

# 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



JOHNS HOPKINS

BLOOMBERG SCHOOL  
*of* PUBLIC HEALTH

# Alma Ata Declaration on Primary Health Care

## 40<sup>th</sup> 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
<b>Focus</b>	Poor and marginalized	
<b>Goals for human health &amp; well-being</b>	<b>Poor:</b> Improve health and nutrition, better livelihoods <b>Health for All by Year 2000</b> <b>Millennium Development Goals</b>	
<b>Goals for food and nutrition</b>	Reduce malnutrition especially in young children, reduce stunting	
<b>Goals for ecosystems</b>	Secondary focus	
<b>Goals for health systems</b>	Decentralization, community-level decision-making & implementation	

# CORE Group contributions to development of Primary Health Care

IYCF

Community Case Management

KPC surveys & LQAS

Maternal Nutrition

Community Health Workers

Social Accountability

Partnership-Defined Quality

Care Groups

Positive Deviance / Hearth

Health Systems Strengthening

Barrier Analysis

Community Health Committees

And others...

mHealth

# 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 40<sup>th</sup> Anniversary

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