

## CASE STUDY

# Case study of a model primary health care program in Nigeria: History, evolution, challenges, and future perspectives

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## Abstract

This short report describes the historical evolution of a pioneer Model PHC programme located in Ogun State, southwest Nigeria, as a direct result of the vision and effort of Professor Olikoye Ransome-Kuti, and his drive to entrench the delivery of primary health care (PHC) in Nigeria. It describes some of the programmes inspired by the PHC philosophy at the Model PHC Centre, some of the challenges faced over the years, and the need to reposition the programme. It exemplifies key principles in PHC and its philosophy that are instructive for health practitioners, policymakers and development practitioners, especially those with interest in resource-poor countries. (*Afr J Reprod Health* 2023; 27 [5s]: 82-86).

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**Keywords:** Primary Health Care, Olikoye Ransome-Kuti, Pakoto Model PHC Centre, Lagos University Teaching Hospital Annex

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Ce court rapport décrit l'évolution historique d'un programme pionnier de Model PHC situé dans l'État d'Ogun, dans le sud-ouest du Nigéria, résultat direct de la vision et des efforts du professeur Olikoye Ransome-Kuti, et de sa volonté d'enraciner la prestation des soins de santé primaires (PHC) au Nigéria. Il décrit certains des programmes inspirés par la philosophie des SSP au centre modèle de SSP, certains des défis rencontrés au fil des ans et la nécessité de repositionner le programme. Il illustre les principes clés des SSP et sa philosophie qui sont instructifs pour les praticiens de la santé, les décideurs et les praticiens du développement, en particulier ceux qui s'intéressent aux pays pauvres en ressources. (*Afr J Reprod Health* 2023; 27 [5s]: 82-86).

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**Mots-clés:** Soins de santé primaires, Olikoye Ransome-Kuti, Pakoto Model PHC Centre, Lagos University Teaching Hospital Annex

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## *History of the evolution of the Pakoto Model PHC Centre*

The Lagos University Teaching Hospital (LUTH) Model Primary Health Care (PHC) Centre, Pakoto, was commissioned on Monday November 30, 1987, by the then military Governor of Ogun State, Colonel Raji Rasaki<sup>1-3</sup>. The idea of setting up a satellite campus outside the Idi-Araba location of LUTH was first mooted in 1975 when a proposal was submitted through the Federal Ministry of Health to the Federal Ministry of Works, seeking the latter Ministry's assistance in acquiring three square miles of land for the hospital along the Lagos-Badagry expressway.

The reasons behind the setting up of the Patoko PHC Centre were to enable LUTH extend its facilities to the rural areas, to reduce the

increasing congestion at the Idi-Araba campus, and to establish a practice area for the teaching of medical, dental and nursing students. This concept was further enhanced by the policy of the Federal Ministry of Health which enjoined teaching hospitals to be involved in taking health care delivery to the rural areas so as to discourage rural-urban shift<sup>2,4</sup>. The LUTH management also approached the Lagos State government directly to pursue its request for space; however, a meeting of the then Military Governor of Lagos State, Commodore Adekunle Lawal, with the Chairman of the Management Board, Alhaji Nuhu Bamali, did not yield positive results<sup>2</sup>.

When efforts to secure land in Lagos State proved abortive, an approach was made in April 1977 to the then Commissioner for Health in Ogun State, Dr. Olumide Adeuja. The Ogun State

government was receptive to the hospital's request and offered to give 10 square miles of land between Otta and Ifo along the Lagos-Abeokuta Road, free of charge. In September 1977, the Federal Ministry of Health gave approval to the LUTH Management Board to accept the land offer. However, it took the intervention of several persons, notably the Alake of Egbaland, Oba Oyebade Lipede, the Olota of Otta, Oba T. T. Dada, the then Head of State, General Olusegun Obasanjo, and other traditional rulers, chiefs, and community leaders, to take physical possession of the land. The government of Ogun State subsequently issued a Certificate of Occupancy to the hospital for the land, making LUTH the legitimate owners<sup>2</sup>.

The establishment of the Pakoto Primary Health Care Complex was also to align with the Alma-Ata declaration, which made 'PHC' the most equitable pathway to access health care. Primary Health Care, as defined by the World Health Organization at the Declaration of Alma-Ata in 1978, is "*essential health 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 can afford to maintain at every stage of their development, in the spirit of self-reliance and self-determination*"<sup>4,5</sup>.

Prof. Olikoye Ransome-Kuti, who was appointed Nigeria's Minister of Health in 1985, had been the Pioneer Director of the Institute of Child Health and Primary Care (ICH&PC), at the College of Medicine of the University of Lagos (CMUL) from 1978-1985. During his tenure as Director ICH&PC, he doubled as the first Coordinator of the LUTH Primary Health Care Scheme. However, from 1976, he served as Director of the Basic Health Services Implementation Agency (launched in 1975), in which capacity he spearheaded what is now referred to as Nigeria's 'first attempt at PHC'<sup>6-9</sup>. As a result of these various activities by Prof. Ransome-Kuti, from the late 1970's the ICH&PC, CMUL started to engage with rural communities in Ado-Odo Ota and Ifo Local Government Areas of Ogun State, which were adjacent to Lagos State<sup>6</sup>. In 1982, the ICH&PC was given the mandate to design a rural health service for Ifo community in

Ogun State, and this culminated in the commissioning of the Pakoto Model PHC Centre in 1987<sup>10</sup>. The Pakoto Complex was proposed to be an annex of LUTH comprising additional ward blocks, dental auxiliary school, PHC Centre, Convalescent Home, and accommodation for staff.

The Pakoto Model PHC Centre was based on the earlier models of the Gbaja PHC clinic in Surulere, and the Shomolu PHC Clinic, both in Lagos State, Nigeria, which were also the brainchild of Prof. Ransome-Kuti. In this model, health care workers were trained to work at the first level of contact with the health system. These clinics were run in a style considered unconventional at the time, which placed emphasis on prevention and the active involvement of the caregiver in the management of patients<sup>6</sup>. The use of home-based records enhanced the motivation of the mother in the care of her child as well as providing essential information about the sick child.

After the Gbaja PHC Clinic was taken over by the Surulere Local Government authorities, Prof. Ransome-Kuti and his team moved to establish a PHC clinic in Shomolu at Oguntolu Street<sup>2</sup>. Here, the entire neighbourhood became involved in their own health through their attendance at mothers' support groups and fathers' club, at which children's health issues were discussed in a simple direct manner, and roles for subsequent follow-up of the child assigned. Thus, when the land at Pakoto became available, this preventive approach was again adopted and further strengthened<sup>2,10</sup>. This concept became a fore runner of the community approach to health care delivery in Nigeria; the earlier concept being the facility based curative care which was associated with several limitations.

The Pakoto Model PHC Complex, situated at kilometre 50 along the Lagos-Abeokuta Expressway, was housed in a simple and spartan structure that was patterned after the prototype of the Imesi Ile Child Health Clinic by Dr. David Morley, and easy to maintain in the spirit of self-reliance and community participation<sup>6,7</sup>. The structures and facilities at the Pakoto Model PHC Centre have since been improved on with support from several bodies including the National Primary Health Care Development Agency.

### ***Programmes inspired and developed from the PHC philosophy at Pakoto PHC***

The Pakoto Model PHC Centre was founded on the philosophy of primary health care, with emphasis on the empowerment of communities to actively participate in decisions concerning their health and promote ownership of their health system<sup>6</sup>. A minimum package of health services was also introduced. A number of unique features were instituted at the Pakoto Model PHC Centre for improved client satisfaction and quality assurance such as the use of home-based records, and pre-packaged drugs which helped to reduce client waiting time at the facility<sup>6,7</sup>. The 'Exit Table' was instituted as a point at the end of the clinic flow where a senior health staff checks the services rendered to the client during the visit to ensure appropriateness and completeness of care received, and where care instructions are reinforced<sup>6,7</sup>. The Exit Table, a novel feature of the Pakoto Model PHC Centre, has since been replicated in some PHCs in Lagos State and other parts of Nigeria with positive results in quality assurance and quality improvement of services.

One of the areas that drew some criticism from different quarters was the training of locally recruited literate community members to serve as first contact health personnel<sup>6,10</sup>. Their supervisors were nurses and midwives who were reoriented by undergoing the Community Health Officers (CHO) training programme<sup>4</sup>, which was developed by the Basic Health Services Scheme under the leadership of Prof. Ransome-Kuti. In 2008, the CHO training programme was restructured into a Higher National Diploma programme. However, prior to the restructuring, certain policy changes over time had precluded nurses and midwives from being admitted into the CHO training programme, with admission only open for Community Health Extension Workers (CHEWs) who met admission requirements. The CHO training programme itself has since been further modified in curriculum and structure with its own registration board.

Expanded roles for nurses and nurse-midwives were created and instituted at Model PHC clinics including the Pakoto Model PHC Centre with the development of Standing Orders (SO) – an algorithm of steps to take in the management of a wide variety of common symptoms; the SO was subsequently adopted with

variations according to the level of service provision as part of the Training Materials for CHOs, CHEWs and Village Health Workers/Traditional Birth Attendants<sup>6,10-12</sup>.

A new curriculum for the training of medical students in Primary Health Care at final year level was developed in line with this paradigm shift under Prof. Ransome-Kuti's purview at the College of Medicine, University of Lagos<sup>11,13</sup>. This curriculum was designed to equip medical graduates with appropriate knowledge, attitude and skills for coping with the constraints of practicing medicine in the developing world<sup>11</sup>, and the Pakoto PHC Centre became a hub for the immersion of medical, dental, and nursing students in the surrounding communities which served as practice areas for Primary Health Care.

The facilities at the Pakoto Model PHC Centre Complex continue to serve and train generations of medical, nursing and CHO students from CMUL/LUTH and other institutions, as well as resident doctors from the Lagos University Teaching Hospital in Community Medicine/Public Health, Family Medicine, Ophthalmology, Dentistry, and other departments.

With the use of the Pakoto Model PHC Centre Complex and its surrounding communities as a practice area for diploma, undergraduate and postgraduate degree training in Primary Health Care and other aspects of Community Health, and through other avenues of awareness creation about the PHC philosophy, colleagues from other clinical specialties beside Community Health began to embrace the benefits of having a primary care component, and the LUTH Annex at Pakoto gradually became home to several primary care programs of clinical departments from the main campus of LUTH at Idi-Araba, Lagos. This article makes mention of a few examples, though several other programs have been instituted within the Pakoto LUTH Annex at one time or the other during its more than three decades of existence.

### ***Primary mental health service at Pakoto PHC Centre***

The Department of Psychiatry, CMUL/LUTH, in recognition of the WHO recommendation to integrate mental health services into primary and general care, and of the huge treatment gap existent due to the extreme short supply of specialized manpower, instituted a primary mental health

service at the Pakoto Model PHC centre, LUTH Annex in January 2011<sup>14</sup>. This service was further extended into the surrounding communities through a collaboration with a religious mental health provider within the Ifo Local Government Area<sup>15</sup>. The religious institution, which is residential in nature, is well known as a 'prayer mountain' within the locality, with attendees coming from all around Nigeria and abroad seeking mental health cures.

A review of this collaborative service showed that the religious mental health care providers were willing to receive training to improve their treatment practices, though some resistance to change was also observed. The collaboration also enhanced the referral of cases deemed 'difficult' by the religious providers to the primary mental health service at Pakoto Model PHC Centre. One of the many challenges however experienced by the collaborative service was a shortage of funds<sup>15</sup>.

A review of data from the primary mental health service at Pakoto PHC showed that many of their clients were of low socio-economic status and would otherwise have likely been unable to afford psychiatric services at a higher level of health care<sup>16</sup>.

#### *Primary eye care service at Pakoto PHC Centre*

The LUTH Annex primary eye care service at Pakoto PHC Centre officially commenced in 2006<sup>17</sup>. The service is run by the Department of Ophthalmology, CMUL/LUTH, and is staffed by visiting resident doctors and/or consultant ophthalmologist, an optometrist, and an ophthalmic nurse<sup>17</sup>. It provides primary eye care services to clients including minor surgeries, which are performed within the well-equipped theatre at the Model PHC.

One of the major challenges of most of the clinical services extended from the main campus at Idi-Araba is the delay in arrival of clinical staff, who often get held up on their way from Lagos due to the deplorable state of the roads. Those staff who choose to stay temporarily at Pakoto for the purpose of service provision are often faced with a myriad of logistic challenges including dilapidated accommodation, poor power and water supply, and security concerns, amongst others.

#### ***Pakoto Model PHC: A vision dear to the heart of Prof. Ransome-Kuti till the end***

As a solution to the poor level of funding of the existing Institutes of Child Health in Nigeria by the Universities at the time, Prof. Ransome-Kuti 'adopted' the Model PHC centres under the Federal Ministry of Health, so as to ensure adequate funding and sustainability for them to perform their various functions, and the Pakoto Model PHC Centre Complex was not left out<sup>6,7</sup>. The Pakoto Model PHC Complex was one of the facilities visited in a tour of PHC facilities across the six geopolitical zones of the country by Prof. Olikoye Ransome-Kuti in 2003, to assess adequacy of training facilities, equipment, and staff for the continued execution of the primary health care programs. Sadly, not long after this visit to the Pakoto PHC Complex, he passed away.

#### ***Repositioning for the future: Challenges and recommendations***

The Pakoto Model PHC Complex has weathered many challenges in its years of existence. In brief, there have been issues with funding and sustainability of established programmes, staffing, and accommodation; there have also been administrative shifts, security issues, numerous logistic problems, and a changing socio-cultural environment, amongst others.

Part of the vision of Prof. Ransome-Kuti in the setting up of the Pakoto Model PHC LUTH Annex was the establishment of a Medical Village within the complex. Benefits accruing from the proposed project, as enumerated by a former Chief Medical Director of LUTH, Prof. Akin Osibogun, include the provision of stress-reduction facilities/amenities, the promotion of medical tourism to the facility, and the enhancement of the economic viability of the area through increased commerce, among others<sup>18</sup>. This vision has however faced several challenges and is yet to be concretized/realized.

The Pakoto Model PHC Centre has continued to forge ahead in its tripartite mandate of service provision, research, and training of various health care personnel at junior, middle and senior levels. Its 'unsung heroes' remain the committed team of providers consisting of nursing staff,

CHOs, CHEWs, the Evaluation Research Unit Staff, and staff of the LUTH Annex Training Schools; these personnel along with resident doctors and consultants from the Department of Community Health and Primary Care (formerly the Institute of Child Health and Primary Care ICH&PC) and other clinical specialties remain committed to keeping the vision alive. The community linkages such as the Ward Development (Health) Committees of the various communities and Village Health Workers within the catchment area cannot be forgotten for their health actions, which in the spirit of community participation and self-reliance ensure the community services and programmes are sustainable. However, the world is rapidly evolving, and the Pakoto Model PHC Centre would need to evolve as well. As acknowledged by other authors, Prof. Ransome-Kuti's commitment to and investments in PHC were geared towards the achievement of Universal Health Coverage<sup>5</sup>; an example of this is the notable achievement of universal child immunization in the late 1980s through the PHC approach<sup>8</sup>.

If the nation is to get back on track towards the attainment of the health-related SDGs by 2030 it will need to invest strategically in the system of PHC and recalibrate its trajectory for the next phase. There is therefore a need to reposition this Model PHC Centre if it is to continue to be a leading light in the Primary Health Care landscape, and to preserve the legacy instituted by Professor Ransome-Kuti.

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