

Reflections on Primary Health Care and the 1978 Declaration of Alma-Ata

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30th Anniversary of the WHO/UNICEF International Conference on Primary Health Care at Alma-Ata

“A foundational event in the modern history of public health”

Alma-Ata Principles

“The people have the right and duty to participate individually and collectively in the planning and implementation of their health care” (Article V).

Alma-Ata Principles (cont.)

“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” (Article VI).

Alma-Ata Principles (cont.)

Primary health care “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, national and other available resources; and to this end develops through appropriate education the ability of communities to participate” (Article VII).

Basis for Reflections

- People's Health Movement Meeting, Cuenca Ecuador (2006)
- My visits to Jamkhed (1997, 2004, 2006, 2007)
- Lancet series on PHC and Alma Ata (Sept. 2008)
- Symposium at the London School Hygiene co-sponsored with The Lancet (Sept. 2008)
- Workshop on CHWs in London (Sept. 2008)
- My visit to BRAC in Bangladesh (Sept. 2008)
- WHO/UNICEF Conference at Almaty (Oct. 2008)

General Overview

- Declaration of Alma-Ata continues to provide inspiration, especially to impoverished populations and those concerned about them
- Primary health care is a complex set of ideas and principles – meaning different things to different people
- Awareness about the effectiveness of community-based primary health care is growing but is still not broadly recognized, but strong interest and rapid growth in the training and utilization of CHWs
- Thinking about major changes for the good and bad since 1978

Declaration of Alma-Ata

- Well-written – like the Koran and the Bible, it continues to provide meaning and inspiration after numerous re-reads
- Principles and values of the Alma-Ata declaration ring true:
 - Health as a fundamental human right
 - PHC as the route to achieve Health for All
 - PHC involves basic preventive, promotive, curative, and rehabilitative care and referral using scientifically validated approaches and appropriate technology at an affordable cost

- Principles and values of the Alma-Ata declaration ring true (cont.):
 - Recognition of health disparities between and within countries as a basis for moral concern and programmatic action (equity)
 - Involvement of the people in the planning, implementation, and evaluation of their own health services

- The terms “fairness” and “social justice” being increasingly used to describe parameters for thinking about health and health systems
- Human resources key for PHC – need great attention and investment
- We need more health systems research and research on PHC
- We need another full-blown International Conference on PHC like the one in 1978 that will be a collaborative process leading to another Alma-Ata Declaration

- We need to promote ownership of health and health care by the people and their communities

- What we need now is not new principles and values, but rather specific steps forward in implementing them. Alma Ata was a meeting point that became a turning point. The spark is still only smoldering. We need to breathe life into it.

– Mirtha Roses Periago, Director-General, PAHO

- “We must not rest until the world is free of every preventable death of mother and child.”
 - Comment from one delegate

PHC

- Primary medical care services, ambulatory care
- The concepts of PHC-AA (strong focus on community participation and equity – assuring universal access, inter-sectoral collaboration often missing)
- Julio Frenk's ideas about PHC
 - “Fusions and confusions”
 - Not primitive or second-class care
 - 1st contact vs 1st level vs 1st causes
 - We need to reinvent PHC for the 21st century and make it clear that PHC is the route to the best health care for all
- Carissa Etienne – “care delivered to a defined population”

Growing Criticisms of Existing Health Systems

- Fragmented, vertical approaches still overemphasized
- Underfunded
- Dysfunctional
- Health work force crisis
- Lack of steady access to supplies, drugs, etc.
- Inequitable financing that excludes the poor
- Lack of accountability
- Expectations of patients/consumers/civil society not being met (“loss of trust, crisis in confidence”)
- Not reaching those who need services the most (lack of equity)
- PHC-AA responds to some of these issues/concerns

Santual Niagia, Ghana (PHM, 2005)

- Long waits
- Providers are arrogant
- Language gaps
- Poor communication

Findings from the Review of the Social Determinants of Health

Application of the principles of PHC-AA in Specific Program Settings

- Jamkhed
- BRAC

Community-based PHC

- Mentioned at recent Alma-Ata conference by Anne Venemann and me, but not otherwise highlighted
- Given a prominent role in the Lancet Series, with focus on community and women's empowerment

CHWs

- India/ASHAs
- BRAC/Shasthya Shebika
- Brazil/CHWs
- Kenya

- “Health is produced in and by the community for the community.”

Eduardo Espinoza, El Salvador

(at PHM, Cuenca, Ecuador, 2005)

What's Really New Since the 1978 Conference at Alma Ata?

- For the worse:
 - HIV/AIDS
 - Growing disparities between countries and within countries
 - Inadequacies of existing health systems more widely acknowledged
- For the better
 - Numbers of under-5 deaths declining
 - Emergence of CBPHC as a powerful tool for saving the lives of children
 - BRAC as an emerging global force for poverty reduction and health improvement
 - Resources for health are now beginning to rapidly increase
 - Growing recognition of the need for a broader-based empowerment, equity, social justice and social determinants of health framework rather than a technical/medical framework
 - Growing need to people as partners rather than considering them as vulnerable and powerless
 - Growing recognition as the household as the lowest and most important level of the health system
 - Growing recognition that ill-health leads to poverty and investments in health are investments in economic development

Conclusions

- Growing need to embrace principles of PHC-AA in order to enhance effectiveness of health programs (especially the achievement of the health-related MDGs) and to create greater satisfaction with health care
- Growing awareness of the great health disparities and the need for stronger PHC programs to address those disparities
- Cutting funding for PHC should not be an option if a global recession occurs (as it did in the 1980s)
- Investing in PHC represents the best value for money for health

- Connecting PHC-AA with MDGs is very powerful – counteracts lack of specificity of the Declaration of Alma-Ata

Proposed Contribution to Alma-Ata Declaration

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- “The rapidly growing evidence of the effectiveness of community-based primary health care interventions and approaches in reducing child mortality in high mortality settings and in controlling specific diseases such as HIV/AIDS, TB and malaria constitutes perhaps the most significant positive development in the field of primary health care since 1978. Community case management of childhood pneumonia, malaria and diarrhea, home-based neonatal care, use of insecticide-treated bednets in malaria-endemic areas, as well as routine systematic visitation of all homes to provide messages for health promotion (e.g., exclusive breast feeding, water, sanitation and hygiene, nutrition) all are among the most cost-effective interventions known for improving health. Women’s support groups, community-level workers, and community empowerment all provide opportunities for communities to play an active role in improving their own health. Community-based identification and treatment of cases of HIV/AIDS, tuberculosis and malaria shows great promise for becoming a primary strategy for the control of these disease. In short, community-based primary health care, in which communities are valued partners and resources for the health system, should become the foundation of health systems in high-mortality, resource-poor settings.”