TRADITIONAL MEDICINE IN CONTEMPORARY TIMES

A PRESENTATION BY
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FACTORS DIRECTING MEDICAL CARE

I. Health Provision/Client interaction
II. Infrastructure
   • Physical Availability
   • Communication network
HEALTH PROVISION

• Trust
  ➢ Familiar person
  ➢ Adequate dialogue

• Client Knowledge/Cultural believes
  ➢ Exposure
  ➢ Traditional
  ➢ Secular
Communication Distance (Rural Luo/Traditional Healer/Medical Doctor)
AVAILABLE HEALTH EQUIPMENTS

- Traditional health Vs Western medication
- Complex set-ups
- Intimidations
INFRASTRUCTURE (COMMUNICATION)

- Availability
- Pathways
- Roads
- Sea/Ocean/Rivers
- Railways
Luo Nyanza Regional Road Network
Ancient 13th Century Chinese Silk Road (SGR-Rail Network)
Physical Structuring

- Accessibility
- Home Stead's in the neighborhood
- Complex structures can be intimidating
National Budget & Resource Allocation

- 80% Vs 20% Race for essential services
- Health & Infrastructure: very little for both
- Political Influence/Political will
Conclusion

- Uninformed political will
- Poor national budget allocation to both essential amenities
- Physical structures dispensation; level 5 and higher
- Poor communication network
- Poor knowledge of drugs in use
- Poor communication skills
- Trust in tribal concoctions
Recommendations

- Improve trust/communication by training local people
- Building institutions in respective areas to deliberately build capacity
- Blend traditional and conventional understanding
- Make use of retired health personnel in Rural medical disciplines: Pharmacist, nurses & Doctors.
- Build research institutes with appropriate collaborations (one or two in appropriate selected regions) to do service fellowship and research ventures on traditional medications.
PRIMARY HEALTH CARE IN AFRICA

LUO CULTURAL CONFERENCE

TOM MBOYA LABOUR COLLEGE

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PRESENTED BY:

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PRESENTATION STRUCTURE

- Introduction
- Definitions
- Coverage
- Access
- Health outcomes
- Conclusions
- Recommendations
HISTORICAL BACKGROUND

◆ Essential Health Care based on:
  ◆ scientifically sound & socially acceptable methods & technology.
  ◆ That makes UHC accessible to all individuals & families in a community.

◆ Resulted from criticism:
  ◆ Vertical approach used in malaria eradication approach by US Agencies/WHO 1950’s.
  ◆ Transplantation of Hosp. based HCS to Dev. Countries, & lack of emphasis on prevention (Bryant 1971).

HEALTH & WELL-BEING

Primary care & essential public health functions as the core of integrated health services

- Multisectoral policy & action
- Empowered people & communities
IMPLEMENTATION OF PHC

AMA-ATA (ALMATY) DECLARATION 12 SEP. 1978

- Consists of 10 statements of the Declaration

- 3 key tenets for focus:
  - **Appropriate technology** - relevant to the needs of the people; scientifically sound; & financially feasible.
  - **Opposition to medical elitism** - training lay health personnel & community participation. Work with traditional healers & midwives.
  - **Health: tool for socioeconomic development**: Health work is part of a process of improving living conditions: Intersectorial approach (health education, adequate housing, safe water & basic sanitation); instrument of development
IMPLEMENTATION CONT.

- 32nd WHA (1979) endorsed declaration:
  - Approved resolution & resolved: PHC is” key to attainment of acceptable level of health for all.”

- Mahler authored many advocacy papers in support.

ASTANA DECLARATION

- **Comprehensive PHC for all-**“commits to prioritize Prevention & health promotion across life course:
  - NCD; UHC-centre of SDG 3; Impetus to other SDGs 10 (equity); 6 (community participation); 17 (intersectral collaboration)

- Reorientation of HS towards PHC is assurance to achieve all SDGs
IMPLEMENTATION CONT.

8 basic Elements comprehensive PHC programme interventions:

- Health Education; promotion of food supply & proper nutrition; adequate supply of safe water & basic sanitation; MCHC (including FP); Immunization against major infectious diseases; Prevention & control of local endemic diseases; Tx of common diseases & injuries; provision of essential drugs.

Principles guiding successful Implementation of PHC:

- Political commitment; Integration of services; Equity; Accessibility; Affordability; Availability; Effectiveness; Efficiency
IMPLEMENTATION CONT.

- Implementation in S/A 2010-2013. Minimal success due to:
  - Poor community engagement
  - Users not involved in personal health management.

- WHO 2018 review on implementation of PHC in 21st C:
  - Most countries have formulated well articulated policies
  - Policies poorly encompass equity; community participation; inter-sectral collaboration; & affordability
  - Rec. Harmonization of HSR with PHC; improve equity esp. poor; Support countries to address HR, & other HMS; Support countries to retain Health Personnel.
COVERAGE

Evidence on from low & mid income countries:

- Universal coverage for PHC is wise investment
- Higher coverage of PHC associated with improved population health esp. Higher Life expectancy; low IM; & U5M.

Momentum for UHC in Africa is building:

- Many African countries have integrated UHC into national health strategies.
- 11 million Africans pushed into extreme poverty yearly-due to of out-of-pocket health expenses.
- March 2019 –Africa Health Agenda Int. Conference noted:
  - Good health allows children to learn & adults to contribute to societies & economy.
  - UHC can allow people to emerge from poverty & provides basis for long-term economic security.
COVERAGE CONT.

CHALLENGES IN COVERAGE

- Falling GDP & shrinking health budgets.
- Inadequate political will
- Poor community participation
- Advent of epidemics: HIV/AIDS; Ebola, etc.
- Inherent Western Health system, based on disease control & vertical programmes.
- Civil Strives/Arms race
Countries that have made significant progress:

- Rwanda;
- Mauritius,
- Ethiopia;
ACCESS TO PHC

WHY PHC IMPROVES ACCESS TO MEDICINES & INNOVATING H/C

1. Has theoretical & practical constructs- that give rise to technical issues & their solutions

2. Cornerstone upon which most HDS are built.
   - Strategy behind HS that customize needs of health & well-being to individuals, communities & populations.

3. Highly supportive of fundamental human rights

REVAMPING PHC ROLES IMPROVES ACCESS

- Has ability to offer leverage & ensure fair, affordable, & sustainable access to essential medicines across populations
PHC PROVIDES COMPREHENSIVE APPROACH TO STRENGTHENING HEALTH SYSTEMS

- Concept can foster good public health policies that deal with public health constraints & the multiple causes of poor health

- It is concerned with comprehensiveness of meeting all networks of health needs.

- Comprehensiveness of PHC, transcends political & social interests of health.

- it can also satisfy growing demands for reforms within health sector.
HEALTH OUTCOMES

◆ Landmark Declaration of Alma-Ata in 1978 on PHC
◆ Renewed 40 years later- Astana Declaration 2018.
  ◆ in pursuit of health & well-being for all, leaving no one behind.

INTER-RELATED & SYNERGISTIC COMPENEMTS

◆ Integration of HS through promotive, protective, preventive, curative, rehabilitative, & palliative care throughout life course.
◆ Systematically addressing broader determinants of health
◆ Empowering individuals, families, & communities to optimize on their health,
HEALTH OUTCOMES CONT.

- People protected from adverse health outcomes.
  - Prevention & control of locally endemic diseases & outbreaks
  - Prevention of NCD, information & education concerning prevailing health problems, including major risks, and how to prevent and control them.
LINKING PHC, UHC & SDGs

PHC emphasize pop. level services, that prevent illness & promote well-being.
- reduces need for individual care-escalation of complications
- Empowered Ppl. Are advocates for increased financial protection for HS.

PHC is Cost effective way to deliver HS:
- Emp. Ppl. As co-developers, improve cultural sensitivities & pt satisfaction
- HS which are People- centered, 1\textsuperscript{st} contact, etc. have better H/outcomes,
- PHC avail care to disadvantaged ppl;
- tackles determinants of health, which underpin vulnerability
- focus on community-based services, which is the only way to reach remote & disadvantaged populations.
CONCLUSIONS

◆ This noble and landmark notion initially born and directed by Halfdan Mahler is an idea which is bound to solve almost all health problems by the turn of the century.

◆ Tangible progress have been realized but the ultimate achievement is awaited when other outstanding issues on different interests are resolved eg proponents of selective PHC.

◆ PHC is the only conventional HDS that can deal with resilient public health problems adequately.

◆ The concept PHC can improve access to HC if the urgent interplay of theoretical, practical, political, & sociological influences from the economic, social, & political determinants of ill health in an era of globalization are addressed.
RECOMMENDATIONS

- We must **identify** & take **roles** that teams like ours can play collectively in addressing PHC.

- Establish workable **sub-teams** from this community to encourage in genuine dialogue.

- **Working group** to put in place achievable goals in a given time, and report back periodically

- Strategies **Political** & **global** engagement is priority.
THANK YOU