

# Health Care Ten years after Alma Ata\*

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## I. Introduction

In 1977 the Thirtieth World Health Assembly decided that the main social goal of governments and WHO should be “the attainment by all citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life”.<sup>1</sup>

The International Conference on Primary Health Care (PHC), meeting in Alma Ata, USSR, in 1978, asserted that health is a human right and that health care should be accessible, affordable and socially relevant.<sup>2</sup>

According to the Alma Ata Declaration, PHC furnishes the key to the attainment of the goal of “Health for all by the year 2000” (HFA/2000). At that conference, all governments were called upon to adopt the PHC programme as part of a comprehensive national health system. Since the programme required promotion and further support for its implementation, all non-governmental organizations (NGOs) were invited to participate.

As a member of the “NGO Group on Primary Health Care”, the League of Red Cross and Red Crescent Societies (LRCRCS) took an active part in the preparation of PHC strategies for consideration at the Alma Ata Conference. Since then, the National Societies have been further encouraged to increase their involvement in health promotion.

The International Red Cross Seminar on PHC for Developing Countries, sponsored jointly by the Alliance of Red Cross and Red Crescent Societies of the USSR and the League of Red Cross and Red Crescent Societies, was held in Frunze, USSR, in 1979. The seminar

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\* This article is based on the text of a working document prepared for the Henry Dunant Institute (HDI, 1:88).

<sup>1</sup> Thirtieth World Health Assembly, Resolution WHA/30.43 (1977).

<sup>2</sup> WHO, UNICEF, *Alma Ata 1978: Primary Health Care*, WHO, Geneva (1978).

was held in pursuance of Resolution V of the Thirty-third Session of the LRCRCS Board of Governors in 1975. At this session, the objective of increasing the effectiveness of the League and its national member societies in meeting the needs for basic medical care was laid down. Emphasis was placed on the League's task of helping the respective National Societies to plan and implement new programmes, especially in the field of primary health care (PHC).<sup>3</sup>

A draft plan of action to implement, monitor and evaluate the Global Strategy for HFA/2000 was prepared by the WHO Executive Board in May 1981, reviewed by WHO Regional Committees and approved by the Thirty-fifth World Health Assembly in 1982.<sup>4, 5</sup>

In 1988, six years after approval of this plan of action, and ten years after the Alma Ata Declaration, it was concluded at a meeting held in Riga, USSR, under the slogan "Alma Ata to the year 2000: a midpoint perspective" that the HFA concept had made an important contribution to the health and well-being of people of all nations. Nevertheless, problems remained, necessitating an increased commitment, including action to ensure a more effective implementation of PHC.

During these years efforts have been made to increase the involvement of the National Red Cross and Red Crescent Societies in the effort to improve PHC. In this article, a brief review will be made of the progress of the HFA/2000 programme to date and an attempt will be made to assess the prospects of the objectives set by the year 2000. In addition, consideration will be given to ways and means of increasing the effectiveness of the contribution of the League of Red Cross and Red Crescent Societies to public health.

## **II. An overview of current government health policies and primary health care implementation strategies**

The Report on the first evaluation of the Health-for-All strategies<sup>6</sup> for the period 1978-1984 concluded that most States have evolved from a phase of doubt, uncertainty and scepticism to one of active participation, showing confidence, courage and commitment. By 1988, practically all countries participating in the programme had made significant strides in developing national health policies and strategies consistent with the HFA/2000 Global Strategies.

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<sup>3</sup> International Red Cross PHC Seminar for Developing Countries, Frunze, USSR (1979).

<sup>4</sup> WHO, *Plan of Action for Implementing the Global Strategy for Health for All*, WHO, Geneva (1980).

<sup>5</sup> Thirty-fifth World Health Assembly, Resolution WHA/35.23 (1982).

<sup>6</sup> Evaluation of the Strategy for Health for All by the year 2000. *Seventh report on the world health situation, Global Review*, WHO, Geneva (1987).

While the great majority of the countries involved have indicated that their overall national health policies and strategies reflect the basic principles of the Health for All strategy, varying degrees of emphasis are evident, depending upon the particular public health situation prevailing in each country and region.

At the Riga meeting held in 1988 and referred to above, it was concluded that most participating countries had been largely successful in their efforts to make their health services more equitable and effective and in improving the health and well-being of their respective populations since the Alma Ata Conference was held.

The following examples were given of improvements in the coverage, effectiveness and quality of public health programmes:

- the immunization rate has increased in most countries of the world, rising from about 5% in developing countries in 1970 to more than 50% in the late 1980s;
- remarkable progress was noted in many countries, reflected in decreasing infant, under-five and maternal mortality rates; this was particularly true in some of the least developed countries (LDCs), which showed a more than 50% decline in the mortality rate for children under five since 1950;
- many countries have based their national health policies on the “Health for All” concept. They have emphasized health promotion, including improvements in life-styles, and have also decentralized their PHC administration to district, town and local community levels.

It was to be noted, however, that progress in the implementation of HFA/2000 strategies and development of its key element, PHC, was far from uniform, either between countries or within them. This holds true especially in the LDCs.

### **III. A brief assessment of how NGOs have interpreted their roles in response to the Alma Ata Declaration**

Even prior to the Alma Ata Declaration, the Non-Governmental Organizations (NGOs) as a whole had taken an active interest in working out the PHC concept and their respective roles in the programme.

A special group called the Non-Governmental Organization Joint Planning Exercise in PHC was set up in 1978 to promote PHC among NGOs at national level. Later on this group developed into the "NGO Group on Primary Health Care" and, in 1981, prepared a position paper on the role of NGOs in PHC, with the active participation of the League of Red Cross and Red Crescent Societies.<sup>7</sup>

Following the Alma Ata Conference, the above-named group held a series of meetings in which the discussions centred on the following main points: promotion of broad participation by the people, strengthening the means of communication at all levels, encouraging joint planning among the NGOs within each country, and working towards a new style of co-ordination at local, regional and international levels.

Since then many NGOs have become actively involved in activities leading to the development of public health care. Co-operation with WHO has been intensified in all priority programme areas through a growing number of activities. These include the dissemination of information and the collection of data in connection with specific activities, the publication of instruction pamphlets and handbooks, the organization of training courses for all categories of health workers, collaboration in specific health programmes such as health education, and measures to combat cancer. The NGOs also collaborate actively with WHO in PHC and more particularly in the areas of infant and young child feeding, control of diarrhoeal diseases, maternal and child health care (CHILD ALIVE Programme) and family planning, nutrition, prevention of blindness, ageing, alcohol and drug abuse, rehabilitation and prevention of permanent disability.

Implementation of the Global Strategy for Health for All by the Year 2000, with further development of the PHC programme as a whole, will require continued efforts on the part of NGOs, governments and communities. Although NGOs have played an important role in the PHC programme at the international level, their role at the national level, especially in planning, has been more modest than it should be. When they are involved, it is often in a haphazard, unco-ordinated way.

The overall position of NGOs with regard to the principles of the Alma Ata Declaration is set forth in a document which is still valid, entitled "Position Paper elaborated by the NGO Group on Primary Health Care".<sup>8</sup>

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<sup>7</sup> "The role of NGOs in formulating strategies for Health for All by the year 2000" *Position paper elaborated by the Non-Governmental Organizations group on Primary Health Care*, Geneva (1981).

<sup>8</sup> *Ibid.*

## **IV. Evaluation of approaches to primary health care within the International Red Cross and Red Crescent Movement**

The Red Cross role in primary health care may be summed up as follows:

1. As part of its mission to prevent and relieve human suffering, the Red Cross is directly involved in the development of primary health care. This has been confirmed in resolutions adopted at several international Red Cross meetings, and by the growing number of Red Cross and Red Crescent Societies already taking an active part in PHC programmes.
2. The comprehensive nature of PHC, its accessibility and universality, its essential community participation, its emphasis on prevention—these are all elements which are in line with Red Cross principles and fit naturally into Red Cross terms of reference as they have evolved over the years. Once associated mainly with relief in times of disaster and conflict, the Red Cross has become increasingly concerned with people's day-to-day well-being. It recognizes that adequate economic and social development, improved living conditions and welfare support are necessary for health.
3. A National Red Cross or Red Crescent Society is an NGO with membership extending in some cases to the smallest communities. At the same time, it enjoys what may be termed a "privileged" position for dialogue with the highest national authorities. As a result, it has a heavy burden of responsibility with regard to PHC. First, it must help promote understanding of the PHC concept; secondly, each National Society, in consultation with all PHC partners in the PHC programme, must identify the sectors where it can make the most useful contribution within the framework of the overall PHC plan; thirdly, the Red Cross has the obligation to work together with local communities, governmental and other authorities, and other NGOs in making practical plans for the implementation of PHC programmes.
4. The basic PHC concept is compatible with Red Cross principles, current ideas concerning development and the traditional values of most cultures. When it comes to application, however, implementation of the PHC concept is sufficiently different from present practices to mean that understanding and acceptance are neither automatic nor universal. Where there is a lack of understanding, members of the Red Cross and Red Crescent family must be prepared to serve as advocates in a long and patient educational effort conducted with village committees, government ministries and other authorities, both within and outside the Red Cross organization. Where the pace of change is slow,

Red Cross initiatives can show the way (for example, through pilot projects conducted at community level).

5. A change in roles and attitudes may be necessary for those in the Red Cross who take part in the assessment of the various communities' health needs and their efforts to assume their responsibilities. Ways must be found to impart the benefits of professional experience, know-how and assistance without diminishing the self-reliance that is one of the goals of community-based health care.

6. Working in partnership with governments, other NGOs and community representatives does not imply loss of Red Cross identity, but it does require, for most National Societies, some adjustments in their way of working. Successful PHC programmes have clearly defined responsibilities for all involved; Red Cross decision-makers at all levels must begin by accepting only tasks which can be accomplished with the resources available. Some long-standing and cherished Red Cross activities may have to be re-examined in the light of the PHC approach.

7. Nonetheless, some Red Cross activities have for so long been essential parts of community health and social welfare systems that it would be wrong to exaggerate the change needed. Red Cross institutions, from modern hospitals and advanced blood transfusion services to simple village dispensaries, will continue to have a place, even if a modified one, at the different levels of an overall health system based on PHC. Red Cross expertise in training a wide range of health and social welfare personnel may be a vital contribution to PHC in many areas. Red Cross experience in education and information, involving the ability to communicate with individuals, families and communities, is useful everywhere in PHC. Finally, the Red Cross capacity to mobilize volunteers from all walks of life and from all sectors of the community, men and women, old and young, may prove one of the most significant and long-lasting contributions to PHC.

8. Primary health care presents the Red Cross with challenges but with rare opportunities as well:

- to demonstrate the validity of Red Cross principles in action;
- to promote an integrated approach to health and social welfare, both within the Red Cross and within the community;
- to reinforce valuable but hitherto isolated Red Cross activities by carrying them out as part of a coherent, intersectoral plan agreed upon with others;
- to reaffirm the importance of volunteers in community service;

- to give concrete expression to Red Cross collaboration with WHO, UNICEF, and other international organizations, governmental and non-governmental.

The above considerations raise the question of what is the most relevant contribution that National Red Cross and Red Crescent Societies can make towards national PHC programmes. We have the feeling that they are sometimes doing things that governments should be doing, and are not exploring ways in which volunteers can best contribute to such programmes. The Movement has an enormous potential capacity to inform and motivate people to make full use of the services made available by governments and even by local communities.

Involvement of National Red Cross and Red Crescent Societies in PHC programmes does not necessarily mean that they have to embark on each and every activity related to primary health care. The important thing is their attitude and approach to the process of identifying, developing, implementing and evaluating the activities which appear to be the most appropriate. Involvement from the outset in a single, well-planned and well-structured PHC activity can lead to the development of the technical and managerial skills that are indispensable for success in the long run. Many of these issues will become clear as the programme goes through the successive phases leading from relief and assistance to self-management.<sup>9</sup>

## **V. Involvement of National Societies in primary health care**

In Resolution XXII, adopted at the Twenty-fourth International Conference of the Red Cross<sup>10</sup>, attention was called to the importance of health and well-being for world peace and progress. This resolution received strong support. Today, one hundred and thirty-seven National Societies are actively collaborating with the League of Red Cross and Red Crescent Societies in a wide variety of health fields. The National Societies fully endorsed the overall goals of HFA/2000 and each Society proceeded to work out its own plans for the strengthening of HC activities.

The value of the medical and social services provided by the National Red Cross and Red Crescent Societies has long been recognized. Traditionally, they have been most active in disaster relief. However,

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<sup>9</sup> League of Red Cross and Red Crescent Societies, *The Red Cross and Primary Health Care*. Doc. 2 of the Health Kit: *Community Based Programmes: Red Cross Contribution to PHC*, LRCS (1983).

<sup>10</sup> Twenty-fourth International Red Cross Conference, Manila (1981).

since the Alma Ata Declaration there has been a changing perception of the need for National Societies to become more actively involved in PHC and community-based development activities. In preparing their long-term plans, the National Societies should extend their traditional curative health/disaster relief approach to include active involvement in the promotion of self-reliance in their respective communities. In National Societies in developing countries this is essential.

PHC is based on full community participation in the establishment of affordable, sustainable health care, with special emphasis on hygiene and disease prevention.

Although communities vary widely in respect of their socio-economic and demographic conditions, as well as in respect of their health needs, the people themselves generally know their situation better than anybody else, and they are usually motivated to solve their own problems if given the possibility to do so. One of the most important tasks of the respective National Societies is to provide such opportunities and assist the people in taking advantage of them.

#### **(a) The "Child Alive" Programme**

The "Child Alive" Programme needs to be evaluated within the framework of the PHC programme as a whole at community and national levels. This new programme was initiated by the League of Red Cross and Red Crescent Societies in 1983.<sup>11</sup> Its major aim is to combat infant mortality and childhood diseases by stimulating and supporting the involvement of National Societies. The programme focuses on control of diarrhoeal diseases and associated nutritional problems. In 1986 it was expanded to include a child immunization campaign.

The respective National Societies, with their members and volunteers working together to promote PHC, have a considerable capability to generate and sustain public interest and involvement in the "Child Alive" programme. Many National Societies have acquired valuable experience (and have had good results) in the organization of training courses. Building on this foundation, it was relatively easy to widen the scope of their activities. One example is the success of the *Sri Lanka Red Cross Society* in expanding its training curriculum for Red Cross volunteers in support of PHC to include a course on immunization. In this course volunteers are taught ways in which they can encourage community participation, assist in running immunization sessions, encourage people to attend regularly for inoculations and maintain children's records.

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<sup>11</sup> B. Dick, A. Kisselev, *The Potential Role of Red Cross and Red Crescent Societies in National Immunization Programmes. The Child Alive Programme. Assignment Children*, UNICEF; reprint from N 69/72 (1986).

Another example is the training of volunteers in *Nigeria*, as a result of which immunization coverage has greatly increased. Since the success of the programme depends on the support of a wide range of organizations and population groups, it is necessary to convince everyone concerned of the need for immunization. They must be willing to work together in ensuring that the common goal of adequate immunization coverage and thus the control of preventable disease is achieved.

More than 60 of the Red Cross and Red Crescent National Societies have reported to the League that they are:

- implementing and developing Child Alive projects;
- focusing on the Child Alive target diseases within the framework of their health programmes;
- adopting the theme of “Child Alive” for World Red Cross/Crescent Day 1987;
- providing financial support to Child Alive;
- incorporating the Child Alive theme in their education for development programme.

The promotion of this programme by the League has been very favourably received. The League Secretariat’s Community Health Department is continuing to offer technical support to National Societies desiring to launch or to expand Child Alive projects or incorporate them into existing health programmes.

**(b) The International Red Cross and Red Crescent Seminar on Health as a Factor of Peace and Development, Moscow, September 1987**

This seminar was attended by 80 participants from 47 National Societies, as well as the League itself, the ICRC and the Henry Dunant Institute. One of its aims was to evaluate progress made in the Movement as a whole since the Alma Ata Declaration (1978), in response to the recommendations of the International Red Cross Seminar on Primary Health Care, held in Frunze, USSR, in 1979, and the resolutions and recommendations of the Movement’s decision-making bodies in respect of health, peace and development.

It became clear from the discussions and from the answers to a questionnaire submitted to National Societies on this occasion that the members of the Red Cross and Red Crescent Movement believe that the PHC approach to health services is capable of bridging the wide gap existing between health needs and the resources available to meet them. The HFA strategy was once again endorsed by all the participants.

Long-standing experience in volunteer recruitment, training, mobilization of resources and, most important, its grass-roots connections, are important qualifications for the Movement in the development of primary health care programmes. However, every effort should be made to avoid taking over or duplicating the work of governments in this field. In cases where governments do not fully discharge their responsibilities, National Societies should concentrate on preventive measures and seek to work in collaboration with other organizations. However, such measures should be transitory in nature.

The Seminar on Health as a Factor of Peace and Development recommended that National Societies give special attention to collaboration in the fields of health education, control of diarrhoeal diseases, control of vaccine-preventable diseases, nutrition, promotion of healthy life-styles and of a healthy living environment. The intersectoral aspects of PHC should always be taken into consideration. To contribute successfully to community-based health programmes, National Societies needed to work out development plans adapted to local community needs and realities, and encourage an exchange of knowledge and experience between health workers in the different regions.

The Seminar showed that the Red Cross and Red Crescent Movement continues to be fully committed to Primary Health Care<sup>12</sup>.

## **VI. Major problems encountered and solutions found by National Societies in implementing primary health care programmes**

During the past ten years many governments have sought to improve the management of their public health programmes. Impressive efforts have been made by some countries to expand their health services infrastructure. While access to health services has been broadened in some cases, and there has been improved coverage of some of the elements of PHC such as immunization, safe water supply and maternal and child care, there continue to be technical, managerial and financial obstacles to delivery of the eight essential elements of PHC at community level in most developing countries. Inadequate financing has become a critical factor, impeding the implementation of national HFA/2000 strategies.

National Societies should avoid duplicating the health functions of their respective governments. If they are to contribute successfully to community-based health programmes, they must adapt development plans to local community needs and realities. The participation of

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<sup>12</sup> Report of the International Red Cross and Red Crescent Seminar on Health as a Factor of Peace and Development, Moscow, 14-18 September 1987.

community health workers also should be encouraged, to promote the exchange of knowledge and experience. The Child Alive programme should serve as an example for other health-related activities instituted and carried out by National Societies (e.g. safe water supply).

In their efforts to attain the goal of HFA/2000, National Societies must strengthen their ties of co-operation with other NGOs and with the League of Red Cross and Red Crescent Societies. In turn, the latter should support the respective national HFA and PHC efforts by promoting innovative pilot programmes, especially at community level, aimed at providing models for imitation and approaches that can be replicated on a larger scale.

Despite the undeniable problems, National Societies have achieved positive results in carrying out PHC activities. As Thompson has pointed out<sup>13</sup>, those engaged in implementation of PHC programmes are conscious of the time factor. However, decision-makers are not always aware of the length of time needed for successful implementation, and as a result their expectations may be too high. It is important, therefore, for administrators to be aware of the practical constraints involved in the implementation of PHC programmes.

## **VII. General recommendations for National Societies working towards “Health For All By The Year 2000”**

- National Societies, assisted by the League of Red Cross and Red Crescent Societies, should seek constantly to improve their understanding of PHC philosophy, principles and practices, at the same time remembering that they themselves can make a significant contribution to the development of PHC strategies.
- National Red Cross and Red Crescent Societies should closely define their respective role and place in PHC, so as to avoid duplicating the work of other NGOs, health authorities, etc.
- National Societies should seek and encourage co-operation with governments, other NGOs and international organizations, particularly WHO and UNICEF, in the development of PHC. Whenever necessary, National Societies should actively participate in setting up co-ordinating mechanisms between various NGOs for the development of PHC.
- While participating in joint efforts to develop PHC, National Societies should continue to demonstrate the validity of Red Cross principles in action.

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<sup>13</sup> H. Thompson, “The Red Cross takes up the challenge”, *World Health Forum*, vol. 7, 1986, pp. 402-405.

- National Societies should strengthen their respective capabilities paying special attention to the training and retraining of their staff in the concepts and approaches used in PHC.
- National Societies should encourage their volunteer workers to train local self-help groups, and utilize the energies and opportunities provided by these groups in support of PHC.
- In order to keep abreast of developments in the international health field within the framework of approved policies and programmes, and in order to disseminate up-to-date information, the National Societies should remain in close contact with the League.

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