



## QUITO DECLARATION

Quito - Ecuador April 11-12, 2014

### "UNIVERSAL COVERAGE, FAMILY MEDICINE AND SOCIAL PARTICIPATION"

The **V SUMMIT of FAMILY MEDICINE in IBEROAMERICA** region took place in Quito Ecuador, April 11-12, 2014, with the slogan:

" Universal Coverage, Family Medicine and Social Participation."

This event, organized by the Ministry of Public Health of Ecuador, the World Organization of Family Doctors ( WONCA ), the Latin American Confederation of Family Medicine ( CIFM ), the Ecuadorian Society of Family Medicine ( SEMF ), the Municipality of the Metropolitan District of Quito ( DMQ ) and the Pan American health Organization / World health Organization ( PAHO / WHO ) aimed to help strengthen health policies in the fields of Primary Care and Family Medicine in Ibero America.

Representatives of the Ministries of Health in Ibero America, WONCA , Wonca Iberoamericana – CIMF, SEMF, representatives of municipal health departments of Ecuador and other Latin American countries , coordinators and teachers of Family Medicine programs , delegates of civil society and representatives of PAHO / WHO , analyzed the issues detailed below:

1. Universal coverage and Family Medicine
2. Participation and social communication for Family and Community Medicine and Primary Health Care
3. The training of Family Medicine physicians in Ibero America
4. Certification and professional accreditation.
5. Production and dissemination of knowledge in Family and Community medicine in Ibero America

Representatives of the convening organizations with specialization in above mentioned areas, met in working groups together with institutions supporting this Summit. As a result of the analysis performed by the working groups, the following definitions and recommendations were generated:

#### DEFINITIONS

#### UNIVERSAL COVERAGE



Universal Coverage is the guarantee of the right to health for everyone, provided by a comprehensive, integrated government-based, publicly funded system, which allows access to equitable, egalitarian, timely, high quality and, comprehensive services that are based on the principles of solidarity and social participation. Universal Coverage uses primary healthcare as the core, with Family and Community Physicians and Community health teams, ensuring first contact and continuous care, that is person- centered and within the context of their family and community, and in accordance with the health needs that arise in the course of their lives.

## FAMILY AND COMMUNITY MEDICINE

Family and Community Medicine is an essential specialty that ensures the sustainability of health systems. It provides person-centered care in the family and community context and offers care that is continuous, regardless of age, sex, socioeconomic status and health, integrating in the process of healthcare the physical, psychological, social, cultural and existential factors contributing to the health-disease processes.

The Family Physician has a professional and social responsibility to his/her community. Family physicians deliver health promotion, prevention of disease and the provision of clinical care, as well as rehabilitation and palliative care, Family doctors deliver care that it is congruent to people's health needs , and respectful of cultural diversity and optimizing the resources available in the community. Family physicians must be responsible for developing and maintaining their skills, personal balance and values as a basis for the provision of safe and effective care. Family and Community Medicine is a key tool for the development and maintenance of the health of the people.

## RECOMMENDATIONS

1. Recognize the concept of universal coverage so that it transcends the technical aspects of healthcare financing and incorporates the principles of equity, equality and solidarity, the right to health and the responsibility of governments to establish this right.
2. Generate policies and promote the necessary changes for Ibero American health systems to achieve universal coverage
3. Recognize the specialty of Family and Community Medicine as part of the Primary Care Team in order to achieve universal coverage and population's access to comprehensive, integrated and effective health services.
4. Position the Family Medicine specialty as a key member of healthcare systems that will implement primary care in the Ibero American countries
5. Recognize that progress measure indicators towards Universal Coverage should include those related to strengthening the primary care level , incorporating public investment , access to services, the quality of the data , the number of health teams and the number of trained and qualified Family and Community Medicine physicians involved in these teams,



6. To include quality parameters that measure the physical and functional structure of primary health care units in order to facilitate Family and Community physicians to achieve clinical excellence and ability to resolve problems in their response to health care needs
7. Promote health systems in Ibero America in which the proportion of specialists in Family and Community Medicine in relation to total specialists reaches 50%, and promote this value an indicator for achieving Universal Coverage
8. Strengthen citizen participation in health as a right, promoting social participation/action in decision -making and in public health management to improve on the social determinants of health with equity and equality
9. Facilitate inter-sector coordination of groups of Community Agents
10. Promote health education and the exchange of national and international experiences, through mass media, such as radio, television, newspaper, website, Facebook, Twitter and others.
11. Integrate pre-graduate and postgraduate academic participation through social communication.
12. 12. Advocate for the creation of a permanent International Alliance for Social Participation and Communication for Family Medicine.
13. Encourage governments , and managers of health and education to make decisions and develop policies that strengthen a qualified primary healthcare level , in order to counteract the antagonistic interests that in the last 100 years have favored the creation of systems of health that were centered on hospital care and super-specialized medicine.
14. Support the training of human resources in family and community medicine , its quality and continuous training and fair compensation,
15. Recognize that the Certification and Professional Accreditation of Family and Community Medicine allow strengthening of the quality of care over time and encourages professional actualization.
16. Promote research and lifelong learning as key elements to maintain the professional standards of family physicians.
17. Strengthen the Latin American Network for Research in Family Medicine (IBIMEFA) to promote research, researcher training in Family Medicine and dissemination of new knowledge in Family Medicine and Primary Health Care, in interaction with other research networks in Latin America and the world, promoting the issue to international organizations, government agencies, health and education in the countries of the region.
18. Enhance the use of Information Technology and Communication in the processes of research and dissemination in family medicine in the region; through the creation of databases of research information, publications, consultants, authors, editors and researchers in Family Medicine.



19. Encourage the commitment of all those involved in the co- financing for the generation and dissemination of knowledge through research specializing in Family Medicine ; this involves the responsibility of Latin American organizations of Family Medicine to prevent that such research and investigations from being influenced by commercial interests.
20. Urge universities and entities responsible for health training to strengthen teaching and research in primary care and family medicine, both in the undergraduate and graduate levels.
21. Promote Family Medicine Societies of the region to be more involved in the technical and political strengthening of the primary care level and the Family and Community Medicine in their countries, as well as be involved in the processes of qualification, continuous professional development, certification and recertification of its members.
22. Recommend to family physicians along with other team members of primary health care in the countries of the region, to create visible evidence of the importance of family medicine as a first contact and continuity specialty in health systems, to members of civil society.
23. Promote the creation of a Center Observatory of Family Medicine in the region with the participation of Wonca and Wonca Iberoamericana – CIMF to strengthen the identity and the specialty of Family Medicine; aiming for Family Medicine to become an important resource for decision -making by governments, international agencies, academia and the community.

Signed this document, dated April 12, 2014 in Quito, Ecuador:

*Mgs . Carina Vance*

**MINISTER OF PUBLIC HEALTH of  
ECUADOR**

*Dr. Augusto Barrera*

**MAYOR OF THE METROPOLITAN  
DISTRICT OF QUITO**

*Dr. Michael Kidd*

**WONCA PRESIDENT**

*Dr. Manuel Peña*

**PAHO / WHO REPRESENTATIVE  
ECUADOR**

*Dr. Inez Padula*

**PRESIDENT, WONCA  
IBEROAMERICANA CIMF**

**Dr. Edgar León PRESIDENT V SUMMIT  
WONCA IBEROAMERICANA CIMF**