

SUMMARY NOTES 1

PHC : Health systems, M & E and International health cooperation

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Health plans and systems

- Several attempts to plan for a formidable health care systems in Nigeria made in the past
- The rationale was a non functional , non- organized health systems (HS)
- Mortality, morbidity, disability etc indices were unacceptably high
- Traditional health systems was the order of the day
- Community involvement was not realized on time, health care was basically for the privileged few
- With WHO coordinating, national governments recognized the need to plan for health while WHO assumed the role of straightening HS of nations.
- This was the beginning of the journey to HFA

National Health Development Plans

- 1st HDP- 1946--1956: British army medical corps for the army, later spread to their family and relatives. 10 year health plans
- 2nd NHDP: 1956-1965: overlapped with the first. Private health care systems springing up, and governments starts to build public hospitals
- 3rd NHDP: BHSS, coincides with PHC declaration
- 4th NHDP: an improvement on the 3rd,
- NHP came into effect with subsequent plans
- Each of these plans have unique contents, organization, roles, strength and weaknesses

National Health Policy

- Policy statement on health for every country
- Framework for health systems in Nigeria
- Formulated in 1987
- Approved and launched by AFRC in 1988
- Revised several times up till date
- The backbone= Primary Health care
- Objective= level of health that would enable Nigerians live a socially acceptable and economically productive life

National Health Policy

- Blueprint for health systems management in Nigeria
- Formulated and approved by AFRC in 1987, adopted and launched in 1988
- Revised several times up till date
- The backbone= Primary Health care
- Goal is to achieve a level of health that would enable Nigerians live to achieve a socially and economically productive life
- Objective=to provide access to a primary+secondary+tertiary health systems through a functional 2 way referral system

NHP cont.....

- Establish a PHC that is primitive, protective, restorative and rehabilitative
- In the distribution of health services and inadequacies in allocation of health resources
- It addressed the imbalance Roles of the various tiers of governments recognized
- For effective implementation, govt defined specific functions and tasks to be undertaken by the 3 tiers of governments- based on support and coordination

Levels of health care

- Primary: PHC services/LGA/promotive, preventive, restorative and rehabilitative with little emphasis on curative. Primary health care centers : CHCs, PHCs, Health clinics, health posts, dispensaries etc depending on population and resources, most private hospitals.
- Secondary: State/general hospitals/State govts/curative + preventive /promotive care. Cottage hospitals , some private and mission hospitals also provides this care
- Tertiary health care: FG/teaching hospitals/ specialized care , FMCs, states owned teaching hospitals , some specialized mission and private hospitals provides these care

Major components of PHC services

- Curative: providing care/early treatment for the sick
- Preventive: protection of the health of the population; health education, personal protection like immunization, environmental sanitation, specific disease control e.g food fortification
- Primitives': health education
- Social welfare: providing support for the less privileged
- Rehabilitative; impairment, handicap

PHC and the population

- Community participation
- Health status of populations
- Utilization and access to PHC services
- Resource allocation to populations
- Population movements and effects on PHC resources
- Policy formulation

Exercise 1

- Given a map of a town with 12 different communities
- Given socio-economic and demographic status of each population
- Given health status/indices, access and utilization of each community
- Given some resources available to be allocated:
Human, material, finance,
- Allocate these resources given reasons for prioritization and allocation of the resources
- Advise any 3 communities , government and the health system on how to achieve a functional PHc health system over a 10 year period

M & E of PHC

- Used in PHC at all levels- from home to FG
- PHC involves programmes and their RAPEE needs to be addressed
- Evaluation usually at end of the programme
- Monitoring is ongoing during the project
- Evaluation is systematic way of learning from experience and using the lesson learnt to improve projects, corrective actions etc
- Illustration: Consider a community based project funded by an NGO to carry out HIV reduction programme

Evaluation methods

- List and define the following: inputs, process, output, outcome and impact : as components of evaluation
- Relevant questions to answer include:
 - Are activities being carried out as planned
 - Are targets being achieved
 - Are programmes ongoing as planned
 - Are objectives being achieved
- One needs relevant data from relevant sectors
- Steps in evaluation
 - Decide what is to be evaluated
 - Select indicators Collect relevant data
 - Compare targets with objectives
 - Decision rule: continue with project, change strategies

Evaluation cont.....

- Instruments of evaluation: Routine reporting system, sentinel reporting system, coverage surveys, outbreak investigations, programme review, cost analysis,
- Indicators: yardstick for measurements
- Types: Input, process, output/coverage, impact indicators
- List 3 indicators for each of the PHC components

Exercise 2

- Group assignment: List evaluation steps and select relevant indicators in a community based supplementary (a) immunization programme targeting under 5s (b) Contraceptive distribution : both sponsored by Ede LGAs

PHC and International health

- Rationale of international health cooperation's
- Fear of disease spread via travels
- Compassion medical missions, humanitarian
- Mutual benefits: technical exchange, donor support
- Types /mechanism of cooperation
- Multilateral e.g WHO, UNICEF, UNFPA, ILO etc
- Bilateral e.g USAID, DFID, SIDA, JICA etc
- NGO:ICRC, Rotary, Lions etc
- Private: Ford, Bill & Melinda Gates, Cater etc

WHO

- Foremost UN agency coordinating health activities among member nations
- 1947, Geneva , Switzerland, 191 member countries
- Organization:
 - WHO general Assembly(supreme governing body
 - Executive council (technical field experts), they meet twice a year like the assembly,
 - WHO secretariat,
- 6 regions of WHO and their HQs: AFRO (Harare), Americas (Washington DC), EMRO(Cairo), European(Copenhagen), SE Asia(New Delhi) and West Pacific (Manila)
- 5 publications of WHO: World health, WH forum, WH bulletin (scientific papers), WH chronicles (publishes conferences and meetings), technical report series and international pharmacopeia

Some functions of the WHO

- Strengthening health services
- Technical services related to disease control
- Technical assistance
- Technical information
- Special programmes: TDR,
- International standardization of biological products and nomenclature
- Provision of assistance in PHC

Assignments

- Briefly discuss 10 activities of the following organizations in the last 10 years in Nigeria relating to PHC. The organizations are
 - WHO
 - UNICEF
 - UNFPA