A colleague in a neighbouring hospital once took my haematocrit centrifuge to the laboratory and the technologist refused to use it because it was manual. Rather than fold his arms, my colleague took it to his consulting room and encouraged the relatives of the patient to operate the machine while he took the reading after five minutes of revolution! He had got the community involved in the care of their sick while the technologist kept collecting his salary doing nothing.

Q: This participatory approach extends to the way you manage the clinic’s finances. How do you make the clinic affordable?

A: Finance has always been the bone of contention in any practice, particularly in a rural area where the populace is relatively poor. For a practice to be successful, the services provided must not only be accessible and acceptable but also affordable. The use of appropriate low-cost, but effective, technology significantly reduced our capital investment.

Q: How are salaries worked out?

A: In our clinic, there is no employer or employee. We owe allegiance to our patients who receive the best we can offer and, in return, they pay us what they can afford. Ours is a cooperative of professionals and non-professionals offering service in the health sector. Everybody is placed in a salary agreed by all. Every month a statement is home-grown with no foreign influence whatsoever. Although I had several opportunities to travel abroad for undergraduate and postgraduate training, I journeyed out of Nigeria for the first time in 1995 – 20 years after becoming a medical officer and 12 years after starting work as a rural surgeon.

Q: What can countries do to encourage their health workers to work in rural areas?

A: The logjam of retaining medical officers in rural Nigeria could be solved formally using established governmental institutions and informally through private sector initiatives. First, rural health institutions should be made functional using the appropriate technology (as we have developed ourselves in our clinic). Family physicians in tertiary health-care institutions should be deployed to the secondary level of health care where they truly belong. Their academic aspirations can still be realized in such settings where the health institutions are affiliated with and supported by the universities. Rotations through rural health institutions should be made compulsory during postgraduate training as it is with undergraduate training but the trainers should also be resident in the institutions.

One problem has been the difference in gross earnings between rural and urban professionals. However, the difference in the cost of living, which is in favour of the rural practitioners, probably neutralizes this. Another problem has been the lack of job opportunities for spouses of health workers.

Recent news from WHO

- On World TB Day on 24 March, British R&B singer and songwriter Craig David was announced as Goodwill Ambassador against Tuberculosis for the Stop TB Partnership. In 2008, around 9 million people became ill with and 1.8 million people died from tuberculosis. Craig has a massive and loyal following in many African and Asian countries that are heavily affected by the disease.

- WHO celebrated World Health Day on 7 April with its “1,000 cities – 1,000 lives” campaign which highlights the impact of urban living on health and encourages efforts to make cities healthier places for people to live. “In general, urban populations are better off than their rural counterparts,” says Dr Margaret Chan, WHO Director-General. “They tend to have greater access to social and health services and their life expectancy is longer. But cities can also concentrate threats to health such as inadequate sanitation and refuse collection, pollution, road traffic accidents, outbreaks of infectious diseases and also unhealthy lifestyles.”

- On 9 April in Manila, WHO pledged its support to the United Nations’ One Million Safe Schools and Hospitals Campaign. “This campaign is unique because it offers people from all walks of life the opportunity to protect their hospitals and schools and, in turn, save lives,” says Dr Eric Laroche, WHO Assistant Director-General for Health Action in Crises. “Members of the public, governments, health workers and hospital staff can all find a way to actively support this initiative to make one million hospitals and schools safe from disasters.”

For more about these and other WHO news items please see: http://www.who.int/mediacentre