

Briefing No. 5

Addressing basic health needs

Expanding and supporting the primary care network

Primary healthcare services are a patient's first contact with the formal healthcare system. A poorly functioning primary care network, therefore, disrupts the entire healthcare system. Due to a lack of supplies and qualified staff at the primary care level, patients in Tanzania frequently bypass the 5,160 dispensaries and health centres in favor of specialized hospitals. This leads to crippling inefficiencies that result in delayed treatment, overcrowding, and compromised preventative care. Through our Lake Zone health system diagnostic and our work at Weill Bugando, we have developed multiple initiatives to improve access to quality primary care services in even the most remote communities and relieve pressure on overstretched hospital services.

THE SITUATION

Over the last two decades, in the wake of the response to the HIV/AIDS pandemic, majority of public health development efforts have been disease-specific. While this has focused donor activity, it has also contributed to health system issues on the ground. The World Health Organization (WHO) highlighted the need for more integrated solutions to the global healthcare crisis in its 2008 *World Health Report*, stating that, "rather than improving their response capacity and anticipating new challenges, health systems seem to be drifting from one short-term priority to another, increasingly fragmented and without a clear sense of direction."¹ In response, the WHO has recommended a renewed focus on primary healthcare.

Primary healthcare is defined as basic healthcare accessible at the community level. Primary care facilities are by far the most numerous and widespread in any healthcare system. Tanzania's 5,160 dispensaries and health centers represent 96 percent of the country's healthcare facilities. Their proximity to communities is intended to encourage earlier and more frequent patient visits. They are therefore critical for preventive care, which has the potential to eliminate up to seventy percent of the disease burden and save millions of lives.

Primary care facilities are the 'frontline' for any health system, and as such determine the strength and shape of the rest of the system. Although fully staffed dispensaries in Tanzania only have five health workers, health centers only 23, and neither have doctors on staff, properly functioning primary care facilities can address the wide range of basic health needs that are so often deadly in developing countries, such as malaria, malnutrition and childbirth. When more complex cases come in, they can be referred quickly to specialized facilities. This patient filtration process prevents congestion at all levels of the healthcare system and allows the specialized facilities to focus on more complex needs. When each level operates efficiently, the system as a whole is more effective.

¹ *Primary Health Care – Now More Than Ever: The World Health Report 2008* (The World Health Organization (WHO), 2008) 7.

THE CHALLENGE

In Tanzania, the existing network of dispensaries and health centers is robust enough to ensure that ninety percent of the population is within five kilometers of a facility. Despite this impressive coverage, there are significant constraints limiting the network's impact. The majority of facilities lack adequate basic infrastructure and equipment including electricity and clean water. The remoteness of these facilities also makes drug distribution and referral difficult. Due to low wages, poor job satisfaction and minimal supervision, primary care facilities are often understaffed and under-performing.

Unfortunately, the lack of workers and supplies has become a widely accepted fact in Tanzania. In workshops we conducted with health system users during the Lake Zone diagnostic, participants told us that the lack of equipment plays a significant role in the way they seek care. Patients often self diagnose or buy medicines from private pharmacies. If this yields no results, they travel to hospitals, bypassing primary care facilities altogether. Since patients travel an average of 21 kilometers to reach the nearest hospital, they often wait until symptoms are severe, exacerbating the cost and length of treatment.

As a result, hospitals are severely overcrowded and patients end up having serious conditions that could have been prevented earlier in the system. Patients who come to hospitals with primary care ailments take away resources and skilled workers from patients needing specialized or prolonged care. At Weill Bugando, uncomplicated "self-referrals" account for at least fifteen percent of the annual patient flow.

THE ROLE OF THE TOUCH FOUNDATION

Tanzania already has the foundations for a strong primary care system. Based upon data we collected in the Lake Zone region, we have developed three initiatives that, with appropriate development and levels of investment, could harness this existing potential:

1. *Mobile primary care services* to bring healthcare to the most remote communities. Independently trained health workers would be deployed into the field with basic supplies and mobile phones to collect and send data and receive clinical guidance when needed. These providers would report to staff at permanent facilities to ensure that the network is linked both horizontally at the community level and vertically across different levels of care.
2. *Independent, owner-operated or franchised primary care dispensaries* that leverage financing from the government, foundations, and user fees. A central franchise organization with its own distribution network would be needed to coordinate and supply the owner-operated dispensaries.
3. *Rotating Weill Bugando students through primary care facilities* would bring desperately needed workers to rural facilities, while sharing new techniques and best practices with existing staff. Weill Bugando students would gain critical field experience and be encouraged to serve in primary care facilities upon graduation. The freed capacity would also allow the university to enroll more students, expanding the system yet further.

Through these initiatives, essential primary care needs could be met better and the health system optimized. These models could also be applied to other regions of Tanzania and sub-Saharan Africa.

TAKING ACTION

We work closely with governments, companies, foundations and many individual supporters to create practical and effective solutions to the healthcare crisis in sub-Saharan Africa. To find out what part you can play in this work please contact Lee Wells, Director of External Affairs, on +44 (0) 207 961 5629 or by email to lee_wells@mckinsey.com.

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