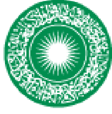

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Primary health care and the Tanzania Comprehensive Cancer Project

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Let people being executed choose whether a doctor is present

The death penalty is ineffective and unjust. If readers of the *Lancet* Editorial[1] could halt all executions, they would most likely be persuaded to do so. However, the Editorial argued not just against executions, but against medical presence at executions. Although the four principles of medical ethics were cited, this analytical approach contradicts the conclusions of the Editorial.

If I were awaiting execution, I believe the presence of a doctor to control complications could momentarily mitigate my fear—a small act of beneficence. Other citizens can access or request access to a doctor at any point in time, so it hardly seems just to deny it to those condemned to death. Respect for autonomy demands we ask whether the person being executed wishes to have a doctor present. Arguably, lending the death penalty medical legitimacy could indirectly violate non-maleficence, but no evidence has been presented that medical presence at executions either undermines trust in doctors, or diminishes public opposition to abolition. In general, doctors should not protest unjust systems by withholding care from the victims of those systems. Prison doctors treat all people who are incarcerated and harm-reduction approaches have replaced damaging medical absence in drug addiction or sexual health contexts.[2,3]

There is no evidence that medical withdrawal will save lives; no clear abolitionist political strategy relies on doctors absenting themselves. We should speak out against unjust practices. But, following the four principles of medical ethics, people being executed should be offered the attendance of a doctor, and be allowed to choose.

I declare no competing interests.

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Primary health care and the Tanzania Comprehensive Cancer Project

In his Offline,[1] Richard Horton argues that "the global health community's emotional attachment to the 1978 Declaration of Alma-Ata, which codified a commitment to primary healthcare, is stifling" efforts to realise universal health coverage and hinders the inclusion of hospital-based services and specialist health care to address more complex health problems, such as cancer care in sub-Saharan Africa.[1]

Primary health care alone cannot provide all the necessary facilities for cancer care, but the Alma-Ata Declaration offers a way to organise the full spectrum of health care, from households to hospitals, with prevention being as important as cure, and resources invested rationally in different levels of care.[2] The Declaration's principles of universal access to care, equity, community participation, intersectoral collaboration, and the appropriate use of resources, and its statement that inadequate and unequal health care is unacceptable, remain fundamental to an adequate response to the health needs of today, including in cancer care.[3]

The Tanzania Comprehensive Cancer Project (TCCP), which was established in 2018, focuses on making essential oncology products and technologies (eg, surgical facilities, pathology and biology laboratories, essential chemotherapy, diagnostics, and radiotherapy) available and accessible.[4] The TCCP is also working to address suboptimal use of pain management and palliative care, unacceptable levels of late diagnosis, poor use of community-level cancer registries and reporting of the cause of death, the inadequate documentation of the costs and effectiveness of cancer interventions, and the shortage of cancer research generally. Training health-care professionals and building sustainable health-care infrastructure are core elements of the TCCP.

The TCCP uses a continuum-of-care model that connects a network of primary care centres to secondary hospitals and drives community awareness and education, screening, improvements in early diagnosis, and linkages to treatment.[4] Specialised tertiary oncology services from public and private partner organisations are linked in a comprehensive cancer care model under the stewardship of the Ministry of Health. Comprehensive primary health care, built on the principles of the Alma-Ata Declaration, remains the bedrock of Tanzania's approach to health care, including in the TCCP.

We declare no competing interests. Agence Française de Développement and the Aga Khan Foundation partly funded the Tanzania Comprehensive Cancer Project.

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Bold action and collaboration for health for all

We read Richard Horton's Offline[1] with a feeling of trepidation. Of course, primary care is not enough but it is essential, and it is in crisis. At a time when headlines are drawing attention to issues of poor access to care, ineffective delivery models, and worsening health workforce shortages, we more than ever need strong leadership and bold action committed to strengthening primary care. We agree that no one should be left behind, but fundamentally this principle means ensuring a strong foundation for the delivery of health promotion, prevention, and treatment. Research has shown that primary care is the most important medical care variable associated with better health status, reflected in lower death rates from heart disease and cancer with improved access to primary care.[2]

Sceptics, however, have pointed out that primary care has not sustained its promise.[3,4] They are not incorrect. Increasingly, primary care has not addressed the needs of the people; a vicious cycle of underfunding has weakened primary care's ability to deliver.[5] We fully acknowledge that even the highest quality of primary care, however, will be insufficient in itself to address the complexity of health needs. The underlying causes are often rooted in socioeconomic deprivation.[6] Breaking this cycle will require sustained political will and new leadership poised to disrupt the status quo and create an environment that realigns governance, health financing, and incentive structures for bold new action and collaboration for health for all.

We declare no competing interests.

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Reaffirming primary health care's vital role

In an Offline[1] criticising the slow progress in achieving universal health coverage (UHC) worldwide, Richard Horton pointed out that primary health care is not enough to face the demands of the new health landscape. Although we agree with this statement, Horton's narrow perspective of the role of primary health care in health systems, particularly in low-income and middle-income countries, is concerning. In Latin America, primary health care expanded in several countries following health system reforms in the 1990s, but this expansion is still an ongoing process. Therefore, diminishing the importance of primary health care is very detrimental to its consolidation in this region.

Well structured, community-based primary health-care services have the capacity to respond efficiently to a large number of health problems,[2] providing basic health interventions (including effective management of non-communicable diseases) and essential public health functions.[3] Evidence indicates that health systems based on primary health care not only improve health outcomes but also promote equity and support comprehensive and longitudinal care.[4] In Latin America, one of the most socioeconomically unequal regions globally, health systems' structural fragilities, including public underfinancing, are a major limitation to primary health care achieving its full potential. In this context, emphasising the importance of primary health care in providing access to health services is essential.

Primary health care is well placed to ensure the continuity of care and promote equity within health systems. Primary health-care facilities can potentially reach populations isolated by dimensions of inequity (such as people living with disability, chronic diseases, or neglected diseases; older people; children; and pregnant individuals) when provided with adequate financing and appropriately distributed in a territory so as to overcome coverage barriers.[5] Continued care can reduce hospitalisations due to primary health care-sensitive conditions. Primary health care is also fundamental in complex health problems, such as cancer, playing a role in early diagnosis and even prevention, and is needed to strengthen health system resilience in public health emergencies.