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When we discuss healthcare in any emerging economy, we are reminded that the discussion will be rooted in primary healthcare. Universal Health Coverage is a key priority for WHO and its member states and the provision of accessible and safe primary care is recognised as being essential to meet this important informational policy.

However, it is 40 years since the declaration of Alma Ata (1978), the provision of Primary Healthcare remains inadequate. This indicates that primary healthcare has not received the priority it deserves. What is even more disappointing is that there are proven health benefits that results from access to comprehensive primary healthcare.

What is Primary Healthcare?

“Provision of first contact person-focused, ongoing care over time that meets the Health-related needs of the people ...” (Barbara Starfield).

The Alma Ata declaration released in 1978, established a Public commitment to making Community-driven, quality healthcare accessible both physically and financially for all.

This was the forerunner of the Global Strategy for Health for all by the year 2000, and the SDG3 [ensuring healthy lives and promote the well-being for all at all ages by 2030].

Since Alma Ata Declaration there have been a number of documented areas of progress:

- Life expectancy is about 10 years more than in 1978.
- Risk of dying before the age of 5 years has fallen by around two thirds.

In the joint report by the Director-General of the WHO and Executive Director of Unicef a number of issues were raised:

- The spectrum of diseases now is different from 40 years ago due to demographic and epidemiological transitions.
- Preventable child and maternal morbidity remain, chronic non-communicable diseases and injuries have replaced acute infections as a major cause of morbidity and mortality.

Other factors impacting on health:

- Changes in population distribution.
 - o More urbanization
 - o Older populations
- Increased use of Technology and AI.
- Improved Health Literacy.
- Growing food insecurity and environmental risks have affected health negatively.

This necessitated a new vision of Primary Healthcare as a foundation of UHC for SDG era and beyond.

In October 2018, World Health Leaders and other Stakeholders met in Astana, Kazakhstan to commemorate the 40th Anniversary of the 1978 Declaration of Alma Ata. It reaffirmed the commitments expressed in the Alma Ata Declaration of 1978 and the 2030 Agenda for Sustainable Development, in pursuit for Health for all.

The Declaration endorsed the need for Governments and Societies to prioritize, promote and protect people's health and well-being, through Strong Health Systems. It also emphasized the need for Primary Healthcare Health services to be at a high level of health services, to be of a high quality, safe, comprehensive, integrated, accessible, available, and affordable for everyone and everywhere.

It further stressed the need for care to be delivered with compassion, respect and dignity by Health Professionals who are well-trained, skilled, motivated and committed.

It included the need for an enabling and health-conducive environment in which individuals and communities are empowered and engaged in maintaining and enhancing their health and well-being.

There was a commitment to the fundamental right of every human being to the enjoyment of the highest attainable standard of Health without distinction of any kind.

Despite these declarations 40 years since Alma Ata, people in all parts of the World still have unaddressed health needs. These unaddressed needs are prevalent in both the Public and Private Health Sector. The majority of the private sector till now is focussed on short-term gains and is very reactive and focussed on curative care. The confounding variable is the commercialization of healthcare and some have described it as exploitation of Primary Healthcare.

Remaining healthy is challenging for many people, particularly the poor and people in vulnerable situations. It was stated that it is unethically, politically, socially and economically unacceptable that inequality in health and disparities in health outcomes persist. We witness this in South Africa with a two-tier health system. The majority of the population is marginalized due to poverty and for whom access to healthcare is not possible. People are subject to financial difficulties at the point at which they access care. Promotive, preventive, curative, rehabilitative services and palliative care must be accessible to all.

We have a moral and ethical responsibility to save millions of people from poverty, particularly extreme poverty, caused by disproportional out of pocket spending on health.

At the Conference in Astana, it was declared that we can no longer underemphasize the crucial importance of health promotion and disease prevention, nor could we tolerate fragmented, unsafe and poor-quality care.

The Declaration of Astana also addressed the need to correct the shortage and distribution of Health Workers.

It endorsed the need to act on the growing cost of Healthcare, cost of medicines and vaccines. The Declaration of Astana emphasized the need to avoid waste in Healthcare spending due to inefficiencies.

It stressed the need to commit to promote multi-sectoral action and Universal Health Coverage, engaging relevant stakeholders and empowering local communities and the need to strengthen UHC.

These are the very issues we are grappling with as we try to implement NHI in South Africa. In fact, many of the issues raised at the Alma Ata and repeated at the Declaration of Astana are still distorting our healthcare environment and many of these hurdles need to be resolved before NHI can be implemented successfully. However, we will never have the luxury to start NHI, without prevailing challenges. So, we must embark on a visionary leadership with a focus on pragmatism and adopt an appropriate Healthcare Ideology and not pursue just a Political Ideology.

What is the way forward for NHI in South Africa?

We need to build a sustainable Primary Healthcare program. We need to strengthen our health system by investing in Primary Healthcare. There is a need to enhance capacity and infrastructure for Primary Care, the first contact with Health Services. We must move up a notch and emphasize the need to prioritize essential Public Health capacity.

With prioritizing disease prevention and health promotion we can address the health needs of the majority of our population who thus far cannot access healthcare timeously and appropriately.

To achieve UHC we must embark on comprehensive services not limited to vaccinations, screening, prevention control and management of non-communicable diseases. The services must extend to promote and maintain and improve maternal, newborn, child and adolescent health, mental health, sexual and reproductive health.

Primary Healthcare must be accessible, equitable, safe and of a high quality, comprehensive, efficient and will deliver continuous, integrated services that are people-centered and gender sensitive.

There is also an emphasis to avoid fragmentation and the need to ensure a functional referral system between Primary and other levels of care.

Healthcare must benefit from a sustainable PHC that enhances Health systems resilience to prevent, detect and respond to infectious disease outbreaks. This is relevant as we have been in the midst of the Ebola outbreak and now there is a Global threat with the novel Corona Virus. We need to focus on early warning systems, and we must be equipped to contain epidemics and pandemics.

The success of Primary Healthcare will be driven by knowledge and capacity building.

There is a need to apply scientific and traditional knowledge to strengthen PHC, improve health outcomes and to ensure access for all people to the right care at the right time and at the most appropriate level of care, respecting the people's rights, needs, dignity and autonomy.

There is the need to promote appropriate use of digital and other technology to promote access to healthcare, increase efficiency and the coordination of care.

Central and fundamental to improving health systems and healthcare delivery is the need to promote adequate financing, reimbursement systems in order to improve access and better healthcare outcomes.

Conclusion

PHC offers much more than simple reduction of costs of a country's health.

There are a number of benefits by which intervention at the primary care level can benefit the population:

- Increasing accessibility of health to deprived populations.
- Improving overall long-term patient care and health.
- Improved preventative and educational measures.
- Appropriate and focussed direction of care (i.e., appropriate specialist referrals).
- Reduction of unnecessary, inappropriate medical care.
- Helps to narrow the gap between socially deprived and socially advantaged populations.

The continuity and doctor-patient relationships offered by the family-oriented primary care, alongside the patient education, early intervention and treatment, chronic disease management, counselling and reassurance offered to patients, would be impossible to provide in a secondary care setting. We need Primary Healthcare to coordinate the care of our patients.

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