



Addressing Covid-19 Pandemic through Effective Management of the Primary Health Care System in Nigeria

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Abstract

With 2019 and 2020 appearing to be years of heightened disease outbreaks, from a different strain of the seasonal meningitis outbreak in Northern Nigeria to Lassa fever and Monkey pox in some states, and then the unexpected emergence and presence of coronavirus, also referred to as COVID-19 in virtually all the states of the federation, the health system is in for the tough job of combating plagues. Health professionals are the cornerstone of effective COVID-19 case detection and management, and they should be engaged and trained to identify potential cases, treat them, ensure infection prevention and control measures are in place in healthcare settings and provide public health advice. In the face of limited resources and weak health systems, the COVID-19 pandemic-presented Nigeria with new challenges of the urgent need for diagnostics, care and treatment for infected patients, and the increased burden on health systems and collapsing economies. To win this virus war and impending social disruption, there is a need for effective risk communication and community engagement, which is an essential component of health emergency and response activities and a core responsibility of an effective primary health care system. This study aims at addressing COVID-19 pandemic through effective management of the primary health care system in Nigeria. Representative health care centres will be visited and thoroughly assessed for their effectiveness and possible improvement strategies.

Keywords: COVID-19, Pandemic, Management, Primary Health Care

I. Introduction

Over the years, Nigerians have depended on the health care professionals to proffer solutions to the various challenges plaguing our health care delivery system. The health care sector is meant to service the society and ensure that the populace, as much as possible, is in good state of health to effectively drive the engine of national development (Samson, 2016). Nigeria being a three tier state, constitutionally charges each tier with a specific level of responsibility in the health sector. The Local Authorities are responsible for the primary health care ensuring the management of local dispensaries, environment sanitation/protection and routine immunization, etc. The State Governments are responsible for secondary health care system such as the General Hospitals and similar health care delivery systems while the Federal Government is expected to concentrate its efforts on the tertiary and apex referral institutions such as the National Hospital, the Specialist/Teaching Hospitals and the interventionist Federal Medical Centres (Samson, 2016).

However, the reality on ground today is that the local authority delivery systems are non-existent. The dispensaries and health centres managed by the Native Authorities in the sixties and Local Authorities in the seventies are no longer functional. In other words, the first level of health care provision and prevention of diseases has been rendered non-existent. Thus diseases that could have been arrested or prevented at that level are left to fester, sometimes metamorphosing into an epidemic on national dimensions. The implication of this is that all the patients that could have been attended to at this level move to the next level (the secondary level), seek self-medication or



rely on quacks. For decades, the Nigerian health system has been weak, dysfunctional, and inequitable. Political actors have expressed dissatisfaction with the deplorable state of the health sector (Iroanusi, 2019).

Although the National Health Policy states that primary health care (PHC) should be the bedrock of the health system in Nigeria (Uzockuwu, 2019), the Nigerian health system has favoured curative services rather than preventive services. The focus on sickness and treatment rather than the promotion of prevention now sees the country burdened by numerous diseases. This has led to an increase in health care costs. This burden manifests in a failure to meet the health needs of lower income population.

A primary health care approach draws in a wide range of stakeholders to examine and change policies to address the social, economic, environmental and commercial determinants of health and well-being. Treating people and communities as key actors in the production of their own health and well-being is critical for understanding and responding to the complexities of our changing world.

Concept of Primary Health Care

Primary health care is a whole-of-society approach to health and well-being centred on the needs and preferences of individuals, families and communities. It addresses the broader determinants of health and focuses on the comprehensive and interrelated aspects of physical, mental and social health and well-being. It provides whole-person care for health needs throughout the lifespan, not just for a set of specific diseases (WHO, 2018). Primary health care ensures people receive comprehensive care - ranging from promotion and prevention to treatment, rehabilitation and palliative care - as close as feasible to people's everyday environment.

Primary health care is rooted in a commitment to social justice and equity and in the recognition of the fundamental right to the highest attainable standard of health, as echoed in Article 25 of the Universal Declaration on Human Rights: "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control" (UDHR, 1948).

The concept of primary health care has been repeatedly reinterpreted and redefined. In some contexts, it has referred to the provision of ambulatory or first-level of personal health care services. In other contexts, primary health care has been understood as a set of priority health interventions for low-income populations (also called selective primary health care). Others have understood primary health care as an essential component of human development, focusing on the economic, social and political aspects.

People turn to the primary health care system in their communities both to stay healthy and to get care when they fall sick. From primary health care providers they seek prevention of disease, management of chronic conditions, access to treatment of various ailments and conditions, and family planning. Primary health care also includes the key elements needed to improve health security and prevent health threats such as epidemics and antimicrobial resistance, through such measures as community engagement and education, rational prescribing, and a core set of essential public health functions, including surveillance.

Strengthening systems at the community and peripheral health facility level contributes to building resilience, which is critical for withstanding shocks to the health system. When the primary health care system performs well, it meets the vast majority of people's health needs, and that is essential if a country is to make progress toward the nation's health goals.

Empirical Review of Primary Health Care

The international Alma-Ata Declaration of 1978 identified primary health care (PHC) as the key to the attainment of "Health for All" (WHO, 1978). The failure of many countries to achieve health for all led to the 2018 Declaration of Astana. It is a global commitment that aims to strengthen PHC systems as an essential step towards achieving universal health coverage (WHO, 2018). Over forty years later, "health for all" has not been achieved in many countries, including Nigeria.

Investment in PHC over the decades has improved life expectancy and reduced mortality globally (The Alma-Ata Roundtable, 2018). This recognition has prompted greater support for a comprehensive PHC approach that ensures better health outcomes for all. The Declaration of Astana 2018 therefore reaffirms comprehensive PHC as the key to achieving universal health coverage. Countries such as Sri Lanka, Thailand, Cuba, Brazil, Chile, Ethiopia, and India have been able to



strengthen their health system with a focus on PHC. This has been achieved through heavy investment in PHC and development of policy innovations leading to improved population health outcomes at lower costs and a reduction in health inequities (Rao and Pilot, 2014).

Under the leadership of Professor OlikoyeRansome-Kuti, between 1986 and 1992, Nigeria adopted PHC in 52 local government areas (LGAs) as models and subsequently expanded PHC to all Local Government Areas, seeing improvements in population health outcomes (Aregbeshola and Khan, 2017). Professor OlikoyeRansome-Kuti was able to achieve this feat due to his focus on PHC.

Components of Primary Health Care

According to the World Health Organization, there are three components of primary health care viz:

- Meeting people's health needs through comprehensive promotive, protective, preventive, curative, rehabilitative, and palliative care throughout the life course, strategically prioritizing key health care services aimed at individuals and families through primary care and the population through public health functions as the central elements of integrated health services.

2. Systematically addressing the broader determinants of health (including social, economic, environmental, as well as people's characteristics and behaviours) through evidence-informed public policies and actions across all sectors.

3. Empowering individuals, families, and communities to optimize their health, as advocates for policies that promote and protect health and well-being, as co-developers of health and social services, and as self-carers and care-givers to others.

WHO (1986) specified the aims and objectives of primary health care as:

- i. to make health services accessible and available to everyone wherever they live or work;
- ii. to tackle the health problems causing the highest mortality and morbidity at a cost that the community can afford;
- iii. to ensure that whatever technology is used, it must be within the ability of the community to use effectively; and
- iv. to ensure that in implementing health programme, the community must be fully involved and also participate in planning in the spirit of self-reliance.

Importance of Primary Health Care

Primary health care has been proven to be a highly effective and efficient way to address the main causes and risks of poor health and well-being today, as well as handling the emerging challenges that threaten health and well-being tomorrow. It has also been shown to be a good value investment, as there is evidence that quality primary health care reduces total health care costs and improves efficiency by reducing hospital admissions (WHO, 2018). Primary health care can cover the majority of a person's health needs throughout their life including prevention, treatment, rehabilitation and palliative care. A PHC framework is capable of providing 80-90% of people's health needs across their lifetime (The Lancet, 2018).

Addressing increasingly complex health needs calls for a multi-sectoral approach that integrates health-promoting and preventive policies, solutions that are responsive to communities, and health services that are people-centred. Stronger primary health care is essential to achieving the health-related Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC). It will contribute to the attainment of other goals beyond the health goal, including those on poverty, hunger, education, gender equality, clean water and sanitation, work and economic growth, reducing inequality and climate action.

Coronavirus Disease: Its Emergence, Symptoms and Implications on the Health Care System in Nigeria

Following notification of cases of pneumonia of unknown cause in Wuhan, China on December 31, 2019, a novel coronavirus commonly referred to as COVID-19 was identified as the cause by Chinese authorities on January, 2020. Since then, neighbouring countries and elsewhere around the globe have heightened their surveillance to quickly diagnose potential new cases of the virus linked to this outbreak. More people infected with were identified in China, as well as imported cases in other countries. This is not entirely unexpected given the volume of travel between Wuhan and other countries.

Coronaviruses are said to be a large family of viruses transmitting between animals and people that cause illness ranging from the common cold to more severe diseases such as Middle East respiratory syndrome and severe acute respiratory syndrome. Common observed symptoms include fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can



cause pneumonia or severe acute respiratory syndrome, particularly in those with other chronic underlying health conditions, and even death.

The rapidly evolving threat around the coronavirus is impacting health care delivery across the world. At the end of January 2020, the COVID-19 outbreak was declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organization (WHO), and well before its declaration on March 11, 2020 as a “pandemic”, WHO had been working together in collaboration with countries and the global community to stop the spread of the disease. A pandemic requires people to stay at home to limit exposure and to prevent or slow down the spread of the disease. Unlike an occasional weather event, which may prompt some employees to work remotely, a pandemic may lead to a complete shutdown of the entire facility in an area, forcing a high number of employees to work remotely for an extended duration.

Coronavirus is steadily gaining a foothold in Nigeria, bringing to reality fears the country’s weak health systems cannot withstand a larger outbreak. On February 28, 2020 Nigeria reported the first case of COVID-19 in sub-Saharan Africa. As of March 30, 3,217 people had been infected and 60 had died in the WHO African region. With the now rapidly increasing numbers, there are huge concerns on how Nigeria will fare since there is no vaccine yet to prevent COVID-19, and no specific treatment for it, other than managing the symptoms.

Statement of the Problem

Nigeria is already confronting multiple health challenges, including HIV/AIDS and tuberculosis, meaning millions of people may be immunocompromised and more at risk of serious complications from this respiratory virus. Additionally, high rates of malaria in the country may both make people more vulnerable to infection and may confuse diagnoses since high fever can be a symptom of both malaria and COVID-19.

As COVID-19 spreads in Nigeria, the effects could be devastating, especially for a country accustomed to battling infectious diseases. The health challenges of COVID-19 for the country are daunting, with a serious potential loss of lives in Nigeria either directly or indirectly related to the COVID-19 virus. Nigeria’s health systems are weak putting even the health workers at risk for COVID-19. Nigeria’s ratio of doctors to patients is about eight times below the World Health Organisation’s recommendation of one

doctor to 600 patients. The available ones are overworked and poorly paid and work in facilities that lack basic equipment that will enable effective service delivery. A widespread pandemic could cripple the country’s fragile health care systems and be devastating economically.

Primary health care is the bedrock of the Nigerian health system and the first level of contact between Nigerians and their health system. However, the Nigerian primary health care lacks effective response system to meet up with the health demands of the grassroots, thereby making it difficult to augment the national COVID-19 disease control efforts.

Objectives of the Study

The broad objective of this study is to address COVID-19 pandemic through effective management of the primary health care system in Nigeria while the specific objectives are to:

- i. analyse the significance of an effective primary health care system in combating the menace of COVID-19 pandemic in Nigeria; and
- ii. identify the role of non-state actors in expanding primary health care facilities and complementing the efforts of the state actors towards combating COVID-19 pandemic in Nigeria.

II. Research Methodology

Research methodology deals with the methods, strategies and techniques used during data collection and analyses. Both primary and secondary data was used in this work. Basically, this study follow the sequence highlighted below for its research methodology:

Research Design

This study will employ *descriptive survey design*, which deals with detailed collection of data needed for the analyses of the research objectives. The use of questionnaire will constitute the source of the primary data while the review of various literature works will serve as the secondary data source.

Population

The population for the study will cover the health users and staff members within some selected Primary Health Care Centres within at least two out of the six geo-political zones of Nigeria. Questions relating to the efficiency and effectiveness of their health centres at combating the menace of COVID- 19 will be asked.

These questions will specifically include, but not limited to: the proposed participants' perception of



the available health facilities such as the laboratories, equipment and drugs; their view on the level of experience and competence of the health workers; the system of information dissemination among the grassroots; and how non-state actors have contributed (or can contribute) to the development of the primary health care facilities.

Sample and Sampling Techniques

Stratified sampling technique was used for this research work. The health staff members selected was based on their years in service and their expertise in public health while the selection of the health users was based on their availability at the selected health centres.

Statistical Tools for Data Analyses

Simple percentage was used to calculate the number of respondents in this study.

Research Instrument

The research instrument to be used for this study is the Questionnaire. Copies of the questionnaire will be distributed to the proposed selected respondents to solicit their responses regarding the research study. The Questionnaire will be made up of two sections. Section "A" will elicit response as regards the biographical data of the respondents, while section "B" will consist of questions that will elicit responses from the respondents with response options "Strongly Agreed", "Agreed", "Strongly Disagreed", and "Disagreed".

III. Recommendations

The recommendations given below are subject to the existing literatures considered for the proposed research. These would be reviewed based on the outcome of the empirical investigation by the researcher.

With COVID -19 spreading across the country, coupled with the poverty, poor performance of the health system, the hand-to-mouth economy of the majorly poor and highly densely populated hinterlands, Nigeria cannot afford to deal with the enormity of escalation and possible causality figures of the outbreak at this time in its economic life, hence the need for a proactive completion of the primary health care centres across the country.

Government should increase its health security. Strong primary health systems are the most effective way to do that. The national awareness and curtailing drive against COVID-19

should be a bottom-up approach rather than the up-bottom because of its vulnerability amongst the uninformed at the grassroots, simply because the local government administrations are the closest to the communities/grassroots where the prevalence is high.

State governments should ensure that every designated ward in each local government and area council in Nigeria has a well-equipped and functional primary health centre. Such efforts would reduce the rising burden of diseases and health care costs in Nigeria. Nigerian government should intensify efforts at reinforcing containment measures and considering several emergency options knowing that her fragile health system will be swiftly overwhelmed if the disease spreads beyond a small number of cases. It is therefore crucial at a time like this for the government to ensure that the citizens are aware of, and comply with such measures that could reduce the spread of this dreadful virus. These measures could be in form of mitigation and suppression, proactive governance, and effective communication by the government.

For the largely illiterate community and non-medically inclined in Nigeria, there is a need for simple and easy to understand information sharing. Information on COVID-19 should be made available in local languages and pictorials that people can relate with for wider coverage and better understanding of the disease. Control of community transmission will be achieved if primary health centres and the communities they serve are strengthened and supported to take appropriate measures to limit the spread of this disease.

Focusing on simple preventive measures like hand washing and social distancing would go a long way in achieving short term goals of infection control. The lower class living in rural areas and urban slums can easily be reached with COVID-19 preventive messages on the need for hand hygiene and social distancing through radio programmes and communication through their traditional rulers and religious leaders. This could be easily achieved through an effective primary health care delivery system.

Civil society organizations are doing critical work to support efforts to stem the spread of the virus and ensure that those with COVID-19 or those living in isolation or under quarantine have access to needed protection, care, and social services. Governments should protect and support civil society organizations doing this work, as well as those reporting on the impacts of the outbreak.



IV. Conclusion

The COVID-19 pandemic reminds world leaders that under-investment in public health of one country is a threat to global health security everywhere. The severity of the COVID-19 pandemic has clearly risen to the level of a public health threat that could justify restrictions on certain rights, such as those that result from the imposition of quarantine or isolation limiting freedom of movement. The pandemic is placing severe strains on Nigeria's health, economic, and security sectors.

However, this outbreak can be contained. Actions taken now by the government can save lives. Mitigation and suppression efforts will require a comprehensive government response built on clear communications and public trust. Nigeria must also strengthen its health surveillance and primary health systems, which are essential to stopping the spread of this and any future outbreaks.

Furthermore, Nigeria needs to shift from the present curative model to a preventive model that keeps the population healthier rather than waiting for them to fall sick before they have an encounter with healthcare providers. The curative model and selective primary health care approach have proven to be ineffective in addressing the public health challenges that Nigeria faces and in meeting the health needs of the low income population. The primary health care approach is the most effective way to sustainably solve Nigeria's health and health system challenges.

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