World Health Organization
REGIONAL OFFICE FOR Africa

Access to Primary Health Care: Thirty-Two Years after Alma Ata what advances have been achieved in the African Region?

Speech by Dr Luis Gomes Sambo,
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at the

XXV International Conference

Towards an Equitable and Human Health Care in the Light of the Encyclical Caritas in Veritate

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Your Eminences,
Your Excellencies,
Distinguished Guests,
Ladies and Gentlemen,

It is a great honour and privilege for me to be here at the Vatican, addressing this august gathering of eminent personalities. I would like to express my deepest appreciation and gratitude to His Holiness, Pope Benedict XVI, for the latest *Encyclical Caritas in Veritate* in which he provides his profound reflections on social and economic issues regarding inequalities and underdevelopment in the world today. By advancing concepts such as *Integral human development* and *Development as a vocation*; and by promoting *Respect for human dignity* and *Equality of all men*, His Holiness reminds the world community and its leaders of their duty and responsibility to address the plight of billions of people living in poverty today.

One of the key features of public health is its underlying philosophy of social justice. Significant factors within society such as social class distinction, racism, ethnicity, culture and differences in norms and values, hamper fair distribution of societal benefits and burdens. These differences often create tensions and conflicts among peoples and institutions that have competing views and interests. Health, as a state of complete physical, mental and social well-being, is affected by such tensions.

Primary Health Care, as a social movement, is both public and political in nature, but is grounded on a broad base of biological, physical, social and behavioural sciences. The Primary Health Care approach has provided a new public health thinking that embraces knowledge of, and response to, new public health threats and their determinants. Its practice involves a wide range of actors and interventions within health systems.

The theme on which I was requested to give a speech at this gathering "Access to Primary Health Care: Thirty-Two Years after Alma Ata what advances have been achieved in the Continent of Africa?", is timely and pertinent especially when cast within the context of the *Millennium Development Goals* and their attainment by 2015. This international conference is therefore an opportune moment for reflection and stock-taking.

In my presentation, I will first review briefly the concept of Primary Health Care and what has been achieved since the Alma Ata Conference of 1978. Based on the latest statistics

available, I will then give an overview of Primary Health Care implementation and the factors hampering progress towards achieving universal access to health care. In the final section of my speech I will focus on the role of the church.

The Concept of Primary Health Care

Permit me to recall the historical developments that led to the emergence of the concept of *Primary Health Care*. In my view, there are three main events that laid the foundations of Primary Health Care. First, in 1973, a WHO global study on *Methods of Promoting the Development of Basic Health Services*, that revealed the inability of health services to meet the expectations of the majority of the population due to increasing costs and inequities in access to health care. Second, the *Thirtieth World Health Assembly*, in 1977, that agreed that the main social target by the year 2000 would be the attainment by all peoples of the world of a level of health that would permit them to lead socially and economically productive lives. Third, the 1978 *International Conference on Primary Health Care* (PHC), held at Alma Ata in the then USSR that reaffirmed the goal of *Health for All* and adopted Primary Health Care as the strategy for attaining this goal by the year 2000.

On the one hand, because of its primary focus on health promotion and disease prevention, *Primary Health Care* was put forward and accepted as a cost-effective strategy for achieving *Health for All*. On the other hand, the principles underpinning Primary Health Care, such as social justice, equity, human rights, universal access to services, community involvement, and priority to the most vulnerable; these principles attracted interest and gained wide currency within the international community and among people of good will.

The need for universal coverage of health services is as paramount today as it was in Alma Ata, 32 years ago. The current social, economic, political and environmental climate; the impact of globalization; and the advances in health science and technology, call for health sector reforms for its continuous adaptation to complexity and change. These reforms should be guided by evidence based health policies that also take into account fundamental values such as equity, human rights and social justice.

Today, a number of health systems and public health challenges persist in sub-Saharan Africa. These challenges compromise the health status of people and their ability to lead a socially and economically productive life.

The current weaknesses in health care systems can be grouped into five categories:

First, there is an apparently paradoxical situation whereby people who are better off in society and relatively less likely to need health care services, consume more of health services than those who have the least means and are in greatest need of such services. This reflects the *inequitable access to health care.*

Second, the vast majority of people in the Region lack social protection, and a large proportion of payments for health services are inevitably made out-of-pocket. Most of these people subsist on meagre resources and live under precarious conditions, almost on the brink of poverty. Millions among them, confronted with major illnesses and catastrophic health expenditures, easily and quickly slide into poverty. These reflect *impoverishing systems of health care,* that need to be addressed.

Third, having gained wide acceptance, the holistic approach to health care for individuals and families is taught in medical and public health schools everywhere. However, in practice, in health care settings almost everywhere, excessive specialization and the narrow focus on vertical disease control programmes create situations of *fragmented health care* where diseases are managed irrespective of the social and mental dimensions.

Fourth, health systems in the African Region are under-resourced. Thus, ensuring optimal safety, hygiene standards, and protection of people from counterfeit drugs in such a situation is indeed a herculean task. Such *unsafe care,* as it is called, leads to high rates of avoidable hospital infections, and many other complications.

Fifth, it is common epidemiological knowledge that the burden of disease is better addressed through health promotion, and disease prevention and control. However, funding priorities usually put more resources on hospitals and other curative services. Such distortions in the allocation of resources within the health system leads to what has become known as *misdirected care.*

The implementation of the Primary Health Care approach to strengthen health systems has the potential to expand the gains from health investments to cover more people in the world. The essential features of Primary Health Care include:

- *People-centeredness* – meaning a focus on the needs of individuals, families and communities at the local level.
- Full *involvement of individuals, families and communities* in decision-making about their own health and health care.
- *Comprehensiveness* – In addition to offering curative services, PHC offers opportunities for health promotion, preventive care and rehabilitation.
- *Integration* – because PHC involves teamwork by health professionals from various disciplines and at various levels, it provides an excellent approach to improve multidisciplinary and intersectoral response to health and health-related needs.

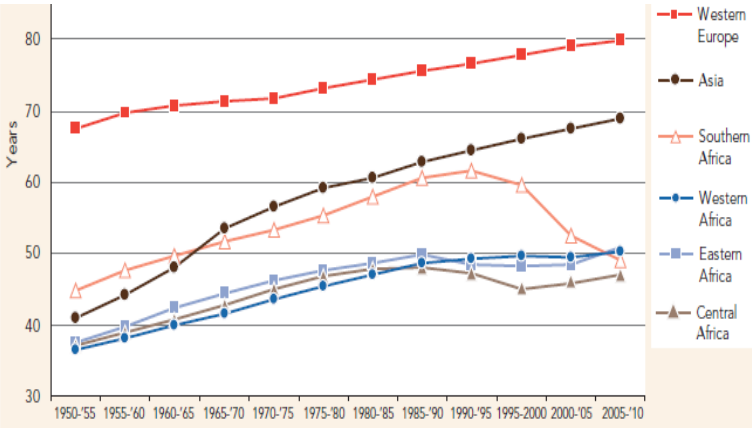
Primary Health Care is therefore a useful strategy for addressing current health systems issues related to leadership and governance; human resources for health; health financing; access to health technologies; quality of health care; social determinants of health; research promotion; and management of information and knowledge.

Access to Primary Health Care

Since the Alma-Ata Conference on Primary Health Care, some progress has been made by countries in the African Region. The eradication of smallpox is a major achievement shared with all countries of the world. More recent examples include the control of measles, the progress in poliomyelitis eradication, the elimination of guinea-worm disease and leprosy and the control of river blindness in most areas of the continent.

There have also been reductions in child mortality and maternal mortality, even though these indicators are the worst in the world and a source of great concern.

Trends in life expectancy at birth, in selected regions, 1950–2010



(Source: UNAIDS 2009)

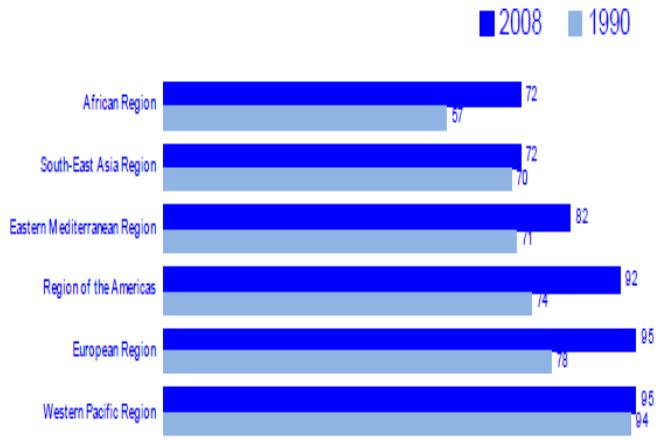
The trend of increasing life expectancy in the African Region in the 1970s and 1980s was reversed in the 1990s with the advent of the HIV/AIDS pandemic that devastated several countries in Africa.

Because of lack of progress in human development and in health in particular, and mindful of the existing knowledge and wealth in the world, global leaders, in the year 2000, agreed on the Millennium Declaration and the Millennium Development Goals (MDGs) to address income poverty, hunger, ignorance, squalor and disease. This brought renewed hope for millions of people. As you know, three of these goals (MDGs 4, 5 and 6) concern the health of children and women and major diseases such as AIDS, tuberculosis and malaria. As I will show in subsequent slides, progress towards the MDG targets has been variable.

Under-five mortality rate dropped from 182 per thousand live births in 1990 to 142 in 2008. However, it is decreasing at an average rate of 1.4% per year, much slower than the 8%/year needed to achieve MDG4 by 2015.

The key to progress towards attaining this goal by 2015 is to reach every newborn and child with a set of priority interventions. These interventions include: appropriate breastfeeding and infant and young child feeding practices; prevention of vaccine-preventable diseases through effective immunization; and prevention and management of common childhood illnesses such as pneumonia, diarrhea, malaria, malnutrition and HIV infection.

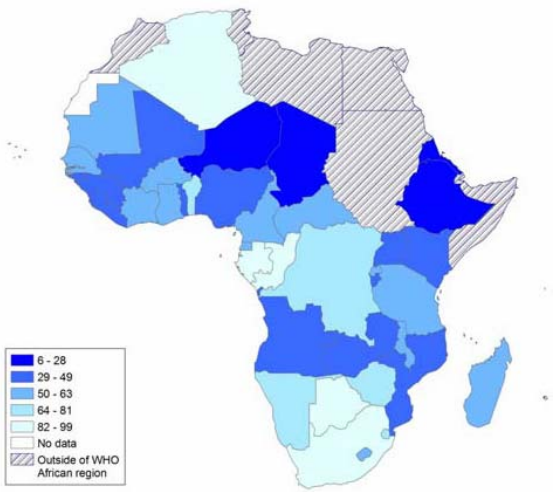
Percentage of DPT3 immunization coverage among 1-year-olds, 2008 and 1990



For example, if we consider immunization coverage among one-year-old children for the third dose of Diptheria/Pertusis/Tetanus (DPT3), we note that this coverage increased in the African Region from 57% in 1990 to 72% in 2008.

Maternal mortality ratio also decreased from 910 per 100 000 live births in 1990 to 620 in 2008. The rate of decline in maternal mortality ratio is such that reaching the MDG5 target by 2015 is unlikely in most of the countries in the African Region.

Percentage of births attended by skilled health personnel, 2000-2008

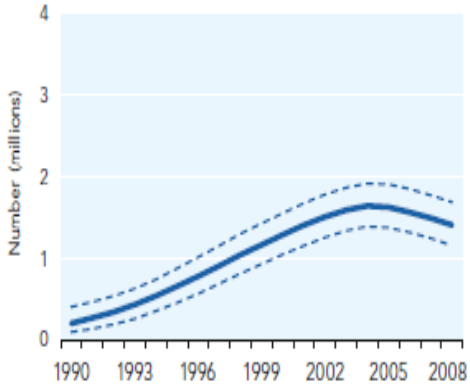


We have the knowledge and the technologies to deliver proven and cost-effective interventions to avert the vast majority of maternal deaths if every woman had access to quality reproductive health services. These include skilled attendance during pregnancy, childbirth and the postnatal period; emergency obstetric care and family planning. In addition, there is a need to promote the social and economic status of women and strengthen the capacity and involvement of families and communities.

Coverage of skilled birth attendance in the African Region remains low at 47%, with wide variation in the rates among countries. Only a small fraction of pregnant women requiring Emergency Obstetric Care or adequate antenatal care actually receive it.

The global community has resolved to halt and reverse the incidence of HIV/AIDS, Malaria and TB by 2015 as part of efforts to achieve MDG6. Yet, whereas the African Region is home to just over 10% of the world population, it accounts for a staggering two thirds (67%) of people living with HIV/AIDS worldwide; two thirds (68%) of all new adult HIV infections; over 90% of new HIV infections in children; and over 70% of AIDS-related deaths.

Number of adult and child deaths due to AIDS (in millions) in sub-Saharan Africa



(Source: UNAIDS 2009)

Although the fight to contain HIV/AIDS is far from over, there are indications that the epidemic is reducing in magnitude. There has been a decline in the number of deaths due to AIDS in the last couple of years. The number of new HIV infections per year is on the decline on average, but in general the incidence rate is still very high and requires the strengthening of preventive measures among the population.

Primary prevention methods are not yet widely applied among the population. Access to prevention services is also limited, although coverage of services for the prevention of mother-to-child transmission has improved in the last few years. Although, Africa has made significant progress in increasing access to antiretroviral treatment, over half of the people who need anti-retroviral treatment still lack access.

The African Region also accounts for more than a third (31%) of all TB cases; the situation is aggravated by the lethal combination of HIV with TB and poses new challenges to the control of both diseases.

Malaria in Africa represents 85% of all malaria cases; and 89% of all malaria-related deaths worldwide. While there is not much progress in tuberculosis control, the fight against malaria is progressing significantly in some countries providing good coverage of essential antimalaria interventions such as artimisinin-based combination therapy, vector control including the use of insecticide-treated nets (ITN) *and* indoor residual spraying (IRS); and intermittent preventive treatment of malaria in pregnancy.

Strengthening Health Systems and Tackling the Social Determinants of Health

It is now clear to governments and partners that progress in achieving MDGs will be slow as long as access to essential interventions remains limited. There is also increasing awareness that cost-effective and equitable delivery of these interventions requires health systems strengthening, using the primary health care approach. It is no wonder therefore that the need to renew Primary Health Care is gaining increasing recognition three long decades after it was first formulated.

As part of this global drive to renew Primary Health Care, the WHO Regional Office for Africa organized an International Conference on Primary Health Care and Health Systems in Africa, in Burkina Faso, in 2008. The conference reviewed past experiences in PHC and adopted the “Ouagadougou Declaration redefining the African strategy for scaling up essential interventions to achieve the health MDGs”.

The Ouagadougou Declaration focused on nine major priority areas, namely Leadership and Governance for Health; Health Services Delivery; Human Resources for Health; Health

Financing; Health Information Systems; Health Technologies; Community Ownership and Participation; Partnerships for Health Development; and Research for Health.

The Social Determinants of Health are being addressed through a framework of interventions developed by a WHO Commission on Social Determinants of Health. The interventions aim at action on the circumstances of everyday life and the structural drivers of inequity. On the *improvement of daily living conditions* the Commission calls on countries and their partners to improve the well-being of girls and women, the circumstances in which their children are born and create the conditions for a flourishing older life. In order to *tackle the inequitable distribution of power, money and resources,* the Commission recommends to countries and their partners to place responsibility for action on "health and health equity" on the highest level of governments, and ensure its coherent consideration across all policies.

At its inception 62 years ago, the World Health Organization (WHO) made human rights central to health and social justice, putting them at the core of its values. The Constitution of the World Health Organization states that: "*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*". These values were reiterated 32 years ago, at Alma Ata and also underpin the current *WHO 11th General Programme of Work* covering the period 2006–2015.

Before concluding my speech I want to refer to the important role that the Catholic Church has played in medicine and public health throughout its long history. In the early medieval times, church institutions such as monastery hospitals were established to provide charity and care to ease the suffering of the sick and the dying. From the Age of Enlightenment, ideals such as human autonomy, reasoning, equality and progress also started influencing governance of humankind and gradually permeated new developments in health and health systems.

Actually through its vocation, the Church has remained a major stakeholder in health care provision. This is evidenced by the work of mission hospitals, faith-based organizations, social and health workers who provide health care through charity, with particular emphasis on people in greatest need and usually living in poor-resource settings.

Caritas in Veritate focuses on current global issues of underdevelopment, inequity, hunger, and environment. These issues are central to health and health systems and are major social

determinants of health, influencing the understanding and implementation of the Primary Health Care approach.

Therefore, 32 years after Alma-Ata, I should say that the African Region has made some progress in reforming health systems and improving the health status of the people. Nevertheless, African communities, governments and partners still have a long way to go to achieve the highest possible level of health.

I wish the XXV International Conference "Toward an Equitable and Human Health Care in the Light of the Encyclical *Caritas in Veritate*" will shed more light on, and bring renewed impetus to, the application of its values for better health and dignity of every human being.

I thank you