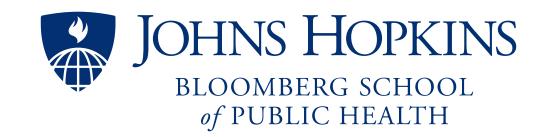
Closing comments: Food and Primary Health Care

Peter Winch

CORE Group Concurrent Session: Building Resilient Food Systems in an Age of Climate Change June 5, 2018



Alma Ata Declaration on Primary Health Care 40th Anniversary: 1978 to 2018

 [Primary Health Care] is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process

Primary Health Care in 1978

	Primary Health Care at time of Alma Ata Declaration	Primary Health Care in 2018: Addressing Planetary Health and the Nutrition Transition
Focus	Poor and marginalized	
Goals for human health & well-being	Poor : Improve health and nutrition, better livelihoods Health for All by Year 2000 Millennium Development Goals	
Goals for food and nutrition	Reduce malnutrition especially in young children, reduce stunting	
Goals for ecosystems	Secondary focus	
Goals for health systems	Decentralization, community-level decision-making & implementation	

CORE Group contributions to development								
		of P	rimar	y Health	1 Ca	re		
IYCF	Comm	unity	Case	-		Maternal		
	Management			KPC surv & LQAS	eys	Nutrition		
Community Health Workers				0. – 4. 10	Parti	nership-		
		ers Social Accour		tability	Defi	Defined Quality		
Care Groups		Positive Deviance		ance	Health Systems Strengthening			
Bar	rier		/ Hearth					
Ana	alysis		nmunity		And others			
mHealth		Committees						

New challenges for Primary Health Care

- Food insecurity / maldistribution of food + food waste
- Nutrition Transition: Obesity, inactivity, Diabetes
- Environmental degradation
 - Soil
 - Water
 - Biodiversity
- Climate change and displacement
- Energy insecurity, energy poverty

Update to PHC on its 40th Anniversary

	Primary Health Care at time of Alma Ata Declaration	Primary Health Care in 2018: Addressing Planetary Health and the Nutrition Transition		
Focus	Poor & marginalized, mostly rural	Poor and marginalized, rural & urban, + rich \rightarrow Global		
Goals for human health & well-being	Poor: Improve health and nutrition, better livelihoods Health for All by Year 2000 Millennium Development Goals	 Poor: Improve health and nutrition, reduce stunting + adaptation to climate change Rich: Decrease consumption, decrease GHG emissions Sustainable Development Goals 		
Goals for food and nutrition	Reduce malnutrition especially in young children, reduce stunting	 Reduce under & overnutrition, reduce stunting Mitigation: Reduce environmental impacts of diets & food production, reduce food waste, plant-based diets Adaptation: Climate-smart agriculture, resilience 		
Goals for ecosystems	Secondary focus	Major focus: Maintain ecosystems & biodiversity; reduce contamination of air, water; limit plastics		
Goals for health systems	Decentralization, community-level decision-making & implementation	Decentralization, community-level decision-making Localization* → Move production of health and health inputs to more local scales where possible		

* See Dalglish et al. Globalization and Health 2013 9:56 https://globalizationandhealth.biomedcentral.com/articles/10.1186/1744-8603-9-56