
Forty-five years on Alma Ata declaration

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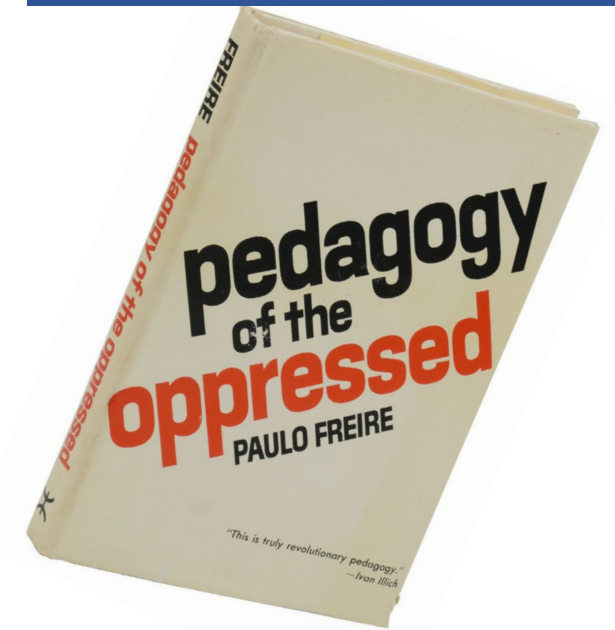
Outline

- **What shapes people's health?**
- **What are important milestones in the global health development?**

Learning Objectives

1. Describe and discuss determinants that shape people's health
2. Identify milestones in the health development globally

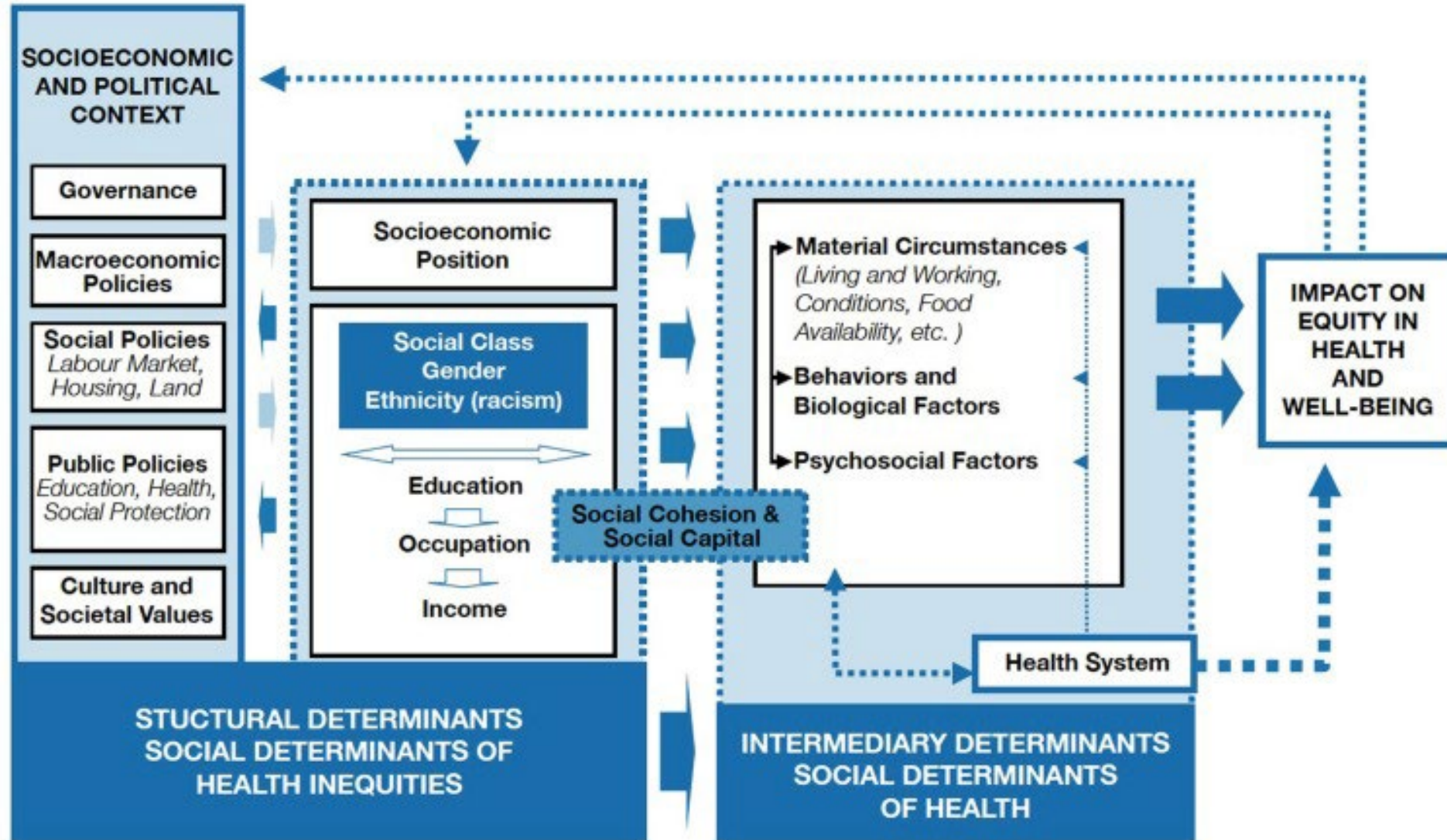
- Do not understand or care how history created the present
- Continue to emulate the culture and ideas of the oppressor
- Trapped to repeat past practices
- We in turn, become the oppressors



Discussion

- What shapes people's health?

Understanding social determinants of health



WHO, 2010

Group Discussion (15 minutes)

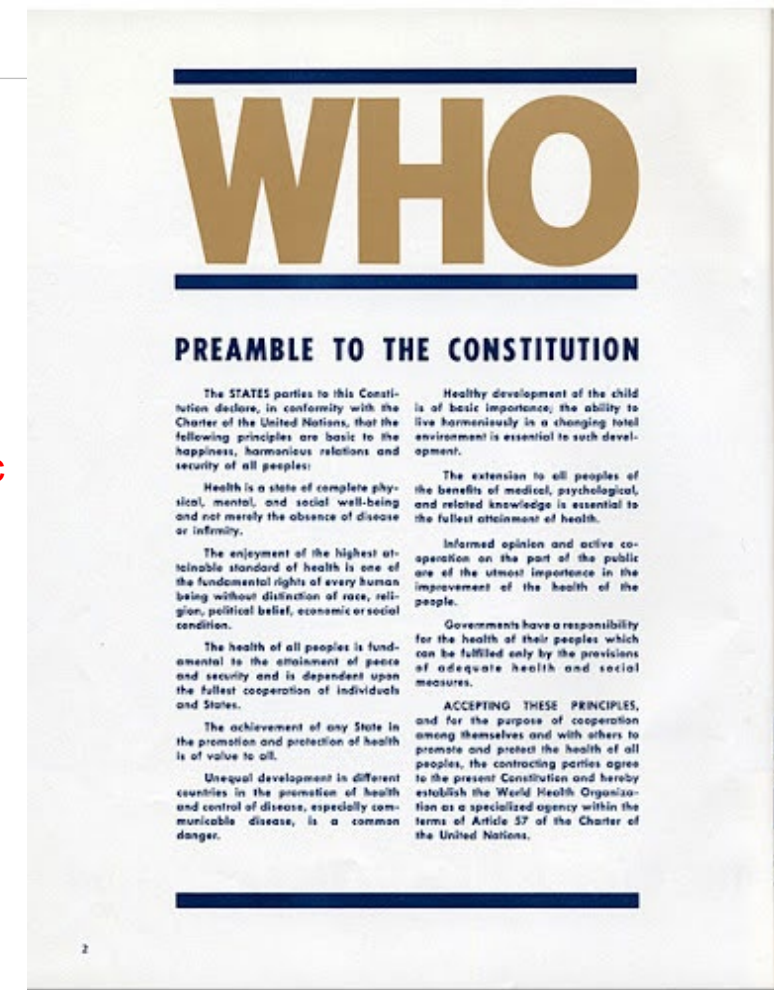
Milestones in health development or major changes in the organization of the national health system	Determinants of change / Associate political, economic and/or social associated changes

Historical Development

(1) The Constitution of WHO, 1946-48

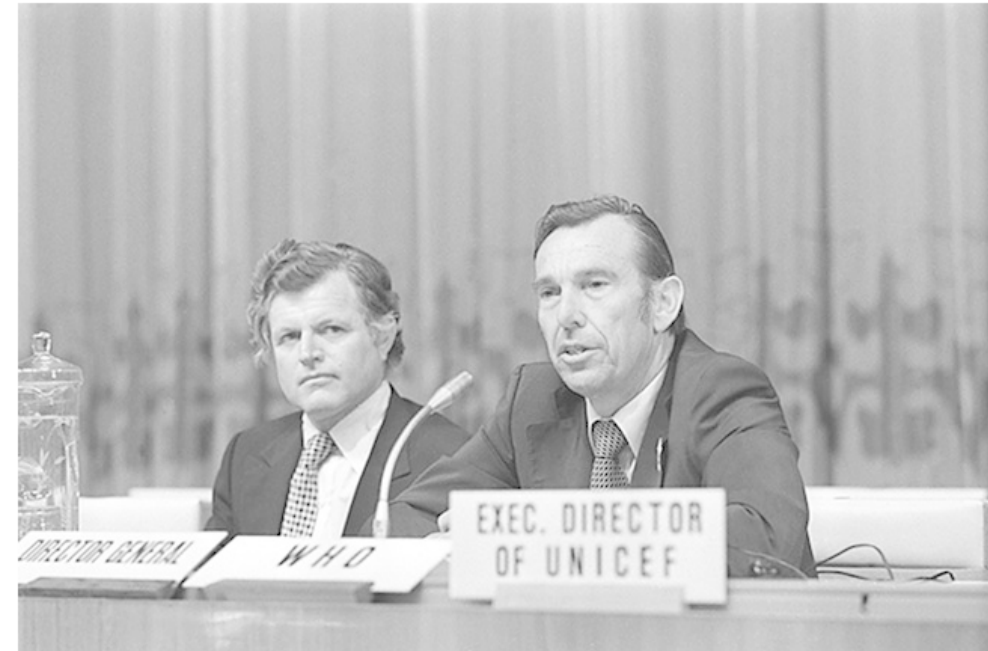
- Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
- The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.
- The health of all peoples is fundamental to the attainment of peace and security and is dependent on the fullest co-operation of individuals and States.
- The achievement of any State in the promotion and protection of health is of value to all.
- The achievement of any State in the promotion and protection of health is of value to all.
- Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

- Adopted by the International Health Conference held in New York from 19 June to 22 July 1946.
- Signed on 22 July 1946 by the representatives of 61 States.
- Entered into force on 7 April 1948.



(2) The Declaration of Alma Ata, 1978

- **Universal accessibility** and coverage on the **basis of need (equity)**
- **Comprehensive care** with emphasis on disease prevention and health promotion
- **Community and individual involvement** and self-reliance
- **Intersectoral action** for health
- **Appropriate technology** and cost-effectiveness in relation to available resources
- **Primary Health Care** as a tool to achieve health for all



Primary health care

1. Reflects and evolves from the economic conditions and sociocultural and political 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
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, communications and other sectors; and demands the coordinated efforts of all those sectors

3. Includes at least:

- education concerning prevailing health problems and the methods of preventing and controlling them
- promotion of food supply and 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
- provision of essential drugs



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Selective PHC

- Two researchers from the US, **Julia Walsh and Kenneth Warren** backed by the **Rockefeller Foundation**, published an article in the New England of Medicine journal “**Selective Primary Health Care — An Interim Strategy for Disease Control in Developing Countries.**”
- During the same year, the **Rockefeller Foundation** sponsored a small meeting on its premises in Bellagio, Italy, to discuss the crisis of the Alma Ata Declaration, being **too broad, idealistic, and costly to implement, and the social target of health for all by 2000 is not realistic.**
- The meeting organizers included the leaders of Western, mainly North America-based organizations:
 - **World Bank**
 - Canadian International Development and Research Center (**IDRC**)
 - **Ford Foundation**
 - US Agency for International Development (**USAID**)
- The Selective PHC approach led to donor-driven, donor-dependent, vertical, and non-sustainable programs in developing countries. For example, the coverage of immunization programs in Kenya fell from 60% in 1987 to 32% in 1997 when donors withdrew the financial support.

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- The Rockefeller-hosted meeting in Bellagio sought to examine the potential for a decision-making process in global health that does not use the platforms offered by the UN.
 - The movement of the SPHC has succeeded in introducing a gradual change landscape of the global governance for health with a growing role of the Western donors in driving the health system agendas in developing countries.

(3) Selective PHC

- Walsh and Warren (1979) suggested:
 - Growth Monitoring
 - Oral Rehydration Therapy
 - Breast Feeding
 - Immunization
- Item that were added later
 - Family Planning
 - Food Supplements (not security?)
 - Female Education (not empowerment?)

Management of Diarrhea

Comprehensive Vs Selective approach to PHC

REHABILITATIVE	CURATIVE	PREVENTIVE	PROMOTIVE
NUTRITION REHABILITATION	O.R.T. NUTRITION SUPPORT	EDUCATION FOR PERSONAL & FOOD HYGIENE MEASLES VACCINATION BREAST FEEDING	WATER SANITATION HOUSEHOLD FOOD SECURITY

QUESTIONING THE SOLUTION

The Politics of Primary Health Care and Child Survival

with an in-depth critique of
ORAL REHYDRATION THERAPY



David Werner and David Sanders
with Jason Weston, Steve Babb and Bill Rodriguez

(4) Washington Consensus (1990)

1. Fiscal policy discipline, with avoidance of large fiscal deficits relative to GDP
2. Redirection of public spending from subsidies ("especially indiscriminate subsidies") toward broad-based provision of key pro-growth, pro-poor services like primary education, primary health care and infrastructure investment
3. Tax reform, broadening the tax base and adopting moderate marginal tax rates
4. Interest rates that are market determined and positive (but moderate) in real terms
5. Competitive exchange rates
6. Trade liberalization: liberalization of imports, with particular emphasis on elimination of quantitative restrictions (licensing, etc.); any trade protection to be provided by low and relatively uniform tariffs
7. Liberalization of inward foreign direct investment
8. Privatization of state enterprises
9. Deregulation: abolition of regulations that impede market entry or restrict competition, except for those justified on safety, environmental and consumer protection grounds, and prudential oversight of financial institutions
10. Legal security for property rights.



Health for All Now!

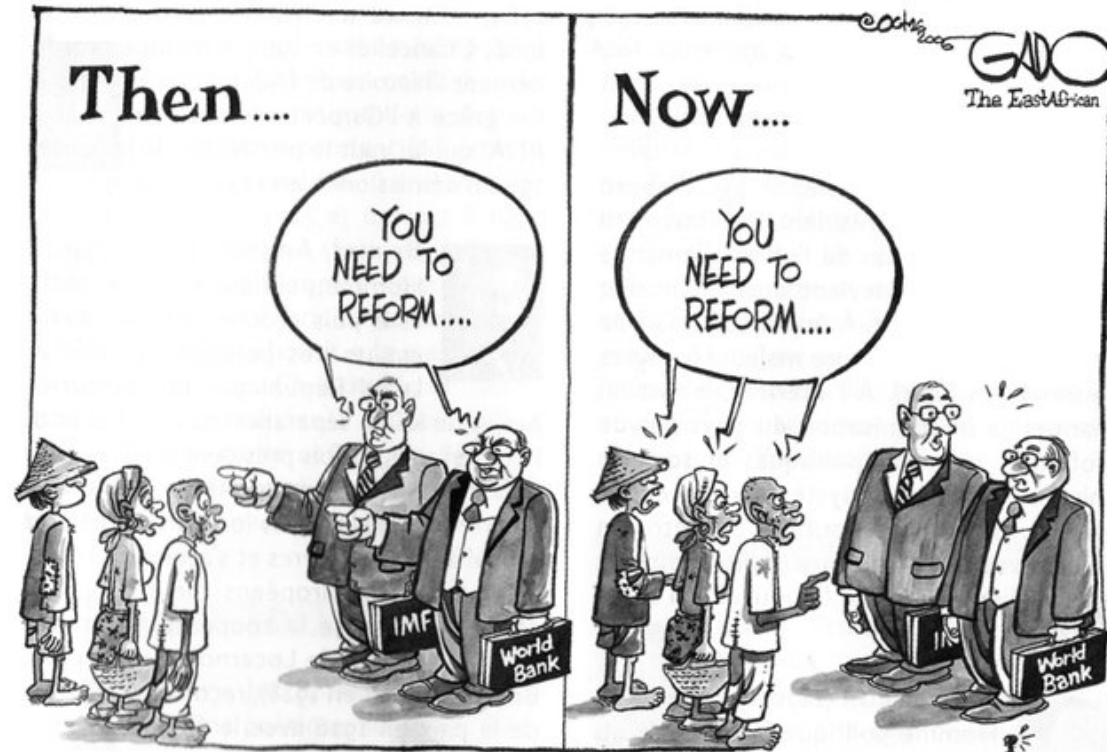
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Health Sector Reform

- **Decentralization;**
- Actions to improve the **efficiency** of national ministries of health;
- **Universal delivery of a core set of essential services;**
- **Broadening health financing** options;
- Working with the **private sector, including GPPIs** and
- Adopting **sector wide approaches** to aid rational use of donor funds.

Structure Adjustment Programs (SAPs) - 1990s

- Low-interest loans from the international monetary institutes with conditions, included gradual withdrawal of the state from the service provision.
- In health sector, the SPAs were spelled out in the health sector reform (HSR) policies:
 - withdrawal of the state from the health service provision,
 - reduction of health spending and adopting low-cost basic package of interventions.
- Those measures reinforced the bio-medical oriented, curative and selective approach to health care and initiated a massive wave of privatization
- Studies have shown that SAPs policies have slowed down improvements in, or worsened, the health status of people in countries implementing them:
 - Worse nutritional status of children
 - increased incidence of infectious diseases
 - higher infant and maternal mortality rates. ([WHO](#))



Cartoon on misguided structural reform programs of IMF and World Bank and the impact of aid. Credit: © Gado, Godfrey Mwampembwa, 2006. Gado is an internationally renowned cartoonist from Kenya,

What is international aid

- Resources given international entities to national entities.
- **Resources** may include:
 - Money
 - Manpower (Technical and administrative assistance)
 - Direction (empirically or ideologically driven)
- **International entities (Donors):**
 - Multi-lateral inter-governmental international organizations (UN and other)
 - Other countries (mostly richer countries)
 - Global Health Initiatives (GHI)
 - Other international donors
- **National entities (Recipients)**
 - Governments
 - Public interest civil society organizations
 - Private sector

(5) Global initiatives – 1990s and 2000s

More than 100 global financial mechanisms / donors

- Donor driven priorities:
 - Further fragmentation of health systems at national level (More vertical programs)
- Financial mess
 - Excessive demand on government time Loyalty to donors
- Concentration of health personnel in funded projects
 - Neglected places
 - Neglected areas of health care
- Creating dependency
 - No serious sustainability plan

In 2000, Tanzania was preparing 2,400 quarterly reports on separate aid-funded projects and hosted 1,000 donor visit meetings a year.

Labonte, R. 2005

Cost-effectiveness: A major criterion

- “Cost-effectiveness analyses have shown improved water supply and sanitation to be costly ways of improving people’s health”
- “Encouraging people to wash their hands and making soap available have reduced the incidence of diarrheal disease by 32% to 43%”

Commission on Macroeconomics and Health,2001/02

(6) MDGs

- **Three of the eight goals specifically focus on health-related issues:**
- MDG4: reducing child mortality: The child mortality rate has reduced by more than half over the past 25 years – falling from 90 to 43 deaths per 1,000 live births – but it has failed to meet the MDG target of a drop of two-thirds.
- MDG5: improving maternal health: The global maternal mortality ratio has fallen by nearly half – short of the two-thirds reduction the MDGs aimed for.
- MDG6: combating HIV/AIDS, malaria and other diseases: The target of halting and beginning to reverse the spread of HIV/Aids by 2015 has not been met, although the number of new HIV infections fell by around 40% between 2000 and 2013

(7) SDGs

- SDG3: Ensure healthy lives and promote well-being for all at all ages

What did we learn from the MDGs?



Universal Health Coverage (UHC)

- Means all people receiving the health services they need, including health initiatives designed to
 - promote better health (such as anti- tobacco policies),
 - prevent illness (such as vaccinations), and
 - provide treatment, rehabilitation, and palliative care (such as end-of-life care)
- Has sufficient quality to be effective while at the same time ensuring that the use of these services does not expose the user to financial hardship.

Measurements

- **SDG3: Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.**
- Does this target make justice to the goal / enough to measure the realization of the goal?

Discussion

Who takes and what influences the global health decisions?

Structure governance for health

- Ideology – health governance is a sub-domain of economic governance
 - Financialization of the economy
 - US and UK 'lead push against global patent pool for Covid-19 drugs'
- Leadership
 - US withdrawal from the World Health Organization (WHO) – just as a further step in weakening WHO and UN system in general

Questions?

