HEALTH REFORM FOUNDATION OF NIGERIA (HERFON)

TWO-DAY SCIENTIFIC CONFERENCE AND ANNUAL GENERAL MEETING

Rhetorics, Realities and Results

A review of Primary Health Care in Nigeria

Adetokunbo O. Lucas, MD

Adjunct Professor, Harvard University, Cambridge, MA, USA

It has been rightly said that the most important advance in the health sector during the past century has been the adoption of Primary Health Care. The loud announcements in the media, the striking headlines in the printed press and other items of news alerts emphasize breakthroughs in biomedical sciences and new technologies. But none of these exciting developments, singly or taken together, have had the degree of impact that has occurred from the adoption of Primary Health Care.

The key event in the history of PHC was the international conference that the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) sponsored in Alma Ata in 1978. The final report was issued in the form of the Alma Ata Declaration. It urged all nations, both developing and developed, to review and reform their health systems by basing them on the firm foundation of 'Primary Health Care'. The expectation was that the revised health system will be characterised by effectiveness, cost-effectiveness, efficiency and equity.

As it turned out, the choice of the term 'primary health care' was rather unfortunate. Even now, 35 years after the conference at Alma Ata, many people, including senior officials in the health sector are still confused about the exact meaning of the term 'primary health care' as a different entity from 'primary care'.

<u>What is primary care?</u>

Primary care is a service. It is the point at which individuals make contact with the national health system. It could be a local dispensary, a health centre, the outpatient service of a hospital or a private clinic. In the pre-Alma Ata days, primary care services tended to show the following features:

- Standalone - poor linkage to other tiers
- Top down approach with minimal community involvement
- Inequitable allocation & access
- Medical interventions are not consistently based on sound scientific information

<u>Primary Health Care at Alma Ata</u>

"Primary health care is essential health care based on practical, scientifically sound & socially acceptable methods & technology made universally accessible to individuals & families in the community through their full participation, & at a cost that the community & country can

afford to maintain at every stage of their development in the spirit of self-reliance & self-determination."

This long-winded tortuous definition of PHC spells out the main features of this new entity.

Primary health care is:

1. A health system

2. *essential health care*

3. *based on practical, scientifically sound &*

4. *socially acceptable methods & technology*
5. *made universally accessible to individuals & families in the community*

6. *through their full participation, &*

7. *at a cost that the community & country can afford to maintain at every stage of their development in the spirit of self-reliance & self-determination*

These elements constitute the '7 Pillars of PHC':

1. Foundation of the health system
2. Focus on priorities
3. Equity
4. Science/Evidence based
5. Culture sensitivity/social relevance
6. Community participation
7. Sustainability & self-reliance

Any health system purporting to be PHC must possess these seven critical elements. This section includes selected quotations that clarify and validate the 7 pillars of PHC.

(In the next section, the different font highlights the quotations from the Alma Ata Declaration.)

#1. Foundation

"It forms an integral part of the country's health system....It is the first level of contact of individuals, the family & community with the national health system bringing health care as close as possible to where people live & work . . . it constitutes the first element of a continuing health care process. . .

should be sustained by integrated, functional & mutually-supportive referral systems, leading to the progressive improvement of comprehensive health care for all, & giving priority to those most in need;...."

#2. Priorities

"addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly. "

#3 Science/Evidence Based

"…is based on the application of the relevant results of social, biomedical and health services research and public health experience;…"

#4 Culture sensitivity/ Social relevance

- ***…socially acceptable methods & technology;***

….reflects & evolves from the economic conditions & socio-cultural & political characteristics of the country & its comm+unities."

#5 Equity and social justice

". . . made universally accessible to individuals & families in the community."

#6 Community Participation

"The people have the right & duty to participate individually & collectively in the planning & implementation of their health care."

- ***..requires & promotes maximum community & individual self-reliance & participation in the planning, organization, operation & control of primary health care…….***

#7 Sustainability & self-reliance

"……at a cost that the community & the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination."

PHC in Nigeria

- Nigeria took its first step to PHC when the government set up a committee to develop national health policy. Chaired by Professor Adetokunbo Lucas, the committee issued its report in 1984. The committee **recommended a health system based on PHC and it linked its recommendations to the national development plan:**
- **A free and democratic society**
- **A just and egalitarian society**
- **A united, strong & self-reliant nation**
- **A great and dynamic economy**
- **A land of bright & full opportunities for all citizens**

The report was ignored until 1987 when Professor Olikoye Ransome-Kuti took up the matter with vigour. He secured the government's adoption of the recommendations as the basis for the national health policy. He established the National Primary Health Care Development Agency.

It has not been possible to realise the full implementation of PHC in Nigeria. The main stumbling block has been the difficulty of fitting the management of PHC into the complex political structure of our federal state. It is necessary to define the respective roles of the three tiers of government. As it happened, the most critical foundation of PHC is assigned to the poorest, weakest and least stable tier of government. The new health bill is an attempt to resolve these difficult problems.

Results

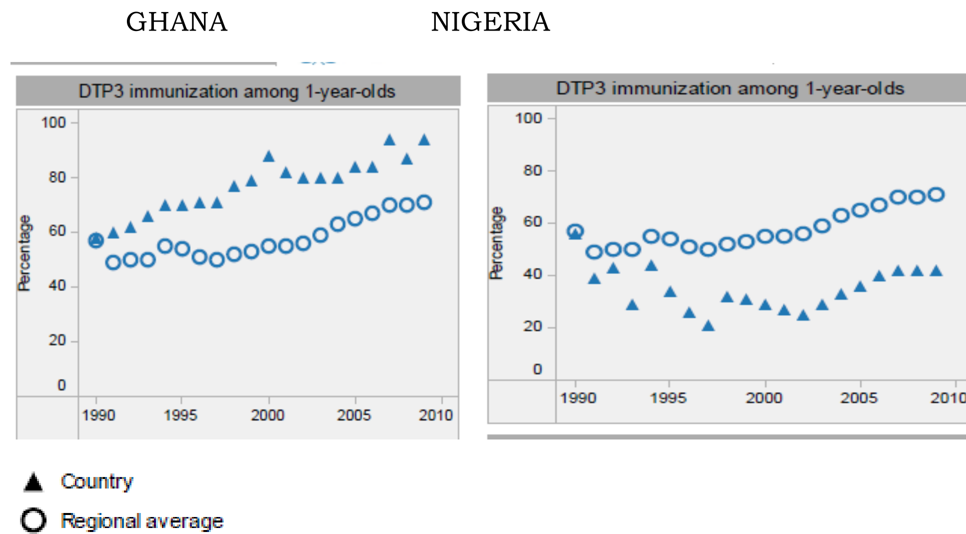
The health profile in Nigeria is much worse than in many other developing countries. The child mortality rate and the maternal mortality ratio are much higher than in neighbouring States such as Ghana. Such dismal health statistics reflect the poor performance of our primary care services. In its year 2000 annual report, WHO ranked Nigeria's performance in the 187th position out of 191 countries.

The indisputable value of the PHC approach.

Although there is a broad correlation between national income as measured by the gross national product, many prominent exceptions show that good health can be achieved at low cost. Countries such as Cuba and Sri Lanka have achieved better than expected from their modest national income. The significant feature in such countries is a health system based on PHC. Thus, Cuba with its relatively low income records a child mortality rate that is lower than in the United States of America (USA)! In spite of its great wealth, its sophisticated medical technologies, USA's health policy does not include an emphasis on equity. Poor overall health profiles are found in countries that believe in "Every man for himself and the devil catch the hindermost". Or in Lagos language: "All men are born equal but some of us overcome that initial disadvantage!" PHC cannot thrive without the government's uncompromising commitment to equity and social justice.

There is no mystery about the poor health statistics in Nigeria. The following two graphs on immunization coverage in Nigeria and Ghana illustrate the source of the problem.

Diphtheria-Tetanus-Pertussis immunization among one year olds



Ghana's immunization coverage has been consistently above the average in the African region and it has steadily increased over the years. In contrast, the coverage in Nigeria has been consistently below regional average.

Other indicators follow the same pattern. In Ghana, 80 per cent of the population has access to safe drinking water i.e. twice the rate in Nigeria where only 40 per cent have such access. One sees the consequence of this differential in the frequent occurrence of epidemics of cholera in Nigeria but less so in Ghana.

<u>Where do we go from here?</u>

We should accept the report of the 1984 committee on national health policy. We should strengthen the delivery of primary care on the basis of the essential seven features of PHC. A three-prong approach is urgently required:

1. Stop doing some of the things that we are doing
2. Change direction towards PHC
3. Move fast in the new direction.

The reformed health system must be based on stewardship and accountability. Stewardship implies commitment to provide services to the people on an agreed agenda. Accountability implies that we identify those who are responsible when things go wrong. When monitoring shows a low coverage for routine immunization, the responsible authorities must be blamed and shamed. When outbreaks of cholera kill numerous Nigerians, someone should be blamed and shamed.

Our approach to the health system must be broad and not merely limited to curative medical care. At a rural health centre in Ghana, I met an official whose PhD degree was in anthropology. Experts with qualifications in such social science disciplines are a great asset to public health services with particular reference to PHC. Unfortunately, some medical practitioners display a hostile attitude to sociologists, statisticians and other non-medical experts who can make useful contributions to PHC. Instead of concentrating on promoting health and preventing disease, these activists campaign on the platform of having medical doctors in

charge of all units in the health services regardless of their qualifications and experience and regardless of the availability of other non-medical staff that have more appropriate skills for the vacant positions.

RHETORICS

"Winston Churchill mobilised the English language
in defence of the free world."

Thus, President John Kennedy complimented Churchill as he awarded him the high honour of freedom of the city of Washington, DC. In the Second World War, soldiers, sailors and airmen fought with guns and tanks, sailed in battleships and aeroplanes, and they threw bombs and explosives in their attacks on the enemy. But more powerful than these weapons was the human tongues that Hitler used to rouse his people to undertake hostilities, the speeches of Stalin that encouraged his people to hold fast in the siege of Leningrad, and Winston Churchill's rhetorics that brought victory to the allies.

Rhetoric has played little part in developing PHC in Nigeria. Neither the lay public nor even health officials have been subjected to clear analysis of the PHC concept. It was most embarrassing when, some years ago, a newly appointed Federal Minister of Health stated that Nigeria had done a lot on Primary Health Care and that we should now do more on secondary and tertiary health care. We need to address more rhetoric to officials of medical associations who battle against effective collaboration with scientists and practitioners who do not have medical degrees. We need more rhetoric to be addressed to the lay public about their rights and duties in the new dispensation called PHC. No longer should health officials treat the lay public as passive recipients of medical care but as full partners in designing and managing heath care. Health education should no longer be for talking to people but more importantly, listening to them.

We need more rhetoric that can, in the realities of PHC in Nigeria, generate the desired results – that Nigerians should feel better and live longer.

CONCLUSION

Nigerian governments have agreed to accept a health system based on PHC. Although some progress has been made towards the realisation of this goal, the goal is far from being achieved. A major obstacle is that many of the stakeholders do not fully understand the nature of PHC nor do they appreciate their role in managing the new health system. Meanwhile the health statistics continue to show poor results as compared with other African countries.

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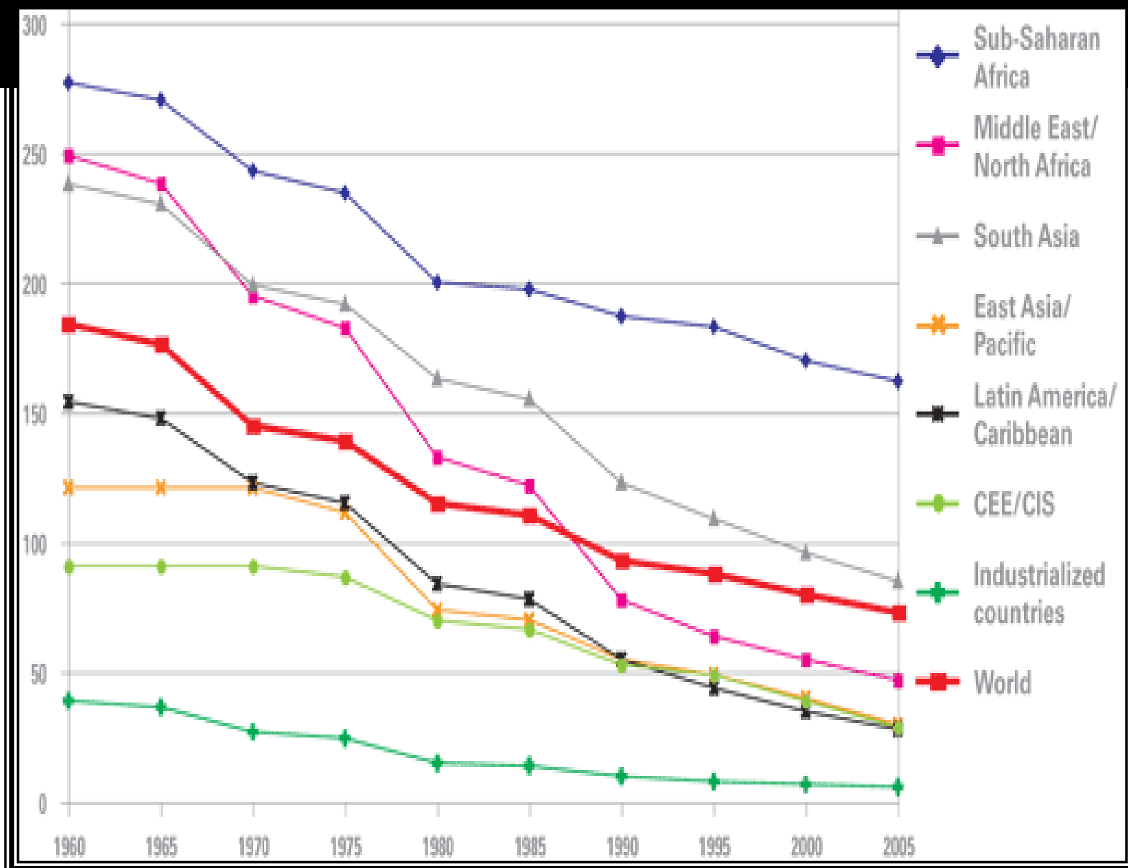
Appendix

How is the world doing?

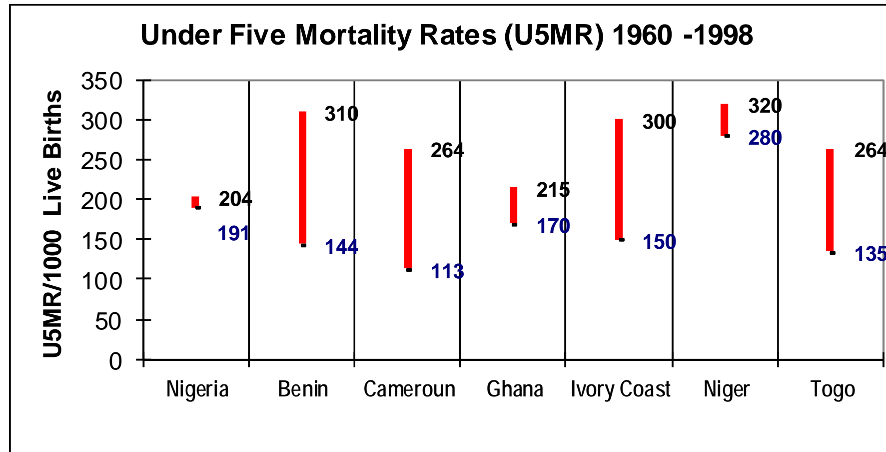
Very well with marked reduction in mortality among the most vulnerable groups – children and pregnant women.



Under the leadership of James Grant, a lawyer by training, UNICEF made important contributions to improving the health of children through its GOBI-FFF programme.

How well did Nigeria do after independence?

Whilst most other African countries made striking progress in reducing child mortality rate, progress in Nigeria was miniscule.



How well is Nigeria doing now?

We still have a long way to go to catch up with our neighbours.

Under 5 Mortality Rate per 1000 live births

Country	1990	2008
Ghana	118	78
Nigeria	230	186