Taking Stock of Alma-Ata Primary Health Care/Health for All: Moving Toward New Directions in Global Preventive Health

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"Health for All by 2000," first declared at Alma-Ata in 1978, revolutionized primary health care (PHC) policy and planning based on a set of guiding values and principles of health services organization: equity, social justice, and health for all; community participation; appropriate use of resources; and intersectoral action. Primarily, the historic significance of the Alma-Ata/Health for All (HFA) was to put preventive health on equal footing as curative medicine.

A decade into the new millennium, it is time to take stock of the infamous Primary Health Care and Health for All policy, as more than 30 years after, we are confronted with almost similar challenges that plagued health policy makers in 1978. Emerging and reemerging infectious diseases (eg, H5N1 avian influenza and HIV/AIDS), political instability/conflict, and worsening poverty as indicated by the world's 1.4 million poor and their impact on primary health care are some of the pressing challenges currently. Since 1978, health policy priorities have shifted toward the poverty elimination Millennium Development Goals (MDG) set in 2000. The health-related MDGs being MDG 4, Child Survival; MDG 5, Maternal Health; MDG 6, HIV, TB, and Malaria. Yet progress toward MDGs has faltered. For instance, weak health systems have affected efforts to improve maternal, newborn, and child health. New epidemics of chronic diseases reverse the small gains achieved as it increases the burden of long-term care on health systems and budgets. Increasingly, disease prevention and public health promotion are in settings where most risk factors lie outside the direct control of biomedicine and the health sector that require equity, efficiency, and intersectoral action.1,2

Such trends have underscored the relevance of the 1978 HFA and Alma-Ata values. In 2008, the director general of the World Health Organization, in a revisit of HFA, reiterated that any "gaps or inequalities in health outcomes are indicators of policy failure" and stressed the relevance of "HFA/PHC—a model for health system that acts on underlying social, economic, and political causes of ill health."2 To achieve the MDGs by 2015, and time is fast running out, countries need to strengthen their health systems through implementation of effective PHC. Interest in HFA and PHC have thus been reawakened by health experts and global health institutions to seek for reforms that can equip health systems to respond to health challenges of unparalleled complexity today.

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