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Alma Ata: Primary health care 30 years on  
Health systems reporter, 16 September 2008

Feature: Alma Ata: Primary health care 30 years on

Recommended readings:

- Renewed interest in primary health care and the Alma Ata Declaration
- Implementing primary health care in Africa: challenges and recommendations
- The commercialisation of health systems may have negative effects on population health
- A critical analysis of the strengths and weaknesses of health care providers in Bangladesh suggests where improvements can be made
- Examining community participation in health systems and services

Latest additions:

- Methods to measure the quality of medical advice in low-income countries need improvement
- Diagonal financing of health systems offers an alternative to the current flawed vertical and horizontal processes
- Cote d'Ivoire faces a dramatic shortage of health workers
- Introducing a new book on health and social protection systems
- Developing health policy processes in China

Announcements

- The IDS Health & Development Information team **needs your help to improve the services we provide! For a chance of winning a £50 IDS book voucher** for the online IDS bookshop take part in our [user survey](#) There are 18 questions and it should only take a few minutes to complete so why not complete it now? If you have difficulty accessing this web version of the survey, please send an email to [hdi@ids.ac.uk](mailto:hdi@ids.ac.uk) and ask for the email version.

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**Feature: Alma Ata: Primary health care 30 years on**

It is thirty years since the [Alma Ata Declaration](#) which outlined an international consensus on the need to provide universal access to primary health care (PHC). During the ensuing years

some countries established and consolidated well-organised government health services in which PHC played an important role. Many others were less successful due to lack of community participation and intersectoral participation, and misuse and mismanagement of resources. Some countries have experienced deterioration of their health systems and major reversals in life expectancy after a long period of steady improvement due to the catastrophic effects of conflict and epidemics like HIV/AIDS. There is a growing desire amongst national governments and the international community to expand access and commit resources to PHC in part to help reach the health related Millennium Development Goals. However, there have been many major changes in these last three decades that pose big challenges for the future configurations of PHC.

[This new key issues guide on Eldis](#) unpacks some of the challenges facing the future of PHC and highlights promising models of health system arrangement and service delivery that are improving access for the poorest and most marginalised. It focuses on four main areas: the increasing marketisation of health and how governments respond; the challenge of responding to progressive and chronic illnesses; the emergence of new epidemics and the globalisation of public health responses and the pressure to keep up with new treatments and technologies.

More information:

- Eldis key issues guide on primary health care <http://www.eldis.org/go/topics/resource-guides/health-systems/primary-health-care>
- Lancet series on primary health care <http://www.thelancet.com/journals/lancet/article/PIIS0140673608613690/fulltext>

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## Recommended readings

### 1. Primary health care comes of age: looking forward to the 30th anniversary of Alma-Ata

**Authors:** A. Haines; R. Horton; Z. Bhutta

**Publisher:** The Lancet, 2007

This comment published in the Lancet, describes the vision of primary health care (PHC) in the Alma Ata declaration and highlights some of the tensions between this and the selective approach to PHC, which promotes a few cost-effective interventions. The authors show that despite movements towards selective packages of care and health-care reforms the idea of PHC as described in the Alma Ata declaration is attracting renewed interest. There are several reasons for this: shortages in health workers, especially in sub-Saharan Africa, have renewed interest in the role of community-health workers; also, many programmes that address specific diseases have been shown to interact adversely with each other and lead to inefficient use of limited resources.

The article also highlights the growing research evidence about the cost-effectiveness of some components of PHC, such as the role of community participation improving neonatal and maternal mortality in Nepal. PHC is also better able to address pervasive health inequalities, poor coverage of basic health care, and lack of engagement by communities in health systems. Finally, the article lists several questions that remain to be addressed. These

include: how should scarce resources be prioritised and how can sufficient health workers be recruited, trained, and retained?

Please note: To read this article, you will first need to register with The Lancet. This process and access to the article is free of charge

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems/primary-health-care/recommended-reading&id=36835&type=Document>

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## **2. Review of primary health care in the African region**

**Publisher:** Regional Office for Africa, World Health Organisation , 2008

This World Health Organisation review examines the implementation of primary health care (PHC) in Africa and identifies strategic interventions that are required to cope with the new challenges facing the health systems in the 21st century. The review addresses PHC policy formation and implementation, the resources that are available for PHC implementation, monitoring and review.

The review finds that PHC policy formation had been well articulated in the national health policies by most countries, however, the extent to which PHC policies encompassed equity, community participation, inter-sectoral collaboration and affordability is still questionable. Factors delaying PHC implementation include weak structures, inadequate attention to PHC principles, inadequate resource allocation and inadequate political will.

The key recommendations of the review include to:

- harmonise health sector reforms with PHC to ensure that initiatives promote equity and quality in health services
- improve the fairness of financing policies and strategies and service coverage for the poor
- support countries to address their particular human resource needs through clear articulation of human resources policies, plans, development and strengthening of national management systems and employment policies
- support countries to identify and put in place mechanisms for attracting and retaining health personnel

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems/primary-health-care/recommended-reading&id=36616&type=Document>

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## **3. Health systems and commercialisation: in search of good sense**

**Authors:** M Mackintosh; M Koivusalo

**Publisher:** United Nations [UN] Research Institute for Social Development , 2004

This paper from the United Nations Research Institute for Social Development looks at the impact of commercialisation of health systems. The report is split into five sections.

In section one it argues that health policy is fragmented because it is written by those whose interests and expertise lie in health protection and public health policies, and who analyse health care as a market-provided service. Section two discusses the concept of a health system and looks at the impact of the way in which health systems definitions are used to help or hinder an understanding of change in health systems. Section three looks at the nature and consequences of this commercialisation, by examining cross-country and case-based evidence of different types of health care commercialisation. Section four looks at how commercialisation is associated with ill health and exclusion, and considers those patterns of commercialisation which appear particularly damaging. In section five the authors set out to define the basis of a new way forward to build effective and decent health systems. They argue that some elements and patterns of commercialisation have been and will have to be blocked, not merely regulated, in the interests of public health and effectively functioning market economies.

Available online at:<http://www.eldis.org/go/topics/resource-guides/health-systems/primary-health-care/recommended-reading&id=39549&type=Document>

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#### **4. Health workforce in Bangladesh: who constitutes the healthcare system?**

**Publisher:** Bangladesh Health Watch, 2008

This report from Bangladesh Health Watch assesses the state of the health workforce in 2007 in Bangladesh with a special focus on production, availability, and quality of services. The report finds that although a wide variety of health personnel, from qualified, unqualified, allopathic, non allopathic, traditional to faith healers, are providing healthcare in Bangladesh, there is a severe shortage of skilled health workers.

The report looks at the strengths and weaknesses of providers and offers suggestions for where improvements can be made. It argues that the variable quality of services supplied by informal health providers demonstrates the need for them to be trained and managed effectively. They conclude that the quality of care - in both public and private sectors - needs improvement. Currently, unqualified providers give drugs and advice but rarely rely on laboratory testing or refer patients when appropriate to the formal sector. Thus problems related to the inefficient and improper prescribing of drugs can lead to continuing ill health and impoverishment.

Available online at:<http://www.eldis.org/go/topics/resource-guides/health-systems/primary-health-care/recommended-reading&id=39507&type=Document>

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#### **5. A literature review of district health systems in East and Southern Africa: facilitators and barriers to participation in health**

**Authors:** L. L. Levers; F. I. Magweva; E. Mpofu

**Publisher:** EQUINET: Network for Equity in Health in Southern Africa, 2007

This Equinet paper reviews evidence on community voice, roles and participation in primary

health care and district health systems in sub-Saharan Africa, and examines facilitators and barriers to participation. The paper finds that governments developed policies for dealing with community participation in local health care, but there was little, if any, implementation of these policies. Both national and international efforts to implement public health strategies often ignore local input and the delivery of 'decentralised' health care has often lost touch with local communities.

The paper concludes that community-orientated healthcare systems that are responsive to the needs of citizens are likely to be more successful in primary health care than those systems that have externally imposed mandates or are serving the needs of a distant provider. Local consultation is essential, and power relations among communities, health worker, bureaucrats and politicians need further analysis. The authors recommend that health systems need to be designed in a way that ensures social protection and universal coverage. Health services need to be delivered in systematic ways, but also in ways that systematically include the perspectives of those who receive services. Achieving this goal requires practical measures for empowering all people, including the poorest. [adapted from author]

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems/primary-health-care/recommended-reading&id=24680&type=Document>

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Latest additions from the Health systems resource guide

### **1. The quality of medical advice in low-income countries**

**Authors:** J Das; J Hammer; K Leonard

**Publisher:** World Bank, 2008

This paper from the World Bank provides an overview of recent work on measuring the quality of medical care in four low- and middle-income countries: India, Indonesia, Tanzania, and Paraguay. The authors describe methods of testing and watching doctors that are relatively easy to implement and yield important insights about the nature of medical care in these countries. The paper discusses the properties of these measures and how they may be used to evaluate policy change. Finally, the authors outline an agenda for further research and quality measurement tools.

The authors conclude that the competence of doctors in low-income countries is insufficient, quality of patient care is even worse than suggested by the level of doctor's competence and the poor have access to worse quality care than the rich, in both the public and the private sector. They state that standard measures of health care quality in low-income countries, which are based on an assessment of physical infrastructure, are inadequate; the quality of medical advice cannot be assessed by proxy measures. They state that research regarding better methods of measuring of these aspects of quality is required.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=39552&type=Document>

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### **2. The 'diagonal' approach to Global Fund financing: a cure for the broader malaise of**

## **health systems?**

**Authors:** G Ooms; W Van Damme; B Baker

**Publisher:** Globalization and Health, 2008

This paper published in Globalization and Health looks at the potentially destructive polarisation between 'vertical' financing (aiming for disease-specific results) and 'horizontal' financing (aiming for improved health systems) of health services in developing countries. The authors propose 'diagonal' financing, which aims for disease-specific results through improved health systems, as an alternative to this polarised debate. The paper argues that diagonal funding will prevent vertical funding for certain diseases from receiving disproportionate resources within a chronically under funded health system.

The authors propose a system where specific interventions drive improvements in the health system, tackling the wide-reaching problems of human resource development, financing, facility planning, drug supply, rational prescription, and quality assurance. This would involve the transformation of the Global Fund to fight AIDS, Tuberculosis and Malaria into a Global Health Fund. The authors argue that this is feasible, but only if accompanied by a substantial increase of donor commitments to the Global Fund. The transformation of the Global Fund into a 'diagonal' and ultimately perhaps 'horizontal' financing approach should happen gradually and carefully, and be accompanied by measures to safeguard its exceptional features. [adapted from author]

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=39509&type=Document>

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### **3. Strengthening human resources for health to deliver HIV/AIDS and other priority services in Côte d'Ivoire**

**Publisher:** Health Systems 20/20, 2008

Cote d'Ivoire has a shortage of health workers in the health system. According to the World Health Organization there is approximately one nurse for every 1,666 inhabitants. This paper describes the Health Systems 20/20 project's assessment of the human resources for health (HRH) in both public and private sectors between 2005 and 2006. The survey showed that there are 11,749 members of health staff, comprising 58 per cent nurses, 18 per cent midwives and 14 per cent doctors. There was also a lack of funding for HRH, weak institutional capacity for HRH management at all levels, geographic disparities in HRH availability and quality, and insufficient planning for training and allocation of HRH. A 15 per cent reduction in health workers, to the equivalent of 10,023 full time staff, is expected by 2008.

In response to these findings, a comprehensive five-year costed strategy was developed for HRH, focusing on demand and supply elements and drawing on input from a range of stakeholders. The strategy proposals included:

- provision of management and leadership training in a decentralised health system for 184 district managers
- strengthened nursing, laboratory and training institutions through the emergency hiring of 20 new and 15 retired instructors.

Health Systems 20/20 is in the process of devising a Human Resources Information System

to monitor HRH needs and support the sustained delivery of quality HIV/AIDS services.

Available online at:<http://www.eldis.org/go/topics/resource-guides/health-systems&id=39508&type=Document>

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#### **4. Health and social protection in transitional Asia: challenges and ways forward**

**Authors:** B. Meessen; B. Criel

**Publisher:** Studies in Health Services Organisation and Policy, 2008

Apart from geographical proximity China, Cambodia and Lao face a major common challenge: how to make a successful transition from a planned economy to a market economy. This introductory chapter in the book 'Health and social protection; experiences from Cambodia, China and Lao' by Studies in Health Services Organisation and Policy outlines the reasoning behind and content of a new book on health and social protection systems. The authors outline the origin and nature of the book and describe the associated project: Protecting the rural poor against the economic consequences of major illness: a challenge for Asian transitional economies (POVILL). POVILL is an international partnership of 10 organisations contributing to efforts to reduce the incidence of severe poverty due to major illness and improve access by the poor to effective health services. The chapter outlines the content of the book which focuses on major illnesses in Asia and health systems and policy. A brief overview of each additional chapter is provided.

The authors outlines how in China, Cambodia and Lao, policy makers are actively addressing problems and major initiatives are being launched. The chapter argues that this commitment will definitely constitute a key resource for improving the equity of the national health systems. However, knowledge gaps still abound. Policy makers are well aware of this situation and have developed close collaboration with 'knowledge brokers'. In Cambodia, China and Lao PDR, bridges have been built between health authorities and national and international researchers. The authors argue that book associated with this introductory chapter is a testimony to this common effort.

Available online at:<http://www.eldis.org/go/topics/resource-guides/health-systems&id=39385&type=Document>

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#### **5. The policy process and context of the rural new cooperative medical scheme and medical financial assistance in China**

**Authors:** Y. Wang

**Publisher:** Studies in Health Services Organisation and Policy, 2008

A vast amount of research has been carried out on the rural New Cooperative Medical Scheme (NCMS) and Medical Financial Assistance Scheme (MFA) in China over the past years, but there still exists a gap in the literature, in terms of research of the rural health policy process. This chapter in the book 'Health and social protection; experiences from Cambodia, China and Lao' by Studies in Health Services Organisation and Policy asks and answers two questions: what is the rural health policy process like and what are the main dynamics behind this policy process and how did they influence the process? The author reviews the development of the policy process of NCMS and MFA discussing how public

concerns emerged and were translated into political issues and how later on in the process, policy alternatives were chosen and legitimated. Implementation and evaluation of policies are also included in the review.

The paper then analyses the dynamics of rural health policy processes, including the impact of economic transition, social structure transition, a change in decision-making model and policy paradigms, health sector reform at macro level, and influences of different stakeholders at micro level. The author concludes that rural health policies should take the economic, social and political context into account. Non-governmental forces should be developed and united to represent the public interest and a favourable climate for all stakeholders to 'voice' their interests has been fostered but there is still a long way to go in developing sustainable formal mechanisms

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=39286&type=Document>

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**Call for papers:34th WEDC International Conference: Water, Sanitation & Hygiene: Sustainable Development & Multisectoral Approaches, Ethiopia**  
**Closing date:** 18 May 2009

The WEDC International Conference now in it's 34th year is a week long, practitioner and research focused conference, exchanging knowledge and experiences in the water and sanitation sector. The Conference will be held at the United Nations Conference Centre, Addis Ababa from 18 to 22 May 2009, by invitation of the Ministry of Water Resources, Ethiopia and WEDC, UK. Papers are invited for review or for refereeing by the International Scientific Committee, and there will also be poster presentations, discussion sessions and side events.

For full details, paper templates and author guidelines please see the full details link: <http://www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=39562&type=Item>

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**Conference: Second Ditan International Conference on Infectious Diseases, 14 - 17**

**November 2008, Beijing International Convention Center (BICC), China**

**Dates:** 14 November 2008 - 17 November 2008

This conference organised by the Beijing Ditan Hospital, will focus on the globalisation of infectious diseases. The aim of the event is to provide the opportunity to enhance scientific exchange, provide information updates and experience sharing between countries.

Experts from around the world will talk about the prevention, diagnostics and therapy for viral hepatitis, AIDS, respiratory diseases, bacterial, fungal and parasite Infection.

To register, please follow the full details link and complete the interest form:

<http://www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=39087&type=Item>

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The IDS Health and Development Information team promotes health and equity in developing countries through the provision of high quality, accessible information to policymakers and practitioners. IDS Health and Development Information currently has three flagship products:

- Health Resource Guide - <http://www.eldis.org/health/index.htm>
- Health Systems Resource Guide - <http://www.eldis.org/healthsystems/index.htm>
- HIV and AIDS Resource Guide - <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids>

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

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- HIV and AIDS Reporter - to subscribe, send an email to [lyris@lyris.ids.ac.uk](mailto:lyris@lyris.ids.ac.uk) with "subscribe eldis-hiv aids FirstName LastName" in the body

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