A new century for international public health

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By the time the next issue of the Bulletin appears it will be the year 2000. A new decade, a new century and a new millennium, and therefore an important moment to take stock. The past half-century has witnessed massive progress in global health, but also some tragic setbacks and failures. Most of what we take for granted in international health — the scientific and policy discourse and the roles played by bilateral and multilateral agencies, professional societies, governments and academic centres — is no more than 50 years old. The only thing that is certain about the next 50 years is that they will see even more momentous changes and that by 2050 our scientific understanding and our ways of interacting internationally will have changed beyond recognition.

It is our common responsibility at this moment in history to assure that we debate and scrutinize current assumptions and arrangements and, if necessary, replace them with models better suited to the new realities. How should international aid efforts cope with the long-term failure to deliver results in those countries with chronically weak policy and institutional environments? How should the major international agencies dealing with health relate to each other and exploit their comparative advantages? How can we or should we focus more on global public goods and addressing global market failures?

Within the international health agenda there are some major issues that require more evidence, more debate and greater clarity. Examples include the following.

- **The role of the private sector.** In poor countries, health systems are dominated by the private sector, both in finance and provision, whereas in wealthy countries such systems are dominated by the public sector. WHO, the World Bank, UNICEF and bilateral agencies have all concentrated unduly on strengthening frail public sectors, while ignoring questions of public/private partnership and the need to strengthen the quality of services that poor people purchase from private providers. As we enter the new century we must try harder to deal with the world as it is, and not as we might like it to be.

- **The future of primary health care.** It is over two decades since the current paradigm for primary health care was proclaimed in Alma-Ata. In most countries the implementation of this paradigm has been partial at best. Some argue that it is essential to strengthen primary care infrastructure to provide care for major health problems and not help for relatively cheap and minor services provided in primary clinics. The issue requires a vigorous debate, fuelled by good evaluation evidence and should be replaced. Yet a third group asserts that the essential role of government is to subsidise the cost of hospital care for major health problems and not help for relatively cheap and minor services provided in primary clinics.

- **Closing the gaps.** Equity in health and in access to health services is a central issue for health, for development and for social justice. Analysis of gaps in health status between countries and within countries is getting better, but what can we do about them? What policies and actions will close the gaps?

- **Research and development for the poor.** The realities of the marketplace create a huge incentive for private sector investment in research and development to produce diagnostics, drugs and vaccines for wealthy people and wealthy countries. In all this, the needs of the poor are neglected. New public/private partnerships are beginning to counteract this market failure, but much more needs to be done.

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**Bulletin 2000**

These and other major issues face us all as we cross the threshold to the new century. The Bulletin seeks to contribute to the debate by launching Bulletin 2000. During the year 2000, it is planned that each issue of the Bulletin will have a special theme or focus that will occupy roughly half of its pages. The material on the special theme will comprise overview articles, original research papers, policy pieces, round table debates and public health classics. The goal is not to present a definitive or comprehensive treatment of the special theme, but rather to stimulate further research and debate by presenting a selection of results and perspectives from leading authorities in the field. All contributions to the special theme issues will have been peer reviewed and the Bulletin is maintaining firmly its standards of quality and openness. The remainder of each issue will be devoted to “business as usual”, and contributors are encouraged to submit their work for publication in the normal way. Issue length will be flexible so that we can maintain a healthy volume of unsolicited contributions.

The choice of special themes, by month, reflects both pragmatism and our sense of what is important and timely. The themes planned for the first half of 2000 are:

- January: Inequalities in health
- February: Immunization safety
- March: Polio eradication
- April: Mental health
- May: Reproductive health
- June: Health systems

I hope that you will find Bulletin 2000 stimulating and useful. Please write and tell me your reactions. Please also feel free to respond to the special theme material by contributing your criticisms, comments, or additional insights on the themes.