

Primary Health Care Periods	Colour code	Summary
Period 1: Vertical health delivery approach (pre-1950s – 1978)		<p>Includes the Malaria Eradication Era (1955 – 1969). Criticisms of the vertical approach 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].</p>
Period 2: Comprehensive Primary Health Care (1978-1982)		<p>International Conference on Primary Health Care (Alma Ata, 1978). Horizontal approach – 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].</p>
Period 3: Selective Primary Health Care (1982 – 2000)		<p>Shift towards a more financially and politically appealing model of selecting a few interventions that were seen as epidemiologically important and technologically affordable [54]. Vertical approach - 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.</p>
Period 4: Combined approach / decentralisation (2000 =>)		<p>With the introduction of the UN Millennium Development Goals, the year 2000 marked a shift towards a combined vertical and horizontal approach (‘diagonal’ approach). 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].</p>