The Waves of Primary Health Care and Africa

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Background & Context:
PHC & SPHC
Africa & PHC
Lessons & Questions

Work in progress, based on publications and archival materials at WHO
Background and Context

By the late 1960s...

1. Crisis of vertical programs
   Failure of malaria eradication

2. New studies on community health
   Questioned the hospital-based health care system

   Excellence in community health.


   McKeown *The Role of Medicine: Dream, mirage or nemesis*, 1976. The overall health of the population related to standards of living and nutrition.

Background and context

3. Christian movements, NGOs, and alternative experiences

The Lutheran Christian Medical Commission (CMC) emphasized training of village workers. Published Contact.

Red Cross Societies tradition of voluntary work in the community.

Chinese barefoot doctors

A medical team in the Wuchih Mountain area; one of them carries a board with a Mao quotation — "set the focus of medical care on the countryside."
China Pictorial, Nov. 1969
4. New Political Context

Deterioration of U.S. hegemony.
Vietnam, Nicaragua, African independence movements, the ousting of the Shah of Iran & Soviet invasion to Afghanistan

L.B. Pearson—Canada, and W. Brandt—Germany, chaired commissions on development.

1974 UN Resolution on a “New International Economic Order”

A context of progressive movements in developing countries demanding an equitable distribution of resources, real economic independence, radical agrarian reforms, and better living conditions for society’s poorest sectors
Actors of PHC

Halfdan Mahler
WHO Director General. 15 years (1973-1988).
Background in TB, Ecuador & India
Charisma & Continuity.
According to a CMC member “I felt like a church mouse in front of an archbishop.”

Unicef
H. Labrouisse, Exec. Director 1965-1979 emphasized community-work in rural areas and urban slums.

1975 Alternative Approaches to Meeting Basic Health Needs in Developing Countries. Successful PHC experiences in 9 countries

1975 28th World Health Assembly. “National Programs in PHC, a…priority.”
International Conference on Primary Health Care, WHO & UNICEF Alma-Ata, USSR
6-12 September 1978

A watershed event. “worldwide sounding box”
USSR embraced PHC. Competition with China.
3-4 representatives of 134 governments &
67 international organizations

**Delegates:**

*Public Sector:*
mainly health ministries; few political authorities & education experts

*Academics*

NGO’s and religious movements
CMC, Red Cross, CARE; Medicus Mundi & others.

*International & UN agencies:*
Such as International Labour Organization, FAO, USAID

*Political Movements:*
PLO and the South West Africa People’s Organization.
International Conference on PHC

From the 1st paragraph of the Declaration of Alma Ata
(22 recommendations)

“Primary health care … forms an integral part both of the
country's health system, of which it is the central
function and main focus, and of the overall social and
economic development of the community.”
Three main ideas, PHC:

**Medical Technology**
Negative role of “Disease technology”

In contrast: Appropriate technology, scientifically sound, culturally acceptable

**Elitism**
Criticism to medical overspecialization & top-down health campaigns

In contrast: Community participation. Work with traditional medicine

**Development**
PHC a new center of the public health system
An inter-sectorial approach to health
Part of a social and political movement for development
Shortly after Alma Ata: Selective Primary Health Care

PHC criticized for being too broad, idealistic and having an unrealistic timetable.


Changes in Unicef. In 1979 new director J. Grant. Charisma. “…the art of the possible”

Conference Based on J. Walsh and K. Warren. “Selective Primary Health Care, an Interim Strategy for Disease Control in Developing Countries.” *NEJM* 301:18 (1979): 967-974

The article examined specific causes of infant morbility and mortality and how to stop them.
Selective Primary Health Care, SPHC


Emphasized new technological breakthroughs

SPHC: a package of low cost interventions: *G.O.B.I.*

1. *Growth monitoring.* For identifying at an early stage children who were not growing as they should, because of poor nutrition.

2. *Oral rehydratation.* To control diarrheal diseases with ORS, a mixture of water, salt and sugar that could be prepared by mothers.

3. *Breast feeding* of infants as a means to prevent diseases

4. *Immunization.* Vaccines, especially against diseases of childhood (measles, diphtheria, tetanus, polio, tuberculosis and whooping cough)

*GOBI---FFF*

Food supplementation, Female literacy and Family planning.

Appeared as cost-effective & practical interventions easy to monitor and evaluate

The Power of ORS
SPHC: contradictory experiences

*Growth monitoring* became an end in itself rather than a means to improve the nutrition of vulnerable children.

*ORS* Partial solution when water and sewage systems are contaminated.

*Breast feeding* faced the propaganda of powerful food industries.

*Immunization* considered a successful program.

In 1980 only about 5 per cent of children in the so-called third world were immunized against six diseases (measles, tetanus, whooping-cough, diphtheria, tuberculosis and polio)

By the end of the 1980s well over half were fully immunized by the time they were only one year old.

Most developing countries achieved high immunization rates.
Context of SPHC

Emergence of Neoliberalism in US, UK, Canada & F.R.Germany in the early 1980s

Reagan disapproved radical changes in developing nations, and promoted instead: unleashed market economies, dramatic devaluations, privatization of state enterprises, and no restrictions to foreign investors. Neoliberalism meant a decline in public funding, and a privatization of services.

US foreign policy made a difference between authoritarian and totalitarian regimes in developing countries. The former could be allies of the US if they endorsed market capitalism, and friendly relations with the US. The latter were pernicious if they were communist or close to the Soviet Union.

Reagan’s foreign policy distrusted the UN system. It criticized “corrupted”, and “overspending” UN bureaucracies & withdrew from UNESCO, and reduced, delayed or cut its payments to some UN agencies.
Africa & PHC

Missionary work & emergent national health systems: inspirations for PHC

Precedents: Tanzania & its 1967 Arusha socialist Declaration that called for an equitable distribution of health services. Public health as part of an overall process of social development, emphasizing *ujamaa* collectivized villages.

Village Health Workers in several countries:
- Ghana (1969) Botswana (since 1969 *Family Welfare Educators*)
- In Lesotho, Benin and Zimbabwe, village health workers (after 1978). Mozambique *Agentes Polivalentes Elementares*. Between 1978 and 1982 Mozambique trained more than 1000 village health workers

1979 the Lagos Declaration –endorsed by WHO-- that denounced the negative health effects of apartheid for South Africans.

during the 2nd half of the 1980s, when PHC faced an adverse economic and political context:
- Declaration of “Health, Foundation of Development in Africa”
- “African Immunization Year” (1986)
- Bamako Initiative for increasing access to essential drugs (1987)
Smallpox in Africa, 1977-1980


In 1974 WHO launched EPI to fight 6 diseases of infants: diphtheria, pertussis (whooping cough), neonatal tetanus, measles, poliomyelitis and tuberculosis
TABLE: Percentage of Immunization by WHO Regions in 1987

<table>
<thead>
<tr>
<th>Region</th>
<th>% of children immunized by 12 months of age</th>
<th>% of pregnant women immunized</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BCG</td>
<td>DPT</td>
</tr>
<tr>
<td>African</td>
<td>41</td>
<td>27</td>
</tr>
<tr>
<td>American (**)</td>
<td>54</td>
<td>51</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>63</td>
<td>57</td>
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<tr>
<td>European</td>
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<td>76</td>
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<tr>
<td>South-East Asian</td>
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</tr>
<tr>
<td>Western Pacific</td>
<td>66</td>
<td>70</td>
</tr>
<tr>
<td>Global</td>
<td>49</td>
<td>53</td>
</tr>
</tbody>
</table>

* Coverage for children up to 60 months are included for countries recommending immunization at, or later than, 12 months. ** Excluding USA and Canada
Onchocerciasis OCP

“A blind man holding one end of a stick is being led through a village by a young boy holding the other end of the stick; village huts are in the background” NLM
In 1974, WHO implemented the OCP in West Africa and initially concentrated in 7 countries of the Upper Volta River basin area (Burkina Faso, Benin, Ghana, Ivory Coast, eastern Mali, Niger, and Togo) covering 640,000 square kilometers.

Partners: UNDP, the World Bank, the Food and Agricultural Organization, and a Special Program for Research and Training in Tropical Diseases, (TDR) created in 1975

In 1980s:
1. E. M. Samba was appointed as director of the Program (in 1995 he became WHO’s Africa Regional Director).
2. Ivermectin (Mectizan, c 1987), a new microfilaricide drug with minimal side-effects used for mass treatment to remove the risk of blindness
3. Community work

By the late 1980s, thanks to OCP, 27,000 individuals saved from going blind in Upper Volta basin region, around 3 m. children born within the program area were safe from onchocerciasis, and 70 % of the patients originally suffering from eye infections had recovered.
Lessons & Questions

**Different Meanings**

**Finance**
Agencies interested in specific interventions of SPHC. USAID in ORS & Rotary Immunization. A tradition of financing public health as a response to emergencies during the 1980s many LDC confronted recession & adjustment policies and cut back on their health services. Little experience in working with private sector

**Implementation**
Resistance of governments, difficult to produce results in the short term


PHC units in Ministries of Health. Coexistence and confusion with vertical programs. Isolation of or cooptation of “community participation”
“[community health workers] cannot be equated with PHC …
Many countries which signed the Alma Ata Declaration tend to consider
[its] establishment…as synonymous with a national PHC effort…
To proceed as if PHC is something which primarily related to [community
health workers] is a misinterpretation.
[They] cannot be little supermen…who provide and promote
comprehensive health activities while health and other sectors proceed
unchanged as before.”
K. Heggenhougen, et al, Community Health Workers, the Tanzanian Experience

According to a WHO consultant for Africa:

“WHO is finding once again that it is not easy to play the part of pioneer. It
is not a peaceful role, one has to begin and begin again.”

F. Johnson-Romuald, [who consultant] “Some preconditions for Health for All by