

LETTERS

COMMUNITY-ORIENTED PRIMARY CARE AND PRIMARY HEALTH CARE

Nowadays there is a renewed interest in the role of primary care as an essential component of the delivery of health care. Cueto's article on the role of the World Health Organization (WHO) in the emergence of primary health care¹ is timely indeed and stimulates discussion about this dimension of health care.

We wish to direct attention to an approach not mentioned in Cueto's article that is taught, practiced, and written about extensively—the community-oriented primary care (COPC) model. The recent application and evaluation of COPC in various countries was reported in several articles published in the November 2002 issue of the Journal.

The conceptual roots of COPC were introduced and developed in the 1940s by Sidney Kark and Emily Kark in a rural area of South Africa. As family physicians, the Karks implemented a comprehensive approach to care, taking into account the socioeconomic and cultural determinants of health, identifying health needs, and providing health care to the total community. Their pioneering work, integrating preventive and curative care with significant community involvement, created a service network of a kind scarcely known then in that continent, with more than 40 community health centers established in different regions of the country.² The

Karks and their team developed this approach further at the Community Health Center of the Hadassah School of Public Health and Community Medicine in Jerusalem.³

In Sidney Kark's book *Epidemiology and Community Medicine* (published in 1974, before Alma Ata), he speaks of "community medicine and primary health care as a unified practice."^{4(p7)} This approach, which later was denominated COPC,⁵ is considered an expression of the Alma Ata spirit.^{6,7}

In our COPC teaching,⁸ we have had frequent discussions with international public health students, mainly Africans, concerning the similarities and differences between COPC and the primary health care approach of WHO. As an explicit expression of the role played by COPC in the development of the WHO primary health care approach, Litsios notes (also in the November 2004 issue of the Journal) that there is evidence of "many similarities between primary health care and Kark's work in Africa."^{9(p1890)}

The renewed interest in primary care is particularly appropriate because primary care is the component of health services that addresses most of the health problems arising in a community, and when it is enhanced by a community orientation, it can be considered public health at the local level.¹⁰ ■

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