A decade of progress
by Sir John Reid

 Alma-Ata and Riga, the respective capitals of the Kazakh and Latvian Soviet Socialist Republics, are separated by over 3,500 kilometres. One has as its backdrop the rugged magnificence of snow-capped mountains, whilst the other is lapped by the waves and, in winter, by the ice floes of the Baltic sea. Yet these two cities share something unique. In 1978, delegations from 134 Member States of the World Health Organization, together with representatives of 67 organizations from the United Nations family, other agencies and non-governmental bodies, assembled at Alma-Ata, under the joint sponsorship of WHO and UNICEF, in order to decide how primary health care could best be defined and developed as the key to achieving the goal of “Health for all” which had been adopted by the 1977 World Health Assembly. A decade later, in 1988, a technical group met in Riga to assess progress in that great project and to make recommendations for the period up to the beginning of the 21st century. For me, it was both a privilege and a pleasure to be involved in both of these historic events, the first of which led to the Declaration of Alma-Ata, and the second to the Reaffirmation of Riga. The meetings at Alma-Ata and Riga, as well as being separated geographically, were also separated by the passage of a decade in the troubled history of our planet. East-West tension had, mercifully, diminished but the overall propensity for human beings to kill each other had not; and the North-South gulf between the haves and the have-nots remained unbridged. The roles of WHO as one of the major stands of the conscience of humanity, and as a forum in which a global dialogue can still take place with a minimum of political posturing, thus remain as crucial as ever. The conference at Alma-Ata had been preceded by a serious of national, regional and other meetings with, as their common theme, the evolving approach to primary health care; and reports on their conclusions were available to delegates. The key document for discussion at Alma-Ata, however, was the joint report on primary health care by Dr Halfdan Mahler, outgoing Director-General of WHO, and Mr H.R. Labouisse, Executive Director of UNICEF. This, in only 133 paragraphs, set a comprehensive agenda for the definition and establishment of primary health care, including such vital issues as the inter-relationship between health and development, the full range of operational matters which must be covered if such care is to be translated from theory into practice, and the preparation of national strategies. The work of the Alma-Ata conference then proceeded in plenary session and in three committees, one dealing with primary health care and development, one with technical and operational aspects of primary health care, and one with national strategies and international support. Discussion was intense; and the atmosphere was in some ways like that of the annual World Health Assembly, but with the advantages of being more focused and substantially devoid of extraneous political matters. The culmination of the conference was a series of 22 recommendations, addressed mainly to governments, but also to international organizations including, of course, WHO and UNICEF. The meeting closed with the solemn reading of what rapidly became the classical Declaration of Alma-Ata by Dr Marcella Davies, Chief Medical Officer of Sierra Leone. As delegations and representatives boarded their planes at Alma-Ata to return to all corners of the world, we had a clear feeling that we had participated in a gathering of historic importance, and in one whose far-reaching conclusions demanded that they be translated from well-formulated words into equally well-founded actions. Much has happened since Alma-Ata, with the evolution of national, regional and global strategies for moving forward towards an acceptable level of Health for all, together with the gradual building up of monitoring processes. These last activities resulted in the publication, in 1987, of the Seventh Report on the World Health Situation, which took the form of the first global evaluation of the strategy for achieving Health for all; and it is a strikingly encouraging fact that no fewer than 88.6 per cent of WHO’s Member States participated in the process, even if some were understandably able to do so in greater detail than others. In contrast to the scale of the conference at Alma-Ata, the Riga meeting of 1988 was attended by only 22 invited participants drawn from all parts of the world and including parliamentarians and a range of health professionals. A strong WHO team led by Dr Mahler was also present, as were representatives of UNICEF, UNDP and a non-
governmental organization. The objectives of the meeting included a review of progress towards Health for all since 1978, the identification of likely impediments in the period up to the year 2000, and the suggestion of consequential steps which would require to be taken by countries and by WHO and other agencies.

At Riga, the basic document for study was, “From Alma-Ata to the year 2000; Reflections at the mid-point on progress and prospects”, prepared by Dr John Bryant, Professor and Chairman of the Department of Community Health Sciences at the Aga Khan University in Karachi, Pakistan. Dr Bryant was, incidentally and in common with several others present at Riga, a veteran of the Alma-Ata conference. The proceedings were followed with close interest by observers from all 15 Republics of the USSR, and not least by our hosts of 10 years previously in Kazakhstan.

In contrast to the conference in Alma-Ata, with all the high drama of an international event, the Riga meeting was small in scale; and it succeeded in being simultaneously intense in its work and yet relaxed in its atmosphere. The 1978 event was concerned with defining and agreeing major policies in a way which had never before been so comprehensively attempted, whereas its successor of a decade later was occupied with critical evaluation and with the need for consequential adjustments in policies within the framework for the development of primary health care which had been agreed by the Member States of WHO.

It was not the objective of the Riga exercise simply to rehearse the high ideals and endeavours which had their origin at Alma-Ata; instead, it was a concentrated attempt to ensure that what had been decided ten years previously continued to be valid, and that areas which called for intensified efforts in the struggle for Health for all were identified. The meeting came to the conclusion that the objective of Health for all should indeed remain the goal of all coun-
tries not only up to, but beyond, the year 2000; and that each should continue to identify its own priorities in relation to health problems and to underserved and vulnerable groups of the population.

There must be no slackening of social and political action in the fostering of health, and this must be more effectively harnessed with the endeavours of other social and economic sectors, both governmental and unofficial. The role of people must become increasingly dominant in terms of empowering them to take decisions in relation to their own health; and there is need for much greater efforts to develop health manpower and leadership for Health for all. Particular emphasis was laid on the need to strengthen district health systems based on primary health care; and there was continuing need to ensure the further advancement and rational use of science and appropriate technology to help the developing world. The meeting also identified a series of areas which called for particular attention, not least the unacceptably high loss of life amongst mothers and young children in all too many countries, but especially amongst the least developed ones.

A report on what took place at Riga has been published and, as was the case with Alma-Ata, will give rise to widespread discussion among all who seek to promote health through the key medium of primary health care. The Reaffirmation of Riga clearly proclaims that the conclusions reached at Alma-Ata were on the right lines, but at the same time reminds people and their governments that much still remains to be done.

As a Scot, I can advance a modest racial claim to the power of prophecy. However, that was not required when, in my speech as Chairman of the Executive Board at the opening plenary session at Alma-Ata, I said that, when we came to look back from a historical perspective, the name of that place, as well as being that of a beautiful and hospitable city, would become synonymous with a major step towards even more rapidly making primary health care something which is real and relevant to the needs of the entire human race. Prophecy was not necessary, as the tide had already begun to move in that direction, and the mood of those gathered together at Alma-Ata was, from the outset, clearly destined to transform it into a flood-tide. The meeting held 10 years later, in Riga, confirmed that great progress had indeed been achieved, but that the time was ripe for national and international re-dedication to a great and humane endeavour.

Whilst many people, both at the rostrum and behind the scenes contributed to the success of the meetings at Alma-Ata and at Riga, one charismatic individual played the dominant role at both, in the form of Dr Halfdan Mahler, Director-General of WHO from 1973 to 1988. He combines a rare group of characteristics, being at one and the same time a visionary, a natural leader, an intensely caring human being, a supreme health strategist, and a practical physician whose clinical roots were in the fight against tuberculosis.

Under Dr Mahler's leadership, the World Health Organization has been transformed in philosophy from being a benignly paternalistic international agency to a true health cooperative of 166 nations; whilst its practical utility has been fully demonstrated in activities ranging from the eradication of smallpox to the global fight against AIDS. Dr Mahler's unique and shining qualities have led to the World Health Organization's becoming the most highly regarding agency in the United Nations family; and the core theme of Health for all, firmly based on primary health care, has been developed and steadily translated into reality under his leadership.

There can be no doubt that, as successive histories of the Organization and its achievements come to be written, the period of Halfdan Mahler's Director-Generalship will always be recorded as having been a golden age.