Minister urges engagement of communities in health service delivery

10 June 2009/Abuja, Nigeria – A three-day meeting of health experts and senior academics from 12 African countries is underway in Abuja with Nigerian Minister of State for Health, Dr Aliyu Idi Hong, calling for the introduction of the philosophy and principle of Community-Directed Interventions (CDI) in the training curriculum of health care professionals.

“It has been proven that health interventions succeed better when community members are involved in the planning and implementation,” the Minister said while declaring open the meeting on a curriculum and training module on the community-directed intervention (CDI) strategy for health service delivery.

More than 120,000 communities throughout Africa are benefiting from the annual treatment for river blindness (onchocerciasis) through the CDI strategy using safe drug, Ivermectin (Mectizan) donated by pharmaceutical company Merck & Co Inc.

The CDI approach has proved very successful that it is now being used not only for the control of river blindness but also for the delivery of multiple health services including distribution of insecticide-treated bed nets, home management of malaria and vitamin A supplementation.

The World Health Organization African Programme for River Blindness (Onchocerciasis) Control (APOC), which has been using this cost-effective strategy over 13 years for the treatment of endemic communities, has in collaboration with the West African Health Organization (WAHO) and the Regional Institute for Public Health of the Republic of Benin, developed a draft curriculum and training module based on a manual being used by over 100 projects in more than 20 African countries.

The Honourable Minister of State, Dr Aliyu called for expanding the use of CDI results in community health service delivery, adding that this had become more compelling so that formal health services could reach rural communities.

He noted that the socio-economic problems associated with Neglected Tropical diseases (of which river blindness is one), include incapacitation, reduction in labour supply and efficiency as well as reduced population and abandonment of fertile river valleys and agricultural land in endemic communities.

“This therefore means that any contribution towards the eradication of these diseases and other public health problems will improve the living standards of rural population and the national economy.”
In his address, the WHO Country Representative, Nigeria, Dr Peter Eriki, said: “now that the effectiveness of the (CDI) strategy is proven, we should see how it can be used for other health interventions and be more widely propagated.”

According to him, the CDI strategy is a Primary health Care philosophy, “which lays emphasis on an integrated approach to solving the many health problems confronting populations across the world and especially in the African region.”

Introducing the CDI strategy into the curricula of medical and health science schools, Dr Eriki said, would ensure that trained personnel from these schools become knowledgeable of the strategy and able to engage communities.

APOC Director, Dr Uche Amazigo while outlining the expected outcomes of the meeting, said that “if Africa’s doctors of tomorrow are to make a significant improvement in the health of the poor and rich alike, policy and decision-makers in health need a new health strategy – one that acknowledges the people as the heart beat of the health system,” adding that all clinical and preventive programmes should be people-oriented.

She highlighted the need to expand the scope of health systems and for major shifts in the relationships between service providers and populations.

Dr Amazigo expressed the hope that the meeting being attended by public health experts and deans of faculties of medicine and health sciences from across Africa, would produce a final version of the CDI curriculum and training manual for pre-testing by faculties of medicine and health sciences in a number of countries.

The Ministry of Health of Nigeria and the National Universities Commission are co-sponsoring the meeting with WHO/APOC.