

PREFACE

On 25-26 October 2018, the World Health Organisation hosted a Global Conference, in Astana, Kazakhstan. This conference, 40 years after the Alma Ata declaration of Health for All, refocused again on the commitment of governments to Primary Health Care (PHC), in order to ensure that everyone, everywhere, is able to enjoy the highest, possible, attainable standard of health.

The Astana Declaration on Health for All has a long list of commitments and goals which can serve as guidance for governments to plan their health policy.

Primary Health Care is described as the cornerstone of a sustainable health system for Universal Health Coverage (UHC) and the health-related Sustainable Development Goals. The WHO and governments are convinced that strengthening PHC is the most inclusive, effective and efficient approach to enhance people's physical and mental health.

According to the Astana Declaration, governments must strengthen their PHC according to the local situation. They will each pursue their paths to achieving UHC such that all people have equitable access to the high quality and effective health care that they need, and ensuring that the use of these services does not expose them to financial hardship.

The challenges are enormous, both at the level of communicable and non-communicable diseases. It is understandable that the Astana Declaration puts strong emphasis on prevention and health promotion without neglecting 'cure and care'.

Another important issue is the shortage and uneven distribution of health workers. Countries have committed themselves to invest in the education, training, recruitment, development, motivation and retention of the PHC workforce, with an appropriate skill mix. Specific mention is made of the retention and availability of the PHC workforce in rural, remote and less developed areas.

Although, to my regret, the declaration does not specifically mention "primary care doctors", or "family doctors", there is no doubt that they play a key role in the health care team, together with community nurses, midwives and other primary care health professionals.

Politicians will have to work on a health policy of strengthening PHC in a system of UHC, which includes decisions on appropriate numbers of primary care health professionals, including primary care doctors. Universities will have to train new health professionals equipped for working in primary care in collaboration with the other members of the primary health care team. Additionally, they will have to provide training opportunities to the doctors already working in a primary care setting.

Equally important as this educational approach is the development of a scientific community. Research will have to consider the needs of patients in the primary care setting, and how to diagnose and treat patients in such a setting.

This issue of the *Review of Primary Care Practice and Education* demonstrates the development of scientific communities which research and report, among other topics, on communicable diseases (such as tuberculosis), non-communicable diseases (such as diabetes), preventive approaches (such as disaster preparedness training) and even on health policy (retention of rural doctors).

Reporting on these topics is important, but does not guarantee the implementation of any recommendations. Therefore, further steps are needed. I suggest you discuss one or two articles, relevant to your setting, in your primary health care team and try to understand the changes you will have to make in the daily routine of your work. Often, that is challenging and time consuming.

We owe it to our patients to provide them with the best available care.

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WHO Astana Declaration 2018

<https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration-sp.pdf>

PREFACE

Dear readers,

The Review of Primary Care Practice and Education (RPCPE) has begun in just one year ago. However, the amount of knowledge we pulled in have resulted from years of researches and education. Further implementation of this knowledge, is not yet sure. Nevertheless, the studies in primary care have to flourish in the most advanced methodologies, although it does not have to use advanced technology. Astana Declaration, 2018 mentioned that the success of primary health care would be driven by, first, is **‘the knowledge and capacity building.’**

Some may view that research in primary care are away behind followers and having difficulties of putting theories into practice, primarily when the study is limited to only the local community served. However, well-known research like Green et al., 2001, a cohort study to a local community in rural North American, based on 1964’s and early 20th-century’s studies, has been cited for many of other publications because of its phenomenal report. This study was about the percentage of people in a small, local community, who went to the primary, secondary and tertiary health care facilities. It was found similar across years that most people go to primary care than to the hospital or the most advanced hospital. This study was one of the bases of the global universal coverage reform towards the high quality of primary care services and education.

We realize that studies in the early years presented in this RPCPE may not be the prominent ones. But the endeavor to improve the capacity of primary care practitioners and faculties to be involved in the evidence-based medicine for the better patient-centered care services has just started, in the far east part of the world. We nurture ‘curiosity,’ ‘reflective thinking,’ and ‘openness,’ of the primary care practitioners to continuously learn.

“The best doctor is the one who keeps on learning.”

Mora Claramita

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