*Primary Health Care Research and Development* 2000; **1**: 195–196

# Editorial

# The social determinants of health: new life for primary health care

Despite the limitations of language, the first international expression of primary health care as a philosophy and an approach to health care as presented at the Alma Ata Conference in 1978 contained much of value. Many of its insights remain useful, as do its 'pillars' (Macdonald, 1998).

Recent research publications on the social determinants of health give us an opportunity to restate the importance of a primary health care approach and to challenge those, especially in Europe, who have managed to avoid such challenges in the past.

Thankfully, at an international level we are hearing more and more of these social determinants of health. At a time when genetic medicine is siphoning attention, and surely also funds, away from unromantic facts such as the links between poverty and health, and implicitly supporting the idea of technical solutions to the world's health problems, this emphasis on the social determinants of health is timely. Readily accessible information coming from WHO Europe, through the Healthy Cities Programme, *The Solid Facts* (World Health Organization, 1998), and the more obviously researched-based work of scholars such as Wilkinson and Marmot (who, of course, are also the editors of *The Solid Facts*), as well as an increasing amount of literature on inequalities in health all paint the same picture. All of this serves the very useful purpose of drawing to the attention of the health sector the impact on health status of factors such as employment or lack of it, poverty, social exclusion, stress and other social factors.

Most readers of this journal are well aware of the importance of the social determinants of health. One of the 'pillars' of primary health care is intersectoral collaboration. The role and consequent importance of other sectors in improving and maintaining health was highlighted in the Alma Ata document. To take but one example, Alma Ata stressed the importance of education to the health of communities. Health workers must therefore work intersectorally. The recent evidence for the importance of the social determinants of health draws attention to the social construction of health with arguments that it is difficult for health systems to ignore.

However, what is sometimes lacking in the literature is some suggestion about the 'solution'. Thankfully, we can better argue the case that health is influenced by much more than biology, and that health outcomes are embedded in social factors. But what does this mean, apart from heightened awareness?

I suggest that we should revisit the primary health care approach. Acknowledging the importance of the social determinants of health leads us to look for an approach to health care which addresses these. The primary health care philosophy and approach offer us such a framework, and we should not be shy about proclaiming its relevance. Too many European institutions and health professionals continue to ignore the holistic messages of Alma Ata. It seems that it is still acceptable for Europeans to think of 'primary health care' in the sense of the World Health Organization (i.e., comprising curative and preventive health care in one system) as only being relevant to developing countries. Alternatively, 'primary health care' must mean good GP practice, thus confusing it with 'primary medical care'. Moreover, for too long professionals in Europe have been allowed to think they are 'doing primary health care' if they adopt some aspects of health promotion, albeit quite separately to any attempts to integrate these with health services which still draw on a biomedical model.

Can we really accept that the call of Alma Ata for an integrated health system, operationalising the principles of equity, people's participation and intersectoral collaboration, is of no relevance to all societies?

It is time to face the challenge of applying


1463-4236(2000)PC027OA

primary health care approaches to western societies as well as developing countries.

In Australia, it is often the Aboriginal community which puts comprehensive primary health care at the forefront of health policy agendas, as was seen recently at an international conference on primary health care in Melbourne. One of the main speakers (from Europe) appeared to work on the premise that 'primary health care' means good fundholding practice on the part of GPs. This attitude outraged many health workers, mainly nurses, who have worked in the community health system in Australia. This system has been trying since the 1970s to pursue genuine comprehensive primary health care policies. The clearest voices advocating such policies were those of Aboriginal and Torres Strait Islanders, and these communities have long since endorsed the integrated policies and philosophy of Alma Ata.

Perhaps we need a new vocabulary, and the term 'primary health care' is too easily misunderstood, but let us not set aside the words too quickly – certainly not before European health systems have been confronted with their challenges.

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## References

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