**Preamble**

We, the APEC economies, recognize that the implementation of Primary Health Care (PHC) has been inadequate and uneven across the world due to a multitude of factors such as insufficient investments, lack of political will, and poor programmatic prioritization. Forty years after the Declaration of Alma-Ata, the global community is yet to achieve the ultimate aspiration of *Health for All*. To achieve this, various goals and challenges must be addressed as relevant to each of our economies, including health promotion and protection, quality care organized around people’s needs, cost-efficiencies and innovation, and avoiding technical and service fragmentation, excessive specialization of medical services and overly medicalized models of health care. Health systems must be reorganized around people’s needs and away from the overly biomedical model of health care delivery and commercialization of health.

In the APEC Region, the need for people-centered PHC cannot be overemphasized. Achieving *Health for All* is dependent upon the concerted efforts of the whole society to address various determinants of health through an inter-sectoral approach. PHC is recognized to be the key to provide better health to individuals, communities and populations, and to improve coverage, health, cost-effectiveness and overall utilization experience of end-users of health care services.

**Commitments**

We, the APEC economies, express renewal of our commitment to the values and principles of the Declaration of Alma-Ata with a view of health as an act of solidarity, a product of inter-sectoral action, and that is based on respect for the right to the enjoyment of the highest attainable standard of health. We reaffirm our commitment to accelerate progress toward strengthened PHC and health systems, and to work together towards a shared vision of equal access to health and attainment of the highest standard of health and health security in the region.

Acknowledging that health is a prerequisite to development, peace and security in the APEC Region and beyond, we reiterate our individual and collective pursuit of Universal Health Coverage (UHC) and the 2030 Agenda for Sustainable Development, with PHC at the core. PHC-based UHC is critical to achieving other equally important social development goals such as poverty reduction, improved nutrition, better education, healthy and safe communities, gender equality and empowerment, and economic growth.

**Call to action**

We, the APEC economies, commit ourselves to providing context-appropriate, culturally-acceptable comprehensive and accessible care for all people, including people with a disability, indigenous people, and to making PHC a top political priority in the region. As commonly the first point of contact of individuals, families and communities with the health care system, PHC should serve as the foundation of integrated service delivery that allows for coordination with other service levels and sectors of the society.

We, the APEC economies, intend to pursue the following priority actions:

1. Commit to political leadership that prioritizes PHC; promotion and protection of health and well-being of people; development and implementation of policies, strategies and action plans to strengthen and sustain PHC; and, research and evaluation of PHC to promote scale up of effective strategies;
2. Work to mobilize domestic financing and manage available resources to promote sustainable, adequate and efficient financial and technical investments in health and PHC, such as through design and delivery of essential health packages; establishment of functional and mutually supportive referral systems; engagement of private sector for collaboration and sound regulation; and, promoting access to and rational use of safe, quality-assured medicines and technology;
3. Institutionalize actions related to health workforce training, recruitment and retention to address gaps in equitable distribution, competency, quality, motivation, productivity and performance of the health and social workforce, especially in rural and under-served areas, for the strengthening of health system performance and resilience;
4. Encourage the development and use of new models of care that integrate innovative but appropriate technologies to address gaps in present-day health care delivery, including health information systems and infrastructure that can provide coordination and continuity of care, continuous quality improvement, transparency and accountability;
5. Urge people, including civil society, to use and advocate for high-quality PHC; participate in the governance of health sector, including in the design and operationalization of health systems and healthcare; and, promote self-reliance among community and individuals; and,
6. Partner with the international community, including WHO and UNICEF as well as other international agencies, bilateral and multilateral funding agencies and development partners, to realign priorities, financial support and technical resources around policies, plans and strategies towards achieving UHC and people-centred health systems and on PHC based on economies context.

**Call upon**

We invite the World Health Organization and UNICEF to coordinate and act immediately on this renewal of commitment in coordination with the leaders and all relevant sectors of APEC economies, UN agencies, other development partners, civil society, and the private sector.

**Way forward**

The APEC Health Working Group will present this renewal of commitment to the Global Conference on Primary Health Care which will be held in Astana, Kazakhstan in October 2018 in commemoration of the 40th year of the Alma Ata Declaration. The progress of PHC in APEC member economies shall be reviewed during the regular meetings of the APEC Health Working Group from hereon.