

Introduction

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In this issue we are proud to present three interesting articles. Two articles are dealing with the history of public health care initiatives in developing countries during the first half of the 20th century, while the third article discusses health policy and debates regarding publicly funded non-therapeutic circumcision of males in Australia during the last decades.

Sri Lanka is often mentioned as an example of a country having achieved good health outcomes despite having comparatively poor economic indicators. Hewa Soma presents the historical development of primary health care in Sri Lanka in the early twentieth century and its contribution to overall health achievements during the past decades. According to the author Sri Lanka represents a *selective* health care approach, in opposition to the *comprehensive* primary health care as recommended by the Alma Ata Declaration of the WHO in 1978. This community-based primary health care program, also known as the “health unit system,” was an earlier concept of *selective* primary health care developed by the International Health Board of the Rockefeller Foundation and Sri Lankan public health experts. A key strategy of the health unit program was to identify the most common and serious infectious diseases in each health unit area and control them through improved sanitation, health education, immunization and treatment with the help of local communities.

Zanzibar has a long and mostly successful history in malaria control programs. Amina Issa examines malaria and public health measures in colonial urban Zanzibar during the first half of the 20th century, particularly focusing on malaria control programs such as reclamation of creeks and swampy grounds, vector control programmes by using chemical pesticides or fishes eating mosquito larvae as well as distribution of anti-malarial drugs.

In 1985 the Australian Government sought to delete circumcision of infants from the benefits payable under its newly established universal health scheme, Medibank. The decision was soon reversed and still today Australia is providing automatic coverage for non-therapeutic circumcision of male infants and boys through a nationally funded health insurance system. Robert Darby presents a detailed narrative of this affair and the political games concerning the debate over public funding of non-therapeutic circumcision in Australia.