



World Health  
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REGIONAL OFFICE FOR  
Europe

REGIONAL COMMITTEE FOR EUROPE  
64<sup>TH</sup> SESSION

Copenhagen, Denmark, 15–18 September 2014



**International anniversary  
conference marking 35 years  
of the WHO and UNICEF  
Declaration of Alma-Ata  
on primary health care**



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**International anniversary conference  
marking 35 years of the WHO and UNICEF  
Declaration of Alma-Ata on primary health care**

**Almaty, Kazakhstan, 6–7 November 2013**

*Innovative primary health care reaching towards universal health coverage  
Comprehensive primary health care for all across the lifespan*

1. To mark the 35th anniversary of the adoption of the Declaration of Alma-Ata on primary health care, an international conference was organized by the Government of Kazakhstan in cooperation with the WHO Regional Office for Europe and the United Nations Children's Fund (UNICEF), on 6–7 November 2013 in Almaty, Kazakhstan.
2. With participants from over 50 countries across the six WHO regions, the conference served as a platform for sharing experiences, ideas and knowledge on primary health care solutions, prioritizing challenges and identifying options in the development of primary health care in the context of the 21st century.
3. The participants recognized that the context in which health systems operate and the needs they respond to are evolving with the uncharacteristically fast changes that are occurring in epidemiology, demographics, the economic situation and culture. Traditional reactive, fragmented, disease-specific interventions are no longer appropriate responses and health systems have made impressive progress assimilating innovations in technology, science, pharmacology and informatics to improve health outcomes.
4. The responsiveness of health systems to change is observed in modern workforces (with new professionals and scopes of practice and expanding family medicine specialization), the introduction of new models of primary care in countries in Europe and globally, and innovative governance arrangements for meaningful public–private partnerships and intersectoral activities.
5. The conference proceedings reflect the changes in which health systems operate and changes within the systems themselves. Consensus was reached on the following messages.
  - Strong primary health care that provides services throughout the life-course and is coordinated around individual needs cannot be achieved by the health sector alone. A joint effort is required with other sectors and new partnerships that include the whole of society to truly capture the meaning of health in all policies and to tackle the social determinants of health effectively.

- In line with the WHO European Action Plan for Strengthening Public Health Capacities and Services, public health services as well as secondary and tertiary services must be integrated into primary care for a coordinated/integrated service delivery model that provides the full continuum of services throughout the life-course.
- To address health inequities and the increasing burden of noncommunicable diseases, the prestige of primary health care and its workforce must be raised by building trust and engaging and retraining health professionals from the early stages of their education. The link between health and education is crucial for guaranteeing that all groups – including those in remote, rural and poor areas and ethnic minorities – receive high-quality services. Interprofessional primary health care teams with appropriate updated skills are required to tackle the health and well-being challenges in a comprehensive, coordinated, integrated manner throughout the life-course. Transformative educational strategies are necessary to ensure multiprofessional teams and to increase the quality and social accountability of training.
- Primary health care requires adequate financing, improved access to essential medicines and better use of information and communication technology.

6. Six actions considered essential for reinvigorating primary health care were summarized in a closing statement, which is attached to remind Member States of their continued commitment to the values and principles of the Declaration of Alma-Ata and a primary health care approach as the cornerstone of people-centred health systems.

7. While acknowledging the challenges faced by countries in implementing a full primary health care approach, progress has been made in strengthening health service delivery throughout the WHO European Region by ensuring coordination and integration of public health, health care and social services at scale and by transforming models to provide high-quality primary care services across the full continuum of care and the life-course, putting people at the centre of health systems. The WHO Regional Office for Europe is consulting focal points in Member States, patients representatives, professional associations and partners in order to prepare a European framework for action towards people-centred, coordinated/integrated health service delivery based on primary health care, in line with the Twelfth General Programme of Work, for submission to the 66th session of the Regional Committee for Europe in 2016.

# ALMATY STATEMENT

of the International Anniversary Conference marking 35 years  
of the WHO and UNICEF Declaration of Alma-Ata on Primary Health Care

Almaty, Kazakhstan, 6–7 November 2013

Innovative primary health care reaching towards universal health coverage  
Comprehensive primary health care for all across the lifespan

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Delegates representing 58 countries met on 6 and 7 November 2013 in Almaty, Kazakhstan, to celebrate the anniversary of the joint WHO/UNICEF conference on primary health care and the Declaration of Alma-Ata adopted 35 years ago.

This landmark Declaration laid out the vision, values and principles, such as equity, solidarity, universality, participation and intersectorality, for achieving health for all by stressing the critical role of primary health care.

As we approach 2015, we acknowledge a renewed commitment towards universal health coverage in the global development agenda and the achievement of the post-2015 development goals that build on the momentum generated by the Millennium Development Goals.

When considering the principles of the Declaration of Alma-Ata at the Conference, we debated further means to address the global challenges that our societies face, such as persistent health inequity, demographic changes, the unfinished Millennium Development Goals agenda, the increased burden of chronic conditions, the persistence of communicable diseases like tuberculosis and HIV infection, the reoccurrence of vaccine-preventable diseases such as polio and the increasing burden of co- and multimorbidity.

These challenges call for innovative approaches, shared responsibilities, reinforced leadership and new ideas to prompt adequate responses, while confirming the commitment to achieving the highest possible level of health and well-being, not only for social, sustainable and economic development but as a fundamental human right.

Health systems based on a strong primary health care approach are required that provide coordinated, integrated, people-centred services throughout the life-course, including public health services for both individuals and communities. This cannot, however, be achieved by the health sector alone. A joint effort is required, with linking and cooperation with other sectors in a whole-of-government approach, including education, social services and infrastructure. It also requires new partnerships that include the whole of society, in order to truly capture the meaning of “health in all policies” to tackle the social determinants of health.

At the international anniversary conference marking 35 years of the Declaration of Alma-Ata on primary health care, participants confirmed that bringing comprehensive health services closer to populations and their needs is the most effective, sustainable way to tackle the unfinished Millennium Development Goals agenda, reduce the burden of chronic and communicable diseases and achieve equity by ensuring the right of all people – including poor, displaced and cross-border populations, immigrants, homeless people, ethnic minorities and other vulnerable groups – to achieve their full potential for health and well-being.

The identity and role of primary health care must be reviewed in order to respond to these challenges, including the growing expectations of people in an environment of financial constraints that imposes better value for money, high performance and accountability. This can be achieved only by raising the profile and prestige of primary health care, its management and its health workforce through better training, supervision and motivation of all professionals involved and by the availability of adequate financial resources, infrastructure and technology.

In order to achieve this transformation, it is of the utmost importance that we integrate primary health care with public health services including protection, promotion and prevention, following a life-course approach and starting from the earliest period of life when the opportunities to lay the foundations for lifelong health can be maximized. Furthermore, ensuring the quality of people-centred coordinated/integrated service delivery that puts first-level care as the core of the health service network, including hospitals, is essential.

A key factor in improving health and addressing inequities in health is the availability of relevant, accessible, high-quality, people-centred, equitable, sustainable, efficient health services in the framework of adequate financial protection.

Sustained political commitment and leadership are required to realize and revitalize the principles and visions formulated in the Declaration of Alma-Ata and to ensure further insights and achievements at international, regional, national and subnational levels.

The Conference reached consensus on the following actions, which are considered essential for reinvigorating primary health care.

**1. Investing in human resources for health: skill mix and organizational scale**

- Advocate for public health and medical education that guarantees sufficient qualified health professionals trained in primary health care with an appropriate skill mix and incentives for family physicians, nurses, midwives, social workers and other carers and professionals who play pivotal roles in the health system's capacity to increase coverage.
- Promote interprofessional primary health care teams with appropriate, updated skills to tackle the challenges to health and well-being in a comprehensive, coordinated, integrated manner throughout the life-course.
- Scale up transformative educational strategies to increase the quality and social accountability of training, with strategies for recruitment, equitable distribution and retention, which guarantee that all groups in society (including those in remote, rural and poor areas and ethnic minorities) receive appropriate care.
- Empower and motivate the health workforce through continuous education and by upgrading training programmes with a focus on preventive services, including "supportive supervision", sustainable strategies for recruitment and retention and policies to tackle "brain drain", by implementing *The WHO Global Code of Practice on the International Recruitment of Health Personnel*.

**2. Strengthening the coordination/integration of health services delivery towards high quality, people-centred care**

- Prioritize the design, implementation and scale up of policies and strategies for primary and mental health care that will facilitate coordination of public health, social and personal care services with different levels and sites of care, across public, nongovernmental and private sector institutions, hand in hand with the rationalization and modernization of hospitals.

- Design systems to overcome the selectivity of single-disease management approaches and systems for generating information on performance and quality, in parallel with an interdisciplinary, personalized approach to the provision of services necessitated by the current context. This should constitute the basis for accreditation of health services and the certification of health providers.
- Invest in the health literacy of consumers and patients so that they can best apply their expertise to their own care needs and are empowered with the skills and confidence to manage their health and well-being.
- Ensure distributive, inclusive, transformational leadership to support transformations in work cultures and people-provider interactions for sustainable efforts embedded in the dynamics of the system as a whole.
- Equip the health workforce with leadership and management skills – in addition to their clinical expertise – to enable them to lead efforts to improve quality.
- Ensure access to and rational use of pharmaceuticals and strengthened regulation.
- Ensure community-oriented primary care to link personal and community approaches.

**3. Ensuring strong governance and financing for sustained policies and incentives for better performance**

- Ensure that primary health care is reinvigorated with new functions, with adequate funding, social protection and governance arrangements that are the shared responsibility and accountability of the whole of government and the whole of society.
- Reaffirm and ascertain the necessity of inclusive policies and organizational arrangements that provide adequate incentives to health providers to ensure high-quality, people-centred health service delivery.
- Encourage self-sustainability by promoting community involvement and public-private partnerships that contribute to the global aims of equitable, high-quality health care.

**4. Optimizing primary health care technology and innovations, bringing people and health professionals closer**

- Utilize information and communication technology to bring people and health professionals together and to ensure an integrated response to people's needs.
- Optimize e-health options for healthy lifestyles, health protection, health promotion, disease prevention, people empowerment and health providers' engagement, also through innovative communication methods.

**5. Creating a learning primary health care system: standardization, monitoring and feedback**

- Acknowledge that strong primary health care requires continuous effort to maintain, restore or strengthen its functions to deliver high-quality, people-centred, equitable, efficient population and individual health services.
- Standardize practice, the culture of performance and peer review to create learning in primary health care systems and horizontal learning based on good practice.

**6. Promoting evidence generation and the translation of research findings into innovative service delivery models to address health and well-being comprehensively**

- Collect evidence on effective primary health care models and their health system requisites, and promote ways to translate evidence into new standards and improved practice.
- Promote research on policy, health services and implementation in order to determine the most effective, efficient ways to deliver primary health care in different health systems and promote collaboration and networking among research centres.

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