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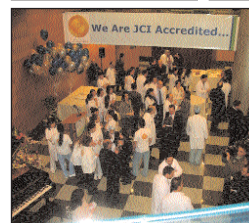
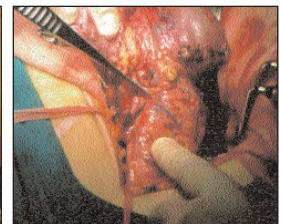
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Primary Health Care as a Route to Health Security

Comment: Margaret Chan

Director-General of WHO.

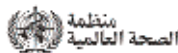
The Lancet, Early Online Publication, 15 January 2009 doi:10.1016/S0140-

Health security must be addressed with great urgency, and health-system strengthening is one of the surest routes to health security. We are not secure when the difference in life expectancy between the poorest and the richest countries exceeds 40 years, or when annual governmental expenditure on health ranges from US\$20 per person to well over \$6000.¹ We are not secure when more than 40% of the population in sub-Saharan Africa is living on less than a dollar a day.² Medicine has never before possessed such sophisticated treatments and procedures for curing disease and prolonging life. Yet, each year, nearly 10 million young children and pregnant women have their lives cut short, largely by preventable causes.^{3, 4} Economic development will not automatically protect people who are poor or guarantee universal access to health care. Health systems will not automatically gravitate toward greater fairness and efficiency. International trade and economic agreements will not automatically consider effects on health. Deliberate policy decisions are needed in all these areas.

Poor households spend up to 80% of disposable income on food.⁵ The first things that drop out of the diet when prices increase are usually healthy foods, and the health consequences are well documented.⁶ When a commodity so fundamental to life as food is priced beyond the reach of



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poor people, we know that something in our world has gone terribly wrong.

All the experts tell us that developing countries will be the first and hardest hit by climate change.^{7, 8} They also tell us that countries with robust and equitable health systems will be best able to cope with the shocks of climate change and a drastic increase in extreme weather events.⁸ Protection from the social factors that place poor and deprived populations at special risk is thus far more important than structural protection.⁸ Many people suggest that single-disease initiatives have weakened health systems or distorted health priorities,⁹ but this is not a valid conclusion. AIDS, malaria, and tuberculosis are high-mortality emergencies that require targeted responses to bring the disease burden down.

Increasingly, they are doing so in ways that strengthen fundamental components of the health system. Health systems are weak because of decades of failure to invest in basic health infrastructures, services, and staff.¹⁰ These weaknesses have become more visible because of the unprecedented drive to improve health. We have powerful interventions, from excellent vaccines and medicines to long-lasting insecticidal bednets, for reaching the health-related Millennium Development Goals (MDGs). What we lack are the systems for delivering these interventions to those in greatest need.

We will not be able to reach the health-related MDGs

unless we return to the values, principles, and approaches of primary health care. A recent WHO report¹ found striking inequities in health outcomes, access to care, and what people pay for care. Many health systems have lost their focus on fair access to care, their ability to invest resources wisely, and their capacity to meet people's needs and expectations. To steer health systems toward better performance, the report called for a return to primary health care. When countries at the same level of economic development are compared, those where health care is organised around the tenets of primary health care produce a higher level of health for the same investment.

This approach to health is people-centred, with prevention considered as important as cure. As part of this preventive approach, primary health care tackles the root causes of ill health, including in non-health sectors, and offers an upstream attack on threats to health. As the report¹ noted, better use of existing interventions could prevent 70% of the global disease burden.

The financial crisis comes at a time when commitment to global health has never been higher. It comes in the midst of the most ambitious drive in history to tackle the root causes of poverty, reduce the gaps in health outcomes, and ensure that the benefits of social and economic progress are more evenly distributed. A fair, efficient, and affordable system of health care is our best insurance policy, our best route to health security.

Investment in health systems and services is investment in human capital. Healthy human capital is the foundation for productivity and prosperity. Equitable distribution of health care and equity in the health status of populations is the foundation for social cohesion, which is our best protection against social unrest.

At the end of 2007, nearly 3 million people in low-income and middle-income countries were receiving antiretroviral therapy for AIDS,¹¹ and we should thank the G8 for its contribution to this achievement. But, if funding dries up in this or other areas, the health sector can produce fairly precise estimates of what will happen, measured by the number of lives lost. Human suffering and misery are not as easily calculated, but our common humanity should make us care on this count as well. I believe that when the G8 takes on a health issue, they give a human face to the political leadership that our world so greatly needs.

The net result of all our international policies should be to improve the quality of life for as many of the world's people as possible. Greater equity in the health status of populations, within and among countries, should be regarded as a key measure of how we, as a civilised society, are making progress. Strengthened health systems, ideally based on primary health care, are indeed the route to greater efficiency and fairness in health care and greater security in the health sector and beyond.

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