

Functioning and Challenges of Primary Health Care (PHC) Program in Roma Valley, Lesotho

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ABSTRACT Primary Health Care (PHC) plays a vital role in decentralization of health care services. PHC is designed to ensure health care coverage at the community level through the involvement of the community in improving their healthy living. PHC offers treatment and care in continuum that is supported by a facility-linked home-based care system and a referral system. While PHC is global, its operation and functioning in the area of community health provisioning varies across communities. The main objective of this study is to find out whether PHC is effective or not in Roma Valley, Lesotho. The study was carried out in Roma Valley, in the Maseru district of Lesotho. The population for this study includes the nurses under the department of PHC, village health workers, Chiefs and out-patients from four different villages. Out of this, a sample of thirty individuals was selected. The data for this study was collected through qualitative research technique, particularly oral interviews and written records or secondary data sources. The analysis revealed that nurses and village health workers respond to the social needs and health problems of the community and community members are also involved in improving their health status. Village health workers face many challenges in their engagement in this system such as not being given incentives for what they do and often uncooperative disposition of some community members including their leaders. It was also found that they operate under a lot of stress due to lack of resources.

INTRODUCTION

Primary Health Care (PHC) is driven by a political philosophy that emphasizes a radical change in both the design and content of conventional health care services. It also advocates an approach to health care principles that allow people to receive health care that enables them to lead socially and economically productive lives (Dennil et al. 1999: 2). The Alma-Ata declaration of September 1978 defined the concept of PHC as essential care based on practical, scientifically sound and socially acceptable health care methods and technology, made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact for individuals, the family and the community within the national health system, bringing health care as close as possible to where people live and work, and constitutes health care services (WHO 1998: 15). In addition, Alma-Ata decla-

ration states that any Primary Health Care program should include at least the following components, namely, education about prevailing health problems and methods of preventing and controlling them; the promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning and care of high risk groups; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries and the provision of essential drugs, including vaccines.

Primary medical care¹ is not Primary Health Care but it is the other aspect of Primary Health Care and not only first contact care. Primary Health Care services are the point of entry into the health system, but care can be ongoing until the problem is eradicated or the client is referred to a secondary service. This requires a multi-disciplinary team approach which coordinates all sectors in health and in community development. The coordination and planning for this broad approach are complex, definitely not cheap and are based on the findings of scientific research which involves many disciplines, from engineering, ecology and epidemiology among others.

At local and referral levels, Primary Health Care system relies on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as health team and to respond to the expressed health needs of the community. It is not an understatement to allude, that despite considerable effort and enthusiasm for Primary Health Care in Lesotho, there seems to be numerous challenges facing the system. These challenges which range from social, economic, political and cultural are also important task for this study to unravel. Like other health care systems, Primary Health Care system in Lesotho and Roma valley in particular is subject to powerful forces and influences that often override rational priority settings or policy formulation, thereby pulling health systems away from their intended directions.

The focus of this study is to assess the effectiveness of Primary Health Care at Roma valley, with regard to the ability to produce wanted, intended and successful result. There had been a number of research projects conducted on issues relating to Primary Health Care in Lesotho (Lesotho Office of Statistics 2004; Obioha et al. 2004), which did not focus specifically on the effectiveness of the system. As health care is being implemented and expanded through further decentralization to different parts of Lesotho, whether the system has been effective and the extent of this effectiveness is a question that has not yet been addressed in the previous studies.

Against this background, this study sets to investigate the functioning and effectiveness of Primary Health Care system in Roma valley. Specifically the study examines the structure of the Primary Health Care delivery system in the study area. It also finds out the PHC programs and assesses the performance and functioning of the activities. Similarly, the study examines the extent of community participation in the program and the contributions of the government in sustaining the system.

Theoretical Framework towards Understanding the Place of Primary Health Care in the Cycle of Overall Care System in the Society

Primary Health Care system does not exist in isolation from other relevant care giving sys-

tems in the society. It is perceived as just an integral part of a network of interrelated system with definite functions and roles towards maintaining the whole. Against this background this study utilized the structural functionalism theory developed by Radcliff-Brown (1952) to explicate Primary Health Care in society. This theory explores how particular social forms function from day to day in order to reproduce the structure of the society (Schultz and Lavenda 1995:396) so as to maintain the whole system. Thus, in a society there are different structures which function interdependently in order to maintain organic solidarity (Durkheim 1893)², equilibrium and social stability (Malinowski 1922, 1944)³ which the society strives to maintain. Functionalism is a sociological paradigm that originally attempted to explain social institutions as collective means to fill individual needs especially social stability. Functionalists perceive society as a whole which fulfills the functions necessary for the survival of society as an organic entity. People are socialized into roles and behaviors which fulfill their needs. They believe rules and regulations help organize relationships between members of the society. Values provide general guidelines for behavior in terms of roles and norms. There are institutions which are major aspects of the social structure. Primary Health Care in this case is viewed as a structure that interrelates and are interdependent on other structures in society such as political and economic structures to bring harmony but specifically within the context of the whole health care system. This health system caters for the health of the people so that they can stay healthy or active in order to produce goods and services.

With reference to the functionalist perspective, Primary Health Care as an essential care or need of the Roma community is a structure that continues to work because of its inalienable contributions to the society. The internal functionality of Primary Health Care as a structure is made up of interdependent sections such as community health workers, non-governmental organizations (NGOs), nurses, support groups and members of the community in general which work together to fulfill the functions necessary for meeting the health needs of the society as a whole. All these sections are socialized into roles and behaviour which fulfill their health needs and they are guided or ruled by the regulation or principles of Primary Health Care

in relationships as parts of a single structure. These specialized roles work in conjunction with some institutions which are major aspects of the Primary Health Care, such as the hospital, community social organizational system and the government.

Overall, this research work is connected in ideas with the postulation of the Community Organization theory. According to Community Organization theory, organizations are complex and layered social systems, composed of resources, members, roles, exchanges, and unique cultures. Thus, organizational change can best be promoted by working at multiple levels within the organization. Understanding organizational change is important in promoting health to help establish policies and environments that support healthy practices and create the capacity to solve new problems (National Cancer Institute 1995). Primary Health Care system as an organization is composed of medical resources in particular, members and others that have the potential to promote healthy lives and environments that support Primary Health Care practices.

RESEARCH SETTING AND METHODOLOGY

This study was conducted in Roma, a community within the Maseru district in Lesotho, which is situated approximately 35 kilometers from Maseru, the capital city of Lesotho. It has quite a number of immigrant populations from various parts of Africa and beyond, due to the location of the National University of Lesotho in the area. There are various health institutions in the area, remarkably the St Joseph's hospital, with its allies of health practitioners and support groups.

The population of the study includes the members of the Roma community found in *Ha-Mafefooane*, *Ha-Tabutle*, *Mafikeng* and *Ha-Maama*, from where a sample of thirty individuals was systematically drawn through quota sampling technique from different sections of the community, namely, village health workers, nurses, Chiefs and out-patients. Major techniques employed for the data collection include focus group discussions and key informant interviews. Key informant interviews were used to collect data whereby the researcher was guided by a person who had most of the

information about the topic of research. Data collected were analyzed by the use of formal textual qualitative analysis, which includes the identification of sequences in the text and the search for the presence of information presented by the interviewee in different levels of significance.

RESEARCH FINDINGS

Activities of Primary Health Care Stakeholders in Maintaining Health Care in Lesotho

The activities of Primary Health Care at Roma are guided by the declaration of Alma-Ata of 1978 which asserted that the programs should be an essential care, based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination (WHO 1998:15). In the case of Roma Valley, the stakeholders include the medical staff members of the health institution, various organized groups and the local leadership.

The Role of Nurses and other Medical Staff in Primary Health Care Delivery

The nurses and other medical staff members are involved in the most important role played by the Roma Primary Health Care system, which is the delivery of the Expanded Program on Immunisation (EPI). The duties of the nurses and other medical staff members of the Roma PHC according to the requirement of the WHO is to ensure that children are immunized against the initial six target killer diseases (diphtheria, tetanus, whooping cough, polio, measles and tuberculosis) during their first year of life, apart from measles. The roles of the nurses and medical staff in this activity as summed up by the Director of St. Joseph's Hospital clearly highlighted the magnitude of the functions of the health personnel in the system as follows,

"Some of these diseases were troubling most children and many parents were referred to the hospital from clinics in large numbers and this

overloaded the hospital until it came to the realization that the PHC had a role of ensuring that health education is delivered to the most remote areas and that the sector itself is represented by community health care workers as to help parents know that the diseases are worth preventing than treating.”

They make sure that children are immunized before their first's birthday. This has made a great and good impact on the general well-being of the communities (*Ha-mafefooane, Ha-Maama, Pae lea itlatsoa, Mafikeng* and other villages in the Roma valley) and on the health of children as huge numbers of crippled, blind, mentally retarded, or otherwise disabled children have decreased compared to the past years. The involvement and intervention of political, religious and community leaders has even made it easier for the health workers and nurses to do their job. For instance, in locations like *Ha- Maama, Tloutle* and other villages visited, the intervention of the community Chiefs has made it easier for a sustainable interaction between nurses and village members.

The immunization contacts by the nurses and medical staff have also opened up opportunities for other Primary Health Care interventions, such as health education for mothers, vitamin and mineral supplements for children who need them and routine health checks. One of the nurses stipulated

“This is a role we have every day whether we like it or not because these people that we offer these services know that they should come to us to get the support that they need. Also, it even makes us feel guilty when we remember the health problems that really need serious attention hence they force us to help them.”

From all indications, EPI has helped health systems and established a “culture of prevention” among health workers, politicians and community members, which shows that the offering of this service has an effect on the highest structure down to the lowest. All staff members are expected to work hard so that they will attract more funds from the donors. Donors are attracted by the health sector that really alleviates many of the health problems and in turn, helping many people. The Director indicated thus,

“There have been cases whereby the donors funded some programs and those failed to utilize the resources appropriately. This has

made them to give us aid on the basis of good performance and that is the exact target we have as our role.”

They have also adopted children's vaccine initiative in which they improve the quality of vaccine distribution and control mechanisms. More efforts are vested to speed up coordination among various stakeholders in the system (nurses, village health workers and the community members) by the nurses, where they speed up the discussion about the priority vaccine for different villages. This mechanism ensures that there is rapid access to new and improved vaccines at affordable prices, if not for free. According to one of the nurses,

“Normally when we perceive that there are many mothers who bring children to the health center all the way from their villages, we ask for the hospital car to take us to the places that they come from to offer vaccines as to reduce congestion at hospitals.”

The nurses also indicated that they have integrated mental health into primary care. The primary care for mental health pertain all diagnosable mental disorders, as well as mental health issues that affect physical and mental well-being. Effective primary health workers identified in dealing with mental disorders include medical doctors, nurses and other clinicians who provide first line general PHC services to the community members who are in need of them. One of the nurses highlighted,

“Many relatives or parents always bring their people with mental problems to the program to get assistance of which most of these people are wild and not easy to handle but the community based health care is really helping them to get better because they get medication and relatives are instructed on how to help them deal with their situation.”

First line of interventions are provided as an integral part of general health care and mental health care that is provided by primary health workers who are skilled, able and supported to provide mental health care services. This is the task of skilled professional nurses to see all patients with mental disorders within the primary care clinics. This integration has made it possible to identify and manage patients with depression, anxiety, stress-related problems and severe mental disorders as well as to offer basic counseling. The regular nurses are assisted as

all designated clinics receive regular visits from dedicated mental health or psychiatric nurses.

The Role of Village Health Workers in Maintaining Primary Health Care

The village health workers are those people who have been educated on how to assist community members and to alleviate the health problems that are found at community level so as to promote health for all. They are found at Ha-mafefooane, Ha-Maama, Pae lea itlatsoa, Mafikeng and other villages in the Roma valley.

Many village health workers pointed out that they have many roles to play in maintaining the health of the community members, which clearly shows that their most important role in the villages is to be concerned with the health of the village members. Through health education and information dissemination they function to help prevent people from being infected by certain diseases as they treat and control local endemic disease. They do this by giving medication and injections to people who are infected and also conduct regular checkups on the patients whenever it is necessary. They also engage in the services of family planning by distributing contraceptives. Besides, they attend to minor injuries and visit sick people at their homes to give them essential drugs and all the necessary requirements. One of village health care workers at Ha- Mafefooane further asserts in this direction as follows,

“For those patients who are in dire condition, we visit their homes in order to treat their diseases by giving medicines and injections and we do all this as to improve the health of the people in villages.”

She continued with reference to the role they play in first aid treatment,

“It is normally found that shepherds injure others when fighting with sticks or stones while herding animals. We normally attend their injuries before they lose a lot of blood because we are locally found. Also, members of the community especially those with patients are educated on how to meet their needs with using the locally available resources as to provide the household with the basic needs because the unavailability of them normally lead to problems.”

The community health workers usually write

reports about the health status of their patients and even refer patients whose health statuses seem to be beyond their control. These reports help tremendously in times of referrals because the nurses or doctors at the hospital are able to follow the illness history of the patients. It is obviously easier to deal with patients who have records than those who never made initiatives to consult the health centers about their illness.

When a patient requires laboratory or other diagnostic techniques which are not available at the health centre level (for instance X-ray, sophisticated tests and other medical services), patients are referred to the hospitals where they can obtain such services. Also, when an individual's illness requires skills beyond the level of competence of the personnel at the first contact level, patients are referred for professional advice and also when a patient cannot be cared for in an ambulatory setting and hospitalization is necessary patients are referred. The community health workers have been taught how to detect when a person is in dire or critical condition and needs professional care. Below is a typical case that one of the village health workers has come across.

“We had a patient who had tuberculosis. We diagnosed the illness and established a treatment plan, carried out the treatment and organized the follow-up of the patient but as time went on he got worse. He was then referred to the hospital and after a month he was again referred back to the health centre so that we carry along with the treatment.”

Out-patients and Chiefs stated that they also make sure that those who have to attend the hospitals for check-ups do so. They pay them home visits in order to tell them about the importance of check-ups so that they can ultimately live healthy lives. The Chiefs pointed out that the village health workers provide health education to the members of the community. They are able to do this easily because they attend externally organised workshops which equip them with the necessary skills to educate people and to treat them. The health education they provide makes it possible to know how to reduce the community members' susceptibility to locally endemic diseases, how to perceive infection and the steps they should take if they are infected, as well as the options they have. They also educate people about the ways of meeting their nutrition needs which is healthy in sustainable ways.

Government's Activities and Contributions towards Effective PHC

The ultimate responsibility of shaping the PHC programs lies with the government of Lesotho. Politically, the legitimacy of government and their popular support depends on their ability to protect their citizens and play a redistributive role. Some government agencies, therefore, act as brokers of the PHC reform. The Director of the Primary Health Care program at St. Joseph's hospital Roma pointed out,

"The government supports the program in different ways. In most cases, the government does not show their support directly to the program, instead most benefits are given to the hospital. It is from there that the program receives its share of the allocation. When the program has received the benefits and allocations, it shares them with the community health centres as to fulfill its promise of being distributive and to make it possible for those health centres to deliver the health services. It is in rare cases, people find that the government helps the program directly but those cases of indirect support still make a big difference."

Another avenue of receiving funds is from the State Primary Health Care Sector. In this case, sometimes the government gives money to the primary health sector, from where the St. Joseph's PHC receives its share. However, it is apparent that the support that government shows is conditional because they can only support the program if it is protecting the citizenry and if it is able to redistribute the benefits that it receives to the lowest level, being the citizens. The hospital management makes efficient use of the monetary allocation that it receives from the government. Most of the nurses and the director of the program believed that,

"With this amount of money that the government gives, they are able to enlighten the public in different ways about the prevailing diseases by holding workshops, campaigning, placing posters at populated areas, by advertising, holding road shows and dramatizing. Also, Oral Rehydration Therapy (ORT) is also offered. This money even helps to hold workshops for village health workers to train them on how to treat people."

The government also formulates policies that promote Primary Health Care programs even though not directly. According to the Director

of the Hospital who also functions as the director of the program,

"When the government aims at reducing poverty and improving health, they normally invite us to their workshops which really give Primary Health Care sector to be represented. This in turn, calls for the support of the government due to the initiatives the nurses do."

In addition, the government subsidizes for the health services people get in the hospital regardless of whether it is a public hospital or religious organization owned, as it was previously the case with the hospital. The fact that the government gives many people job opportunities in the health sectors, the health workers who are needed to attend to many people's health problems in a day increase. In other words, the implementation of the program has made jobs available to many citizens of Lesotho who are engaged in the services of the program. The government supplies health centres with drugs, medical kits, equipment which they only give when the program is active. For the government to support this program, regular reports are sent to Maseru which is usually replied as soon as possible because the health of people needs immediate attention. The director and some nurses articulated that the government action⁴ to sponsor many students who want to study medicine or the ability to invest in those people who are willing to study courses related to improving the health of the people really improve the ratio of health professional available to patients. One of the nurses interviewed reiterated that,

"With the increased opportunity of training many people to be health personnel, the population of health workers has increased and they are better trained. This even reduces the heavy burden that was observed in hospitals even though most of them usually migrate to better paying countries due to the failure for the government to pay them better salaries in Lesotho."

Moreover, the government supports Primary Health Care by pleading for donations such as food, drugs and financial resources, especially from external bodies outside Lesotho. The government does this on behalf of the program because interested countries, their governments and organizations want to help the country as a whole not a certain program only.

Performance and Functioning of Primary Health Care (PHC) Activities

The performance of Primary Health Care is assessed yearly to find out whether there is progress in terms of dealing with or alleviating the health problems of the people. Performance is assessed from the records of the eight aspects of PHC which act as the benchmark and rules to adhere to. Therefore, the performance of Primary Health Care in the Roma Valley in the last decade is assessed using the eight aspects of Primary Health Care in line with the Alma-Ata declaration, namely, education about prevailing health problems and methods of preventing and controlling them; the promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care; including family planning and care of high risk groups; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries and finally, the provision of essential drugs. The functionality of these aspects is assessed by referring to the percentages reflected in Table 1. The nurses clearly highlighted that even though Primary Health Care has got eight components in all, it has not been possible for them to deliver all the services equally, as the Alma-Ata declaration asserts due to some problems at the present time. This means that the functional areas of the PHC have their own strengths and weaknesses in practice.

Education about prevailing diseases is found to be a functional area in the PHC program of St. Joseph's hospital. Thus, education and disease control which had approximately 58% success rate in 2008 has equipped many commu-

nity members in Roma with knowledge to reduce susceptibility to the prevailing diseases that could infect and affect them adversely. This item witnessed tremendous increase and improvement, considering the fact that it had an approximately 15% success rate in the year 2004. Based on the present outcome, people are able to prevent and control these diseases even when they have been infected because they have some knowledge necessary in regard to what to do and what not to do. However, there are problems in relation to this aspect of the program, which owes to the fact that many people still do not attend public gatherings in large numbers to get health education, which is provided free of charge. Besides, even those that attend public gatherings still believe that the traditional knowledge about diseases is preferable and dominant, compared to western health knowledge. Also, lack of transport to reach even those remotest areas limits the space of coverage, which has led to other members of the communities holding strongly to traditional methods of preventing diseases of which some of them are not productive at all. One of the nurses evinced,

"We go out to visit these villages and sometimes we find people who feel that we are wasting their time because they believe they have a perception that health only needs attention when it is giving problems. But still, with the problems we come across we still persist because at least there is progress even though it is slow."

Furthermore, the nurses asserted that the promotion of food supply and proper nutrition is functional though to the minimal level because it is one of the components that has the lowest percentages in the program's performance. It is functional in the sense that those

Table 1: Percentage performance of Primary Health Care 2004-2008

PHC aspects and indicators	Years					Mean %
	2004	2005	2006	2007	2008	
Education	15%	20%	37%	43%	58%	34.6%
Promotion of nutrition	4%	4%	7%	10%	12%	7.4%
Sanitation	28%	34%	56%	73%	82%	54.6%
Maternal and child care	39%	44%	47%	43%	61%	46.8%
Immunization	30%	40%	52%	60%	64%	49.2%
Prevention of endemic diseases	-	-	-	-	-	-
Treatment of common diseases	21%	42%	57%	45%	52%	43.4%
Provision of essential drugs for treatment of injuries	45%	50%	57%	62%	70%	56.8%

Source: Underlying Data, Statistical Yearbook (2008), St. Joseph's Hospital, Roma

people who are very poor and sometimes sleep without any meal are supplied with food which basically focus only on poor and ill people. It was estimated to be 12% in 2008 from the low bottom 4% in 2004. This slight mobility is due to problems such as few donations of food supply and lack of financial support to buy food for them. Also, the increasing number of people, who desperately need to be supplied with food due to poor agricultural production, makes the situation of this aspect worse by seeing the program as the only resort. One of the nurses indicated,

"We make sure that our patients maintain a good health because failure to do that leads to people's health not improving. Some of the pills make people eat a lot and they should do so with our help."

Furthermore, the program offers services related to maternal and child health care including family planning and care of high risk groups. It has been emphasized by the nurses to be the most valid and productive service in the Roma Valley, more especially because the Roma PHC first commenced with this aspect due to the problems of maternal and child health care that were severe. The program has been perceived as successful in terms of maternal and child health care. The health of mothers and their children has improved tremendously with approximately 69% success record in 2008, as against 39% in 2004. Above all, mothers learnt how to care for their children because they also received education on how to care for them. Observation shows that the rate of haphazard bearing of children, unplanned and unnecessary pregnancies have reduced because family planning services and medication is found to be accessible to the people in most cases. However, the presence of teenage pregnancy and many mothers who still resist the culture of breast-feed pose a problem to the success of this aspect of the program. Besides, irregular attendance to the clinic by mothers is found to be another source of worry as some mothers do not show up at health centre on the stipulated dates for regular check-ups, which lead to poor child health, couple with the fact that some mothers cannot afford to buy themselves and their children proper food. Few food donations still, in this case lead to failure to supply them with food.

Moreover, immunization against the major infectious diseases is also estimated to be

functional with a success rate of 64% in 2008 compared to 30% in 2004. This indicates that many adults and children are immunized. The benefit of immunization to the community cannot be underestimated, as one of the village health workers claimed,

"It is important that children are immunized because if it is taken, a person will be protected for the entire life due to the injections given to them while they are still young. A child who has been immunized against polio is protected forever."

It is realized that EPI is really improving people's health in Roma Valley because many children are immunized against many diseases that troubled them. However, there are still problems such as the cases of mothers who fail to attend checkups, shortage of resources such as supply of medical facilities (pills, injections and other) and transport.

The prevention and control of locally common endemic disease functions approximately at 52% in 2008 all the way from 21% in 2004 by equipping people with the knowledge to prevent them from being infected and giving medication to those already infected. Even in this aspect there are still problems of people who do refuse to take medication properly and those who do not want to show up on the appointed dates for more medication or other purposes. The program also experienced the havoc of the withdrawal of an important donor in 2007, which affected the success rate, having decreased from 57% in 2006 to 45% in 2007.

The program also provides essential drugs. This is also the most needed service because without them, there would be no Primary Health Care. It is found out that most of the village health workers mainly play the role of providing essential drugs as they help to treat people so that they can live healthy lives. However, there are times when the health centres run out of drugs due to the delays on the part of the government to deliver or delay to attend proposals or reports. Also, the withdrawal of the donors leads to shortage of drugs. The problem of expiration of drugs is also fundamental as some drugs expire in large quantities due to lack of facilities to care for them, especially the drugs that require specific conditions and temperature. This means that refrigeration facilities are not adequately available to store most of these drugs. It has been alleged some-

times that drugs are illegally sold by nurses, while some just disappear. The above situations have contributed to non-functionality of the drug distribution, which has its own negative consequences on the efforts of the village health care workers. According to one of the village health workers interviewed,

“We can educate people on how to prevent themselves from being infected and affected by the locally found disease, and do many other things but without the essential drugs we and the health centers are nothing, so it is normally found that their availability makes us helpful.”

Lastly, the appropriate treatment of common diseases and injuries is also functional with an estimated percentage increase of 70% in 2008 from 45% in 2004. Most of the locally identified endemic diseases have been treated and controlled with the appropriate drugs available. Majority of people do not just take their illnesses for granted because they know where to go in order to treat even those very common diseases such as tuberculosis.

Besides the outcome based performance assessment of the PHC in Lesotho, the extent of commitment and participation of the community members in the program and the accessibility of the products and services to the target population also form part of performance indicators in this study.

Accessibility of Primary Health Care Products and Services to the People

Primary Health Care has always been an initiative to be the first contact level to alleviate some of the problem of inaccessibility to health care products and services. With the introduction of this program in the Roma Valley, the level of inaccessibility to basic health services has been reduced to some extent because the main program located in the hospital area ensure that these services are effectively decentralized to reach people in their various communities. Most members of various communities indicated that Primary Health Care is accessible to every person because it is found in villages and also because it is easy to get help even in odd hours. This is because village health workers are found in the very same villages people live in and above all, people know where they can find them if they are not at the health centre. Most importantly they high-

lighted that the care-givers hardly hesitate to render assistance to the needy, even during odd hours. One of the community members interviewed narrated her personal experience in this regard, thus,

“There was a time when my husband punished my son for always coming home late. My son had been injured so badly and he was bleeding. I called one of the health workers to help and she did so though it was very late at night.”

The PHC is also accessible considering the fact that the services are offered at a time when they are needed. One hardly ever finds many people at the health centre to an extent that they can go back home without getting help, besides it does not take a long time before one gets help. The fact that the village health workers pay home visits to patients has contributed to the reduction in the load of the PHC health centres.

The system is able to give drugs even to those people who cannot afford to consult the doctors, without paying anything for the services. It is still helpful even for those people who cannot afford the health services in hospitals they opt for community health centres. They also stated that even those services they pay for are very cheap compared to those by hospitals.

The Extent of Community Participation in the PHC Program

Without the communities there would be no Primary Health Care and without Primary Health Care, communities will experience health problems. The PHC is mainly tailor-made for the people at community level. It requires the participation of community members, nurses, village health workers so that they interrelate and interconnect to eradicate health problems. One of the village Chiefs pointed out succinctly,

“As community members, we participate by calling public gathering for the nurses or village health workers so that they can educate people or inform them about those problematic health issues prevailing. With their influential position that is expected to be respected by every person in any community, it has been easy when the health care workers collaborate with the Chiefs in approaching communities about these health issues. Furthermore, by mere accepting the introduction of Primary Health

Care in communities under their guidance shows community participation because they always do what the community members appreciate and judged to be good."

Some female community members reiterated that they participate by attending public gatherings whenever they are held so that they get the health education offered by nurses and village health workers. They also participate by showing up at the health centres for further information and consultations about their health. They cooperate with the village health workers by doing whatever they want them to do. Relatives who are invariably members of the community are also at the fore front as actors or the leading care-givers because they are always with the patients, which is also a strong indication of the community participation in their health problems.

Challenges of Primary Health Care Centres and other Roleplayers in PHC Service Delivery in Lesotho

There are problems which all roleplayers come across in trying to make the Primary Health Care an effective and efficient system as it tries to be as inclusive and dynamic as possible. These problems include challenges faced by Primary Health Care centres, the personnel involved and the communities themselves.

The Challenges Faced by Primary Health Care Centres

There are many problems that have been identified by the nurses, the respondents and the Chiefs in different communities. There nurses did admit that,

"In as much as the PHC program in the Roma valley seems to be improving more especially looking at the percentages in 2008, there have been problems of missed opportunities that have been due to failure by the PHC centre to receive the vaccines in the right time so that they could be delivered to community health care centres. This problem has led to missed opportunities especially for immunization, which occurs when eligible children or women come to a health centres or outreach sites and do not receive any or all of the vaccine doses for which they are eligible."

In some cases, the opportunity to immunize does not offer adequate immunization services

as the health workers use inappropriate contraindications to immunization, do not give all the vaccines for which the children and women are eligible at the time of the visit, do not routinely screen children and women for their immunization status and do not offer the recommended vaccines. Some of the community members indicated strongly about the missing opportunities syndrome

"We want to believe that the medication that we are supposed to be given is used by the health workers for their own purposes for they are not paid that is why sometimes we go back to our homes without being helped."

Further, many problems are experienced when the government delays to respond on time to the reports or proposals sent to them. This makes the health centres run short of the facilities or drugs needed, which in turn makes people to be denied the services. This obviously leads the community members to lose hope in Primary Health Care because this happens regularly. Nurses have shown that this does not only affect the sector but also affect their roles and those of village health workers in the outreach site. According to a nurse, "when patients are referred back to the outreach sites, they do not normally report back for the services because they know it is highly possible that they may not even get the necessary medication." The nurses further voiced other related problems that are faced by the PHC, which include poor reports and statistics submitted by caregivers which is as a result of the fact that most of them do not have enough educational background. Additionally, there are poor health centre infrastructure, unhealthy toilets, and no refrigerators to preserve the vaccines which often result to damages.

Problems Encountered by Village Health Workers

Many patients or their relatives do not have trust on the village health workers and this makes it difficult for them to help those people who are ill. In most cases, this lack of trust emanates from unsubstantiated belief that they will bewitch them. It is a common belief among the Basotho that the time when a person is sick serves as a good chance for most people who hate him or her feel they should just bewitch the person so that the death can be easily blamed

on the illness. There have been cases of village health workers who were expelled when trying to pay home visits to patients because the health workers were alleged of witchcraft. This alleged witchcraft by some community members against the village health workers reflects the inner suspicion of the people on those who also care for them, which has not substantially been proved in any scholarly research in African societies. It should not be taken for granted because of the huge adverse implications that it portends to the working relationship between community members and their care-givers and the overall health care system. Also, there have been other series of misunderstandings between the patients and village health workers. One of the village health workers narrated her story.

“There was a time when I attended to a patient and gave him the prescriptions on how to take the medication; I had instructed him to take certain painkillers two times a day when he is sweating in an awkward way. It so happened that he took the medication many times, not as I prescribed. He got worse in his condition, in which I was blamed for a long time.”

Village health workers also face the problem of recipients who do not want to comply or participate in treating their illnesses. Most patients do not want to take their medications properly and they are easily annoyed when they are forced to do so, even those patients of HIV/AIDS who are still ashamed of being seen to take their daily medication. The village health workers also highlighted the internal frustration and pain that they receive as a result of their services to the community members. Most of the times, they get stressed and depressed by the problems they come across when dealing with the patients who are not willing to cooperate. Patients sometimes get moody and hostile, which causes stress and depression for them because patients have their own myths which have root and needs to be taken out of their minds.

They also come across a problem of the obstruction by the Chief in doing their work. In this case, there is a tendency for Chiefs to believe that he has the authority to make decisions or control how things should work. They sometimes ask for drugs even when they are not feeling ill and many of the Chiefs also

force the health workers to treat even those people who can afford the health services elsewhere.

Some community members expect the health care workers to favour them in the course of discharging their duties. They believe that just because a particular village health worker is related to them, he or she should give them more attention than other patients at the health centre or in the outreach centre, even when not necessary. A health worker further indicated,

“Most people accuse us of being aggressive and cruel when we are doing our job and some claim that we act as if we never knew them just because they do not want to queue like other people. You can imagine if we were to favour some selected patients than others, more especially as we work in the communities that we live in. Most people who come to the health centers are our neighbours, relatives, friends and members of associations etc. It will end us in a dilemma.”

Lack of facilities or essential equipment is another problem encountered by the village health workers. First of all, they have bad health centre infrastructure, unhealthy toilets and there are no refrigerators for the storage of strong vaccines. Village health workers indicated that this problem of no refrigerator results to problems such as having to throw away some of the drugs, even as it is very hard to be supplied by the government sources.

There are also instances when there are conflicts as the village health workers misunderstand one another, which lead to the process of confusion and poor service delivery. Some of the village health workers expressed their anger against the system. They complained that the way the program sometimes runs causes conflicts among the care-givers. For example, when the outreach sites were still new, the nurses used to call every village health worker to the workshops or conferences for clarifications as part of the training but lately they only take certain people and this causes conflicts among them, especially because there is an amount of money that is given to those who attend such workshop to cover their transport costs. This situation worsens the state of relationship among the health workers in the village, even though they do admit that they volunteered to do their job, they still not find the situation unfair as they are not paid well. At times, they are prom-

ised very meager wages which take months or years for them to get.

Problems Encountered by the Community Members

The community members also have problems and experiences that affect their health condition always, which are imposed by their problems in life and those that they get from the health centers. Some patients explained,

“At times when they need medication which they have been told they would get in the outreach sites in the communities, they are told that they are finished yet they are in pain. This makes them to lose hope in the promise that Primary Health Care used to hold for them because these problems seem to be increasing rather than decreasing.”

In relation to the above, there are some problems that are created by the health workers, though most often indirectly. The community members perceive it as a problem when the village health workers do not feel any need for them to value confidentiality when it comes to diseases that are affecting the people. They always accuse the health workers as being impolite and lack respect in their approach.

DISCUSSION

Primary Health Care is based on the principles that are most significant, including universal access to care and coverage on the basis of need, commitment to health equity as part of development orientated to social justice; community participation in defining and implementing health agendas; and inter-sectoral approaches to health. (The World Health Report 2003: 107-9). In examining PHC in Roma Valley based on the Alma-Ata principles, the system was found to be effective on some aspects of health care delivery services. Since the main goal of the PHC at Roma is to decentralise health care delivery down to the community level, a number of PHC services are made accessible at the village level in Ha-Mafefoane, Pae lea itlhatsoa, Ha-Maama, Tloutle, Ha-Tabutle, Mafikeng and others. The community members are the main target of the PHC. This system presents a shift from centralised service delivery to a more decentralised approach by integrating these community members. Many

institutions or organisations are giving their support to make sure that this system grows and continues to benefit many people. These institutions or organisations include Christian Health Association (CHAL), Government of Lesotho (GOL), Non-Governmental Organisations (NGOs) and many more.

The success of this strategy is evident from the percentages of operational statistics of 2008, which calls for more effective and efficient collaboration between the nurses, village health workers, Chiefs, community members and traditional healers. The health workers at Roma PHC centers only provide services in regard to the seven aspects of this system, out of the overall eight, which is in consonance with the position of Dennil et al. (1999) that for a PHC center to be considered effective, it should deliver health services in regard to at least five aspects out of eight of those listed as the main principles due to the foreseen different and peculiar resources and health problems in diverse countries. The success of this program has been made possible through the support of the Government of Lesotho, which is clearly shown in the budget speech of 2009/2010 and the plan to produce more health care professionals through collaborate programs with foreign universities and institutions of higher learning in different countries in Africa and beyond.

The community members comprised of mainly the out-patients and Chiefs subscribe to the manifestation that Primary Health Care program is a good health strategy used in Lesotho to render health services to the poor people in a cheaper way, with increased supply of medicines in the year 2008, against previous years and attendance for check-ups without spending a lot of money. One of the factors and inherent characteristic that made the PHC a success in the area includes the fact that the community members who happened to be patients at one point in time or the other are treated by people they know and understand. The home visits that village health workers engage in really afford some psychological ingredient to the sick towards speedy recovery. Again, the inclusion of traditional/indigenous health knowledge in healing and caring for the sick members of the community has even made it easier for them to live healthy lives. This is in line with UNICEF (1998: 103) where it is indicated that traditional or indigenous healing

methods are considered as the other active part, even though there are still negative attitudes and notions towards them in many African societies, including the Basotho of southern Africa.

The health workers, both the nurses and village health workers are really proud of the roles that they play in the system. The nurses believed that their role is and will always be to improve the health of the people and that satisfies their emotional need whereas the village health workers applauded the presence of PHC in many communities for it has given them an opportunity to help people, acquire skills and to get some wages which really improve their lives because they were previously unemployed. The program has shifted from a purely Primary Health Care orientation towards concentration on HIV and AIDS, which is one of the major killer diseases in Lesotho, with interventions on improved child health, youth and maternal services for family planning, voluntary counseling and testing, ante-natal care, tuberculosis identification and treatment, prevention of mother-to-child transmission of HIV (PMTCT), and anti-retroviral therapy at the local level. Among the services that the PHC program offers at Roma Valley, Expanded Program on Immunization (EPI) turns out to be the most popular and invariably most successful. This does not mean that this particular service is totally free of some shortcomings and problems in its implementation.

The availability of drugs and equipment is the key to the proper functioning of health centres. Without functioning facilities, diagnostic equipment, medicines and supplies, knowledge and skills of staff can make little difference. The delivery of services in PHC centre at Roma depends on a reliable supply of carefully chosen essential drugs, vaccines and supplies, not only to assume high quality of services, but also to enhance staff motivation.

The desire to promote Primary Health Care in Lesotho and at Roma required their interrelatedness and integration of different stakeholders in PHC such as Chiefs, community health workers, nurses or physicians and government. The concept of community health work is made to be understood and to be accepted in order for their support and participation to be obtained. Lasting success cannot be achieved without their support and participation. They are essential for good cooperation between the

three levels of the district health service: the village where community health workers work; the health centre, usually run by a medical assistant and the district or rural hospital, where a physician usually functions as the leader of the PHC. In accordance with the constitution and health, and social policy of Lesotho, communities will not be mere consumers of services but will actively participate in decision making and planning for health and social services as well as in implementation of programs. The policy encourages an integrated and holistic approach to health service delivery. The holistic approach to health systems at Roma can be adjudged to be very active and involves many people in improving their health, where a network of hospitals, clinics and health centres provide basic facilities throughout most of the country.

In spite of the observed synergic and productive functioning of the PHC in the area, the program cannot be seen as being problem free. There are apparently a myriad of problems in different angles of the program. For instance, even though most out-patients indicated that Primary Health Care is advantageous, they come across economic and logistic problems which usually worsen their sick condition. The study specifically found shortage of medical facilities in health centres and the nepotism they perceive at the health centre to be among the major problems. Similarly, the village health workers come across many problems in the course of their work. These include lack of trust by the community members, uncooperative attitude of the patients and misunderstanding between the health workers and their patients, which makes their work difficult.

One of the outstanding and yet unresolved source of conflict in this direction as revealed by some community members is their suspicion and allegation by some community members that some health care-givers are engaged in witchcraft. It is important to allude at this juncture that the notion of witchcraft is somewhat universal in most African societies, where the act has been sufficiently substantiated to exist and in some others where the suspicions are based on mere figment of human imagination. Witchcraft is an integral part of the Basotho transcendental belief system, which is anchored on their traditional worldview about the world

around them. Witchcraft is an art of invoking the spirits to work harm against people. It is a common belief among the Basotho that some spirits or forces of the universe may be captured by selfish and evil people and be used to their own ends, usually for evil purposes.

The Basotho belief on the notion that some care-givers have some powers to kill their patients and the people that are meant to care for through witchcraft may not be appropriately argued from the point of view of witchcraft as a spiritual possession of some people, mainly women. Rather it is more appropriate to situate the unsubstantiated allegation within the realms of magic and superstition. This is simply a belief that one's actions can compel the supernatural to act in a particular or intended ways, usually by common means of "casting spell" and "will" (Malinowski 1952), which implies that something has to happen because it is willed strongly by someone who possess the powers to do so. In the Basotho belief, the *Sangoma* possess the powers to harness or compel the supernatural beings to act in a particular or intended manner. This may include casting of spell on a sick person to die of a particular sickness. The *Sangoma*, who may not have personal contact with the sick person, executes his functions according to the requests of his or clientele. The community members' suspicion on some of the care-givers may be that some of them either possess such magical powers to cast spell or will strongly, or that they consult the *Sangoma* to assist them in actualizing their evil desire.

This situation is worrisome and calls for concern, especially as it creates negative impact on the health care system, especially on slowing down the process of positive change in the system. Lesotho like many other African and developing societies have staggering health service problems which includes the absence of a robust and efficiently functioning Primary Health Care system as a result of some of the entanglement with unsubstantiated, highly spiritualised environment. African societies, as has been described by an eminent African philosopher, are religious in all things, where most occurrences are interpreted from religious angle and lens of spirituality. The extent to which beliefs in some spiritual entities and witchcrafts among others have negatively impacted or damaged social relations in health care delivery

system in African societies are better investigated than imagined.

Most sadly, the volunteer community health workers engage in their work without being remunerated in any way and even when they are promised to be paid, it never happens or takes a very long time. This aspect and model of health system where home care health delivery system is organized in Lesotho has been further investigated in Nyaphisi (2008) and Matsela (2008), where community home care service was found to be viable alternative to hospital or clinical visitation care system because it makes use of cheap and volunteer community health care workers who do not expect any contractual remuneration from the government of Lesotho. Roma also face shortage of health facilities to effectively and efficiently assist people. This finding somewhat corroborates the position of Webb (1994: 444) which indicated that lack of resources –human, financial and time- is a major barrier to effective evaluation in health promotion.

In relation to the problems that the Primary Health Care at Roma experiences, the study found conflicts among village health workers, lack of determination of these workers, poor written reports of patients to be referred to the hospitals as major issues. These problems deepen as there is no systematic training plan for the village health workers due to lack of resources.

CONCLUSION

Based on the analysis and findings of this study, it is conclusive to admit that the Primary Health Care system at Roma is effective to some extent in some aspects of PHC principles but definitely not in all. It is effective on one hand because it seems to be addressing the main health problems in the communities. Basic health services provided are effectively decentralized to reach even the remotest part of the Roma valley, especially small isolated rural areas like Ha-Maama. The success of the PHC in Roma valley is linked to the function and structure of the system, which is predicated on the theoretical underpinnings of the functionalists' sociology and anthropology. In this regard, the Roma society still organises and operates a close nit solidarity system, akin to what Durkheim described as mechanical soli-

ilarity, where community members are organized based on non contractual obligations. The reason that some people volunteered to participate in home care, even without official remuneration suggests that the welfare of the community and the common good of its members are still held utmost in the minds of many. However, the above view notwithstanding, the informal and development level of the Basotho society also resonates in their belief in witchcraft, which to most part may become inimical to the functioning of the PHC volunteers in the Roma communities. The decentralization of the systems also could be given an understanding from sociological and anthropological point of view in relation to the previous postulations of Durkheim in his thesis on division of labour in the society. This becomes necessary as the community structure becomes more complex but nevertheless not a contradiction of the overall and perceived mechanical solidarity structure that is prevalent in most parts of Basotho society, including the Roma valley communities. There are appropriate services to meet particular health needs of each community even though there are insufficient facilities. The right and duty of people to participate individually or collectively is upheld.

NOTES

1. Primary medical care is only an aspect of Primary Health Care. Primary care is “front line” or “first-contact care”. It is person-centered (rather than being disease- or organ system-centered) and comprehensive in scope, rather than being limited to illness episodes or by the organ system or disease process involved. More formally, primary care has been defined as “the provision of integrated, accessible health care services by clinicians are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients and practicing in the context of family and community. Eighty percent of medical care is primary care. Primary care includes routine medical care to treat common illnesses or to detect health problems in their early stages and thus includes such things semi-annual dental checkups; annual physical exams; health screenings for hypertension, high blood cholesterol and breast or testicular cancer and sore throat cultures. Primary care usually is provided in practitioner’s offices, clinics and other outpatient facilities by physicians, nurse practitioners, physician’s assistants and an array of other individuals on the primary care team. Primary care is the most difficult for the poor and uninsured to obtain. For this concept WHO stated that Primary Health Care rests on the eight elements (Mckenzie et al. 2002:389). Medical practice or primary medical care includes early detection and routine care which may be offered by provider offices, HMOs, hospital outpatients departments, community mental health centers, industrial health units, and school and college health units.
2. Durkheim begins with an approach usually called functionalism. The functionalist view focuses on the role of social objects or actors, that is, on what they do. Durkheim believed that harmony, rather than conflict, defined society. He examines social phenomena with regard to their function in producing or facilitating social cohesion. Durkheim was primarily concerned with solidarity: what holds individuals together in social institutions? Durkheim believed that solidarity was the normal condition of society, and even though he recognized the turmoil associated with industrialization, he considered conflict abnormal or pathological. Durkheim identified two major types of social integration and solidarity, mechanical and organic. The former refers to integration that is based on shared beliefs and sentiments, while the latter refers to integrations that result from specialization and interdependence. These types reflect different ways that societies organized themselves. Where there is little differentiation in the kinds of labour that individuals engage in, integration based on common beliefs is to be found; in societies where work is highly differentiated, solidarity is the consequence of mutual dependence. The distinction reveals Durkheim’s thinking about how modern societies differ from earlier ones, and consequently, how solidarity changes as a society becomes more complex. Societies of mechanical solidarity tend to be relatively small and organized around kinship affiliations. Social relations are regulated by the shared system of beliefs, what Durkheim called the common conscience. As a result, regulation was primarily punitive. Violations of social norms were taken as a direct threat to the shared identity, and so, reactions to deviance tended to emphasize punishment.
3. As one of the great field workers of all time, Malinowski was convinced that every detail of a culture, and this most certainly would include its folklore, had a function. In anthropology, Malinowski’s functionalism is based on human biology and psychology. It must be noted that this bio-psychological approach pays close attention to the individual and de-emphasizes the importance of the social system as having a reason of existence beyond that of the individual. Malinowski functionalism is a metamorphosis of the seven needs of the individual: nutrition, reproduction, bodily comforts, safety, relation, movement, and growth into the secondary needs of society. The needs of the individual are satisfied by the social structure of his culture, whose function it is to satisfy those human needs. In other words, every social institution has a need to satisfy, and so does every item in a culture. For folklorists, this means that even the smallest item one collects, such as a single folk belief, has the function to perform both at the level of the individual and at the level of the society and the culture. Malinowski gives us the ultimate in a functional approach.
4. In 2008, the Government of Lesotho through the Ministry of Health and Social Welfare arranged an oversee training for Medical Students of Lesotho origin in Nigeria. Qualified Basotho students were admitted into the Medical School of Obafemi Awolowo University, Ile-Ife, Nigeria.

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