

Letter to Editor

Shifting Priority from Treating a Case to Treating a Community

GURUNG GAGAN

Dear Sir,

Major thrust of health policy of Government of Nepal is to reach out rural population with preventive, promotive and curative services through network of government health system. Sub Health Post (SHP), Health Post (HP) and Primary Health Center (PHC) are the major health service delivery institutions below district level to provide services to rural population.¹ These health facilities are supposed to provide health services under the principle of primary health care. If we look at the policy regarding the health services to be provided by a SHP/HP, it is mostly health promotion and preventive health activities together with few curative services. However, current trends show that these health facilities are more focused on curative part with little attention on health promotion and prevention. Health providers are mainly concentrating on providing curative services like treating cases who visit these health facilities. Besides, they provide family planning services, prescribe medicines, treat diarrhea and pneumonia cases. They also provide immunization services which is one of the successful public health interventions of health sector. But, there are often gaps in educating/counseling the patients/care takers who come in to contact with the health workers which are important part of health promotional activities. If we look at the list of services to be provided by these health facilities, it is very clear that in every health program from family planning to immunization, there is provision of providing health promotional activities. In this context, one can argue that health workers at peripheral health facilities are now more clinically oriented. The situation is further worsened once the free health care services are introduced. In most of the health facilities, after the free health care policy was introduced, patient flow was sharply increased, however this increase is basically for getting curative care and free medicine. Due to the increase pressure of patient flow in the health facilities (which are already short of staff), staff have very few time for consultation with patients. As a result, health promotional activities will be sidelined more which is already given low priorities. But, it should not be concluded that free health care service is regressive for health promotional activities.

Similarly, when we look at the demand side, the situation is no better. The service users have perception that health is medicine, doctors and nurse only. They come to SHP/HP to get curative care and medicine. When asked about the type

of the health services available from SHP, the response are mostly related to curative care including some care like delivery services etc. But, hardly very few people acknowledge the wide array of public health services available from these health facilities. Some times, they demand higher level of services from SHP. Our health system is still unable to make aware service users on the level and purpose of the different level of government health services. One cannot aspect specialized care from SHP due to its limitation of resources and policy. This is also one of the reasons why community people have very low faith on the government health services. Further more, in most of the health facilities there are health management committees to support health facility management.² In many places, they have been working very actively. But, if we look at their priorities, they are also focusing on more curative services. Most of the management committees want to make the SHP either HP or PHC. Similarly, they want to upgrade the services by adding laboratory services, delivery room, more medicine in drug list etc. But, very few committees have ever think for improving the quality of existing public health services. The committees rarely discuss on the service gaps especially coverage of immunization, family planning etc.

In short, both community people and health workers are more inclined to clinical care. It is therefore a challenge for health system on how to change this attitude and how the concept of comprehensive primary health care can be put in to practice. The peripheral health workers should focus on the preventive and health promotion sectors. They should be the epidemiologist of their particular community. Health facilities at the grass root level should treat the whole communities not only cases. Consideration of the widely accepted fact that health as a multi factorial and multidimensional phenomenon is now need to be strongly highlighted and advocated.

Conflicting Interest: None

References

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2. National Health Training Center. Directives for local health facility hand over and operation. 1st ed. Kathmandu: Department of Health Services; 2003.

Correspondence: Gagan Gurung, Program Coordinator- Health, Save the Children, Baghdarbar, Sundhara, Kathmandu, Nepal, E-mail: gtamu2000@hotmail.com; ggurung@nfhp.org.np