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24 – What is Universal in Primary Care? Challenges for North/South Co-operation.

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Introduction

A cursory examination of the way Primary Care is practised in the Northern and the Southern hemispheres gives the impression of vast differences in orientation, settings and operations. With the advent of the global focus on Primary Health Care heralded by the Alma Mata declaration of 1978, the focus of Primary Health Care in the South was predominantly Community oriented. Emphasis was on disease prevention through immunization, provision of water and environmental hygiene (1).

The operation was driven by Community Health Extension Workers and other Physician assistant personnel. On the other hand, in the North, the orientation has traditionally been based on physician-led individual person-centred care often with strong Private Public Partnership.

Over the years, there has been a convergence in the approach to Primary Care with more integration of both models to varying degrees. However, differences still exist in broad terms. The apparent differences often give the impression that there is nothing in common in Primary Care between the North and South.

The impression is further accentuated by the vast array of ethnic, cultural, social, economic and technological diversity in which Primary Care operates in both settings. The apparent differences give the impression of a parallel paradigm with no meeting point, nothing in common and nothing to learn from each other. This is misleading.

What is Universal?

Within the midst of the array of ethnic, cultural, social and economic diversity is the universal cord that ties us all together – the humanity in us. At the most basic level, man's needs are the same irrespective of the circumstances, location or situation of our birth – the need for self-preservation, safety and security, love and self esteem.

Primary Care is at the heart of the most basic of these needs - the instinct for self preservation. Forging alliances with people and their families to promote optimum health, prevent disease, and when necessary make prompt accurate diagnosis and implement /coordinate effective care to our patients in the most dignified manner possible. The basic elements of Primary Care - accessibility, comprehensiveness, continuity and coordination apply universally (3). The attributes of good primary care - compassion, patience, love of people, love of communication and care are universally demanded and appreciated(4).

Perhaps the strongest articulation of the universality of the quest for Primary Care is that of Margaret Chan, the Director General of WHO in her introductory remarks to the World Health Assembly 2008 World Health Report:

"A primary care approach is the most efficient, fair, and cost effective way to organise a health system. It can prevent much of the disease burden, and it can also prevent people with minor complaints from flooding the emergency wards of hospitals. Decades of experience tell us that primary health care produces better outcomes, at lower costs and with higher user satisfaction" (5)

The entire report titled "Primary Care; Now More Than Ever" underscores the urgency of concerted universal efforts to give thought to rekindling attention to the development and sustenance of Primary Care (6).

However, Primary Care has many different faces, depending on the context and geographical location where it is practised. Whereas in one location it may be normal to perform a surgical procedure for appendicitis on the kitchen table, it is highly irregular to perform the same procedure in another place. Though both doctors work in Primary Care, their task description is very different – modified by several factors.

The moderating factors include the economic environment, the level of social and technological development and the effectiveness of the Health Systems in place. Even within Regions, there are differences. Health Systems in the United States and Canada for example are quite different from those in Brazil or Cuba. These factors are dynamic and undergoing continuous evolution. This has resulted in evolutionary continuum with the North predominantly at one end and the South at the other in different fronts.

These factors of socio-economic and cultural realities impart on how Primary Care is implemented. The implementation of Primary Care is in the context and place where it is practised. Therefore, there is no such thing as a unique form of Family Doctor.

North/South Co-operation

The peculiarity of the circumstances and situations under which Primary Care is practised from North to South offers unique challenges to the practitioner. The mastery of these challenges builds valuable experience for the practitioner whether practising in the North or the South. The experiences in a geopolitical zone at a point in time are potential sources for learning for others. The examples of Brazil and Cuba's models of Primary care are veritable examples which offer lessons for Countries in both the North and South.

Most of the time, North-South co-operation is seen as a one – directional way of assistance. But as described above, the time and place of delivering Primary Care are so different, that there is no real mirror of the circumstances.

Therefore, bi-directional co-operation in which experience are shared between the North and South is what is needed.

The vital questions should be: What can each of us contribute to each other? What can the North learn from the South and vice versa? There is a lot we can learn from each other - From National Health Systems, how Primary Care is delivered at practice level to epidemiological disease prevalence, pattern and treatment.

Challenges

Implementing such bi-directional co-operation has its challenges:

Living in a world where Malaria and Ebola are prevalent is quite different from a world with largely lifestyle problems as challenges. Hypertension is a Northern problem, Dengue and Malaria are Southern problems.

Cancer and Diabetes Type 2 are ubiquitous; but one has to live long enough to get them. To add to the complexity, in the dynamic societal evolution and globalization, what was exclusively a Northern problem yesterday is gradually becoming a universal problem today and vice versa. This is why co-operation is inevitable.

Take home messages

- Primary care offers the opportunity to forge an alliance with people and their families to promote optimum health, prevent disease, and when necessary make prompt accurate diagnosis and ensure effective care to our patients in the most dignified manner possible.
- The peculiarity of the circumstances and situations under which primary care is practised in both the North and in the South offers unique challenges to the health care practitioner.
- We need bi-directional approaches and co-operation, in which experiences are shared between the South and the North.
- The best way to co-operate is to learn from one another – and that is why WONCA is so important. It offers the opportunity through its Conferences and other activities to exchange experience and ideas.

