

The Impact of PHC Reorganization and Doctors Task Shifting in Health Delivery Services in Rivers State: A Review

Type of Article: Abstract

Dr. Ekanem Nyarawo Effiong

Rivers State Primary Health Care Board; Phase 3 GRA, Port Harcourt.

BACKGROUND

The Rivers state government has and is still investing heavily in reinvigorating primary health care (PHC) after many years of an almost nonexistent active PHC services in the state. This followed a period when the whole responsibility of running PHC was handed to the Local Government Areas about two decades ago in a federal government restructuring exercise. This resulted in poor political support from the local governments, reported unaccountability, low managerial capacity which made PHC demotivating to the existing PHC workforce and unattractive to highly skilled personnel like doctors to take up PHC as a career. The objective of this review was to evaluate the status of PHC in Rivers state with focus of personnel task, trends and the cost benefit ratio of these changes on the status of PHC in Rivers state.

METHODS

The review utilized existing data sources for PHC in Rivers state and the relevant literature review.

RESULTS

The situation of PHC prior to the current investment and reorganization were plummeting health indicators, doctors' migration from PHC and personnel frustrations among those still left in the PHC system. Non physician clinicians (NPC) or allied health workers became the backbone of PHC implementation and sometimes facility heads in a phenomenon called task shifting. With the heavy investment from the present government in PHC which encompasses establishment of statutory legal instrument for the formation of a PHC management board and the subsequent massive scale up of the absorptive capacity of the health industry in

Rivers state many doctors and other categories of health staff have been employed.

The Cost benefits ratio and trends of doctors' engagement in the PHC health system using health indicators since commencement of PHC Board in Rivers state indicate more utilization of facilities and better health indices. The changes have also resulted in reversed task shifting with doctors taking charge of facility management and other roles some of which overlap with the roles of NPC. It therefore important to take measures to manage the task shifting associated with the current trends in order to ensure the full utilization of NPCs at the PHC level in order to allow Doctors focus on more critical components which are commensurate to the investment in medical manpower to avoid poor resource utilization and distribution.

CONCLUSION

Though studies which evaluate task shifting are rare in Nigeria. The need for adequate Obstetrics and HIV/AIDS care; doctors' migration and the lack of interests among doctors in rural health practice are the driving force for task shifting and the increasing role of NPC in health delivery. While the current trend of task shifting towards Doctors in Rivers state addresses this issue it should be noted that the role of NPCs in health delivery is still very significant and should be simultaneously strengthened to ensure extensive PHC coverage and access.

Keywords: PHC reorganization; Task shifting; Doctors migration; Nigeria.

Correspondence: Dr. Ekanem, N. Effiong

e-mail: nyarawo@yahoo.com