

Health for All Through Primary Care

By Barbara Ruben

Twenty years ago, the World Health Organization's International Conference on Primary Care held in Almaty (then called Alma-Ata), Kazakhstan launched WHO's Health for All strategy, a cornerstone of the organization's work for the last two decades. Last November, about 200 representatives of WHO and of non-governmental organizations from around the world met again in Almaty to gauge primary care's progress over the last 20 years and to advocate for its importance into the next century.

The September 1978 conference called for "urgent and effective national and international action to develop and implement primary health care throughout the world and particularly in developing countries." In the declaration that resulted from the conference, delegates spelled out a definition of primary care:

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...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.

This concept of primary care forms the backbone of WHO's Health for All strategy, which states that the main social target of governments and WHO over the coming decades should be "the attainment by all citizens of the world by the year 2000 of a level of health that would permit them to lead socially and economically productive lives."

WHO Regional Director for Europe J.E. Asvall admits that this goal has not yet been met and that, in fact, health in Europe has deteriorated during the 1990s. For the first time since World War II, life expectancy in the European Region fell, from 73.1 years in 1993 to 72.4 in 1994, due in large part to deteriorating health conditions in the New Independent States (NIS).

Improved access to primary care could help turn the downward trend around, according to Asvall. Last fall, WHO Europe released a new version of its Health for All policy, called Health21. One of the 21 targets for the 21st century states, "There should be a much stronger emphasis on primary care."

In the NIS, WHO is currently overseeing projects in Turkmenistan and Uzbekistan that support development of national primary care guidelines, strengthening links between primary care and hospital services, strengthening family medicine and facilitating cooperation on primary care between the United Nations and other non-governmental organizations in the region.

But 20 years ago European member states balked at adopting Health for All goals in their country's health policies. "Member states told us that Alma-Ata was very important--for everybody else but us," Asvall said. "But when they really analyzed their health policy development, they realized they'd missed some major elements, like lifestyles and primary care. These are issues we're still working on two decades later, and they will be important into the next century."