The Origins of Primary Health Care
and
Selective Primary Health Care

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Relevance

- Not studied from an historical perspective
- Vertical versus horizontal health interventions
- Implementation of health policies. Human resources

Outline

Background & Context

Actors, Institutions and Health Interventions

Impact & Legacies

Sources: Research at WHO & UNICEF archives. Examples from Latin America
Background and Context

By the late 1960s...

1. Crisis of vertical programs
   Failure of malaria eradication

2. New studies on community health
   Questioned the hospital-based health care system

   Excellence in community health.


   McKeown *The Role of Medicine: Dream, mirage or nemesis*, 1976.
The overall health of the population bore less relationship to medical advances than to standards of living and nutrition.

Background and context


L.B. Pearson—Canada, and W. Brandt—Germany, chaired commissions on development.

1974 UN Resolution on the need of a “New International Economic Order” to improve social conditions in underdeveloped countries

4. *Christian movements, NGOs, and alternative experiences*

The Luteran *Christian Medical Commission (CMC)* emphasized training of village workers. Published *Contact*.

*Red Cross Societies* tradition of voluntary work in the community. *Chinese barefoot doctors*
A medical team in the Wuchih Mountain area; one of them carries a board with a Mao quotation — "set the focus of medical care on the countryside." China Pictorial, November 1969 www.morningsun.org/ living/medicine/medicine.html
Actors and institutional changes

WHO  Halfdan Mahler
WHO Director General. 15 years (1973-1988).
Background in TB, Ecuador & India
Charisma & Continuity.
According to a CMC member “I felt like a church mouse in front of an archbishop.”

UNICEF
Henry Labrouisse UNICEF’s Exec. Director 1965-1979 emphasized community-work
in health and nutrition projects in rural areas and urban slums.

1975  Alternative Approaches to Meeting Basic Health Needs in Developing Countries. Successful PHC experiences in 9 countries

1975 28th World Health Assembly. “National Programs in PHC, a…priority.”
International Conference on Primary Health Care, WHO & UNICEF Alma-Ata, USSR
6-12 September 1978

A watershed event. “worldwide sounding box”

USSR embraced PHC. Competition with China.

Representatives of 134 governments & 67 international organizations. China Absent. 3-4 delegates for country.

**Delegates:**

- Public Sector: mainly health ministries; few political authorities & education experts
- **Academics**
  - NGO’s and religious movements
  - CMC, Red Cross, CARE; *Medicus Mundi*; Baptist World Alliance & others.
- **International & UN agencies:**
  - International Labour Organization, FAO, USAID, Peace Corps
- **Political Movements:**
  - PLO and the South West Africa People’s Organization.
From the 1st paragraph of the Declaration of Alma Ata (22 recommendations)

“Primary health care ... forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community.”
Three main ideas, PHC:

**Medical Technology**
Negative role of
“Disease technology”

In contrast: Appropriate technology, scientifically sound, culturally acceptable

**Elitism**
Criticism to medical overspecialization
& top-down health campaigns

In contrast: Community participation. Work with traditional medicine

**Development**
PHC a new center of the public health system
An inter-sectorial approach to health
Part of a social and political movement for development
Post-Alma Ata: Selective Primary Health Care and new health interventions

Shortly after its appearance PHC was criticized for being too broad, idealist and having an unrealistic timetable.

Conference “Health and Population in Development”
In 1979 at Bellagio, Italy. Rockefeller Foundation, The World Bank and USAID

Changes in Unicef. In 1979 new director J. Grant. Charisma. “...the art of the possible”


The article went beyond the traditional composite indicators such as infant mortality or life expectancy at birth to look at specific causes of death.
Selective Primary Health Care, SPHC


Emphasized new technological breakthroughs


1. Growth monitoring. For identifying at an early stage children who were not growing as they should, because of poor nutrition.

2. Oral rehydration. To control diarrheal diseases with ORS, a mixture of water, salt and sugar that could be prepared by mothers.

3. Breast feeding of infants as a means to prevent diseases

4. Immunization. Vaccines, especially against diseases of childhood (measles, diphtheria, tetanus, polio, tuberculosis and whooping cough)

G.O.B.I.---FFF

Food supplementation, Female literacy and Family planning.

 Appeared as cost-effective & practical Interventions easy to monitor and evaluate.
The Power of ORS


The Power of ORS
**SPHC: contradictory experiences and criticism during the 1980s**

*Growth monitoring* became an end in itself rather than a means to improve the nutrition of vulnerable children.

*ORS* Partial solution when water and sewage systems are contaminated.

*Breast feeding* faced the propaganda of powerful food industries.

*Immunization* considered a successful program.

In 1980 only about 5 per cent of children in the so-called third world were immunized against six diseases (measles, tetanus, whooping-cough, diphtheria, tuberculosis and polio)

By the end of the 1980s well over half were fully immunized by the time they were only one year old.

Most Latin American countries, especially Colombia, achieved high immunization rates.
IMPACT & LEGACY

**Different Meanings**
First medical contact? Second-class health care? Simplified technology? Poor health care for the poor?

Criticism from Latin America: “Primitive” HC

**Finance**
Agencies interested in specific interventions of SPHC. USAID ORS & Immunization.
A tradition of financing public health in LDC as a response to emergencies

During the 1980s many LDC confronted global recession & adjustment policies and had to cut back on their health services.

**Implementation**
Resistance of governments and traditional politicians: -Difficult to produce results in the short term


PHC Programs included in Ministries of Health. Coexistence and confusion with vertical programs. Accepted as a normal state of affairs. Cooption of terms such as ‘participation’
A policeman immunizes a child during the third Colombian National Vaccination day, summer 1984.

*We are the Children* p. 179