

THE DILEMMA OF PRIMARY HEALTH CARE AND EMERGENCY
MEDICAL ASSISTANCE IN ACUTE CONFLICT SITUATIONS IN
SUB- SAHARAN AFRICA



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by

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II. SUMMARY

The importance of health care and the successful implementation of services in acute conflict situations, particularly in sub-Saharan Africa have been and still are highly controversial, complex, and contentious issues. Broad historical accounts providing support for health care abound, as well as a plethora of opinions and ideas about how such activities are planned and implemented. The concept of Primary Health Care (PHC) and Emergency Medical Assistance (EMA) and their respective implementations are the subject of discussions on numerous websites and health guidelines of national and international authorities. The problem is that neither approach fully explains whether or not they are different or complement each other. Using acute conflict situations in sub-Saharan Africa, this study aims to clarify the relationship between PHC and EMA and provide a comparison of the tools required for their implementations. In particular, it attempts to give a clearer idea of the conditions necessary for the implementation of PHC and EMA.

The methodology uses a wide range of literature covering the period from 1978 to 2006. The literature contains the following key words: primary health care, emergency medical assistance, disaster, acute conflict, sustainability, basic health care, decentralization, limited package, Alma Ata, Millennium Development Goal (MDG), initial assessment, community participation, and complex emergencies. The author's personal experiences are also included.

After a critical analysis of the literature, the following findings were established:

- Primary health care and emergency medical assistance are broadly similar.
- Emergency medical assistance is a part of primary health care.

- Primary health care and emergency medical assistance have some differences.

In acute conflict situations in sub-Saharan Africa, the problems of PHC and EMA occurred when the principles, practices, and implementations of both approaches were not clearly defined. Interchanging the related mechanisms pave the way for other problems such as difficulties in implementation, economic disparities, socio-political inequalities and lack of commitment. Other difficulties are intrinsic to the affected population. All in all, the dilemma of the implementation of PHC and EMA in sub-Saharan Africa was rooted in the problems brought to the fore by various institutional, managerial, and political barriers.

With the comprehensive data amassed, the author concluded that PHC and EMA are established practical approaches that work towards the health and health services of people in two different settings, with different tools of implementation, yet one common goal – the improvement of health or health for all. The need to constantly develop related factors – nationally and internationally, would be the way towards the full implementation of practices inherent in both approaches.