

The need for global primary care development indicators

Negotiations about how to measure attainment of the proposed health targets of the Sustainable Development Goals seem a complex and politically fraught process. It is important that there are adequate indicators to measure health-system strengthening to achieve the proposed Sustainable Development Goal 3: "ensure healthy lives and promote well-being for all at all ages".

The Millennium Development Goals stimulated admirable improvements in health in many countries. However, these goals have recognised shortcomings, particularly related to fragmentation of health systems and health inequities. Although condition-specific measures of health outcomes are important indicators, the risk of focusing on these measures is that policy makers and funders pursue vertically oriented approaches to health care when resources are scarce and stakeholders' specific interests prevail. Measures of health-system strengthening, including structure and process measures, should form a core part of the post-2015 development agenda.

There is strong evidence and broad agreement that primary care is central to health-system strengthening.¹ If appropriately planned and delivered, it is person-centred with a population-based approach. Primary care, including multidisciplinary team-based models of family practice, can serve as the regular entry point into health-care systems and meet most health-care needs, including disease prevention and health promotion. Primary care helps to establish and maintain healthy populations in equitable and efficient ways, and is essential to achieve universal health coverage.

To strengthen primary care, clear and explicit indicators that monitor progress are needed, which measure the distinctive dimensions that make this

type of care effective. These dimensions include comprehensiveness, co-ordination, and continuity of care. Indicators must measure safety and quality of primary care, as well as integration with the rest of the health system and workforce development. Although challenging, examples of internationally validated methods exist, such as the Primary Care Assessment Tools.² With a commitment to the collection of relevant data, indicators transferable to varying country contexts and stages of primary care development can be implemented. Crucially, to achieve greater investment in this area than that at present, measures of primary care expenditure as a proportion of total health expenditure are needed.

Health systems founded on strong primary care are essential to achieve the Sustainable Development Goals. We call on the UN and all other stakeholders to show an unambiguous commitment to the measurement and development of high-quality, comprehensive primary care. We must aim for this commitment in all countries, irrespective of level of income, and cannot afford to wait another 15 years to do so.

We declare no competing interests.

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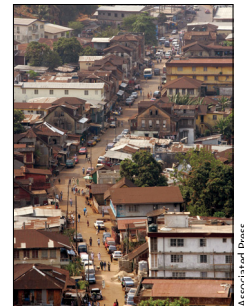
- 1 WHO. The World Health Report 2008: primary health care (now more than ever). Geneva: World Health Organization, 2008.
- 2 Johns Hopkins Primary Care Policy Centre. Primary care assessment tools. 2015. www.jhsph.edu/research/centers-and-institutes/johns-hopkins-primary-care-policy-center/pca_tools.html (accessed May 2, 2015).

Health security and political and economic determinants of Ebola

A crucial omission from the wider lessons from the Ebola epidemic by David Heymann and colleagues (May 9, p 1884)¹ are the economic and political barriers to individual and collective health security encountered by poor nations.²⁻⁵ Although some sections discussed worldwide determinants of health inequities, these elements were not applied to the Ebola epidemic.

Among these factors are activities of powerful transnational economic forces that can constrain national revenue raising and delivery of services essential for protection of health.²⁻⁵ In Sierra Leone, for example, structural adjustments imposed by the International Monetary Fund, to decrease fiscal deficits and cut government spending since the 1990s, reduced civil service wages. As a result, by 2004, the country spent about 1.2% GDP less on civil service wages than did the average sub-Saharan African country.⁴ The country also loses about US\$244 million in annual revenue through tax waivers for transnational corporations and organisations that it cannot afford.⁵

The call for global action by Heymann and colleagues¹ is timely. The response has to address the global political and economic determinants of health that cannot be addressed in isolation through technical solutions, the health sector, or national governments alone, but need global-level solutions.^{2,3} The wider lessons from the Ebola epidemic emphasise the urgency to reach consensus on transformative initiatives with the potential to mitigate risks of another emergency similar to that of Ebola. Existing initiatives include the Multi-Stakeholder Platform on Governance for Health² to promote health security through a cross-sectoral forum for state and non-state members, and the



Associated Press

For full list of signatories see online appendix

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