

THE CONCEPT OF BASIC HEALTH CARE

by

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As a country striving at planned development from abject poverty, ignorance and diseases to a better, fuller and more meaningful life Nepal faces formidable challenges in many fields in its process of development, one of which is evidently in the fields of health care of its nearly eleven and half million people. It is worthy to note in this context the sense of responsibility expressed by His Majesty King Birendra in the elimination of poverty and diseases in this country. Indeed, the prime obligations of a welfare state towards its people are predominantly in the fields of Health and Education. Leaving aside education which the new Educational Plan of HMG is unmistakably going to take care of and which is outside the scope of discussion here health remains an area where much is left yet to be desired and achieved for the benefit of the vast suffering mass of people. The health services of a country have got to keep pace with the growing health needs and aspirations of its people. It is; therefore, intended here to throw some light as to how the basic health requirements of the people can at best be met at this stage of our country's economic development confronted as we are with limited resources, desperate shortage of medical and paramedical manpower and, above all, the total lack of effective means of transportation and communication in many parts of mountainous areas with isolated pockets of population. In view of these deterrents it becomes imperative that maximum health benefits are obtained from limited resources available in our country. Therefore, the basic objective of health planning at this stage should be that of being able to extend basic minimum medical care to all the population rather than highly sophistica-

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ted medical care to a limited section of the population and the country has to devise a suitable health care system designed to deliver this concept of basic medical care. It has often been noted that some developing countries have a mistaken tendency to go for highly sophisticated medical care before they get the benefit of full coverage of minimal health facilities. This country should do well to avoid this pitfall or temptation in health planning for it is not in a position to build up highly sophisticated or superspecialised medical service at phenomenal costs before being able to provide the bare minimum medical care to its population at large. A few ultramodern hospitals cannot reflect the total picture of the overall health care of a country. Just as it believed that one of the main objectives of the new Educational Plan is to maximise the number of literates in this country within the shortest possible period the overwhelming consideration in respect to health services should be at present to give maximum coverage of basic medical care throughout the country within minimum period so as to cut down the mortality due to the preventable diseases resulting from poor environmental sanitation and lack of health education. Despite the lack of proper statistical data of the incidence of various diseases in Nepal it can be reasonably guessed that more than fifty per cent of the diseases that occur in this country and account for the highest toll of human lives annually are communicable diseases most of which can be prevented in these days by appropriate Public health measures. It is precisely in this field that the health services have to put up a major emphasis and effort for the next couple of years and it is decidedly here that the basic health care system plays its key role.

The basic health care system should primarily concentrate in the treatment of the most common ailments such as diarrheas and dysenteries, simple respiratory infection, parasitic infestations, nutritional diseases, common infections of the eye, ear and skin, dental care, and so on and should be backed up by strong and vigorous public health measures aimed at prevention of these diseases by improvement of environmental sanitation, personal hygiene, health education and proper immunisation procedures. The various public health projects now operating in the country such as maternal & child care, tuberculosis, smallpox, malaria, leprosy etc. control programmes should be organised and coordinated to fit into this scheme so that maximum return in terms of health benefits to the community is obtained. This obviously calls for a very close organic and functional integration of the curative and preventive units of the health services at various levels of the health organisation and the creation of a strong health infrastructure capable of providing the basic health care of the community. In the pyramidal structure of various grades or categories of health units comprising the organisation of most of the developing countries the health centres form the base of the pyramid and it is at this base that the machinery for delivery of basic health care system has to be installed, organised and reinforced. The health centres being thus the prop of basic health care their role cannot but be emphasised in a developing country with grossly inadequate hospital services and other health facilities. They must provide the local community with all the health services it requires other than those to be found in a regular hospital. In the scheme of things its functions must be health promotive, preventive and curative with respect to the commonly prevalent diseases in a particular region or the country as a whole. It must serve as a focal

point from where all the public health activities should emanate in order to support and complement the health promotive and preventive aspects of basic medical care. In Nepal there are at present about 232 health centres or posts of varying grades each catering approximately for a population ranging from 23,000 to 200,000 with an average of 57,000. The extent of the coverage and the quality of the basic health care will directly depend on the number of the health centres that can be created in the next few years. Ideally each health centre or post should serve about 20,000 people, which means that the present number of available health posts will have to be trebled for effective basic health care. Since the size of the population served by each health centre in the mountainous regions will be understandably less because of the thinly scattered nature of the population and difficult accessibility in these regions it is evident that relatively more health centres will be needed in these areas than in the plains. The question now naturally arises as to the possibility of providing technical manpower to run such an extensive network of health centres throughout the country. Apart from financial considerations there is distinct feasibility as far as the technical manpower is concerned. In view of the acute paucity of doctors in Nepal it is not economic to deploy them for work in the health centres. The health centres should be manned entirely by the health auxiliaries and the country has got to produce more of these personnel capable of efficiently handling the basic health care. It may be necessary to spell out here as to what a health auxiliary is. According to W. H. O., a health auxiliary is a health worker with less than full professional qualification. It is in the fitness of things that the new Educational Plan does not envisage the training of the medical doctors at this stage but has largely concentrated in the training of the auxiliary health workers who to all intents and purposes could be turned into miniature doctors with suitable upgrading and modification of the curriculum. Interestingly enough, such type of auxiliaries have been given different names in different countries—feldsher in U. S. S. R., barefoot doctor in China, and Medical Assistant in many African countries. It is obvious, therefore, if the health services in Nepal is to be oriented towards this approach of basic health care, health posts will have to be increased, expanded and strengthened and the Institute of Medicine will have to play a major and vital role in augmenting the turnout of these health auxiliaries both in terms of quantity. A close and continuous liason is highly desirable between the Institute and the Health Services—producer vis-a-vis consumer—so that the Institute could impart the exact type of training calculated to meet the multifarious needs of the health services. It is a personal feeling that some thing of the type of training given to the health assistants, the products of the forerunner of the Auxiliary Health Workers would perhaps be more suited to handle the basic medical care such as has been discussed in this paper.

Basic medical care provided by the health centres is immensely cheaper than that by the hospitals since the health centres could be entirely staffed by the auxiliaries and their initial and running costs are far much less as compared to the hospitals. In terms of medical economics treatment at the periphery of the health organisation is always much cheaper than at the centre and the underlying principle of the concept of basic health care is that simple and common disease should always be dealt with at peripheral levels. It must of

course, be stressed here that all the diseases cannot be tackled at the peripheral levels and there remain many more complex diseases especially of surgical nature which have to be treated at higher echelons of the health units, that is, the regional and the central hospital and this is a matter which involves regionalisation of hospitals and the development of referral services whereby diseases are referred to and treated at appropriate levels according to their nature and severity. In short, in order that the basic medical care may be rendered viable and effective the health centres must be linked with and supported by regional and district hospitals on the basis of this referral service.