



Geneva Health Forum 2008

Strengthening Health Systems and the Global Health Workforce

PL02

Primary Healthcare Revisited in a Multi-Stakeholder Landscape

International Conference Centre Geneva
Monday, 26 May 2008
14:00-15:30
Room 2

Session outline

The Declaration of Alma-Ata in 1978 was the first international declaration advocating primary health care (PHC) as the main strategy for achieving WHO's goal of "health for all".

While there have been huge improvements in areas such as childhood immunization coverage and access to safe water and sanitation, there have been setbacks to providing equitable access to essential health care worldwide. Health system constraints including financial barriers and health worker shortages, combined with challenges such as the HIV epidemic, have hampered progress towards achieving health for all.

The anniversary of the Alma Ata Declaration provides a good opportunity to reaffirm national and international commitments to expand access to PHC. However, it is important to understand the changed context when formulating strategies for achieving this. One of the major changes is the growing number of actors involved in health systems, including a variety of private providers of health-related goods and services, national and international NGOs, citizen advocacy groups and political parties. Many innovations have emerged that involve quite different roles for governments, markets, civil society and individuals than the drafters of the Alma Ata Declaration envisaged.¹

This Plenary Panel Discussion aims to foster debate about the future of primary health care taking into account the diversity of actors and their respective contribution to translate good intentions into action.

¹ CHALLENGES FOR THE FUTURE OF PRIMARY HEALTH CARE by GERRY BLOOM & HILARY STANDING, STEPS Centre members, posted on the Crossing Blog, 22 May 2008

Background Documents:

CHALLENGES FOR THE FUTURE OF PRIMARY HEALTH CARE

by GERRY BLOOM & HILARY STANDING, STEPS Centre members

It is thirty years since the [Alma Ata Declaration](#) outlined an international consensus on the need to provide universal access to primary health care (PHC). During the ensuing years some countries established well-organised government health services in which PHC played an important role. Many others were less successful. The lead up to our session at the [Geneva Health Forum](#) on [future health systems](#) provides a moment to reflect on some of the new challenges for PHC.

National governments and the international community are renewing their efforts to expand access to PHC and they have committed a lot of money for this purpose. But there have been many major changes in these last three decades that pose big challenges for the future of PHC. The drafters of the Alma Ata Declaration drew largely on the experiences of those post-revolutionary and post-colonial regimes, which were rapidly overcoming a lack of health facilities, health workers and drugs.

Whilst some remote areas still lack health services many settings have both trained and untrained people, providing health care and selling drugs. The boundary between public and private sectors is blurred and government health workers frequently ask for informal payments or see patients privately. Many of these activities occur outside an organised, regulated framework of health care provision. Potential users are much more likely to live near a health facility or some kind of provider than 30 years ago, but now they face major challenges in paying for care and finding competent providers and effective and appropriate drugs.

PHC was designed to deal with prevention/health promotion and with infectious diseases associated with poverty, poor sanitation and certain insect vectors. Although these illnesses persist, there is growing pressure on health systems to address other problems. One dramatic change has been the transformation of HIV infection into a chronic and progressive disease for which people can claim entitlement to treatment. People are also affected by other chronic conditions, associated with ageing and “lifestyle” changes. This raises difficult questions about which treatments are appropriate, who should pay for them and how health systems should be organised to help people manage long-term conditions.

Concern is growing about the potential threat of epidemics of new diseases or organisms resistant to the available drugs. Recent examples are SARS, multi-drug resistant tuberculosis and a possible influenza pandemic. Government responses rely heavily on convincing people to report suspicious outbreaks and cooperate with public health measures they may perceive to be against their short-term interest. This requires high levels of trust between the population and their health system.

More actors are involved in health systems than thirty years ago, including a variety of private providers of health-related goods and services, national and international NGOs, citizen advocacy groups and political parties (where competitive electoral politics have been introduced). Governments are seeking new ways to influence health systems with their powers to allocate money, enact and enforce laws and publish information. This sometimes involves new types of partnership for service delivery and regulation.

Finally, there have been dramatic developments of new technologies for diagnosis and

treatment of disease, which influence the design of health systems. In addition, the rapid changes in information and communication technologies are having a big impact. Providers and users of health services increasingly have access to the mass media, mobile telephones and the internet. They carry health information produced by governments, professions, citizen advocacy groups and private companies. In contrast to 30 years ago, when health professionals were the major source of expert knowledge, people have a variety of sources from which to find information.

The anniversary of the Alma Ata Declaration provides a good opportunity to reaffirm national and international commitments to expand access to PHC. But, it is important to understand the changed context when formulating strategies for achieving this. Many innovations have emerged that involve quite different roles for governments, markets, civil society and individuals than the drafters of the Alma Ata Declaration envisaged. We need to find ways to involve all actors in an intensive process of innovation and learning if the latest statements of good intentions are to be translated into major improvements for poor people.

POSTED ON MAY 22TH 2008 BY KATE HAWKINS ON THE STEPS Centre blog (The Crossing)

The [STEPS Centre](#) (Social, Technological and Environmental Pathways to Sustainability) is a new interdisciplinary global research and policy engagement hub combining development with science and technology studies.

Website: <http://stepscentre-thecrossing.blogspot.com/>

Primary health care comes of age. Looking forward to the 30th anniversary of Alma-Ata: call for papers

The Lancet, Volume 370, Issue 9591, 15 September 2007-21 September 2007, Pages 911-913

Andy Haines, Richard Horton and Zulfiqar Bhutta

Others resources:

Regional Conferences on PHC during 2007-2008

Buenos Aires 30/15, August 2007

Statement by Dr. Mirta Roses, Director of PAHO/WHO, at the Close of the Buenos Aires 30/15 International Conference;

http://www.paho.org/English/D/DClosingRemarks30_15.pdf

Summary of the Technical Session Report 13-17 August 2007
Buenos Aires 30-15

http://www.searo.who.int/LinkFiles/Health_System_Meetings_Argentina-meeting-Summarys.pdf

Prince Mahidol Award Conference, 2008 : Three Decades of Primary Health Care: Reviewing the Past and Defining the Future

Link to the Conference documents:

<http://www.pmaconference.org/confdocument.asp>

The International Conference on Primary Health Care and Health Systems in Africa, meeting in Ouagadougou, Burkina Faso, from 28 to 30 April 2008

Final Declaration:

http://afro.who.int/phc_hs_2008/documents/En/Ouagadougou%20declaration%20version%20Eng.pdf

The 2008 GP & PHC Research Conference will be held in Hobart from 4-6 June 2008

See website: <http://www.phcris.org.au/conference/2008/>

Books/Reports:

Renewing Primary Health Care in the Americas

The World Health Organization championed primary health care (PHC) even before 1978, when it adopted the approach as central to the achievement of the goal of "Health for All." Since that time, the world—and PHC with it—has changed dramatically. The purpose of renewing PHC is to revitalize countries' capacity to mount a coordinated, effective, and sustainable strategy to tackle existing health problems, prepare for new health challenges, and improve equity. The goal of such an endeavor is to obtain sustainable health gains for all. (17/Aug/2007)

http://www.paho.org/English/AD/THS/OS/PHC_brochure_eng.pdf

Book : 7 Case Studies of Innovative Primary Health Care in Thailand

<http://www.pmaconference.org/2008/Document/book-7case.pdf>

The WHO Bulletin series: primary health care 30 years on PHC

Thirty years on, primary health care is still firmly on the agenda at WHO. This year the Bulletin marks the Declaration of Alma-Ata in a series of features on primary health care in 12 countries, including Bangladesh, Brazil, Cuba, Fiji, Madagascar, Thailand and New Zealand. Each feature examines one country's efforts to provide health for all, highlighting the challenges faced and the achievements made.

JANUARY



[Full Text \[HTML\]](#)
Thailand's unsung heroes

FEBRUARY



[Full Text \[HTML\]](#)
Getting health to rural communities in Bangladesh

MARCH



[Full Text \[HTML\]](#)
Primary health care: Fiji's broken dream

APRIL



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Flawed but fair: Brazil's health system reaches out to the poor

MAY



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Cuba's primary health care revolution: 30 years on