Editorial Articles

Primary Health Care In Nigeria: Issues And Prospects

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Introduction

Inequality and inequity in health and health care services prompted the global community in 1978 to declare in Alma-Ata, USSR, that PHC is the key strategy to the attainment of "Health for All" and health development. Primary Health Care, the entry point to the Health Care system, addresses the main health issues in the community, providing general health services of promotive, preventive, curative and rehabilitative health service to the population[1,2].

Primary health care, according to World Health Organization, is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost the community

and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination[3,4]. In essence it is health of the people by the people and for the people. It is the first level of entry into the health care system[3,4].

The concept of primary health care originated formally from the Alma-Ata conference held in USSR from the 6-12th September 1978 sponsored by World Health Organization (WHO) and United Nations Children Funds (UNICEF)[3,4].The declaration of the conference was endorsed by all 134 countries in attendance, recognising health care as a fundamental human right[3, 4]. It called for an all-inclusive collaboration on the part of governments, the private sector, the community and international partners to bring into reality better 'health for all' which is the goal of the strategy [3]. The declaration went ahead to enumerate the minimum components of any primary health care services as in Box 1.

Box 1

- Education concerning prevailing health problems and the methods of preventing them;
- Promotion of food supply and proper nutrition;
- An adequate supply of safe water and basic sanitation;
- Maternal and child health care including family planning;
- Immunization against the major infectious diseases;
- Prevention and control of locally endemic diseases;
- Appropriate treatment of common diseases and injuries;
- Provision of essential drugs[3,4]

Recently, provision of community-based mental and dental health has been added. Summarily, primary health care embodies elements of promotive, preventive, curative and rehabilitative services[3,4]

The World Health Organization identified five key elements to achieving the goal of primary health care. These are highlighted in Box 2

Box 2

- Reducing exclusion and social disparities in health (universal coverage reforms);
- Organizing health services around people's needs and expectations (service delivery reforms);
- Integrating health into all sectors (public policy reforms);
- Pursuing collaborative models of policy dialogue (leadership reforms) and
- Increasing stakeholders' participation[4]

Primary health care is founded on the following principles as embodied in the definition:

-essential health care
-equitable distribution of resources;
-community participation;
-appropriate technology;
-inter-sectoral and intra-sectoral collaboration[3]

Thedefinition is important because a balance between curative services, health promotion, disease prevention and rehabilitation is necessary[5]. Studies have shown that the strength of a country's primary care system is associated with improved population health outcome for all[6].

Primary Health Care: The Nigerian Experience

Starting with the British Army medical services, to various missionary hospitals, dispensaries and maternity centres, and the development of the Third Nigerian Development Plan (1975) which birthed the Basic health services scheme, orthodox health service in Nigeria passed through series of metamorphosis[7].

As a fall out of Alma-Ata, Primary Health Care strategy was the basis of Nigeria's maiden National Health Policy in 1988. The revision of the latter in 1995 still accepted Primary Health Care as the cornerstone of Nigeria's Health system[8]

There are three levels of health structures in Nigeria, arranged in a hierarchical order. These are primary, secondary, and tertiary health institutions. Primary Health care (PHC) the main thrust of the national policy is within the purview of Local Governments, based on the residual operation of Local government Authority. The constitution of the Federal Republic of Nigeria places health on the concurrent legislative list making health care the responsibility of all three tiers of government in Nigeria[9, 10]. As a result, health care delivery has been fashioned along this decentralized system viz primary health within the domain of local government, secondary health care for the State government and tertiary health care for the Federal Government. Despite this distinct delineation of responsibilities, there are inter-agency, inter-ministerial and inter-governmental collaborations in accordance with legislative provisions, the national health policy and Alma-Ata declaration[3,9].

The health care delivery system in Nigeria has gradually evolved over the years from pre-colonial era through the colonial times to what we have today. The pre-colonial era had the health care dominated by

traditional healers and few missionary outfits. This gave way to the colonial forces' occupation health services and subsequently becameincorporated into the successive National Development Plans[4]. Each succeeding National Development Plan attempted to address the lapses in health care delivery of the previous plan.Health care was predominantly curative and urban. It was poorly funded and inefficiently managed. The Third National Development Plan established the Basic Health Services' Scheme at its core and for the first time there was a structured plan for national health services' development encompassing promotive and preventive services with a major attention to health manpower and infrastructural development. Although this scheme had similar philosophy to PHC, its implementation fell short of expectations and the result was abysmally poor[3].

The health care system in Nigeria took a new turn for better in 1988 with the adoption of the primary health care system championed by Ransome-Kuti, the Minister of Health under the military administration of General Ibrahim Badamosi Babangida[3]. He established the primary health care directorate in the Federal Ministry of Health and this culminated in the establishment of National Primary Health Care Development Agency in 1992 which was charged with the following responsibilities (Box 3)

Box 3

- Provide support to the National Health Policy particularly relating to PHC;
- Mobilize resources both locally and internationally for PHC;
- Support the monitoring and evaluation of primary health care systems, guidelines, programmes and activity,
- Support community health or village health services;
- Promote and support health system research;
- Provide technical collaboration at all levels;
- Promote PHC through advocacy, organization of trainings and seminars[4].

The State Governments through the ministries of health and local government affairs contribute towards ensuring a smooth implementation of primary health care services. Ultimately, the Local Governments shoulder the direct responsibility of putting policies and structures in place to implement the PHC system under the control of the Local Government Chairman and the Medical Officer of Health and/or PHC Coordinator who plays supervisory role[3, 9, 10] The contribution of other tiers of government is mainly supportive[9] The type of primary health care facilities available in any local government depends on the political will in the LGA, the Local and State government policy directives and other local peculiarities. Such facilities could take the form of health posts/dispensaries, primary health centre, and comprehensive health centre[3,9]. The differences in these facilities depend on the range of services provided and availability of manpower which poses the second greatest threat to functional PHC services These facilities carry out the functions relating to some or all components of primary health care other than mental and dental health which are largely not provided by most PHC facilities because of lack of necessary personnel[3]. While comprehensive health centres are more equipped for a wider range of services, health posts provide a lower range of health services. The range of personnel also varies with the type of facilities. These services are provided by doctors, nurses, midwives, community health officers, community health extension workers and environmental health officers, laboratory technicians, pharmacy technicians, and medical record officers[3,9]. A full complement of personnel to provide optimum coverage is rare to find.

Since the introduction of primary health care, there has been to an extent a greater access to health care by the general populace, improvement in available health services including antenatal care, infant clinics, immunization, and improved availability of contraceptive methods. However, frequent stockouts have weakened the capacity to deliver PHC services as expected. It is strategically positioned towards the realization of the Millennium Development Goals, given the political will to attain optimum health for all for socioeconomic development.

Important policy changes in primary health care implementations in Nigeria include

(a) Establishment of the National Primary Health Care Development agency (NPHCDA),
(b) Development of the Ward Health System,
© Strategies to improve access to Primary Health Care.

International Perspectives in Primary Health Care

South Africa was a global leader in the conceptualization and development of the primary

health care approach. PHC can trace its origins to a small health unit situated in rural Kwazulu-Natal in early 1940s, almost 30 years before Alma-Ata. Christened the Pholela health care Community oriented primary care (COPC) model, it relied on social and epidemiological investigation of the local population to inform the provision of service[12, 13, 14]. Local community members were recruited and trained as health assistants and community educators. This extended the capacity of the well- trained health centre staff and facilitated provision of health education, promotion and skills development. Health care was made socially appropriate, acceptable and effective.

In The Gambia, village-based primary health care (PHC) or village health services (VHS), facility-based basic health service (BHS) and divisional health teams (which are responsible for supervising and supporting the BHS and the VHS) account for a functional primary care arrangement[11]. The Village health workers are supervised and given continuing education by a Community Health Nurse (CHN) who oversees 4-10 PHC villages. The CHN turns reports to the Medical Officer in charge of the nearest BHS facility. Generally, the system works well and care reaches the end consumers at their door steps[11].

In Egypt, a pluralistic, hierarchical health system structurally similar to the Nigerian BHSS delivers primary care mainly through integrated hospitals and boasts of over 70% coverage of the population [15].

In Western Europe, Australia and New Zealand, primary care is provided through General Practice which provides continuing, comprehensive whole person care to individuals, families and their communities, and is responsible to act on any health problem the patient presents, whether or not it forms part of an ongoing doctor- patient relationship[5].It forms the first point of contact for the majority of people seeking healthcare, with over 85% of the population seeing one General Practitioner (GP) at least once in a calendar year. In these settings, primary care is a GP-led high quality healthcare and depends on the availability of well trained GPs as members of health care teams. The primary care teams comprise Family Physicians, General Practice Nurses, Nurse Practitioners, Community Pharmacists, Podiatrists and other allied health workers as necessary in the locality. Training, retraining, primary care research, a high retention rate of health workers, appropriate remuneration and incentives drive primary care with much success in these settings[16,17].

ISSUES IN PRIMARY HEALTH CARE IN NIGERIA

Nigeria's primary health care has been plagued by a plethora of problems over the years. Some of these are discussed briefly below.

Ineffective Funding

Funding for primary health care in Nigeria is via the Local Government administration. In addition, international donor agencies contribute to specific health and disease control programmes. One critical aspect of primary health care management in Nigeria is inadequate resources for the implementation of the strategy [3, 9]. LGAs receives the least from the Federation Account (just over 20%) [9]. While resources allocated may be below that required, there are serious wastages within the system so that very little resources actually reach the desired target[3,9].As a result of the combination of factors, the populace gets little or no quality primary care service. The factors responsible include poor accountability, weak or non-existent monitoring and evaluation plans, and multiple financial leakage-points that must be addressed if proper funding is to be ensured.

Inadequately trained motivated and equitably distributed healthcare workforce

There is severe shortage in the supply of well-trained health workers. In addition to this, the available health workers emigrate massively to other well resourced organized health systems with better conditions and prospects both in and out country particularly Europe, North-America, and South Africa. As a result, many primary health care facilities are understaffed[3, 9]. In a number of facilities staff members may be owed salaries for months[9]. In most instances, few primary health care nurses and community health assistants manage most primary health centres and facilities may be opened for service a few hours a day. For example, only the minority of facilities have full skilled birth attendant coverage[10].Until concerted efforts are made to attract and retain health care workers in the primary care service in Nigeria, this trend may persist. In 2002, the doctor-population ratio in Nigeria was about 18.3 per 100,000[18]. Presently, Nigeria has about 47,000 doctors on the medical register(exclusive of dentists)[18] but some are either dead or retired, and more than 20% are in diasporas with more than 2,300 of these in the USA and Canada alone (2002 statistics)[19]. Effectively, less than 28,000

doctors at home to a population of about 140.5 million people (20 doctors per 100,000) of which about 60% of Nigerians are in the rural areas while the majority of doctors are in city hospitals[20].

Neglect of Rural areas

Primary health care, according to the original plan, is meant to be delivered to members of a community close to where they live and work. Over 60% of Nigerianslive in rural areas where infrastructural development is at its lowest and therefore unattractive to health workers[21]. Moreover, the challenges of rural living and professional isolation pose great threats to retention of health workers in rural communities. Special training, remuneration packages, incentives, support and supervision are required to ensure good multi-skilled rural health worker service. Rural health workers are based in big towns and visit their health posts when possible or convenient. The majority of the health workers are in urban facilitiesmostly in Lagos, Port Harcourt and Abuja with only about 15% in the rural settlements, where 60% of the population resides [9, 10, 21.] This has significant effects on the overall health of the people with resultant sub-optimal health for the majority.

Inadequate and poorly maintained primary healthcare facilities

Ongoing maintenance of the primary health care facilities is very poor. Leaking roofs, bad doors and furniture and torn window screens are some of the sights one will see in most PHC centres.Coupled with these facts, the number of facilities is inadequate,making the existing facilities overstretched, resulting in poor delivery of health care and consequent poor patronage.

Lack of Political Will

Policy somersaults, inconsistency and political interferences have also hampered the development of primary health care in Nigeria[3,9]. There is high turnover of both staff and political appointees overseeing the system, each with his/her own policy and style[9]. The policy directive of the State in which the LGAs are situated may contradict the principle of primary health care. There is a general apathy and lack of political will to bring health care to the people leaving the few available health facilities to rot away in neglect.

Sub-optimal Community Participation

In some LGAs, the lack of effective community participation has been largely responsible for under-performance of PHC in such areas[9]. The supervisory activity of village health committees and community health development committees has been less than expectation. In areas where their activities have been optimal, outcomes have been much better.

Prospects of Primary Health care in Nigeria

Can primary health care re-invigorate a struggling health system is a pertinent question to ask. The unequivocal answer is yes! To make this a reality, there must be a re-invigoration of political will, effective coordination and collaboration at all levels of government to tackle the challenges that have bedeviled the system and bring the much desired change in the health sector. It is also important to promote financial accountability and community participation to make PHC perform effectively.

The role of Family Physicians in successful implementation of PHC services cannot be overemphasized. The Family Physician possesses unique attitudes, skills and knowledge that enable him to provide continuing and comprehensive medical care, health maintenance and preventive services to each member of the family regardless of sex, age or type of problem, be it biological, behavioral or social. As a result of his background and interactions with the family, the Family Physician is best suited to serve as the patient's advocate and gatekeeper in all health related matters, including the appropriate use of other specialists, health services and community resources[22]. He is rightly the primary health care team leader for his practice population or community.

In Nigeria, the history of General Medical Practice or Family Medicine (as it is now known) dates back to 1970 when the National Postgraduate Medical College of Nigeria (NPMCN) was formed[23]. In addition to the fellowship program, a diploma in Family Medicine has been commenced by the NPMCN for all doctors desiring to acquire competencies for general practice, an important pre-requisite for a Family Physician-led primary care as operated in efficient health systems in many parts of the world . All these, if harnessed for PHC, will culminate in the provision of comprehensive, qualitative, affordable and accessible primary healthcare.

Conclusion

Primary healthcare is inherently egalitarian at its core. All should have access to quality healthcare.With the principles of cultural sensitivity, equity, community

participation, sustainability and a scientific basis, the PHC is any nation's best bet to achieve 'Health for All'. Despite the lofty ideals of PHC, its implementation has not been without challenges. The result is poor staff motivation, poor and decaying infrastructures, shortage of essential drugs and ultimately poor service delivery. The primary type of health institutions are all that may be available in with rural and semi-urban settlements, while general hospitals are located in the State capitals and in few other big towns. Hence the emphasis has always been more on the curative than preventive healthcare. While curative services are important, promotive and preventive services deserve every community's prime attention.The PHC, no doubt holds the key to effective health care delivery in Nigeria and other countries. There is the need to address the primary care challenges in Nigeria as elsewhere.

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