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EXECUTIVE COMMITTEE
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FOR ACTION

Minute
Time for recommitment to 'health for all' on the 30th anniversary of the Alma Ata Declaration

Background

In September 1978 – thirty years ago – the *International Conference on Primary Health Care* took place in Alma-Ata, USSR (Kazakhstan) and brought together 134 World Health Organization (WHO) member states, 67 United Nations organizations, specialized ministries and non-governmental organizations. They issued and urgent call to all governments, health and development workers, and the world community to protect and promote the health for all people and adopted a prophetic declaration which remains more than relevant still today. The conference strongly recognized the existence of gross inequality in the health status around the world, particularly between developed and developing countries, as unacceptable and therefore, of common concern to all countries. The promotion and protection of the health for all was identified as essential to sustained economic and social development and to contributing to better quality of life and world peace. *Primary health care* was highlighted as the key to attaining this target as part of development in the spirit of social justice.

Christian imperative

Public health is the science and art of promoting health, preventing disease and prolonging life through organized efforts of society. Christians have played a key role in the evolution of public health from ancient to modern times. The understanding that humankind was created in the image of God and that all are equally precious to God, has contributed to providing health care to all equally (Genesis 1:27). This perspective has been further strengthened by the biblical imperative to relate to and make a difference in the lives of vulnerable persons and communities (Mathew 25:40). This approach was evident in the life of Jesus, his disciples and the saints throughout the centuries. Throughout history Christians have followed Jesus' teachings by serving whole communities during epidemics and health crises. This continues today. Ministries of health care are possible both through its setting up intentional church infrastructure, but also through development and training of health professionals.

Continuing challenges

The dream of the Alma Ata conference, 'Health for All by the Year 2000' could not be achieved. The health status of third world population has not improved and in many cases it has deteriorated further. Currently, we face a global health crisis, characterized by growing inequalities within and between countries. New threats to health continue to emerge and these

are compounded by negative forces of globalization which prevent the equitable distribution of resources needed to ensure health for all, and in particular for the poor. Within the health sector itself, failure to implement the principles of primary health care as set out in the Alma-Ata declaration, has significantly aggravated the global health crisis.

In these situations the churches, present throughout the developing world, continue their focus on providing health care and services to remote, vulnerable or impoverished communities and empowering them to take care of their own health. In addition, faith-based organizations are major health providers in most developing countries, e.g. providing about 40% of services in sub-Saharan Africa. Despite being closely aligned with community needs, faith-based organizations often go unrecognized because they usually operate outside official government processes. Evidence suggests that a range of treatment, care and prevention activities in accordance with primary health care principles is provided by faith-based organizations. With attention to accountability and monitoring, governments can work with these organizations on the basis that such partnerships will deliver public value and narrow gaps in national health planning systems.

Recommendations

While strongly affirming the work the churches do in primary health care, the executive committee hopes that this minute will re-energize churches in recommitting themselves to achieving health for all.

The executive committee of the World Council of Churches meeting in Lübeck, Germany, from 23-26 September 2008:

- ***Acknowledges*** the role of church-related health services, their community-based initiatives and grassroots movements, e.g. people's health movements, to sustain and strengthen the primary health care approach;
- ***Affirms*** with appreciation the leadership of the World Health Organization and inspired governmental and intergovernmental bodies in reinvigorating the primary health care by placing it in the broader agenda of equity and human development by linking its renewal with efforts to strengthen health systems, promoting sustainable improvements in community participation and collaboration among different sectors of society;
- ***Encourages*** the leadership of the churches to exercise their role as advocates so that each congregation can become part of the healing community and promote equitable and just health policies with their civic leaders;
- ***Encourages*** the churches to reorient their medical services back to primary health care, by providing adequate training and human and material resources;
- ***Encourages*** the churches to forge partnerships with community-based, non-governmental and faith-based organizations providing health services and local government to fortify, sustain and enhance the primary health care system at the district and community level.

APPENDIX

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Primary Health Care – Further Information

The churches and church-related pioneers in health have been recognised as key players in the development of the concept of Primary Health Care.

Since the 19th century and for over a hundred years, medical work has been one of the main focuses for Christian missionary work. Because of this, by the 1960's, thousands of Christian hospitals served the health care needs of the developing world. With the shifting in perception of healthcare in a rapidly changing world, the fact that more than 90% of the resources for healing ministries was devoted to curative medicine was being questioned.

The Tubingen I and II Consultations co-organized by the World Council of Churches (WCC), the Lutheran World Federation (LWF) and the German Institute for Medical Mission (DIFÄM), in 1964 and 1968 addressed many of these questions. These processes called for an integrated witness where medical work would be intentionally linked with social work, nutrition, and agricultural and community development. The participants recognized that medical care was only one component of a diversity of disciplines, all of which were necessary to promote and maintain health. This led to the formation of the Christian Medical Commission (CMC) in 1968. The CMC assisted in the reorientation of the churches' health care so that it would evolve into a more comprehensive and community-oriented service. With CMC's close working relationship with the World Health Organization (WHO) in Geneva, grass-roots experience on issues of community health were channeled to the international, intergovernmental body. The churches were able to influence and provide quality experiential and experimental input into a joint study process called "Alternative approaches to meeting basic health needs of populations in developing countries" and carried out by WHO and UNICEF. The process of demystifying health care, where services are tailored to the needs of the communities with the local population being involved in the formulation of the policy and delivery of the system, led to the development of primary health care.

Primary health care is defined as essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible. Health care in the community is ensured through people's full participation and at a cost that the community and country can afford to maintain in the spirit of self-reliance and self-determination. This philosophy stressed an integrated approach of preventive, curative and proactive health services both for the community and the individual. It implied a radical shift in the priorities of the WHO with global implications that decentralized health care and placed greater rights and responsibilities in the hands of all to manage their own health. In the 1970's communities began to train village health workers at the grass roots level. Equipped with essential drugs and simple methods, these workers were able to treat most common diseases and to promote the use of clean water and better hygienic conditions. They facilitated the introduction of small health centres that offered low cost in-patient care, as well as prenatal and early childhood health services. In these new decentralized health care systems, many mission hospitals began to play an essential role by acting as intermediaries between local village health services and the centralised state supported hospitals.

A renewed approach to primary health care is viewed as an essential condition for meeting internationally agreed-on development goals such as those contained in the United Nations Millennium Declaration Millennium Development Goals (MDGs), as well as to address the fundamental causes of health as articulated by the WHO Commission on Social Determinants of Health.