

# Primary Health Care: Revival of the Alma Ata Declaration

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# Outcomes

- Assess the reasons for the importance of the Alma Ata Declaration of Health for All in shaping global health in the last 3 decades.
- Explain the challenges faced by PHC.
- Explore prospects and strategies for an Alma Ata revival in the next decade.

# History of Primary Health Care (PHC)

- 1977 WHO annual meeting set goal of *Health for all by the year 2000*.
- 1978 International Conference on PHC conference at Alma Ata, Kazakhstan (Sponsored by WHO, UNICEF, including 143 countries, 67 organizations) proclaimed that the way to HFA 2000 was via PHC

# History of Primary Health Care (PHC)

PHC was seen as a strategic process that would include 8 major components:

- Health education
- Environmental sanitation
- Community Health Workers
- MCH programs
- Prevention for endemic problems
- Accessible primary care
- Essential medications
- Nutrition programs

# History of Primary Health Care (PHC)

The aim of the Alma Ata participants:

PHC includes community participation in all aspects of health care planning and implementation and the delivery of health care that is “scientifically sound, technically effective, socially relevant, and acceptable” at a cost the community and country can afford.

# What it did NOT say:

- There are no statements about the need to change individual behaviors to promote health
- The term consumer is not in the document or any related document.
- The declaration does not address environmental or sustainability issues.

# Example

A regional health center trains and supports a system of district clinics which in turn does the same with village health posts where community health workers carry out comprehensive health programs.

# San Geronimo, Nicaragua



- Aurora Cisneros was chosen by her community to become a lay health worker.
- Learned to read, attended an 8 week course in the capital
- Set up a dispensary in her home.
- Cared for FP, MCH, emergencies, immunizations, community projects.



# What happened?

- Within a year some argued that it would be best to start with *selective* PHC and focus on a few cost effective interventions
- This led to UNICEF's GOBI (growth monitoring, oral rehydration, breastfeeding, and immunizations)
- Others felt that approach was contradictory to the very tenets of PHC and dropped PHC of its community engagement, broader social change, and placed it back in the medical framework.

# What happened?

- Selective PHC has been termed “intellectual fascism” (Banerji)
- Selective approaches are imposed from the outside and lead to a silo approach.
- PHC was a victim of the ideological clash between communism and capitalism

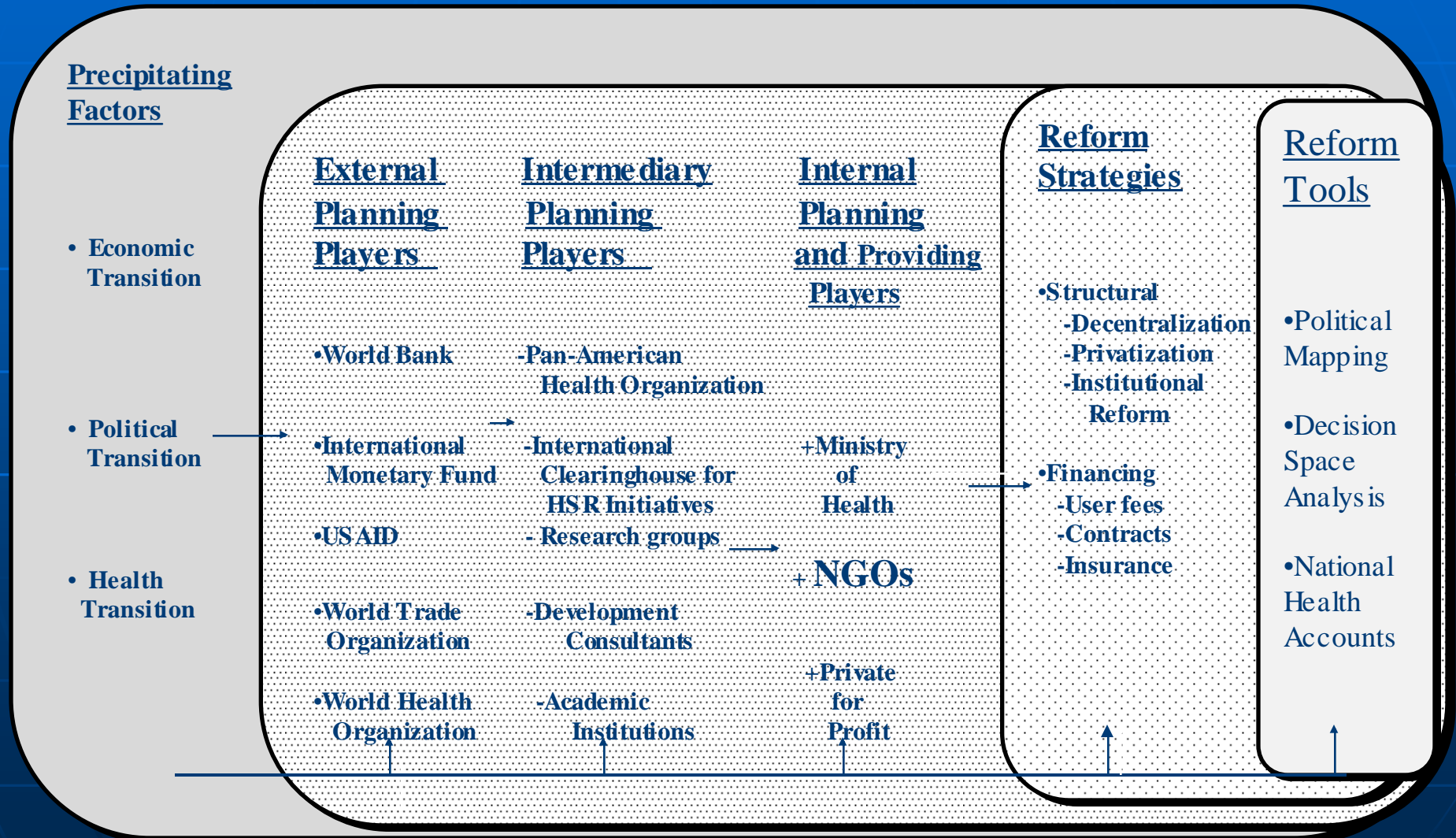
# Shifts in context

- Economic Transition
- Political Transition
- Health Transition

# World Bank takes WHO's place

- 1993 WB development report: *Investing in Health* advocated minimum packages of care and health care reforms.
- 1996 WHO total budget 8 million
- 1996 WB budget for health 13.5 billion

# Shift: Health Sector Reform



# The Millennium Goals of 2000

- Set ambitious international health status targets
- But said little or nothing about delivery

# BUT....there is renewed interest in PHC!

- Progress toward MD goals uneven
- WHO reports a global deficit of 2.4 million MDs, Nurses, Midwives
- Vertical disease specific programs interact adversely with each other and lead to inefficient use of resources.
- Growing research re: the cost effectiveness of community participation and CHW's.

# Where are we now?

- PAHO position paper *Renewing PHC in the Americas* (2007)
- WHO Commission for the Social Determinants of Health *A time for Action* (2007)
- *Reviving the spirit of Alma Ata in the twenty-first century* (*Social Science and Medicine*, 2007)
- Primary Health Care comes of age. Looking forward to the 30<sup>th</sup> anniversary of Alma Ata: Call for papers.* (*The Lancet*, Sept. 15, 2007)
- World Bank. (2007) *Healthy Development, The World Bank Strategy for HNP Results.* (<http://www.worldbank.org/>)



# What is our task? Response?

- Teach PHC in undergraduate and graduate nursing
- Write about PHC projects we know
- Seek Grants for new projects
- Research

# What questions must we answer?

- What is the relevance and meaning of PHC in settings with highly constrained resources?
- How best should scarce resources be prioritized?
- What is the appropriate role of the private sector?

# Reviving the Spirit

