

At the International Conference on Primary Health Care in Alma–Ata (in what is now Kazakhstan) in 1978, public health officials from around the world agreed on a commitment to “Health for All by 2000,” a goal to be achieved by providing universal access to primary health care worldwide. Critics argued that the attainment of this goal by the proposed date was impossible. In the ensuing years, a strategy of selective primary health care emerged that included four inexpensive interventions collectively known as GOBI: growth monitoring, oral rehydration, breast-feeding, and immunizations for diphtheria, whooping cough, tetanus, polio, TB, and measles. GOBI later was expanded to GOBI–FFF, which also included female education, food, and family planning. Some public health figures saw this as an interim strategy to achieve “health for all,” but others criticized it as a retreat from the commitments of Alma–Ata. Similar debates still rage, with “vertical” disease-specific programs for HIV, TB, and malaria often seen as competing with primary health care efforts for critical economic, human, and political resources. Global primary care is examined in detail in Chap. e1.