

# The alma ata declaration health and social care essay

Law



The Alma Ata Declaration was officially adopted at the International Conference on Primary Health Care in Alma Ata ( in present Kazakhstan ) in September 1978 ( WHO, 1978 ) . It identifies and stresses the demand for an immediate action by all authorities, all wellness and development workers and the universe community to advance and protect universe wellness through Primary Health Care ( PHC ) ( ibid ) . This has been identified by the Declaration as the cardinal towards accomplishing a degree of wellness that will let for a socially and productive life by the twelvemonth 2000.

The rules of this declaration have been built on three ( 3 ) key facets which include:

Equity - It acknowledges the fact that every person has the right to wellness and the realization of this requires action across the wellness sector every bit good as other societal and economic sectors.

Participation - It besides identifies and recognises the demand for full engagement of communities in the planning, administration, execution, operation and control of primary wellness attention with the usage of local or national available resource.

Partnership - It strongly supports the thought of Partnership and coaction between authorities, World Health Organisation ( WHO ) and UNICEF, other international administrations, many-sided and bilateral bureaus, non-governmental administrations, support bureaus, all wellness workers and the universe community towards back uping the committedness to primary wellness attention every bit good as increasing fiscal and proficient support particularly in developing states.

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Other of import rules identified by the Declaration include: wellness publicity and the appropriate usage of resources.

The declaration calls on all authoritiess to explicate schemes, policies and actions to establish and prolong primary wellness attention and integrate it into the national wellness system. It was endorsed by the World Health Assembly in 1978 hence enshrining it into the policy of the WHO ( Horder, 1983 ) .

## **Background**

Back in the sixtiess and 1970s, many developing states of the universe gained independency from their colonial leaders. In attempts to supply good quality health care service for the population, these new authoritiess established learning infirmaries, medical andnursingschools most of which were located in urban countries ( Hall & A ; Taylor, 2003 ) therefore making a job of entree to 'good quality ' wellness service particularly for people that reside in rural communities.

Successful programmes were initiated by Tanzania, Sudan, Venezuela and China in the sixtiess and 1970s to supply primary attention wellness services that was basic every bit good as comprehensive ( Benyoussef & A ; Christian, 1977 ; Bennett, 1979 ) . It is on the footing of these programmes that the term 'Primary Health Care ' was derived ( Hall & A ; Taylor, 2003 ) . In low income states, the primary wellness attention scheme as described by the Alma Ata was really influential in puting wellness policy during the 1980s nevertheless in high income states such as the United Kingdom, it was

considered irrelevant on the given that the degree of primary attention service was already good developed ( Green et al. , 2007 ) .

Primary wellness attention has been defined in the Declaration of Alma Ata as ;

“ indispensable wellness attention based on practical, scientifically sound and socially acceptable methods and engineering made universally accessible to persons and households in the community through their full engagement and at a cost that the community and state can afford to keep at every phase of their development in the spirit of self trust and self-government. It forms an built-in portion both of the state 's wellness system, of which it is the cardinal map and chief focal point, and of the overall societal and economic development of the community. It is the first degree of contact of persons, the household and community with the national wellness system conveying wellness attention every bit near as possible to where people live and work, and constitutes the first component of a going wellness attention procedure. ” ( WHO, 1978 )

The Alma Ata Declaration brought about a displacement on accent towards preventative wellness, preparation of multipurpose paramedical workers and community based workers ( Muldoon et al. , 2006 ) .

In order to accomplish the planetary mark of wellness for all by the twelvemonth 2000, ends were being set by the WHO ( WHO, 1981 ) some of which include:

At least 5 % of gross national merchandise is spent on wellness.

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A sensible per centum of the national wellness outgo is devoted to local wellness attention.

Equitably distribution of resources

At least 90 % of new-borne babies have a birth weight of at least 2500g.

The infant mortality rate for all identifiable subgroups is below 50 per 1000 live-births.

Life anticipation at birth is over 60 old ages.

Adult literacy rate for both work forces and adult females exceeds 70 % .

Trained forces for go toing gestation and kid birth and lovingness for kids for at least 1 twelvemonth of age.

It has been over 30 old ages now that the Declaration of Alma Ata was adopted by the WHO. A expression at the current wellness tendency around the universe particularly in developing states such Nigeria, Ghana, Niger, Zimbabwe and so many others will uncover that the end of accomplishing wellness for all by the twelvemonth 2000 through primary wellness attention has non been a world. Although there have been sensible betterment in immunization, sanitation and entree to safe H2O, there is still hindrances in supplying just entree to indispensable attention worldwide ( WHO, 2010 )

### **What went incorrect?**

Lawn et Al. ( 2008 ) explain that the Cold Warsignificantly impeded the coveted impact outlook of the Alma Ata Declaration in the sense that

planetary developmental policy at that clip was dominated by neo-liberal macro economical and societal policies. The consequence of this on poorer states of the universe peculiarly in Africa was execution of structural accommodation programmes in attempt to cut down budget shortage through devaluations in local currency and cuts in public disbursement. This resulted in the remotion of subsidies, cost recovery in the wellness sector and cut dorsums in the figure of medical wellness practitioners that could be hired. The debut of user charges and encouragement of denationalization of services during this period had an indecent consequence on hapless people who could non afford to pay for such services. The combination of these factors therefore resulted in portion to the crippling of the quality of service that can be provided at the primary attention degree. Peoples who could afford such service resorted to wellness service offered at secondary or third attention which in most instances is hard to entree.

The debut of a new construct of 'Selective ' Primary Health Care as proposed within a twelvemonth of the acceptance of the Alma Ata Declaration by Walsh & A ; Warren ( 1979 ) changed the dimension of primary wellness attention. This 'interim ' attack was proposed due to the trouble experienced in originating comprehensive primary wellness attention services in states with autocratic leading ( Waterston, 2008 ) . Walsh & A ; Warren ( 1979 ) argued that until comprehensive primary wellness attention can be made available to all, services that are targeted to the most of import diseases may be the most effectual intercession for bettering wellness of a population. The steps suggested include ; immunization, unwritten rehydration, chest eating and the usage of anti malarias. This selective

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attack was considered as being more executable, measurable, rapid and less hazardous, taking away determination devising and command off from the community and putting it upon advisers with proficient expertness hence doing it more attractive peculiarly to funding bureaus ( Lawn et al. , 2008 ) . An illustration of a selective primary attention attack is the Expanded Programme on Immunisation ( EPI ) . Selective primary wellness attention is concerned with supplying solutions to peculiar diseases such as HIV/AIDS and TB while comprehensive primary attention as proposed the Alma Ata begins with supplying a strong community substructure and engagement towards undertaking wellness issues ( Baum, 2007 ) .

The displacement in maternal, new-borne and child wellness as a consequence of programmes that removes control from the community hinders the realization of the ends of primary wellness attention as emphasized by the Alma Ata Declaration. The reversal of policy in the 1990s by the WHO and other UN bureaus to deter traditional birth attenders and advancing installation based birth with skilled forces ( Koblinsky et al. , 2006 ) is an illustration of such.

The World Bank 's study 'Investing in Health ' which was published in 1993 saw the World Bank go a great influence and major key participant in international public wellness as such robbing the WHO of the esteemed place ( Baum, 2007 ) . It considers investings for intercessions that merely hold the best impact on population wellness as such taking local control and recommending a 'vertical ' attack to wellness. This move counteracts the

procedure of the societal alteration described by the Alma Ata Declaration which is necessary for realization of its ends.

These go to demo that consistence both in leading ( locally and globally ) , policy every bit good as good grounds ( to drive policy devising and actions ) , are of import ingredients for planetary enterprises to win.

## **What went right?**

Even with the several elements that prevailed against the accomplishment of the corporate ends of the Alma Ata Declaration, several instance surveies show that when provided with a favorable environment, primary wellness attention as prescribed by the Alma Ata is sufficient to convey about a important betterment in the wellness position of any population or state.

### Case study1: Primary Health Care in Gambia

Using informations obtained from a longitudinal survey conducted by the United Kingdom Medical Research Council over a 15 twelvemonth period for a population of about 17, 000 people in 40 small towns in Gambia, Hill et Al. ( 2000 ) compared baby and kid mortality between small town with and without primary wellness attention. The excess services that were provided in the small towns with primary wellness attention include: a small town wellness worker, a paid community nurse for every 5 small towns and a trained traditional birth attender. Maternal and kid wellness services with inoculation programme were accessible to occupants of both primary wellness attention and non primary wellness attention small towns. There



was marked betterment in baby and under 5 mortality in both sets of small towns.

After primary wellness attention system was established in 1983, infant mortality dropped from 134/1000 in 1982 - 83 to 69/1000 in 1992 - 94 in the primary wellness attention small towns and from 155/1000 to 91/1000 in non primary wellness attention villages over the same period of clip. Between 1982 and 83 and 1992-94, the decease rates for kids aged 1-4 fell from 42/1000 to 28/1000 in the primary wellness attention small towns and from 45/1000 to 38/1000 in the non primary wellness attention small towns. However, in 1994 when supervising of primary wellness attention was weakened, infant mortality rate in primary wellness attention small towns rose to 89/1000 for primary wellness attention small town in 1994 - 96. The rate in non primary wellness attention small town fell to 78/1000 for this period.

The execution and supervising of primary wellness attention is associated with a important consequence on infant mortality rates for these groups of small towns that benefitted from the programme.

#### Case study 2: Under 5 mortality and income of 30 states

To measure the advancement for primary wellness attention in states since Alma Ata, Rohde et Al. ( 2008 ) analysed life anticipation relative to national income and HIV prevalence in order to place over accomplishing or under accomplishing states. The survey focused on 30 low income and in-between income states with the highest twelvemonth decrease of mortality among

kids less than 5 old ages of age and it described coverage and equity of primary wellness attention every bit good as other non wellness sector actions. The 30 states in inquiry have scaled up selective primary attention ( immunization, household planning ) and 14 of these states have progressed to comprehensive primary attention which has been marked with high coverage of skilled birth attenders. Equity with skilled birth attending coverage across income groups was accessed every bit good as entree to clean H<sub>2</sub>O and gender inequality in literacy.

These 30 states were grouped into states with selective primary attention ; mixture of selective and comprehensive primary wellness attention ; and comprehensive primary wellness attention entirely. The major participants among states with comprehensive primary wellness attention are Thailand, Brazil, Cuba, China and Vietnam. Overall, Thailand tops the list and it has comprehensive primary wellness attention. Maternal, new-borne and child wellness in Thailand were prioritised even before Alma Ata and has been able to increase coverage for immunization and household planning intercessions. The Government investing in territory wellness systems provided a foundation for comprehensive primary wellness attention in maternal, new-borne and child wellness every bit good as other indispensable services. Community wellness voluntaries besides played a important function towards Thailand 's medical promotion. They promoted the usage of H<sub>2</sub>O sealed latrines to better sanitation and were really instrumental towards the diminution of protein Calorie malnutrition in pre-school kids in the past 20 old ages ( WHO, 2010 ) . Engagement of the

community wellness voluntaries is a major beginning of community engagement into wellness attention of Thailand ( ibid ) .

The undermentioned factors were identified as of import lessons from high accomplishing states: accountable leading and consistent national policy advancement with clip ; constructing coverage of attention and comprehensive wellness systems with clip ; community and household authorization ; territory degree focal point which is supported by informations to put precedences for support, path consequences every bit good as identify and damages disparities ; and prioritizing equity, taking fiscal barriers for hapless households and protection against ineluctable wellness cost.

Case study 3: Integration of cognitive behaviors based therapy into everyday primary wellness attention work in rural Pakistan

Rahman et Al. ( 2008 ) in a cluster-randomised control survey in Pakistan shows the benefits derived when cognitive behavior therapy in postpartumdepressionis integrated with community based primary wellness attention. Training was provided to the primary wellness attention workers in the intercession group to present psychological intercession. The wellness attention workers besides receive monthly supervising and monitoring. Significant benefit ( lower depression and disablement tonss, overall operation and perceptual experience of societal support ) was reported in the intercession group to propose that this sort of steps as supported by the Alma Ata can drive the inaugural towards 'Health for all ' .

It is apparent and clear that states that practiced comprehensive primary wellness attention as enshrined by the Alma Ata reaped great benefits in footings of population wellness betterment. Although it has been argued that comprehensive primary wellness attention is excessively idealistic, expensive and unachievable ( Hall & A ; Taylor, 2003 ) , grounds suggest that it is more likely to present better wellness results with greater public satisfaction ( Macinko et al. , 2003 ) . This sort of attention can cover with up to 90 % of wellness demands in low income states ( World Bank, 1994 ) .

### **Relevance of Alma Ata in this present clip**

Our present universe that has been characterised by pronounced epidemiological passage in wellness. Low income states every bit good as high income 1s are faced with increasing prevalence of non communicable every bit good as chronic disabling disease ( Gillam, 2008 ) hence, the being of infective diseases ( malaria, HIV/AIDS, Tuberculosis etc ) , and diseases like cardiovascular disease anddiabetes. For low income states such as sub-Sahara African Countries, this constitutes a major wellness job because their wellness systems are chiefly oriented towards supplying services inclined with maternal and child wellness, ague or episodic unwellnesss. As such current wellness systems need to hold the capacity to supply effectual direction for the current disease tendency. The Alma Ata provides a foundation for how such effectual wellness service can be provided. Because, primary wellness attention is the first line of contact an person has to wellness attention, it is therefore really influential in finding community wellness particularly when the community is to the full empowered to take part. As societies modernise, as it is the instance in our

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current universe, the degree of engagement additions and people want to hold a say in what affects their lives ( Garland & A ; Oliver, 2004 ) .

Therefore, the degree engagement in wellness attention is better off and more powerful in this present clip than it was when it was the Alma Ata was adopted. Evidence suggest that the values as enshrined by the Alma Ata are going the mainstream of modernizing societies and it is a contemplation of the manner people look at wellness and what they expect from their wellness attention system ( WHO, 2008 ) .

Alma Ata failed in some states because the Government of such states refused to set schemes towards prolonging a strong and vivacious primary wellness attention system that is appropriate to the wellness demands of the community such that entree is improved, engagement and partnership is encouraged and wellness is improved in general. There is no end standard guideline or manual on Alma Ata but single authoritiess have to develop their ain schemes which should be good suited towards run intoing their ain demands. The Alma Ata initiation rules is still relevant towards accomplishing these ends particularly as it brings wellness attention to peoples door measure as it encourages preparation of people to expeditiously and efficaciously present wellness services. Evidence has shown that there is a greater scope of cost effectual intercessions than was available 30 old ages ago ( Jamison et al. , 2006 ) . It is for these grounds that primary wellness attention is indispensable towards accomplishing the millenary development ends particularly as it concerns child endurance, maternal wellness, and HIV/AIDS, malaria, TB and other diseases.

The Alma Ata emphasises the importance of coaction as an of import tool towards presenting, developing and keeping primary wellness attention. This partnership as supported by the Alma Ata is indispensable to increase proficient and fiscal support to primary wellness attention particularly in low income states. It is a current tendency to happen an increasing mixture of private and public wellness systems every bit good as increasing private-public partnerships. Governments, giver and private administrations are now working together to advance and protect wellness unlike after Alma Ata ( OECD, 2005 ) . There is besides increased support and this is switching from selective planetary finacess to beef uping wellness systems through sector broad attacks ( Salama et al. , 2008 ) . This sort of coactions is a measure in the right way and when it is strengthened harmonizing to the rules of the Alma Ata, it will non merely better the perkiness of the wellness attention system but besides better engagement and equity in the sense that wellness attention is more qualitative and accessible to the people.

The old ages that followed after acceptance of the Alma Ata by WHO member provinces was characterised by unstable political leading and military absolutism particularly among low income states which lead to pretermite of the wellness sector. This created unfriendly environments for the development and care of stable primary wellness attention systems. In this current times nevertheless, most states have embraced the democratic system of leading that promotes equity, engagement and partnership.

Health equity is continually basking prominence in the duologue of political leaders and ministries of wellness ( Dahlgren & A ; Whitehead, 2006 ) .

Therefore, the environment being created is friendlier to the Alma Ata hence

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doing it more relevant in this clip. Thirty old ages ago, the values of equity, people centeredness, community engagement and self finding embraced by the Alma Ata was considered as being extremist but today these values have become widely portion outlooks for wellness ( WHO, 2008 ) .

Our current clip has been marked by gross technological promotion which was non available in the 1970s. There is besides an increased wealth of cognition and literature on wellness and on the turning wellness inequalities between and within states all of which was non available 30 old ages ago. All these set together provides a relevant foundation to back up the Alma Ata in the present clip doing it more relevant in presenting effectual wellness attention service.

## **Decision**

The prevalent political and economic state of affairs around the universe make the Alma Ata more relevant than it was in 1978. However, there is still necessitate for more to be done. There is demand for the revival of primary wellness attention harmonizing to the dogmas of the Alma Ata and advancement made should be systematically monitored. There is besides the demand for an increased committedness to the virtuousness of 'health for all ' every bit good as increased committedness of resources towards primary wellness attention which should be driven by good grounds base. It is of import that accent be changed from individual intercessions that produce short term or immediate consequences to intercessions that will make an incorporate, long term and a sustainable wellness attention system.

Even with the challenges being faced so far with full execution of the Alma Ata, the ideals are relevant still relevant now more than of all time.