



Primary health care is not just a service delivery platform

Authors' reply

We are grateful to Luke Allen for highlighting the importance of definitions and challenging our Commission's¹ choice to operationalise the definition of primary health care (PHC) as a service delivery platform. This is an issue that we revisited continuously during our deliberations as we were committed from the outset to the encompassing, and purposively political, vision of Alma Ata and Astana as health for all.

The choice to focus on a platform approach was driven by the Commission's focus on financing PHC. To increase resources for PHC we needed to interrogate the practice of government budgeting, as that is the way that public funds are secured for PHC and how they flow through the health system. This inevitably meant a greater focus on the primary care, essential public-health functions, and community-health platform elements of WHO's operational framework. But even here we were limited by the evidence available on financing of essential public-health functions (which consists primarily of conceptual frameworks for financing common goods for health),² and on financing community-health systems (for which the evidence focuses mostly on the dependence of community platforms on donor funding,³ and on how community health workers are paid).⁴

Multisectoral action has remained the weakness of PHC, and of the Sustainable Development Goals more generally. This might be precisely because of the difficulty of securing budgets when working across sectors. Authors have identified theoretical mechanisms for cofunding where programmes have multisectoral benefits,⁵ but these have not been implemented in practice.

As wider work on social determinants of health has shown,

working across sectoral boundaries is challenging. Securing budgets for this work is even more difficult. Focusing on the technical and political levers to spend more and spend better on the PHC platforms that serve populations seemed to us a pragmatic way forward.

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