2ND INTERNATIONAL PRIMARY HEALTH CARE CONFERENCE

Arusha International Conference Centre - United Republic of Tanzania - 9–11 September 2026

FROM ALMA-ATA TO ASTANA TO ARUSHA

THE ARUSHA CALL FOR ACTION

FOR PRIMARY HEALTH CARE TRANSFORMATION

A Continental Engagement to Finance, Deliver and Sustain Primary Health Care as the Foundation of Universal Health Coverage and Africa's Health Sovereignty.

ADOPTED IN PLENARY SESSION

Arusha, United Republic of Tanzania 11th September 2026

PREAMBLE

We, the Delegates of the the Second International Primary Health Care Conference,

Gathered in Arusha, United Republic of Tanzania, at the Arusha International Conference Centre, from 9 to 11 September 2026, for the Second International Primary Health Care Conference, under the theme "Towards Universal Health Coverage: Strengthening Sustainable Health Financing, Efficiency and Quality Improvement within Primary Health Care", and under the patronage of Her Excellency Dr Samia Suluhu Hassan, Guest of Honour, President of the United Republic of Tanzania and African Union Champion for Maternal and Child Health, duly represented by the Honourable Dr Mwigulu Lameck Nchemba, Prime Minister of the United Republic of Tanzania;

Recalling the Declaration of Alma-Ata of 1978, which first proclaimed Primary Health Care as the key to attaining health for all, and the Astana Declaration of 2018, which renewed that pledge for the twenty-first century; and affirming that Arusha carries this lineage forward into an African era of health security and sovereignty;

1978	2018	2026
Alma-Ata	Astana	Arusha

Recognizing that Africa's population will rise from 1.4 billion currently to 2.5 billion by 2050, that development assistance for health has contracted by roughly half in four years — from USD 25.8 billion to approximately USD 13 billion — and that average external debt now stands at nearly 66.8 percent of GDP, converging to compress the fiscal space available for health precisely as demand for care is rising fastest;

Alarmed that out-of-pocket payments remain the dominant source of health financing in most AU Member States; that financial hardship from such payments ranges from 12.6 percent to 53.0 percent of the population; and that domestic health expenditure ranges from below one percent to above five percent of gross domestic product, a proof that Universal Health Coverage in Africa will be won or lost at the level of public financing and protection, not aspiration;

Affirming the Africa Health Security and Sovereignty Agenda, endorsed by the Assembly of Heads of State and Government of the African Union in February 2026, and its five pillars — reforming the global health architecture, advancing a continental agenda for pandemic prevention, preparedness and response, securing sustainable domestic and innovative financing, accelerating digital transformation, and building local manufacturing — as the continental framework within which Primary Health Care transformation must be pursued;

Noting that no single imported model of reform will serve every nation, and that each country must chart its own pathway towards the shared destination of Universal Health Coverage;

Welcoming the Lusaka Agenda of 2023 and its call to move from fragmented, disease-specific vertical financing towards integrated, nationally owned health financing;

Building on the endorsement of Her Excellency Dr Samia Suluhu Hassan as African Union Champion for Maternal and Child Health to accelerate the attainment of the Three Zeros for a healthier Africa: zero home deliveries, zero preventable maternal and newborn deaths, and zero unvaccinated children;

Guided by the Africa CDC-led 2026 Continental Report on the Causes and Drivers of Maternal, Newborn and Child Mortality in Africa, which underscores that many maternal and newborn deaths remain preventable and calls for stronger financing, frontline quality and health-system accountability;

Convinced that Primary Health Care (PHC) is the delivery gateway through which every other health and development ambition on this continent must pass, and that health sovereignty is ultimately measured by what a single African family can reliably receive from its health system, on an ordinary day and in a moment of crisis;

Do hereby adopt this Arusha Call for Action for Primary Health Care Transformation, and commit, individually and collectively, to the following actions:

CALL FOR ACTION

With respect, we call upon:

01

Member States Heads of State and Government and African Union Champions to exercise the sustained political leadership without which no PHC strengthening reform can succeed;

02

Ministers in charge of Health, Finance and Planning and other relevant ministries to translate this Call for Action into costed national plans; to increase domestic financing, with dedicated budget lines for Primary Health Care; to ensure the timely release of approved budgets; to advance Universal Health Coverage through stronger public financing, prepayment and pooling mechanisms, including Universal Health Insurance approaches adapted to national contexts; to close referral gaps; and to foster the planning, financing, deployment, retention and protection of the health workforce required to deliver the essential PHC package, including community health workers;

03

The Africa Centres for Disease Control to provide continental and regional leadership and coordination for Primary Health Care transformation, including implementation of the African Pooled Procurement Mechanism, the Local Manufacturing Agenda, the Lusaka Agenda, digital PHC transformation — including the Africa CDC ambition to digitalize 90 percent of PHC facilities by 2035 — and the Three Zeros Agenda under the AU Champion Roadmap; in collaboration with the African Union Commission, and Prevention (Africa CDC), the African Union Development Agency (AUDA-NEPAD), the African Medicine Agenda (AMA), the Regional Economic Communities (RECs) and regional health institutions, including the East, Central and Southern Africa Health Community (ECSA-HC), working with the World Health Organization, UNICEF and other partners,

04 **Multilateral and bilateral health development partners** to align fully with country-led priorities and strengthen country financing systems in the spirit of the Lusaka Agenda, to ensure effective disclosure and traceability of funds, and to invest in durable assets and long-lasting national capacities;

05 **Parliamentarians** to review and endorse the earmarked budget for PHC, to oversee its timely disbursement and effective use for results, to approve relevant laws, and to advocate for additional investment in PHC;

06 **The private sector** to invest in equitable, affordable and accessible PHC by aligning its technologies, products, services, workforce development and financing with national PHC priorities, quality standards and public accountability requirements;

07 **Civil society organizations and professional organizations** to contribute to the generation of evidence that informs policy, practice and planning for quality; to support social accountability; and to advocate for affordable and accessible PHC service delivery and Universal Health Insurance;

08	**Young people**, as leaders, co-designers and accountable partners in people-centred PHC, and not solely as beneficiaries, to participate actively in co-creating innovative digital solutions and in designing, promoting and implementing the PHC agenda, and to contribute to decision-making;
09	**Higher learning and research institutions** to reinforce evidence generation, knowledge translation, the responsible use of artificial intelligence and the development of a competent workforce, among other initiatives that advance equitable, affordable, accessible and people-centred PHC quality service delivery;
10	**Communities** to take part in improving service delivery through community governance committees and established social accountability platforms, and to facilitate culturally grounded community dialogues that promote healthy behaviours and timely care-seeking, including for mental health, non-communicable diseases and nurturing care. Community, religious and traditional leaders are further called upon to promote positive health-seeking behaviours and to sensitize communities accordingly, including on registration in and use of Universal Health Insurance.

Adopted in Arusha, United Republic of Tanzania, this 11th day of September 2026, by the participants in the Second International Primary Health Care Conference

"Primary Health Care transformation is the investment on which Africa's people, productivity, resilience and sovereignty ultimately depend."

ON BEHALF OF THE DELEGATES OF THE SECOND INTERNATIONAL PRIMARY HEALTH CARE CONFERENCE:

Prime Minister's Office – Regional Administration and Local Government, United Republic of Tanzania	Ministers of Health and Finance of participating Member States
Parliamentarians	Africa Centres for Disease Control and Prevention (Africa CDC)
United Nations agencies: WHO, UNICEF and UNFPA	Regional Economic Communities (RECs) and regional bodies (ECSA-HC)
Multilateral and bilateral development partners for health	Professional associations
Media	Private sector institutions
Civil society and community health representatives	

OUR PARTNERS