

# HEALTH SECTOR DEVELOPMENT IN PRE-COLONIAL, COLONIAL AND POST-COLONIAL AFRICA

Dr. MC Asuzu

(Professor of Public Health & Community Medicine, CoM, Univ. of Ibadan)

(Consultant Community & Occupational Physician, UCH, Ibadan)

Dept. of Community Medicine,

University College Hospital,

Ibadan. Nigeria.

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# Outline of presentation

- Felicitations & gratitude
- Our understanding of our theme and subject
  - Sustainable development
  - Health and health sector
  - Pre-colonial, colonial & post-colonial
- Health, health care and its development as above; missionary, commercial and governmental
- Lessons learnt and what to do!

# Felicitations & gratitude

- Felicitations – summit organizers, UI, Chair of this session, etc, the audience.
- Gratitude – as community health professional, we are the least of all and the often forgotten (explain!); and therefore the grave reason why we must always be grateful when we are remembered!
- Is this a sign that better days are ahead for EVERYBODY? – remember the best way to judge ANY civilization??

# Clarification of theme and subject 1

- **Sustainable development:** our lay, health worker, “non-SD-expert” understanding of SD as “development that does not compromise the chances of any good things in the NOW OR FUTURE of all concerned or there-related” – i.e., of the whole individual, community or all human race
- In other words, sustainable development IS healthy development – i.e., health, happiness, well-being and advancement in all spheres of life, personal, community & whole world; both now and in the future (36<sup>th</sup> UIL)

## Clarification of theme and subject 2

- **Health:** as wholeness, peace and satisfaction, i.e., fulfilment, of the **soul**; the **spirit** (the operational, functional or “autonomic” meeting point of soul and mind); the **mind**; the **heart** (ditto for mind and body); and **body** – the centre of all that all human beings do and strive or hope for (36<sup>th</sup> UIL)!
- **Primary health care** as the bottom-up (the only, final and fullest) approach to the provision of all personal, public and community health care for the attainment of health-for-all; OBVIOUSLY PHC & HFA IS/ARE SYNONYMOUS WITH SUSTAINABLE DEVELOPMENT!?! (Or shall we separately discuss it?)

# Clarification of theme and subject 3

- **Definition:** “*Primary health care* is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part of the country’s health system, **of which it is the central function and main focus, and of the overall social and economic development of the community**. It is the first level of contact of **individuals**, the **family** and **community** with the national health system, bringing health care as close to **where people live and work**, and constitutes the first element of a continuing health care process.” - **Article VI of the Declaration of Alma-Ata.**

# Clarification of theme and subject 4

- **The PHC approach:** “Primary health care is a practical *approach* to making essential health care universally accessible to individuals and families in the community in an acceptable and affordable way and **with their full participation**. This approach has evolved over the years, partly in the light of experience, positive and negative, gained **in the basic health services** in a number of countries. But it means much more than the mere extension of basic health services. It has **social and developmental dimensions** and if properly applied will influence the way in which the rest of the health system functions” – **Article 7, General outline.**

## Clarification of theme and subject 5

- **The scope of involvement:** “Primary health care involves, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all these sectors” – **No 4, Article VII of the Declaration of Alma-Ata.**



## Clarification of theme and subject 6

- **The minimum health service components:**  
“Primary health care **includes at least: education** concerning prevailing health problems and the methods of preventing and controlling them; promotion of **food supply and proper nutrition**; adequate supply of **safe water and basic sanitation**; **maternal and child health**, including family planning; **immunization** against the major infectious diseases; **prevention and control of locally endemic diseases**; **appropriate treatment of common diseases and injuries**; and provision of essential **drugs**”. – No 3, Article VII of the **Declaration of Alma-Ata**

# Clarification of theme and subject 7

## The ordered principles of PHC

- The establishment of **political will** at all relevant levels of leadership and decision making, relative to the medical and health care services.
- **Orientation and re-orientation** of both the health personnel and institutions to authentic primary health care.
- **INTRA-SECTORAL AND INTER-SECTORAL INTEGRATION AND COLLABORATION FOR PHC.**
- **COMMUNITY INVOLVEMENT AND PARTICIPATION UP TO THE LEVEL OF SELF-OWNERSHIP AND SELF-RELIANCE.**
- The use of **new or improved (bottom-up) management methods**, including new cadres of health workers, especially if the ones there before are not able or willing to be used for the PHC services.
- **THE USE OF LOCALLY APPROPRIATE TECHNOLOGY.**

# Clarification of theme and subject 8

## Our understanding of health & wellness 1

- Wellness (health, happiness, fulfilment) of soul – sound spirituality, religion, etc; no more religious wars, conflicts, Boko Haram, the Nigerian BHC & PHD cultures, etc
- Wellness (health) of mind – information, communication & education; employment, industry, human nurture; no more tribalism, corruption, ethnicity, political thuggery, etc
- Wellness (health) of body – good medical care, public works, housing, food and agriculture, essential drugs, health insurance, social welfare & administration (peoples' welfare-centred politics), etc

# Clarification of theme and subject 9

## Our understanding of health & wellness 1

Wellness (health, ....) of spirit – family, social & ethico-moral formation in relation with the “autonomous” meeting point and functional operation of the joint human soul and intellect

- Wellness (health, ....) of heart – family, social & ethico-moral formation in relation with the autonomous, operational, meeting point of the mind and body; the midbrain of human life & function (consider “my mind/spirit tells me” & “my heart tells me” of the normal human life!)

# Health sector & its development in the pre-colonial era

- Pre-colonial era health sector development is largely unrecorded and corresponds with traditional health services and their development – the *dibias*; *adahunses*, *elesijes*, *babalawos* and *oniseguns*; the *wombais*, the *gozans* and the *malams* (Schram).
- Also the bone-setters, the traditional birth attenders and barber-surgeons (?gozans)
- Technically, only in herbalism would any development have been expected.

# Health sector & its development in the colonial era 1

- Health sector in the **Christian missionary era** of colonization: self-care medications ultimately also availed to their convert co-workers; development of medical health services with option for the poor, the challenges, underprivileged and marginalized, especially mothers and children and other challenged persons; wholistic care of soul, mind and body unlike later government health care with the attendant failures of the latter in indigenous people's health care utilization combination; combination with education, social services (Mary Slassor), etc

# Health sector & its development in the colonial era 2

- Health sector in the **international trade & business** era similar initially with the Christian pattern but later to include slave trade healthcare and ultimately occupational health services in their plantations and industries. They did some good to the slaves in spite of the bad slave issues; but not sure they applied this to its stoppage
- Some of these explorers were botanists and also collected potential medicinal plants for medicinal exploration - Mongo Park, his brother-in-law Alexander Anderson, William Balfour Baikie and many others (Schram, 1971).

# Health sector & its development in the colonial era 3

- Colonial governmental health services first came in as clinics run for the occupying colonial military services; later they transmuted to general clinics and hospitals as the colonial civil servants began to come for the full colonizing enterprise.
- However, they also very early instituted the fullness of the sanitary health services in the Lagos Colony where they lived (understandably) with the fullness of the Medical Officer of Health (Dr. H Strachan); the sanitary engineer (Mr. WM Mackison) and the inspector of nuisances (Mr. WF Lumpkin). Sir. W McGregor improved on this by the 25ft wide canal named after him – to reduce the swamps and this the malaria breeding



## Health sector & its development in the colonial era 4

- With all the diseases ravaging the people in the hinterland, doctors there were automatically inclined to rescue such people and the MOH work hardly had anybody to be doing it. So, eventually, the public health laws of the regions required only a titular occupation of that title with very little done in that regard.
- Director/Inspector-General of the medical & health services (viz, Surgeon-General otherwise)
- The early occupational and PH laws & their emphasis
- The colonial development plan and later (1952!)

# Health sector & its development in the post-colonial era 1

- Departure legacies of colonial health officers – in the PHS and academia.
- The Ibarapa Programme and Alma-Ata 15yrs later
- The immediate post-colonial (1<sup>st</sup> national) health plan; post-war health & development plans
- The Alma-Ata & then Riga conference conclusions (background health paradigms, overall and since UN/WHO/HFA era)
- Our post-war health system, greatest achievement – the national health policy; new PHC – great achievements yet seeds of anarchy and intra-sectoral discord; tokenisms, propaganda with little substantial effect, legalized rascality
- A national health system at war with itself

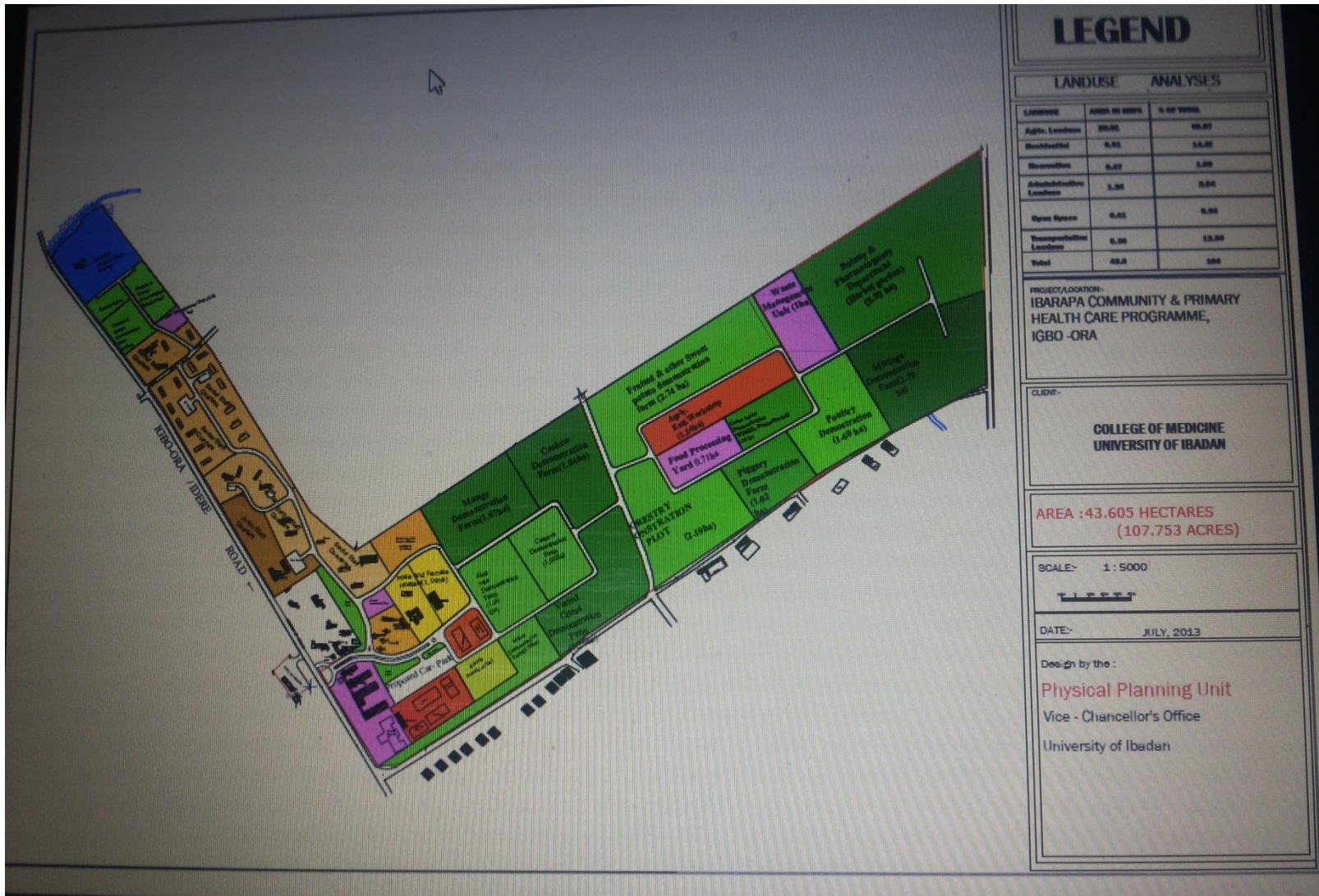
# Health sector & its development in the post-colonial era 2

- No surgeon-generals in presidential democracy
- No medical officers of health & incompetent district/LGA health system despite Alma-Ata & Riga, no sanitary engineers & EHO take-over++!!
- Auxiliaries take over of the foundation of the health system, backed by law and an inverted pyramid PHC health system; 2012 statistics! No chance for inter-sectoral coordination!
- Ominously divided intra-sectoral health situation with ?14 warring councils instead of healthy 4

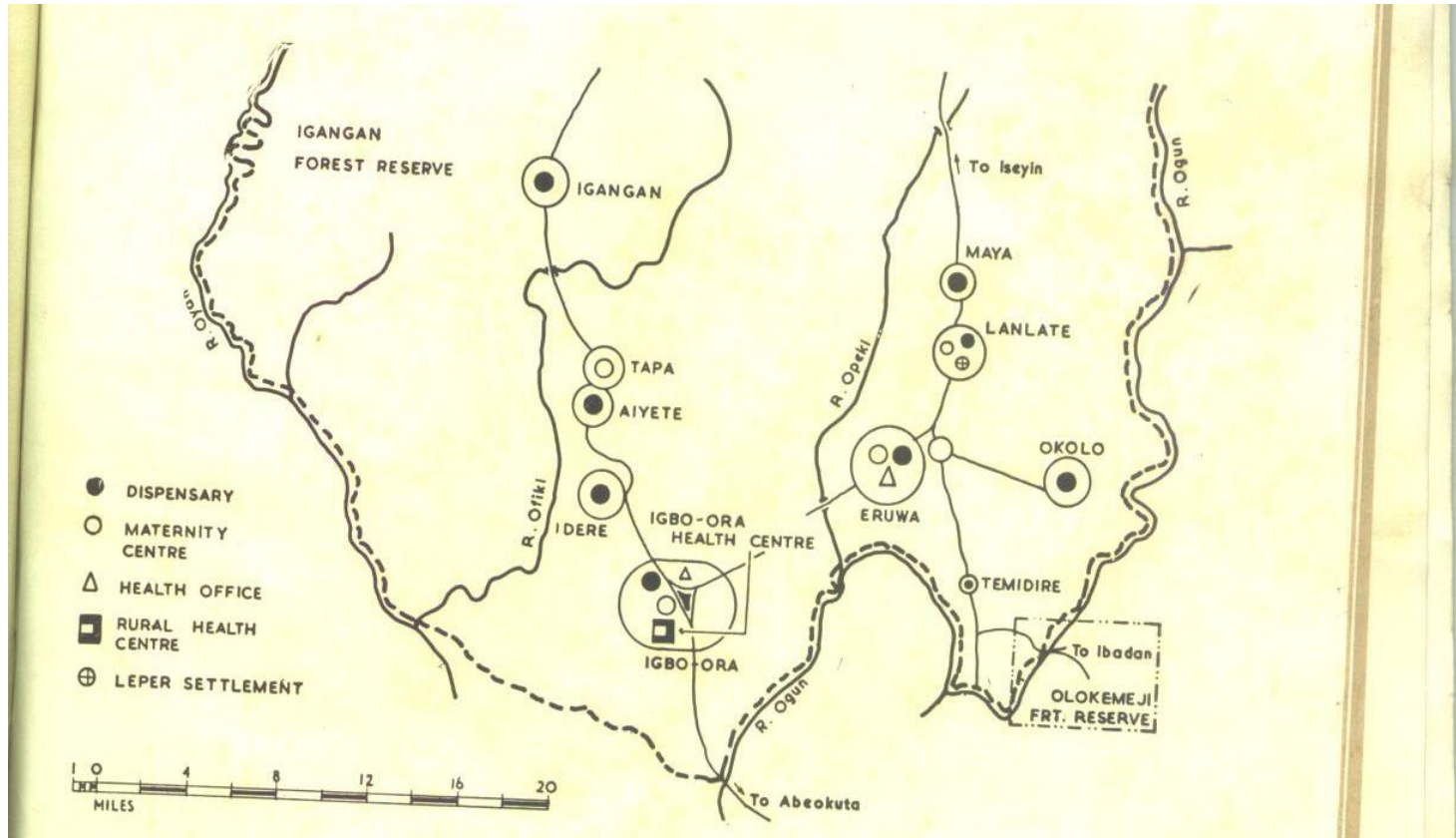
# Health sector & its development in the post-colonial era 3

- Are the universities any better?
  - Where is the Ibarapa Programme from 1973
  - Where are Malumfashi, Imesi-ile, Oji-River, Oguntolu Clinic; Ekpoma, Okene, etc, C/PHC programmes?
  - Some story of Ibarapa in 7 years of dedication for revival, 4 month achievement in 7 years due to what and who we are?; de-jure census, etc.
- The 2012/13 UI lectures IV to UI, College of Medicine & all Nigerian universities, medical school/TH outfits and the nation at large (at home & abroad) – “Come on! Lets do it!! Yes, we can!!!”

# Present master plan of the IP land for HFA/SD



# The Ibarapa District of the IP in 1963 & 3 LGAs of current PHC & all-comers' SD of the UI



# Health sector & its development in the colonial era 6

- Where do we go from here?
  - three tier yet regulated, integrated health system
  - professionally competent C/PHCS
  - competent and properly organized federating units
  - properly integrated missionary & private health services
  - Universal health insurance and coverage
  - Inter-sectoral integration and cooperation

THANK YOU FOR YOUR AUDIENCE!