

Editorial

Primary health care: does it defy definition?

The definition of primary health care has been open to wide interpretation but, as Starfield (1992) comments, definitions provide the philosophical underpinnings of a service and therefore need to be made explicit. The terms primary health care (PHC) and primary care (PC) are often used interchangeably, but there is a need to differentiate between the meanings ascribed to each term, and to place PC within the context of the wider canvas of PHC.

The 1978 International Conference on Primary Health Care was the culmination of growing concern about the expansion of hospital-based services, particularly in developing countries, which consumed vast amounts of resources but appeared to contribute very little to the overall health of the population (Newell, 1975). This conference established the principle and movement for *Health For All by the Year 2000*, and identified PHC as the main vehicle for achieving *Health For All*. The Declaration of Alma-Ata provided a comprehensive definition of PHC:

Primary health care is essential care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It 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. It is the first level of contact of individuals, the family and the community with the national health system, bringing health care as close as possible to where people live and work. (World Health Organization, 1988:8)

Interpretations of the Alma-Ata definition vary widely, ranging from those which view PHC from

the base of the community as part of a process of social change, to those which identify PHC with professional health care services. For example, Shaffer (1984:2) defines PHC as: '... the first thing an ordinary villager does for him/herself right in the home to avoid getting sick' and describes community-based health care as the outer part of PHC which is concerned with community activism. He comments that the Alma-Ata Declaration broadened the definition of 'primary':

Prior to Alma-Ata, 'primary care' to most people meant first contact care, a limited use of the expression. The Alma-Ata Declaration broadened the use of the word 'primary', putting the emphasis in principle upon the community and its participation, self-reliance and self-determination. (Shaffer, 1984:1)

Starfield (1994) provides a widely accepted definition of PC, identifying it as a level of service: 'Primary care is first-contact, continuous, comprehensive, and coordinated care provided to populations undifferentiated by gender, disease, or organ system' (Starfield, 1994:1129). This definition is extended by Roland and Wilkin (1996), who identify the geographical location of PC and the potential relationship between PC providers and the community:

Primary care provides first-contact, generalist continuing care to the great majority of health problems presented to the NHS [National Health Service]. ... Primary care is, in general, located geographically close to patients' homes. It treats people in the context of their communities, and is potentially more accountable to its local community. (Roland and Wilkin, 1996:5)

Both these interpretations of the Alma-Ata definition have validity. Tarimo and Webster (1994) make the distinction between PHC as a 'level of care' and as an 'approach'. Thus PHC

may be viewed either as a level of care, as in first-contact health care, or as an approach to health-care development. These authors contend that it is the second meaning of the term which imbues the Declaration of Alma-Ata with its emphasis on health as part of the wider process of social development.

Primary care, which is the first contact point for the community with the health-care system, may therefore be seen to be a constituent part of a wider PHC system which embraces wider principles, or a wider philosophical perspective. Primary care may incorporate these wider principles to a greater or lesser extent, but there is evidence of a growth in understanding and efforts to expand the work of PHC practitioners to encompass the wider view of PHC in moves towards community-orientated primary care and incorporation of a public-health approach to PHC (Freeman *et al.*, 1997; Public Health Alliance, 1998). Adoption of this wide interpretation of PHC is identified as one area for action as we work towards *Health For All in the 21st Century* (World Health Organization, 1999). In Europe, *Health 21* (World Health Organization, 1998:7) calls for 'integrated family- and community-oriented primary health care' and 'a participatory health development process' and identifies targets for solidarity for health and equity in health care before disease and lifestyle targets.

We hope that this journal will contribute to the achievement of these goals through the publication of articles and other information relevant to the wide remit of PHC.

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