of women's health recognizes the validity of women's life experiences and women's own beliefs about and experiences of health. Gender is a determinant of health, much as social class, housing and nutrition are. Health systems and health care workers must acknowledge the way in which a person's gender contributes to their overall experience of health.

Achieving health for all women includes an emphasis on reproductive health. The Sustainable Development Goals call for the reduction of global maternal mortality rate to less than 70 per 100,000 births by 2030. Over eight hundred women die every day in childbirth—an improvement in mortality rates, but still an unacceptable rate of loss. Safe motherhood is more than the prevention of death and disability. It is respect for every woman's humanity, feelings, choices, and preferences. All childbearing women need and deserve respectful care. This includes specially protecting the mother-baby pair. Disrespect and abuse during maternity care are a violation of women's basic human rights. Those who speak out and demand respectful care make it safe for women everywhere to do so.

Beyond reproductive health, women's health also encompasses non-communicable diseases. Illustratively, cardiovascular disease is now the leading cause of mortality in women. Sexual and gender-based violence are a reality in too many women's lives.

Person-centered medicine for women is possible if health care is responsive to the needs and expectations of women, as persons and as community members. Health care that enhances women's health needs to be:

- Of women: addressing physical, mental, social and spiritual needs—as a person and as a member of a community—including strengths and vulnerabilities, while caring for illness and promoting positive health.
- For women: empowering women to fulfil aspirations for their own health and personal life projects and their role in the community.

- With women: expressing mutually respectful and assertive relationships in which there is co-active communication and joint understanding between the health workers and women served, including the promotion of autonomy and self-care.
- By women: recognizing that the majority of the health workforce is comprised of women, who must be supported to prevent and address burnout and other work-related illnesses.

Respectful and compassionate maternity care is an example of this approach applied to women's health. When empowered with knowledge and confidence, women make the best health decisions for themselves and their families. Self-care is key to educating and empowering people in their health and rights, as it may ultimately deliver new or improved policies and practices which are driven by women's and people's needs.

Personalized or precision medicine holds promise for the implementation of person-centered medicine. Biomedical technologies have enabled a greater understanding of genetic disease, pharmacogenomics, and oncology. However, they have also raised new ethical dilemmas because of the enormous amount of data generated by whole-genome or whole-exome sequencing and the uncertainties in how to interpret these data in clinical situations. Informed consent, privacy, confidentiality, and dealing with secondary or incidental findings are among the most ethically challenging issues for clinicians.

Primary care is characterized by being person-centered rather than disease- or genetic-centered approaches. It has evolved from being patient-centered to being person- and people-centered in response to ethical imperatives, and clinical and public health exigencies. Person-centered health care is based on the underlying value system of medical ethics. Trust between a person and a health care professional is fundamental. Through trusted and healing relationships over time, integration and co-ordination of care leads to a better health care experience, improved health outcomes, and lower cost. Person-centered care can be engaged in only by health care professionals who are themselves emotionally and physically healthy. It is essential to empower and engage people in their care through joint diagnostic understanding and shared decision-making.

Universal health coverage is the single most important concept that public health has to offer. It is inclusive, unifies and integrates services in a comprehensive and integrated way, based on primary health care. Public health practitioners should have a commitment to equity, social justice, and sustainable development, and recognize the importance of the health of the community as well as the individual. Primary health care requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of essential health care.

The renewal of commitment to the Alma Ata Declaration is an opportunity to reinforce the human dimension of health care and moving forward in optimizing its formulation and implementation. Respectful, women- and community-centered care is a powerful approach for addressing the major challenges in women's health in 2018.

Recommendations

1. Renew the commitment to person- and people-centered integrated care and universal health coverage in the context of Alma Ata.
2. Support all mechanisms to ensure that health care professionals are themselves physically and emotionally healthy.
3. Promote health care informed by evidence, experience, and values, aimed at supporting health and well-being of the whole person in context.
4. Promote understanding and integration of social determinants in primary health care provision, including but not limited to gender, class, housing, and nutrition.
5. Promote and support respectful maternity care for all women, everywhere.

The International College of Person Centered Medicine commits itself and calls all relevant organizations to honor the original Alma Ata Declaration through recommitment to its high aspirations and the refinement of its formulation towards universal health coverage and person- and people-centered primary health care, as illustrated through women's health care, within the framework of the current UN Sustainable Development Goals.