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REPORT ON INTERNATIONAL CONFERENCE
ON PRIMARY HEALTH CARE*

Alma-Ata, USSR,
6-12 September 1978.

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INTRODUCTION

As decided by the Assembly of the World Health Organization (WHO) 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 at Alma-Ata, capital of the Kazakh Soviet Socialist Republic. The Conference was preceded by a number of national, regional and international meetings on primary health care held throughout the world in 1977 and 1978.

The aims and objectives of the Conference were:

- (a) To promote the concept of primary health care in all countries;
- (b) To exchange experience and information on the development of primary health care within the framework of comprehensive national health systems and services;
- (c) To evaluate the present health and health care situation throughout the world as it relates to, and can be improved by, primary health care;
- (d) 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;
- (e) To define the role of governments, national and international organizations in technical co-operation and support for the development of primary health care;
- (f) To formulate recommendations for the development of primary health care.

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.

UNIDO also prepared a paper for the Conference entitled "Note on UNIDO Activities Relating to Pharmaceutical Products in the Context of Primary Health Programmes". That paper showed the importance of local production in the context of primary health care. Details are given in annex I.

I. ORGANIZATION OF THE MEETING

The plenary started on the afternoon of 6 September. Committees B and C started on Thursday 7 September. Committee B dealt with operational aspects of primary health care and Committee C was concerned with national strategies and international support. Committee A only started on the afternoon of Friday 8 September after finalization of the plenary, and dealt with primary health care and development.

The Conference was attended by delegations from governments and by representatives of United Nations organizations, specialized agencies and non-governmental organizations having official relations with WHO and UNICEF. A list of all participants is given in annex II.

Professor B. Petrovsky was elected President of the Conference. The following were elected as Vice-Presidents of the Conference by acclamations:

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

The following were elected as Chairman 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

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 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 (Pakistan)
Mr. Mahess Teeluck (Mauritius)
Professor K. Spies (German Democratic Republic)

The Conference adopted an agenda and method of work, and agreed to divide major issues between three main committees, the duties of which are outlined above.

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 non-governmental organizations. It was proposed that addresses and statements on the theme of primary health care should be reproduced in a separate post-Conference publication.

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.

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 Blkhara. 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 those institutions were explained. The types of those institutions and the activities that they carry out had 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 had remained the same. The plans for further development of the health care system of the Union of Soviet Socialist Republics were explained to the participants of the Conference during those visits.

On the afternoon of Thursday 7 September, Mr. P. Kőnz, Director of the Division of Policy Co-ordination, made a statement (annex III) about UNIDO and its activities in pharmaceuticals related to primary health care. Mrs.

A. Tcheknavorian, Industrial Development Officer, Industrial Operations Division, made a statement to Committee C on the afternoon of 7 September, on the national strategies and international support. In that statement she highlighted the importance of the supply of drugs in the primary health care programme. In many developing countries the cost of pharmaceutical products was very high and almost half the total expenditure of those countries was on health care, a figure that was three times the proportion of developed countries. Consequently, large quantities of drugs were donated each year to developing countries but, however helpful those donations might be, they did not represent a permanent solution to the problem of health care. A long-term programme for the rational development of an integrated pharmaceutical industry was required, responding to the priority needs for preventive and curative health care. Mrs. Tcheknavorian also talked about the joint programmes with WHO in the field of primary health care where UNIDO could assist in the production of drugs for these programmes.

Moreover, the UNIDO representatives Mr. Kőnz, Mrs. Tcheknavorian and Mr. Merida had the opportunity to talk with government representatives and emphasized the important role that UNIDO could play in primary health care programmes. In statements of the Government representatives in plenary Committees C and B, UNIDO was often quoted and the importance of UNIDO in programmes was emphasized. A large number of UNIDO publications and reports were distributed at the meeting. Following the introduction of UNIDO and the important role of industry in primary health care, it was possible to introduce recommendation 14 (concerning essential drugs for primary health care), recommendations 20, 21 and 22. All of those showed that, the responsibility that was originally designed only for WHO and UNICEF, now included other organizations and their related activities. Details of the recommendations and the Alma-Ata declaration are attached for further information (annex IV).

II. CONCLUSIONS

The Conference was well organized, well conducted and the topics interesting. The main outcome of the Conference was that WHO had now moved the responsibility of the health care system away from the total responsibility of the doctors towards being the responsibility of the community, including all related parameters such as education, industry, nutrition, development, health workers and traditional practitioners. Those should all be integrated as a part of primary health care. All international governmental and non-governmental organizations dealing with aspects related to primary health care were invited to participate in those programmes.

For UNIDO, the conference was of great value, it was in a position to introduce UNIDO, its activities and its role in the primary health care system. That was recognized by WHO, UNICEF, government representatives and non-governmental organizations. Dr. Halfdan Mahler, Director-General of WHO discussed with Mr. P. Kőnz the future co-operation between those two organizations on specific subjects.

Mrs. A. Tcheknavorian also talked with Dr. Mahler and the UNICEF regional representatives about the possible co-operation and integration of the provision and local production of drugs for primary health care. Those suggestions were positively received by Dr. Mahler and the UNICEF representatives. It was hoped that in the meeting that will take place in October in Geneva between Dr. Mahler, Mr. Kőnz, Mr. Stig-Andersen, Assistant Administrator and Director, UNDP, and Mrs. Tcheknavorian, a concrete programme of co-operation between these organizations would be worked out.

Annex I

NOTE ON UNIDO ACTIVITIES RELATING TO PHARMACEUTICAL PRODUCTS IN THE
CONTEXT OF PRIMARY HEALTH PROGRAMMES*

Contribution of pharmaceutical industries in primary health care

1. An important element in a programme of primary health care is the availability of suitable drugs for preventive as well as curative medicine. In many developing countries, pharmaceutical products are either not available in appropriate quantities or quality or their costs are excessively high. For developing countries as a whole, expenditure on pharmaceuticals accounts for almost half the total expenditure on health care; that is almost three times the proportion found in many developed countries. Even so, the total amount available for health care in developing countries is very limited^{1/} and it represents only 2% of the Gross National Product (GNP) and between 40%-60% of this expenditure is on pharmaceuticals. In comparison, the developed countries' health care budget represents 6%-8% of their GNP from which 15%-20% is spent on pharmaceuticals.^{2/} Therefore, large quantities of drugs are donated each year to developing countries in order to supplement the normally available supply. However useful they may be, donations do not provide a basis for a permanent solution to health care problems in developing countries. This requires a long-term programme for the rational development of an integrated pharmaceutical industry, responding to the priority needs for preventive and curative health care.

Measures for the establishment of a pharmaceutical industry in
developing countries

2. The first step in the establishment of a pharmaceutical industry should be to ensure that the necessary pre-conditions for a viable industry are met. These include the preparation of a national health policy; arrangements for provision of appropriate medical services; procurement policies; enactment of appropriate drug legislation, including the registration of drugs; setting up quality control facilities, drug production and distribution; and training

*Previously issued as UNIDO/IOD.207.

^{1/} Study prepared for UNIDO by the Union of the Hungarian Pharmaceutical Industry, February 1976.

^{2/} Pharmaceutical Industrial Dynamics (Stanford Research Institute, Stanford, California, 1976), p.5.

of personnel. The preparation of specific lists of drugs to meet local health needs is an important part of a national health policy; such a list offers the advantage of reducing the number of pharmaceutical products that are to be purchased or produced and concentrating on priority requirements.

3. Once a national list of essential drugs is agreed upon, an analysis can be made of the best way to supply them. Some of the drugs may be selected for local manufacture, with the stage from which such manufacture would be undertaken to depend upon the capabilities of the local pharmaceutical industry. In the Second Panel Meeting of Industrial Experts on the Pharmaceutical Industry, convened by UNIDO in Vienna from 28 February to 3 March 1978, the following criteria for the selection were proposed:

- (a) The drug is widely used and/or required by the health authorities to treat diseases prevalent in the country;
- (b) Its efficacy and safety in the treatment of diseases has been demonstrated and the WHO has endorsed its use;
- (c) The cost per treatment is low enough for the population to afford;
- (d) Local manufacture offers special advantages over import, such as use of available raw materials, saving of foreign exchange, reduction of transport costs etc.;
- (e) A feasibility study of the project indicates that economic production could ultimately be attained, taking into account regional and interregional markets;
- (f) The manufacturing process is appropriate to conditions prevailing in the country;
- (g) The know how for manufacture is available for use, whether patented or not.

4. Once such a selection has been carried out and a group of essential drugs has been chosen for local production the level of production will be introduced according to the infrastructure and requirements of developing countries. Three different levels of production could be considered for the production of drugs:

Formulation and packaging

Chemical synthesis based on intermediates

Chemical synthesis based on raw materials

For the last two levels the multi-purpose plant or industrial scale concept could be adopted, according to the market size.

5. A beginning for an indigenous pharmaceutical industry might be made with the establishment of simple formulation and packaging facilities based on imported bulk materials. This would require less complicated technology but still offers the possibility of achieving savings of up to 30-40% in foreign exchange costs of drugs. It would also offer the basis for the creation of an infrastructure for a more developed industry.

6. According to the market size and available infrastructure a multi-purpose or industrial scale production based on intermediates or raw materials could be placed. The multi-purpose plant concept, in which a number of small volume products have to be produced, could be utilized. This is mostly the case in developing countries.

7. In the past two decades, the value of world annual production of pharmaceuticals increased from \$2.7 thousand million to \$45 thousand million.^{3/} The developing countries, however, participated very little in this growing industry; they account for only 10% of the total world production of pharmaceutical products. Thus, there appears to be considerable scope for further expansion of this industry in developing countries to meet growing primary health care requirements.

UNIDO activity in the pharmaceutical industry

8. Characteristically, the pharmaceutical industry is technology-based and needs well-trained scientists and technicians in a variety of disciplines. Therefore, many of the activities carried out by UNIDO to assist developing countries in the establishment of a pharmaceutical industry have sought to strengthen the technological capabilities of these countries through training programmes, expert group meetings and seminars, and publications as well as specific technical co-operation projects in individual countries or groups of countries.

9. The importance of training has long been recognized and special attention given to this area by UNIDO. Every year since 1974, UNIDO, in collaboration with the Belgian pharmaceutical industry, has organized a training programme for technicians from developing countries at Ghent University; these programmes have proven very beneficial.

^{3/} All references to dollars (\$) are to United States dollars.

10. UNIDO has also developed several programmes for the transfer of technology in the field of pharmaceuticals, both from developed to developing countries and, increasingly, between developing countries themselves through co-operative programmes of various kinds. For example, in collaboration with the Government of Romania, through the Joint UNIDO/Romania Centre, a mobile unit has been sent to selected countries in Asia and another may be sent to Africa, to transfer technology in extraction of drugs from medicinal plants through on-the-spot demonstrations and training. In co-operation with the Belgian pharmaceutical industry, a programme is being developed for the establishment of a demonstration unit for the production of sterile products in Africa.

11. A meeting at the Central Drug Research Institute, at Lucknow, India, in 1976, organized by UNIDO in co-operation with the Government of India, led to recommendations for a number of measures for co-operation between developing countries in the field of production technology and in the use of natural resources, including medicinal plants. Among the follow-up programmes and projects that were elaborated, particular mention is made of a project recently approved for financing under the United Nations Industrial Development Fund for assistance to Cuba in the establishment of a multi-purpose pilot plant facility for the production of a group of drugs using technology from India. This facility will permit the economic production of a number of drugs required in relatively small quantities by using a small number of reactors having versatility of operation. It is expected to be in full operation in 1979 and will be used for demonstration purposes as well as for training technicians from other countries interested in establishing a similar unit for their own use.

12. In its programme of technical co-operation activities, UNIDO, often with UNDP resources, has assisted in the establishment of several units for the formulation and packaging of drugs using imported bulk materials; units have been started in Cape Verde, Democratic Yemen, Ghana, Guyana, Guinea-Bissau, Haiti, Nepal, Sri Lanka, United Republic of Tanzania and Yemen Arab Republic. In other countries, which have suitable infrastructure and opportunities for large-scale production, UNIDO is providing assistance in the establishment of industrial production.

13. UNIDO has also convened expert group meetings, technical consultation meetings and panels of experts to consider various aspects of the pharmaceutical

industry and recommend programmes of action (see bibliography). Recently, for example, UNIDO convened a technical consultation meeting for the production of drugs from medicinal plants. During the last decade, the use of medicinal plants in modern medicine, based on scientific production technology, has been introduced. Since developing countries are rich in such plants, UNIDO has, with the assistance of consultants, drawn up a list of medicinal plants by therapeutic groups and elaborated a programme of production of drugs from such plants. Also, a multi-purpose extraction unit has been developed and introduced to developing countries. The programme was discussed in detail during the recent technical consultation meeting.

14. These are examples of some of the activities carried out by UNIDO in recent years to encourage the establishment and strengthening of pharmaceutical industries in developing countries. UNIDO is prepared to offer a wide range of further assistance in this field, not only through the technical co-operation activities financed from the UNDP or the United Nations Industrial Development Fund resources, but also through a range of other activities, such as a programme of advice and assistance in the choice, development or acquisition of technology; the programme of investment promotion activities in co-operation with the World Bank; the programme of technological and industrial information services; and the system of consultations intended to lead to the establishment of new productive facilities in developing countries. Representatives of governments and industry have participated actively in two panel meetings convened by UNIDO as a preparatory stage for sectoral consultations on the pharmaceutical industry.

15. In close co-operation with the WHO, UNICEF and other international organizations, UNIDO would welcome opportunities to assist developing countries to establish an integrated pharmaceutical industry for the indigenous production of the drugs that form an essential part of any programme of primary health care.

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Limited distribution.

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Limited distribution.

^{4/} All these documents are by UNIDO. Technical studies of particular plants or countries, which are confidential documents, are not included.



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



LIST OF PARTICIPANTS ACCORDING TO INFORMATION RECEIVED UP
TO 31 AUGUST 1978

LISTE PROVISOIRE DES PARTICIPANTS SELON COMMUNICATIONS RECUES JUSQU'AU
31 AOUT 1978

The countries represented are listed in the English alphabetical order. The names of the participants appear in alphabetical order. The name of chief delegate is underlined. Participants accompanied by members of their families are indicated by an asterisk (*).

La liste des pays est établie dans l'ordre alphabétique anglais. Les noms des participants apparaissent par ordre alphabétique. Le nom du chef de la délégation est souligné. Les participants accompagnés d'un membre de leur famille sont indiqués par un astérisque (*).

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Annex III

ADDRESS TO ALMA-ATA CONFERENCE ON PRIMARY
HEALTH CARE, 6-12 SEPTEMBER 1978
(Plenary session, September 7)

By: Peider Künz, Director, Division of Policy Co-ordination, UNIDO

Mr. President, Excellencies, Distinguished Delegates,

I have the pleasure to represent UNIDO at this important conference on behalf of its Executive Director, who is regretfully prevented from being with you. UNIDO is charged within the United Nations family with responsibility for industrial development, especially as it relates to the Third World. And let me say at the outset that we see industrial development as part of a much broader process which includes health and a viable environment and social justice. In such a perspective, we fully subscribe to the concepts and the vision of a primary health system proposed to this conference by WHO and UNICEF, and we will contribute our share to the realization of what must be an interdisciplinary effort going beyond economic, but also beyond purely medical parameters.

While it is evident that primary health involves much more than pharmaceuticals, UNIDO's share in this effort relates first of all to the production of drugs, and of the intermediate and basic chemical substances from which they are derived. We are of course also concerned with the industrial production of other things - hospital, laboratory and medical equipment; foods; proteins; pesticides and insecticides; clothing; building materials; and many other products required to meet primary health needs. We are equally concerned, jointly with the ILO and UNEP, with labour safety and the environment, and - more generally - with the development of conditions of life (that is, social, cultural and technological patterns) compatible both with economic growth imperatives and with postulates of physiological and mental health in the community: we too, Mr. President, have a vision of a desirable world in which industry is close to the community, and supportive of its needs, without megalourbia, social dislocation and pollution and alienation.

But allow me, Mr. President, to turn to the problem of pharmaceuticals - an area central not only to primary health, but also to third world industrialization scenarios. I shall be very brief, since a note on UNIDO's programme and two recent publications in that area have been or

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will be distributed to the participants - one on the Pharmaceutical Industry in Developing Countries and one on Medicinal Herbs and Plants.

Pharmaceuticals and related products constitute a substantial component of health services. Also, the share of pharmaceuticals in overall health expenditure is much larger in developing than in developed countries. This raises a series of specific but interrelated problems. Among them is the high cost, and the consequent drain on foreign exchange, of drugs and increasingly also of pharmaceutical technologies derived from outside sources. Another cluster of problems relates to the adequacy of imported drugs or technologies to meet local needs; to the excessive number of drugs reaching the market in many developing countries, and to the need for compatibility of pharmaceutical policies and drug supply with indigenous (i.e. often traditional) patterns of consumption which cannot be ignored if one hopes to operate a viable primary health system. And lastly, there is the problem of marketing and distribution through networks which reach all levels of the community.

In this context, UNIDO considers as its primary objectives those of increasing both the quantity and the quality of essential, primary-health oriented pharmaceutical production in developing countries, including the least developed ones, and of encouraging closer collaboration among developing countries at regional, sub-regional, bilateral or inter-regional level.

To this end, we have several tools at our disposal. One is a technical assistance programme funded both by UNDP and by our own Industrial Development Fund. Another is the provision of advice on the choice, development and - wherever appropriate - the transfer on equitable terms of technologies related to pharmaceutical production. In co-operation with the World Bank, UNIDO also operates an investment promotion programme to identify investment opportunities and assist in obtaining the requisite financing, public or private. Yet another tool is that of the UNIDO sectoral consultations in which Governments, industry and labour from developed and developing countries are brought together to think through and chart an appropriate course to increase and improve the industrial output of developing countries. Pharmaceutical production is one of the areas selected by our policy bodies for future consultations - an effort which we would like to consider as a joint venture not only of UNIDO and UNCTAD, but also of WHO and UNICEF.

As regards our technical co-operation activities - which range from planning and feasibility studies to the provision of equipment, establishment of pilot plants, training, management and marketing - our principal focus, as regards pharmaceuticals, is on the following targets:

1. Local formulation and packaging of drugs in all (or most) developing countries;
2. Wherever possible, integrated pharmaceutical production; and
3. Maximum use of indigenous products, including medicinal herbs and plants as substitutes for, or complements to more sophisticated and also more expensive imported or synthetic drugs.

It is evident, Mr. President, that in all this we must (and do) rely on health and pharmaceutical policies and specifications elaborated under the auspices of WHO. I am referring for instance to the list of 60 essential drugs, and to current efforts of developing simplified pharmacopeia that could be given priority in developing countries. And, of course, the whole primary health infrastructure - human, community-based, culture-specific, as postulated at this conference - is of paramount importance also to us. Without it, drug production and drug supply will remain irrelevant, in social terms, just as, without adequate drugs, a primary health system might not be fully effective.

And this, Mr. President, leads me back to a plea for close linkages between members of the United Nations family in ensuring that adequate primary health services be available throughout the world, and throughout each community - a plea which we hope to see reflected in the Alma Ata Declaration. There is ample evidence that such an interdisciplinary approach is workable. I shall mention only one project, suggested some years ago by the Non-Aligned Countries and executed by the Government of Guyana with the active participation of the WHO, UNDP, UNCTAD and UNIDO, to explore the feasibility of economic and technical co-operation among developing countries in the pharmaceutical sector. I am convinced that there are many other such opportunities for joint action, and for collaborative patterns among international organizations similar to those which, at national level, obtain among Ministries of Health, Ministries of Education and Welfare, Planning Ministries and Ministries of Industry.

Thank you very much.

ALMA-ATA DECLARATION AND 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.

*Previously issued as ICPHC/ALA/CONF.DOC./1 Rev.1.

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^r 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.

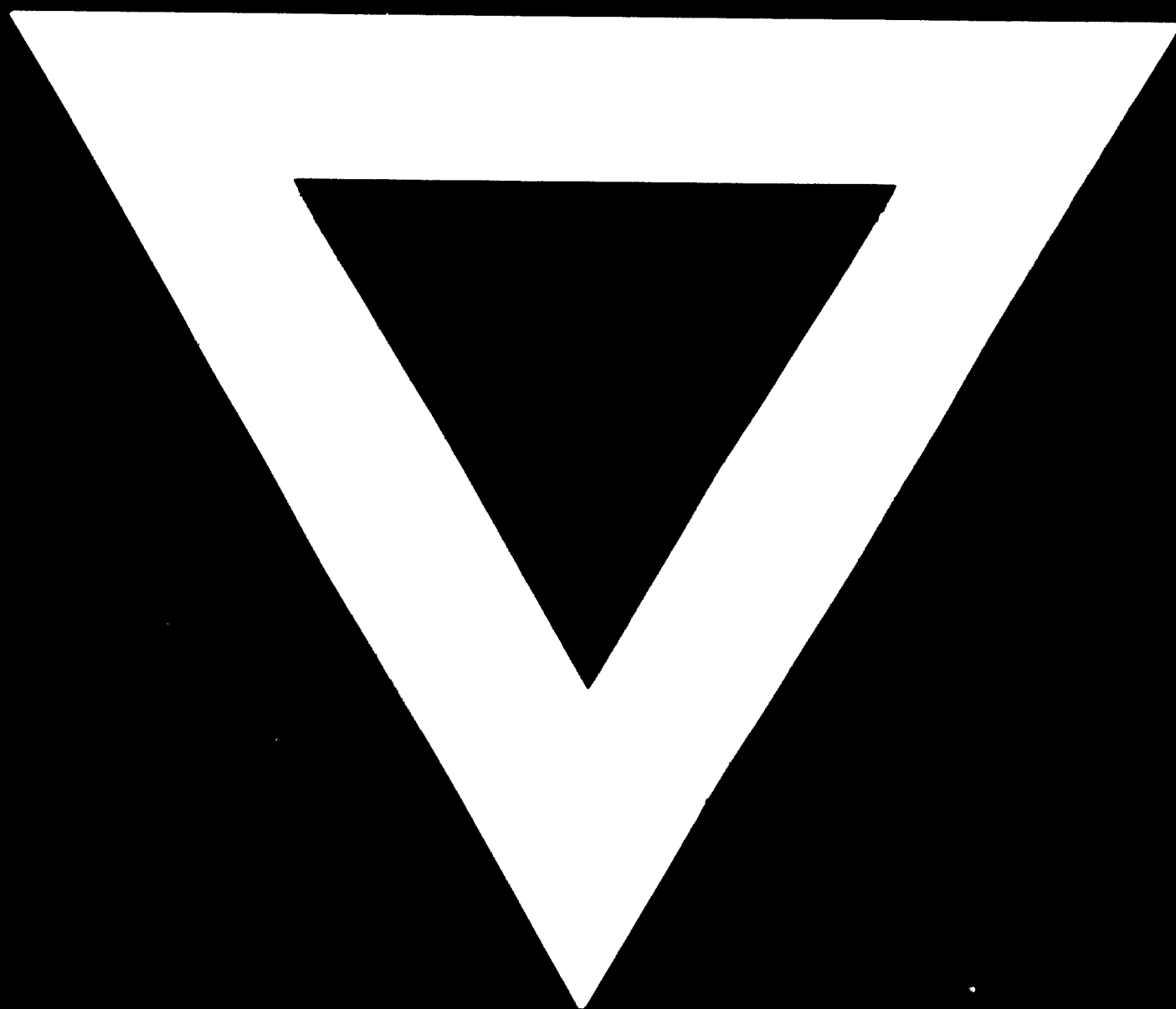
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An acceptable level of health can be attained for all the people of the world by the year 2000 through a fuller and better use of the world's resources, a considerable part of which are now spent on armaments and military conflicts. The promotion of 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.

We regret that some of the pages in the microfiche copy of this report may not be up to the proper legibility standards, even though the best possible copy was used for preparing the master fiche.

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