

Primary Healthcare conference: "Back to Basics" Community-based approach hailed as the panacea to cure the Province's Health Challenges

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KwaZulu-Natal is stepping up efforts to change the province's focus from a hospital-centric approach to healthcare, towards community-oriented health promotion, disease prevention and early detection of ailments.

This has emerged at a two-day Primary Healthcare Conference which started in Durban yesterday.

"We are bringing back Community-Oriented Primary Health Care (COPHC) because it's the only success story you can have if you want to expand the National Health Insurance," says KZN Health MEC Dr Sibongiseni Dhlomo. "It teaches you to go out in the community, where people are not as ill as yet, educate them about how to promote their own health, and prevent illnesses, and why it's important to eat well and exercise regularly. It is also a preventative method which we really welcome, because it's going to assist us in reducing the burden of diseases and also, we'll spend less if we prevent diseases rather than treat them."

National Health director-general Dr Precious Matsoso commended KwaZulu-Natal for the massive strides that it has made in the re-engineering of Primary Health Care, as well as for initiating innovative campaigns and programmes such as Operation Sukuma Sakhe, Phila Ma, Phila Mntwana, and Make Me Look Like A Hospital, and the Anti-Sugar Daddy/Blessers campaign.

Dr Matsoso, who is a member of the World Health Organisation, says the conference is a step in the right direction in assessing the progress that has been made, while seeking ways to further accelerate the programme.

"Primary Health Care does not start in a healthcare facility. It starts with your communities. And this is what Pholela was about... Building those community healthcare workers and structures. We've moved in an integrated manner, but we will only be successful if we bring other sectors on board to work with us."

Pholela Community Health Centre in Bulwer, near the Drakensburg, is acknowledged internationally as the site where the COPHC concept was successfully initiated and put into practice in the 1940s. The late Professor Sydney Kark introduced it and worked with his wife Emily to pioneer the COPHC approach in dealing with the Health needs of the community.



Through this approach, the community's health needs became known to the health care workers through community surveys that were conducted by the Health Workers which, among other things, included mapping of areas, understanding the culture, beliefs and habits of the community, socio-economic status as well as prevalent conditions.

When apartheid took its toll in South Africa, the Karks left the country to Israel where they continued what they had pioneered at Pholela Health Centre. The COPC model became the household name in the health service internationally, while it was dying in South Africa.

But, in a bid to revive COPC, the KZN Department of Health developed a policy framework for the Re-engineering of Primary Health Care within the District Health System in KZN.

Since then, the province has established Ward-Based Outreach Teams that go into communities to examine people, conduct community surveys, engage with the public about their health needs, and gain a better understanding of the communities' beliefs and habits – just like the Karks did.

Dr Matsoso says it's high time the country moved away from a "hospi-centric" approach to healthcare, and got into a culture of disease prevention.

"With a hospi-centric approach, you are actually responding when people are already complicating with diseases and other health problems that they have. The preventative approach is meant to help us prevent diseases. So [in the hospi-centric approach], we wait for people to be

very ill. When they are very ill, it's only then that we respond... when they need dialysis or chronic medication... when we actually could have responded earlier by dealing with risk factors, by educating health, promoting regular physical activity so that we deal with obesity, reducing risk factors such as smoking, alcohol, but also dealing with other nutritional programmes, promoting healthy lifestyle, and ensuring that people can eat good and highly nutritious food."

"If we invest in healthcare, we would reduce the workload in our hospitals. We'd reduce the burden of disease and also reduce the burden for our own healthcare workers. So, we need to invest in primary healthcare. It is not a cost. It is not expenditure. It is a huge investment. And we'll see the returns."