The implications for physiotherapy in South Africa

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INTRODUCTION

The current crisis in health care service in South Africa has lead to the emphasis on Primary Health Care (PHC) as a method of ensuring the provision of adequate health care for all people in the country. The Department of Health has changed its policy over the last two years from support directed at curative services to that of a commitment towards PHC. A number of political parties, civic organisations and health care delivery systems are also advocating a National Health Care system which is based on the PHC approach.

The concept of PHC is not a new one but rarely appears in physiotherapy literature. Considerable confusion exists as to the meaning of PHC and how it affects physiotherapy practice.

This paper attempts to clarify some of the fundamental issues which are crucial to the understanding of the PHC approach as a means of promoting a healthy population.

BACKGROUND

The International conference on PHC sponsored by WHO and UNICEF and held in Alma Ata in 1978 must be seen against a background of the growing understanding that causes of poor health were not necessarily the common diseases but were the product of poor socio/economic conditions. People had become disenchanted with the traditional approaches to health care which emphasised disease and curative medicine but did not address the low health status of many communities[1]. The conference identified a gross inequality in the health status of the people particularly between developed and developing countries and stated that the health status of millions of people in the world was unacceptable[2].

The Alma Ata declaration on Primary Health Care was made in 1978. It called for urgent action by all governments to protect and promote the health of the people of the world. The declaration led to the WHO call for "Health for all by 2000"[3]. The focus of this strategy was not just improving medical health care, but included a multi-sectorial approach involving agriculture, the provision of adequate sanitation, clean water, education, and housing.

THE DECLARATION OF ALMA ATA

The declaration of Alma Ata defined Primary Health Care as: "essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community and the country can afford. It forms an integral part both of the country's health system of which it is the nucleus and of the overall social and economic development of the community"[4].

PHC is a relationship between socio-economic and health status, concerned not only with quality of life but to broader environmental issues[5].

PRIMARY HEALTH CARE APPROACH

PHC in the narrow sense means first-contact care. It is the level which most people view as the entry point into the total health care practitioner, whether it is the general medical practitioner, the physiotherapist or the village health care worker from a rural community.

However, the Alma Ata declaration goes beyond the simple narrow provision of first contact service, and incorporates the definition into a broader concept by referring to the Primary Health Care Approach. This concept encompasses a philosophy of health into which are embedded the five principles of PHC namely[1]:

- Equity – Health services must be equally accessible to everyone, not neglecting rural and isolated populations or peri-urban dwellers
- Community involvement – Communities must actively participate in their own health decisions
- Focus on prevention – Comprehensive services which emphasise preventive and promotive care rather than curative services should be the basis of health care
- Appropriate technology – The methods and materials used in the health services should be acceptable and relevant to the local communities
- Multi-sectorial approach – Medical care must be seen as only part of total health care.

The PHC approach moves away from the conventional medical model of health care which tends to place responsibility on health care professionals. It has a much broader implication and health must be part of a country's overall development strategy. Health services have to be developed alongside, and in conjunction with, other sectors such as provision of clean water, housing, education and a healthy environment.

The PHC approach rests on several processes which have important consequences for planners of health care delivery[6]. The following appear to be most critical to physiotherapists.

COMMUNITY INVOLVEMENT

Community involvement is the cornerstone to PHC. Kasego[7] states that "what is primary in primary health care is not the vision of health for all, nor the emphasis on basic services. Neither is it the emphasis on care as apposed to cure, but it is the implementation strategy of community involvement in determining their health care and hence their health status".

Health planners in South Africa have come to use the community participation approach in many programmes as it is realised that this strategy encourages communities to take responsibility for their own health[8]. The process can be long, protracted and frustrating. Community expectations can vary considerably from those of the professionals who may have different agendas to the communities[9]. The process of community participation and empowerment in South Africa is likely to require profound changes in attitudes and values from many of the health care professionals. Not all their training, as yet, promotes such an approach to health care.

Community involvement leads to the development of partnerships between communities, families and individuals, who take basic responsibility for their health, and between all the various health providers who act as resources, give support and assist in the development process.

The development of partnerships has become an essential part of the PHC approach and is an empowering process which may be seen as the movement from individual personal understanding of health to that of group action.

Rifkin[10] has suggested the following definition for the development of partnerships:

"Community partnerships are developed through participation which is a social process whereby specific groups with shared needs living in a defined geographical area actively pursue identification of their needs, take decisions and establish mechanisms to meet their needs".

The very nature of physiotherapy training and practice which tends to focus on the individual client on the one hand and the expertise of the physiotherapist on the other is in contrast to the concept of community participation and empowerment. This is likely to be an area which many physiotherapists may struggle to understand and put into practice.

The need for community based rehabilitation has been recognised and should be vigorously pursued by physiotherapists[11,12]. In consultation with local communities, rehabilitation teams must be established which should be based at the district level and will be part of the comprehensive health service. Local communities should be encouraged to participate in needs analyses to establish the rehabilitation requirements of the area[11]. Physiotherapists must learn additional skills in negotiation, facilitation and group participation and attitudes will have to change and prejudices will have to be eliminated.

EQUITY AND SUSTAINED DEVELOPMENT

The importance of PHC lies in its concern to establish, within national strategies, an inclusive democracy, equity of service and a sustainable development which will lead to significant improvement in health status[13]. Sustainability is a development that meets the needs of the present without compromising the ability of future generations to meet their own needs[8]. It is therefore important for health workers to consider the health of the future generations as well as those of the present generation.

However, the concern of any government advocating PHC should be aimed at improving the whole issue of social justice, and at bringing equal access to available resources[14]. Thus the aim is to extend health care beyond the privileged few to include whole communities. This socio-political philosophy tends to be directed to the disadvantaged people, whether in communities, or in the rapidly developing peri-urban communities burgeoning in the major cities around South Africa.

The Department of Health has committed itself on a number of occasions to supporting PHC in South Africa[15] and has urged health professionals to become part of this process. The need for a strong national health system which can address the serious inequalities in health care in South Africa is of the utmost importance.

If South Africa is intent on a social reconstruction that is based on equality and freedom then it will be necessary for it to have a considerable transformation in terms of health care. Health care development will be a shared responsibility between local communities and the many sectors of health provision.

Physiotherapists must be challenged to take part in this reconstruction process by actively participating in the policy and decision making processes at a national level and by developing structures which will bring about a more realistic physiotherapy service delivery at a local level. The principle of equity and sustained development is one which physiotherapists must accept and it should be an absolute priority for all practitioners.

COMPREHENSIVE HEALTH CARE

Comprehensive health care forms the foundation to the PHC approach, it reflects and evolves from the economic conditions and socio-cultural conditions of the country. Comprehensive care includes the following[4]:

- integration of preventive, promotive, rehabilitative and curative care

- optimal channels of referral between all levels of service from community clinics through to academic hospitals. Services must be made available at the appropriate level of care.
- a health team approach acknowledges all levels of health workers as being of equal importance, this includes the appropriate role of community health workers
- community-based education is advocated as opposed to exclusive hospital-based education.

The trend amongst physiotherapists to specialise and to work as independent practitioners supplying a highly skilled service product, is an obstacle to comprehensive care. Furthermore this trend has strongly influenced the curricular development for undergraduate physiotherapy training, which tends to concentrate on a preponderance of manual skills and strong subject based education.

If physiotherapists are to become attracted to and form part of a comprehensive service, the undergraduate training programmes must reflect an orientation towards the primary health care approach. This will require a shift away from institution-based education towards community-based education.

Formal relationships will have to be established with community services for this purpose and physiotherapy training schools will have to take part in the development of regional health strategies.

Physiotherapists in private practice need to explore ways in which they can take part in these initiatives. The role of physiotherapy in promotive and preventive care has enormous potential and should be rigorously pursued.

Channels of communication must not only be established between the private sector through all the various levels of the public sector, but also from the hospitals through to the community level. Physiotherapists need to take a more proactive stance to develop structures which will enable them to participate in community development projects and utilise their skills and resources in a more appropriate and significant way.

The position of the disabled and the development of community-based rehabilitation workers are inextricably bound to comprehensive care. The World Programme of Action Concerning Disabled Persons called on member states to ensure the provision of rehabilitation services necessary for the elimination or reduction in disabling effects of impairment[16]. The lack of rehabilitation services at all levels of health care in South Africa is a disgrace which requires an urgent plan of action. Physiotherapists are as much to blame for this state of affairs as anyone else and have allowed this component of health care to slip away whilst they pursue more exciting and remunerative treatments.

The opportunity to re-establish this very important aspect of health care is a challenge physiotherapists must not allow to slip by again. The role of physiotherapy in the whole rehabilitation process including the training of mid-level workers and community workers requires a vision which is both empowering to the disabled and the communities and, at the same time, instills a sense of worth into physiotherapists.

CONCLUSION

Primary health care presents a major challenge to us all in South Africa. It requires us to make an appraisal of the effectiveness and relevance of our services to all the people of the country. If, as physiotherapists, we believe in the concept of Health for all by 2000, then we need to adopt some creative and possibly radical strategies in order to realise that aim.

The Primary Health Care approach offers us an opportunity to examine our values, our beliefs, our lifestyles and our profession. It also offers us a challenge to bring about a radical change to the quality of life for millions of people in South Africa.

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SMITH AND NEPHEW EDUCATIONAL TRUST

The Smith and Nephew Travel Bursary has been awarded to two physiotherapists this year. Professor Pat Bowerbank of the University of Cape Town received the grant as she was presenting a paper on "Improving the Quality of Physical Therapy" at an International Conference in June. The second recipient was Mrs Mary Riley from the Physiotherapy Department at the Johannesburg Hospital who presented a paper on hemiplegic gait at the WCPT-Europe Congress held in Copenhagen.

The South African Society of Physiotherapy is most grateful for the continued support for its members by Smith and Nephew.

Applications for 1995 must be submitted by members of the SASP to Head Office (P O Box 92125, Norwood 2117) together with a short CV and motivation before 31 March 1995.

Criteria for this award are:

- a physiotherapy paper to be presented at a local or international congress
- a copy of the paper to be forwarded to the SA Journal of Physiotherapy together with permission to publish from the publishers of the Congress Proceedings

The National Executive Committee will select the suitable candidate or candidates.