Context of the evaluation

In the Alma-Ata Declaration of 1978, the signatory Member States to this seminal document “express[ed] the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world”. In so doing, they declared their commitment to the broad principles of primary health care (PHC).

On the occasion of the fortieth anniversary of the Alma-Ata Declaration, participants at the Global Conference on Primary Health Care held in Astana, Kazakhstan, in October 2018 issued the Astana Declaration, which redoubled Member States’ support for PHC by “reaffirming the commitments expressed in the ambitious and visionary Declaration of Alma-Ata of 1978 and the 2030 Agenda for Sustainable Development, in pursuit of Health for All.” Within this context, a review of 40 years of PHC implementation at country level was requested by the WHO Executive Board at its 142nd session in January 2018.

Objectives and scope of the evaluation

Covering the 40-year period from the 1978 Alma-Ata Declaration on primary health care to 2018, the overall purpose of the review was to:

(a) document global progress towards PHC implementation, identifying achievements and success stories, best practices and key challenges encountered; and

(b) make recommendations on the way forward in order to accelerate national, regional and global health strategies and plans for universal health coverage (UHC)/PHC and the SDGs.

The review primarily relied on a combination of desk review and a survey of Member States.

Key findings and conclusions

Progress in implementing PHC – key achievements:

As Member States noted in their overall positive self-assessment of their respective countries’ progress, the past 40 years have witnessed a number of significant achievements in the implementation of PHC. Many health indicators have continued to improve in most countries and, on the whole, people are healthier and are living longer today than 40 years ago. Accordingly, numerous Member States focused on the end outcome, namely improvements in both the level and equity of health in their populations as one of the foremost achievements over the past four decades. As the review highlighted, various aspects of PHC implementation were considered to have been instrumental in achieving these outcomes, with particularly significant progress in coverage of basic health care, immunization coverage and the eradication and control of a number of infectious diseases. Underpinning these accomplishments have been policy changes aimed to integrate the principles and goals of PHC within countries’ health systems.

One of the main elements of these reforms has been the move towards greater intersectoral collaboration. Such intersectoral approaches have encompassed, first and foremost, collaboration between ministries of health and various other ministries whose work is mutually reinforcing with the goals of the health sector.

The review emphasized that implementation of PHC has not been a formulaic undertaking, but rather has been accomplished through a wide range of innovations that constitute a subcategory of achievements themselves.

Although vast gains have been made in health outcomes over the past four decades, it is unclear to what extent these gains can be attributed directly to PHC implementation. Many Member States nevertheless maintain that implementation of PHC has indeed contributed to overall improvement in health outcomes as well as equity.

Challenges in implementing PHC – key shortfalls:

Despite the significant gains achieved globally in the implementation of PHC, the review highlighted that such progress has been uneven both between and within countries, posing ongoing challenges to achieve equity. The area of human resources for health has been a longstanding issue and remains an outstanding challenge in most countries’ PHC implementation efforts. Similarly, although most countries – regardless of their development stage – have increased their funding to PHC, health financing has remained inadequate.
Another broad category of challenges revolves around the many facets of quality of care. At the broadest level, numerous Member States maintained that low quality of services, long waiting times and difficulties obtaining medical appointments represented some of their key challenges.

One critical challenge highlighted in the review centres on the very intent of the Alma-Ata and Astana Declarations: the political will of governments to implement PHC, including the related area of governance. Numerous Member States indicate that they still face challenges in generating and sustaining this political will. In other countries, political will might be present, but the policy context is less than conducive to undertaking the ambitious changes necessary to implement PHC.

**Key factors affecting PHC implementation:**

The review revealed a wide range of interrelated factors that help explain the range of achievements and challenges encountered over the past four decades. For example, political will is one of the key factors consistently cited as supporting PHC implementation while its absence is seen as constituting a key challenge for many Member States. Conversely, financial protection measures are reported as positively affecting PHC implementation as well as an achievement in many countries.

However, the review revealed a much broader set of contextual factors that have affected PHC implementation globally. Rapid globalization of the world economy has significantly shaped PHC in a wide range of ways, some positive and others less so. Broad demographic trends have resulted in older populations living longer lives, but not necessarily longer and healthier lives, and often without the population replacement by economically active younger cohorts to adequately support increased longevity.

**Lessons learned**

In keeping with the overarching objectives of the review, a range of lessons emerging from 40 years of PHC implementation were highlighted. These include the following:

- The translation of political will into action is a prerequisite for achieving the principles and objectives of PHC.
- Successful PHC implementation calls for broad-based partnership.
- Intersectoral collaboration, a core component of PHC implementation, requires concerted effort.
- Equity remains an ongoing challenge.
- A sufficiently large, and sufficiently qualified, health workforce is necessary to attain the goals of PHC.
- Various aspects of PHC implementation can be incentivized.
- To develop and sustain PHC systems in the future, continued innovation will be crucial.
- Evidence-based approaches can help maximize success in PHC implementation.

**Recommendations**

**Recommendation 1:** WHO should continue to harness its convening role to foster intersectoral collaboration in the various forms described in the review, both at the global policy level and in individual countries in its support to governments.

**Recommendation 2:** In its normative role, WHO should continue to lead in the development of standards and policy and operational guidelines for the further implementation of primary health care pursuant to the commitments outlined in the Astana Declaration and, by extension, the 2030 Agenda for Sustainable Development and Sustainable Development Goals.

**Recommendation 3:** In its technical cooperation role, WHO should tailor its capacity-building efforts to the specific primary health care-related areas requiring further support identified in specific countries.

**Recommendation 4:** In its advocacy role, WHO should identify and target the specific primary health care-related issues requiring such advocacy in individual countries, for example by advocating for increased health expenditure, identifying specific policy gaps requiring action and emphasizing the need for greater intersectoral collaboration and greater equity.

**Recommendation 5:** In fulfilling all of these roles, WHO should enhance its support to evidence-based policy action – for instance, by supporting systematic research and evidence generation to support policy-making in health, and documenting and disseminating lessons and best practices.

**Contacts**

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