

Primary Health Care Periods	Colour code	Summary
<b>Period 1: Vertical health delivery approach</b> (pre-1950s – 1978)		Includes the Malaria Eradication Era (1955 – 1969). Criticisms of the <b>vertical approach</b> by US agencies and the WHO arose following the malaria eradication era [53]. Also, successful grassroots health projects run by NGOs as well as the global popularity of Communist China’s expansion of rural medical services (particularly through their ‘barefoot doctors’ programme) inspired a new more comprehensive approach to health care delivery [45, 53].
<b>Period 2: Comprehensive Primary Health Care</b> (1978-1982)		International Conference on Primary Health Care (Alma Ata, 1978). <b>Horizontal approach</b> – Alma Ata Declaration of ‘Health for all by 2000.’ The central principles of the Alma Ata were equity and community participation in health, supported by health promotion, inter-sectoral collaboration (i.e. environment, agriculture, education, water and sanitation sectors), appropriate technology and efficient use of resources. Criticisms to this approach arose within a year of the Declaration as it was seen as too broad and difficult to implement [45, 53]. In addition, pressures from emerging neo-liberal doctrines (particularly the macro-economic structural adjustment policies imposed on developing countries) resulted in significant cuts to public sector spending [54].
<b>Period 3: Selective Primary Health Care</b> (1982 – 2000)		Shift towards a more financially and politically appealing model of selecting a few interventions that were seen as epidemiologically important and technologically affordable [54]. <b>Vertical approach</b> - The commencement of this period was marked by the launch of UNICEF’s Child Survival Revolution (GOBI – growth monitoring, oral rehydration, breastfeeding and immunisation) [45, 53]. Debate between comprehensive vs. selective, horizontal vs. vertical dominated global health discussions during this period.
<b>Period 4: Combined approach / decentralisation</b> (2000 => )		With the introduction of the UN Millennium Development Goals, the year 2000 marked a shift towards a combined vertical and horizontal approach ( <b>‘diagonal’ approach</b> ). This approach attempted to harness the strengths of both approaches with the use of selective programmes and decentralized delivery [45]. In 2008, 30 years after the initial push for a comprehensive PHC approach, international public health thinking has come full circle with release of the WHO World Health Report "PHC - now more than ever" that re-emphasizes the importance of PHC accompanied by a call for reforms to strengthen and re-focus health systems to support the PHC approach [123].