

From Alma-Ata to Astana: why primary care is relevant to occupational health professionals?

De Alma-Ata a Astana: por que a atenção primária à saúde interessa aos profissionais da saúde no trabalho?

In 1978, the World Health Organization (WHO) gathered 134 countries in an international conference with the focus on health as a fundamental human right. The Declaration of Alma-Ata¹ influenced public policies all across the world. The Brazilian Federal Constitution from 1988 establishes that “health is a right of all and a duty of the state ... and universal and equal access to actions and services for its promotion, protection and recovery”².

As a result, the Law no. 8,080/90³ created the Unified Health System (Sistema Único de Saúde–SUS) which prioritizes primary care as the main strategy to meet the healthcare needs of our population, through unification of services, people and communities. Preventive and healing actions were integrated into the Family Health Strategy, and universal access reached about 70% of the population.

This, the largest public health program in the world increased the immunization coverage, and dramatically reduced the incidence of contagious diseases, as well as of maternal and child mortality. Better control of noncommunicable diseases increased the life expectancy, which currently is 72 years for males and 79 years for females, with consequent extension of the productive life of workers.

Another international conference, in 2018, restated WHO’s commitment to primary care and universal health coverage under the motto “Health for All.” Declaration of Astana⁴, aligned to the Sustainable Development Goals⁵ and calls all countries to implement actions relative to four key areas:

- Making bold political choices for health in all sectors;
- Building sustainable primary health care;
- Empowering individuals and communities;
- Aligning stakeholder support to national policies, strategies and plans.

This is a subject of interest to all health professionals, including occupational physicians, since the economically active population in Brazil comprises 105 million people⁶, and most workers seek health care at Basic Health Units and Occupational Health Reference Centers⁷. Even workers with a formal employment relationship and access to specialized occupational medicine departments often visit public healthcare facilities to complement private health insurance services provided by the employer.

Beyond the scope of SUS, the principles underlying primary care were progressively adopted by private health insurance companies. Total and integrated healthcare provision to workers might reduce the high costs of medical and hospital care. Occupational physicians and health managers might have recourse to primary care strategies to develop health care and promotion programs targeting the workers under

their care. For this purpose, familiarization with Declaration of Astana and SUS might be useful to learn about the strong and weak points of the national and international organization of health systems. The movement to preserve and improve conquests our society achieved in its quest to protect the health of all workers should gain the adherence of an ever-increasing number of professionals engaged in occupational health.

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