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MEMORANDUM

From E. J. R. Heyward To UNICEF Regional Directors Date 12 September 1978
and Representatives
Our ref. Attention
Your ref.
Originator Subject Report of the Alma Ata Conference
6-12 September 1978

This memorandum is for
information

Many developing countries committed themselves to primary health care by their statements in the plenary, either by saying that they were applying primary health care approach, or intended to do so. Thus, the conference recognized a general approval of the fundamentals of primary health care; that is community participation and control, and accessibility to all. That primary health care is part of development, and that many other sectors in addition to health are involved, was well brought out.

The reports that UNICEF helped countries to produce were well circulated. Delegates speeches contained quite a number of appreciative references to UNICEF support of programmes. Informally many delegates expressed appreciation of the support given by UNICEF offices to their preparation for the conference.

Mr. Labouisse informed the conference that "UNICEF stands ready to intensify its cooperation to the very limits of available resources" in agreement with each country (address para. 11). UNICEF offices should continue their work with countries to introduce or extend primary health care.

WHO/UNICEF headquarters are having informal discussions next week about concerting and strengthening the support of the two organizations, with particular emphasis on support at the country level. Soon a report and recommendations have to be prepared for the JCHP and our Boards. You will be advised about what comes out of these discussions.

The conference endorsed the joint WHO/UNICEF report (Declaration, article IX). This may be the best working instrument to use for advocacy with countries. ... Attached is a copy of the Final Report of the Conference. It is labelled "Draft", but this draft was adopted in the final plenary. The opening addresses ... of Dr. Mahler and Mr. Labouisse are also attached. As a result of the conference process, the primary health care approach is in some cases somewhat diluted in the final report by the addition of ideas and details, often good in themselves, but somewhat reducing the impact of the report.

As was to be expected ministries of health were much more represented than other ministries. Nevertheless the representation of other sectors especially from Africa was something of a breakthrough, which I believe was often due to the explanations of the UNICEF office given in the country. Many recommendations

show the need to take account of other sectors (recommendations 1, 3, 4, 9, 19, 15, 18). Professor Hassouna, Egypt, pointed out that health people in addition to addressing other sectors about their "health related" activities, should also be willing to listen to other sectors about how they saw certain aspects of health needs and programme possibilities.

Among all the health people present, the delegations from Soviet and Eastern European countries seemed to hold the views that primary health care was almost wholly the affair of the ministry of health, and possibly the Red Cross; and that primary health care should be delivered by physicians (although quite a lot of Feldscher posts were shown to delegations on the week-end tours). The Eastern European model works for countries in their income level, and the delegations from these countries tended to put it forward as the only model. This view has crept into some phrases of the Declaration of Alma Ata.

A number of delegations said that they found the statements about community participation and delegation of authority to intermediate and community levels too weak. They found that the tone of the report stresses too much the handing down of services, and not enough dialogue with the community, accountability to the people, and community management and evaluation of services being rendered.

Many of the recommendations contain very thoughtful material (i.e.Recs. 6-11).

There is some repetition, particularly recommendations 18 and 19 are very close to recommendations 1 and 2. Recommendations 3 and 4 are also very close. These recommendations were prepared in three committees, and limitations of time prevented the general committee from consolidating them.

Recommendation 22 concerning the role of WHO/UNICEF in supporting primary health care has the support of the Director-General of WHO and the Executive Director of UNICEF. Note particularly the emphasis on support of national strategies and plans.

ADDRESS BY DR H. MAHLER
DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION

AT THE OPENING CEREMONY

of the

INTERNATIONAL CONFERENCE ON PRIMARY HEALTH CARE

Alma Ata, 6 September 1978

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Address by Dr H. Mahler
Director-General of the World Health Organization
at the Opening Ceremony
of the
International Conference on Primary Health Care

Alma Ata, 6 September 1978

Mr President, Excellencies, honourable participants, ladies and gentlemen, colleagues and friends,

I should like to express my gratitude to the Union of Soviet Socialist Republics for having so generously agreed to host this important Conference. The Soviet Union has been a pioneer since the first days of its Revolution more than 50 years ago in placing health in the forefront of social goals and in linking its attainment with social justice and economic development. Its success in gradually building up the comprehensive health system of which it is justly proud was due in no small measure to the emphasis it gave to primary health care and in particular to its preventive aspects. It started with health personnel having lesser technical qualifications and expertise than their successors possess today, and it then ensured the progressive deepening of their scientific knowledge and technical skills.

Many important lessons can be learned from the evolution of primary health care and its place in the comprehensive health system in the Soviet Union, not the least of which is the harnessing of health development to social goals. Social goals vary by country - there is no universal model, as history has so dramatically illustrated - and so must the shape of health development vary by country. The health system too will be a reflection of the political and social system in which it develops and in which it is to operate. Just as there can be no universal political system, there can be no universal health system. Each country has to determine its own health system in the light of its political, social and economic realities. The motto that I have so often used, namely "don't adopt - adapt", should be our guiding principle. National self-reliance is as crucial in defining health systems as it is in defining political systems. It follows that primary health care, which in my opinion is the key to achieving an acceptable level of health throughout the world in the foreseeable future, will take a wide variety of shapes in accordance with each country's political, social and economic system. The crucial principle is that primary health care shall be widely adopted as the cornerstone to health development. Otherwise, the main social target decided upon by governments at the Thirtieth World Health Assembly in May 1977, namely "the attainment by all citizens of the world of a level of health that will permit them to lead a socially and economically productive life", will remain an empty slogan.

What can we hope to gain from this Conference? We obviously cannot cover in depth in a few days the whole range of questions relating to primary health care. What we can do is reach agreement on the main principles of primary health care and on the action that will have to be taken in countries and at international level to ensure that it is properly understood and that it is systematically introduced or strengthened throughout the world, so that it becomes a living reality whose implementation no reactionary forces in the health world will ever be able to stop. We will discuss nation-wide planning, but I must add a word of caution. I know of no country that can wait until a comprehensive integrated plan has been worked out in all its details to cover the total population. As long as there is national political determination to ensure that all citizens do enjoy the benefits of primary health care, backed by a broad national master plan to introduce and sustain it, and a sound financial basis, all entry points are valid and have to be exploited to the full wherever they are remotely feasible. Action followed by improvement within the national strategy is better than perfect planning leading to delay in action.

The successful outcome of this Conference will depend on your response to the issues at stake. I should therefore like to ask you a number of questions:

1. Are you ready to address yourselves seriously to the existing gap between the health "haves" and the health "have nots" and to adopt concrete measures to reduce it?
2. Are you ready to ensure the proper planning and implementation of primary health care in coordinated efforts with other relevant sectors, in order to promote health as an indispensable contribution to the improvement of the quality of life of every individual, family and community as part of overall socio-economic development?
3. Are you ready to make preferential allocations of health resources to the social periphery as an absolute priority?
4. Are you ready to mobilize and enlighten individuals, families and communities in order to ensure their full identification with primary health care, their participation in its planning and management and their contribution to its application?
5. Are you ready to introduce the reforms required to ensure the availability of relevant manpower and technology, sufficient to cover the whole country with primary health care within the next two decades at a cost you can afford?
6. Are you ready to introduce, if necessary, radical changes in the existing health delivery system so that it properly supports primary health care as the overriding health priority?
7. Are you ready to fight the political and technical battles required to overcome any social and economic obstacles and professional resistance to the universal introduction of primary health care?
8. Are you ready to make unequivocal political commitments to adopt primary health care and to mobilize international solidarity to attain the objective of health for all by the year 2000?

If you emerge from the Conference inspired to respond in the affirmative to all these questions, then this Conference will have been a success. Firm in my conviction that this Conference will be a success, it only remains for me to pledge WHO's full support for the practical action that will follow.

What might be the nature of this action? I should like to suggest that all governments make an unequivocal political commitment to formulate or review their national policies and plans for primary health care within the next two years as an essential component of their development efforts. I would further suggest that they ensure that national health budgets are based on these plans, in such a way as to give top priority to primary health care, and to any reshaping required in the rest of the national health system. While most of the funds will come from national sources, such programme budgets will be highly useful for mobilizing bilateral and multilateral support where it is most needed for the development of primary health care in countries, respecting fully national self-reliance.

On the basis of these national plans, and in response to their needs, WHO will be in a position to build up by no later than 1981 regional and global plans of action. These will be crucial for the strategy being developed by WHO's Executive Board for attaining an acceptable level of health for all by the year 2000. This world-wide plan of action with its national and regional variations on the central themes of the interdependence of health and development, a community-based health system and an equitable distribution of health resources leading to universal accessibility to essential health care, will be a unique manifestation of international health solidarity. But it will reach far beyond the confines of the health sector, making itself felt in many other economic and social sectors, and constituting the most important contribution of health to the establishment and maintenance of the New International Economic Order and its conversion into a truly international development order.

Finally, I should like to reassure you that my proposal for a world-plan of action for primary health care as a cooperative effort of Member States is derived entirely from WHO's Constitution, which states clearly that the Organization was established for the purpose of

cooperation among its Member States. This plan of action will be the epitomy of technical cooperation among countries, the less affluent and more affluent working together in true partnership to define and implement a world-wide plan of action for health as part of social and economic development for all in the foreseeable future. I trust I have succeeded in conveying a message of urgency because the health situation in the world demands an urgent response. If this Conference gives rise to urgent action of the type I have outlined, it will be a decisive springboard towards better health and an improved quality of life in all countries, whatever their level of social and economic development.

Mr President, distinguished participants, ladies and gentlemen, I wish this Conference the success it deserves.

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ADDRESS BY MR HENRY R. LABOUISSÉ
EXECUTIVE DIRECTOR OF THE UNITED NATIONS CHILDREN'S FUND

AT THE OPENING CEREMONY

of the

INTERNATIONAL CONFERENCE ON PRIMARY HEALTH CARE

Alma Ata, 6 September 1978

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Address by Mr Henry R. Labouisse
Executive Director of the United Nations Children's Fund
at the Opening Ceremony
of the
International Conference on Primary Health Care

Alma Ata, 6 September 1978

Mr President, honourable delegates, ladies and gentlemen,

1. I first want to join Dr Mahler in expressing UNICEF's gratitude to the Union of Soviet Socialist Republics for inviting us to Alma Ata and for providing the facilities for this Conference. It is indeed fitting that a country which has done so much to extend health care to all its citizens should host this meeting. As the Director of UNICEF, I cannot forget the comment, heard many times, that children are the "privileged class" of the Soviet Union. During a previous visit to this country, I was able to observe first hand the many forms of health care - and particularly of preventive health care - which benefit Soviet infants and children.
2. The obvious reason why we, in UNICEF, are so involved in the matter of primary health care is that health care, equitably extended to all, is essential for the wellbeing of children and is the very basis of development in almost any field. It therefore makes me happy that this Conference should bring together not only delegates specialized in health problems but also government and other representatives responsible for some of the diverse activities which, combined, make overall development possible.
3. UNICEF's task is to help improve the condition of children in more than 100 developing countries, particularly in the villages and the city slums. In our cooperation with governments, the health sector accounts for more than half of our entire programme expenditure. Over the past three decades, we have, for example, helped supply literally hundreds of thousands of health centres with equipment and drugs, most of them in rural areas. We have supported the training of over one million health workers. We are encouraging measures to improve child nutrition. In some 80 countries, we are providing equipment and materials for clean water programmes benefiting millions of village families. This work is, of course, multiplied many times by the financial, technical and human efforts of the governments with which we cooperate and by assistance from bilateral sources and from numerous international organizations.
4. In many sectors, much has been accomplished by countries in recent times. And yet, when we appraise the overall health situation in today's developing world, the statistics could well lead us to despair. I will mention only two facts:
 - more than 80% of the people in the rural areas and poor urban neighbourhoods of developing countries are still without access to any health services - and the same percentage of the rural population has no access to safe water;
 - demographers calculate that, this year, throughout the world, there will be fifteen and a half million deaths of infants and young children up to the age of five. Of these deaths, 15 million will be in developing countries, half a million in industrialized countries. Furthermore, ill health and lack of energy are reflected in the adult life of a proportion of the survivors.
5. One of the reasons why we meet here today is our deep conviction that the scandalous disparities between health opportunities in different parts of the world, and also within countries, can no longer be tolerated. This is not solely a situation of "haves" and "have nots". A number of societies, both poor and rich, have, I believe, reached a sort of impasse in the field of health care. The developing countries have come to realize that the conventional approach inherited from industrialized countries was hopelessly inappropriate when it came to meet, within a reasonable period of time, the health care needs of their vast populations. And the industrialized countries themselves, after making spectacular advances

in the field of medicine and building up services with expensive facilities, sophisticated technology and highly specialized personnel, are now finding themselves burdened with ruinous medical care systems with which they are unable to provide proper health protection to their own very numerous poor.

6. So there has to be change everywhere. In some areas it has occurred already, in others it is on the way and we should all help to bring it about. To my mind, one of the most significant events for the developing countries in recent years has been the recognition by governments and by most aid-providing organizations that simpler, more direct and much more decentralized actions must be taken promptly to bring to those most in need the essential health services they have never known so far. A report by WHO and UNICEF in 1974-75 identified some of the components of this alternative approach. But we were not discovering anything; we were recognizing a necessity apparent to many and which was already leading to new patterns of services.

7. A number of countries have had experience with this approach and are applying it either nationwide or in some limited areas. They do so each in their own way, depending on their political systems, their cultural patterns, their social philosophy - and their financial resources. We have a great deal to learn from them. It is, however, my conviction that, in spite of our different backgrounds and beliefs, we can all agree on what it will take in any country, under whatever regime, to make nationwide primary health care a reality.

8. It will take first a drastic reordering of priorities and a change of attitudes at all levels of governments and legislatures, beginning by the very top where the crucial political decisions are made. It will take the training or retraining of many professionals used to concepts and routines no longer relevant. It will take, of course, increased budgetary funds for the expansion of services supporting health and for ensuring their effective use. The problem is not just to extend the existing infrastructure of health services, generally very limited: it is, in a sense, to begin building at the other end, at the village end and in the city slums and to mobilize, in the process, the interest and the creative spirit of the very people whose health will be improved and lives transformed by the services to come. Some countries have already changed their approach to budgeting for health care. Instead of using an imported pattern of health services and extending it as far as resources will allow (which is not very far), they are, from the start, devising programmes capable of reaching everyone within the limits of available resources.

9. No service can exist in isolation, and primary health care can have only partial success if it is not supported by vigorous and concerted action from other branches of the government structure. In UNICEF's work for promoting simple, basic services at the grass roots level, we are acutely aware of the fact that development consists of interrelated efforts in many different fields. Almost every development activity can contribute, directly or indirectly, to better health - but some of the concerned ministries too often omit to include a health component in their programmes. Obvious examples of necessary action are the promotion of better agriculture and of crops with good nutritional value, with special attention to family food supply and to local food storage; the provision of safe water and improved sanitation; better housing; the reduction of the work load of women in villages; elementary health education of children and adults through the schools, through direct community action and the mass media - and of course the promotion of responsible parenthood which should be integrated into primary health care itself.

10. Such coordinated action within each country will not yield results in a day and the greatest determination, enthusiasm and patience will be required to reach the goal of primary health care for all. Difficult budget commitments will have to be made and there is no doubt that most developing countries will need increased cooperation from the industrialized countries and from the international community as a whole.

11. For its part, UNICEF stands ready to intensify its cooperation to the very limits of available resources. Over the years, we have always dealt separately with each country and government and we shall continue to do so. Subject to the country's particular approach and choice of priorities regarding health care, UNICEF would hope to provide, in a variety of forms, increased cooperation in programmes related to children's health. Foremost in my mind are, for example:

- assistance in innovative programme planning, and facilitating intercountry exchanges of key personnel and information;
- the provision of supplies and equipment, including support of local production of health related items;
- support for training, particularly of paramedical personnel and community health workers;
- increased cooperation in health related fields such as safe water supply, sanitation, nutrition, formal and informal education, and the local production and efficient storage of foodstuffs.

Last, but not least, I make the commitment that UNICEF will take every occasion - in its role as an advocate for children - for promoting primary health care together with other related basic services. The International Year of the Child, proclaimed by the United Nations General Assembly for 1979, will challenge all countries, rich and poor, to identify the greatest needs of their children and adopt long-term programmes on behalf of the young. The Year should be a great opportunity for making the concept of primary health care better understood and more widely supported.

12. I want to end on a note of hope and sincere optimism. I am enormously encouraged by the thought that, as we sit here, as we deliberate on general principles and plans of action, many countries are at this very moment, going ahead with the application of the primary health care approach, working their problems out in a variety of ways and learning from experience as they go along. The problem we are dealing with is not insoluble. I have absolutely no doubt that, in any country where the government is determined to make and keep the necessary political commitments, it is now feasible to improve drastically the health of its entire population. If we have the will, the goal of health care for all could and should be reached before the end of this century.

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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/CONF.DOC./1 Rev.1

11 September 1978

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FINAL REPORT OF
INTERNATIONAL CONFERENCE ON PRIMARY HEALTH CARE

Alma Ata, USSR, 6 - 12 September 1978

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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. These 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 the Organization of Primary Health Care in Industrially Developed Countries (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.

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 . . . governments and by representatives of . . . United Nations organizations, specialized agencies and nongovernmental organizations in official relations with WHO and UNICEF. A complete list of all participants is contained in Annex 1.

6. Professor B. Petrovsky 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 Puro (Finland)	Chairman, Committee C
Professor W. A. Hassouna (Egypt)	Rapporteur, Committee A
Dr Francisco Aguilar (Philippines)	Rapporteur, Committee B
Professor P. 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 P. (Colombia)
Miss Billiee 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 (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 World Health Assembly, Professor J. J. A. Reid, Chairman of the Executive Board, Dr Halfdan Mahler, Director-General of WHO, Mr Henry R. Labouisse, Executive Director of UNICEF, Dr Sharmanov T. Sh., 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 Dr 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, Tachkent, Samarkand and Bokhara. They met with the Ministers of Health of Kazakh, Khirgiz 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 sociably 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, voluntary groups, youth and women's groups, consumers groups, other nongovernmental organizations and local leaders, 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 most 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. A high priority should be given to the development of sufficient numbers of health, and workers from other sectors working in health, 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 and other 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 would release resources which could be used to accelerate socioeconomic development including primary health care.

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:

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35. A farewell address by 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 of the Declaration of Alma-Ata.

IV. RECOMMENDATIONS

Recommendation 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.

Recommendation 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 their responsibility for their health and well-being.

Recommendation 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 for the support of primary health care and of related activities in other sectors.

Recommendation 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.

Recommendation 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 preventing and controlling them; promotion of 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.

Recommendation 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.

Recommendation 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 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.

Recommendation 8

Special needs of vulnerable and high risk groups

The Conference,

Recognizing the special needs of those who are least able for geographic, 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.

Recommendation 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, physicians, and, where applicable, traditional practitioners and traditional birth attendants.

Recommendation 10

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

The Conference,

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

RECOMMENDS that governments undertake 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.

Recommendation 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.

Recommendation 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.

Recommendation 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.

Recommendation 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.

Recommendation 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.

Recommendation 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 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.

Recommendation 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.

Recommendation 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.

Recommendation 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.

Recommendation 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.

Recommendation 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 organizations, 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.

Recommendation 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 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 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 and communications; 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 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 can be attained for all the people of the world by the year 2000 through a fuller and better use of the world's resources, a considerable part of which are now spent on armaments and military conflicts. The promotion of disarmament and détente could 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 is an essential part.

The International Conference on Primary Health Care calls for urgent and effective international and national 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 the New International Economic Order. It urges governments, WHO and UNICEF, and other international organizations, as well as multilateral and bilateral agencies, nongovernmental 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.