

Montevideo Declaration 2020

Responding to the Pandemic with People-Centered Comprehensive Health Care, Human Rights and Sustainable Development

Resulting from the 8th International Congress, 6th Latin American Conference and 2nd Uruguayan Meeting of Person-Centered Medicine carried out as a virtual event from Montevideo, Uruguay, from December 18 to 20, 2020. Organized by the Latin American Network of Medicine Centered on the Person (RLMCP), the International College of Person-Centered Medicine (ICPCM) and the Representation in Uruguay of the Pan American Health Organization (PAHO / WHO), under the auspices of the Latin American Association of National Academies of Medicine, the Peruvian and Uruguayan Associations of Person-Centered Medicine, and the National University of San Marcos (particularly the Hipólito Unanue Chair of Person-Centered Medicine and the Health Ethics Institute of the San Fernando School of Medicine).

Considering

1. That the global roots of Person Centered Medicine (PCM) go back to the origins of humanity in terms of social care to preserve health and life among Neanderthals. Personalized and holistic notions of health in the oldest Eastern and Western civilizations are also relevant. Among these are the Andean cosmovision with their ethics of good living and their concept of health as a harmonious balance between the internal, social and ecological world. The popular wisdom of such civilizations was articulated in 1946 through the definition of the concept of health by the World Health Organization (WHO) as a state of complete physical, emotional and social well-being, and not merely the absence of disease. This definition was coined by the president of the first World Health Assembly, an early proponent of the person-centered approach. The ethical bases of the PCM are also based on the Kantian formulation of the person always as an end, never as a means, and the contributions of the French Revolution in terms of human rights, later enshrined in the Constitution of the United Nations, thus becoming the legal cornerstone of global health.
2. That the Declaration of Alma-Ata of 1978 articulated Primary Health Care (PHC) as a fundamental health strategy based on comprehensive care for all by all, the aspirations of which were ratified in the Astana Declaration of 2018 to achieve coverage and universal access to health. Consistent with this, the Sustainable Development Goals (SDGs), proclaimed by the United Nations in 2015, formulated its third Goal in terms of positive health and emphasized the interdependence between all the Goals and the requirement of social justice for general well-being.
3. That the paradigmatic role of person-centered medicine and health is delineated by the following definitional approaches: 1. The contextualized person represents the conceptual center of health as well as the actor and objective of health actions; 2. Person-centered medicine involves a medicine of the person (his / her entire health), for the person (aimed at promoting their well-being and flourishing); by the person (the actors of the health actions) and with the person (accompanying and respectfully empowering those who seek health care); and 3. The PCM postulates a medicine informed by scientific evidence and by the values and experiences of the people involved. In this perspective, science is an essential instrument while humanism is the essence of medicine. The elucidated principles of person-centered medicine and health involve the implementation of an ethical commitment, a holistic and intercultural explanatory framework, a relational, communicational and collaborative matrix for health actions, individualized and contextualized care, and people center health systems education, and research.
4. That since 2005 a global programmatic movement towards person centered medicine (PCM) under the auspices of an international college (ICPCM) and in collaboration with institutions such as the World Psychiatric Association (WPA), the World Medical Association (WMA), the World Association of Family Physicians (Wonca), the International Council of Nurses (ICN) and the World Health Organization (WHO) have matured concepts and procedures through successive Geneva

Conferences and International Congresses held annually on various continents. That the incorporation of the concept of person in the reformulation of the foundations and fundamental strategies of health as Persons- Centered Integral Health Care, as it is being promoted by the International College and the Latin American Network of PCM, contributes to the strengthening of the philosophical foundations of health, clarifies its fundamental purpose, consolidates the quality of care and social commitment, and facilitates its implementation, evaluation and follow-up.

5. That one of the most active regional components of the ICPCM has been the Latin American PCM Network, which has held annual conferences since 2015, building innovative conceptualizations towards a person-centered medicine and health, whose most pertinent milestones were the Fourth Latin American Conference of PCM in La Paz (September 2018) on *Person-Centered Primary Care: Popular and Scientific Knowledge, Ecology and Community Participation*; the First Peruvian Meeting on PCM (December 2018), *Towards the Latin American Construction of Integral Health Care Centered in People*, and the Fifth Latin American Conference of PCM in Lima (December 2019), *Persons Centered Integral Health Care and Sustainable Development Goals*”.
6. That the global and Latin American experiences of the current Covid19 pandemic are massively challenging, which have been documented by high level international organizations indicating the enormous impact of the pandemic on individuals, families, communities and the global population, affecting their general and mental health, health services and the dynamics of society, particularly with regard to its most vulnerable components. In the Latin American region, one of the most inequitable in the world, the pandemic has had devastating effects on health and the political, economic, educational, cultural and moral aspects of society. These lessons highlight the need to promote cooperation and solidarity between people and countries; equity in health actions; PHC as the main strategy to access health, and scientific research to support health policies and actions.
7. That the pandemic has stimulated the development of Latin American capacity in research areas by providing solutions tailored to diverse and complex situations, thereby producing a high operational value that would have had even more impact through effective mechanisms of solidarity, collaboration and joint action. At the same time, positive person-centered experiences have been reported that have succeeded in disrupting chains of viral transmission, promoting multidisciplinary research, and understanding the impact of social determinants of health on the origin, course, and impact of the pandemic. It has been argued that the origin of pandemics could be related to the neglect and exploitation of the environment and consequent facilitation of new zoonoses.

We recommend

1. To ratify the validity of the WHO concept of health by articulating the comprehensive notions of health of ancient civilizations and reflecting historical perspectives centered on the person. It is also recommended to add an ecological dimension to the concept of health to account for its growing explanatory and contextualizing role highlighted by the pandemic.
2. To promote the full and in tandem observation of universal health rights and duties.
3. To optimize and add value to the formulation of the foundations and fundamental strategies of health as integral health care centered on persons. This comprehensiveness required by the pandemic implies empowerment towards self-care and inter-care (mutual care) in health, as well as the coordination of the contributions of all relevant social sectors and the leadership of competent governments committed to the good common.
4. To address with due promptness and persistence the multiple determinants of health to promote equity at all levels, paying special attention to the most vulnerable people and communities.

5. To work tirelessly to achieve universal access and health coverage based on the fundamental health conceptualizations mentioned above and the postulates on PHC from Alma Ata and Astana, seeking increasing resilience and quality in health actions. and thus achieving the Sustainable Development Goals (SDG).
6. To endorse determined and persistent efforts for prevention, early detection, treatment and control for the elimination of high-risk communicable diseases, as well as the reduction of chronic non-communicable diseases, also promoting mental health and positive health as transversal and fundamental aspects in all health actions.
7. Accelerate the development of clinical and epidemiological tools to face the pandemic, including timely diagnosis and effective treatment based on the prior establishment of a collaborative matrix, among health professionals, patients, families and communities and the constant surveillance of the levels of quality, equity and social justice. Likewise, public health actions required by the pandemic must be developed and implemented, such as the activation of mechanisms for concurrent universal vaccination with a solidarity, equitable and efficient criterion without any country being left out.
8. To urge the countries to strengthen their preparation, planning, and reduction of gaps to face the different threats to public health and to translate their efforts into concrete and decisive actions and strategies at all levels. In current times of migration and massive displacement, health insurance requires that it be adequately cared for in all countries of the world. This requires a strengthened and renewed cooperative international leadership that articulates and catalyzes efforts for a cohesive global response.
9. To work for the effective transformation of health systems, focusing them on persons and activating their systematic implementation through broad and longitudinal evaluation mechanisms, using indicators such as those of the Pact 30 • 30 • 30 PHC for Universal Health, which advocates increasing public spending on health relative to gross domestic product to at least 6%, allocating at least 30% of these resources to the first level of care, and reducing barriers to access to health by at least 30%.
10. To thank and commit to all the organizing and sponsoring institutions of this event, particularly the Pan American Health Organization (through its representation in Uruguay and its Subregional Program for South America) and the International College of Person-Centered Medicine at its global and Latin American levels, to enthusiastically cooperate in the fulfillment and evaluation of the recommendations set forth.