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UNICEF/WHO JOINT STUDY ON PRIMARY HEALTH CARE - THE ALMA ATA CONFERENCE: FOLLOW-UP

The attached study prepared by the UNICEF and WHO secretariats will be considered by the UNICEF-WHO Joint Committee on Health Policy (JCHP) at its twenty-second session to be held in Geneva, 29-31 January 1979, and by the UNICEF Executive Board session to be held in Mexico City, 21 May - 1 June 1979. The report of the JCHP (E/ICEF/L.1385) which will also be considered by the Executive Board will make comments and recommendations on this study.

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PRIMARY HEALTH CARE - THE ALMA-ATA CONFERENCE: FOLLOW-UP

CONTENTS

1. INTRODUCTION

The Challenge of Alma-Ata to WHO and UNICEF

1. The Declaration of Alma-Ata and the recommendations from the Conference pose a special challenge to WHO and UNICEF. Not only did the Conference formally adopt a recommendation (No.22) on the role of WHO and UNICEF in supporting primary health (PHC); many of the points raised in discussion stressed the critical importance of WHO's and UNICEF's full cooperation in this effort.

2. In order to meet this challenge the two Organizations would need to further strengthen their cooperation; some suggestions are outlined in this paper. The focus of the joint action outlined is at country level in keeping with the request that "guided by the Declaration of Alma-Ata and the recommendations of the Conference, WHO and UNICEF should continue to encourage and support national strategies and plans for primary health care as part of overall development." The same recommendation also gives WHO and UNICEF the responsibility to formulate concerted plans of action at the regional and global levels.

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[1] The Report of the International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978 (ICPHC/ALA/78.10) is appended.

Priority Health Problems

3. The main emphasis on UNICEF and WHO cooperation for primary health care development is at the country level. In this context it may be worthwhile to recapitulate the priority health problems and the main constraints facing most countries in the developing world, both of which were recalled in Alma-Ata. Malnutrition and undernutrition, parasitic diseases, communicable diseases aggravated by poor environmental sanitation, lack of potable water - remain the key problems which account for the heavy toll of lives of women, children, youths, and men in the peak of their productive years. These adverse conditions contribute to the low health status of the majority of the world's population, most of whom live in the rural areas or urban ghettos of the developing countries, as well as some developed countries. The low health status is reflected by poor growth and development, and high morbidity, disability and mortality, especially among the very young.

4. Among the main factors which contribute to this situation is the inability of national coverage adequate to meet the demands and needs of the majority of the population; rapidly rising costs without a visible and meaningful improvement in the services; shortage of trained staff at all levels with gross maldistribution of existing staff in favour of the urban areas; insufficient health service funds disproportionately spent on curative services and inappropriate technology for a segment of the urban population; and lack of community identification with and participation in the development of health services.

Primary Health Care as the Strategy

5. An answer to redress this situation is primary health care, which countries collectively chose in Alma-Ata as the strategy which would enable them to reach an acceptable level of health for all their people to live a socially and economically productive life by the year 2000.

Outstanding Constraints

6. Although countries recognized that primary health care offers a tremendous opportunity, they nevertheless recognized the difficult problems and constraints facing them - political, social, cultural, economic and technical, which they will have to tackle and overcome by themselves but for which international support and solidarity will be sought. Some of these difficult problems and constraints may be summarized as follows: a general agreement by national authorities on the importance of health but with no real commitment for translation into political action, and, in some extreme instances, even a general apathy; sectoral barriers with no communication between them, especially between those departments dealing with major components such as water, drugs, etc.; weaknesses in the health ministries preventing them from making the necessary links with sectors dealing with health (private, social insurance schemes, etc.) and those of socio-economic development, which is vital for making health an indispensible component and tool of socio-economic development plans; the isolation and restriction of health activities to the ministries of health and not to socio-economic development with consequent inability to attract significant and necessary resources; the predominent medical value orientation of health ministries, with the consequent difficulty of seeing and defending health within wider developmental contexts; lack of social conscience of health workers and their professional resistance; and, finally, lack of machinery and means for channelling community participation - the consequence being lack of enlightened communities who actively and responsibly take action exerting the necessary pressures for needed reforms.

Formulation of Policies, Strategies and Plans of Action

7. It is with full cognizance of these factors that countries have agreed in Alma-Ata to formulate within the coming years their national policies, strategies and plans of action for primary health care, as part of comprehensive health services and within overall socio-economic development. As part of this process they will identify relevant existing policies, and, if necessary, strengthen them and formulate new policies, especially those which give expression to health as a social goal for all the people as part of overall national development. Based upon these policies, national strategies need to be developed which outline the broad lines of action required. Such strategies could be based upon the systematic use of political entry points for ensuring health development; upon ways of ensuring the involvement of other sectors; and on the range of political, social, economic and technical factors, as well as obstacles, constraints and ways of dealing with them, which bear upon health development. National plans of action would specify in more detail the objectives, steps to be followed, priority programmes and activities to be developed, targets, criteria and indicators for evaluation. These plans of action would serve as a framework for programming, budgeting, implementation and evaluation over a specified time period.

2. WHO/UNICEF SUPPORT TO PRIMARY HEALTH CARE DEVELOPMENT AT COUNTRY LEVEL

Political Mobilization and Use of Entry Points

1. In spite of the momentum built up by the International Conference on Primary Health Care, countries nevertheless face complex and difficult problems. Among these is the lack of acceptance of the concept of primary health care by many key decision-makers in health and non-health areas.

2. There is considerable need to raise the level of health consciousness both at the local and national levels and throughout the international community. Such advocacy is intended to both reflect and strengthen demands for economic and social justice for the majority of the world's population. As part of their advocacy role, WHO and UNICEF should try to secure a greater priority in national and international development efforts for actions benefiting and responding to the priority health problems and needs of the majority of the world's population, especially the underserved. This includes the greater deployment of resources for these activities both by the developing countries themselves and by additional support through the UN system, bilateral and multilateral aid and non-governmental organizations.

3. WHO and UNICEF must continue to intensify political mobilization processes in the various international fora which ultimately will support national PHC development. This can be achieved through the encouragement of debates on issues related to health within health fora as well as within socio-economic development contexts; through the presentation of facts - as a constant reminder of the situation - and of socio-epidemiological data which can influence the successful implementation of development programmes. The Governing Bodies of both Organizations should continue to be used for strong promotional purposes and for mobilization of Member States for continued and collective action in socially relevant areas. Other fora, such as the World Bank, ECOSOC, UNDP Governing Council, and the UN Assembly, as well as other bilateral and multilateral agency meetings and major international conferences, such as The World Conference on Agrarian Reform and Rural Development, the UN International Conference on Science and Technology, and the UN Decade for Women, should be used by both WHO and UNICEF to promote further the dialogue regarding specific programme strategies which elicit the fullest use of rural development, education and agriculture to accelerate

health objectives. The International Year of the Child offers an excellent opportunity for countries to intensify and broaden their efforts for PHC. The Report of the International Conference on Primary Health Care should be used for these purposes since it provides a good starting point for enlisting support and commitment from various audiences - health and non-health government representatives and non-governmental audiences.

4. International mobilization and backing will find its echoes at country level where primary health care as a relevant component of socio-economic development would provide the basis for further dialogue and action between sectors. WHO and UNICEF should support and strengthen this process through the utilization of existing mechanisms and programmes such as joint programming at country level by governments and UN cooperating agencies, rural and urban development programmes, and area development programmes in which primary health care could become the central health component of the development programmes. These efforts will not only maximize the use of available resources through better coordination of the resources made available by the UN system, under the leadership of the UNDP Resident Representative, but, most important, it will also improve the ways in which governments can make more systematic use of technical cooperation.

5. It is clear that in many countries the mere extension of conventional health services to the underserved populations will not improve the health status of these populations. In order to bridge the gap in health status between population groups within and between countries, WHO and UNICEF, in partnership with governments and other agencies of the UN system, such as the UNFPA, UNESCO, FAO and UNDP, and with the active participation of non-governmental organizations, should identify existing opportunities to be used for accelerating the development of integrated actions in health and health-related fields. Existing maternal and child programmes, nutrition and local food production, responsible parenthood, advancement of women's role, and improvement in personal and environmental sanitation through the mobilization of women and other population groups. Similarly, existing water supply and environmental sanitation programmes could be broadened in scope for wider health and health-related activities. The non-governmental organizations have frequently developed innovative projects which illustrate features that could be developed on a larger scale. What is important is to use existing opportunities and strengthen them; and to recognize and pool resources, such as those offered by community groups and non-governmental organizations which need to join forces in using their human and technological resources in new and innovative ways in cooperation with the government concerned.

6. All avenues for promoting socio-political commitment should be further explored and utilized by WHO and UNICEF. Among such avenues is that of intergovernmental groupings, in which countries due to certain affinities, be they cultural, political and/or economic, have already grouped themselves and have undertaken collaborative economic development efforts. Health development could become an additional area of mutual support. WHO and UNICEF should establish contact with these intergovernmental groupings and use the Report of Alma-Ata to explore which aspects they feel they would particularly be more effective in promoting and implementing.

Development of National Plans of Action

7. One of the most tangible expressions of political commitment to PHC is a national decision to prepare a plan of action which outlines, and will enable the identification of, the short-term and immediate steps that need to be taken. WHO and UNICEF, together with other international organizations, including bilateral and multilateral funding agencies, can and should provide strong encouragement and technical cooperation and financial support to countries engaged in such an effort.

8. International cooperation should aim at strengthening the capacity of health ministries in the planning of primary health care programmes and assisting in the development of close and effective links between the ministry of health and other governmental agencies involved in national development. Country health programming is seen as the key mechanism for achieving these objectives. In this context, the capacities of the ministries of health and of development planning would be strengthened with the aim of enabling the health sector and other sectors of socio-economic development to engage in effective dialogues and to collectively develop a health programme which would contribute to overall socio-economic development. To facilitate this process, governments are being encouraged to set up, or make better use of, inter-sectoral coordinating mechanisms, such as national development and planning bodies at the overall governmental level and national health councils at the health sector level. Such a development would contribute to the prominence of health in the national, political forum. They are also being encouraged to set up specific targets, in the light of their objectives, which would enable them to formulate and pursue primary health care in concrete and manageable programmes. Programmes formulated as a consequence of such a process, i.e. in such a way as to demonstrate the economic and social benefits to be anticipated for the majority of the population, would also increase the possibility of attracting significant resources, national and international.

9. One possible major technical constraint in moving quickly in the direction described above, is the lack of health development expertise which would enable the health sector to formulate plans of action with the characteristics desired. The commitment that health development should permeate all spheres and transcend narrow sectoral boundaries, and the commitment to community participation in the planning and implementation of their health care, pose an exceptional challenge to those responsible for formulating national plans of action. It may be necessary to promote dialogues and to provide intense training for those who will be involved, and for special institutional arrangements to be made to provide the necessary technical back-up support. WHO and UNICEF should identify, in developing countries, training institutions for development and health, such as planning institutes, public administration centres, and public health institutes, which could act as regional centres to contribute to the provision of such training and back-up support. Support should be given to these institutions in order to extend their capacities in training and to strengthen the linkages between health institutions and those dedicated to wider socio-economic development.

10. WHO and UNICEF will develop 'panels of experts' and make widely known the names of experts and institutions prepared to cooperate with nationals in this process. Key national institutions participating in technical cooperation with other countries may be designated as regional collaborating centres and provided with the financial and resource support required for them to serve the needs of other countries. These centres would primarily be responsible for training key manpower, as quickly as possible, to serve as the nucleus group for training and institution development in their respective countries. They would also undertake research in critical areas of common concern and consequently take an active role in reorienting ongoing research projects including those supported by industrialized countries.

11. As individual national plans of action are implemented, priority areas for information exchange will emerge. An example of one such area is that of community participation whereby the mechanisms enabling communities to express their priority needs and to participate in the planning, management and evaluation of their local health programmes, need to be either strengthened or created within the socio-political structure of a country. WHO and UNICEF in their previous publications, such as 'Community Involvement in Primary Health Care: A Study of the Process of Community

Motivation and Continued Participation', and 'Alternative Approaches to Meeting Basic Health Needs in Developing Countries', have been able to disseminate information, based on facts and experiences. The continued dissemination of such information on critical issues, is an activity which WHO and UNICEF should continue to undertake.

Long-term Infrastructure Development

12. Plans of action, no matter how well formulated, can neither be implemented nor achieve sustainable results, if required changes in the national health infrastructure are not realized. The stages of plan formulation will be likely to require national (central) institutional strengthening, as already indicated. On a longer term basis, strengthening of 'institutions' at all levels, including the community, will be required, if full coverage with primary health care is to be realized. WHO and UNICEF has a vital role to play in this process, since nearly all of their technical cooperation programmes touch upon one aspect of health development or another.

13. WHO and UNICEF should support countries in their efforts to strengthen the capacities of communities by means of training and other forms of support, such as making available learning/teaching material for trainers of primary health workers and other community workers and through the provision of the necessary information, means and technology for the support of community groups. Particularly important are women's organizations in strengthening women's capacity to participate in the development of their families and communities. Another selected population group which deserves particular attention is youth, since young people are receptive to change, to new ideas and, in several cases, have been a valuable driving force and resource in community development activities.

14. The involvement of rural schools for literacy programmes in primary health care, whereby school children and adults not only learn to understand their priority health problems and means of preventing them, but actively participate with their teachers in health promotion activities, is an important example of community health development for further support by UNICEF, WHO and UNESCO. Once these activities in a variety of areas are strengthened, they will become mutually supportive and reinforcing. To facilitate and encourage this, UNICEF, WHO and UNESCO could usefully promote the inclusion of community health in curricula for teacher training institutions and in the training of social workers, and could make available teaching/learning material, grants, consultants, essential supplies and equipment, fellowships and other supportive activities.

15. WHO and UNICEF will need to focus their attention on a whole range of issues facing governments, which includes:

a) the greater involvement of government administration, local district and regional, in decision-making processes and budgetary allocation. This would include the necessary decentralization processes and personnel orientation;

b) the development of the necessary mechanism, at the community level, which would ensure that the activities carried out (by village health workers, agricultural extensionists, and school teachers) are coordinated and supported; this mechanism would include the establishment of a focal point for receiving information, technology, supplies and equipment and for supportive supervision to be carried out;

c) the strengthening or development of a network of supportive referral facilities, such as dispensaries, health centres and first-line (rural, district and regional) hospitals; the improvement of their diagnostic and therapeutic

services through the use of appropriate technologies and increased managerial capacities.

d) the strengthening or development of an intersectoral managerial capacity at all levels, which facilitates horizontal and vertical communication and coordination, including the development of the necessary supportive information system;

e) development of functional links between health infrastructure and other institutions of socio-economic development (schools, factories, industry, etc.);

f) the development of maintenance and repair capacities at the various levels to respond to the various needs;

g) the development of logistic supply, such as the regular provision of essential drugs and vaccines, as well as supplies, to all peripheral units;

h) the development of a transport and communication system between the various networks;

i) the strengthening of development projects and programmes related to health, in fields such as water and environment, agricultural extension services, nutrition (including the use of local foodstuffs), and local housing, through the active involvement of the communities and community groups, such as women's organizations, as well as through functionally relating these projects to the overall health infrastructure and programme.

16. As part of a long-term institutional strengthening effort, WHO and UNICEF should provide support to national health and development institutions. These institutions, which could be called "health development and research centres", would be used by countries for the development of appropriate manpower for planning, management and research. They would thus be responsible for training those involved in planning and managing the health programme, including health research to solve common problems, and would also act as a forum for advice on the preparation of health development plans. These centres would, furthermore, be strengthened if linked to the national health councils who would express their training and research needs, thus making a direct input to the content of the training and research programme. As an initial step, WHO and UNICEF should provide support to those national institutions which have the potential for collaborating on a sub-regional or regional basis in critical aspects of programme development. The development of a network of such national centres is seen as an essential strategy for speeding up national institutional development.

17. The development of locally manufactured supplies, equipment, drugs, vaccines, etc., by the developing countries themselves, is an area in which WHO and UNICEF need to intensify their efforts through the provision of the necessary technical and financial support. The promotion of joint projects between countries to provide for the production of learning/teaching materials, appropriate technology, etc., linked to the necessary legislation, to allow preferential access to the markets of the countries concerned in the sub-region or region, will greatly enhance the logistic supply to the social periphery of these countries.

18. The above exemplifies a number of priority areas of support which can emerge as individual countries move forward with primary health care. Although emphasis has been given to the special role of WHO and UNICEF, it should be clear that other agencies of the UN system and bilateral and multilateral organizations have an important role to play as well. In this context, of importance are the efforts aimed at better coordination

of the resources being made available by the UN system, such as the joint programming at country level by governments and UN cooperating agencies' previously referred to.

3. IMPLICATIONS FOR WHO AND UNICEF

1. The activities outlined in the previous sections, especially the establishment of networks of collaborating centres, could be greatly enhanced in their effectiveness if developed by and with countries facing similar problems and constraints. Development of a technical cooperation strategy, with particular emphasis on cooperation among developing countries (TCDC), should be pursued vigorously by WHO and UNICEF, as it is a strategy which offers an important means for achieving the aim and directions identified at Alma-Ata. As indicated in the Buenos Aires Plan of Action[1], TCDC is a "vital force for initiating, designing, organizing and promoting cooperation among developing countries, so that they can create, acquire, adapt, transfer and pool knowledge and experience for their mutual benefit and for achieving national and collective self-reliance, which are essential for their social and economic development." If this force can be harnessed in support of primary health care, many of the obstacles presently facing health development will disappear and the rate of progress will be enhanced significantly.

2. Among the key activities WHO and UNICEF will have to undertake to facilitate this process, is that of making available to countries information on: how other countries have been, or are, developing and what are their areas of strength; national expertise which exists in health and development in other developing countries; and, information on the technology being used and indicators established for evaluation purposes. This information could then be used by the countries to establish direct contact among themselves. WHO and UNICEF could strengthen and support such meetings of groups of countries by putting them in direct contact with funding and other development assistance organizations and agencies. For this to be done systematically and well it will require much better use being made of available resources, especially at regional level. Support to the TCDC strategy implies strengthening wide-ranging informational and coordinating functions in favour of present support to isolated technical programmes that tend to be vertical in orientation.

3. The importance of this has been noted by the Director-General of WHO who has initiated a study which will address such questions as the structural changes required in Regional Offices to strengthen their role as active coordinating centres for TCDC and the adequacy of the global divisional structure to meet the requirements of such programmes as primary health care.

4. UNICEF's strength lies at country level for programme design and funding activities directed particularly to the extension of services benefiting children. There appears to be a need to bring this country focus within a wider TCDC mechanism among countries. At present UNICEF may not be geared to engage in support of more comprehensive activities at the regional and global levels, where it will mainly rely on WHO.

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[1] A/Conf. 79/13, 27 September 1978.

4. MOBILIZATION OF EXTERNAL FINANCIAL RESOURCES

1. The strategies outlined will require considerable resources. Extra-budgetary funding will be needed to establish and maintain these strategies over the coming years. This is particularly the case for mobilizing financial support to national plans of action, with priority being given to the least developed countries. While information exchange and technical support (particularly if implemented under the TCDC approach) would be within the reach of participating bilateral and multilateral agencies, financial support of actual programme implementation will require major inputs which will not be made available unless improved coordination mechanisms are established - nationally and internationally. WHO and UNICEF should make more systematic use of the results of national programming efforts, especially as a means of attracting extra-budgetary support to national and sub-regional activities in a comprehensive and coordinated way. WHO's and UNICEF's support to country health programming is seen as one major avenue for strengthening a national capacity to develop comprehensive programmes.

2. Regional and sub-regional activities will require financial resources to be mobilized for such purposes. It is likely that the WHO Regional Offices will strengthen their role in mobilizing such extrabudgetary support in addition to the financial support that will be mobilized for individual country PHC programmes. Nearly all of the WHO Regions have already initiated such efforts and the results of the ICPHC are a stimulus to continuing to strengthen such efforts. Mechanisms to enhance the capacity and coordinate the role of WHO and UNICEF in this domain are being jointly evolved.

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ANNEX

INTERNATIONAL CONFERENCE ON PRIMARY HEALTH CARE
CONFERENCE INTERNATIONALE SUR LES SOINS DE SANTE PRIMAIRES

(organized by WHO and UNICEF) (organisée par l'OMS et l'UNICEF)

Alma Ata, USSR, 6 - 12 September 1978 Alma Ata, URSS, 6 - 12 septembre 1978

ICPHC/ALA/78.10

12 September 1978

REPORT OF THE INTERNATIONAL CONFERENCE ON PRIMARY HEALTH CARE

Alma-Ata, USSR, 6-12 September 1978

CONTENTS

I. BACKGROUND

1. As decided by the Assembly of the World Health Organization (WHO)[1] and the Executive Board of the United Nations Children's Fund (UNICEF), and at the invitation of the Government of the Union of Soviet Socialist Republics, the International Conference on Primary Health Care was held from 6 to 12 September 1978 in Alma-Ata, capital of the Kazakh Soviet Socialist Republic.

2. The aims and objectives of the Conference were:

(i) to promote the concept of primary health care in all countries;

(ii) to exchange experience and information on the development of primary health care within the framework of comprehensive national health systems and services;

(iii) to evaluate the present health and health care situation throughout the world as it relates to, and can be improved by, primary health care;

(iv) to define the principles of primary health care as well as the operational means of overcoming practical problems in the development of primary health care;

(v) to define the role of governments, national and international organizations in technical cooperation and support for the development of primary health care;

(vi) to formulate recommendations for the development of primary health care.

3. The International Conference on Primary Health Care, which was jointly organized and sponsored by the World Health Organization and the United Nations Children's Fund, was preceded by a number of national, regional and international meetings on primary health care held throughout the world in 1977 and 1978. The regional and international meetings included: the meeting of the Committee of Experts on Primary Health Care in the African Region (Brazzaville, 1977), the Fourth Special Meeting of Ministers of PAHO countries (Washington, September 1977), Joint WHO/UNICEF meeting in the Eastern Mediterranean (Alexandria, October 1977), the Conference on Primary Health Care for countries in the Western Pacific (Manila, November 1977), the Joint WHO/UNICEF meeting on Primary Health Care in the South-East Asia Region (New Delhi, November 1977), the Conference on Primary Health Care in Industrialized Nations (New York, December 1977), the International Congress of Nongovernmental Organizations on Primary Health Care (Halifax, Canada, May 1978).

4. The documentation for the Conference consisted of a working paper, the joint report by the Director-General of WHO and the Executive Director of UNICEF entitled Primary Health Care, and six regional background reports prepared by WHO Regional Directors, presenting different national experiences and approaches and a summary of critical issues to be faced at the national level. In addition to this official Conference documentation, reports of national experiences and other materials, publications, examples of appropriate technology, photographs and films related to primary health care were made available to the participants. Participants also had the opportunity of visiting a number of exhibitions relating to Primary Health Care including the health system in the USSR organized by the host government and appropriate technology for health organized by UNICEF and the Kazakh SSR.

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[1] Resolutions WHA28.88, adopted May 1975, and WHA29.19, adopted May 1976, which reaffirmed resolutions WHA20.53, WHA23.61, WHA25.17, WHA26.45 and WHA27.44 concerning the provision and promotion of effective comprehensive health care for all people and expressed the need to hold an international conference to exchange experience on the development of primary health care.

II. ATTENDANCE AND ORGANIZATION OF WORK

5. The intergovernmental conference was attended by delegations from 134 governments and by representatives of 67 United Nations organizations, specialized agencies and nongovernmental organizations in official relations with WHO and UNICEF.

6. Professor B. Petrovsky, Minister of Health of the USSR, was elected President of the Conference. The following were elected as Vice Presidents of the Conference by acclamation:

H.R.H. Princess Ashraf Pahlavi (Iran)	Vice-President of the Conference
Dr P. S. P. Dlamini (Swaziland)	Vice-President of the Conference
Dr Rodrigo Altman (Costa Rica)	Vice-President of the Conference
Sri J. Prasad Yadav (India)	Vice-President of the Conference
Dr Khamliene Pholsena (Lao People's Democratic Republic)	Vice-President of the Conference

7. The following were elected as Chairmen and Rapporteurs of the three main committees of the Conference:

Mr Jorge Chavez Quelopana (Peru)	Chairman, Committee A
Dr Manuel Rodriguei Boal (Guinea Bissau)	Chairman, Committee B
Dr Kari Turo (Finland)	Chairman, Committee C
Professor W. A. Hassouna (Egypt)	Rapporteur, Committee A
Dr Francisco Aguilar (Philippines)	Rapporteur, Committee B
Professor Prapont Piyaratn (Thailand)	Rapporteur, Committee C

8. The above officers served as members of the General Committee together with those listed below:

Professor E. Aujaleu (France)
Mr Tsegaye Fekade (Ethiopia)
Dr Abdul Rahman Kabbashi (Sudan)
Dr Roberto Lievano Perdomo (Colombia)
Miss Billie Miller (Barbados)
Mrs Antoinette Oliveira (Gabon)
Professor Georges Pinerd (Central African Empire)
Dr J. Bryant (deputizing for Dr Julius Richmond, United States of America)
Mr E. Sanchez de Leon Perez (Spain)
Dr Siraj Ul-Haq Mahmud (Pakistan)
Professor K. Spies (German Democratic Republic)
Mr Mahess Teeluck (Mauritius)

9. The Conference adopted an agenda and method of work, and agreed to divide major issues among three main committees: (i) Committee A to deal primarily with primary health care and development; (ii) Committee B to deal primarily with the technical and operational aspects of primary health care; (iii) Committee C to deal primarily with national strategies for primary health care and international support.

10. Addresses were made by Mr Kamaluddin Mohammed, President of the Thirty-first World Health Assembly, Professor J. J. A. Reid, Chairman of the WHO Executive Board, Dr Halfdan Mahler, Director-General of WHO, Mr Henry R. Labouisse, Executive Director of UNICEF, Dr Sharmanov T. Sh., Minister of Health of the Kazakh SSR, on behalf of the host government, and Professor B. Petrovsky, President of the Conference. Statements were made in plenary by government delegates and representatives of programmes and specialized agencies of the United Nations, Liberation Movements and nongovernmental organizations. It was proposed that addresses and statements on the theme of primary health care would be reproduced in a separate post-Conference publication.

11. Greetings were extended to all participants of the Conference by Mr D. A. Kunayev, member of the Presidium of the Supreme Soviet of the USSR, who read out the text of the message of greetings from Mr L. I. Brezhnev, Secretary-General of the Communist Party and Chairman of the Presidium of the Supreme Soviet of the USSR.

12. On 9-10 September 1978, the Conference participants were invited by the National Organizing Committee to visit different areas to acquaint themselves with the activities in health institutions in the cities and regions of Alma-Ata, Frunze, Karaganda, Chimkent, Tashkent, Samarkand and Bukhara. They met with the Ministers of Health of Kazakh, Khirgis and Uzbek union republics and other health service workers, visited feldscher and midwives' posts, rural and district hospitals, regional hospitals, emergency care services, sanitary and epidemiological stations and other institutions. The organization and functions of these institutions were explained. The types of these institutions and the activities which they carry out have been changed periodically as required by the evolution of the health status of the population and the progressively developing capabilities of the health services, whereas the basic principles of the health system have remained the same. The plans for the further development of the health care system of the USSR were explained to the participants of the Conference during these visits.

13. The main issues addressed by the Conference, the Declaration of Alma-Ata and specific recommendations of the Conference are presented below.

III. SUMMARY OF DISCUSSIONS

The current world health situation

14. The Conference declared that the health status of hundreds of millions of people in the world today is unacceptable, particularly in developing countries. More than half the population of the world do not have the benefit of proper health care.

15. In view of the magnitude of health problems and the inadequate and inequitable distribution of health resources between and within countries, and believing that health is a fundamental human right and worldwide social goal, the Conference called for a new approach to health and health care, to close the gap between the "haves" and "have-nots", achieve more equitable distribution of health resources and attain a level of health for all the citizens of the world that will permit them to lead a socially and economically productive life.

The primary health care approach

16. The Conference considered primary health care to be essential 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. It forms an integral part both of the country's health system of which it is the central function and main focus of the overall social and economic development of the community. It is the first level of contact of individuals, the family and the community with the national health system, bringing health care as close as possible to where people live and work and constitutes the first element of a continuing health care process.

17. The Conference reaffirmed that governments have a responsibility for the health of their peoples which can be fulfilled only by adequate and equitably distributed health and social measures. Primary health care, as part of the comprehensive national health care system, goes a long way to achieving these fundamental health and social objectives. Each country must interpret and adapt particular, detailed aspects of primary health care within the country's own social, political and developmental context. All persons have the right and duty to participate individually and collectively in the planning and implementation of their health care.

18. Based on the experience in a number of countries, the Conference affirmed that the primary health care approach is essential to achieving an acceptable level of health throughout the world in the foreseeable future as an integral part of social development rooted in the spirit of social justice. Thus the goal of health for all by the year 2000 would be attained.

Primary Health Care and Development

19. The Conference considered the close interrelationship and interdependence of health and social and economic development, with health leading to and at the same time depending on a progressive improvement in conditions and quality of life. The Conference stressed that primary health care is an integral part of the socioeconomic development process. Hence, activities of the health sector must be coordinated at national, intermediate and community or local levels with those of other social and economic sectors, including education, agriculture, animal husbandry, household water, housing, public works, communications, industry and other sectors. Health activities should be undertaken concurrently with measures such as those for the improvement of nutrition, particularly of children and mothers; increase in production and employment; and a more equitable distribution of personal income; anti-poverty measures; and protection and improvement of the environment.

20. The Conference emphasized the importance of full and organized community participation and ultimate self-reliance with individuals, families and communities assuming more responsibility for their own health. Community participation in the recognition and solution of their health problems can be facilitated by support from groups such as local government

agencies, local leaders, voluntary groups, youth and women's groups, consumers' groups, Red Cross and similar societies, other nongovernmental organizations and liberation movements, as well as by accountability to the people. In order to ensure that primary health care is an integral part of community and national development and does not develop as an isolated peripheral action, promotion, coordination and support of the administration was required, not only at the local but also at the intermediate and central levels.

21. The Conference affirmed the need for a balanced distribution of all available resources, and in particular government resources, so that appropriate attention is given to those population groups deficient in terms of primary health care and overall development. National health development policies should give priority to making primary health care accessible to all as an integrated part of a comprehensive health care system, taking into account geographical, social, cultural, political, economic and other specific features of the country.

Technical and operational aspects of primary health care

22. The Conference discussed the varied experience of countries in addressing diverse health problems in rural and urban areas. It considered that ways of solving health problems would vary by country and community according to different stages of development, but should provide promotive, preventive, curative, rehabilitative and emergency care appropriate to meet the main health problems in the community, with special attention to vulnerable groups, and be responsive to the needs and capacities of the people. The Conference reaffirmed the importance of establishing and further developing a comprehensive national health system of which primary health care is an integral part, encouraging the full participation of the population in all health-related activities.

23. It was stressed that all levels of the national health system had to support primary health care through appropriate training, supervision, referral and logistic support. High priority should be given to the development of adequate manpower in health and related sectors, suitably trained and attuned to primary health care, including traditional workers and traditional birth attendants, where appropriate. These workers should be organized to work as a team suited to the life-style and economic conditions of the country concerned.

24. Primary health care requires the development, adaptation and application of appropriate health technology, which the people can use and afford, including an adequate supply of low-cost, good quality essential drugs, vaccines, biologicals, other supplies and equipment, as well as functionally efficient supportive health care facilities, such as health centres and hospitals. These facilities should be reoriented to the needs of primary health care and adapted to the socioeconomic environment.

25. The Conference agreed that the translation of the principles of primary health care into action would require the priority allocation of budgetary resources to primary health care, better distribution and use of existing resources, and the improvement of managerial processes and capabilities at all levels for planning, implementing, budgeting, monitoring, supervising and evaluating, supported by a relevant information system. Research with full involvement of populations in support of primary health care, especially health services research and the systematic application of knowledge in innovative ways, should be carried out to ensure that primary health care is included and progressively improved as an integral part, and main focus, of the comprehensive national health system. Development of indicators for planning, implementation and evaluation of primary health care, including indicators for community participation and self-care, should be pursued.

National Strategies for Primary Health Care and International Support

26. The Conference believed that in adopting the Declaration of Alma-Ata, governments were making an historic collective expression of political will in the spirit of social equity aimed at improving health for all their peoples. Each nation should now make a strong and continuing commitment to primary health care at all levels of government and society. Such a commitment should be clearly expressed as an integral part of the national health care system and other sectors of socioeconomic development. Governments should involve the people in this commitment.

27. It was stressed that national strategies were required to translate policies into action and to make health care available equitably to the entire population. National strategies should take into account socioeconomic factors and policies, available resources, and the particular health problems and needs of the population, with initial emphasis on the underserved. These strategies should be continuously reassessed in order to ensure their adaptation to evolving stages of development. The Conference emphasized that the strategies should be formulated and applied with the fullest possible participation of communities and all levels and sectors of government.

28. The Conference emphasized the multisectoral nature of health development and recognized that the success of any strategy for primary health care will require the full commitment and cooperation of all sectors of government. It further recognized that the improvement of health substantially contributes to increased productivity and wellbeing of the individual and the community. The Conference accordingly stressed the need for the health sector to take initiatives in ensuring that all factors affecting health receive the attention they deserve as well as working closely with the other sectors involved.

29. The Conference believed that countries can learn and benefit from each other's experience and urged all countries to cooperate among themselves in the promotion of primary health care through sharing of information, experience and expertise.

30. The Conference further believed that international organizations, multilateral and bilateral agencies, nongovernmental organizations and other partners in international health should actively promote the national development of primary health care and give increased technical and financial support with full respect for the principles of national self-reliance and self-determination and maximum utilization of locally available resources. Such organizations should provide information on available resources for technical cooperation. The Conference noted that any progress towards disarmament and attainment of universal peace would release resources which could be used to accelerate socioeconomic development including primary health care, also benefiting populations suffering from the effects of armed conflict.

31. The Conference urged WHO and UNICEF to encourage and support national strategies and plans for primary health care as an essential part of overall development.* They should also play a leading role in formulating concerted plans of action at the regional and global levels to facilitate the mutual support of countries and mobilize other international resources for accelerated development of primary health care.

32. The Conference expressed its deep appreciation and gratitude to the Governments and the people of the USSR and the Kazakh SSR for their excellent organization of the Conference and for the magnificent hospitality they extended to its participants. It also wished to thank the Governments and the people of the Kazakh SSR, the Uzbek SSR and the Kirgiz SSR for the most interesting study tours of their health services that they organized for participants. The participants were impressed by the quality of these health services and wished them every success.

33. The Recommendations and Declaration of Alma-Ata presented below were adopted by acclamation by the International Conference on Primary Health Care in plenary meeting on Tuesday, 12 September 1978.

34. During the closing ceremony one participant from each of WHO's six regions indicated below expressed the thanks of all participants to the host country for the arrangements made on behalf of the International Conference on Primary Health Care:

Professor Rodrigo Altman	Costa Rica
Dr Abdoulaye Diallo	Mali
Professor Eugène Aujaleu	France
Dr A. A. Bukair	Democratic Yemen
Dr Raja Ahmad Noordin	Malaysia
Dr M. A. Matin	Bangladesh

35. A farewell address by Dr Sharmanov, T. Sh. of the host country was followed by a statement by Professor B. Petrovsky, President of the International Conference on Primary Health Care. The Conference closed with a formal reading by Dr Marcella Davies of Sierra Leone of the Declaration of Alma-Ata.

IV. RECOMMENDATIONS

1. Interrelationships between health and development

The Conference,

Recognizing that health is dependent on social and economic development, and also contributes to it,

RECOMMENDS that governments incorporate and strengthen primary health care within their national development plans with special emphasis on rural and urban development programmes and the coordination of the health related activities of the different sectors.

2. Community participation in primary health care

The Conference,

Considering that national and community self-reliance and social awareness are among the key factors in human development, and acknowledging that people have the right and duty to participate in the process for the improvement and maintenance of their health,

RECOMMENDS that governments encourage and ensure full community participation through the effective propagation of relevant information, increased literacy and the development of the necessary institutional arrangements through which individuals, families and communities can assume responsibility for their health and well-being.

3. The role of national administrations in primary health care

The Conference,

Noting the importance of appropriate administrative and financial support at all levels, for coordinated national development, including primary health care, and for translating national policies into practice,

RECOMMENDS that governments strengthen the support of their general administration to primary health care and related activities through coordination among different ministries and delegation of appropriate responsibility and authority to intermediate and community levels, with the provision of sufficient manpower and resources to these levels.

4. Coordination of health and health-related sectors

The Conference,

Recognizing that significant improvement in the health of all people requires the planned and effective coordination of national health services and health-related activities of other sectors,

RECOMMENDS that national health policies and plans take full account of the inputs of other sectors bearing on health; and that specific and workable arrangements be made at all levels, in particular at the intermediate and community levels, for the coordination of health services with all other activities contributing to health promotion and primary health care; and that arrangements for coordination take into account the role of the general administration and finance.

5. Content of primary health care

The Conference,

Stressing that primary health care should focus on the main health problems in the community, but recognizing that these problems and the ways of solving them will vary by country and community,

RECOMMENDS that primary health care should include at least: education concerning prevailing health problems and the methods of identifying, preventing and controlling them; promotion of food supply and proper nutrition, an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; promotion of mental health; and provision of essential drugs.

6. Comprehensive primary health care at the local level

The Conference,

Confirming that primary health care includes all activities that contribute to health at the interface between the community and the health system,

RECOMMENDS that in order for primary health care to be comprehensive, it is essential that all development-oriented activities be interrelated and balanced so as to focus on problems of the highest priority as mutually perceived by the community and health system; and that culturally acceptable, technically appropriate, manageable and appropriately selected interventions be implemented in combinations that meet local needs; and this implies that single purpose programmes be integrated into the primary health care activities as quickly and smoothly as possible.

7. Support of primary health care within the national health system

The Conference,

Considering that primary health care is the foundation of a comprehensive national health system and that the health system must be organized to support primary health care and make it effective,

RECOMMENDS that governments promote primary health care and related development activities so as to enhance the capacity and determination of the people to solve their own problems; this requires a close relationship between the primary health care workers and the community; that each team be responsible for a defined area; it also specially necessitates reorienting the existing system to ensure that all levels of the health system support primary health care by facilitating referral of patients and consultation on health problems, providing supportive supervision and guidance, logistic support, supplies, and through improved use of referral hospitals.

8. Special needs of vulnerable and high-risk groups

The Conference,

Recognizing the special needs of those who are least able for geographical, political, social or financial reasons to take the initiative in seeking health care, and expressing great concern for those who are most vulnerable or at greatest risk,

RECOMMENDS that as part of total coverage of populations through primary health care, high priority be given to the special needs of women, children, working populations at high risk, and the underprivileged segments of society; that the necessary activities be maintained reaching out into all homes and working places to identify systematically those at highest risk, to provide continuing care to them, and to eliminate factors contributing to ill health.

9. Roles and categories of health and health-related manpower for PHC

The Conference,

Recognizing that the development of primary health care depends on the attitudes and capabilities of all health workers and also on a health system that is designed to support and complement the frontline workers,

RECOMMENDS that governments give high priority to the full utilization of human resources by defining the technical role, supportive skills and attitudes required for each category of health worker according to the functions that need to be carried out to ensure effective primary health care; and by developing teams composed of community health workers, other developmental workers, intermediate personnel, nurses, midwives, physicians, and, where applicable, traditional practitioners and traditional birth attendants.

10. Training of health and health-related manpower for primary health care

The Conference,

Recognizing the need for suffcient numbers of trained personnel for the support and delivery of primary health care,

RECOMMENDS that governments undertake or support reorientation and training for all levels of existing personnel and revised programmes for training of new community health personnel; that all training should ensure that health workers, especially physicians and nurses, are socially and technically trained and motivated to serve the community; that all training should include field activities; that physicians and other professional health workers should be urged to work in underserved areas early in their career; and that due attention should be paid to continuing education, supportive supervision, preparation of teachers of health workers, and health training for workers from other sectors.

11. Incentives for service in remote and neglected areas

The Conference,

Recognizing that service in primary health care focused on the needs of the underserved requires special dedication and motivation, but that even then there is a crucial need to provide culturally suitable reward and recognition for service under difficult and rigorous conditions,

RECOMMENDS that all levels of health personnel be provided with incentives scaled to the relative isolation and difficulty of the conditions under which they live and work; that these incentives be adapted to local situations and may take such forms as better living and working conditions and opportunities for further training and continuing education.

12. Appropriate technology for health

The Conference,

Recognizing that primary health care requires the identification, development, adaptation and implementation of appropriate technology,

RECOMMENDS that governments, research and academic institutions, nongovernmental organizations, and especially communities, develop technologies and methods which contribute to health, both in the health system and in associated services, which are scientifically sound, adapted to local needs acceptable to the community, and maintained by the people themselves in keeping with the principle of self-reliance, with resources the community and the country can afford.

13. Logistical support and facilities for primary health care

The Conference,

Aware that the success of primary health care depends on adequate, appropriate and sustained logistical support in thousands of communities in many countries, raising new problems of great magnitude,

RECOMMENDS that governments ensure that efficient administrative, delivery and maintenance services be established, reaching out to all primary health care activities at the community level; that suitable and sufficient supplies and equipment be always available at all levels in the health system, in particular to community health workers; that careful attention be paid to the safe delivery and storage of perishable supplies such as vaccines; that there be appropriate strengthening of support facilities including hospitals, and that governments ensure that transport and all physical facilities for primary health care be functionally efficient and appropriate to the social and economic environment.

14. Essential drugs for primary health care

The Conference,

Recognizing that primary health care requires a continuous supply of essential drugs; that the provision of drugs accounts for a significant proportion of expenditures in the health sector; and that the progressive extension of primary health care to ensure eventual national coverage entails a large increase in the provision of drugs,

RECOMMENDS that governments formulate national policies and regulations with respect to the import, local production, sale and distribution of drugs and biologicals so as to ensure that essential drugs are available at the various levels of primary health care at the lowest feasible cost; that specific measures be taken to prevent the over utilization of medicines; that proven traditional remedies be incorporated; and that effective administrative and supply systems be established.

15. Administration and management for primary health care

The Conference,

Considering that the translation of the principles of primary health care into practice requires the strengthening of the administrative structure and managerial processes,

RECOMMENDS that governments should develop the administrative framework and apply at all levels appropriate managerial processes to plan for and implement primary health care, improve the allocation and distribution of resources, monitor and evaluate programmes with the help of a simple and relevant information system, share control with the community, and provide appropriate management training of health workers of different categories,

16. Health services research and operational studies

The Conference,

Emphasizing that enough is known about primary health care so that governments can initiate or expand its implementation, but also recognizing that many long-range and complex issues need to be resolved, that the contribution of traditional systems of medicine calls for further research, and that new problems are constantly emerging as implementation proceeds,

RECOMMENDS that every national programme set aside a percentage of their funds for continuing health services research; organize health services research and development units and field areas which operate in parallel with the general implementation process; encourage evaluation and feedback for early identification of problems; give responsibility to educational and research institutions and thus bring them into close collaboration with the health system; encourage involvement of field workers and community members; and undertake a sustained effort to train research workers in order to promote national self-reliance.

17. Resources for primary health care

The Conference,

Recognizing that the implementation of primary health care requires the effective mobilization of resources bearing on health,

RECOMMENDS that, as an expression of their political determination to promote the primary health care approach, governments, in progressively increasing the funds allocated for health, give first priority to the extension of primary health care to underserved communities; and that governments encourage and support various ways of financing primary health care, including, where appropriate, such means as social insurance, cooperatives, and all available resources at the local level, through the active involvement and participation of communities; and that governments take measures to maximize the efficiency and effectiveness of health-related activities in all sectors.

18. National commitment to primary health care

The Conference,

Affirming that primary health care requires strong and continued political commitment at all levels of government based upon the full understanding and support of the people,

RECOMMENDS that governments express their political will to attain health for all by making a continuing commitment to implement primary health care as an integral part of the national health system within overall socioeconomic development, with the involvement of all sectors concerned, to adopt enabling legislation where necessary, and to stimulate, mobilize and sustain public interest and participation in the development of primary health care.

19. National strategies for primary health care

The Conference,

Stressing the need for national strategies to translate policies for primary health care into action,

RECOMMENDS that governments elaborate without delay national strategies with well-defined goals and develop and implement plans of action to ensure that primary health care be made accessible to the entire population, with the highest priority being given to underserved areas and groups, and reassess these policies, strategies and plans for primary health care, in order to ensure their adaptation to evolving stages of development.

20. Technical cooperation in primary health care

The Conference,

Recognizing that all countries can learn from each other in matters of health and development,

RECOMMENDS that countries share and exchange information, experience and expertise in the development of primary health care as part of technical cooperation among countries and among the developing countries in particular.

21. International support for primary health care

The Conference,

Realizing that in order to promote and sustain primary health care and overcome obstacles to its implementation there is a need for strong, coordinated, international solidarity and support, and

Welcoming the offers of collaboration from United Nations organizations as well as from other sources of cooperation,

RECOMMENDS that international organizations, multilateral and bilateral agencies, non-governmental organisations, funding agencies and other partners in international health acting in a coordinated manner should encourage and support national commitment to primary health care and should channel increased technical and financial support into it, with full respect for the coordination of these resources by the countries themselves in a spirit of self-reliance and self-determination, as well as with the maximum utilization of locally available resources.

22. Role of WHO and UNICEF in supporting primary health care

The Conference,

Recognizing the need for a world plan of action for primary health care as a cooperative effort of all countries,

RECOMMENDS that WHO and UNICEF, guided by the Declaration of Alma-Ata and the recommendations of this Conference should continue to encourage and support national strategies and plans for primary health care as part of overall development,

RECOMMENDS that WHO and UNICEF, on the basis of national strategies and plans, formulate as soon as possible concerted plans of action at the regional and global levels which promote and facilitate the mutual support of countries, particularly through the use of their national institutions, for accelerated development of primary health care.

RECOMMENDS that WHO and UNICEF continuously promote the mobilization of other international resources towards primary health care.

V. DECLARATION OF ALMA-ATA

The International Conference on Primary Health Care, meeting in Alma-Ata this twelfth day of September in the year Nineteen hundred and seventy-eight, expressing the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world, hereby makes the following Declaration:

I

The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.

II

The existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore, of common concern to all countries.

III

Economic and social development, based on a New International Economic Order, is of basic importance to the fullest attainment of health for all and to the reduction of the gap between the health status of the developing and developed countries. The promotion and protection of the health of the people is essential to sustained economic and social development and contributes to a better quality of life and to world peace.

IV

The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.

V

Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures. A main social target of governments, international organizations and the whole world community in the coming decades should be the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life. Primary health care is the key to attaining this target as part of development in the spirit of social justice.

VI

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. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

VII

Primary health care:

1. reflects and evolves from the economic conditions and socio-cultural and political characteristics of the country and its communities and is based on the application of the relevant results of social, biomedical and health services research and public health experience;

2. addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly;

3. includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition, an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs;

4. involves, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all those sectors;

5. 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;

6. should be sustained by integrated, functional and mutually-supportive referral systems, leading to the progressive improvement of comprehensive health care for all, and giving priority to those most in need;

7. relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community.

VIII

All governments should formulate national policies, strategies and plans of action to launch and sustain primary health care as part of a comprehensive national health system and in coordination with other sectors. To this end, it will be necessary to exercise political will, to mobilize the country's resources and to use available external resources rationally.

IX

All countries should cooperate in a spirit of partnership and service to ensure primary health care for all people since the attainment of health by people in any one country directly concerns and benefits every other country. In this context the joint WHO/UNICEF report on primary health care constitutes a solid basis for the further development and operation of primary health care throughout the world.

X

An acceptable level of health for all the people of the world by the year 2000 can be attained through a fuller and better use of the world's resources, a considerable part of which is now spent on armaments and military conflicts. A genuine policy of independence, peace, détente and disarmament could and should release additional resources that could well be devoted to peaceful aims and in particular to the acceleration of social and economic development of which primary health care, as an essential part, should be allotted its proper share.

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The International Conference on Primary Health Care calls for urgent and effective national and international action to develop and implement primary health care throughout the world and particularly in developing countries in a spirit of technical cooperation and in keeping with a New International Economic Order. It urges governments, WHO and UNICEF, and other international organizations, as well as multilateral and bilateral agencies, non-governmental organizations, funding agencies, all health workers and the whole world community to support national and international commitment to primary health care and to channel increased technical and financial support to it, particularly in developing countries. The Conference calls on all the aforementioned to collaborate in introducing, developing and maintaining primary health care in accordance with the spirit and content of this Declaration.

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