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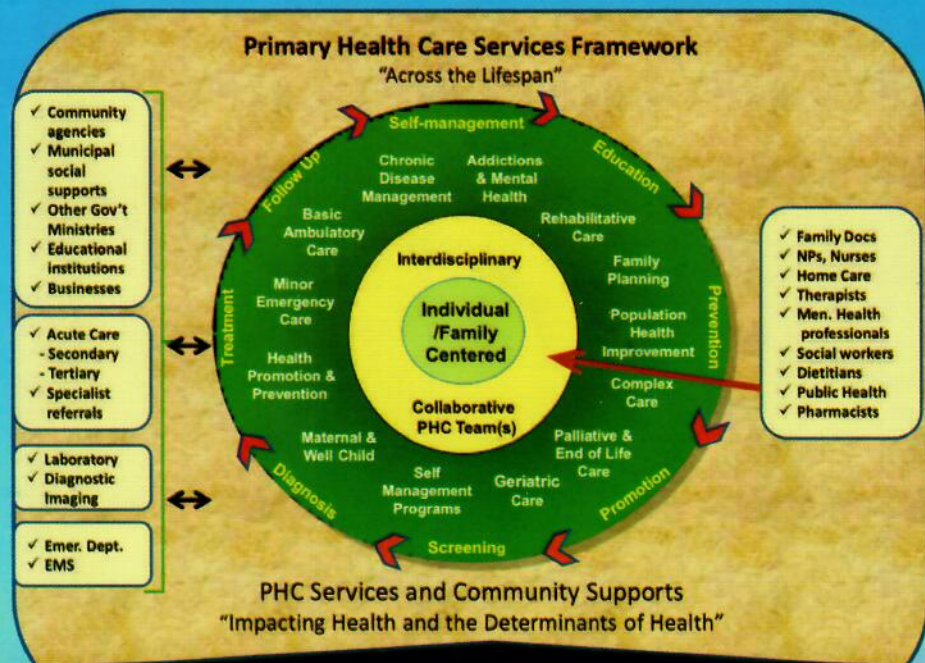


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Primary Health Care

DELIVERY SYSTEM

OLUCHI ANN OLOFIN

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DEDICATION

This book is dedicated to the Omnipotent, Omniscient and Omnipresent God Almighty, the Giver of life and knowledge to all people of good will.



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PREFACE

Worldwide, countries are facing various public health problems but at unequal intensity. Low and middle-income countries are more suffering from high burden of disease than developed countries. Public health issues in the world have existed for hundreds of years and to cope with them different interventions from different people have been put in place and have been improved over time depending upon new health-related discoveries. In September 1978, World Health Organisation in collaboration with The United Nations Children's Fund organised the famous International Conference on Primary Healthcare in Alma-Ata, former Soviet Union, where 3000 delegates from various national governments and international bodies convened to find new ways of dealing with public health setbacks. This conference was a landmark in the promotion of population health around the world given the introduction of the theme of "Health for All" with the slogan "Health for All by the Year 2000". In the Declaration issued at the end of the conference, Primary Healthcare was defined as "essential healthcare 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 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" (World Health Organisation, 1978). Primary health care is socially appropriate, universally accessible, scientifically sound first level care provided by health services and systems with a suitably trained workforce comprised of multi-disciplinary teams supported by integrated referral systems in a way that: gives priority to those most in need and addresses health inequalities; maximises community and individual self-reliance, participation and control; and involves collaboration and partnership with other sectors to promote public health. Comprehensive primary health care includes health promotion, illness prevention, treatment and care of the sick, community development, and advocacy and rehabilitation.

Organization and Scope

This new text elaborately outlines the fundamental concepts of primary health care delivery system, with the explanation of the Concept of Primary Health Care, Basics of Modern Medical Services, Development of Health Services in Nigeria, Health Care Systems, Health Care Teams, Prevailing Health Issues, Nigeria Major Infectious Diseases, Prevention and Control of Communicable and Non-Communicable Diseases, and the Factors that cause the spread of Endemic diseases. To buttress the vivid explanation of the author, this book is reinforced with review questions at the end of each chapter. For clarity and understanding, this text is divided into ten distinct chapters.



Chapter 1: CONCEPT OF PRIMARY HEALTH CARE– x-rays the meaning of health, determinants of health, basics of primary health care, historical development of primary health care in Nigeria. It also lists the objectives of primary health care, components of primary health care, and goals and principles of primary health care.

Chapter 2: BASICS OF MODERN MEDICAL SERVICES– explains the types of medical services, history of modern medical services in Nigeria, and primary health care policies.

Chapter 3: DEVELOPMENT OF HEALTH SERVICES IN NIGERIA– discusses the Periods of Health Development in Nigeria, The Emergence of Organized Health Care Services, and The Emergence of Centralized Control of Health Care Services. It also discusses the health care services in Nigeria; The New Health Hierarchy; Health Manpower Training and Development; Drive for Health Care Prior to Independence; and The Financing of Health Services.

Chapter 4: HEALTH CARE SYSTEMS– discusses in detail Primary Health Care; Secondary Health Care; Tertiary Health Care; Quaternary Health Care; Home and community Care; Health Care Systems; and Key components of a well-functioning health system.

Chapter 5: HEALTH CARE TEAMS– commences with brief introduction on the minimum composition of a health care team. It further lists the Characteristics of successful teams. It explains the Delegation and Supervision of tasks; Primary Health Care Team Members & Duties; Community Health Workers and Patient Navigators; Interaction of a Patient Navigator with the Healthcare Team; Secondary Health Care Team - Healthcare Team on Chronic Diseases; Concept of Intersectoral Collaboration; The Need for Intersectoral Collaboration; The Core Place of Intersectoral Collaboration in Primary Health Care; Primary Health Care, Millennium Development Goals and Intersectoral Collaboration; Organizations that promote community health; and Challenges facing Intersectoral health collaboration.

Chapter 6: PREVAILING HEALTH ISSUES– explains Communicable Diseases; Non-Communicable Diseases; Endemic Diseases and their types; Pandemic Diseases; Epidemic Diseases – its causes, types, and modes of transmission; Factors involved in the transmission of communicable diseases; and the Natural history of a communicable disease.

Chapter 7: NIGERIA MAJOR INFECTIOUS DISEASES- explains in detail the Causative agents, Mode of Transmission and Spread of twelve Endemic Diseases.

Chapter 8: PREVENTION, CONTROL AND COMMUNITY DIAGNOSIS OF COMMUNICABLE DISEASES– treats extensively the following: Classification of communicable diseases; General approaches in the prevention and control of communicable diseases; and Community diagnosis.

Chapter 9: NON-COMMUNICABLE DISEASES AND ITS SIGNIFICANCE IN PRIMARY HEALTH CARE– critically explains Risk factors; the socioeconomic impacts of NCDs; Prevention and control of



NCDs; Response of WHO to the challenges; ten Non communicable diseases and their corresponding risk factors.

Chapter 10: FACTORS IN THE SPREAD OF ENDEMIC DISEASES— ensures that at the end of the chapter, the learners should be able to learn about the factors that affect the transmission and incidence of malaria, as an endemic disease. Climate affects the natural distribution of malaria in Nigeria and elsewhere in the world. The three main climatic factors that directly affect malaria transmission are temperature, rainfall and relative humidity (the amount of moisture in the air). Several non-climatic factors, including differences between human hosts, human migration, and development projects, can also affect the pattern of malaria transmission and the severity of the problem.

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Chapter 1

Concept of Primary Health Care

1.1 Meaning of Health

The word health means different things to different people, depending on the situation. If somebody says "I was worried about my husband's health when he climbed Mt. Everest", it is clear that the woman is referring to her husband's physical health, possibly his heart, skin (frostbite) and risk of developing hypothermia (when the body's temperature drops too low. On the other hand, if you hear the phrase "With all these deadlines, presentations and working weekends, I wonder what the effect will be on her health," most likely the word "health" refers more to mental health than physical health (although the two are often linked). The words "health" or "healthy" can also be used in non-medical contexts. For example "A healthy economy needs an ideal GDP growth rate that is sustainable, one that remains in the expansion phase of the business cycle as long as possible." The English word "health" comes from the Old English word hale, meaning "wholeness, being whole, sound or well," Hale comes from the Proto-Indo-European root kailo, meaning "whole, uninjured, of good omen". Kailo comes from the Proto-Germanic root khalbas, meaning "something divided".

World Health Organization's (WHO's) definition of "health"

The most famous modern definition of health was created during a Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

The Definition has not been amended since 1948.

During the Ottawa Charter for Health Promotion in 1986, the WHO said that health is: ***"a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities."***

The Lancet questions WHO's definition of health

An article in The Lancet states that health is not a ***"state of complete physical, mental, and social well-being"***. Neither is it ***"merely the absence of disease or infirmity"***. The article says the WHO definitions of health will not do in an era marked by new understandings of disease at molecular, individual, and societal levels. (The Lancet, Volume 373, Issue 9666, Page 781, 7 March 2009).

Two aspects to health

Most people accept that health can be divided into two broad aspects - physical and mental health.

Physical health

For humans, physical health means a good body health, which is healthy because of regular physical activity (exercise), good nutrition, and adequate rest. As a country's or region's people experience improved nutrition, health care, standards of living and quality of life, their height and weight generally increase. In fact, most people, when asked for a definition of health talk about physical health. Physical health relates to anything concerning our bodies as physical entities. Physical health has been the basis for active living campaigns and the many nutrition drives that have swept the industrialized world. People are exposed to so much "physical health" data these days that it is hard to decide what is relevant and what is not.

Another term for physical health is physical wellbeing. Physical wellbeing is defined as something a person can achieve by developing all health-related components of his/her lifestyle. Fitness reflects a person's cardiorespiratory endurance, muscular strength, flexibility, and body composition. Other contributors to physical wellbeing may include proper nutrition, bodyweight

management, abstaining from drug abuse, avoiding alcohol abuse, responsible sexual behaviour (sexual health), hygiene, and getting the right amount of sleep.

Some people divide physical health into two separate sections:

- **Structural health** - this refers to sound bones, muscles, organs etc. That the structures in the body are performing the functions they were made for properly. Structural health is associated with a person's height/weight ratio, their BMI (body mass index), their resting pulse rate (heart rate), and recovery time after doing exercise.
- **Chemical Health** - good chemical health means that the chemicals in the person's body are correct, that tissues contain the right balance of nutrients, etc., and there are no toxic chemicals.

We may inhale or swallow natural and synthetic chemicals; they can also get into our body through skin. In most cases, the body can break these chemicals down or excrete them, so that there is no risk of toxic overload.

Some chemicals can harm or destroy cells and tissues, while others may affect genetic material directly, which can increase the risk of developing cancer.

Mental health

Mental health refers to people's cognitive and emotional well-being. A person who enjoys good mental health does not have a mental disorder. According to WHO, mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".

No matter how many definitions people try to come up with regarding mental health, its assessment is still a subjective one.

People have always found it easier to explain what mental illness is, rather than mental health. Most people agree that mental health refers to the "absence of mental illness". For some, this definition is not enough. They argue that if you pick 100 people who do not suffer from any mental disorder or illness that could be diagnosed by a psychiatrist, some people within those 100 will be mentally healthier than others. Most people also agree that mental health includes the ability to enjoy life, the ability to bounce back from adversity, the ability to

achieve balance (moderation), the ability to be flexible and adapt, the ability to feel safe and secure, and self-actualization (making the best of what you have).

What is wellness?

The term wellness was first used by a doctor called Halbert L. Dunn, USA, who published a small booklet entitled "High Level Wellness" in 1961. The term is much more widely used in North American than in the United Kingdom.

According to the Mickinley Health Center, University of Illinois, wellness "is a state of optimal well-being that is oriented toward maximizing an individual's potential. This is a life-long process of moving towards enhancing your physical, intellectual, emotional, social, spiritual, and environmental well-being." The University of East Carolina defines wellness as "the integration of mind, body and spirit. Optimal wellness allows us to achieve our goals and find meaning and purpose in our lives. Wellness combines seven dimensions of well-being into a quality way of living. Overall, wellness is the ability to live life to the fullest and to maximize personal potential in a variety of ways. Wellness involves continually learning and making changes to enhance your state of wellness. When we balance the physical, intellectual, emotional, social, occupational, spiritual, and environmental aspects of life, we achieve true wellness."

1.2 Determinants of health

The health of individual people and their communities are affected by a wide range of contributory factors. People's good or bad health is determined by their environment and situations - what is happening and what has happened to them, says WHO. WHO says that the following factors probably have a bigger impact on our health than access and use of health care services:

- Where we live
- The state of our environment
- Genetics
- Our income
- Our education level
- Our relationship with friends and family.

According to World Health Organization, the main determinants to health are:

- Our economy and society ("The social and economic environment")

- Where we live, what is physically around us ("The physical environment")
- What we are and what we do ("The person's individual characteristics and behaviours").

As our good health depends on the context of our lives, praising or criticizing people for their good or bad health is wrong. Most of the factors that contribute towards our good or bad health are out of our control. According to WHO, these factors (determinants), include the following, among others:

- ***Socioeconomic status*** - the higher a person's socioeconomic status is, the more likely he/she is to enjoy good health. The link is a clear one. Socioeconomic status affects all members of the family, including new-born babies. Australian researchers found that women of lower socioeconomic status are less likely to breastfeed their new-born babies - a factor which will have an impact on the health of the baby just as he/she enters the world. A South Korean study revealed a clear link between low socioeconomic status and heart attack and stroke risk.
- ***Education*** - people with lower levels of education generally have a higher risk of experiencing poorer health. Their levels of stress will most likely be higher, compared to people with higher academic qualifications. A person with a high level of education will probably have greater self-esteem. A study carried out by researchers at Northwestern University Feinberg School of Medicine, Chicago, found that elderly people who had a higher level of health literacy were more likely to live longer. Another study from San Francisco VA Medical Center found that literacy at less than a ninth-grade level almost doubles the five-year risk of mortality among elderly people.
- ***Physical environment*** - if your water is clean and safe, the air you breathe is pure, your workplace is healthy, your house is comfortable and safe, you are more likely to enjoy good health compared to somebody whose water supply is not clean and safe, the air he/she breathes is contaminated, the workplace is unhealthy, etc. A study carried out by researchers at Zuyd University, The Netherlands, found that just an hour of sniffing car exhaust fumes induces a stress response in the brain's activity. Another study carried out at Indiana University-Purdue University found that chronic lead poisoning, caused in part by the ingestion of contaminated

dirt, affects hundreds of thousands more children in the United States than the acute lead poisoning associated with imported toys or jewelry.

- ***Job prospects and employment conditions*** - if you have a job, statistics show you are more likely to enjoy better health than people who are unemployed. If you have some control over your working conditions your health will benefit too. Researchers at State University of New York at Albany found that workers who lost their job through no fault of their own were twice as likely as continuously employed workers to report over the next 18 months that they developed a new illness, such as high blood pressure, diabetes or heart disease.
- ***Support from people around you*** - if you have family support, as well as support from friends and your community your chances of enjoying good health are far greater than somebody who has none of these things. A team from the University of Washington found that strong family support, not peer support, is protective in reducing future suicidal behaviour among young adults when they have experienced depression or have attempted suicide.
- ***Culture*** - the traditions and customs of a society and how a family responds to them play an important role in people's health. The impact could be either good or bad for health. The tradition of genital mutilation of women has an impact on infection rates and the mental health of millions of girls and women in many countries. A study published in the Journal of Epidemiology and Community Health found that when young people dress according to the customs of their own ethnic group, they may be less likely to have mental health problems later in life.
- ***Genetic inheritance*** - people's longevity, general health, and propensity to certain diseases are partly determined by their genetic makeup. Researchers from Vrije Universiteit, Holland, the Medical College of Georgia, USA, and Duke University, USA showed that people's genes play a key role in how they respond both biologically and psychologically to stress in their environment.
- ***What we do and how we manage*** - what we eat, our physical activity, whether or not we smoke or drink or take drugs, and how we cope with stress play an important role on our physical and mental well-being.
- ***Access and use of health services*** - a society that has access and uses good quality health services is more likely to enjoy better health than one

that doesn't. For example, developed countries that have universal health care services have longer life expectancies for their people compared to developed countries that don't.

- **Gender** - men and women are susceptible to some different diseases, conditions and physical experiences, which play a role in our general health. For example, childbirth, ovarian cancer, and cervical cancer, are experienced only by women, while prostate cancer, testicular cancer are only experienced by men. During wars, more men than women tend to be called up to fight, and subsequently become injured or die. Adult women are more likely to be the physical victims of domestic abuse, compared to adult men. In some societies women are not given the same access to education as men - education is a factor that influences health. Many studies have revealed gender disparities in healthcare services, even in developed countries.

1.3 Basics of Primary Health Care (PHC)

At the end of 60's and during 70's of the last century it was increasingly clear that the health services in the so called developing countries could not be perceived or oriented according to the western industrial states and societies. Western medicine was one-sided as it emphasized only curative aspects, being limited to the health services in the hospitals, medical Practice and pharmacies based on medicine technology. Prevention (prevention of diseases) had a relatively little place value. Such a one-sided understanding and a one-sided system of health services affected even the young independent states of Africa in which financing health facilities of this system is difficult and has had little success. Researches have shown that about 80% of all diseases in the developing countries were diseases that could be protected (e.g. Diarrhoea, lung inflammations, tuberculosis, malaria, to mention just a few). The transference of western medicine views to the developing countries proved itself to have attained little success regarding its goals.

Some reasons why the western system of health cannot be absolutely applied in all situations of the developing countries are as follows:

- Western systems are one-sided oriented, oriented to curative dimensions while neglecting prevention and aspects of social medicine.

- They are too expensive, for instance, the medicine apparatus from the industrial states are unfavourable and unaffordable in the developing countries with regard to price and utility.
- They do not fit well in the developing countries, as there is lack of specialists who can handle the high-technical medicine.
- The natural and scientific understanding of medicine in the west does not consider the traditional views concerning experiences about diseases and health that has spiritual background of the inhabitants.

Response of the WHO

The World Health Organization (WHO) developed the policy of health as a response to the problems of health in the developing countries, especially about the above mentioned problem of transference as the WHO established the concept of the so called PHC-Concept (PHC= Primary Health Care), which was given a central meaning.

The strategy was introduced in 1978 in the first conference of WHO for health in Alma Ata/Kazakhstan (in the former Soviet Union). Most of the countries that participated in this conference supported the “Alma Ata Declaration” of 1978 that was supposed to be implemented. “Health for all” was the vision of the conference.

This concept is heavily concerned with people, especially with the principles of social justice, accessibility, appropriateness and acceptance of medical services with consideration of the needs of people in the communities, their participation and orientation to the concept of health services.

In the Declaration of Alma Ata it means that:

Primary Health Care is based upon practical, scientific, solid and social acceptance of methods and technology. It is fundamentally health care that is generally accessible to the individual and Families in the community through their participation and with a cost that the being of the community life and the country can determine with sustainability in the spirit of self-confidence and self-determination. Primary Health Care systems whose main areas of concern are formed by the community, is dependent upon the general social and economic development of the country.

6 Pillars of Primary Health Care

The results of this conference of Alma Ata are summarized in the so called 7 principles and the 8 elements of Primary Health Care. The concept is carried out through the following pillars. If some elements are rejected or overemphasized, the concept cannot function well any more.

- **Social justice:** Equal distribution of the available resources.
- **Preventive Health care:** Prevention of diseases in the sense of primary prevention.
- **Participation of the inhabitants:** Participation of the intended groups in planning and carrying out issues related to people's health,
- **Inter-sector cooperation:** Health support outside the medical services,
- **Technology that marches with the context:** favourable or affordable price and local technology,
- **Sustainability of the measures:** Guaranteeing curative services including services of medicines.

1.4 Historical Development of Primary Health Care in Nigeria

The concept of Primary Health Care (PHC) was formulated by the 134 countries that met at the Alma-Ata conference in Russia on September 12, 1978 which was organized by the World Health Organization. Primary health care is a part of the three-tier system of health care in Nigeria. These are the tertiary health care, which the Federal Government is in charge; the secondary health care, under the auspices of the state government and the Primary Health Care, controlled by the local governments. In the late 1980s, there was a national initiative to overhaul the primary health care system through the adoption of a new national health policy, in the context of which the Federal and State governments issued directives giving Local Government areas full jurisdiction over the delivery of Primary Health Care services. The local Government, the State Government and the Federal Government respectively are responsible for all financial aspects, including personnel costs, consumables, running costs and capital investment. The Federal Government through the Federal Ministry of Health sets overall policy goals, co-ordinates activities, ensures quality, training and implements sector programmes.

“Primary Health Care”, according to the World Health Organization, means 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 which the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It is the first level contact of the individual and community in the national health system, thus bringing health care as close as possible to where people live and work and contribute the first element of a continuing health care process”. It is essentially aimed to promote health, to cure diseases and to rehabilitate. Nigeria is one of the few countries in the developing world to have systematically decentralized the delivery of basic health and education services to locally elected governments.

Nigeria has an enormous population of around 120 million in 2003, with a growth rate of about 2.9% per annum. It is hailed as the giant of Africa and yet ranked among the poorest nations of the world. The management of the health sector has been poor and this has affected the quality of services to the general populace. Although Nigeria has an extensive national health infrastructure, it lacks the resources needed to function effectively. Nigeria is now decentralizing its health system and clarifying the responsibilities and services at each level, which should result in better management and coordination. In addition, its health policy has been guided by the Bamako initiative to encourage and sustain community participation in primary health care services.

The Evidence Base for Primary Care Orientated Health Care System

Primary care - that is, care from the viewpoint of the doctors who has been in contact exclusively to the patients appearing for care- has apparent limitation. From the evidence given by the World Bank table and world health report 2000. It shows that Nigeria is one of the very poor countries. It has a clear symptom of imbalance between resources in poor performance, deteriorating facilities and low working moral among staff. There a high mortality rate in child and adult. The structures of the economy have fallen from 2004, raised a little bit in 2005 and remain constant between 2006 and 2007. This shows that due to lack of adequate resources in will affect the orientation of the health care system.

The Development of Primary Care in Nigeria

An effective primary care system is critical for any country, developed or developing, to maximize outcomes and minimize costs. Accurate and relevant data gathering and information processing are necessary for any field of endeavour whether in health care or any other field. It has long been recognized that clinical issues in primary care in Nigeria are different from those in other types of care. For example, the predictive values of symptoms may be quite different in different settings and clinical evidence derived from other settings may have limited applicability to primary health care and delivery. This is due not only to differences in the prevalence of specific diseases, but also to the fact that patients in primary care have many problems and the clinician must prioritize the diagnosis and management of all of these together over time, often in a setting where continuity of care plays a crucial role.

Primary care is the backbone of Nigeria health system. Primary care plays a vital role in deployment of all resources through appropriate channels in promoting, maintaining as well as improving health. All these confirm the definition of primary health care which states that “essential health care based on practical, scientifically sound, as well as socially acceptable methods and technology made universally accessible to individuals and families in the community by means acceptable to them and at a cost that community and country can afford to maintain at every stage of their development in a spirit of self-reliance and self-determination. It forms an integral part of both the country's health system of which it is the central function and the main focus of the overall social and economic development of the community. It is the first level of contact of individuals, the family and the community with the national health system, bringing health care as close as possible to where people live and work and constitutes the first element of a continuing health care process”. This implies that patients or individuals have a direct access to the appropriate source of care. It equally shows that it deals more with common and well defined problem in a community setting as well as affordable. Though, the development of primary care in Nigeria has improved immensely but it still shows some major defects.

Reasons for the Current Status of Primary Care within the Health Care System

1. **The coverage is inadequate:** it is estimated that 54% of the population have access to the modern health care services. The rural communities and

the urban poor are not well served due to inadequate staff and infrastructure.

2. **Lack of basic health data** is a major constraint at all stages of planning, monitoring and evaluation of health services.
3. **The basic infrastructure and logistic supports** are often defective owing to inadequate buildings maintenance, medical equipment and vehicles and unreliable supply water and electricity also poor management of medicines, vaccines and other supplies system.
4. **The financial resources allocated to the primary care services**, especially to some priority areas are inadequate to permit them to function effectively.

Distribution of Resources in Nigeria:

The Federal and State Government allocate 15% of the state budget to health services. Within the available resources, high priority shall be accorded to primary health care with particular reference to the less privilege areas and groups. Community and financial sector resources shall be mobilized in the spirit of self-help and self-reliance.

How the resource should be used in future:

1. In the light of importance of health in socio-economic development: all the governments of the federation should review their financial allocation to health in relation to the requirements of other sectors of the economy. High priority programmes for primary health care should have the first consideration on any additional resources that may be available
2. Within the health care system, effort should be made to redistribute the financial allocation among health promotion, preventive and curative health care services. This is to ensure that adequate emphasis and awareness are placed on health promotion and preventive services without comprising curative health services
3. Governments of the federation should explore additional avenues for financing the health care system especially health insurance schemes and health development levies.
4. The users should pay for curative services while the preventive services should be subsidized.

5. Governments of the federation shall encourage employers of labour and the financial sectors to participate in the financing health care services.

Workforce and Resource Issues in Nigeria:

The workforce and resources issues have been a theme of discussion in the country. Earlier health services was focused primarily in the urban areas, this made them to be experiencing adequate health care delivery than rural areas. Even though health institutions such as leprosaria and dispensaries had been established for rural areas, these did not cater for the communities outside their immediate zones. The problem is that rural people were effectively overlooked in health care delivery, since the existing institutions were inaccessible to them due to cost and logistic constraints. Another basic problem is the inadequate staff situation to meet the needs of the country. But after training the staff most of them get a job in urban area where they are paid more.

Quality of Care Issues in Nigeria:

1. **Variation in Quality of Care:** Quality of care varies among patients, politicians, managers, clinicians and other actors within the health care system. Quality occurs when good decisions regarding care are made so that resource are utilized effectively and better health outcomes are produced. Quality of health care is a multidimensional and multifaceted concept interwoven with value judgements about what constitutes good quality. There have been several definitions of quality of health care. “Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired outcomes and are consistent with current professional knowledge”.
2. **Accessibility:** access to hospitals or medical centres from the rural areas can be problematic from the patients due to geographical or financial barriers. In some rural areas there are little infrastructure for primary care but there are no qualified doctors. This is due to the fact that most of the doctors are aboard or in the city trying to earn comfortable and decent living.
3. **Comprehensiveness:** Nigeria health system can be categorized into the Public and the Private health services. The public health sector is further divided structurally into the Primary Health Care (PHC), Secondary Health Care (SHC) and the Tertiary Health Care (THC). Though, World

Health Organisation (1978) suggests that in order for primary care to be comprehensive, all development- oriented activities should be interrelated and balanced so as to focus on problems of the highest priority as mutually perceived by the community and the health system, and that culturally acceptable, technically appropriate, manageable and appropriately selected interventions should be implemented in combinations that meet local needs. This implies that single- purpose programs should be integrated into primary health care activities as quickly and smoothly as possible. In Nigeria, there are referrals but the problem the patients (either rich or poor, over 60 of age or not) faces is that they must pay part of their hospital bill before any treatment can be commence. In United Kingdom most of the treatment the NHS pays the bills.

4. **Co-ordination of services:** there is no co-ordination of services because of the way things are in Nigeria there is no accountability of the patient's medical history. Patient can decide to move from one doctor to another without any referral. The system is not like in United Kingdom where the technology is computerized that you can pull out people medical records anywhere.
5. **Equity:** in Nigeria there is no equity. This is country full of corruption even in the hospital. For instance Jane to the hospital around 8.00am, then John and Amy went around 8.30am and 9.00am. Because they are related to the staff in that particular hospital they will see the doctor before Jane. In United Kingdom people wait for their turn unless is on emergency bases.

How Could Quality of Care Issues be Made Better in Nigeria over the next 10 Years?

Quality of care issues can be made better by monitoring and evaluation of the health care system, with minimum categories of indicators as follows:

1. **Health policy:** proper distribution of health resources, financial, manpower, physical facilities to reflect the degree of equity by geography and by urban/rural ratios; government should devise appropriate mechanisms for supporting and involving the communities in the planning and implementation of health services; an organizational framework for managerial process.

2. **Health status:** proper documentation of patients' health status for instance nutritional status as indicated by weight of babies, weight and height measurement of infants and children in relation to age.
3. **Socio-economic indicators** related to health and living standard: such as sanitation, housing condition, work condition, food availability, and adult literacy.
4. **Provision and utilization of health care indicators:** immunization this includes the percentage of children at risk who are fully immunized against the major childhood diseases; the incidence of the six diseases in children under 5 years of age and the mortality rate due to the six diseases in children under 5 years of age.
5. **Prevention and control of epidemic diseases indicators** shall specify disease specific incidence and prevalence rate.
6. **Adequate provision of the essential drugs.** The coverage by referral system indicators shall state the proportion of population in a given area with access to the within 5 kilometres or 1 hour travel time, the proportion of the referred cases who made use of the services and availability of referral services.
7. **Promotion of health in school.**

Recommendations for the Development of Primary Health Care:

1. The national health policy: the aims are to achieve health for all Nigerians based on the national philosophy of social justice and equity. Therefore, a health system based on primary health care is adopted as the means of achieving the goal. Since health development contributes to and results from socio-economic development, the sectors should mutually be supportive and together contribute to the ultimate goals of the nation.
2. All the governments of the federation should review their financial allocation to health in relation to the requirements of other sectors of the economy. High priority programmes for primary health care should have the first consideration on any additional resources that may be available
3. More staff should be trained and an increase in wages for those who will agree to serve in the areas
4. Facilitation of monitoring and evaluation data collection system within the nation.

In conclusion, Primary health care in Nigeria have evolved through a series of historical developments. Though, it is the backbone of Nigeria health system but has been judged to be unsatisfactory and inadequate in meeting the needs and demand of the public as reflected by the low state of health of the population. The population should abide by principles primary health care based on equity and justice. However, if the services are available accessible as well as acceptable to and affordable by every individual, community and the nation; if the masses concentrate on solving those health problems that take the greater toll of life.

1.5 Objectives of Primary Health Care

1. Staffing of PHC units with trained personnel able to meet the requirements and objectives of the PHC system
2. Set-up of a single common package of services provided
3. Ensuring the continuity of the effort to record population health requirements
4. Absorption of what is often an unjustified demand for secondary or tertiary health care services that increases health expenditures
5. Improvement of patient experience through the avoidance of aimless wandering within the health system
6. Securement of continuity of care and integrated care provision
7. Increased patient satisfaction with health care service response to needs and requirements
8. On-going education of PHC personnel
9. Rational distribution of expenditures within the PHC system
10. Restructuring of the financing system

1.6 Components of Primary Health Care

In 1978, the World Health Organization (WHO) adopted the Declaration of Alma-Ata. The declaration, named for the host city, Almaty, Kazakhstan (formerly known as Alma-Ata), outlined the organization's stance towards health care made available for all people in the world. The declaration also defined eight essential components of primary health care, which helped outline a means of providing health care globally.

1. **Public Education:** Public education is the first, and one of the most essential, component of primary health care. By educating the public on the prevention

and control of health problems, and encouraging participation, the World Health Organization works to keep disease from spreading on a personal level.

2. **Proper Nutrition:** Nutrition is another essential component of health care. WHO works to prevent malnutrition and starvation and to prevent many diseases and afflictions.
3. **Clean Water & Sanitation:** A supply of clean, safe drinking water, and basic sanitation measures regarding trash, sewage and water cleanliness can significantly improve the health of a population, reducing and even eliminating many preventable diseases.
4. **Maternal & Child Health Care:** Ensuring comprehensive and adequate health care to children and to mothers, both expecting and otherwise, is another essential element of primary health care. By caring for those who are at the greatest risk of health problems, WHO helps future generations have a chance to thrive and contribute to globally. Sometimes, care for these individuals involves adequate counseling on family planning and safe sex.
5. **Immunization:** By administering global immunizations, WHO works to wipe out major infectious diseases, greatly improving overall health globally.
6. **Local Disease Control:** Prevention and control of local diseases is critical to promoting primary health care in a population. Many diseases vary based on location. Taking these diseases into account and initiating measures to prevent them are key factors in efforts to reduce infection rates.
7. **Accessible Treatment:** Another important component of primary health care is access to appropriate medical care for the treatment of diseases and injuries. By treating disease and injury right away, caregivers can help avoid complications and the expense of later, more extensive, medical treatment.
8. **Drug Provision:** By providing essential drugs to those who need them, such as antibiotics to those with infections, caregivers can help prevent disease from escalating. This makes the community safer, as there is less chance for diseases to be passed along.

1.7 Goals and Principles of Primary Health Care (PHC)

Primary health care is required by many individuals in order to receive necessary health care services. Providing primary health care means that services should be accessible to all individuals who require various types of health services. Primary health care, as defined by the World Health Organization, is universally

accessible health care that is socially acceptable, affordable and requires individuals to be more self-reliant with their health care needs.

The ultimate goal of primary healthcare is the attainment of better health services for all. It is for this reason that World Health Organization (WHO), has identified five key elements to achieving this goal:

1. reducing exclusion and social disparities in health (universal coverage reforms);
2. organizing health services around people's needs and expectations (service delivery reforms);
3. integrating health into all sectors (public policy reforms);
4. pursuing collaborative models of policy dialogue (leadership reforms); and
5. increasing stakeholder participation.

Behind these elements lies a series of basic principles identified in the Alma Ata Declaration that should be formulated in national policies in order to launch and sustain PHC as part of a comprehensive health system and in coordination with other sectors:

- ***Equitable distribution of health care*** – according to this principle, primary care and other services to meet the main health problems in a community must be provided equally to all individuals irrespective of their gender, age, caste, colour, urban/rural location and social class.
- ***Community participation*** – in order to make the fullest use of local, national and other available resources. Community participation was considered sustainable due to its grass roots nature and emphasis on self-sufficiency, as opposed to targeted (or vertical) approaches dependent on international development assistance.
- ***Health workforce development*** – comprehensive healthcare relies on adequate number and distribution of trained physicians, nurses, allied health professions, community health workers and others working as a health team and supported at the local and referral levels.
- ***Use of appropriate technology*** – medical technology should be provided that is accessible, affordable, feasible and culturally acceptable to the community. Examples of appropriate technology include refrigerators for vaccine cold storage. Less appropriate could include, in many settings,

body scanners or heart-lung machines, which benefit only a small minority concentrated in urban areas. They are generally not accessible to the poor, but draw a large share of resources.

- ***Multi-sectional approach*** – recognition that health cannot be improved by intervention within just the formal health sector; other sectors are equally important in promoting the health and self-reliance of communities. These sectors include, at least: agriculture (e.g. food security); education; communication (e.g. concerning prevailing health problems and the methods of preventing and controlling them); housing; public works (e.g. ensuring an adequate supply of safe water and basic sanitation); rural development; industry; community organizations (including Panchayats or local governments, voluntary organizations, etc.).

In summary, PHC recognizes that healthcare is not a short-lived intervention, but an ongoing process of improving people's lives and alleviating the underlying socioeconomic conditions that contribute to poor health. The principles link health and development, advocating political interventions, rather than passive acceptance of economic conditions.

Chapter Review Questions

1. Define health according to World Health Organization's definition.
2. Mention the two broad aspects of health, and explain them in details.
3. What do you understand by wellness?
4. According to World Health Organization (W. H. O.), what are the 6 factors probably have a bigger impact on our health than access and use of health care services?
5. According to World Health Organization, what are the main determinants to health?
6. The statement, “***Most of the factors that contribute towards our good or bad health are out of our control***”, needs further clarifications or explanation. According to WHO, there are 10 factors or determinants that can be responsible. Briefly explain each of them.
7. What are the reasons why the western system of health cannot be absolutely applied in all situations in developing country like Nigeria?
8. State the 6 Pillars of Primary Health Care (PHC).
9. Explain the responsibilities of the 3-tier of government in Nigeria as regards the health care; which of the 3-tier of government sets the overall policy, goals, and coordinates the activities?
10. Explain the statement, “***Primary Care is the backbone of Nigeria Health System***”.
11. What are the reasons for the current state of PHC in Nigeria's Health Care System?
12. State the issues in the quality of care in Nigeria.
13. State how quality of care can be improved in Nigeria.
14. Enumerate the objectives of PHC.
15. Itemise and briefly explain the components of PHC.
16. According to W. H. O., there are 5 key elements to achieving the ultimate goal of primary health care in the attainment of better health services. List these elements.
17. List the 5 basic principles identified in the Alma Ata Declaration that should be formulated in national policies in order to launch and sustain PHC as part of a comprehensive health system and in coordination with other sectors.

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THE BOOK

This book, **FUNDAMENTAL CONCEPTS OF PRIMARY HEALTH CARE DELIVERY SYSTEM**, is written with the aim of introducing the basis of Primary Health Care (PHC) to the reader. Much attention was paid to include chapters that are required by the students studying different health-based programmes such as Nursing, Community Health, Dental Technology, Dental Therapy, Community Medicine, Health and Physical Education, etc. The book deals with the theoretical concepts and selected case studies. The unique features and the style of writing this book are as follows:

- The language used in the book is lucid, and facilitates easy grasping of concepts.
- The chapters have been logically arranged in sequence.
- The book is written in a reader-friendly manner both for students and teachers.
- Most of the contents in this book were presented using bullets, which are sequentially-organized to facilitate the reader view, understand and remember the points better.
- The explanations, especially in Chapters 6 and 8, are supported by diagrams, pictures and images.
- Sufficient references to best practices in the field of Public Health were made.
- The chapter review questions at the end of each chapter are given section-wise, easier for the reader to remember the answers.
- This book is written keeping in mind the readers may be familiar and not-so familiar with the principles of health or Primary Health Care.
- Several chapters included in this book cover the syllabi of different institutions - Universities, Polytechnics, Monotechnics, Colleges of Education, Schools of Health Technology, etc., in Nigeria, West Africa, and beyond.

This book, therefore, prepares the student to have a solid foundation on the concepts of PHC, its components, and objectives. It also imparts the knowledge of healthcare systems, health care team members and their corresponding duties. Finally, the book makes the reader to possess a comprehensive knowledge of the prevention, control, diagnosis of communicable and non-communicable diseases. Lecturers, teachers and instructors should be prepared to exploit the book for their own work unit and career advancement, as well for the good enterprise.



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