INTEGRATED BASIC HEALTH SERVICES A DEFINITION

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My discussion is divided into two areas. First defining what a basic health services and its components are, and then describing how the concepts of integration, as applied to these goals, can provide a methodology for the effective and efficient delivery of health care. Nepal's specific experiments in the delivery of health services in an integrated fashion is described by Dr. R. M. Shrestha later in the journal.

I. WHAT IS A HEALTH SERVICE ?

The nature and methodology of health services varies greatly, and properly should, from country to country and frequently even from one portion of the country to another. The basic services which can be provided by a health organization can only be viewed in the perspective of the total social, economic and financial priorities and capabilities of the country.

The allocation of resources is a major concern. How much and in what kinds of resources to invest. The pattern of growth in medical care services has often been that which puts health and medical services in the hands of the wealthy elite which clusters in urban areas and which demands curative care administered by highly skilled doctors, leaving the poor and rural people without access to care. There is a constant pressing desire to duplicate the curative hospital based programs of the industrialized West without creating the necessary preventive framework to make this orientation viable.

There are certain common denominators of health care that cross international boundaries.

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- 1) that health is a right not a privilege,
- 2) that at least a minimal amount of service to be provided to all of the population,
- 3) and that the efforts of the health service are to be directed at maintaining the health of the population rather than awaiting the occurrence of illness and then undertaking treatment. Rather than a Department and Ministry of Disease there must be a Department of Ministry of Health.

The ideal health services then might better than called a "health maintenance organization."

Given these three common goals of health care a basic health service can be define as an organized network of health units staffed by an adequately trained and well supervised staff of professional and auxiliary personnel performing a group of tasks essential to the maintenance of the health of all the people. In addition the health service recognizes that rural people rarely are able to come for health care from distance greater than a few miles and therefore the health service must be designed with both a mobile and static component in order to make the health care system accessible to all.

The last goal of health care concerning the concept of health maintenance deserves additional attention. Planners must be dismayed at the continuing concern and request by specialists for increasing allocations of funds for more specialized curative facilities and equipment when there are many districts in the country that have no medical presence at all; and in the face of the fact that 25 % of Nepalese children continue to die before the age of 5 years primarily of preventable diseases. A development plan must be responsive to local conditions and create flexible response to the demand for medical manpower by eliminating the difficulties created by the "overtraining-underemployment/frustration" syndrome. Medical technologies must be considered in terms of social goals and the level of economic growth. Expensive technologies, such as intensive care units, at the cost of more broadly based health care services displace logical planning efforts. The greater the proportion of the health budget spent on curative services the longer will be the delay in permanent health improvement of the country.

National planners abrogate their responsibility for health planning and turn health budgets over to doctors whose scientific capabilities are presumed to qualify them as administrators. The result is that health and medical care programs develop in isolation and in little relation to other national, social and economic goals. The more effort, time, personnel, and money spent on curative services the less is available for health maintenance services. Medical care must be provided because the urgency to relieve suffering takes precedence over logical planning. It is not enough to know that the total and eventual improvement in a nation's health will be greater if physicians devote portions of their time to preventive programs. The political retality is that

governments are under pressure to alleviate the immediate suffering and sickness of their constituencies. Such political pressure is difficult to satisfy or withstand. It makes logical and essential allocation of expenditure for health maintenance services exceedingly difficult to achieve. Prevention must be stressed but combined with prophylaxis and treatment.

There are striking instances, however, where large investments in preventive measures have been undertaken at the expense of additional new inputs into medical care. The malaria and smallpox programs in Nepal are good examples of preventive programs that have yielded benefits both for health and development that far outweigh the original investment; as also will be the long-term savings to be derived from the planned tuberculosis control program. Permanent health advances can be achieved only by devoting a significant portion of the health budget to preventive services, i. e., health maintenance.

Ninety percent of the Nepalese are without an effective method by which they can make contact with the health care system or through which services can be delivered. Complicating the overall health problem is the fact that the vast majority of the people of Nepal are rural residents who are geographically and culturally frequently difficult to reach. The problems of accessibility, i. e., physically making available a service to people who are sparsely scattered or who are difficult to approach because of difficult terrain; and receptivity that is, the type of service being provided is socially acceptable to the consumer because it is considered to be a significant means for improving the quality of family life. In addition the constraints imposed by the scarcity of human and financial resources are problems which constantly restrains attempts to improve health services.

In an attempt to maximize the delivery of the limited existing health services and to develop a basic health services infrastructure which will fulfill the above criteria of reaching rural people, and being acceptable within available resources, both human and financial, the government is testing the intergration of the semi-autonomous unipurpose preventive health organizations of malaria, smallpox, T. B. leprosy and FP/MCH with the other Department of Health's curative and preventive activities.

II. WHAT IS INTEGRATION ?

Campaigns for the eradication of diseases can have only temporary results if they are not followed by the establishment of permanent health services to deal with the day-to-day work of the control and prevention of disease and the promotion of health.

The concept of integration suggests that the basic health services both curative and preventive are technically guided, administered and managed under a strong unified, appropriately organized, decentralized system with elements at the national, regional and local levels.

At the Local Level

At the local level there are health posts or units which provide a permanent service by a team of paramedical health workers within easy reach of the population living in the area, and with a staff of mobile domiciliary based house-visitors providing the necessary services in the homes of the people in the service area. It is a community institution with active participation of the local population in its work. This level functions to provide detection, treatment and prevention of common diseases especially communicable diseases through immunization, case—detection and mass treatment; provides health care for mothers and children, midwifery services, first aid and emergency medical services and keeps records and data for health authorities at regional and national levels to be used in analysis of performance and for planning. The ideal ratio of the number of such health posts to the size of the population varies according to local conditions, the degree of dispersion of the population, human and financial resources etc.

At the Intermediate Level

The intermediate levels, i.e., the region or district, are the levels of administration, consultation and in-patient services. Adequate functioning of the basic health services at the local level depends to a great extent on the support they receive from an efficient system of administration, capable of providing effective supervision and technical guidance, as well as the availability of appropriate referral services. At this level a true coordinated or integrated approach combines curative, preventive and hospital services in an efficient effective manner. This level is roughly equivalent to the District and Zonal level planned for administrative decentralization in the integration experiments. The regular functions at this level include the coordination of priority programmes in the area, e.g., TB, leprosy or smallpox campaigns, epidemiological surveillance and compilation and analysis of records, supervision and inservice training of staff at the local level, and technical guidance in the curative and preventive services at the local level.

At the National Level

The National administration functions to implement the health policy of the government through the basic health services, provides technical guidance on local health problems and prepares technical instructions on the manner of technical work to be performed at the intermediate or local level; coordinates between specific disease programmes and the basic health services collects, does analysis and disseminates health statistics, organizes and conducts in collaboration with the intermediate level; provides training programs for professional and auxiliary personnel, advises the government on matters related to health policy and the planning of the health services; decides on the distribution and utilization of budgetary provisions from varying sources; coordinates its work with other Ministries and Departments; provides and distributes required equipment, supplies and drugs, and means of transport to

the periphery; and provides epidemiological services to aid in the control of communicable and non-communicable diseases. The central level would also contain nuclei of specialized services such as laboratory, environmental health, health education, nursing etc. and any special programmes that have been administratively integrated into the central administrative structure.

III DISCUSSION

Caution must be observed. The establishment of well developed basic health services and an effective system for delivery of health services are not an objective in themselves— they are only the means of promoting the health of the population. It is only by its more or less success that one can judge the value of the health system advocated, in this case "integration". The development of basic health services should not rule out the possibility of having recourse to certain specialized mass campaigns. The problem comes in deciding a priority which mass campaign is compatible in its implementation with the integrated basic health services management system and which deserves not to be integrated. Approaches must not be too rigid or too rapid. Great flexibility is necessary to meet the constraints of human and financial resources and technical compatibility. Simply because a policy of integration has been adopted, there can be no question of entrusting specialized programmes to a basic health services which is incapable of ensuring their effective implementation.

ANNOUNCEMENT

XIV INTERNATIONAL CONGRESS OF PEDIATRICS

The XIV International Congress of Pediatrics will be held in Buenos Aires between the 3rd and 9th October 1974. This is the first one to be held in the Southern Hemisphere. It is hoped that about 7000 Pediatricists from all over the world would attend the Congress.

The Preliminary Programme drawn up by the organisers includes:—

1. The child in its two critical stages.
 - (i) The newborn
 - (ii) The adolescent
2. The child of the present
 - (i) The child in the developing world
 - (ii) The child in the developed world
3. The child and the future
 - (i) Avenues of Progress

Any further information can be obtained from--

The Secretary General

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