

## Short Communciation

### Why Health for All by 2000 Policy (HFA 2000) failed to achieve its goals?

Waseem Haider<sup>1</sup>

<sup>1</sup>Health Educator, Department of Community Medicine, King Edward Medical University, Lahore

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Corresponding Author | Waseem Haider, Health Educator, Department of Community Medicine, King Edward Medical University, Lahore. Email: waseemhaider033@gmail.com

#### Introduction

In 1978, in its thirty-second session held at Alma-Ata, USSR, World Health Assembly introduced “Health for All by year 2000”; one of the major global policy initiatives in a session jointly organized by UNICEF and WHO. To constitute a resolution and to formulate national plans, collective efforts were kept under consideration. Hence, the World Health Assembly asked all member countries of WHO to act individually for attaining the goal of health for all by year 2000, and to formulate regional and global strategies, with the help of guiding principles from the executive board of WHO through Primary Health Care. The declaration was signed by the representatives of 134 countries.<sup>1</sup>

The “Health for All by the year 2000” policy was based on constitution of WHO, according to which, the organization’s objective is to attain highest level of health possible for all people.<sup>2</sup> Health for all by the year 2000 didn’t mean that till the end of the stipulated time period there would be no sick person or disable. It also didn’t mean that by the year 2000 everybody would be provided medical care by a doctor or a nurse for all their ailments. In fact that policy meant that all people should have such health which enables them to work productively and to participate actively in social life. To achieve this objective, it was specified that WHO will help the member states to strengthen, improve, expand their policies regarding health, and would monitor the

progress through the use of appropriate indicators. It was asked from the member states that they would incorporate into that policy people from all walks of life.

In most of the cases the global policy is formulated in global conferences and then diffused to member countries. In the case of HFA 2000 policy the situation is contradictory, where it started at country level, and then from regional level it built up globally. In fact this policy was synthesis of national and regional policies.

The main lungenes of this policy were to develop a health system infrastructure and cover the whole population through PHC. This includes promoting health, prevention of diseases, diagnosis, therapy and rehabilitation. A striking feature of this policy was to involve the community in health infrastructure and technology. Exchange of information within the health sector and other organizations will be supported by International action in addition to supporting primary healthcare. Individual countries would plan the health infrastructure development programs and what would be delivered through that infrastructure. They were also supposed to set time limits to achieve those targets.

For the implementation of above mentioned policies it was decided to ensure adequate political decision making and supportive economic planning. Efforts were made to make a central authority in individual

countries for the management and implementation of the policy. For this purpose it was decided to strengthen the health ministries for better direction and coordination. It was proposed that ministries of health would guide their respective government about suitable apparatuses for action in all relevant economic and social fields.

The World Health Assembly and the regional committees of WHO would provide necessary political backing to countries through declarations, approaching political leadership, mass media and the United Nations.

PHC was supported as the official plan for PHC services by National Governments for entire population but most of the nations didn't follow in the real sense. The Goals and targets set are the following

- I. Spending a minimum 5 percent of GNP for health. (Pakistan is spending less than 1% of her GNP)
- II. At least 90 percent children should have weight for age in the reference range. (Prevalence of stunting in pediatric population (under 5 years of age) of Pakistan is 42.2%)<sup>4</sup>
- III. It has to be ensured that potable drinking water is available to the masses in addition to adequate sanitation within the house and its premises. (Currently potable drinking water is available only to 36% of the Pakistani Population, 64% of the population has sanitation facility)<sup>5</sup>
- IV. Pregnancy and childbirth should be attended by trained personnel. (Antenatal care is provided to 36.6% of women in Pakistan).<sup>6</sup>
- V. All children up to one year should be provided adequate child care. (49% children are receiving adequate childcare in Pakistan)<sup>6</sup>

In 1978, Declaration of Alma-Ata affirmed provision of basic health services as a fundamental right of people. The main objective of the policy was to provide policy guidelines to member states to enable them to expand their health services to their entire population. The reality is that the policy failed miserably to achieve its desired goal of reducing inequity and provision of PHC to entire population.<sup>3</sup> The World Health Report reflected that health situation had improved in developed countries and

had worsened in under developed countries.

This policy failed to achieve its goals due to a number of crucial factors. Some of the important reasons are the following.

The first main reason of its failure was the misinterpretation of its meaning. A report from the health minister of Burkina Faso states that people and health providers have largely misunderstood the concept of PHC.<sup>7</sup> Another reason for the failure of the policy was that its goals were undermined. Instantaneously after the conclusion of Alma-Ata conference, the goals of the policy were under serious criticism. The definition of health given by the declaration was labeled as too ambitious. PHC was slated for being "impractical". It was precluded by the professionals and politicians from developed countries that underdeveloped countries are responsible to devise and implement their health policies.<sup>8</sup>

Infact they substituted them with selective primary goals on the basis that it is almost impossible and unrealistic to cover the whole population.

The economic scenario of the 1980s also contributed enormously to the under achievement of the policy. Contrary to the flourishing 1970s, majority of the world witnessed economic crisis in 1980s. The debt burden on poor countries had resulted in drastic structural adjustment programs (SAPs) which impeded primary healthcare delivery.<sup>7</sup>

Political and economic instability also affected the policy. The downfall of Soviet Union provided USA an open playing ground. Most of the donor agencies belonged to USA and those agencies were interested in quick result, which was not possible in the case of HFA 2000. So in World Development Report, the World Bank introduced a new concept "Investing in Health" in 1993 which was in contrast to HFA 2000. The advantage of better health was not measured as cost effectiveness focusing on long term disease prevention benefit. These measures resulted in the mushroom growth of vertical programs which mostly did duplication of services and at higher cost rather than horizontal like HFA. The horizontal programs are preferred because of having shared cost due to sharing & integration of resources with other programs.

During all these political and economic alterations, the WHO was combating its own in-house-scuffles. Before the launching of HFA, WHO had steered clear of entangling itself in the world of politics. Although, changing health policy was one of its primary functions, its focus had always been to set normative standards and to provide technical assistance on matters. “Health for All” did achieve some success which can be attributed to leadership skills of Halfdan Mahlerhad.<sup>8</sup>

However, after his departure, it was observed that there was a retreat back to normative technical advising and standard setting. Due to this retreat, overcoming many obstacles mentioned previously became impossible. Since WHO was a technical advisor for the 1993 World Development Report of World Bank; it did not criticize the decisions of World Bank.<sup>8</sup>

It is assumed that WHO is being gratified by Governments with ‘lip service’. Various countries adopted the policy only and did not take practical steps to implement it. WHO didn’t conduct any assessment regarding the implementation of the policy. The agency has indeed been accused of this rhetoric itself. Despite its claim of being a multi-sectoral co-operation, most of its employees, until at least mid 90’s were doctors with very few engineers, economists or sociologists. The lack of inter-sectoral approach is also apparent in location of WHO offices inside ministries of health in the member countries. The same pattern was observed in health ministries and departments of most of the developing countries.

This results in less influence of representatives of WHO in other influential departments and their decision making.<sup>9</sup> Due to dearth of leadership and role models, other obstacles got exaggerated and hurt the effectiveness of its initiative for achieving Health

for All.

There is no denying the fact that HFA 2000 was an impressive and revolutionary health policy but couldn’t achieve its goals. The main reasons of its failure are desertion of its key strategies; inter-sectorial collaboration and participation.

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