



# World Federation of Public Health Associations

800 I Street, NW, Washington DC 20001-3170 USA / Tel: +1.202.777.2486 Fax: +1.202.777.2533

---

---

## **Non-Governmental Organizations and Primary Health Care**

A Position Paper Prepared for the  
International Conference on Primary Health Care  
Sponsored by WHO/UNICEF  
Alma-Ata, Kazakh S.S.R.  
September 6-12, 1978

---

---

### **I. Introduction: NGOs and Primary Care**

In May 1977 the World Federation of Public Health Associations (WFPHA) accepted an invitation from the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) to develop a position paper representing views of nongovernmental organizations about primary health care for presentation at the International Conference on Primary Health Care to be held in September 1978 in Alma-Ata, Kazakh, SSR. The WFPHA consulted a large number of nongovernmental organizations (NGOs), both those in official relationship with WHO and UNICEF and many other interested NGOs, national and international. The results of these consultations formed the basis for discussion at the II International Congress of the WFPHA, hosted by the Canadian Public Health Association in Halifax, Nova Scotia, in May 1978. The present paper is a synthesis of this process.

This paper presents the concern and involvement of nongovernmental organizations with issues of health and development. It identifies the range of that commitment and what is needed to translate it into action. However, it is neither a definitive description nor a complete list of all the programmatic aspects of primary health care. Instead it identifies aspects now requiring greater emphasis and understanding as well as contributions that nongovernmental organizations are able and ready to make in order to achieve primary health care objectives.

Nongovernmental organizations endorse the present WHO/UNICEF concept of primary health care. They accept as a fundamental starting point that health care for the preservation and promotion of health is one of the most basic human rights, as declared in the Universal Declaration of Human Rights: "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age, or other lack of livelihood in circumstances beyond his control." (Article 25)

### **II. The Historical Role of NGOs**

Nongovernmental organizations have a long history of active involvement in the promotion of human well-being. In particular, NGOs provide important links between the community and government. They possess certain strengths and characteristics that enable them to function as effective and dynamic agents in this process. In addition, they have exhibited a special capacity to work within the community in response to expressed needs. They have a flexibility and freedom to respond in innovative and creative ways to a wide range of requests and situations.

Their programs, ranging from research to community-based projects, cover the wide spectrum of human concerns and often pioneer in the fields of health and development. NGOs include the strictly professional, specialized, and technical organizations; broadly-based associations of persons or groups organized for a particular purpose (e.g., information and service activities, educational institutions and associations, social welfare organizations, religious groups, women's organizations, youth groups, trade



# World Federation of Public Health Associations

800 I Street, NW, Washington DC 20001-3170 USA / Tel: +1.202.777.2486 Fax: +1.202.777.2533

unions, family planning associations, etc.); and agencies engaged in various types of self-help economic and social development programs. Many are linked to international federations or associations.

In most countries, there are national and/or local citizens' movements, self-help groups, cooperatives, and other associations, some organized on a tribal or ethnic basis, others to meet special needs. In the field of health, NGOs have long helped to set standards for practice, training, and continuing education and to define the role of health workers in national programs. Others have concentrated on a particular disease or activity (e.g. cardiovascular diseases, leprosy, tuberculosis, programs for the disabled, etc...).

The diverse programs and competencies of numerous organizations, not directly involved in health care, also contribute in one way or another to total human development. They include projects to improve nutrition, food production, and housing; provide safe water; promote literacy; provide educational and other instructional materials; further community development; provide training in a broad range of skills; protect the environment; etc. In short, they are helping to create conditions conducive to the protection, promotion, and maintenance of health and the prevention of illness.

Recent years have seen a growing capacity of nongovernmental organizations to develop patterns of cooperation among themselves locally, nationally, and internationally, for consultation and exchange of information, or for joint action.

### **III. Primary Health Care and Development**

#### **1. Integrated Human Development**

Nongovernmental organizations support the view that the promotion of primary health care must be closely tied to a concern for total human development. The totality of human development and, in fact, a holistic view of health encompasses the physical, mental, social, and spiritual well-being of the individual. Ill-health comes to rich and poor alike. However, much ill-health is a result of poverty and in itself is a serious barrier to breaking out of the bondage of poverty. Thus substantial improvements in the well-being of people cannot be expected merely as a result of better health care, but requires a whole range of social, economic, political, and cultural activities, i.e., primary health care must be an integral part of the overall development of society.

Human development cannot be fragmented. Social and economic factors are closely interrelated and interdependent. It is not enough, for example, to disseminate health and nutrition education if land tenure and utilization preclude the production of adequate food for local consumption. It is futile to promote a health insurance scheme if employment opportunities are so limited that participation is beyond the reach of many. Provision of a source of clean water to a community will have an impact on water-borne diseases only insofar as the community is educated in its use and management.

#### **2. Community Participation**

The integrated approach to human development embodies a concern for "people rather than merely "economic growth." It takes into account the needs and aspirations of the population and aims at providing the community with the means to promote its own well-being and to participate in its own health care. All factors that improve the quality of life must be integrated and made available. Meeting community needs is the basis for the design and implementation of any primary health activity. It calls for the involvement of community members at all stages of planning and implementation of such activities and, in satisfying those needs, promotes a confidence within the community for further involvement in development activities. Initiation of health care services often provides the opening wedge for a broader approach to community development. Efforts to secure the fullest possible participation of the community in all aspects of this process are dictated not merely by considerations of economy and efficiency but by the conviction that this is an enhancement of the individual, a necessary



# World Federation of Public Health Associations

800 I Street, NW, Washington DC 20001-3170 USA / Tel: +1.202.777.2486 Fax: +1.202.777.2533

part of achieving a basic human right which is presently unattainable in conditions of poverty. Where the patterns of poverty, dependence, and marginalization are engrained, a motivational process is needed to create awareness in those who believe there can be no change; that possibilities in fact do exist for change.

There are several approaches to health care and none is universally applicable. The appropriate form of primary health care will vary with the differing needs of the community. There should be a rational balance among the curative, preventive, promotive, and rehabilitative components. Education of the community is essential for maximum use of the "primary" approach and for increasing the responsibility of individual families for their own health care, such as well-informed self-medication and modification of life-styles.

Ample opportunities for a self-sustaining style of health care can be realized by relating the health care system to other community development programs, such as fishing and farming cooperatives, credit unions, and insurance schemes. Over-financing of primary health care is as serious a problem as under-financing. It tends to create unsustainable structures and institutions, and to reinforce patterns of dependency. Levels of external assistance must be appropriately limited in order to promote the self-reliant use of local resources.

## **IV. What NGOs Can Do**

1. At all stages in the development of primary health care programs, NGOs can be effective. Recognition by government of the contributions NGOs can make in support of primary health care will ensure maximum benefits of these contributions to the national health program.

2. NGOs can work for greater understanding and positive attitudes toward primary health care by:

- (a) promoting dialogue both within and among NGOs;
- (b) sustaining dialogue with governmental authorities;
- (c) providing information and creating new ways of explaining primary health care to the general public; and
- (d) strengthening means of communication to accomplish this.

3. NGOs can assist national policy formation in the areas of health care and integrated human development. They can present health care needs based on their contacts with communities, and they can also interpret primary health care plans to relevant donor agencies.

4. NGOs can establish means for greater collaboration and coordination of primary health care activities. This can be done among NGOs and between them and governments, locally, nationally, and internationally.

5. NGOs can contribute to primary health care in many ways through program implementation. They can:

- (a) provide assistance to develop and/or strengthen local NGO capabilities and activities with particular attention to local community development groups;
- (b) conduct reviews and assessment of existing health and development programs and assist communities in the exercise of their own role in such reviews; a greater emphasis on evaluative techniques will render all new programs more accountable to real community needs;
- (c) develop innovative programs placing primary health care in the context of comprehensive human development;
- (d) ensure that their existing programs and new initiatives promote full participation by individuals and communities in the planning, implementation, and control of these programs;



## World Federation of Public Health Associations

800 I Street, NW, Washington DC 20001-3170 USA / Tel: +1.202.777.2486 Fax: +1.202.777.2533

- (e) expand their training efforts to respond to the needs of primary health care programs, e.g., training of health workers, supervisors, administrators, planners, and various agricultural and development workers; included would be training schemes which build on the skills of traditional healers and midwives;
- (f) extend their efforts to develop locally sustainable and appropriate health technologies and use of resources, with particular attention to energy, water, agriculture, sanitation, and medical care;
- (g) contribute to the creation of new and effective methods of health education which enable both individuals and communities to assume greater responsibility for their own health;
- (h) recognize the essential role of women in health promotion and in the full range of community development concerns;
- (i) further extend their capacity to work with poor, disadvantaged, and remote populations, enabling them to break the cycle of deprivation and in this way contribute to the search for greater social justice.