

The Declaration of Alma Ata on Its 30th Anniversary: Relevance for Family Medicine Today

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The Declaration of Alma Ata, issued on September 12, 1978, provides a moral vision for primary care that remains valuable today at a time of transformation of the specialty of family medicine. The Declaration asserts a comprehensive definition of health that recognizes health as a fundamental human right, argues persuasively that gross inequalities in health status are politically, socially, and economically unacceptable, and identifies primary health care as the key to improving health and reducing health status inequalities. The values of Alma Ata can guide the specialty of family medicine to lead positive health system change through renewed collaboration, addressing inequalities, efficient use of resources and appropriate technology, and advocacy in the spirit of social justice.

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In 1978, the International Conference on Primary Health Care held in Alma Ata, USSR, made an urgent call for the world community to come together to improve global health. This was issued as the “Declaration of Alma Ata,”¹ a document that continues to be the sociopolitical cornerstone expressing the moral underpinnings of primary health care. Now on the 30-year anniversary of the conference, it is useful to examine the declaration in its historical context and to see what guidance it offers us today.

The Declaration of Alma Ata emerged within a historical period characterized both by optimism and possibility and by the geopolitics of the continuing Cold War. Inter-

national development economists were calling for a “New International Economic Order” in response to economic disparities between the developed and developing worlds. These political and economic realities helped reshape the arenas of public health and primary care.

Key Elements of the Declaration of Alma Ata

The declaration (Table 1) defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease” and declares health to be a fundamental human right. This statement that health care is a human right set the stage for an entire movement in public health, characterizing health disparities and providing the ethical basis for providing health care for all. This, perhaps more than any other public statement, articulates a core value

of family medicine and requires us to work at the systems level for social justice in the distribution of services to those in need.

The Declaration of Alma Ata also defines health comprehensively. It states that health systems should grow from specific economic, political, and socio-cultural conditions of countries and communities. It should address the principal and pervasive health problems in a society with prevention, curative, and rehabilitative approaches. The health care system should address education, nutrition, food supply, and clean water. It should embrace family planning, maternal-child health, immunization, and infectious disease control and treatment. In addition, it must address chronic illness care and the availability of appropriate pharmaceuticals. The Declaration goes on to identify other sectors such as communica-

tion, agriculture, and industry and calls for coordinated efforts to promote health. Individuals from the community are called upon to play a role in the development and direction of a community-responsive health care system. The Declaration calls on all health care workers to collaborate as teams to realize its vision.

The Declaration of Alma Ata specifically prioritizes health care to those most in need. While this view of primary health care may go beyond what many of us think about on the way to the office, it challenges us to reflect on how health care delivery fits into other community services for the public good. Issues of food security, affordable housing, and health literacy are issues we cannot ignore in our communities. Team-based care is a genuine necessity for quality health care.

The document further declares that gross inequalities in health status are politically, socially, economically, and morally unacceptable. These inequalities persist today, 30 years later, not only in the developing world but within our own communities. Closing the gap on health disparities must become one of the key quality indicators for our health care system and a directive for our own practices.

The document links health and economic improvement to quality of life and, ultimately, to world peace, arguing that promoting health improvement is not only important for the population but a moral imperative incumbent on all nations. The Alma Ata declaration gives the people the rights and responsibilities for the planning and implementation of health care and goes on to describe primary health care as foundational to any health care system.

The declaration goes beyond vision statements to describe action. It describes a world of shared responsibility and calls for a partnership between nations to achieve health goals. The declaration calls

for a “fuller and better use of the world’s resources, a considerable part of which is now spent on armaments and military conflicts,” a statement as relevant today as it was 30 years ago.

The Declaration of Alma Ata insists that health improvements must reach everyone. It provides an opportunity to reflect on our own contributions to the health care system and demands that we refocus our priorities to make health care affordable, responsive to local needs and conditions, and universally available. The declaration suggests there may be new opportunities to bridge family medicine, public health, preventive medicine, and community-based care to reach those in need of services. Finally, the declaration speaks to efficiency—cost-effectiveness and the work of collaborative multidisciplinary health care teams—both themes of great importance at a time of diminishing resources.

Progress in Accomplishing the Goals of the Declaration of Alma Ata

The goals of primary care for all were projected to be attained by the year 2000. While significant improvements have been made both domestically and abroad, particularly in areas of infant mortality, maternal child health, and immunization, much remains to be done. Family medicine as a specialty has developed over the same 30-year period encompassed by this declaration and holds many of the same principles. As family medicine goes through its own period of introspection and transformation, the Declaration of Alma Ata may act as a moral compass to help us collectively keep our bearings.

Three Action Steps for Family Medicine

Out of the moral mandates of the Declaration come specific action steps for health care in the United States in general and for family

medicine in particular. Three key steps can be identified.

First, we must accept a comprehensive definition of primary care leading to effective interdisciplinary collaboration. To be successful in the spirit of the Declaration of Alma Ata, we must embrace the broad definition of primary care with all its implications for family medicine and community health. We must do a better job linking with our colleagues in public health and preventive medicine, while developing new models of education and care that include working collaboratively with nursing and allied health professionals. The moral imperative of Alma Ata requires us to move beyond practice redesign and the “medical home” to a more enduring linkage with the communities we serve. This relationship must be more widely inclusive of other health care professionals, educators, and leaders. Alma Ata calls upon us to think globally about how our efforts to promote advances in health articulate with community well-being.

Second, a core focus of our work must be to advocate for social justice and address inequalities in health. Family medicine as a specialty has often quietly gone about its business of delivering health care. But to thrive, family medicine must be relevant not only to the health care system but also to communities. One need not advocate for our own specialty as much as for our patients and for social justice. As the health of our patients and communities improve and as new models of care and efficiencies are introduced, so too will our chosen specialty thrive.

Alma Ata challenges us to collaborate with those who work for social change. An emphasis on social justice should be incorporated into our mission statements and educational programs as “the seventh competency” against which our overall performance is measured.

Table 1

Declaration of Alma-Ata¹**International Conference on Primary Health Care, Alma-Ata, USSR, September 6–12, 1978**

The International Conference on Primary Health Care, meeting in Alma-Ata this 12th day of September in the year 1978, 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 well-being, 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 sociocultural 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. 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, 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.

Third, we must use resources judiciously. Family medicine has much to offer the health care system in the area of health efficiency to reduce the unacceptably high costs of the American health care system as a percentage of the country's gross national product. Focusing on cost control should be viewed as a strategy to make the health system more inclusive. As health care cost increases are moderated it will become easier to provide care to the groups in need, such as the homeless and uninsured that exist outside of the system.

Conclusions

Thirty years after it was issued, The Declaration of Alma Ata provides family medicine with a moral compass, reminding us that family medicine has a key role to play in improving health and reducing health status inequalities in the spirit of social justice. By focusing on meaningful collaboration, efficient use of resources, reducing disparities, and effective advocacy, family medicine can provide leadership to a wayward health care system. This is the unfinished work we have been called to complete.

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