at no cost to them, the cost being borne by the public purse. We make patients aware of the relative risks and benefits of low dose typical versus atypical antipsychotics—almost all patients choose atypical drugs. Their choice is mainly influenced by the chance of lower extrapyramidal effects, and the novelty of the atypical antipsychotic drugs. Our impression is that if costs were borne personally the decisions would be different. Which atypical drug to start with is largely a tradeoff between expected side effects; there is little reason to believe there are significant differences in efficacy between the atypical drugs. If one atypical drug fails, we try another or suggest a typical antipsychotic in low doses or as a depot. If all these efforts are unsatisfactory, as they often are, we always suggest a trial of clozapine, for it is as yet unequalled in refractory cases. Thus, the paper by Geddes et al and our thoughts leave the clinician on a tightrope act between the persuasiveness of the marketing claims, the precise but somewhat myopic results of idealised clinical trials, and the complex realities of clinical practice.

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The People’s Health Assembly

Revitalising the promise of “Health for All”

In 1978, 134 health ministers from around the world signed the Alma Ata declaration that set a deadline for the year 2000 for achieving a level of health that would enable all of the world’s people to “lead a socially and economically productive life.” The strategy to achieve the goal would be the implementation of primary health care, with its emphasis on community participation, and tackling the underlying causes of diseases, such as poverty, illiteracy, and poor sanitation. This week, at Gomoshasthya Kendra People’s Health Centre (whose pioneering work formed a case study for the Alma Ata declaration), a People’s Health Assembly will convene to discuss the failure to achieve “Health for All,” and plan what to do next.

Much of the problem lies in the persistence of poverty and a continuing lack of effective health services. Average per capita incomes in sub-Saharan Africa are lower than they were at the end of the 1960s, and half of the region’s population must now survive on less than 40p (56 cents) a day.1 AIDS is ravaging a continent beset by rising levels of malaria and tuberculosis; many health services have collapsed. Child mortality is no longer dropping and in some cases the trends have been reversed. Despite important gains in political freedom in the countries of the former Soviet bloc, the transitions to market economies have often had disastrous consequences and are estimated to have resulted in nearly three million deaths.2 Latin America and east Asia have endured the fallout from economic crashes, and south Asia has extremely high levels of malnutrition, deprivation, and disease.3 Poverty and widening disparities in income remain a cause for concern in industrialised countries, even as national wealth continues to grow. Worldwide 800 million people still lack access to health services.4

But despite an abject failure to reach the target, we should not ditch the principles laid down at Alma Ata. Its principles were already being applied in several countries before the declaration was written, with impressive gains in life expectancy and other health indicators in Sri Lanka, China, Cuba, Zimbabwe, Costa Rica, and Malaysia.5 Other studies have shown the importance of community participation in health and demonstrate its ability to reach the maximum number of people, particularly the poorest and most vulnerable.6

Yet sadly lip service has too often been paid to the principles of the Alma Ata declaration while in reality primary health care has been starved of resources.7 The People’s Health Assembly hopes this will change. A process before the assembly has gathered case studies and analysis of how primary health care can be successfully implemented and the threats it faces; at this event this learning experience will continue at 200 workshops presented by participants at regional and national meetings. But perhaps most importantly, it aims to kick off an advocacy movement that will defend people’s right to health and ensure that the vision of Alma Ata becomes a reality.

Such a movement is badly needed: new threats to health are continually emerging. Globalisation has been accompanied by an increase in income inequalities between and within nations8-7 and has left governments weak and covering under fiscal constraints. Basic principles for financing and providing universal...
Economic evaluation and clinical trials: size matters

The need for greater power in cost analyses poses an ethical dilemma

Randomised trials of health care interventions are increasingly attempting to tackle issues of cost effectiveness as well as clinical effectiveness. A good example of this appears in the two papers describing the clinical and economic evaluation of psychological therapies in primary care in this issue of the BMJ (pp 1383, 1389). The use of clinical trials as a vehicle for prospective cost effectiveness analysis presents challenges for successful evaluation, and the methods of conducting trial based economic evaluation are still in their infancy.

Several commentators have emphasised that health economists should be involved from the outset in the design of trials that seek to report on cost effectiveness, rather than being asked to add in the economic variables as an adjunct to the main trial (in a so called “piggyback” arrangement). The reason for this is because design considerations are different for clinical and economic analyses.

As a result of the assembly, we hope to see the formulation of advocacy agendas at local, national, and international levels, as well as an increase in the sharing of knowledge and experience between people committed to the principles of primary health care. Above all we feel it is critical that the assembly assembles broad-based networks for change which can implement the vision of Alma Ata more effectively. We hope that the Assembly will prove to be a significant step towards revitalising the powerful vision of “Health for All” and we encourage everyone who shares our fears and aims to join us.

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