

The Starfield Summit Toronto 2025 Outcome Statement

Preamble

We, the participants of the Starfield Summit 2025—family physicians, nurses, primary care providers, policymakers, educators, researchers, patient partners, learners, and Primary Health Care (PHC) champions from 23 countries and all 6 WHO regions—convened in Toronto, Ontario, Canada to reaffirm our shared commitment to equitable, people-centered and resilient health systems. In the spirit of Barbara Starfield’s legacy and in anticipation of the 50th anniversary of the WHO Declaration of Alma-Ata, we unite to emphasize the urgent need to strengthen PHC worldwide. With five years remaining to achieve the Sustainable Development Goals, now is the time for bold, coordinated action.

Current context

Around the world, challenges such as fragmented service delivery, unintegrated primary care and essential public health functions, limited political will and action, governance challenges, underinvestment, and disconnected health data systems persist. These realities curtail the social accountability of health systems and leave primary care unable to fulfil its transformative potential, including its contribution to social cohesion.

Aging populations, the burden of chronic and noncommunicable diseases, the persistent toll of maternal and child health challenges, trauma and mental illness, the long-term impacts of COVID-19, health inequities, climate change, conflict, geopolitical instability and defunding place immense pressures on health systems and global cooperation. These realities cannot be surmounted to achieve the Sustainable Development Goals unless health and social systems are re-oriented towards a PHC approach.

Collective Affirmations

We gather with the following understandings:

- **Primary Health Care is the necessary means to achieve Universal Health Coverage:** The three core and inter-related components of PHC—high-quality primary care and essential public health functions as the core of integrated health services, multisectoral policy and action, and empowered individuals, families and communities—remain the global blueprint for resilient equitable, people-centered health systems.
- **The discipline of family medicine is a vital enabler of PHC:** Grounded in the core functions of primary care which include; continuity, comprehensiveness, coordination, person-centeredness and first contact care, family medicine supports the delivery of high-quality, accessible care throughout the life course. Health systems grounded in primary care produce better health outcomes, more equitably, and at lower cost than those that are not. Family medicine is critical to support high-quality primary care services at the community level. Family medicine has the capacity to actively engage people as individual and collective

co-creators of a person-centered health system reflecting community empowerment and stakeholder representation while mitigating the burden of adverse social, structural and ecological determinants of health.

- **High-quality primary care, including family medicine can be enablers of resilience:** Strong primary care and family medicine based on "first contact, comprehensiveness, person-centeredness, continuity and coordination" can enable social cohesion and connectedness, paving the way for resilience.
- **"Local leadership and cross-national learning are intertwined":** The transformation of health systems towards PHC must be led by those embedded in communities; leaders who can inspire multisectoral collaboration, drive systemic change and sustain innovation in a rapidly evolving world. Global learnings and solidarity can fuel these efforts, including the critical link between family medicine and other primary care providers and the voices of patient advocates, as leaders for health.

Call to action

At a time when global multilateral organizations are struggling in the face of resource constraints and unpredictability, grassroots collaboration among primary care leaders must be supported and enhanced. Through pre-existing partnerships grounded in WHO Collaborating Centres, research and education collaborations through universities, philanthropic and government-led initiatives at the national and regional levels and Indigenous networks around the world, progress towards PHC-oriented health systems can be accelerated.

We call on leaders and policymakers in all regions of the world to take bold action to strengthen primary care as the core of health systems, reflecting their commitment to the Primary Health Care principles expressed in the Declaration of Astana and the global vision for universal health coverage, through health system reforms that purposefully:

- Shift resources to enable robust primary care services and recognize the importance of retention of high quality primary care professionals within their national health system settings.
- Shift decision-making to primary care and effectively empower primary care professionals to fulfil their pivotal and expected role.
- Invest in family medicine training to develop the primary care expertise and capacity required to meet people's increasingly complex health needs.
- Develop models of care anchored in interdisciplinary teams able to effectively and efficiently address the majority of common health needs.

To that end, and acknowledging our collective potential, **we call on academic institutions and WHO Collaborating Centres globally** to:

- Enable global collaboration through communities of practice, research partnerships, peer mentorship and an increased representation of low-and middle-income countries among WHO Collaborating Centres, with the express goal of strengthening family medicine and PHC-oriented, person-centred health systems
- Foster ongoing mutual learning and adaptation through reciprocal feedback loops and real-time knowledge sharing
- Anchor research and innovation in the lived realities of practitioners and communities
- Support scaling of successful models and the development of strategies responsive to current and emerging challenges
- Inform the alignment of policy and program efforts in the diverse environments where primary care and PHC require attention

We call on primary care practitioners and teams, including family physicians, members of the public, researchers, learners, and educators everywhere, to:

- Engage in global solidarity, sharing lessons, challenges, and solutions to support the growth of family medicine and primary care as foundational to PHC in all parts of the world
- Participate in collective advocacy for the implementation of PHC principles
- Strengthen partnerships and collaborations across borders, disciplines, and sectors to improve health outcomes in the realm of family medicine and primary care
- Lead implementation of new ideas and evidence-informed models of socially-and ecologically accountable primary care
- Purposefully work with communities, especially those most affected by adverse determinants of health, to drive more responsive and equitable health systems
- Implement learnings into practice, to make progress towards high-quality primary care that achieves the intended benefits.

Committed to collaborative leadership, we call for global, interdisciplinary platforms to enable sustained cross-country exchange, capacity-building and strengthening, and knowledge translation for robust family medicine and high-quality primary care in PHC-oriented health systems. These mechanisms will require investment from national, sub-national and local governments, research funding organizations, philanthropic entities and other partners in order to grow and be sustained.

We pledge to bear witness to the response, outcomes and impact of this call.

Conclusion

Fifty years after Alma-Ata, we reaffirm that health is a fundamental human right. At this inflection point, we must act with urgency and unity to realize the vision of Universal Health Coverage, a vision which requires family medicine and a PHC

approach to health systems. By fostering global collaboration, we can accelerate progress toward the shared learning and courageous leadership the world needs to achieve Health for All.

Endorsed by:

Participants of the Starfield Summit 2025
Toronto, Canada | May 15, 2025

Signature/Endorsement Page

- Add your signature by printing your name and/or Institutional Affiliation
- Some of you may also wish to indicate your support as a "Starfield Participant", without including your name and/or your institutional affiliation.

Name	Institutional Affiliation
Praseedha Janakiram	University of Toronto
Katherine Rouleau	University of Toronto
Danielle Martin	University of Toronto
Innocent Besigye	Makerere University, Uganda
Alan Katz	University of Manitoba
Baraa Alghalyini	Alfaisal University, KSA
Omneya Ezzat Elsherif	Cairo University Hospitals, Egypt
Vanessa Redditt	University of Toronto
Hathaitip Tumviriyakul	Royal College of Family Physicians Thailand
Jose M Valderas	National University of Singapore
Klaus B von Pressentin	University of Cape Town, South Africa
Orawan Tawaytibhongs	Khaoyoi Hospital, Petchaburi, Thailand
Russell Dawe	Memorial University
Tara Kiran	University of Toronto
William CW Wong	The University of Hong Kong

Name	Institutional Affiliation
Hunster Yang	University of Toronto
Hery Nirina Rakoto Ratsimba	University of Antananarivo, Madagascar
Andrew McLellan	University of Toronto
Jennifer Wilson	University of Toronto
Donatus R. Mutasingwa	University of Toronto
Karine Bériault	Université de Sherbrooke
Ellis Owusu-Dabo	Kwame Nkrumah University of Science and Technology, Ghana
Princess Ruhama Acheampong	Kwame Nkrumah University of Science and Technology, Ghana
Kofi Akohene Mensah	Kwame Nkrumah University of Science and Technology, Ghana
Shirley Lee	University of Toronto
Neil Arya	McMaster University, University of Waterloo
Angela Ortigoza Bonilla	University of Toronto
Sydney Pearce	University of Toronto
Kate Stead	University of Toronto
Raman Kumar	Institute of Family Medicine and Primary Care, India
Nicolas Barticevic	Department of Family Medicine, Pontificia Universidad Católica de Chile, Chile
Meseret Zerihun	Addis Ababa University, Ethiopia
Keshini Abeyewardene	University of Toronto
Anis Kazi	Canada
Janie Giard	Université Laval, Québec
Melanie Henry	University of Toronto

Name	Institutional Affiliation
Melissa Graham	University of Toronto
Tricia Thomas	University of Toronto
Tania Whitby-Best	WONCA North America
Carrie Bernard	University of Toronto and College of Family Physicians of Canada
Thiago Trindade	Federal University of Rio Grande do Norte, Brazil
Ali Damji	University of Toronto
Ross Upshur	University of Toronto
Erica Barbazza	Canada
Andrew Bazemore	American Board of Family Medicine, USA
Bilal Negash	University of Toronto
Leila Makhani	University of Toronto
Haleh Doulatyariazar	University of Toronto
Michael Bartucci	University of Toronto
Jack Westfall	DARTNet Institute, USA
David Ponka	Université d'Ottawa University of Ottawa
Rajesh Girdhari	University of Toronto
Jan De Maeseneer	WHO Collaborating Centre for Family Medicine & Ghent University, Belgium
Karen Tu	University of Toronto
Viviana Martinez-Bianchi	University of Toronto
Sr. Monique Bourget	l'Université McGill