

Primary healthcare needed now more than ever

It's the foundation of healthcare in developing countries says Shima Gyoh



The health needs of a developing country are very similar to those of a growing human being. The baby emerges from a sterile womb into an environment teeming with an incredible number and variety of living things, most looking at it as a nutritious lump of protoplasm. After all, God created them to feed, grow, and multiply. In the not too distant past, it was not just small living things that were a threat, but also laughing hyenas and roaring lions. The invention of explosives turned the table against the large predators. Not so for the smaller man-eaters – worms, fungi, bacteria and viruses – antibiotics and other weapons mobilised against them score only temporary victory, thanks to their frequent trick of genetic mutation. There are millions of them all around – in the air, water, soil, and on every object. They ruthlessly attack all organic matter, and ensure that staying alive consists of a perpetual struggle against infections and infestations. Survival of the child depends on strengthening its immunity and keeping the infectious organisms at bay.

New countries also start their existence in crude and hostile environments without any developed systems. Lack of wholesome water, poor environmental sanitation, poor food supply, low standards of living and hygiene all expose the inhabitants to infectious diseases that attack in endemic and epidemic forms. The correct action is development of the infrastructure and a maintenance culture that keeps all systems functioning. The population needs safe adequate nutrition, drinking water, good housing, hygiene, environmental sanitation, education, and a decent standard of living. These actions alone increased the life expectancy in the United States from 47 to 70 years in the second half of the 20th century. High-tech medicine, so popular in developing countries now, was unknown at that time. Even immunisation arrived much later. Developing countries should therefore take medical note of this historical fact.

The growing baby needs to build up sufficient immune capacity for the battle of survival to be tilted in its favour. However, its immunity can be compromised by severe prostrating diseases and particularly in acquired immune deficiency syndrome, the body is once again vulnerable to severe life-threatening infections even from hitherto harmless organisms. For countries, the 'prostrating diseases' are war and civil disturbances

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that cause a breakdown of infrastructure; endemic and epidemic diseases can then re-emerge. The life of the developing country is indeed often punctuated by wars and civil disturbances, but in nearly all cases, these conditions prevail because of the failure of governments to develop the basic infrastructures of civilisation and internalise the culture of their maintenance.

Developing countries need to lay the foundation of their health services by being strong on primary healthcare. At the Alma Ata declaration in 1978, the World Health Organization assumed that we would not be able to resist the very sound principles on which the policy was based. Implementation would not put undue strain on our economies; even the poorest country could embark on it without compromising other sectors of its economy. Had implementation been universally adopted at that time, the battle-cry of 'Health for all by the year 2000' would not have been the empty slogan it unfortunately turned out to be. If the situation remains the same, and there is not much evidence that it won't, the 'Millennium Development Goals' might suffer the same fate.

WHO decided to reinforce the message in its 2008 World Health Report by emphasising that the world needs primary healthcare (PHC) now, more than ever before. Are African governments listening?

PHC is being widely misunderstood as the choice when you don't have anything better. Its facilities are often 'up-graded' to hospitals, thus diverting its functions to hospital outpatients departments that become desperately congested. This obligates hospital doctors employed for secondary healthcare to devote around 70–80% of their time to a heavy PHC load, which clashes with their inpatient and emergency responsibilities. The result is poor performance in every direction, a situation unsatisfactory to the patients, the doctors, and the public. Meanwhile the PHC facilities that still exist remain underutilised, and lack of interest and supervision result in misuse by poorly trained staff as they play at doctors and do not refer cases clearly beyond their competence. The end result is that the public lose confidence in PHC.

There is a need for the governments of developing countries to realise that PHC is the most important foundation of their healthcare. If it is implemented together with public health measures, the result on the health status of the population would be magical. We indeed need PHC now, more than ever before, the present world economic predicament only emphasises this fact.