

Title: Opportunities for Physiotherapists in Primary Health Care in Nigeria

Authors: Sokunbi G, Ph.D¹

¹Department of Physiotherapy, Faculty of Allied Health Sciences, Bayero University Kano, Kano, Nigeria

Corresponding author: Ganiyu Sokunbi, Department of Physiotherapy, Faculty of Allied Health Sciences, Bayero University Kano, Kano, Nigeria

Email: ganiyusokunbi@gmail.com

Primary health care (PHC) was defined as a grass-root approach towards universal and equitable health care for all (World Health Organization, 1991). This strategy is meant to address the main health problems in the community via preventive, curative and rehabilitative services (Olise, 2007). It is an essential health care delivery platform, which should be based on practical, scientifically sound and socially acceptable methods and technology that is equitable and universally accessible to all individuals (Alma Ata declaration 1978). Nigeria is a signatory to the Alma Ata declaration (1978).

PHC emphasizes health promotion via continuous and comprehensive care including prevention, treatment and rehabilitation rather than on treatment, episodic and specific problems from specific pathologies alone. PHC ideally should be organized around health care professionals, community health workers, social workers etc. in a team setting. This implies that the staff and resources should not only be drawn from the health sector but should be all encompassing with solid community collaboration, participation and joint responsibilities.

The goal of achieving easy and universal accessibility could not be said to have been achieved in the rural populations in Nigeria who are seriously underserved when compared with their urban counterparts (Abdulraheem et al, 2012). Some of the hindrances to universal accessibility in Nigeria has to do with insufficiency in number and composition of health workers as well as their uneven distribution to different areas where there services are mostly required. Review of literature has shown that rehabilitation professionals especially the physiotherapists are getting increasingly involved in the delivery of PHC as a member of the health care team (Australian Divisions of General Practice, 2005). Physiotherapists are uniquely qualified to assess, improve and maintain the individual's functional independence and physical performance. Currently, physiotherapy services are available in big cities in Nigeria. These services are only accessible to

a few. Many who do not live in these big cities or do not have the means of travelling to big cities typically do not get physiotherapy services. Eventually they resort to staying at home, and/or they consult quacks and local traditional healers, only to present in the city hospitals, often too late with an almost irreversible deformities and complications that could have been prevented by early intervention.

Emphasis for the greater involvement of physiotherapists in PHC arose from the fact PHC system in Nigeria is not yet adequately sensitized to promoting preventative measures needed to combats chronic non communicable diseases, the health care needs of the elderly and People Living with Disability (PLWD). Many of the home bound PLWD and the elderly in our rural communities generally suffer from multiple and chronic communicable and non-communicable diseases (CD & NCD) and frequent falls are in need of long-term constant care. It appears that there are no deliberate implementation plans via the PHC program in Nigeria geared towards provision of rehabilitation intervention, advance care services, and promote independent living of the elderly and PLWD.

Personal opinion

Public awareness on promotional, preventive and rehabilitative interventions especially for the elderly & PLWD coupled with assessment and empowering patients on self-management skills could form part of the responsibilities at the home visit level. Such assessments and empowerment could be on simple and common musculoskeletal complaints and the provision of suitable walking-aid and supportive devices. At PHC Centers located in the community, provision of physiotherapy units will add to the quality of the individual's health care experience via provision of cost-effective solutions for addressing problems such as neurologic and complicated musculoskeletal. Telephone-based service on patient directed therapeutic

interventions, supervised therapeutic interventions and referrals of more complex cases to the secondary and tertiary levels of care are all needed at the PHC centers. Health living activities including exercise and dietary prescriptions, fall prevention programs, coping with balance difficulties, and management of other complications could also form part of the role of physiotherapy at this level.

References

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