



# 2015 Geneva Declaration on Person-Centered Primary Health Care

*Adopted by the participants of the 8th Geneva Conference on Person Centered Medicine on April 29, 2015 and released by the ICPCM Board on June 8, 2015.*

Person-centered healthcare aims to provide healthcare experiences and services that attain the health-related goals of the individual being served. Person-centeredness is an attitude, philosophy and approach that truly puts the person in the center of the healthcare system. Person-centeredness starts with a relationship with a healthcare professional that becomes the person's usual source of care. From this relationship grows trust. From trust grows the ability to engage, educate, and empower people in their healthcare. This relationship of trust is based on continuity of care over time and being present for the person's healthcare needs. This continuous, comprehensive, and caring approach of primary care is the formula in which the person becomes empowered and engaged in their health.

A truly effective and efficient health care system must be built on this strong foundation of community-based, person-centered primary care. Highly functional systems of health care must have their multiple complex parts working in an integrated and coordinated fashion on behalf of the person. Primary care serves as the systems integrator.

Much has changed in the world since the International Conference on Primary Health Care produced the Declaration of Alma-Ata in 1978. Little has changed however, to advance the goals in that ground breaking Declaration. The core principles: that health care should be a fundamental human-right, a matter of social justice, that primary care decreases health care inequality and disparity in care, and that all governments have the responsibility in addressing these issues have not progressed uniformly throughout all countries of the world.

Person-centered primary care as an essential health care tenet is still not universally accessible throughout most the world. This lack of continuity and usual source of care results in wide fragmentation in healthcare with some receiving quality care, but many more without basic primary care services. This leads to wide disparities in health care outcomes and the social inequities of a have and have-not health care system. These health care system inequities do not serve persons, families, communities, or nations well.

As global health challenges evolve, health care systems must include improved efforts to promote wellness, prevention, and effective chronic disease management. Health systems that fixate excessively on diseases and procedural interventions can lose sight of the person with the disease and the importance of that person's life, family, and community. This has led to fragmentation of health care and has left most health care systems less effective and less efficient in achieving better population health outcomes. In many ways, the business of disease has overshadowed the provision of person-centered healthcare.

Primary care by its very nature is person-centered, team-based, and integrative. It keeps persons at the center of the healthcare system and possesses a broad knowledge of all sectors of health care and a strong understanding of community resources and other social determinants of health. It is telling that a person's postal code is often more important than one's genetic code in predicting health status. Primary care through trusted and healing relationships with people over time can start to achieve the required integration and coordination of care that leads to the triple-aim of improved health outcomes, a better health care experience, and lower cost. It is essential to empower and engage people in their care through shared decision-making. An engagement framework of "inform me, engage me, empower me, partner with me, and stay by me" is central to person-centered care.

## ***Call to Action***

We, the participants of the 8<sup>th</sup> Geneva Conference on Person-Centered Primary Health Care collectively endorse the principles of the International Conference of Primary Health Care developed in *Alma-Ata* in 1978, the World Health Report entitled, *Primary Health Care: Now More Than Ever*, published by the World Health Organization in 2008, and the Resolutions on *Primary Health Care Including Health Strengthening* adopted by the 2009 World Health Assembly.

We, the participants of this 8<sup>th</sup> Geneva Conference endorse the goals and ideas in this declaration and call for urgent action from the World Health Organization, all nations, all health focused non-governmental organizations, and others to work collectively towards the creation of person-centered primary health care as the foundation of all health care systems. It is the responsibility of all nations to ensure timely and equitable access to high-quality person-centered primary health care professionals and integrated and collaborative health care teams. These teams are vital to achieve health promotion, disease prevention, acute care management, chronic disease management, and appropriate end-of-life care.

We, the participants of this 8<sup>th</sup> Geneva Conference call for urgent action to help align and integrate systems of care built around person-centered primary health care. This becomes the core foundational element to ensure that all people are seen and helped at the right time, by the right providers, for the right reasons, and in the right locations. This system of person-centered primary health care will consider and respect the person's values, beliefs, desires, and choices. By organizing health care systems around these principles, people, populations, and nations will be healthier.

We, the participants of the 8<sup>th</sup> Geneva Conference on Person-Centered Primary Health Care call for the following ten goals to be endorsed and acted upon by all nations and health ministers/secretaries of the world:

1. Timely access to quality healthcare is a fundamental human right to all people.
2. All health care systems in all nations be designed with the person and people at the center of the health care system.
3. That all health care systems in all nations be built on the foundation of person-centered, community-based primary care as the entry point of first contact and the usual source of people's care.
4. That all people have a relationship of trust with a person-centered primary health care professional, and their team, as that usual source of care.
5. That people are encouraged and empowered to be partners with their primary care professionals and their teams in their community in informed and shared decision making.
6. That people are educated to be engaged and responsible as partners in their own health care and in the design and development of health services so that their voice and view are always heard.
7. That persons' voices be heard and respected around the framework of "inform me, engage me, empower me, partner with me, and stay by me".
8. That nation's medical, nursing, and other health professional schools are held accountable for producing a future health care work force that meet these person-centered primary health care goals in sufficient numbers to ensure that all people have access to this type of person-centered care.
9. That resources and payment be aligned to person-centered primary health care providers and practices that allow them to integrate and coordinate a person's care that will produce the results of improved person-centered care, improved population health, and lower health care costs.
10. That health care leaders and health care policies are produced that support primary healthcare to provide person-centered and community/population-centered healthcare and achieve these goals.

Now is the time to create and set in place the goals of high-quality person-centered primary health care. The International College of Person Centered Medicine (ICPCM) has committed itself to continued collaboration with the WHO, World Medical Association, International Alliance of Patients' Organizations (IAPO), International Council of Nurses, World Organization of Family Doctors (WONCA) and other relevant international organizations and public institutions to promote person-centered primary health care. The ICPCM invites health ministers/secretaries, other professional organizations, educational institutions, non-governmental, governmental and inter-governmental health organizations to join us to collaborate on enhancing person-centered primary health care for all people around the world.