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UNICEF/WHO JOINT STUDY ON PRIMARY HEALTH CARE -
THE ALMA ATA CONFERENCE: FOLLOW-UP

Proposed recommendations for action by WHO and UNICEF

Attached is an addendum to the UNICEF/WHO study covering the follow-up of the Alma Ata Conference (E/ICEF/L.1387). It contains proposed recommendations for action by WHO and UNICEF. It was considered by the JCHP at its twenty-second session held in Geneva, 29-31 January 1979. The report of the JCHP (E/ICEF/L.1385) which will be considered by the Executive Board will make comments and recommendations on the study and the attached addendum.

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PRIMARY HEALTH CARE - THE ALMA-ATA CONFERENCE: FOLLOW-UP

Proposed recommendations for action by WHO and UNICEF

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INTRODUCTION: THE GENERAL CONTEXT

Although the PHC approach is valid for all countries, priority attention has been given to the developing countries and the recommendations which follow are addressed to actions which should be taken by WHO and UNICEF in cooperation with international and other organizations that share this concern. In this context WHO and UNICEF need to strengthen substantially their capacity to cooperate with developing countries in a long-term and comprehensive effort. However, due to the limited resources of WHO and UNICEF it will be important for them to concentrate on critical actions to which they can make an effective contribution.

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RECOMMENDATIONS

1. Reinforcement of national political commitment

In the light of the Declaration of Alma-Ata, WHO and UNICEF should renew their advocacy of the PHC approach in developing countries and, in this spirit, should reinforce their consultations and their cooperation at the highest level of political decision in governments, with a view to the translation of their global commitment to the PHC approach into a concomitant commitment at the national level. The objective of WHO/UNICEF cooperation at the political level should be the progressive preparation by the countries of programmes designed to implement PHC, so that by the year 1981 WHO and UNICEF may begin to develop regional and global programmes based on national plans.

2. Cooperation in national actions to implement the PHC approach

WHO and UNICEF should give highest priority to cooperating with developing countries in their plans and programmes to implement the PHC approach. Their cooperation should be adapted to the stage of development of each country and aim at strengthening the self-reliance that is essential to the realization of primary health care. It should be concentrated on critical components and problems as they arise in each country and should be extended flexibly in such different forms as may be most effective in each situation, including, as appropriate, information, communication skills and advice; consultancies; financial aid; and logistical support. Among the aspects of national programme development which should receive priority attention from WHO and UNICEF are:

(a) The formulation of national policies, strategies and plans, including the definition of priorities and targets within a realistic time frame; the setting-up of a system for reviewing and monitoring progress towards the achievement of such targets, based upon appropriate indicators.

(b) The preparation and execution of national programmes, including intersectoral planning and coordination at national, intermediate and community levels, making use of existing overall planning and administrative organizations, national health councils, strengthening such organizations where necessary or creating new or supplementary coordinating mechanisms with particular attention to the intermediate and community levels.

(c) The creation and strengthening of supporting structures, including:

(i) the means to assure administrative and financial support by responsible government authorities;

(ii) effective arrangements to coordinate various technical services bearing on the improvement of health at all levels;

(iii) within the health system, the requisite technical training, referral and supervisory facilities, suitably staffed and oriented to support PHC.

(d) The exploration and use of entry points, including:

(i) the introduction or strengthening of PHC in rural and urban development programmes (area development programmes, agricultural or industrial development programmes in selected regions and the like);

(ii) the reorientation and progressive incorporation of existing services and projects (such as expanded programmes for immunization, MCH, water and sanitation, nutrition and family planning) toward PHC.

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(e) Facilitating and strengthening community involvement in the planning and management of PHC within the community itself. Also, promoting dynamic relations between the community, the government authority responsible for civil administration and finance, and the various national services (health and others bearing on health) capable of supporting PHC.

(f) Strengthening capacities of communities, especially women and youth groups, community workers from other sectors, such as education and agriculture, in PHC development.

(g) Provision of financial resources, including:

(i) the allocation of additional resources, especially for underserved and vulnerable communities;

(ii) those needed to undertake management and technical studies to improve the way in which available resources (at the national, intermediate and community level) are used to support PHC;

(iii) effective coordination of existing or additional external assistance (e.g. United Nations, multilateral and bilateral) towards PHC.

(iv) encouragement of joint programming at country level by government, the United Nations and other funding agencies to facilitate the flow of resources into effective channels of support for PHC.

(h) Human resources development, with priority attention to training for all levels and categories of personnel required to implement PHC, including:

(i) orientation in PHC of key personnel in health and other sectors, responsible for planning, programme development and management;

(ii) training of the necessary teaching staff for all categories of personnel at all levels;

(iii) training of support personnel in referral functions in the health system;

(iv) training of community leaders and PHC workers;

(v) training of various categories of personnel in management and communication skills.

(i) The provision of appropriate logistical support to the whole system, with emphasis on support to the community level, including:

(i) essential drugs, with particular attention to national production, quality control and distribution;

(ii) vaccines, equipment and supplies;

(iii) means of communication and transport.

(j) Strengthening and reorientating health services research (operational research) to seek practical solutions to critical problems or issues.

(k) Strengthening the evaluation and monitoring processes of ongoing programmes for the progressive improvement of their management.

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3. Cooperation with other sources of external development aid

WHO and UNICEF should continue their endeavours to secure a greater priority in international development efforts for PHC through:

- (i) intensifying the political mobilization processes in the various international fora by distributing widely the results of Alma-Ata, by encouraging debates on the subject in relevant international conferences, and by making available factual descriptions of the present situation;
- (ii) consultations within the United Nations system, which include all organizations contributing to national development, in particular UNDP, the World Bank, regional economic and social commissions, regional development banks, FAO, UNESCO, ILO, UNFPA, UNIDO, WFP and IFAD;
- (iii) initiating and maintaining similar consultations and cooperation with other multinational and bilateral sources of development assistance;
- (iv) promotion of a stronger role for regional intergovernmental support of PHC.

4. Cooperation with nongovernmental organizations

WHO and UNICEF should encourage national governments to make full use of nongovernmental organizations in advancing the PHC approach, bearing in mind the potential of nongovernmental organizations to initiate novel approaches to such elements of PHC as community involvement, training and supervision.

5. Technical cooperation among developing countries

WHO and UNICEF should facilitate the exchange of resources, skills, information and experience among developing countries, through such means as:

- (i) information to countries on the expertise available in the developing countries which they can draw upon in planning and implementing PHC programmes;
- (ii) supporting, through financial and other means, meetings organized between groups of countries for programme development;
- (iii) facilitating the contacts between groups of countries and funding agencies to support TCDC strategies decided upon by them;
- (iv) supporting institutional arrangements between groups of countries such as training and research centres, production centres for learning materials;
- (v) reorienting ongoing intercountry activities so that they support TCDC, such as workshops, seminars, etc.
- (vi) supporting intercountry arrangements for pooled procurement of supplies and equipment, and especially the production, quality control, packaging and distribution of essential drugs and vaccines.

6. Strengthening WHO and UNICEF capacity

WHO and UNICEF should strengthen their capacity to support the planning and implementation of PHC in developing countries with particular attention to the institution of appropriate policy guidelines and directives governing the work priorities of each organization, as a basis for:

- (a) the assignment or recruitment of sufficient qualified staff in the organizations for effective support, especially at country level;

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- (b) the orientation and training of existing and new staff to ensure their dynamic and informed support of the PHC approach;
- (c) the development and improvement of methods for the successful application of the PHC approach in developing countries, especially through country health programming, health services research, and monitoring and evaluation of ongoing programmes.
- (d) the preparation of current lists of institutions experts and consultants experienced in PHC in developing countries; and the provision of their services to the countries as required;
- (e) the facilitating of exchanges of experience among developing countries.

WHO and UNICEF should concentrate their limited resources on the most urgent and key activities which would contribute to implementing PHC in the immediate future, adapting them to the needs of specific countries.

7. Future progress

It is finally recommended that the Director-General of WHO and the Executive Director of UNICEF be requested to report to the next meeting of the Joint Committee on Health Policy, on the measures taken to initiate action on the above recommendations, identifying problems encountered and achievements, as well as plans for further action.



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