From Alma-Ata to the year 2000

Reflections at the midpoint

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Preface

The International Conference on Primary Health Care, held in Alma-Ata, USSR, in 1978, was convened in response to an international sense of despair over the widespread inequities in health and health care that afflicted all nations of the world, developed as well as developing. The conference responded with a call for radical change in both the content and design of health services, so that there would be equity in health services through primary care, thus giving rise to the highly symbolic goal of WHO — Health for All by the Year 2000.

The pronouncement from Alma-Ata had an immediate effect on the global strategies of WHO and has dominated its policies and programmes ever since. There was a somewhat delayed but nevertheless substantial impact on the health policies of the Member nations, other international organizations and nongovernmental organizations. What has been less certain is whether or not there have been improvements in health following these policy changes. What in fact has been the effect of Alma-Ata on the health of the people of the world? Have the pronouncements of Alma-Ata, the strategies of WHO, and the commitments to health for all of the Member States had a significant impact on health? Or has there been more rhetoric than reality, more ceremony than commitment?

This is far more than academic questioning. The health conditions of the poor and deprived, who exist in virtually all countries, and the costs in terms of human suffering and national underdevelopment are so extreme that the question of whether the global public health movement that began in Alma-Ata is viable or not is of the highest international significance.

The year 1988, ten years after Alma-Ata, is roughly half-way to the turn of the century. WHO, UNICEF and other interested parties decided that it was an appropriate time to review what has happened since Alma-Ata and what the prospects appear to be for the year 2000 and beyond. The Government of the Soviet Union agreed to host a return meeting, this time in Riga, capital of the Latvian Republic of the USSR. The meeting at Riga was undertaken as an assessment: "From Alma-Ata to the Year 2000 — a midpoint perspective". That meeting was held in March 1988, and its conclusions were forwarded to the World Health Assembly in May of that year.

The Forty-first World Health Assembly, to which all the Member countries of WHO were invited to send delegates, took place in May 1988 and included several relevant events:

- The document from Riga was received and considered by the Assembly.
- The Assembly celebrated the fortieth anniversary of the World Health Organization.
- A round table debate took place on the tenth anniversary of Alma-Ata, bringing together a distinguished group of people to make their observations on issues that followed from that historic meeting.
- The Technical Discussions held during the World Health Assembly were on the subject of Leadership for Health For All, a question closely related to the principles and the prospects of Alma-Ata.

The outcome of these discussions together with background materials form a substantial documentation of the views of many countries, organizations and individuals, as well as of the staff of WHO, UNICEF and other organizations within the United Nations system.

The purpose of this publication is to bring together the relevant papers, ideas, comments and questions pertaining to Alma-Ata and the problems and prospects associated with it. Efforts have been made to identify key ideas, problems and trends that might help those committed to the spirit of Alma-Ata not only to understand what has been happening but also to look ahead to the prospects for health for all through primary health care.

Many people within and outside WHO assisted the development of this publication. It found its roots in Riga, grew to maturity during the Forty-first World Health Assembly, and developed further in the weeks thereafter. The inspiration and the source of many of the most important ideas described here was, of course, Dr Halfdan Mahler, Director-General of WHO from before Alma-Ata to 1988. Important contributions were made by Dr E. Tarimo, Dr J. D. Martin, Dr D. L. Smith, and other staff of the WHO Headquarters Division of Strengthening of Health Services, including Mrs A. G. Pollinger, Mrs C. Allaman and Mrs C. Riley.

I also wish to express my appreciation to my colleagues from the Aga Khan University, Karachi, who were part of our working group at the World Health Assembly, and contributed in so many ways: Dr Mumtaz Husain, Dr Rafat Hussain, Dr Shireen Noorali, Dr Farid Midhet and Dr Asif Aslam, and our staff in Karachi, Gulshan Rajani and Darvesh Ali.

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The background to Alma-Ata

Alma-Ata is a name that has become synonymous with one of the great public health movements of history — the quest for equity in health, expressed as WHO's goal of Health For All by the Year 2000.

Not all who attended the International Conference on Primary Health Care that took place in Alma-Ata in September 1978 expected that the consequences would be so substantial or, for that matter, so controversial. But the conference was addressing an issue of great importance that had not been adequately dealt with in the past: the widespread inequities in health and health services that formed an appalling record of neglect and deprivation. It was unlikely that serious efforts to deal with such immense problems would be without reaction, negative as well as positive, from the international community of nations, organizations and individuals.

As stated by Sir John Reid, who was Chairman of the Executive Board of WHO at the time, the trail of WHO policy decisions that led to Alma-Ata began in 1974, when the World Health Assembly noted the striking disparities in health and health services between countries, and asked the Director-General to explore possibilities for more effective action. The decisions made in the Executive Board and the World Health Assembly in 1975 called for an international conference on the subject. The USSR agreed to host the conference. Then in 1977, the World Health Assembly specified that the main social target of governments and WHO in the coming decades should be the attainment by all citizens of the world by the year 2000 of a level of health that would permit them to live a socially and economically productive life. That objective was further interpreted by the Executive Board in January 1978 to mean "an acceptable level of health for all", which came to be known as health for all by the year 2000.

The Alma-Ata Conference on Primary Health Care was attended by delegations from 134 Member States and by representatives of 67 United Nations organizations, specialized agencies and nongovernmental organizations. The main documentation for the conference was the joint report by the Director-General of WHO and the Executive Director of UNICEF, entitled "Primary Health Care".

At the opening of the conference, Sir John Reid spoke as Chairman of the Executive Board and reflected on two specific dangers of any international forum. First, global pronouncements can be so general in character that they have little applicability at the level of the region or country. Alternatively, statements can be so specific that they can be applied only in a very limited number of countries or situations. The Alma-Ata Conference avoided both of those dangers and produced the Declaration of Alma-Ata, which is a truly remarkable document, every paragraph and phrase of which merits study.

The Declaration of Alma-Ata set out a challenge to WHO, the Member States and the entire world community.

Address by Dr H. Mahler, Director-General of WHO, to the International Conference on Primary Health Care, Alma-Ata, 6 September 1978

I should like to express my gratitude to the Union of Soviet Socialist Republics for having so generously agreed to host this important Conference. The Soviet Union has been a pioneer, since the first days of its Revolution more than 50 years ago, in placing health in the forefront of social goals and in linking its attainment with social justice and economic development. Its success in gradually building up the comprehensive health system of which it is justly proud was due in no small measure to the emphasis it gave to primary health care and in particular to its preventive aspects. It started with health personnel having lesser technical qualifications and expertise than their successors possess today, and it then ensured the progressive deepening of their scientific knowledge and technical skills.

Many important lessons can be learned from the evolution of primary health care and its place in the comprehensive health system in the Soviet Union, not the least of which is the harnessing of health development to social goals. Social goals vary by country — there is no universal model, as history has so dramatically illustrated — and so must the shape of health development vary by country. The health system too will be a reflection of the political and social system in which it develops and in which it is to operate. Just as there can be no universal political system, there can be no universal health system. Each country has to determine its own health system in the light of its political, social and economic realities. The motto that I have so often used, namely "don't adopt — adapt", should be our guiding principle. National self-reliance is as crucial in defining health systems as it is in defining political systems. It follows that primary health care, which in my opinion is the key to achieving an acceptable level of health throughout the world in the foreseeable future, will take a wide variety of shapes in accordance with each country's political, social and economic system. The crucial principle is that primary health care shall be widely adopted as the cornerstone to health development. Otherwise, the main social target decided upon by governments at the Thirtieth World Health Assembly in May 1977, namely "the attainment by all citizens of the world of a level of health that will permit them to lead a socially and economically productive life", will remain an empty slogan.

What can we hope to gain from this Conference? We obviously cannot cover in depth in a few days the whole range of questions relating to primary health care. What we can do is reach agreement on the main principles of primary health care and on the action that will have to be taken in countries and at an international level to ensure that it is properly understood and that it is systematically introduced or strengthened throughout the world to

become a living reality whose implementation no reactionary forces in the health world will ever be able to stop. We will discuss nationwide planning, but I must add a word of caution. I know of no country that can wait until a comprehensive integrated plan has been worked out in all its details to cover the total population. As long as there is national political determination to ensure that all citizens do enjoy the benefits of primary health care, backed by a broad national master plan to introduce and sustain it, and a sound financial basis, all entry points are valid and have to be exploited to the full wherever they are remotely feasible. Action followed by improvement within the national strategy is better than perfect planning leading to delay in action.

The successful outcome of this Conference will depend on your response to the issues at stake. I should therefore like to ask you a number of questions:

(1) Are you ready to address yourselves seriously to the existing gap between the health "haves" and the health "have nots" and to adopt concrete measures to reduce it?
(2) Are you ready to ensure the proper planning and implementation of primary health care in coordinated efforts with other relevant sectors, in order to promote health as an indispensable contribution to the improvement of the quality of life of every individual, family and community as part of overall socioeconomic development?
(3) Are you ready to make preferential allocations of health resources to the social periphery as an absolute priority?
(4) Are you ready to mobilize and enlighten individuals, families and communities in order to ensure their full identification with primary health care, their participation in its planning and management and their contribution to its application?
(5) Are you ready to introduce the reforms required to ensure the availability of relevant manpower and technology, sufficient to cover the whole country with primary health care within the next two decades at a cost you can afford?
(6) Are you ready to introduce, if necessary, radical changes in the existing health delivery system so that it properly supports primary health care as the overriding health priority?
(7) Are you ready to fight the political and technical battles required to overcome any social and economic obstacles and professional resistance to the universal introduction of primary health care?
(8) Are you ready to make unequivocal political commitments to adopt primary health care and to mobilize international solidarity to attain the objective of health for all by the year 2000?

If you emerge from this Conference inspired to respond in the affirmative to all these questions, then this Conference will have been a success. Firm in my conviction that this Conference will be a success, it only remains for me to pledge WHO's full support for the practical action that will follow.

What might be the nature of this action? I should like to suggest that all governments make an unequivocal political commitment to formulate or review their national policies and plans for primary health care within the next two years as an essential component of their development efforts. I would further suggest

that they ensure that national health budgets are based on these plans, in such a way as to give top priority to primary health care, and to any reshaping required in the rest of the national health system. While most of the funds will come from national sources, such programme budgets will be highly useful for mobilizing bilateral and multilateral support where it is most needed for the development of primary health care in countries, respecting fully national self-reliance.

On the basis of these national plans, and in response to their needs, WHO will be in a position to build up by no later than 1981 regional and global plans of action. These will be crucial for the strategy being developed by WHO's Executive Board for attaining an acceptable level of health for all by the year 2000. This worldwide plan of action with its national and regional variations on the central themes of the interdependence of health and development, a community-based health system and an equitable distribution of health resources leading to universal accessibility to essential health care, will be a unique manifestation of international health solidarity. But it will reach far beyond the confines of the health sector, making itself felt in many other economic and social sectors, and constituting the most important contribution of health to the establishment and maintenance of the New International Economic Order and its conversion into a truly international development order.

Finally, I should like to reassure you that my proposal for a world plan of action for primary health care as a cooperative effort of Member States is derived entirely from WHO's Constitution, which states clearly that the Organization was established for the purpose of cooperation among its Member States. This plan of action will be the epitome of technical cooperation among countries, the less affluent and more affluent working together in true partnership to define and implement a worldwide plan of action for health as part of social and economic development for all in the foreseeable future. I trust I have succeeded in conveying a message of urgency because the health situation in the world demands an urgent response. If this Conference gives rise to urgent action of the type I have outlined, it will be a decisive springboard towards better health and an improved quality of life in all countries, whatever their level of social and economic development.

I wish this Conference the success it deserves.

Declaration of Alma-Ata

The International Conference on Primary Health Care, meeting in Alma-Ata this twelfth day of September in the year Nineteen hundred and seventy-eight, expressing the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world, hereby makes the following Declaration:

I.

The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important worldwide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.

II.

The existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore, of common concern to all countries.

III.

Economic and social development, based on a New International Economic Order, is of basic importance to the fullest attainment of health for all and to the reduction of the gap between the health status of the developing and developed countries. The promotion and protection of the health of the people is essential to sustained economic and social development and contributes to a better quality of life and to world peace.

IV.

The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.

V.

Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures. A main social target of governments, international organizations and the whole world community in the coming decades should

be the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life. Primary health care is the key to attaining this target as part of development in the spirit of social justice.

VI.

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

VII.

Primary health care:

1. reflects and evolves from the economic conditions and sociocultural and political characteristics of the country and its communities and is based on the application of the relevant results of social, biomedical and health services research and public health experience;
2. addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly;
3. includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs;
4. involves, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all those sectors;
5. requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, na-

tional and other available resources; and to this end develops through appropriate education the ability of communities to participate;
6. should be sustained by integrated, functional and mutually-supportive referral systems, leading to the progressive improvement of comprehensive health care for all, and giving priority to those most in need;
7. relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community.

VIII.

All governments should formulate national policies, strategies and plans of action to launch and sustain primary health care as part of a comprehensive national health system and in coordination with other sectors. To this end, it will be necessary to exercise political will, to mobilize the country's resources and to use available external resources rationally.

IX.

All countries should cooperate in a spirit of partnership and service to ensure primary health care for all people since the attainment of health by people in any one country directly concerns and benefits every other country. In this context the joint WHO/UNICEF report on primary health care constitutes a solid basis for the further development and operation of primary health care throughout the world.

X.

An acceptable level of health for all the people of the world by the year 2000 can be attained through a fuller and better use of the world's resources, a considerable part of which is now spent on armaments and military conflicts. A genuine policy of independence, peace, détente and disarmament could and should release additional resources that could well be devoted to peaceful aims and in particular to the acceleration of social and economic development of which primary health care, as an essential part, should be allotted its proper share.

* * *

The International Conference on Primary Health Care calls for urgent and effective national and international action to develop and implement primary health care throughout the world and particularly in

developing countries in a spirit of technical cooperation and in keeping with a New International Economic Order. It urges governments, WHO and UNICEF, and other international organizations, as well as multilateral and bilateral agencies, non-governmental organizations, funding agencies, all health workers and the whole world community to support national and international commitment to primary health care and to channel increased technical and financial support to it, particularly in developing countries. The Conference calls on all the aforementioned to collaborate in introducing, developing and maintaining primary health care in accordance with the spirit and content of this Declaration.