

instance, several WHO Member States made quite extraordinary progress. But they had more resources. Africa too had some of the most amazing examples of primary health care in action, for example in Mozambique, while other countries' efforts were slowly eroded by the prevailing political and economic climate. Years later, WHO recorded and continued to implement the Alma-Ata consensus with diverse positive results in different regions and countries.

*Q: Selective primary health care, i.e. focusing on single issues or single disease programmes, is the opposite of the Alma-Ata primary health care consensus that called for health for all. Why did primary health care lose its way?*

A: The 1970s was a warm decade for social justice. That's why after Alma-Ata in 1978, everything seemed possible. Then came an abrupt reversal, when the International Monetary Fund (IMF) promoted the Structural Adjustment Program with all kinds of privatization, and that drew scepticism towards the Alma-Ata consensus and weakened commitment to the primary health care strategy. WHO regions kept on fighting in countries, but there was no support from the World Bank and the IMF. And the biggest disappointment was when some United Nations agencies switched to a 'selective' approach to primary health care. That brought us right back to square one. We had started with selective health-care programmes, single diseases such as malaria and tuberculosis in the 1950s and 1960s. Then we had this spiritual and intellectual awakening that came out of Alma-Ata, and suddenly some proponents of primary

health care went back to the old selective approach again. Perhaps, paradoxically, Alma-Ata had in such instances the opposite effect to the one intended, as it made people think too much about selection, rather than following the Alma-Ata gospel of health for all.

*Q: Did the Declaration of Alma-Ata live up to your expectations?*

A: The Declaration more than lived up to my expectations and went way beyond the expectations of the governments, NGOs and individuals involved. Never has health been made so important. Health is only complete for those who see it in a complete light and is fragmented for those who see it in a fragmented light. This truism was ever-present in the deliberations at Alma-Ata. The immediate impact of the Declaration was tremendous because people left Alma-Ata with the conviction that they had participated in a health revolution.

*Q: Is primary health care as much of a pressing priority now as it was then?*

A: Primary health care is more urgently needed now than ever before, not least because you have to find ways of bridging what happened during the first few years after Alma-Ata and what now exists. There is still a memory of primary health care in WHO's regions and Member States, and among NGOs supporting WHO that can be re-awakened.

*Q: Health for all seems a Utopian goal, what did you mean by that?*

A: The goal was not to eradicate all diseases and illnesses by 2000; we

knew that would have been impossible. Our goal was to focus world attention on health inequities and on trying to attain an acceptable level of health, equitably distributed throughout the world.

*Q: Are you disappointed that the health for all goal was not achieved and that primary health care is seen as a failed attempt to provide universal health care? How can WHO revitalize primary health care now and what is your involvement?*

A: WHO is starting something very important. It goes right back to WHO's wonderful definition of health. If only people had been more respectful of this, that "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" – a definition that was ridiculed by many medical professionals. I strongly support what WHO is doing now. I find it exceptionally courageous of WHO's Director-General [Dr Margaret Chan] to have started the discussion with Member States on how to revitalize primary health care. I say this as an old guy who was disappointed that things went the way they did, but now I see that WHO is ready to take a serious look at where we are today and where we want to go beyond selective primary health care. It may cost a lot, not only for converting vertical programmes, but for health systems based on primary health care concepts. It will take all the synergies that can hopefully be generated between the vertical and the horizontal. I am very happy that all of this is beginning to happen now. ■

### Recent news from WHO

- WHO launched the **World Malaria Report 2008**, containing an update on the global situation for the disease, on 18 September. Read the report here: <http://www.who.int/malaria/wmr2008/>
- WHO and its partners appealed for US\$ 4.2 million to provide health care for many of the 800 000 people – including children and pregnant women – affected by **tropical storms in Haiti**. On 8 September, WHO and its partners appealed for US\$ 9.76 million to respond to the humanitarian crisis following recent **conflict and flooding in Pakistan**.
- Health ministers from countries of the African meningitis belt, on 4 September, committed themselves to introduce a **highly promising candidate meningitis vaccine**. The vaccine is designed to prevent periodic epidemics of the deadly disease in these countries.
- **WHO's Commission on the Social Determinants of Health** presented its findings to the Director-General, Dr Margaret Chan, on 28 August. Read the report here: [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)

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