Primary Health Care

A CONTINUING CHALLENGE

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During the past 20 years, much has happened on political, social, and economic fronts, which is directly interrelated with health and its role in development. In the sixties and early seventies, there was a general understanding worldwide that if development could be attained within the lesser developed countries, success in achieving health goals would follow. Much of the international cooperation at the time was directed towards greater involvement of the so-called third world countries in world commercial ventures. Large international loans were made to stimulate the process. Soon, however, the world economy began to lag, and with it, evidence surfaced that improvement in health had not occurred, and in fact was far behind what was expected. The affected countries, faced with the burdens of large payments in servicing their acquired debt, began to reduce the share of the budget directed towards health. An already needy situation had begun a downward trend.

These trends did not go unnoticed. As governments began to ask for help in resolving their deteriorating health situation, the World Health Organization took the lead searching for new answers to old problems. The situation appeared to be discouragingly similar in many countries. There were, however, some small successes. In the area of health services development, experiences were collected in various regions of the world, which were impacting on the population in a positive way. Upon further examination of these successes, several trends appeared to be common to their organization, structure, and implementation. They were:

- Development of local level responses which were often radical changes instead of adaptations of the systems then being applied.
- Use of different and sometimes nontraditional mixes of personnel.
- New forms of adapting and integrating preventive measures and simple curative actions.
- Political will to implement these plans especially when realized at national levels.
- Community participation and
sharing of responsibilities including nongovernmental organization (NGOs) involvement.

As more countries became aware of these successes, an informal movement was generated, which began to focus on achievable health development. This movement culminated in the World Health Assembly (WHA) in Geneva, 1977, when the goal of Health For All in the Year 2000 (HFA) was approved by the member countries. One of the significant contributions of this goal is that health is conceived, not as a result of socio-economic development, but as an integral part of this process.

As a result of passage of the HFA/2000 resolution in both the World Health Assembly, and at the Executive Board Meeting of UNICEF, the historic conference on Primary Health Care (PHC) was organized in Alma Ata, Russia in 1978. It was attended by delegations from 134 governments and representatives of 67 U.N. organizations, specialized agencies, and nongovernmental organizations in official relations with WHO and UNICEF (WHO/UNICEF, 1978).

After discussions which involved examination of trends in demographics, and economics, as well as social and other factors related to health system management and development; morbimortality and the training and utilization of human resources for health, the assembled delegates passed the declaration of Alma Ata, establishing Primary Health Care as the strategy to achieve Health For All in the Year 2000.

The essentials of Primary Health Care

PHC, as defined at Alma Ata, 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 through their full participation, and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. 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” (WHO, 1978).

Primary Health Care does not simply mean commu-
Primary Health Care does not simply mean community health services or primary medical care in a conventional sense. It can be looked at in several different ways:

- as a range of programs adapted to the patterns of health and disease of people living in a particular setting;
- as a level of care (the exact definition depending upon the country concerned) backed by a well organized referral system;
- as a strategy for reorienting the health system in order to provide the whole population with effective essential care, and to promote individual and community involvement and intersectoral collaboration; and
- as a philosophy, based on the principles of social equity, self-reliance, and community development” (WHO, 1987).

Over time, the last two meanings have dominated. In addition, if one looks closely at the goal of HFA and the Declaration of Alma Ata adapting PHC as the strategy to achieve this goal, it is evident that there are many facets to the Primary Health Care Declaration. It is, at the same time, a political, social, economic and technical document.

It is political because it brought together a formidable number of countries, galvanized behind a vision of a better world reflected in health and social well being. The commitment that the governments of the world made to try to implement these ideas is a political one and, as was seen in the collection of positive experiences in health, political will is very important.

It is a social document because it looks at some of the social determinants of health and concludes that changes are necessary in the distribution of resources and the structures which impede access to health services. It is social in addition, because it raises the question of equity.

It is a document with economic ramifications, in that it raises the question of decentralization and local planning, control, and evaluation of resources. It asks for preferential allocation of resources to PHC, and questions the appropriateness of some traditional criteria for financing. It also focuses on the intersectoral nature of health.

It is a technical document due to its concentration on the provision of health and health services to all people. It includes references to the conceptual bases, technical and administrative decisions, the role of technology, and other aspects.

The Declaration of Alma Ata also defined the essential elements of primary health care as follows:

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; and provision of essential drugs (WHO 1978).

In 1988, ten years after Alma Ata and the mid-point between that conference and the year 2000, a meeting was convened by WHO to review progress, to identify the problems experienced in pursuing the Goal of Health For All, and to determine the most important interventions that might be necessary to proceed more effectively towards the Goal of Health For All by the Year 2000 and beyond.

The meeting was held in Riga, USSR, in March 1988. Again, it brought together experts from countries of many of the regions and representatives of WHO, UNICEF, UNDP and nongovernmental organizations.

The participants concluded that the Health-for-All concept had enabled strongly positive contributions to be made towards the health and well being of the people of all nations. Nevertheless, they noted that problems remain that call for increased commitment and action to ensure the more effective implementation of Primary Health Care.

They strongly reaffirmed the Declaration of Alma Ata and called on all countries to make Health For All a permanent goal. Further, they recommended activities in the following critical areas as fundamental for achieving that goal: the permanence or revalidation of the goal up to and beyond the year 2000; the need to intensify social and political action for the future; and the need to accelerate activities towards Health For All (WHO, 1988).

They also spoke to the need to strengthen strategies, emphasizing the spirit of equity and social participation; the need to support shifts in policy and resource allocation; the need to promote new partnerships with NGO’s and other related community groups; the need to develop and mobilize leadership to bring creativity,
advocacy, commitment and resources to the challenge of health development; the need to empower people through information, technical support and decision-making possibilities, and within this empowerment, the need for special attention to the role of women in health and development, and the need for sustained intersectoral collaboration.

In order to accelerate action for Health For All, the group encouraged the following:

- the strengthening of district health systems based on Primary Health Care
- the planning, preparing and supporting of health personnel for Health For All by locating learning experiences in functioning health systems based on PHC
- providing strong moral and resource support, especially for those personnel working in remote areas or in difficult circumstances
- the development and rational use of science and appropriate technology, emphasizing the need to strengthen research capacities of third world countries
- overcoming problems that continue to resist solutions such as high infant, child, and maternal mortality rates, substance abuse and the imbalance between population and environmental and socio-economic resources.

As a consequence of the discussions, the representatives also suggested a special priority initiative in support of the least developed countries that would address specific obstacles and set targets for the year 2000 (WHO, 1988).

The implications of Primary Health Care

Although many of the PHC implications have been touched on previously, it is worthwhile to examine the most outstanding ones:

Equity
There will be universal coverage with essential health service. High cost care which benefits only a few must, if necessary, be cut back until universal coverage can be achieved (a question of choices and priorities).

Services
Services must be effective, having the possibility to resolve the problem; efficient, utilizing resources to the maximum in new and innovative ways; affordable, at a price that the country/person can pay and sustain, acceptable to local communities in method and manner of delivery. Acceptance within community values is important. It does not mean however, the absence of change. PHC is and provides an opportunity to begin a change process with the participation of the communities that will lead to an improvement of their health.

One treads a fine line in this process, whereon one hand lies the imposition of models, of technology and of values, and on the other, inertia and often disastrous health conditions. It is important to identify strategies in this regard.

Scope
PHC calls for health services with an integrated focus that encompass disease prevention, health promotion, curative and rehabilitative services.

Participation
Both individual and community participation must be sought through activities that promote the ideas of self care and self reliance within a shared responsibility with the service provided.

Health as a part of development
Health must be seen as an integral component of development, not as a result of the developmental process. Due to the close interrelation between health and social factors, between economic and environmental factors, efforts to protect health must reach far beyond health services alone to include many other development activities, and to stimulate their realization through intersectoral collaboration.

The operationalization of Primary Health Care

In most of the countries of the region, proposals have already been formulated for the political, technical, and administrative reorientation and reorganization of the health systems in keeping with national contexts of social and economic development. Under this approach, decentralization and local development have been identified as suitable instruments within the processes of democratization, greater participation, and social justice, as well as serving as a way to achieve equity, effectiveness, and efficiency in administrative management.

Considering the differences in the historical, political, technical, and administrative characteristics of each country - its size, population, and resource distribution - the definition of "local health system" will differ from one country to the next and even from one region to the next. However, and in order to facilitate their development and evaluation, some common characteristics that need to be considered in most cases can be identified:
- reorganization of the central level in order to ensure the guidance of the sector and the development of local health systems,
- decentralization and disconcentration,

Globally, we are more and more conscious of the interrelatedness of all human action.
• social participation,
• intersectoral action,
• adjustment of financing mechanisms,
• development of new care models,
• integration of prevention and control programs,
• strengthening of administrative capacity,
• training of the work force in health, and
• research.

As is evident, the concept of local health systems involves specific recommendations for the way in which the PHC strategy can be activated. Dependent upon the historical, political, social, economic and technical situation of each country, any one of the above mentioned elements could be a starting point. It is important, however, to understand that the organization and implementation of local health systems eventually will encompass all of the elements in order to truly operationalize PHC and achieve Health For All in the year 2000 (PAHO, 1989).

Nursing and Primary Health Care
Nursing’s position within the health care system as the primary provider, has an integral focus combining promotive and curative aspects of health care, as well as advocacy within the community. This makes nursing a natural ally and promoter of the PHC goals. In addition, nursing’s social commitment to justice and equity provides ample bases for the individual nursing members and the educational and service needs of other institutions and associations to fully support the concepts contained in PHC.

From the early moments in which PHC was being investigated, nursing has had a critical role in its global development and implementation. In 1977, in the thirtieth World Health Assembly, a resolution was passed exhorting the governments of the world to review the roles and functions of nursing and midwifery personnel within the context of PHC while seeking to address the imbalance between production and utilization, as well as pointing towards a more effective utilization of this valuable human resource (WHA, 1977). Many activities and publications followed specifying the direction for concerted nursing action in relation to PHC, some of which referred to the nursing education system as well.

A further resolution in 1983 (WHA, 1983) expanded the scope of responsibilities and called upon the nursing organizations to mobilize efforts in behalf of the PHC cause. Nurses across the globe have been responding, in both individual and organizational ways. In 1988, the International Council of Nurses (ICN), and the World Health Organization convened a joint consultation to look at the contributions of the profession toward the goal of Health For All and to present future perspectives (WHO/ICN, 1989). In addition to recognizing some of the difficulties involved, they showed a beacon as they identified areas for concerted action for the future, highlighting aspects of practice, education, and research. They also spoke to key strategies which would be necessary: action in political, social, and legislative spheres; the development and mobilization of leadership, and especially, empowering people.

There has been some recognition of this leadership role that nursing has performed. In 1988, in a panel discussion for the celebration of the 10th anniversary of the Declaration of Alma Ata, Dr. Hafdan Mahler, then the Director General of WHO, chose to signal as exemplary not only the willingness of nursing to work for the goals of Primary Health Care, but also the leadership shown in this field (Mahler, 1988). Also at an international meeting of senior nurses in the same year, the participants unanimously approved various resolutions and recommendations calling for changes in nursing in the areas of policy, laws, utilization, and distribution and education (WHO, 1987).

In 1989, a resolution was passed in the World Health Assembly to strengthen nursing and midwifery in support of the strategies for Health For All, specifically calling for the support of “both the reorientation to primary health care of all educational programmes for nursing/midwifery personnel and the expansion of continuing education activities” (WHA, 1989), as well as emphasizing the need for support in the areas of research and legislation regarding nursing and primary health care.

The most recent WHA resolution, passed in May of 1992 in support of strengthening nursing/midwifery to uphold the strategies of Health For All, recognizes the need to increase

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activities, and at the same time, the scarcity of prepared personnel facing some countries, and once again stresses the need for leadership, legislation, educational changes, research and management (WHA, 1992). It stresses the need for assessment of the nursing situation and support for nurses in order to facilitate appropriate conditions so that this group can contribute to the best of its ability the achievement of the HFA goals.

The process of change is never an easy one. We have advanced in our analysis of the situation, and some nurses, organizations, and countries have made significant progress. On a global level, however, much remains to be done. As the original mark of the year 2000 nears, the world once again finds itself in unfortunate economic straits. As a response to that, we have witnessed a greater distancing among the rich and the poor, famines, service cut-backs and overloading. Globally, we are more and more conscious of the interrelatedness of all human action. U.N. conferences in the past several years have highlighted the plight of many of the world’s women and children, and also the connection between man, health, and environment.

Bringing the message closer to our own spheres of action, there are important points to be made. It is to be regretted that in this country of so many strengths, we have allowed the situation in health to deteriorate for certain groups. One needs only look at the most recent statistics from the metropolitan areas to recognize the need for intervention with PHC principles. Access to care is not only judged on the basis of distance. For many Americans today, the cost and unavailability of services restrict their access. Equity remains a critical issue; for others, the question is appropriate services, offered within acceptable cultural contexts.

To continue to demonstrate its commitment, and respond in even more effective and creative ways, nursing will need to count upon professionals with abilities in analyzing situations with an eye to strategic planning and the creation of viable alternatives, all of this within a humanistic framework, and a clear base in the uniqueness of the nursing contribution to health and development. We will need capable professionals in the area of nursing practice, direct intervention with client participation, research and knowledge development, policy, education, management, and a commitment to the goals and principles of Primary Health Care. This then, is our challenge: to support, rekindle, maintain, and most of all, operationalize the vision of those who participated in Alma Ata...to make a better world.

References