

SOME THOUGHTS FROM GHANA; HOW MUCH CAN THE PRIMARY HEALTH CARE WORKER TAKE ON?

Sir,

I was involved in Ghana at a time when the Government was first drawing up its plans for a primary health care programme. We worked to try to set down (1) the tasks that need to be done at the local community level, what these imply at the first referral level (in Ghana this is the rural health centre or health post), and in turn what these health centre tasks require in action by the secondary referral level, the district hospital (which is the place at which a doctor is found in Ghana). I regret that in Ghana we did not include leprosy control in our specifications and this was an oversight. However I now find the work has been done. Horst Buchmann's booklet (2) on Primary Health Care and leprosy is excellent. He is one of very few people who have analysed a topic in primary health care in detail and made specific recommendations.

My experience of planning Primary Health Care in Ghana has raised a most important issue. When one starts specifying everything Primary Health Care workers *need* to do, whether in maternal care, child care, (both preventive, nutritional monitoring and curative care of illnesses), adult curative care, environmental improvement and sanitation, let alone community development activities, leprosy and TB care too, it is apparent that the Primary Health Care worker may be able to do nothing at all. There is a story told from India of a multi-purpose primary health worker who on the day that he was visited by the health inspector to see how he was getting on with his environmental health work said that he had been so busy with curative care that he hadn't had time to do environmental work. On another day when he was visited by his supervisor for his curative work he said that he was very sorry he hadn't had time to do the records, monitor the drugs, etc., because he had been busy on environmental health work!

Horst Buchmann has done an immense service by specifying in detail the tasks that need to be done in leprosy control. In Ghana, we made considerable progress in specifying tasks to cope with many of the health problems which often occur with leprosy (see list above). We also made progress in dividing the tasks amongst the health resources of the local community (Level 'A'), the health station (Level 'B') and the district hospital (Level 'C'). Task specification is a huge step forward, but the challenge remains – how is one Primary Health Care worker going to do everything that health planners and ministries now specify need to be done?

HERMIONE LEVEL

*Lecturer in Health Care Planning and Evaluation
Tropical Child Health Unit
Institute of Child Health
30 Guilford Street, London WC1N 1EH*

References

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- ² Buchmann, H. *Leprosy control services as an integral part of primary health care programmes in developing countries*. German Leprosy Relief Association, Würzburg, Germany F.D.R. 1978.