



HAL
open science

Establishing a Workforce of Globally Aware Health Professionals Alma Ata and Alma Mata Global Health Network

Rebecca Hope, Brian Nicholson, David Baguley

► **To cite this version:**

Rebecca Hope, Brian Nicholson, David Baguley. Establishing a Workforce of Globally Aware Health Professionals Alma Ata and Alma Mata Global Health Network. *Global Social Policy*, 2008, 8 (2), pp.161-164. 10.1177/14680181080080020206 . hal-00571817

HAL Id: hal-00571817

<https://hal.science/hal-00571817>

Submitted on 1 Mar 2011

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

BIOGRAPHICAL NOTE

THELMA NARAYAN, MBBS, MSc, PhD is a Public Health Consultant with The Centre of Health and Equity Community Health Cell. For more information visit <http://www.sochara.org>. Please address correspondence to Thelma Narayan, Centre for Health and Equity, 326, 5th Main, 1st Block, Karamangala, Bangalore, 560 034, Karnataka, India. [email: thelma@sochara.org]

Establishing a Workforce of Globally Aware Health Professionals

Alma Ata and Alma Mata Global Health Network:

REBECCA HOPE, BRIAN NICHOLSON AND DAVID BAGULEY

University of Leeds, UK

In 1978, the Alma Ata declaration proclaimed health to be a fundamental human right, recognizing that health is essential for a nation's social and economic stability. It aimed for health for all by the year 2000 via effective primary health care. Achieving this goal was hampered by a combination of factors including: the restructuring of developing economies, through World Bank and IMF structural adjustment policies, dwindling political will, the HIV/AIDS epidemic and conflict. The majority of funds for health in developing countries continue to be channelled to expensive curative services rather than to primary care or have been tied into complex funding mechanisms such as the Global Fund for AIDS, TB and Malaria. The international financial organizations now accept that market forces have failed in health care markets for the poor, yet in much of the world we are no closer to equitably provided health care services.

What lessons can be learned from Alma Ata and how relevant is it in today's globalized world?

DEFINING HEALTH

Perhaps most importantly of all, the declaration placed health firmly in a social and economic context. Its definition of health as 'a state of complete physical, mental and social wellbeing' became for us, and indeed for many other young health professionals, our first definition of health. As students training in international health, it was again a relevant starting point and offered a broad vision of the 1978 system and its failings. Alma Ata's strategy was two-fold: a fuller and better use of the world's resources and a universal system of primary health care. Its recommendations have sadly been ignored and, we believe, remain all too relevant today.

PARTICIPATION

Alma Ata defined health as everyone's responsibility, from international organizations and national governments, to patients and communities. The declaration suggested that through collective participation individuals can, and should, improve their health services. In modern-day health policy, strong collaboration is frequently advocated to achieve international targets such as the Millennium Development Goals (MDGs). In practice, large gaps exist in worldwide health care provision due to overlapping, and often conflicting health provider priorities. The achievements in recent years of grassroots organizations such as the People's Health Movement are a reminder of how participation in local and international networks can bring key issues such as debt, trade and the right to health to global attention.

A PLACE FOR OPTIMISM?

Despite its failings, it is perhaps the optimism and hope of Alma Ata that appeals most. Idealism may have a limited role in global health work, but if it inspires people to act and to inform themselves and others it can be an important force for change. Alma Mata was created to channel this enthusiasm and goodwill into something productive and tangible, by equipping members with resources for advocacy, training and research, aiming to build capacity and awareness in the UK and beyond.

INTRODUCING ALMA MATA AND OUR ACTIVITIES

Beyond its rhetoric, what significance has Alma Ata in today's globalized world? As an organization formed in 2005 by young UK health professionals, Alma Mata (an amalgam of the meeting's location and *alma mater*) is an online community of over 900 health professionals interested in global health. The fact that the declaration held significance for its creators is evidence to its enduring influence on new generations of health professionals.

Since the launch of its website in March 2005, Alma Mata has acted as a virtual community bringing together individuals and organizations in the field of international health to share ideas, knowledge and experience. Along with hosting a directory profiling individuals and organizations active in global health, Alma Mata stimulates the exchange of ideas and information through external events and educational programmes. We keep members up to date online with the latest news and current affairs, and by developing and maintain collaborative working relationships with allied global health organizations. Currently the website (<http://www.almamata.net>) receives in excess of 2000 unique visitors per year.

In 2007, Alma Mata contributed to the Crisp Report, produced by the UK government outlining the UK's contribution to health in developing countries. It emphasized, like Alma Ata, the important role of individuals and voluntary organizations in sharing knowledge and expertise and the benefits of global partnerships for both UK and international health systems.

In the UK, members are closely involved in lobbying for, and participating in the development of, internationally focused training for NHS¹ staff and

medical undergraduates. This ensures that the work of health professionals on overseas placements is of sustainable benefit to their hosts. Members of Alma Mata have produced training resources for medical students and have run conferences aimed at health professionals focusing on internationally relevant topics. Alma Mata was a contributor to the recent UK Department of Health's Tooke Report advocating increased flexibility within the new junior doctor's training programme to allow exposure to global health work. We strongly believe the knowledge and skills acquired by UK health professionals during international experiences can be a powerful advocacy tool with benefits for both UK and developing nations' health systems.

On reflection post year 2000, and pre-MDGs, we could be forgiven for mistrust and cynicism for international target setting for health in low-income countries. It is important to remember the great achievements made (for example in vaccinations and child mortality) while appreciating the work still to be done, and the new challenges ahead. The focus of Alma Ata on participation and its ambitious target is a reminder that little would be achieved without motivated, aware health professionals working together towards common goals. As the Alma Mata Network grows it aims to build awareness and training opportunities for the health and allied professions and, through our network, website and conferences, to create a forum where professionals can meet. It is these young professionals and students who will be equipped to collectively shape future developments in global health.

Note

1. NHS National Health Service, United Kingdom.

BIOGRAPHICAL NOTES

REBECCA HOPE is a doctor currently working in London and the founder of Alma Mata Global Health Network. She trained in international health at University College London at the International Health and Medical Education Centre. She is the author of *The Elective Pack*, a guide to international health and development for medical students on overseas placements. Her interests are global health education and community health insurance in low income settings. Please address correspondence to Rebecca Hope, Alma Mata Office, The Nuffield Centre for Health and Development, Leeds Institute of Health Sciences, University of Leeds, Charles Thackrah Building, 101 Clarendon Road, Leeds LS2 9LJ, UK. [email: Rebecca.hope@almamata.net]

BRIAN NICHOLSON, one of the founding members of Alma Mata, is trained in medicine and international health at the University of Leeds and works as a researcher at the Institute for Health Sciences and Public Health Research (International Division), University of Leeds. His interests include capacity building in the global health workforce and infectious diseases. Please address correspondence to Brian Nicholson, Alma Mata Office, The Nuffield Centre for Health and Development, Leeds Institute of Health Sciences, University of Leeds, Charles Thackrah Building, 101 Clarendon Road, Leeds LS2 9LJ, UK. [email: brian.nicholson@almamata.net]

DAVID BAGULEY is currently working as a doctor in Southampton. His main interests are global health, child health and infectious diseases. He trained in international health at the University of Leeds. Please address correspondence to David Baguley, Alma Mata Office, The Nuffield Centre for Health and Development, Leeds Institute of Health Sciences, University of Leeds, Charles Thackrah Building, 101 Clarendon Road, Leeds LS2 9LJ, UK. [email: dave.bagz@doctors.org.uk]

Re-Reading the Alma Ata Declaration: The Need to Say the Unsaid, to Do the Undone, and to Think for the 21st Century

ABHAY SHUKLA

Support for Advocacy and Training to Health Initiatives, Centre for Enquiry into Health and Allied Themes (SATHI-CEHAT) and People's Health Movement, India

Like great works of literature, the Alma Ata Declaration has more than one layer of meaning, and has been interpreted in different ways by different persons. When we read this historic declaration today, one is impressed by what has been said, but one is also struck by what really needed to be said yet was left 'between the lines'. Thirty years later, it seems timely to emphasize some of these unstated issues. Even among the tasks that were delineated by the declaration, many were perhaps never seriously attempted. Without dwelling on these often discussed acts of omission and dilution over three decades, I will try to suggest what we might like to add today to such a declaration, given the currently prevailing situation of health and health care.

While it was undoubtedly radical for its times, like other World Health Organization (WHO) statements, the Alma Ata Declaration was ultimately a consensus document, based on minimum common agreement among a large number of governments. Such a consensus is bound by the constraint of being unable to criticize anyone. The emphasis is more on appealing to the powerful rather than on mobilizing the powerless. As a consequence, it gives remedies without clearly naming the maladies. The massive structural barriers to people's health, continued extraction of resources from the poor in favour of the rich within and across countries, the powerful vested interests responsible for widespread medical deprivation and exploitation are hardly mentioned. How could the Primary Health Care (PHC) approach be implemented without naming and challenging these forces inimical to people's health? As an example there is no mention of the exploitative practices of the drug industry and the need to check these; costs of drugs remain high, precious money continues to be wasted on irrational drug combinations, hence talk about 'essential drugs for all' often remains just talk. However noble the intentions to achieve health for everyone, these could not be converted into action if the forces blocking the way to 'Health for all' were not identified and challenged; and this could not be done by the Alma Ata Declaration.

The Declaration opens with the historic assertion that health is a fundamental human right. However any right, if it is to be made real, needs more than rhetoric. Nowhere does the Declaration talk of the actual constitutional,