Questioning The Solution: The Politics Of Primary Health Care

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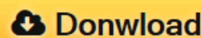

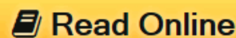

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David Werner, Alicia Brelsford, David Sanders : Questioning The Solution: The Politics Of Primary Health Care before purchasing it in order to gage whether or not it would be worth my time, and all praised Questioning The Solution: The Politics Of Primary Health Care:

4 of 4 people found the following review helpful. challenges conventional wisdom on Primary Health CareBy Timothy H. MansfieldPart One Makes the argument that scientific medicine as practiced today is well-suited as an instrument for furthering the ends of the West in the Third World. .... The authors describe how the implementation of the Alma Ata Declaration was progressively diluted in practice, from "Comprehensive PHC" to "Selective PHC" to a small set of specific medical interventions, until in some places it consisted only of distributing oral rehydration treatment (ORT) packets to treat dehydration from diarrhea, plainly not a long-term solution. The authors challenge the following concepts which typically surface in the philosophy of organizations such as WHO and UNICEF which are sponsored by powerful conservative entities: 1) technological solutions to fundamentally social problems 2) survival alone is a sufficient goal, in practice (i.e., 'quality of life would be ideal, of course, but that's unrealistic') 3) if we can educate the natives on the basics of nutrition and sanitation, and if they can change their ways, they'd be all right 4) UNICEF's shift from bottom-up to top-down approaches 5) "social marketing" is a viable approach, which serves economic as well as public health goals. (where "social marketing" is the mass-marketing, using conventional advertising techniques, of ostensibly beneficial goods such such as ORT packets, typically imported from the West or profiting its domestic representatives) Part Two A detailed expansion of the above points with regard to a specific intervention, ORT, as well as a lot of grounding detail on the specifics of its application and functioning, down to the

level of the physiology of its absorption. Part Three Criticism of World Bank Structural Readjustment Policies .... Examines the behavior of "killer industries" - infant formula industry, pharmaceuticals, and arms industry. Examines the effects of US-style approach to health care and social equity within the US itself. Looks at alternatives in Cuba and Guyana. Argues that social equity is the real solution to population growth and AIDS. Part Four Examines markedly successful approaches to health care based on social change. Presents examples from Mozambique, Zimbabwe, Mexico, and Nicaragua. Notes that efforts in all four countries have been seriously or completely derailed through intervention by the US, which is concerned that a functioning alternative will upset the current status quo by which it maintains profits and security. The book closes with a call for a united front of grassroots efforts, and offers suggestions for teachers, writers, health workers, activists, concerned citizens.

Questioning the solution analyzes why 13 million children still die every year from preventable causes and challenges conventional Primary Health Care and Child Survival Strategies. Too often, health and development planners try to use technological fixes rather than confront the social and economic inequities that perpetuate poverty, poor health and high child mortality. As a case study, the authors show how marketing Oral Rehydration Therapy as a commercial product, rather than encouraging self-reliance, has turned this potentially life-saving technology into yet another way of exploiting and further impoverishing the poor. The book explores the history of medicine and public health since colonial times and shows that health is determined more by the equity or inequity of social structures than by conventional health services. It reveals how structural adjustment policies and the globalization of the economy diminish the health and quality of life of vulnerable people, especially women and children. Examples from African and Latin American countries illustrate instructive approaches to health and development that put human needs before top-heavy economic growth.

Why do children still die from preventable causes, and what are the socia l and economic influences upon child survival statistics? The contributors examine misguided polici es and bureaucratic sources of trouble in the health care system, questioning the quality of health s ervices to the poor and providing a history of medicine and public health from colonial to modern times. An important, essential guide. -- Midwest Book About the AuthorDavid Werner, a biologist by training, has spent the last 30 years working to help poor farming families in the mountains of Western Mexico to protect their health and rights. Project Piaxtla, the villager-run program to which he has been a facilitator and advisor since 1965, has contributed to the early conceptualization and evolution of Primary Health Care. The three main books he has written and illustrated - "Where There Is No Doctor", Helping Health Workers Learn" and " Disabled Village Children" - are among the most widely used in the field of community-based health care and community-based rehabilitation. He has worked in more than 50 countries - mostly in the Third World - helping to facilitate workshops and training programs and as a consultant. David has received several awards for his groundbreaking work, including the world health organization's first International Award in Health Education in 1985 and the MacArthur "genius" fellowship in 1991. He is a founding member of the International People's Health Council and of HealthWrights (Workgroup for People's Health and Rights). David Sanders was born in South Africa and grew up in Zimbabwe, where he qualified as a medical doctor. During the 1970's, he lived and worked in Britain where he specialized in paediatrics and later in Tropical Public Health. While there he was actively involved in campaigns to defend the National Health Service and in solidarity work with the liberation struggles in the former Portugese African Colonies, Zimbabwe and South Africa. He was also a founding member of ZIMA (Zimbabwe Medical Aid) and the "Politics of Health" group. In 1980 David Sanders returned to the newly independent Zimbabwe as Coordinator of a rural health program developed by OXFAM in association with the Zimbabwe Ministry of Health. He also initiated and helped develop a national children's supplemental feeding program and actively contributed to the reconstruction and development of Zimbabwe's health system. He joined the Department of Paediatrics and Child Health of the Medical School in Harare and later transferred to the Department of Community Medicine, in which he was a latterly Associate Professor and Chairperson. During this period, he was centrally involved in the restructuring of the Medical Undergraduate curriculum. In 1992 he became director of Staff/Student Development at the Medical School of the University of Natal in South Africa, where he became actively involved in health policy development with the African national Congress (ANC) and SAHSSO (South African Health and Social Services Organization). In 1993 he was appointed as Professor and Director of a new Public Health program at the University of the Western Cape, Cape Town, South Africa, which provides practice oriented education and training in public health and primary health care to a wide range of health and development workers. He is the author of the book, "The Struggle for Health: Medicine and the Politics of Underdevelopment", as well as several booklets and articles on the political economy of health, structural adjustment, child nutrition and health personnel education.Excerpt. copy; Reprinted by permission. All rights reserved.The 1994 cholera epidemic that ravaged the Rwandan refugee camps in Goma, Zaire provides compelling support for some key points we are trying to make in this book. One of these is the importance of promoting ORT (and other potentially life-saving solutions) in ways that place control in the hands of the users. The major symptom of cholera is severe, watery diarrhea, which can drain the life out of a person within a number of

hours. Until the 1970's, the main way that doctors used to combat dehydration from cholera was with intravenous solutions (IV drips). Although highly effective for those it reached, this approach was so costly and impractical that in major cholera epidemics, mortality rates sometimes ran as high as 30-40%. Then in 1971, during a huge outbreak among refugees of a civil war in East Pakistan (now Bangladesh), ORT was introduced for the first time on a major scale. Amazingly, mortality dropped to 1%. This discovery - heralded as a great breakthrough in public health - should have made it possible to achieve low death rates in cholera epidemics from then on. Why then did the death rate from cholera among Rwandan refugees reach between 24% and 50% (according to varying reports) of severe cases, with as many as 2,000 deaths a day? What happened to the life-saving potential of ORT?