



INTRODUCTION TO THE ALMA ATA DECLARATION

DAY 2, NOVEMBER 23RD

IPHU - THAILAND



GUIDING NORMS PREVALENT TODAY

- Partnership (public & private)
 - Ignores inequalities between states in the global system
 - Ignores inequalities between states & TNCs
 - Result: Privatization & Commercialisation
- Stakeholder consultation
 - Political influence
 - Result: De-Democratization
- Efficiency
 - Technocratic approach to health
 - Pharmaceuticalisation of health
 - Invest in health for economic growth (Sachs)
 - Result: Equity, Social Justice becomes secondary concern



Video clip: <https://www.youtube.com/watch?v=UwahGls4dql>

OBJECTIVES

1. Understanding the historical context of the Alma Ata Declaration
2. Introduction to key concepts
 - a. “political economy of health”
 - b. “comprehensive primary health care”
3. Rival approaches to realising the right to health
4. Challenges to implementing the Alma Ata Declaration.

THE RIGHT TO HEALTH

WHO Constitution (1946-8):

“Health is a state of complete physical, mental and social well-being and
not merely the absence of disease or infirmity.

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.**

The extension to all peoples of the benefits of medical, psychological
and related **knowledge is essential to the fullest attainment of health.**

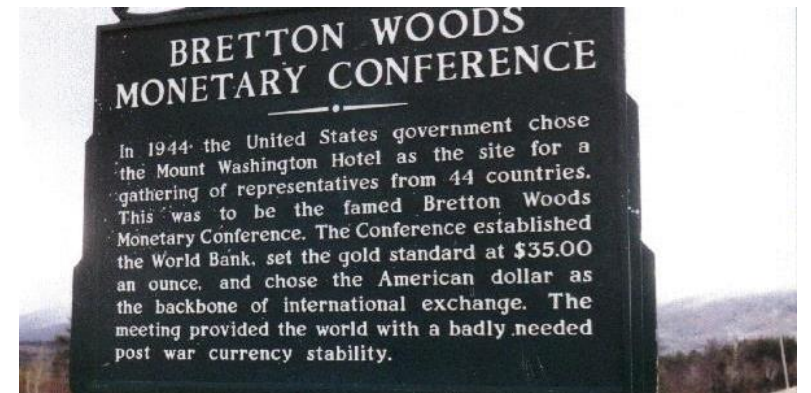
Informed opinion and active co-operation on the part of the public are of
the utmost importance in the improvement of the health of the people.”



BUT HOW TO GET THERE...?

THE HISTORICAL CONTEXT

- Atlantic Charter 1941
 - Freedom from want
 - Self-determination
- Bretton Woods 1944
 - Most states of the global south are not yet in existence when the current global financial and multilateralism system gets designed.
- Bandung Conference 1955
 - Most people of the global south are not emphatically recognized as full and equal human beings.



A NEW CONTEXT FOR INTERNATIONALISM

International Context

- Economic dependence/dependent development
- Industrialisation as a universal ideal
- UNGASS dominated by Third World states
- Cold War: battle for ideas, proxy wars, allies and resources

National Context

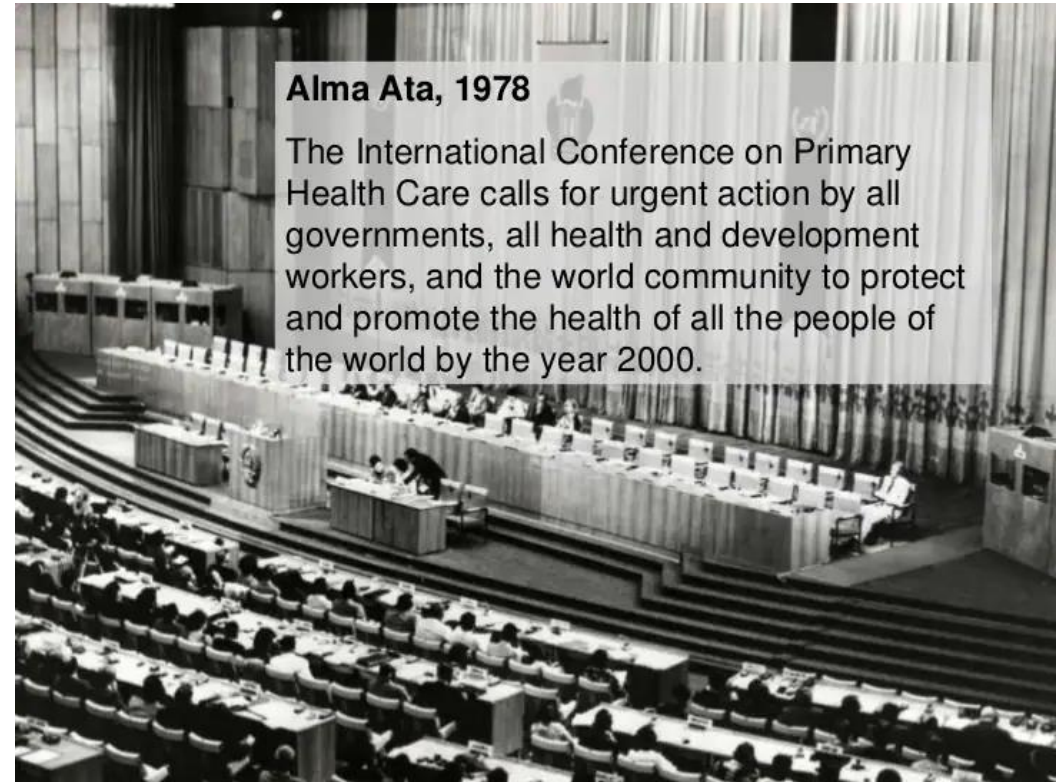
- Reconstruction vs. Industrialisation, Development
- High expectations, high inequality
- Radicalised, mobilised populations

NIEO

- Full permanent sovereignty over natural resources and all economic activities
- Restitution and full compensation for resource depletion, damage to natural resources and all other resources due to colonialism, foreign occupation, alien control, or apartheid
- Regulate and control MNCs operating in their territories
- Right to nationalise or expropriate foreign property on favourable terms to the state
- Right to form primary commodity cartels
- International trade should be based on just and equitable relationship between prices of raw materials vs. manufactures, technology transfer, technical assistance and non-discriminatory tariff preferences
- Global commitment to prioritising development in the Third World
- An end to the waste of natural resources, including food

ALMA ATA

- Comprehensive primary health care
- Democratic decision-making
- Equity within and between countries
- Structural reform of the GPE
- “Economic and social development, based on a New International Economic Order, is of basic importance to the fullest attainment of health for all and to the reduction of the gap between the health status of the developing and developed countries.”



Alma Ata, 1978

The International Conference on Primary Health Care calls for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world by the year 2000.



AFTER ALMA ATA: FROM POPULAR POWER TO MEDICALISATION OF HEALTH

Historical context: Smallpox eradication campaign; debt crises in the developing world

- From process to programmes
- From changing power relations to changing illness metrics
- From slow change to high impact
- Improved disease management and extended life span conflated with health promotion
- Individual responsibility
- Medicalisation and pharmaceuticalisation of health promotion
- Marginalises/obscures underdevelopment, inequality and undemocratic governance as fundamental impediments to achieving “health for all”



CHALLENGES TO THE ALMA ATA DECLARATION

- Third World Debt crisis
- Emergence of neoliberalism
 - Increase in corporate power including in political processes
 - Limitations on social spending (HRH, resource poor settings)
 - Efficiency mindset (low cost, high returns)
 - TRIPS: limited technological transfer
- Global governance
 - Global standards ...what about socially acceptable/culturally appropriate interventions
- Industrialisation & resource extractivism
- Increased focus on resilience rather than social justice

ASTANA DECLARATION

We are convinced that strengthening primary health care (PHC) is the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being, and that PHC is a cornerstone of a sustainable health system for universal health coverage (UHC) and health-related Sustainable Development Goals. We welcome the convening in 2019 of the United Nations General Assembly high-level meeting on UHC, to which this Declaration will contribute. We will each pursue our paths to achieving UHC so that all people have equitable access to the quality and effective health care they need, ensuring that the use of these services does not expose them to financial hardship.

Align stakeholder support to national policies, strategies and plans.

We call on all stakeholders – health professionals, academia, patients, civil society, local and international partners, agencies and funds, the private sector, faith-based organizations and others – to align with national policies, strategies and plans across all sectors, including through people-centred, gender-sensitive approaches, and to take joint actions to build stronger and sustainable PHC towards achieving UHC. Stakeholder support can assist countries to direct sufficient human, technological, financial and information resources to PHC. In implementing this Declaration, countries and stakeholders will work together in a spirit of partnership and effective development cooperation, sharing knowledge and good practices while fully respecting national sovereignty and human rights.

SOCIAL DETERMINANTS, SOCIAL VACCINES

- Baum, Fran, Ravi Narayan, David Sanders, Vikram Patel, and Arturo Quizhpe. "Social vaccines to resist and change unhealthy social and economic structures: a useful metaphor for health promotion." *Health promotion international* 24, no. 4 (2009): 428-433.
- "This paper proposes the application of a vaccine metaphor to social determinants. A social vaccine would have at its heart the need for social movements advocating for health equity to move governments to adopt socially justice, regulatory policies for health and health equity." (p.429)
- "the primary determinants of disease are mainly economic and social and therefore its remedies must also be economic and social. Medicine and politics cannot and should not be kept apart." (Rose in Baum et al, p.419)
- **"A social vaccine is a process of social and political mobilisation which leads to increased government and other institutions' willingness to intervene with interventions, applied to populations rather than individuals, aimed at mitigating the structural social and economic conditions that make people and communities vulnerable to disease, illness and trauma.** While medical vaccines help develop immunity against disease, social vaccines develop the ability of communities to resist and change social and economic structures and processes that have a negative impact on health and force governments to intervene and regulate in the interests of community health." (p.429)
- "Examples provided for the effects of social vaccines are: restoring land ownership to Indigenous peoples, regulating the advertising of harmful products and progressive taxation for universal social protection." (abstract, p.428)

Table 1: Comparison of medical and social vaccine

Medical vaccine	Social vaccine
Administration of vaccine	Raising consciousness about causes of unhealthy conditions and strengthening social mobilization leads to resistance
Raises immunity in individuals—immunity spreads across population resulting in Herd effect	Resilience raised Popular mobilization leads to government action to regulate unhealthy practices and intervene in the interests of community health
Necessity to ensure immunity across a high percentage of the population in order to prevent outbreaks	Spread across population Need to create and maintain sufficient popular mobilization and ‘resistance’ to unhealthy policies and practices Popular mobilization builds empowerment, and a resultant political accountability and will to take action to promote health The political will for change leads to governments adopting progressive social and economic policies and regulatory mechanism that promote health equitably

KEY DISTINCTIONS

- Health vs. Absence of Illness
- Primary Care vs. Primary Health Care (comprehensive v. selection)
- UHC: Universal Health Coverage v. Universal Health Care
- Medical vaccines vs. Social vaccines
- Health 4 All vs. Resilience



THANK YOU