LIFE AND DEATH Iona Heath

A general practitioner for everyone in the world

Effective primary care that is accessible to all is vital, yet global targets continue to be missed

We are fast approaching the 30th anniversary of the World Health Organization's Alma Ata declaration, which set the aspirational target of "Health for all by the year 2000" (*BMJ* 2008;336:536-8). The reasoning, laid out in the declaration's article 10, was that "an acceptable level of health for all the people of the world by the year 2000 can be attained through a fuller and better use of the world's resources, a considerable part of which is now spent on armaments and military conflicts." Tragically, since 1978, spending on war and armaments has continued unabated, while the Alma Ata target came nowhere close to realisation and has since been replaced by the United Nations' eight millennium development goals, with a new target date of 2015. It is frighteningly clear that this sequence is in danger of degenerating into an elaborate ritual, which provides the illusion of activity for the richer countries of the world while making little difference to the realities of daily life for the world's poorest and most marginalised people.

The Alma Ata declaration emphasised the central importance of primary health care: "A main social target of governments, international organizations and the whole world community in the coming decades should be the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life. Primary health care is the key to attaining this target as part of development in the spirit of social justice." Article 7 provides a definition of primary health care and specifically refers to doctors as part of the health team at local level.

My contention is that part of the repeated failure of global health targets stems from the failure to implement the Alma Ata vision of primary care as an essential component of health care.

Last year, Lord Crisp's report *Global Health Partnerships: The UK Contribution to Health in Developing Countries* documented the extent of the shortfall in meeting the Alma Ata target,

recording the current life expectancies for women as 46 years in sub-Saharan Africa and 78 years in the UK and the rate of deaths of children aged under 5 years as 179 in 1000 in sub-Saharan Africa and six in 1000 in the UK. His report also emphasised the importance of primary care: "The most pressing needs in developing countries are for balanced and integrated health systems with a particular emphasis on public health and primary care, not hospitals and tertiary care, although these have their place." Yet he made no mention of the role and importance of primary care medicine. This perplexing absence is repeated in the government's response to the Crisp report, published last month, and in a report last year from the Department for International Development, *Working Together for Better Health*.

In all this there seems to be an unspoken assumption that primary care doctors are a luxury that poor countries cannot afford; and yet in richer countries they are the key to cost effective healthcare systems and better health outcomes—surely just what is needed to achieve the health dimensions of the millennium development goals. The painstaking work of Barbara Starfield and her team at Johns Hopkins University in Baltimore has shown that the stronger a country's primary healthcare system, the better the health outcomes and the more cost effective the system as a whole.

Furthermore, an increase in the number of primary care doctors for a given population is associated with a decrease in all cause mortality. Contemporary medical care brings dangers as well as benefits, and primary care doctors are trained to ensure that only those patients who are likely to benefit from specialist care are exposed to it. Beyond that, primary care doctors offer continuing relationships with individual patients and families, which allow therapeutic interaction to extend over time in a context of trust and solidarity. Despite much recent political rhetoric to the contrary, modern scientific medicine remains a judgment

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based profession within which the physician's interpersonal skills and capacity to interact therapeutically with the patient are of central importance to the clinical outcome.

Poor people are no less aware of the skills of doctors than more affluent people, and many of the desperate parents of those many children dying before the age of 5 in sub-Saharan Africa will incur crippling debt or sell vital livestock to see a private doctor if none is available through the public healthcare system. The poorest people in the poorest countries of the world are exposed to the most disease and therefore need commensurate access to properly trained doctors with broad diagnostic skills. Yet they are the least likely to have access to trained general practitioners or family doctors. For this reason the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians has adopted the slogan "A family doctor for every family in the world," which by implication, because not everyone lives in a conventional family, may be read as "A general practitioner for every person in the world."

This goal must be realised if health targets are ever to be met, but it will depend on a shift of investment away from "vertical programmes" that focus on single diseases such as HIV, tuberculosis, or malaria towards "horizontal programmes" that support the development of primary health care accessible to all. The grassroots "15 by 2015" campaign (www.15by2015.org) represents the antithesis of the hyperbolic tradition of global declarations. Its modest and certainly realisable aim is that, by 2015, all major global health donors should allocate at least 15% of all their grants towards strengthening the primary healthcare system of the country they are working in. This campaign deserves the support of everyone who understands the importance of primary medical care to the health of populations.

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