Abstract
Assesses the extent to which the social goal of health for all, formalized a decade ago at the historic Alma-Ata conference, has produced measurable changes in both the orientation of health services and the welfare of humanity. Future-oriented in its purpose, the book takes a hard look at the complexities behind this simple slogan, the reasons for its successes and failures, and the main problems facing the coming decade. Throughout, an effort is made to cast the humanitarian potential of this movement against the realities of a world political and economic order that rarely gives priority to health. The book opens with a brief introduction to the Alma-Ata conference, followed by a reproduction of key statements that have shaped the health for all movement. Against this background, readers are given a detailed, critical assessment of what the vision of health for all has achieved during its first decade of practical application. Drawing upon material prepared for a 1988 conference held in Riga, the author first explains the component principles of health for all and then questions whether the widespread formal adoption of these principles has made any difference in public health. While noting major gains in a number of industrialized and developing countries, the book concentrates on the plight of the poorest countries, where health conditions have either remained the same or deteriorated. Readers are reminded that the development process has done little to relieve the suffering of the world’s most vulnerable groups, that efforts to improve health now face a new set of solution-resistant problems, and that socioeconomic progress will stagnate unless these problems are quickly and effectively addressed. To this end, the chapter concludes with a series of proposals for securing the necessary motivation and support, followed by ten detailed lines of action that must be followed in order to address these problems in the spirit of health for all through primary care. Proposed lines of action are presented in the second main chapter, which records highlights from the Forty-first World Health Assembly, including an assessment of the future of the health for all strategy, a round table on the tenth anniversary of Alma-Ata, and resolutions concerning the need to develop leadership for health for all. The book concludes with a critical review of the main tasks to be faced in the coming years and a compelling reminder that successes and failures will be measured in terms of human lives and deaths.
World Health Organization: From Alma Ata to the Year 2000: Reflections at the midpoint. Jan 1988. World Health Organization: From Alma Ata to the Year 2000: Reflections at the midpoint. The World Health Organization's goal of Health for All by the Year 2000 (HFA) has become a major force in national and international health policies. This paper deals with some of the historical roots of HFA and describes ways in which the major components of the health sector—health services, manpower, and universities—have evolved and should evolve in the future if they are to support the idea of HFA. One conclusion is that the changes called for in relation to HFA are not simply incremental extensions of previous values, structures, and functions. The Declaration of Alma-Ata was adopted at the International Conference on Primary Health Care (PHC), Almaty (formerly Alma-Ata), Kazakhstan (formerly Kazakh Soviet Socialist Republic), 6–12 September 1978. It expressed the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all people. It was the first international declaration underlining the importance of primary health care. The primary health care approach has addition to the health sector — Alma-Ata Declaration, 1978.1. Access to basic health services was affirmed as a fundamental human right by the Declaration of Alma-Ata in 1978.1 The reality is that, in 2002, more than 30 years later, many people in resource-poor settings still do not have equitable access to even basic services. In many places this gap is widening.2. An acceptable level of health for all people of the world by the year 2000 can be attained through a fuller and better use of the world's resources, a considerable part of which is now spent on armaments and military conflicts.