Reaching the Unreached

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Introduction

The French economist Rene Dulois says "think Globally—act locally", it is necessary for us to 'think Globally' to have a clear vision not just of the health problems within our immediate vicinity but in the whole world—a world which we know is diminishing rapidly with the boom of the tourist industry and the international meetings which have become a daily occurrence. The diseases of the West today may be those of India tomorrow and *vice versa*. If we do not have this global vision we will become stunted in our health care and our health systems will stagnate. At the same time we must 'act locally' take up the problems of our own environment and tackle them relentlessly.

The W.H.O. Director-General Dr. Halfdan Mahler says that, 2-3rd of humanity has not yet got access to even the simplest of health services. If this is so we have a tremendous task ahead of us.

The slogan 'Health for All by 2000' is one we have heard bantered about a great deal over the past years. It is in danger of remaining at the level of mere slogan-shouting or of becoming a cliche. What exactly do we mean when we speak about 'Health for all?' And, who are the 'Unreached' that we are called upon to reach?

All of us know the definition of Health. It is one of the first definitions we make sure to learn in our Basic Nursing course. We can say pat: "Health is a state of complete, physical, mental and social well being and not merely the absence of disease and infirmity."

We can go further to say that health is not the monopoly of any one man, any class or any nation. Nor does health concern only persons in the medical and para-medical professions. Health is one of the basic needs. Health is wealth; health is those riches which permit man to use all his potential; which makes him creative and productive in society. Health is God's greatest gift—but sadly a gift so often abused, unwrapped and not passed on to those for whom it is meant.

Health, one of mankind's greatest resources, is costantly abused by man himself. It is because of this abuse that the global view of sickness is so startlingly tragic.

The Present Reality

Despite our 20th century boast of enormous strides in technology, we have yet failed to arrest the millions of deaths and disabilities caused by preventable diseases.

Yearly millions die from diseases like: Measles (2,000,000), Polio (30,000), Neonatal Tetanus (800,000), Whooping Cough (600,000), Tuberculosis (100,000,000).

Others are disabled for life: 600 million are partially blinded by Trachoma; 250 million are crippled with Elephantiasis; 200 million are crippled with Schistomiasis; 160 million are crippled with Malaria.

In India alone there are an estimated: 3 million people suffering from T.B.; 4 million people suffering from leprosy; 9 million rendered blind.

The W.H.O. in a 1984 report says that 1000 million children under 5 years suffer from acute Diarrhoea, of whom 20-25% die and of the 2,600 million tourists who travel each year 20-25% suffer from Diarrhoea. Contaminated water, food and poor sanitation are common causes of much of these diseases and deaths.

In India 60% of people live below the poverty line and lack the power to secure health sarvices, this is a staggering 378 million people whose health is neglected. The gap between the 'Health Haves' and the 'Health Have Nots' continues to widen with the ever expanding population. Nor can the industrialised world, despite its high standard of living, pride itself in having achieved optimum health for its people. Rather the very lunge towards advanced technology has paradoxically brought in its train a growing number of acute health problems. The more roads and cars that are built, the more people die prematurely in traffic accidents. The greater the earnings, the greater the spending on alcoholic drugs and tobacco. As drugs and chemicals proliferate, so the risks increase of accidental poisoning. As opportunities for better and higher education is offered the sinsiter cult of narcotic drugs gains ground and weakens the fibre of young people.

More freedom from social restraints results in promiscuity. Democracies remove all social restraints ushering in the new scourge of our days—Acquired Immune Deficiency Syndrome (AIDS).

Heart diseases and increasing neurosis result from the frenitic pace of life which has lost its calmness and meaning.

This is the global picture within which we must situate ourselves. The figures may appear abstract when heard from the dias or read in some magazine but the problems are real and the symptoms of mankind's terrible weight of sickness calls to us from every side *to act now: for tomorrow may be too late.*

W.H.O. Concern

The World Health Organisation has been taking stock for many years of these escalating health

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hazards. It has continually raised its voice expressing its concern to health planners and members of the Medical profesion. In 1977 at a World Health Assembly it set a target of 'Health for All by the Year 2000'. One year later, the first ever World Conference on health was held at Alma Ata, capital of Soviet Kazhakstan. The issue of World Health provoked deep concern among the 700 delegates present, as a result of which emerged the epoch making oncept now known as the 'Declaration of Alma Ata'.

This concept places *Primary Health Care* at the *centre* of all health systems. It makes it the *key* to the attainment of Health for all by the year 2000. This concept of P.H.C. aims to change the whole *focus* of health care from the hospital to the community. For too long health was equated with medicines, hospitals and doctors. The human being appeared to be a passive object subordinate to medicines, to the hospital and to the doctors. The more specialised and technologically equipped the hospital became, the more it appeared to move away from meeting the needs of the people. The cultural environment of these large institutions are often completely alien to the masses of people who need them most. The very effort made to make hospital bright, cheerful and comfortable has boomeranged and led some eminent people to call them "Disease Palaces".

Primary Health Care aims to put health back where it belongs in the midst of the community and the participation of the community is vitally important to its success.

"You cannot give people Health, they must participate in obtaining it", states Dr. Halfdan Mahler.

Health is not a commodity to be bought and sold—it is a right and duty of every person to care for the health of all. The search for health must become a mass movement—by the people, with the people, for the people :

"Health for All and All for Health"

The P.H.C. must not be seen as a 'poor relation' or 'step sister' to the traditional health services. The W.H.O. clearly states that P.H.C. is not an elementary level of health care without scientific bases, provided by non-professionals with little training, nor is it parallel and independent of the conventional health system. Rather it is a concept which incorporates a way of implementing a human right—the right of health—within principles or universality, equality and social justice.

Though hospitals must continue to play an important and supportive role in the health system they should not continue to absorb 80% of the Budget allocated for health care as they still do in many countries today. It is said that 90% of Medical Research is done for the benefit of 10% of the population but 80% of all sickness and diseases are caused by contaminated water which has still not received a high priority in terms of allotment of funds. Dr. V.T.H. Gunaratne, WHO Regional Director at the Conference in New Delhi, said: "A Hospital is an incredibly expensive health industry", *not for the promotion of health* but for the unlimited application of disease technology, to the affluent section of society".

It is obvious that P.H.C. can prove to be an effective strategy to achieve the goal of health for all by the year 2000 only when hospitals become community oriented and respond to the health needs of the people of all sections of society.

Role of the Nurse in Primary Health Care

If P.H.C. is a concept of vital importance for the health of the nation then equally important is the motivation and commitment of people who will work for achievement of this goal. Nurses have traditionally been the backbone of the medical services. This dedication and commitment is universally acclaimed. Despite social, political and economic obstacles, the Lady with the Lamp, a mere woman in the eyes of society of her time. succeeded in revolutionising a mediocre and much derided though essential service. Since that day nurses have not looked back, but are found diversifying their ministries to meet the ever changing health situation. The W.H.O has rightly recognised the potential of nurses. Dr. Halfdan Mahler identifies them as the 'Key' persons in ushering in this new movement of Health, described in the Alma Ata Declaration. In fact Dr. T. Fulop of the Division of Manpower, W.H.O., says that the goal of P.H.C. cannot be achieved without the participation of Nurses. This confidence of the W.H.O. callenges us as individuals and as a body. Shall we let this moment of history pass us by? Or, shall we accept the challenge and true to our noble tradition, shall we not hold the lamp still higher to dispel the darkness of disease and infirmity from every nook and corner of our land and of the world? If 2/3rd of humanity has no access to the simplest of health services and if 80% of diseases of mankind today are preventable then surely we must commit ourselves with all our might to end this tragic state. Our rich experiences, our capabilities and, above all, our love of our brothers and sisters will motivate us today as in the past.

The P.H.C. is the nucleus of the health system. It is seen by the W.H.O. as relating to a human right to which "everyone without exception has a right." We have the privilege of restoring this right to the suffering members of our world. Could there be a greater honour?

Inspired by this vision of 'Health for All by 2000' it is important for us to take stock of our present position, our present training to see if we are equipped to respond to this new challenge.

The most important and fundamental change must come in our own value system and our own attitudes. If in the recent past, our profession has become inward looking; intent perhaps on lining on our nests; or carving a place for ourselves in the vestibules or power or wealth; let us once again look outward—keeping before us the millions daily calling us to greatness. not through amassing of wealth but by giving of ourselves. It is a paradox in life that

the more we give the more we receive. If like the miser we hoard our riches, then we become not only isolated from humanity but diminished in our own creative abilities. Nurses can never afford to lose sight of this fact which is the basis of their very vocation.

It is commonly felt too that Community Health Nursing is the Cinderella among careers for Nurses. Who wants to be posted in remote villages, isolated from all the light and tinsel of city life, away from where facilities are available to meet all our basic needs? However, in the history of Cinderella, there comes a wealthy Prince, to redeem her from her poverty. Is the Declaration of Alma Ata just such a Prince? An opportunity to make P.H.C. not the 'Cinderella' but the 'Queen' of health services—a service into which, in 10 years' time Nurses will quene up to get admission!

Change in attitudes and values will be greatly accelerated by *a complete re-orientation of basic and post-basic educational programmes.* If P.H.C. is not to become a *parallel* service to conventional hospital care, the education of nurses must have as focus the P.H.C. In recent years, we have spent time and energy in integrating Community Health into our programmes. Now we need to reverse the situation—integrated approach, yes—but integrating hospital-based Nursing care, into the Primary Health Care must be the perspective of our training.

An interesting experiment in Indonesia may help us to see how this can be done. A field programme was initiated where students were provided with the opportunity to work with and learn from people. The people and students acted together as a single community. No set theoretical course was defined; problems and requirements in the field, as felt by the community and seen by the students, were used in deciding the curriculum. Thus the theoretical part of the programme was devised to answer needs in the field and help the students understand the activities involved. Could such an experiment be carried out here in India? But experimenting in Nursing Education is hampered as long as programmes are geared to passing examinations, and subjects in the curriculum are those to unify training rather than respond to the health needs of the community we serve. How much of what we teach is relevant? There is a need to revamp the programmes. Nurses should be key planners in this since they are in the best position to know what they can contribute to the health of the community.

Perhaps this brings me to another important area —the harnessing of the experience and capabilities of nurses in devising goals and strategies for future health programmes.

Where are the nurses when the health programmes are planned? It is sad that, despite the confidence placed in nurses by the W.H.O. nurses have still little place within the health ministry and participate but little in the managerial process for national or state health development.

To maximise the potential and ensure the success of the health programmes, nurses must be involved in the overall direction of the total health care, in consultations and in management.

Many countries have taken seriously the W.H.O. recommendation to put nurses in key positions to accelerate the movement towards health for all. In Africa nurses are emerging to play political and executive roles in the health system. In one country the Deputy Minister for Health is a nurse and in another the Chief Planning Officer at the Ministry of Health is a nurse.

I have no doubt that India will not lag behind in giving nurses their rightful place in the health system and I am sure that our honourable ministers in Karnataka, a state with such wealth of human resources and boasting of a premier Nursing College will among the first to set the trend by setting up a Directorate of Nursing Service—the ardent wish of the T.N.A.I.

It is not necessary to wait for those changes to take place before taking our place in the movement for health. There is much we can do as individuals and institutions. The first step may by small and insignificant; but is not 'small also beautiful' according to the writer Schumacher and is it not 'better to light a candle than to curse the darkness'?

If each hospital and nursing school take seriously the declaration of Alma Ata, how much could be done. If Nursing Councils and professional Nursing bodies concentrate all their resources and attention on achieving Health for all by the year 2000 then surely the 1,60,886 nurses in India could set a blazing trail.

Hospital and nursing schools could set limited targets towards achieving the goal, eg.

—Ensuring that all children in a particular area are immunised against the killer—Measles, Pertusis, Tuberculosis, Polio, Diphtheria, Neo-Natal Tetanus—to achieve the National target by 1990.

—Or, ensuring that every patient who comes to our hospital knows the basis of good health and how to avoid illness; "Each one teach one".

—Visits could be made to canteens and food markets to give health education to food handlers—we know that a high percentage of diseases are caused due to contamination along the food chain;

—Women gathered at the wells or taps could be a focus where the importance of clean water can be emphasised; even if at the end of this '*water and sanitation decade*' in 1990 clean water has been supplied to the people in rural and urban places, it will be of no avail unless side by side people are made aware of the dangers of impure water.

It is not possible to enumerate the many ways through which we can educate and instruct people towards health. This will be your part in the discussions. Enough for me to say this if we want to 'Reach the Unreached' we can do so for "if there is a will, there is a way". Let me end with the challenging words of Dr. Halfdan Mahler: "If all the millions of nurses in a thousand different places articulate the same ideas and convictions about Primary Health Care and come together as one force then they can be powerhouse of change".

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