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FIFTY-SIXTH WORLD HEALTH ASSEMBLY
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International Conference on Primary Health Care, Alma-Ata: twenty-fifth anniversary

Report by the Secretariat

INTRODUCTION

1. Primary health care became a core concept for WHO as a result of the Declaration of Alma-Ata (1978), giving rise to WHO's goal of health for all. The commitment to global improvements in health, especially for the most disadvantaged populations, was renewed by the Health Assembly in resolution WHA51.7 (1998), in which Member States affirmed their intent to ensure availability of the essentials of primary health care as defined in the Declaration and set out in the health-for-all policy for the twenty-first century.¹
2. Since the Declaration of Alma-Ata, the health situation at country level has changed considerably. There have been major modifications in the pattern of disease, in demographic profiles, in exposure to major risks and in the socioeconomic environment. There have also been trends towards more integrated models of care and greater pluralism in the financing and organization of health systems. Governments continue to rethink their roles and responsibilities in relation to population health and the organization and delivery of health care, thereby changing the context for framing and implementing health policy.
3. Concepts developed at the International Conference on Primary Health Care (Alma-Ata, 1978) continue to influence key aspects of international health policy, shaped in recent years by fresh ideas. The recommendations of the Commission on Macroeconomics and Health emphasize the importance of investing in health as a means of improving economic development and highlight the need for intersectoral health and community action as a way forward.² Internationally agreed development goals, including those contained in the United Nations Millennium Declaration, Agenda 21 and the plan of implementation of the World Summit on Sustainable Development (Johannesburg, South Africa, 2002) require strengthened health services for all as a crucial step to improving health, especially in the poorest countries.

¹ Document A51/5.

² *Macroeconomics and health: investing in health for economic development*. Geneva, World Health Organization, 2001.

4. In recent years, new policies, strategies, instruments and tools for financing, improving cost effectiveness, and evaluating health care have been developed at national and international levels, many of which can contribute directly to strengthening primary health care.

PRIMARY HEALTH CARE IN THE TWENTY-FIRST CENTURY

5. WHO has conducted a review of the contribution that primary health care can be expected to make to tackling the health issues of the twenty-first century.¹ Findings show that there is genuine commitment, at every level within countries, to the principles of primary health care. Some Member States have expressed this commitment by framing specific policies on primary health care, and assuring implementation through local and national leadership and appropriate resources. Many countries still view primary health care both as a policy cornerstone and a framework for health-care delivery, and they are re-examining this model to adapt it to a range of different health and social issues.

6. Equity in health remains an important goal for health systems and the delivery of health services. *The world health report 2000* argued that the goals of health systems are not only the level of health of the population, and the level of responsiveness of the health system to people's legitimate expectations, but also the equality of that responsiveness across the population and the fairness of financial contributions. These latter elements are reflected in WHO's work to build up country capacity to strengthen the health component of poverty-reduction strategies and to frame and implement pro-poor health policies.

7. Nongovernmental organizations have traditionally played an active part in the delivery of primary health care. There is growing involvement of these organizations in the financing of such care, which is adding a new dimension to the way in which health policies are framed and services are organized and delivered. This represents new challenges to, and opportunities for, the stewardship role that government plays in the health sector.

8. In Member States where the implementation of primary health care is incomplete or is not delivering expected results, shortcomings are attributed to lack of practical guidance on implementation; poor leadership and insufficient political commitment; inadequate resources, and unrealistic expectations placed on this model of care. Failure of primary health care to reach the target population, such as the poor and other disadvantaged groups, also stem from a number of other complex socioeconomic and political factors.

9. In developed and middle-income countries in which most populations have access to health services, primary health care focuses on delivering the right services at the right level. In low-income countries which still face significant challenges, primary health care is often used as an overall strategy both to increase services and improve access to them. A key characteristic of any effective local model of primary health care in the future will be adaptability to rapidly changing circumstances, responsiveness to locally defined needs, and sufficient and stable resources. Evidence to support the framing of primary health care policy at national and local levels will need to be built up through improved evaluation.

¹ A global review of primary health care: emerging messages. Document WHO/MNC/OSD/03.01, in preparation.

REGIONAL SUMMARIES

10. In the **African Region**, most health care reforms have resulted in health policy frameworks that are based on the concept of primary health care, although implementation has taken different forms. In general, multisectoral collaboration has been limited. Financing constraints have also impacted on the level of technical support to peripheral staff and on the development of referral and communication systems. Although output indicators for selected disease-control programmes have improved, the impact on equity, access to care and health status is limited. Efforts are being made in some countries to enhance participation of the rural community and a sense of ownership. Strengthening the district level continues to be a complementary strategy for reinforcing primary health care, thereby improving access of the poor to services.

11. In the past decades, most of the countries in the **Region of the Americas** have embraced the goal of health for all through primary health care. Primary health care, which in some countries preceded the Declaration of Alma-Ata, took the form of a “movement” that led to the advancement of important social policies throughout the Region. Although interpreted and implemented in different ways by different countries, it has contributed to improving access to essential services such as immunization, maternal and child health services, water and basic sanitation. Primary health care also contributed to greater social participation, introduction of new actors such as community health workers, integration of services provided by different sectors, and extension of community outreach.

12. More recently, some countries have undertaken significant reforms, many of them aimed at expanding or improving primary health care. Nonetheless, the Region still faces significant challenges for achieving health for all. Several countries, and some population groups within countries, have not benefited from the progress made by the Region as a whole, and recent political, social and economic crises have reduced the access of many people to health care. Countries that have not yet achieved universal coverage with essential services will require strong political commitment, allocation of sufficient resources, creation of adequate incentives and the prioritizing and targeting of services to the most vulnerable groups.

13. Despite different demographic profiles, and separate economic and social challenges, all Member States of the **South-East Asia Region** have based their national health policies on the primary health care approach. This has improved coverage and access of the population to health care, hence the health status of the population in general, and has played a role in overall community development.

14. Devolution of sources of financing and outsourcing of health-service management, concentration of limited resources on critical areas such as maternal health, family planning, immunization, chronic diseases, and control of endemic diseases, and new partnerships for financing of primary health care between communities, the private sector and donor agencies have provided policy-makers, strategists and programme implementers with new experiences.

15. The organization of primary health care has varied tremendously across the **European Region**, reflecting the different health care systems. Since the early 1980s, the Region has clearly positioned primary health care as the most important tool to reach the target of health for all. In eastern Europe, where broad political changes have influenced health care systems, the support provided by primary health care is significant. In some countries, well-coordinated multidisciplinary teams of primary health care professionals formed the first point of contact with the official health-care system. In other countries, access to health care is through general practitioners, specialists or nurses, all working

independently. However, the overall trend is to integrate health-care components into a systems approach.

16. The numerous reforms in the Region often combined several elements related to privatization, marketization, decentralization, or sources of funding. Despite this heterogeneity, a general future trend across all health-care systems in Europe is a gradual increase in the responsibility – financial and professional – assigned to general practitioners. The increase in chronic conditions poses significant challenges to primary health care, raising issues related to increasing access to drugs, and provision of comprehensive systems of care that ensure continuity and coordination of services.

17. In the **Eastern Mediterranean Region**, the role of primary health care as a public health “movement” has been restated at the First Primary Health Care Conference in the Arab World (Manama, February 2003), which reiterated the commitment of Member States to the principles of universality, quality, equity, efficiency and sustainability.

18. Countries of the Region have launched several efforts to reorganize primary health care, including increased reliance on a subnational approach (district health systems, catchment-area focus and basic development needs), and strengthening and employment of governorate and district capacities in planning, finance, and management. Governments play a central role in organizing the financing of primary care, assuring appropriate standards and regulation, and implementing policy, planning, and research. Most national health systems based on primary health care are coming under increasing scrutiny with a view to containing costs, improving quality, encouraging cooperation between the private and public sectors; using a range of appropriate techniques to promote cost-effectiveness and underpin quality management; ensuring continuity of care; and applying management techniques such as the district team problem-solving approaches, which enhances decentralization of management and involvement of the community and relevant partners.

19. In the **Western Pacific Region**, the principles of primary health care have been embodied in almost every country’s strategic planning documents. There is considerable diversity in the models of primary health care being used, reflecting substantial differences between countries. The fundamental concepts of primary health care remain relevant. There is a need to give added emphasis to locally integrated approaches to community development; to concentrate on the needs of disadvantaged and marginalized populations; to frame policies and design interventions that promote rights to access, social justice and equity and further develop the evidence base for primary health care.

ACTION BY THE HEALTH ASSEMBLY

20. The Health Assembly is invited to consider the adoption of the following draft resolution:

The Fifty-sixth World Health Assembly,

Recalling the Declaration of Alma-Ata (1978), and resolutions WHA30.43, WHA32.30, WHA33.24 concerning health for all by the year 2000, resolution WHA34.36 adopting the Global Strategy for Health for All by the Year 2000, resolution WHA35.23 approving the plan of action for implementing the Strategy, resolution WHA48.16 on renewing the health-for-all strategy, resolution WHA50.28 on linking the renewed strategy to the Tenth General Programme of Work, programming budgeting and evaluation, and resolution WHA51.7 on health-for-all policy for the twenty-first century;

Noting the implications of a changing environment on implementation of primary health care in countries;

Acknowledging the effort made by countries to establish primary health care policies and programmes as a cornerstone of their health care systems;

Recognizing the dedication, leadership and commitment to achieving the goal of health for all of Member States, other organizations of the United Nations system, and nongovernmental organizations,

1. REQUESTS Member States:

- (1) to ensure that development of primary health care is adequately resourced and contributes to the reduction of health inequalities;
- (2) to renew commitment to long-term improvement of human resource capability for primary health care;
- (3) to enhance the potential of primary health care to tackle the rising burden of chronic conditions through health promotion, illness prevention and disease management;
- (4) to support the active involvement of local communities and voluntary groups in primary health care;
- (5) to support research in order to identify effective methods for strengthening primary health care and linking it to overall improvement of the health system;

2. REQUESTS the Director-General:

- (1) to continue to incorporate the principles of primary health care into the activities of all programmes, and to align approaches to primary health care to the Millennium Development Goals and the recommendations of the Commission on Macroeconomics and Health;
- (2) to evaluate the different approaches to primary health care, and to identify and disseminate information on best practices in order to improve implementation;
- (3) to continue to build capacity in countries in order to meet new demographic, epidemiological and socioeconomic challenges;
- (4) to continue to provide support to countries for raising the quality and quantity of health personnel in order to improve access to services, especially for the poor;
- (5) to lay renewed emphasis on support for the implementation of locally determined models of primary health care that are flexible and adaptable;
- (6) to organize a meeting on future strategic directions for primary health care.

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