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Laying the foundations of good health care

In Saudi Arabia, increased attention is being given to the prevention of illness, communities are being encouraged to take part in the planning, implementation and evaluation of health measures, and the training of health workers is being suitably modified. The progress achieved in primary care, and suggestions for further advance, are outlined below with particular reference to a health centre in the Al-Baha region.

In 1984 the Ministry of Health in Saudi Arabia launched a comprehensive primary health care programme aimed at increasing preventive action. Eleven health centres were initially selected to implement it, and today most of the country is covered. The national development plan for 1985–90 stated that emphasis would be placed increasingly on the balanced growth of primary health services, in accordance with the needs of the regions and of specific groups. The directors of the regional health services have been trained in public health administration. Several are graduates of schools of public health. Between 1985 and 1988, 14 800 health workers were enrolled in orientation courses on primary care, which lasted from three to five days.

Al-Ziad Health Centre

The services offered by the Al-Ziad Health Centre in the Al-Baha Region, typical of those now available in the country, are

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outlined below. Altogether in the region there are 420 doctors, 1100 nurses, seven hospitals with a total of 890 beds, and 78 health centres. The services are provided by the state free of charge.

From 1985 to 1988 about 800 physicians and paramedical workers in the region attended three-day training courses on the concepts and methods of primary health care. Each health centre conducted a demographic survey in its catchment area and a file was opened on every family.

In Al-Ziad community, almost every household has a car, a television set and a refrigerator. No data are available on morbidity and mortality rates. Intestinal schistosomiasis and cutaneous leishmaniasis are endemic at a low level.

Al-Ziad Health Centre is 40 kilometres north of Al-Baha, the administrative capital of the region. It serves several small villages with a total of 1530 inhabitants. The centre consists of a clinic, a pharmacy, two dressing rooms and two waiting rooms. There are no beds and no delivery room. The next health centre is 4 kilometres away and the nearest hospital is in Al-Baha. There is no private

Staff employed at Al-Ziad Health Centre

Category	Quantity	Nationality
Physician	1	Egyptian
Nurse	2	Philippine
Midwife	1	Indian
Health inspector	1	Egyptian
Pharmacy assistant	1	Indian
Clerk	1	Saudi
Driver	1	Saudi
Servant	2	Saudi
Cleaner	2	Sri Lankan

medical practice in the area. The table indicates the staff complement.

The physician graduated in Egypt in 1975, obtained a diploma in psychiatry, and has worked in the health centre since 1980. Until 1986 his duties mainly involved prescribing medicine. During 1986 he and the rest of the staff attended a three-day orientation course on primary health care, and a start was made on numbering the houses in the community, conducting a basic demographic survey, and establishing files on families.

The broad objectives are to recognize the health problems in the community, improve the health services, and give special

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attention to preventive medicine. More specific aims include producing a community health profile and reducing morbidity and mortality rates.

A health committee, including influential members of the community, has been formed in order to involve the people in identifying their problems, planning health services, and participating in implementation. The villagers hold meetings at which they discuss how to solve their health problems. They have placed several cars and trucks at the disposal of the health centre, donated a personal computer, and helped in various other ways.

The average number of visitors to the health centre has remained at about 40 per day. However, whereas patients used to proceed directly to the physician, who quickly examined them and wrote prescriptions, the new system requires them to be seen initially by a nurse, who records the pulse, temperature and blood pressure before the patient is seen by the physician. There are no indications that the contact time between physician and patients has changed.

Substantial progress has been made in health education, maternal and child health, and environmental health. Special attention is being given to growth monitoring. One of the present authors has conducted a training programme in growth monitoring for doctors and nurses in Al-Baha Region.

The water in only 17 of 254 village wells was found suitable for human consumption. The rest were contaminated and/or infected with snails capable of carrying *Schistosoma*. The health inspector treated the contaminated wells and encouraged the people to prevent further contamination. Within a year, 87 wells had been protected by surrounding walls and 28 had been covered. An area on the outskirts of the community was designated by the villagers as a garbage disposal site.

In the field of health education, presentations are made by Arabic-speaking

personnel in and outside the centre, with the help of videos and slides. Occasionally the local religious leader delivers sermons on matters of health.

Before 1986 no records were kept of pregnant women in the community. Almost all deliveries were conducted at home by old, untrained women. Now, however, the antenatal clinic maintains records on every pregnant woman, and it is possible to identify high-risk mothers. Pregnant women who fail to attend the clinic are visited at home. In 1988, 42 of 53 deliveries took place in Al-Baha Hospital, and eleven babies were delivered at home by a trained midwife.

The midwife visits postpartum mothers regularly and holds a well baby clinic. Weight, height and head circumference are recorded for every child. Practically all the infants in the community are fully immunized, a striking advance on the situation that prevailed six years ago, when less than 20% vaccination coverage was achieved.

On average, four patients a month are referred to the hospital in Al-Baha. They are usually sent back to the centre bearing the results of the investigations that have been conducted.

The way ahead

Clearly, a comprehensive approach to health care has already proved both feasible and rewarding. In order to advance still further, an effort should be made to strike the right balance in basic training between hospital care and community health. Postgraduate training programmes in family and

community medicine need to be further promoted.

The three-day orientation course for health centre staff has helped to initiate action but cannot sustain progress. It should be extended to a minimum of two weeks so as to include epidemiology, biostatistics, maternal and child health, health education, nutrition, environmental sanitation, and school health. A continuing medical education programme should be initiated using workshops, group discussions, distance learning, and other approaches.

The lack of Saudi personnel in the health centres is a shortcoming, since most expatriate staff face cultural and language barriers. It is therefore desirable to increase the proportion of Saudi health personnel. With a view to keeping health workers highly motivated they should be offered incentives such as financial rewards, promotion, certificates and medals.

Although people have become more interested in their health services, there is still a need for more community participation in planning, implementation and evaluation. Many people still express their health care requirements in terms of sophisticated equipment and larger clinics. They clearly need more guidance as to what is really necessary.

A simple epidemiological survey is desirable so as to facilitate rational planning, monitoring and evaluation. Unfortunately, the collection of baseline data is not seen as a priority by staff, and in any case the appropriate skills are not yet available. To ensure further progress, more emphasis should be laid on basic medical education and in-service training. □