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Guest editorial

The spirit of 'health for all': the shape of primary health care, past, present and future

The World Health Report (2003) *Shaping the future* set a challenge for governments, health systems and communities: in order to respond to the global health needs and inequalities of the twenty first century, the development of health systems based on primary health care must be prioritized. Twenty-five years after the original Alma Ata Declaration, the WHO 2003 report not only reiterated the enduring ideal of 'health for all', but stressed the urgent need for it to become the organizing principle in the construction of sustainable and equitable health systems. Moreover, the 2003 report also represented a realistic assessment of the lack of progress since 1978 and highlighted the strategies that will be needed to achieve primary health care based systems.

In the light of this re-assertion of the centrality of primary health care and at the fifth anniversary of the establishment of the *Primary Health Care Research and Development Journal* it seems timely to produce a special edition that sets out to explore some of the facilitators and barriers that impact on the primary health care agenda, particularly in a global context. Consequently the focus of this special edition of the journal is an examination of issues that have relevance for the development and strengthening of primary health care led systems.

The WHO report acknowledged with a new realism that primary health care is intrinsically linked within an overarching health system and that conflict with that system needs to be resolved. However it is the principles of primary health care that are called upon in the report to determine the nature of the overall system if effective equitable health systems are to be constructed. The WHO report clearly moves from the 'selective primary health care' of the 1980s 'to population health criteria' as the basis for decision-making relating to the organization, resources and delivery of health care services (WHO, 2003: 108).

The significance of population health criteria is a theme taken up by John Macdonald in his overview of primary health care. Macdonald explores the results of the selective versus comprehensive distinction and contends that, although economic drivers are likely to be central in health systems development, research demonstrating the 'social determinants of health' provides increasingly influential evidence for reform.

Andrew Green's paper develops the analysis of the implementation of the Alma Ata principles, from the optimism of the immediate post-declaration period to the health care reforms in developed countries during the late 1980s and into the 1990s. Green provides a critical analysis of how health care 'reforms' were inappropriately transplanted as models for developing countries and how they have also left a problematic legacy for the successful re-emergence of the primary health care agenda. Green concludes that the re-emerging philosophy faces a number of barriers to overcome; the past encouragement of the private sector, inequity between countries and notably the effective empowerment and participation of the community will require considerable commitment. Through a detailed review of the implementation of primary health care in sub-Saharan Africa, Rufaro Chatora further elaborates the impacts of the barriers identified by Green.

Collectively these first three papers highlight the unrealized potential of the primary health care agenda on a global scale. They demonstrate that an exclusive focus on creating structures is

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insufficient, and of equal or greater importance is achieving clarity of interpretation of key concepts and creating an understanding of the processes and principles that must be engaged with if primary health care is to become the driving force in health systems. The subsequent papers in this edition explore some of the specific issues that require addressing and identify facilitators that need to be put in place in order to support the advancement of the primary health agenda.

One of the issues highlighted in the WHO report and echoed by the papers in this issue is the importance of an improved evidence and research base for strengthening primary health care (WHO, 2003: 127). The paper by John Beasley *et al.* specifically considers the current research culture in primary health care. Beasley and colleagues present an international perspective across 10 countries on research in family medicine and address the inequality created by the 10/90 gap in research. However, the contributions from the 10 countries also highlight the valuable and growing nature of international collaboration in PHC research that is proving to go some considerable way in addressing the 10/90 gap. Moreover, this paper also highlights that a 'methodological imagination' can go a long way towards enhancing a primary health care research base.

Intrinsic to the development of a sound evidence base for primary health care is not only a strengthening of health systems based on rigorous science, but also the incorporation of a clear ethical vision (WHO, 2003: overview). Robyn Martin explores, with reference to the UK context, the extent to which a body of ethics with particular legitimacy for PHC is necessary. She concludes that primary health care urgently requires the development of a unique primary health care ethics framework, as opposed to one derived from a model based on secondary care.

The next four papers have a common concern by virtue of their consideration of issues relating to the organization of the health care workforce. The contribution from Tracey Reibel is concerned with the place of birth in three countries and considers the important implications that the medicalization of maternity care and the resulting erosion of midwifery-led care has for women's health. She contends that the strengthening of community-based midwifery is an essential component for high quality maternity care.

The final four papers are also linked through the attention given to the primarily feminized professions of midwifery and nursing. Both Besner and Reibel directly address the importance of the unrealized potential for primary health care of strengthening nursing the midwifery leadership. A concern that was also echoed in the WHO (2003) report through highlighting the grave implications that gender discrimination and the under representation of women in senior management positions has for the long-term strength of the primary health care system (WHO, 2003: 111).

Jeanne Besner, in considering the value of community nursing, argues that the promotion of health in line with Alma-Ata is an integral part of the identity of nursing. Drawing on examples from practice, the clear benefits of nursing being able to take up leadership roles for the delivery of primary health care for individuals, families and communities health are demonstrated. Yet despite such benefits nursing is faced with a challenge to reorient itself in line with primary health care philosophy and principles. Besner, however, highlights that the challenge is not solely one for primary health care nursing, but also a challenge to the structure and organization of the health care sector including the medical division of labour.

The paper by Jennie Popay and colleagues explores the often unrecognized and under theorized tensions that can be caused by attempting to realign the health workforce with public health goals, particularly in a multisectoral context.

In common with the other papers in this issue, the paper from Popay *et al.* demonstrates that along with policy imperatives, considerable energy needs to be also given to the creation of new understandings of the influence of the culture of health care systems. The shift towards primary health care based systems will have to engage with and create understandings of how to support change within existing cultures be they political, organizational, professional, or personal.

Finally Linda East and colleagues provide evidence from the point of view of the patient on a new service model for community based cardiac rehabilitation, demonstrating one approach to the participation of the community in service redesign.

This issue critically explores from multiple disciplinary, professional and international

perspectives the challenging and complex nature of achieving a primary health care based system. Ultimately, however they contain a hopeful message of how to create stronger primary health care based systems. The authors, as a collective, are optimistic about the potential for achievement in the future and the majority of papers provide concrete examples and cases studies of places where real achievements have been made.

As I write this editorial the situation in the UK appears to bear witness to a position of a quiet optimism. The Wanless Report (2004) and a consultation exercise on public health (Department of Health, 2004) all point to a renewed commitment to adopt a primary health care model and importantly a desire to understand the processes that will accomplish such a change.

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