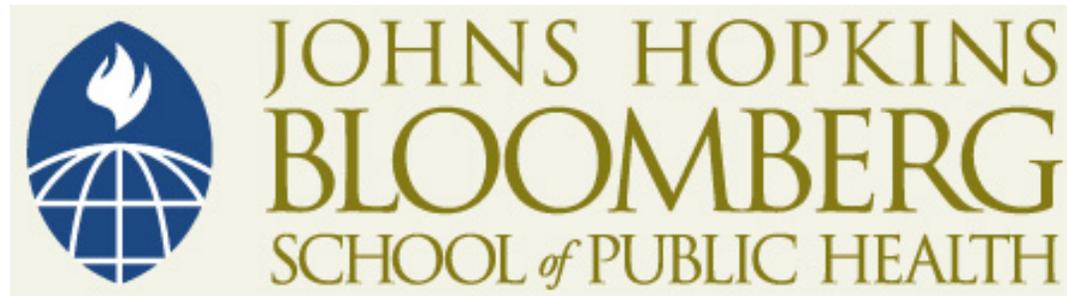


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## Roots of Primary Health Care: The Path towards Alma Ata

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# Historical Overview

- U.S. clinicians just call it *primary care—individual focus*
- *Community-oriented primary care (COPC)*
  - Started with Kark in South Africa
  - Then the United States and Israel
- Alma Ata label was primary health care
  - At first: comprehensive
  - After 1984: selective PHC
- *Community-based primary health care*
  - Terminology used by action group which meets each year at the APHA annual conference to redefine
- Seed-scale: future generations integrated community-based social development

# Broad Sweep of History

- Ancient systems still persist
  - China, India, Greece: natural medicines, religious practices, Shamans
  - Babylon public square
- Original exchanges in international health
  - Similarities amazing—hot and cold foods, spirits, humors, miasmas, healing practices
- Most early systems preventive and integrated
- Pre-scientific syncretic and simplistic causes
- Hippocrates started separating medicine and public health by recognizing geographic patterns

# Indian and Chinese Systems

- Classics
  - Charaka, Susruta, Vagbhata still used as basic texts for Ayurvedic system
- Chopra commission forced legal recognition but losing battle with commercial success of Western doctors and pharmaceutical industry
- Research on ancient herbs
  - Indian national institutes, few successes
    - ▶ For example, Rauwolfia drugs
- Now piracy and commercial eradication of plants when production became profitable
- Chinese
  - Yellow Emperor's classic, integration

# Modern Origins of Primary Health Care

- Virchow general idea of social medicine
- Post-World War I Dawson Report, Peckham health center and in U.S. social work centers
- Ding Xian, new paradigm, first published demonstration of concept
  - We are still trying to learn how to do and get accepted



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# Modern Origins of Primary Health Care

- Led to Mao's *Barefoot Doctors* for a quarter of world's population with most equitable system yet devised
  - But: collapsed with Deng Xiao Ping economic reforms in early 1980s
  - Now severe inequity —almost as bad as United States



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## Second- and Third-Generation Projects

- Late 1930s to 1950s
  - Hydrick, Indonesia
  - Stampar, Croatia
  - Eloesser, Chile and China
- Major historical contribution of Rockefeller Foundation
  - Developing centers in Sri Lanka, Kerala, and world to start formal health systems
- Late 1950s
  - Kark et al., Pholela, South Africa
- 1960s to 1970s
  - Narangwal Punjab, Fendall Kenya, Geiger U.S. and OEO, Aroles Jamkhed
- 1978
  - Alma Ata

# Traditional Practitioners

- Constant dilemma of competition resulting in modern practitioners' labeling them *quacks*
- Anecdotes of spontaneous syncretism, using Western drugs, ancient practice, they work better
- Many studies—especially of TBAs
  - Persistence led to efforts to absorb into formal system
  - Still major ambiguities
  - What happens and why?
- What is place in *community-based primary health care* and in poorest and most remote areas?

# How to Make Public Health Routine Work Interesting

- Always look for a natural experiment
- *People*—rather than just numbers
- Good old days of infectious epidemics
- Pat Rubinstein, Massachusetts epidemiologist

# “When Do I Get up out of My Chair?”

- Do I need to do a personal investigation?
- Is it time for shoe leather epidemiology?
- Where can I make a difference and how?
- Discussion