



2014 Geneva Declaration on Person- and People-centered Integrated Health Care for All

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Preamble

We, participants in the 7th Geneva Conference on Person-centered Medicine, call on everyone to join together to promote person-centered and people-centered health care in order to improve health for all in ways that are equitable, sustainable, and cost-effective. Equity and integration in person-centered health care are crucial foundations for targeting opportunities for effective action.

The International College of Person-Centered Medicine (ICPCM) adheres to the new perspectives on universal health care endorsed by the World Health Assembly since 2009 and reads with interest the 2013 Lancet Commission Report on “Global Health 2035: World converging within a generation”, both of which outline objectives, research, and strategies for developing Person- and People-centered Integrated Care (PPCIC) for all people.

Global Health Equity is Imperative

There is growing consensus on the need and opportunity to reduce the gap between the health and well-being of people in high-income countries and those in lower-income countries. Inequity in health and health services within and between countries is a crucial barrier to well-being around the world. Although global health equity is an ethical imperative independent of its economic implications, the increased economic productivity and social value that occur as a result of improved health in low-income countries makes the achievement of equity feasible as a result of increased self-sufficiency of people and of the synergies that emerge from global cooperation.

Effective global health care policy must be guided by the recognition of the intrinsic dignity of all persons, who deserve respect and support in their efforts to realize their own health, happiness, and capabilities. Consequently, individual well-being cannot be divorced from collective well-being. Person-centered care necessarily involves a commitment to the promotion of health for all people. Mutual respect empowers people so that they have both the rights and the opportunities needed to flourish in a state of physical, mental, and social well-being.

Person-centered health focuses on the needs, values and perspectives of the whole person in their life context and course, rather than exclusively on their status as a patient, their medical condition or disease. People-centered health care emphasizes that persons live together with other people organized in families, communities and populations dispersed around the world. The perspectives of person-centered and people-centered care are universal, equitable, and integrative.

Health Care for All must be integrated to be effective

Universal health and well-being require integration of health care planning and delivery that exist at several levels. Such integrated health care must be fully people- and person-centered in order to function in accord with the basic principle of intrinsic human dignity and related values of equity and justice, consistent with our previous declarations, and with the conventions approved by the UN. More specifically, PPCIC operates at six major levels that are intertwined within a complex global system:

First, PPCIC integrates the relations between the people seeking and delivering care, so that it is health care

- of the person (i.e., addressing the whole person’s physical, mental, social, and spiritual needs, including strengths and vulnerabilities, while caring for illness and promoting positive health);
- by the person (i.e., engaging in joint decision making with care-givers, who in turn extend themselves as full human beings);
- for the person (i.e., empowering people to fulfill aspirations for their own health and personal life projects); and
- with the person (i.e., expressing mutually respectful and assertive relationships in which there is co-active communication and joint understanding).

Second, PPCIC is planned and delivered within the social network of each person, i.e., family, community, society, and both local and global networks that contribute to health and illness. PPCIC recognizes that the health of people depends on inseparable relations with other people with diverse goals, traditions, and values. Hence people have the right to be engaged in decisions about their own health, but in ways that consider their impact on others with whom they interact and on the environment that we share with one another.

Third, PPCIC ensures coordination of health care over the trajectory of each person’s life. This coordination includes primary care, education, and prevention, and aims to promote health and to reduce the burden of disease on people within communities. Initiatives directed to promote health and to prevent disease by improving living conditions in communities are often the most cost-effective ways to promote population health, rather than waiting to treat disease with expensive technologies and medical expertise. PPCIC follows the recommendations enumerated at the Alma Ata Declaration in 1978 and the new perspectives on primary health care introduced by the WHO World Health Assembly since 2009.

Fourth, PPCIC promotes vertical integration within the healthcare sector by planning and coordinating care among primary care-givers and specialists, aiming to reduce and prevent unnecessary interventions and to improve the provision and continuity of care.

Fifth, PPCIC emphasizes horizontal integration of health care delivery across multiple sectors of society within communities, regions, states, and countries by coordinated planning for community-based delivery of services. The many sectors of society relevant to health include education, social care, employment, housing, transportation, justice, finance, and ecological management. Coordination and cooperation among all sectors of society are crucial for successful promotion of the health and well-being of citizens across their lifespan.

Sixth, for integration to succeed across all these levels, it must also become normative throughout society: That is, PPCIC also needs to foster common values and a shared vision of the future. The vision needs collective commitments from key stakeholders in all sectors and levels of society to nurture the development of well-being for all people.

The interrelation of these levels for understanding and managing individual, local, and global health care can be more effectively managed when it is recognized that health care organizations are complex adaptive systems. Integrated care only has real meaning and health benefits when care is well-coordinated around people’s needs.

Integration of perspectives and services is crucial for all aspects of well-being, whether they are economic, physical, mental, social, intellectual, or spiritual. Ecological, economic, social, and health systems are all highly intertwined with one another as complex adaptive systems. Accordingly, international institutions concerned with economic and ecological well-being, such as the World Bank Group, can productively work with those concerned with physical, mental, and social well-being, such as the World Health Organization, and vice versa. No one aspect of well-being can be sustainably developed in isolation from other aspects.

Good intentions are not enough – Your actions create change

To promote policies and practices that will ensure PPCIC for all people, we invite others to join with us in the following actions:

- o Awareness:
We will work to increase awareness that effective health care for all must be person-centered, people-centered, and integrated as well as evidence-informed.

- Alliance building:
We will work to promote the integration of the perspectives of patient, family and clinicians towards the establishment of a “common ground” on which diagnosis and treatment planning may be based through both joint understanding and shared decision making. The common ground of integrated care is the consistent focus on the needs of people for their well-being.
- Intersectoral and Interdisciplinary Collaboration:
We shall encourage collaboration to develop and promote PPCIC worldwide. Involved organizations will include those from education, social welfare, economics and others not explicitly concerned with health and health care. All sectors of society have a stake in universal health.
- Health Promotion:
We will identify, develop, and promote targets for action to help people change their lifestyle in ways that move them toward optimal health and well-being. These targets will be specific, measurable, and attainable, with culturally appropriate goals, programs, and interventions designed to promote health for all people.
- Research:
We will encourage innovation and the evaluation of effectiveness, efficiency, accessibility, and practicality of PPCIC at all levels of health policy, service delivery, and practice.
- Quality Assurance:
We will initiate and strengthen commitments to promote, monitor, research, and disseminate information about successful programs of PPCIC.
- Education and Training
We will initiate training and education for all stakeholders in PPCIC, including both care-givers and care-receivers. Professional schools and a variety of organizations can assist in educational efforts to facilitate PPCIC.
- Knowledge Exchange:
We will promote PPCIC by collaborating with one another to improve current knowledge and to promote PPCIC through scientific and societal events, media, and publications.
- Funding:
We will encourage policy makers to increase funding for PPCIC, and while evaluating its effectiveness and dissemination, we will emphasize that PPCIC should be funded at least as well as other care approaches such as hospital-based care, care managed by insurers or employers, or “personalized medicine” (understood as individualized genomic medicine, not medicine of the whole person).
- Policy:
We will encourage the international community to promote PPCIC policies around the world, and enhance their implementation at the macro-level in low-, middle-, and high-income countries, as well as in health care training, research, and practice.

The ICPCM has committed itself to continued collaboration with the World Health Organization, World Medical Association, International Alliance of Patients’ Organizations, the International Foundation for Integrated Care, and other relevant international organizations and public institutions to promote PPCIC. The ICPCM invites other professional organizations, educational institutions, non-governmental, governmental and inter-governmental organizations to join us to collaborate on enhancing person- and people-centered integrated health care for all around the world.