
The Alma-Ata Declaration And Primary Care Mental Health – A Missed Opportunity?

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Aims

- To examine the relationship of the WHO to primary care in it's 60th anniversary year
- To consider the impact of the WHO primary health care Alma-Ata Declaration in it's 30th anniversary year
- To examine the position of primary care mental health within the WHO context

Agencies for mental health promotion

- WHO - one of the world's leading public health agencies
- The World Bank - donors include UK, USA, EU
- Foundations - e.g. Gates, Rockefeller Foundations
- Research bodies - e.g. US National Institutes of Health
- Professional associations – e.g. Wonca, RCGP, RCPsych, WPA
- All currently tasked to promote improved mental health

WHO Charter 1948

- ‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’
- ‘The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.’
- Embodied a new global vision emerging in the aftermath of world conflict

Principles 1948

- Holistic care
- Universality
- Affirming the public health nature of WHO

WHO Alma-Ata Declaration

USSR September 1978

- Re-affirmed definition of health made in 1948
- Declared health inequalities between developed and developing countries unacceptable
- Stated economic and social development essential for good health
- Affirmed the rights of the individual to participate in planning and implementation of their health care
- Declared governments have a responsibility for the health of their people
- Declared primary health care is essential health care

Alma-Ata – seven primary care principles

1. Reflects & evolves from economic, sociocultural & political characteristics of the country & it's communities
2. Addresses the main health problems in the community – promotive, preventive, curative, rehabilitative
3. Includes at least: education; nutrition; water supply; sanitation; maternal health; child care; family planning; immunisation; prevention of endemic diseases; accident prevention; provision of essential drugs

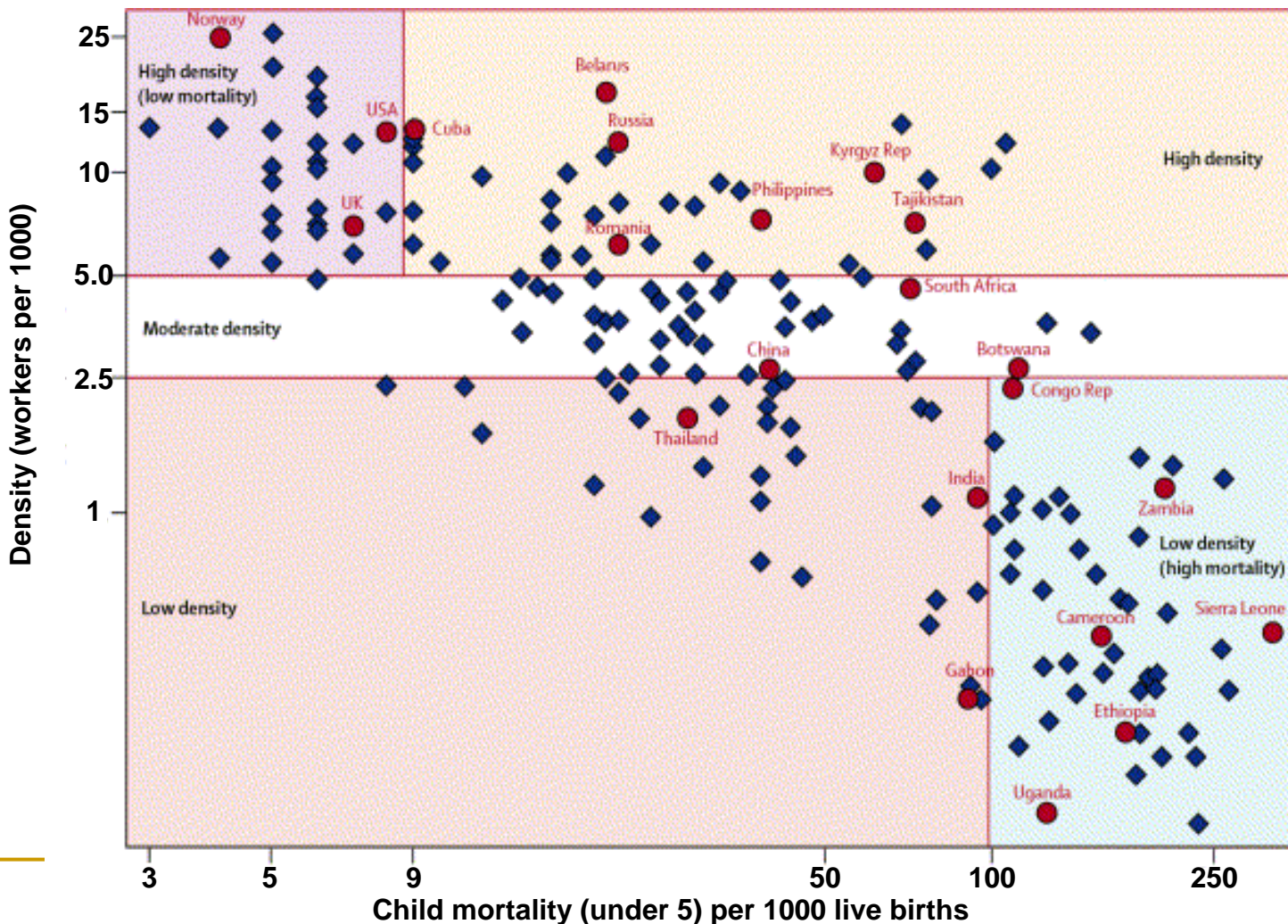
Alma-Ata – seven primary care principles (cont)

4. Involvement of other sectors e.g. housing, agriculture etc
5. Promotion of individual self-reliance & making fullest use of national and local resources
6. Sustained by integrated, functional, mutually supportive referral systems giving priority to those most in need
7. Relies on range of suitable trained personnel including health workers, physicians, nurses, midwives, auxiliary & community workers, traditional practitioners

Effective healthcare systems: major components

- Self help
- Public health activities
- Primary care
- Speciality care (secondary & tertiary)

186 country clusters: health professional supply and child survival

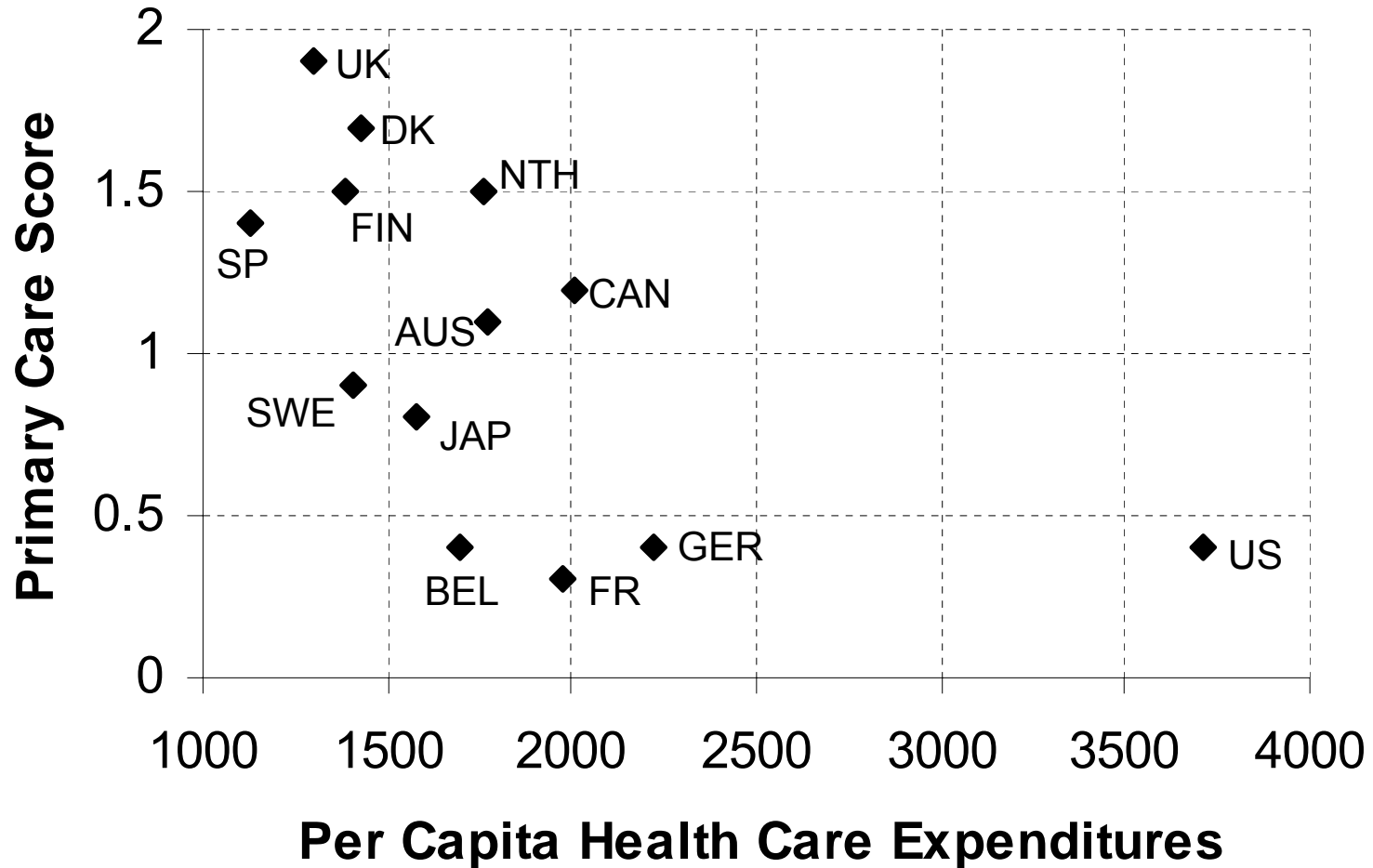


Primary care scores - 1980's & 1990's

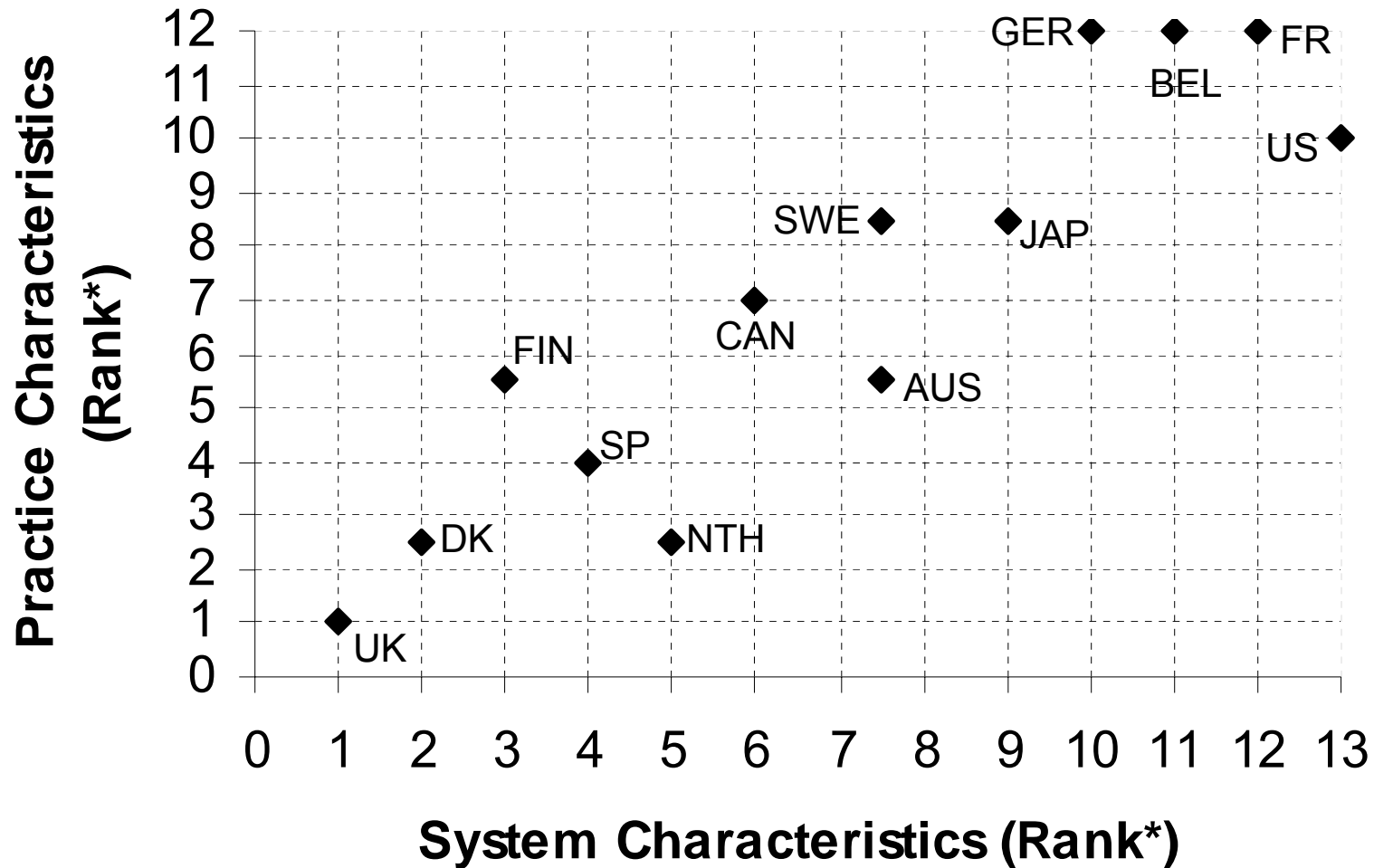
	1980s	1990s
Belgium	0.8	0.4
France*	-	0.3
Germany	0.5	0.4
United States	0.2	0.4
Australia	1.1	1.1
Canada	1.2	1.2
Japan*	-	0.8
Sweden	1.2	0.9
Denmark	1.5	1.7
Finland	1.5	1.5
Netherlands	1.5	1.5
Spain*	-	1.4
United Kingdom	1.7	1.9

*Scores available only for the 1990s

Primary care score vs health care expenditures - 1997

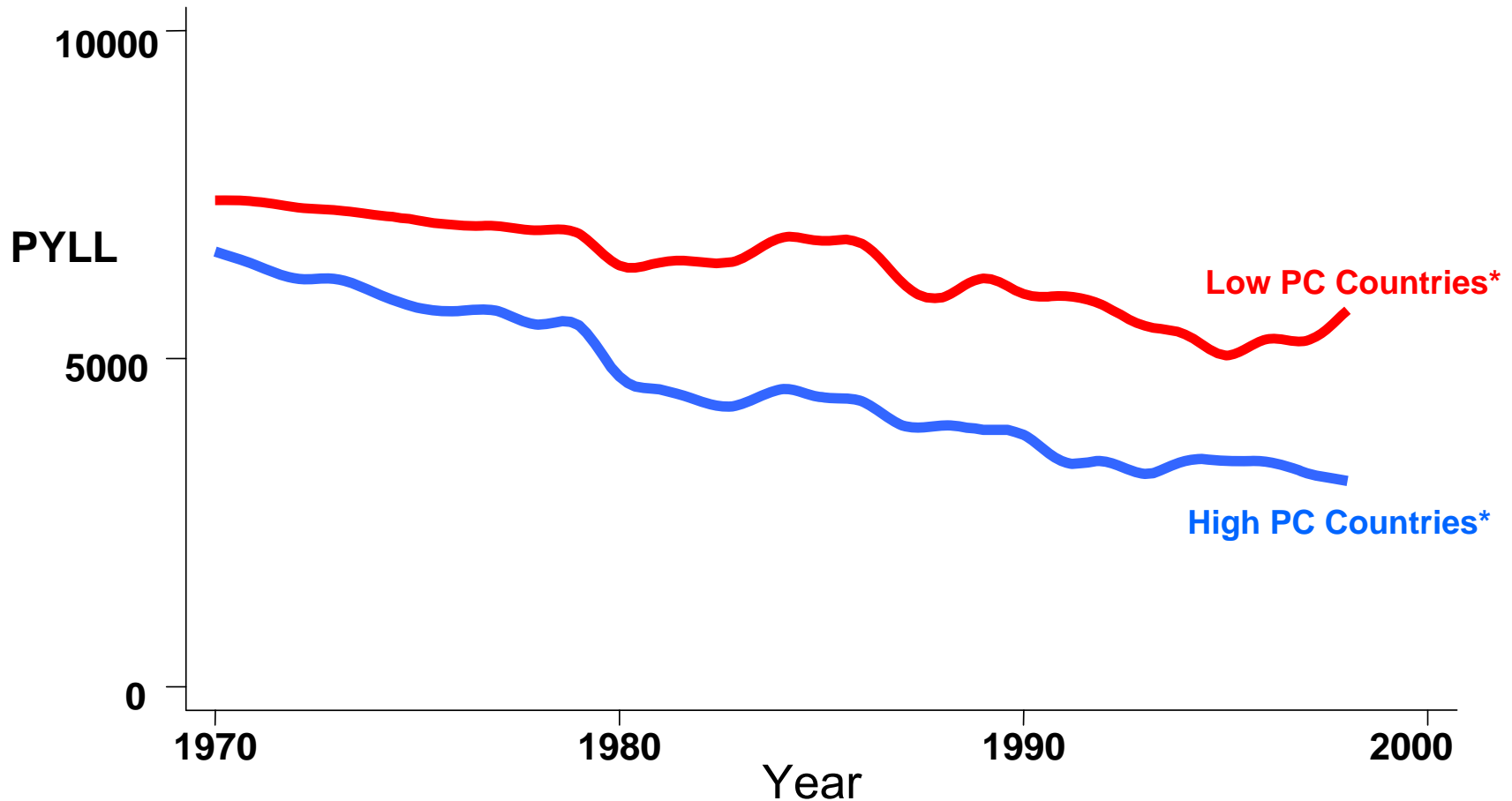


System and practice characteristics facilitating primary care - 1990s



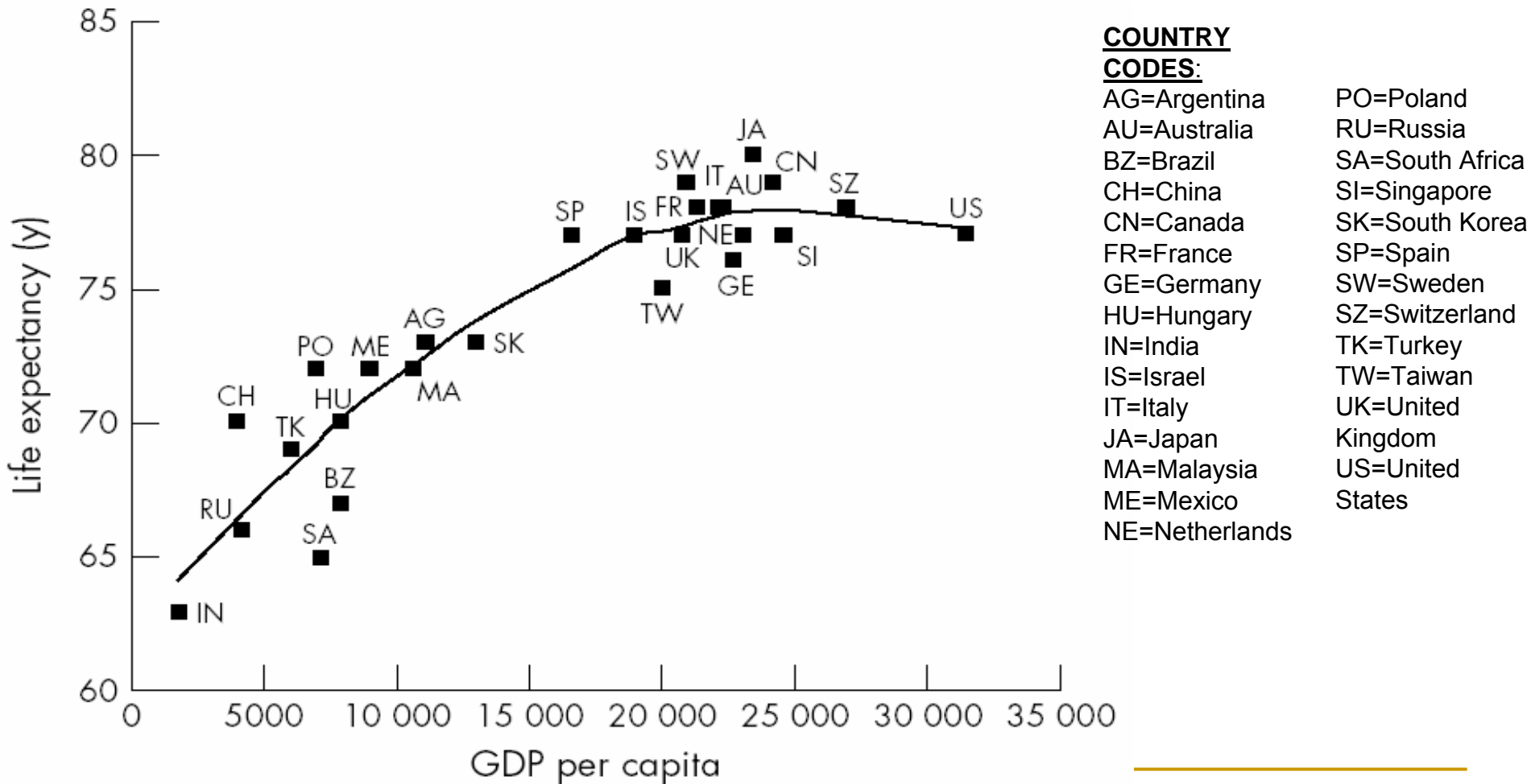
*Best level of health indicator is ranked 1; worst is ranked 13; thus, lower average ranks indicate better performance.

Primary care strength and premature mortality in 18 OECD countries



*Predicted PYLL (both genders) estimated by fixed effects, using pooled cross-sectional time series design. Analysis controlled for GDP, percent elderly, doctors/capita, average income (ppp), alcohol and tobacco use. $R^2(\text{within})=0.77$.

Life expectancy cf per capita GDP - selected countries



Source: Economist Intelligence Unit. Healthcare International. 4th quarter 1999.
London, UK: Economist Intelligence Unit, 1999.

What do primary care orientated countries have?

- Fewer low birth weight infants
- Lower infant mortality - especially post neonatal
- Fewer life years lost due to suicide
- Fewer life years lost due to 'all except external causes'
- Higher life expectancy at all ages up to 80

Evidence based summary – health & primary care

- Countries with strong primary care have:
 - Lower overall costs
 - Generally healthier populations
- Within countries, areas with:
 - Higher primary care physician (but NOT specialist) availability have healthier populations
 - Higher primary care physician availability have reduced adverse effects resulting from social inequality

Specific country examples

USA

- Increase of 1 additional primary care doctor associated with 1.44 fewer deaths / 10 000 population
- Decreased mortality greater in African American cf white population

England

- Increase of 1 additional primary care physician/1000 associated with 5% ↓ mortality (adjusted for long-term illness & sociodemographic variables)

What is the story with primary care & mental health?

- Primary care associated with:
 - A reduction in suicide rates (Starfield 2007)
 - Less A&E attendance by mental health patients
 - Improved access for patients
 - Increased patient satisfaction
 - Many patients prefer to use primary care as their first port of call for most of their needs
- These findings not universal

Primary care mental health landscape

- ‘Mentally ill Americans have been fighting for years to gain parity for (insurance) mental health coverage’
- 1996 - bill providing partial parity signed by Clinton (Goldman et al 1998)
- Coverage difficult to obtain due to fear it would cause spiralling costs
- The opposite is true

Primary care mental health landscape (cont)

- Call for action on treatment and prevention of mental disorders in low income countries needs to be matched by a call to integrate mental health into public health action (Herman & Swartz 2007)
- When GP's in Pakistan targeted the treatment of maternal depression infant stunting of growth in the first six months of life was reduced (Ramalingaswami 1996)

Why is delivery & integration of primary care mental health patchy?

- The Alma-Ata Declaration did not specifically refer to mental health when setting out the seven principles for primary care (Sartorius & Gask in press 2008)
- Perhaps if mental health had been specifically referred to governments worldwide would have taken it more seriously and progress would have been different

Way forward for the next 30 years

- Full integration of mental health into primary care
 - All GP's and family doctors can work in collaboration with secondary care colleagues as in asthma, diabetes, maternity care etc
 - Competence in a brief psychological therapy to be a core component of GP training just as communication skills are a core component of GP training
 - Psychiatrists & GP's in each sector service to develop creative ways to use mental health budgets to better support patient care

Wonca's collaborations

- WPA / Wonca Primary Care Mental Health Conference Granada 18-21 June 2008
- WHO / Wonca Primary Care Mental Health Integration project to be launched at WHO World Assembly 2008
- Journal of Mental Health in Family Medicine