The open road to health

During the past decade and a half, a primary health care programme in Costa Rica’s Alajuela Province has demonstrated how the health-for-all goals demand political will, interdisciplinary collaboration, respect for and encouragement of community participation, a humane vision, and the judicious selection of personnel.

Some 15 years ago, the outlines of a primary health care scheme, designated the Hospital without Walls Programme, were prepared for five cantons in the Costa Rican province of Alajuela. The Programme, incorporating the Dr Carlos Luis Valverde Hospital, covers a rural area of 1500 square kilometres with a population of 100,000 which is culturally fairly homogeneous and has a declining proportion of young people. This is essentially a farming area; the main crops, coffee and sugar cane, permit the survival of small agricultural holdings, although there are also some large estates. These commodities go to markets with stringent quality standards, to meet which costly production facilities are necessary. Small and medium landowners have consequently been unable to participate in processing and marketing, a disadvantage they are trying to overcome by forming cooperatives. Furthermore, there has been a slow but steady growth in the garment manufacturing industry, which has been engaging increasing numbers of female workers. A recent survey showed that their wages had fallen so low in relation to the cost of living that the women were not only obliged to work harder in the factories but also to do agricultural work or sell home produce.

The Hospital without Walls Programme has thus had to contend with population growth, the changing age distribution, the dependence on monoculture, the development of new industries, and an acute economic crisis.

People’s participation

From the outset an attempt was made to overcome the limitations of the national health system, especially budgetary and administrative duplication, centralization, and the market-economy basis. Efforts were made to encourage the involvement of the people in health matters as part of an integrated social development programme in the region. The characteristic features of this process were regionalization, the integration of preventive and curative activities, a single administrative system, and democratic participation at all levels.

The Hospital without Walls Programme has gradually built up community participation until the people have become aware of their rights and responsibilities and are able to
play a role in the field of health. Community health workers are members of the public who have been trained by interdisciplinary teams to share the responsibility for health surveillance with the nurses assigned to health posts. Health committees link the health workers, and the communities to which they belong, with technical personnel and the other levels of the programme. They work closely with integrated development associations, thus helping to promote the concept of health as a force that favours socioeconomic progress.

The third level of community involvement in health takes the form of cantonal health associations. Their legal status enables them to protect the economic activities of the health committees, and their work is directed towards the rational organization of community health activities throughout the cantons. As at the other levels of community involvement, the members of the associations are democratically elected each year. The cantonal associations and their technical teams take part in the peripheral levels, the vehicles, and a large part of the furniture and equipment, and has gradually come to play an important part in decision-making and the implementation of specific projects. It funds all health education activities, except that the salaries of two educators are paid by the Ministries of Education and Health, and promotes community participation.

Integration

In 1973 the Dr Carlos Luis Valverde Hospital was transferred from the Board of Social Welfare to the Costa Rican Social Security Fund, an institution whose activities were of a solely curative nature. Against this background the people of the region became concerned about what might happen to the Hospital without Walls Programme. Meanwhile, the national authorities, wishing to end the dichotomy between preventive and curative activities, were taking the first steps towards the establishment of an integrated health system. The substantial achievements of the Hospital without Walls Programme undoubtedly encouraged these advances.

The Regional Community Health Association has gained representation on the Programme’s governing body, where it vigorously pursues its legitimate function of community representation. Since the transfer of the Dr Carlos Luis Valverde Vega Hospital to the social security system its main activities have been directed towards:

- upholding the right to democratic, well-informed and effective community participation;
- promoting unity between professionals and the community in integrated health activities;
- ensuring that specialized medical staff serve in rural areas;
— modernizing the framework and method of teaching in the health education programme;
— constructing new buildings in rural areas;
— providing protected workshops for mental patients;
— promoting self-administered projects;
— ensuring the continued involvement of the Dr Carlos Luis Valverde Vega Hospital in the primary health care programme.

Community participation is bound to be affected by economic and political factors. The serious economic crisis in the country has meant that people have had to look for new sources of income. The working day has become longer and much of the time once spent on health committees, cooperatives or trade unions is now taken up with attempts to compensate at least partly for the decline in real wages. Less time is devoted to the Programme by volunteers and there may be an adverse effect on health.

The Programme has shown that it is possible to set up efficient and effective systems that can stimulate socioeconomic development through efforts based on an integrated concept of health. This development in turn has a beneficial spin-off for community health. Moreover, a greater awareness of health among members of the community not only facilitates the implementation of programmes, but is in itself an indicator of health.

Understanding

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Community participation helps to stimulate solidarity and foster an understanding of the need for and possibility of developing ways of living in a more rewarding manner. Experiences such as those of the Hospital without Walls Programme inevitably result in increased democratization. However, it is necessary to be on guard against certain phenomena. If there is a tendency for professionals to resolve problems themselves, the result may be that the community is less self-sufficient than might otherwise have been the case. If community participation does not develop out of an educational process or a gradual growth of awareness but is induced by policies from above, the professionals usually act in an authoritarian manner. The popular leaders who have been induced to participate by the institutions tend to find that their role is usurped by the professionals, and this limits the scope for learning by doing. It is therefore important to select the right type of professional to be trained for work in primary care programmes. There should be no tendency to give the health professions an aura of mystery.

Primary health care requires the involvement of sociologists, psychologists and members of other disciplines, and greater cohesion within the medical profession. The ultimate aim should be to transform volunteer-based activities into ones that are comprehensively and scientifically planned so as to cater for each setting and build a fairer society.