

DEVELOPMENT AND HEALTH: THE DECLARATION OF ALMA-ATA AND POSTERIOR MOVEMENTS

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The first International Conference on Primary Health Care was held in September 1978, organized by the WHO and UNICEF at Alma-Ata, the capital of Kazakhstan, with the presence of more than 700 participants. The Conference resulted in the adoption of a Declaration that reaffirmed the meaning of health as a basic human right and one of the most important global social goals.

According to the Declaration of Alma-Ata⁽¹⁾, actions by different international social agents towards decreasing differences in countries' economic and social development should be stimulated with a view to reaching the goal of health for all in the year 2000, thus reducing the existing gap between health conditions in developing and developed countries. On that occasion, the consensus was reached that promoting and protecting people's health is essential for continuous economic and social development and, consequently, a paramount condition for improving people's quality of life and for global peace. The call launched at Alma-Ata was a basic landmark and represented the starting point for other initiatives.

Thus, in 1986, the Ottawa Charter⁽²⁾, elaborated at the Canada Conference, listed fundamental conditions and resources, identifying fields of action in health promotion and highlighting the importance of equity. Following the same direction, in 1988, the Australia Conference⁽³⁾ emphasized the importance of public policies as a premise for healthy lives, emphasizing the responsibility of political and especially economic decisions for health.

The third International Conference on Health Promotion⁽⁴⁾ was organized in Sweden in 1991, preceding the UN Conference on Environment and Development, held at Rio de Janeiro in 1992. This event highlighted ecology and health, concluding that they are interdependent and inseparable. Consequently, governmental policies should establish development priorities in respect of this interrelation.

The fourth Conference was held at Bogota⁽⁵⁾, Colombia, in 1992 and discussed the health situation in Latin America, seeking to transform existing relations and conciliating economic interests and social goals of well-being. The final document emphasized the need for more options in public health actions, directed at fighting against suffering caused by diseases resulting from underdevelopment and poverty, as well as those deriving from urbanization and industrialization in developing countries.

In 1998, the World Health Assembly adopted a Declaration, repeating the strategy of Health for All in the 21st Century and the need to implement new national and international policies.

From this perspective, it is observed in 2004 that humanity, represented by different social agents, is still trying to transform the ruling health paradigm, conciliating paradoxes and increasing inequalities between social, economic, political, cultural and environmental factors.

All of the above mentioned documents mention the challenge of redirecting health services. This goal can only be reached through the growing awareness of decision makers and persons responsible for health care in academic, political and philanthropic instances, associations, service deliverers and third sector institutions, so as to involve distinct social segments. In this context, we, nurses, play a fundamental role as caretakers, educators and health promoters. In

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short, we are a key piece in the creation of a new health culture, characterized by the humanization and integralization of human care, which is the only course that leads towards the dream of "development" as it was stated by the Declaration of Alma-Ata 25 years ago.

DESCRIPTORS: health; health policy; nursing; human resources, care, humanization in health

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