Primary Health Care in Nigeria

STATE OF THE ART

Edited by

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Voluntary Healthcare Workers and the Success of PHC

Voluntarism is a concept that is essentially rooted in the conception of the Primary Health Care strategy for the development and advancement of health for all people of the world and the developing nations in particular. The need for this strategy for extending the frontiers of health is premised on the inadequacies manifested by the existing healthcare structures world over. Researches and findings of scholars reveal that the present healthcare system which is technical, capital intensive, curative and modern is essentially elitist and unaffordable by a substantial proportion of the population (Rifkin and Watt 1986; Ityavyar 1987), while in the developing societies, the modern health care system is inadequate numerically and alien to the rural people. Based on these conclusions, the need for a re- examination and reorientation of the present structure as it obtains was inevitable to ensure that the health need of the people is adequately catered for. It is in the light of the above observation that the International Conference on Primary Healthcare was held in Alma- Ata in 1978 to profer solutions to the health problems of the world. It should be noted that this Conference was only the Climax of a Series of meetings aimed at addressing the health needs of the people of the world (W.H.O. 1978).

Healthcare

The Alma-Ata Conference declaration that health is a state of com-

plete physical, mental and social well-being, and not merely the absence of disease or infirmity, is a fundamental human right and the attainment of the highest possible level of health is a most important worldwide social good whose realization requires the action of many other social and economic sectors in addition to the health sector. Problematic as this conception may be, the scope of coverage makes health a non diagnostic and curative phenomenon. In other words, ill-health could be equated to poverty or absence of potable water, electricity, good food and not necessarily malaria fever. It is in consonance with this conception that the multi sectorial approach to the attainment of primary health care goal is meaningful.

The Conference declared:

> In addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sector; and demands the coordinated effort of all those sectors.

This is the more reason why nations of the world today have started to change their management of the health status of their citizen to the multi sectoral approach which stresses the provision of the basic facilities of life. For instance, self-reliance in food, provision of adequate potable water, good road amongst others as a basic target of the Nigerian government are a component or derived from the New World order that analysizes health from a wholistic point of view.

Such aphorism as

(i) illiteracy is a disease

(ii) poverty is a disease

are a testimony to the inevitability of the wholistic approach now in vogue.

Voluntary Healthcare Workers

Primary Healthcare as defined in the Alma-Ata declaration is basically healthcare based on practical, scientifically sound and *socially acceptable method* and technology made universally *accessible* to the individual, and families in the community and through their *full participation* and at a *cost* that the community and country can afford to maintain at every stage of their development in the spirit of self

reliance and self determination.

It should be re-called that the basic obstacles aforestated to the realisation of equitable and adequate healthcare world wide was the high cost, low strength of facilities and the alien ethos of the western services available particularly in the developing societies. In an attempt to ameliorate the existing conditions, it was necessary to:

> promote maximum community and individual self-reliance and participation in the planning, organisation, operation and control of primary healthcare, making the fullest use of *local, national* and other *available resources*, and to this end develops through appropriate education the ability of communities to participate. (FMOH, 1978).

Voluntary healthcare is thus premised on the cost reductionist and adaptation of healthcare management to the environment. In an attempt to realise the target of health for all by the year 2000, the participation of the people is inevitable. In line with this argument, voluntary healthcare workers (VHW) variously known as Community Based Assistants (CBA), Village Healthcare Workers (VHW), Community Health Officers (CHO), Community Health Assistants (CHA) and 'Barefoot doctors' in the case of China are considered crucial to the attainment of the ultimate goal.

This conception (VHW) is not actually new to the Nigerian society as far as health management is concerned. The Nigerian Community like any other has developed its own traditional system of healthcare before the advent of western medicine (Oyeneye 1985). This the people depended on and the practitioners, well recognised and respected by the community (Twumasi, 1988). The traditional healers were not motivated by economic gains or profit oriented, the art was practiced as a complementary service and humanitarian in ethos (Owumi 1989). Consequently, payment of services rendered were made post treatment in appreciation of the services. The traditional healers' services were thus a service to the community and mankind and not the gains expected. It is also possible to argue that the Primary Healthcare Scheme is also not new to the Nigerian Society since the Basic Health Service Scheme (BHSS) is structured along the same line (Oyeneye 1985).

The belief by researchers and world bodies that medicine and health management is environmentally and culturally based made the call for adaptation and involvement of the local people a genuine one to address the health problems of our people. To this end, the Nigerian

government has taken the initiative to set the pace in order to realise the goal of health for all by the year 2000.

The Nigerian Voluntary Workers Scheme

The structure in Nigeria is such that all levels of government are involved in the management of the scheme. The federal government initiated and executed the first pragmatic step towards extending the frontier of health care by creating the National Committee on Training of Traditional Birth Attendance (NCTTBA) in 1978. This Committee has in fact established strategies and guidelines for the training of TBAs and the role of the different tiers of government in the management of the primary healthcare scheme (Payne 1984). The product of this scheme were to work in their various communities as certificated TBAs. They are of course to be provided with some software to assist them in the dispensation of services. Apart from the training allowance and some kits; there is no provision for wages. This practice of training TBAs is also extended to other well intentioned persons who are concerned with the health problems of the people. Such people when identified are trained to work as voluntary health officers or community based attendants. For instance, in Akinyele Local Government Area, about four hundred village health workers have been trained to assist in the management of health problems in their various communities.

There is no doubt that the scheme is a noble one and if well managed would lead to the realization of the target of health for all by the year 2000 especially as many people would now be accessible to health officers at the local level with the existence of voluntary healthcare workers.

The basic obstacle to the realization of accessibility of health care to the generality is the low degree of commitment of the voluntary workers to the scheme. In a situation like ours, where the economy is "harsh" and the survival of the citizenry depends largely on how economically productive they are, the sustenance of health for all by the year 2000 based on voluntarism seems an illusion. This is due to the fact that nothing is actually expected from the government for services rendered to the community. As such voluntary workers are likely to have lukewarm attitude towards the management of the scheme. In places where similar schemes have succeeded, for instance, Peoples' Republic of China, participants are part of government and the nature of the economy encourages the approach (Teh Wal Hu 1981).

Another major problem which faces the success of the scheme is the orientation of the average Nigerian to healthcare delivery. Basically Nigerians see healthcare in terms of curative rather than preventive which is the focus of Primary healthcare. In this regards, the average village patient is likely to be less confident in the activities of the voluntary health worker. Again, the non-availability of essential first aid drugs due to the poor state of the economy would greatly affect the workability of the scheme under the present situation.

All these problems notwithstanding, if the local government on whose shoulder primary healthcare rest can dispense substantial amount of fund to its implementation and monitoring, the healthcare status of our people would come near enough to the ideal of health for all by the year 2000.

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