Health Care Policy and Pathological Services in Developing Countries

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Introduction

Pathology services lie at the heart of the health care services provided to patients. They are essential to the delivery of many of the national priorities and targets for the health system. For instance, it has been estimated that about 70 to 80 per cent of all health care decisions affecting diagnosis or treatment involve a pathological investigation, with individuals' treatment decisions (and the monitoring of their response to treatment) often dependent on a range of pathology-based tests and investigations[1]

Clearly, the practice of pathology in much of the developing world is currently confronted with special, and often peculiar, challenges. These include the shortage of dedicated resources, the extremely low number of pathologists and pathology departments, long distances involved in getting to the nearest facilities, the poor standards of practice used in sample handling, the extreme temperatures (even within the laboratories), and the lack of appropriate logistics for sending specimens from peripheral hospitals to centralized pathology laboratories[2]

Pathology staffing issues are particularly germane in developing economies. Whereas the staffing of pathology services in North America and Europe varies from a low of 14 to 40 per million population, many developing countries are served by only a small fraction of this, varying from 0 to low single digits. For example in 2007, Uganda had 18 practicing pathologists for a population of 28 million, and Tanzania had 15 pathologists serving 38 million people. In Zambia there is 1 pathologist for about 10 million people, in Madagascar, 8 for 22 million, while in Democratic Republic of Congo, there are about 10 for a population of 74 million[3].

Training standards is less than optimal in these countries as well. The availability of structured training programmes is poor, and training time tends to be short because of shortage of monetary and human resources. Trainees who are opportuned to go abroad and train or attend short courses in Western institutes of learning may, on the other hand, encounter difficulties in applying their new skills on their return home due to shortage of necessary infrastructure. This, as well as economic incentives and job market realities, leads to an inordinately high rate of ''brain drain'' from the developing to the developed countries. In addition to the direct emigration, there is an indirect effect, when countries with a relatively

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high level of training, such as South Africa, lose their qualified staff to the West and then in turn attract medical personnel from other African countries. Compounding this problem are recruiting efforts by Western non-governmental organizations and programmes which tend to divert health professionals from frontline practice into their own projects by offering them higher salaries and benefits[4].

These debilitating problems facing the health services of many a developing country are fuelled by a lack of governments' focused and appropriate policy attention to their medical services in general and, in this case, pathological services in particular.

Health policies and Pathological Services: Current Status in Developing Countries

The need to develop appropriate policies and plans to aid the growth and development of laboratory services, especially in developing countries, have long been recognized by the World Health Organization[5]. Health Policies represent the collective will of governments and people to provide a comprehensive health care system. They describe the goals, structure, strategy and policy direction of the health care delivery system of any country, defining the roles and responsibilities of the tiers of government and the non-governmental actors. The long-term goal is to provide the entire population with adequate access to primary health care, and secondary/tertiary services through a well-functioning referral system.

An analysis of health systems in developing countries in the last 30 years, especially in the African region revealed that a number of countries have largely embraced their stewardship roles, including developing national policies and strategic plans that highlight universal access to essential services, inter-sectoral collaboration and community involvement in health[6]. Countries have made efforts to strengthen district health systems through improving organization and management of health services to better respond to needs of people. Increased availability of information for planning and decision-making has facilitated the stewardship roles. A few countries have even managed to substantially increase public funding for the delivery of health services[7].

In roughly the same period of this 'renaissance', the domestic and international health policies in these countries have been shaped by the multiple international agreements and consensus articles of declaration. Some of these include the Alma Ata Declaration of 1978; World Bank/IMF Structural Adjustment Programme in the health sector of 1987; World Health Organization's Bamako Initiative of 1987; United Nations Millennium Declaration/ Development Goals of 2000; Paris Declaration of 2005; and the second Primary Health Care revolution of 2006[6]. These agreements and policies have heavily influenced the directions and strategic frameworks of national health plans in the low-income countries, so that there have been a heavy leaning in favour of the district health system, Primary Health Care and certain priority diseases to the detriment of diagnostic and specialist hospital-based services in general. The situation is complicated by the skewed international resource flow for HIV and AIDS, to the neglect of other priority health problems[8], such as cancer, in many countries, while they are experiencing an epidemiological transition from communicable to non-communicable diseases and inevitably bearing the burden of both. In the midst of this, pathological or laboratory services rarely get a mention in national health plans and policies, despite its pivotal role in the attainment of national health system priorities and targets and the myriad of problems enunciated above as facing this branch of medicine.

Idogun and Enosolease[9] working in Benin City, Nigeria, aptly summarized the problems of laboratory services in developing countries with regards to policy formulations. "Laboratory service delivery faces criticisms on daily basis by the patients (the beneficiary), the clinicians (the user), and the hospital management (the policy maker). The service provider (the laboratory) is faced with the task of trying to explain her problems". After conducting a

critical policy analysis of the problems, the most important finding, according to the authors was that there was no formal laboratory service policy to guide all the actors i.e. the hospital management, laboratory staff and the clinicians. Problems arising from the laboratory are solved through the use of circular letters, likened to administrative incremental model of decision-making. They concluded that there was a need to have a formal policy on laboratory service delivery that will guide the provider, the user and the policy makers in solving the problems that originate from the laboratory service on a permanent basis[9]. Other workers such as Adeyi[10] and Rambau[11] have equally documented similar policy problems associated with the practice of pathology in developing countries.

In Nigeria for example, in order to attain the national goal of achieving health for all Nigerians, the revised national health policy recommended that disease burdens and other health problems that significantly contribute to the poor health status of the citizens must be addressed, and appropriate health interventions capable of achieving this goal must be mounted. In so doing, what the revised National Health Policy document advocated was the elaboration of other vertical policy documents targeting specific disease burdens and programmes[7]. These included the:

- National Policy on HIV/AIDS
- National Policy on Roll Back Malaria
- National Policy on Immunization
- National Policy on the Control of Onchocerciasis
- National Policy on Control of Tuberculosis and Leprosy (TBL)
- National Policy on Blood Transfusion
- National Policy on the Elimination of Female Genital Mutilation
- National Policy on Reproductive Health
- National Policy on Adolescent Health
- National Policy on Food and Nutrition
- National Policy on Child Health
- National Policy on Drugs
- National Policy on Food and Hygiene

While some priority health conditions and other health programmes received attention, the closest that pathology got to being mentioned was the elaboration of a policy on blood transfusion. Even the National Health Bill which is still awaiting the assent of the president, and which not a few experts believe is the ultimate solution to the myriads of problems bedeviling the nation's health system, is very deficient in its spirit and letters as regards the practice of pathology and laboratory services. Besides making a case for the policy on blood transfusion and regulating blood transfusion services, the other pathologic-related matters addressed by the bill were the research and ethical concerns with regards to organ transplantation and genetics/ stem cell research. The dismal Nigerian health policy situation is not an isolated phenomenon, as the health policies of a number of other African countries are equally deficient in this regard.

Conclusions and Recommendations

Standard pathological services are requirements for accurate diagnosis and prognostic evaluation of patients, thereby reducing preventable and unnecessary deaths and increasing post-diagnosis survival for many conditions. The wide range of changes needed include: adequately trained pathologists in sufficient numbers, trained laboratory scientists and technicians, reliable equipment and reagents, internal and external quality assurance programmes, and licensing, accreditation and certification mechanisms. All these can only be achieved when national health policies are developed to give the practice of pathology the priority it deserves. In addition, there is need to ensure that such policies are translated into action plans, which are backed-up by adequate funding and time-bound scaling-up of service standards and transparent monitoring and evaluation of policy implementation.

Such policy documents must unequivocally address the lingering problems of professional rivalry in the laboratories, stating clearly the

training requirements and skills for various posts and job descriptions in the pathology laboratories. The situation whereby certain cadres of laboratory staff in some developing countries arrogate the custody and daily operations of the laboratories to themselves and even attempt to shut out other professional groups from working in the pathology laboratories is unacceptable. It is inimical to a sound and well-rounded clinical service to patients and is indicative of retrogression to an un-wholesome, unscientific health system.

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