

79th World Health Assembly

Constituency Statement – Agenda item 12.5: Primary Health Care

This statement is delivered by IAPO, the International Alliance of Patients' Organizations on behalf of:

1. International Society for Biomedical Research on Alcoholism (ISBRA)
2. WaterAid International
3. Anesvad Foundation
4. Global Network of People Living with HIV (GNP+)
5. World Heart Federation
6. Worldwide Hospice Palliative Care Alliance
7. The Task Force for Global Health
8. International Association for Hospice and Palliative Care
9. World Federation of Hemophilia
10. World Federation of Societies of Anaesthesiologists
11. International Association of Communication Sciences and Disorders
12. Health Action International (HAI)
13. World Obesity Federation
14. International Diabetes Federation
15. Women in Global Health (WGH)
16. Global Health Partnerships (formerly THET)
17. Global Healthcare Information Network CIC/HIFA.org
18. Multiple Sclerosis International Federation
19. Sightsavers
20. World Federation of Chiropractic
21. International Society for Telemedicine and eHealth

Honourable chair,
Distinguished delegates,

We speak on behalf of patients, people with lived experience and health communities worldwide. We welcome the Director-General's report on primary healthcare as the foundation for universal health coverage.

PHC is where most people meet the health system, or fail to – particularly for caregivers and persons living with HIV, NTDs, NCDs, mental health conditions, rare diseases, bleeding disorders or multimorbidity. PHC is not an abstract reform: it determines whether we are diagnosed early, treated with dignity in a clean, safe environment, and supported across the life course, including access to acute and palliative care.

We highlight three priorities as the 2027 High-Level Meeting on UHC approaches:

First, meaningful engagement. The report stresses empowered people and communities. Yet our constituencies remain inconsistently included in PHC design, financing, implementation and governance. Social participation must move from principle to practice.

Second, person-centred integration. Fragmented vertical programmes still shape care pathways. Person-, not disease-centred integration is essential, including for HIV, NTDs, NCDs, circulatory health, comorbidities and acute conditions.

Third, accountability with people-centred indicators. Coverage metrics alone do not capture quality, safety, equity or experience of care. Monitoring frameworks must include functional measures co-developed with those they are meant to serve.

We stand ready to work with WHO and Member States to translate the promise of PHC into tangible action for patients, people with lived experience and communities.

Word count: 223 words