



Session 1

Alma Ata 30 years later

Chair: Dr. Massimo Barra, *President of Italian Red Cross*
Speakers: Professor Ilona Kickbusch, *Adviser*
Kultumi K Karim, *Sierra Leone Red Cross Society*
Roberto Chiarelli, *Italian Red Cross*
David Sanders, *People's Health Movement*
Marlène Michel, *International Committee of the Red Cross*

Abbreviations: PHC (Primary Health Care)

Professor **Ilona Kickbusch** opened the first work session with the theme of *Alma Ata 30 years later*. The prime objectives were to illustrate the principles, components, achievements and challenges of Primary Health Care in cohesion with Red Cross and Red Crescent work.

The first work session was composed of: a keynote speech (by Professor Kickbusch) about the challenges for action of the PHC; a speech reflecting the current achievements of the Sierra Leone Red Cross Society; a personal account from a member of the Italian Red Cross; an extensive review of the Indian Red Cross Society's work and achievements in the health care sector; and an intervention by a member of the People's Health Movement, reflected on donor changes. Lastly, some remarks by an International Federation representative on the possibility of application concluded the first session.

Principles and components:

Prof. Kickbusch identified the Alma Ata declaration not only as a health policy declaration, but as a revolution. Moreover, some of the elements highlighted in the declaration 30 years ago are still valid today. 1978 marked the beginning stages for recognizing health as a human right along with the responsibility that governments must take in implementing this

right. The social effectiveness of health is essential to the whole economy. The idea behind the Alma Ata declaration was to guarantee universal access, full participation, affordability and acceptability to all health systems. One of the important aspects includes the promotion of democracy brought on by putting the health question at the center of the debate. It is an interface between empowerment at the grass root level and global agreements, and must be clearly understood in relation to the 21st century determinants: migration, mobility, speed, energy and climate change...

Achievements and challenges:

Prof. Kickbusch underlined the failure of the Alma Ata objectives as being the consequence of the lack of structure from governments who fell short of living up to the promises made in 1978. Despite this minor setback, a continuity of the Alma Ata spirit can be noted in actions led by the Red Cross and Red Crescent Societies. With 700 hundred branches in India and more than 12 million members, the Indian Red Cross Society is concerned with health issues and disaster responses due to below optimal resources in the public health sector. It is worthy to note that some of the programs in child diseases are successfully addressing the challenges in India's healthcare system such as the "twelve by twelve" program for young girls as part of a global nutrition issue. There is an emphasis on education, with campaigns directed towards families. One of the successful

educational campaigns involved the distribution of brochures during the bird flu crisis resulting in an absolute containment of the disease (no cases reported). Challenges that face the Indian Red Cross Society concern primarily the explosion of technologies in the health sector, and the supply of water through disaster situations. Allocation of financial, technical and human resources is imperative to achieving primary healthcare success.

Similarly, progress can be noted in Sierra Leone. The primary concern in Sierra Leone the lack of access to effective public health services.. As noted by the Sierra Leone Red Cross Society, the Alma Ata declaration led to the establishment of a community based program, a proactive approach to provide affordable healthcare marked by equitable and accessible distribution, with emphasis on rural areas and hard to reach communities. Some of the key success attributes within the past 30 years include:

- Identification of community needs heightened by prevention focus;
- National immunization programs;
- Involvement in mobilization and healthcare activities (HIV, malaria, etc.);
- Water & Sanitation programs;
- Use of nutritional programs and UNICEF protocols in child survivor programs;
- Inclusion of technology and human resources in communities;

- Monitoring of branches/organizations where volunteers are offices are present.

Expanding on the topic of achievements and challenges, the representative from the People's Health Movement, **David Sanders**, discussed mainly the situation in Africa, a situation that concerns the negligence of good health. Facing the economical and health difficulties of the continent, the selective PHC approach is not considered to be sufficient enough. The search for maximum efficiency in terms of health packages does not answer to the problem. Secondly, the donor issue has led to ill effects since it can impose various constraints on countries that received this aid. The lack of human resource input in this aid, along with the negative effects of brain drain, it is a difficult situation for health strengthening.

Finally, **Marlène Michel**, the representative for the ICRC discussed the difficulty of applying global health strategies on the spot with constraints such as lack of resources, war, and the diversity of health systems. This translates to inequality of resource distribution. The unfavorable result of this constraint is an unequal distribution in terms of right to access good health programs.

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