

Alma Ata 40th birthday celebrations and the Astana Declaration on Primary Health Care 2018

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Introduction

International governments, universities, health and social care organisations have celebrated the 40th anniversary of the Alma Ata Declaration this October 2018. Alma Ata (1) was a landmark global commitment to Primary Health Care, which conceptualized health not only as provision of biomedical care, but also emphasized the importance of social and economic factors. This anniversary has been marked with the publication of the Astana Declaration in Kazakhstan 25-26th October 2018 (2), which will contribute to events next year supporting 'Universal Health Coverage' (UHC) and the 2030 Agenda for Sustainable Development Goals (SDG).

Background

Primary care is positioned by WHO as one important pillar of Universal Health Coverage (UHC). The three main principles of UHC are equity of access; ensuring health services are of sufficient quality to improve the health of recipients; and protection of patients from financial-risk resulting from healthcare access. The WHO Global Action Plan to achieve the 2030 Sustainable Development Goals promotes *alignment* of financing and resources; *accountability* for healthcare delivery; and *accelerated* progress to collectively bring together resources and expertise.

Alma Ata 40th celebrations coincide with the UK 70th birthday of the National Health Service (NHS). Both have striven to promote primary healthcare delivery which is universal (open to *all*); comprehensive (patients can present *any* problem or illness); and free at the point of access. Both celebrations, however, mark an important point in history at which the success and development of primary health care might either flourish or perish.

Articulating primary healthcare in 2018

We know from many studies following the work of Barbara Starfield (3) that effective primary care enables efficient, cost-effective and high quality healthcare delivery to those in need. Iona Heath has developed the concept of 'gatekeeping' in primary care at two levels reflecting not only the interface at which a referral is made to another service, but also the process of negotiation and differentiation during patient consultations: navigating with patients between stressful experiences; illness; and medicalised disease (4). This highlights the balance required between identifying and treating patients' biomedical needs, whilst avoiding over-diagnosis, investigation and treatment: ultimately prioritizing patients' above commercial needs (5). This approach aims to maximize health

and well-being across global society, rather than aiming to detect and treat *all* disease. Richard Wilkinson and Kate Pickett (6) have pioneered examination of the impact of social inequalities on both physical and mental well-being across all individuals in society, highlighting the impact of inequality on *both* rich and poor in relation to the existence of social and economic disparity.

Contemporary Challenges to Primary Health Care

Alma Ata states that, 'Primary health care reflects and evolves from the economic conditions and sociocultural and political characteristics of the country and its communities'. The influence of policy is crucial to consider here in relation to both international and national acceptance and implementation of the Alma Ata principles and more recent Astana Declaration recommendations.

Astana includes both service and healthcare education priorities. Across both, the importance of collaboration and sharing of expertise and knowledge is emphasized, at both national and international levels. Many countries are, however, currently trying to deliver increasingly compartmentalized (and often privatized) primary healthcare systems, and promoting individualization rather than collective responsibility for health. In combination with a global rise in nationalism, this provides significant challenges for the effective exchange and delivery of knowledge at local, national and international levels.

Patient perspectives and participation

The Alma Ata 1978 (1) states that the 'people have the right and duty to participate individually and collectively in the planning and implementation of their health care', already hinting at ways in which patient involvement might contribute to research and delivery of care. The more recent Astana (2) refers to supporting 'people in acquiring the knowledge, skills and resources needed to maintain their health or health of those for whom they care, guided by health professionals'. This guidance and support is crucial to attend to, in order to ensure that 'empowerment' is not about distributed accountability to vulnerable patient groups, but rather authentic shared involvement in the organization, enquiry and delivery of healthcare.

Future healthcare professionals

Whilst the Astana declaration refers to information rather than personal continuity of care and the use of technologies in surveillance and delivery of care, it does also prioritize capacity building of healthcare professionals. Astana explicitly calls upon the international community to minimize the existing 'international migration' phenomena. This requires significant work to maximize communication of globally relevant principles of primary healthcare delivery, but also to make visible the variety of ways in which these are adapted and applied in different contexts. Healthcare professional training institutions need to attend not only to the social accountability of each school in relation to their own local patient population, but also the distribution and exchange of knowledge across borders.

Astana calls for a commitment to health 'across all sectors', referring to a 'Health in All Policies' approach. This has important implications for the design and delivery of Primary Health Care service and education, to ensure that relevant knowledge is connected across disciplines; and both work and curricula is designed to enable fluidity across disciplinary boundaries.

Conclusion

In summary, the global collaboration of individuals and countries represented within the Astana Declaration and the re-affirmation of many Alma Ata principles under-pinning international Primary Health Care delivery, has to be encouraged as a positive step. Careful consideration is, however, required in order to negotiate many of the ideological tensions which exist between ambitions towards comprehensive and equitable primary healthcare, within today's political and social contexts. Finding ways to maximize patient-professional and inter-professional connectivity at local, national and international levels will help support opportunities for both the development and exchange of knowledge both within service delivery and the development of healthcare professional education.

References

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