

Letters

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Alma-Ata to Berlin: diabetes prevention and treatment to achieve healthy living

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The 1978 Declaration of Alma-Ata [1], issued at the International Conference on Primary Health Care*, held at

Alma-Ata, Kazakhstan (former Soviet Union), is a landmark in public health. By stating that health is a fundamental human right, the declaration promoted interest and action in the field of public health, specifically primary health care. While it highlighted maternal child health and infectious disease control, it also clearly addressed chronic illness care, the availability of appropriate pharmaceuticals, and the need for preventive, curative and rehabilitative services. The

Table 1 Excerpts from Alma Ata and Berlin declarations

Declaration of Alma-Ata	Berlin Declaration
I Health is a fundamental human right. Requires the action of many other social and economic sectors.	With an estimated 14 000 people dying as a result of diabetes and its complications every day, time cannot be wasted in closing the gap between evidence, policy and practice. All prevention policies should be collaborative across sectors and services, and linked to every aspect of daily life that might be improved by promoting healthier lifestyles and physical activity. Departments or organizations responsible for implementation must be outside the political cycle to prevent the content and its delivery being politicized or impacted by elections.
II Existing gross inequality in the health status is unacceptable.	Ensuring that health systems are addressing the need for equitable, early access to the personalized education, lifestyle change programmes and treatments that people with Type 2 diabetes need.
III Of common concern to all countries. Promotion and protection of health is essential to sustained economic and social development, and contributes to a better quality of life and to world peace.	Government policy is required. Taking steps to prevent people from developing Type 2 diabetes from the outset.
IV The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.	Involvement of patient representation and organizations.
V Governments have a responsibility for the health of their people. Primary health care is the key to attaining this target	Government policy is required.
VI Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology. At a cost that the community and country can afford to maintain.	Identifying those at high risk of developing Type 2 diabetes and diagnosing them as early as possible. Collaboration must be fostered between key stakeholders such as community leaders, primary care, secondary care and policymakers to prevent plans from reaching barriers at different levels of the system. A realistic view of how much funding is needed to deliver impact with prevention initiatives must be taken, acknowledging that significant upfront investment may be required, or that policies may only be founded through levies or reductions elsewhere.
VII Primary health care addresses the main health problems in the community, providing promotive, preventive curative and rehabilitative services. Includes provision of essential drugs.	Ensuring that people with diabetes are given the treatment and support they need to achieve good control of their blood glucose levels as early as possible, to reduce the risk of complications.
VIII All governments should formulate national policies, strategies and plans of action. It will be necessary to exercise political will, to mobilize the country's resources and to use available external resources rationally.	Early access. Each country must commit to implementing policy to support early action in Type 2 diabetes. A realistic view of how much funding is needed to deliver impact with prevention initiatives must be taken, acknowledging that significant upfront investment may be required, or that policies may only be founded through levies or reductions elsewhere.
IX All countries should cooperate in a spirit of partnership and service.	This declaration is, at the same time, a challenge and an inspiration for change. It will be a global call to action for policymakers to act on the gaps we know exist.
X An acceptable level of health can be attained through a fuller and better use of the world's resources.	It will neither blame nor point the finger, but rather provide inspiration and tangible guidance, making it easier for all stakeholders involved to take the right decisions for people with diabetes.

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Declaration of Alma-Ata encouraged coordinated efforts between various sectors, members of the community or civil society and healthcare workers to realize its vision of Health for All. The main features of the Declaration of Alma-Ata are listed in Table 1.

Nearly 40 years later, a similar declaration has been made by experts in the field of diabetes. The Berlin Declaration calls for early action to stem to the potential health catastrophe that Type 2 diabetes is turning out to be [2].

The Berlin Declaration is concordant with, and builds upon, the legacy of Alma-Ata (Table 1). With a philosophy similar to that of Alma-Ata, the Berlin Declaration notes the ‘devastating impact on lives and economies’ of Type 2 diabetes [3]; echoing Alma-Ata’s observation that ‘health is essential to economic and social development’ [1].

Just as Alma-Ata witnessed the involvement of countries and non-governmental organizations from across the globe, the Berlin Declaration is based on the input of experts from all continents, and is endorsed by the leading professional societies of diabetology. Its basic principles are relevant to all nations, regardless of their environment. In this manner, the Berlin Declaration is similar to Alma-Ata, which notes that primary health care is influenced by the unique socio-economic conditions of a particular country.

The Berlin Declaration has also succeeded in involving patient organizations and patient representatives: this is in the spirit of Alma-Ata, which states that ‘people have the right and duty to participate individually and collectively’ in their health care.


The Berlin Declaration notes that ‘current policies are not doing enough to take the problem at the root, before diabetes and its related complications set in’. This underlines the need to promote and protect health at the primary level, as enshrined in the Declaration of Alma-Ata. The Berlin Declaration asks each country to commit to implementing appropriate policy; a reflection of Alma-Ata’s observation that ‘Governments have a responsibility for the health of their people’.

The four pillars of the Berlin Declaration are prevention, early detection, early control and early access to the right interventions, and they span the entire spectrum of primary care, as described in the Declaration of Alma-Ata. These include promotive, preventive, curative and rehabilitative services. The fourth pillar (early access) also covers the provision of essential drugs. The call for national diabetes prevention strategies, covering education, tobacco cessation, nutrition and exercise, reinforces the principles of Alma-Ata. Mention of urban environments, local food environments and legislation in the Berlin document echoes Alma-Ata’s reminder to involve other social and economic sectors in primary health care.

The Declaration of Alma-Ata defined health as ‘a state of complete physical, mental and social well-being and not merely the absence of disease’. Similarly, the Berlin Declaration should encourage us to define, and achieve, healthy

living with diabetes or a life without diabetes. A state of optimal bio-psychosocial health, achieved by early metabolic control, facilitated by complete access to the right interventions, is what we should aim for.

Primary care is the key to achieving the goals of both Alma-Ata and Berlin [4]. The vast number of people living with diabetes cannot be managed without the active and committed involvement of primary care physicians. The need to involve primary care in diabetes management has been raised in the past [5], and strategies to utilize available resources have been discussed [6]. The Berlin Declaration reinforces this movement, and reminds us of the philosophy of Alma-Ata, while working towards a healthier future for people with diabetes.

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