

# Community ENT Health Promotion: Concepts and Perspectives in Mali

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**Abstract— Background:** In our countries, more and more basic medical staff are confronted with ENT pathologies that fall within the field of specialized medicine and whose complications are frequent. The majority of our populations mainly frequent peripheral health structures. The promotion of ENT health at this level is useful to better treat patients suffering from ENT diseases. **Objective:** Identify ENT diseases and propose areas of promotion in community ENT health. **Materials and methods:** This is a retrospective study of all ENT diseases encountered in ten community health centers of district IV of Bamako in January and December 2011. **Results:** 1174 patients developed ENT diseases (approximately 13% of general consultations); Children aged 0 to 5 years are the most affected-48%; Female predominated-54%; tonsillitis and otitis media with respectively 35.26% and 31% were the frequent ENT disorders. The concepts and perspectives of community ENT health have been defined and argued. **Conclusion:** community ENT health has its place in our health pyramid. Our initiative will certainly contribute to better address the ENT problems of communities, which are increasingly confronted with the lack of ENT specialists in our country.

**Keywords—** ENT diseases - community health - organization of care.

## I. INTRODUCTION

Peripheral health structures in Africa, especially those at primary level 1 (community health centers, village health posts, community medical centers, etc.) are very often confronted with many difficulties in the management of pathologies in the field of specialized medicine such as otorhinolaryngology (ENT-ear nose throat disease) (1, 2, 3, 4). In addition, states invest mainly in specialized care only at the tertiary level (CHU: University Hospital Centers), actions to promote essential specialized care are almost non-existent from the tertiary level more endowed with human and technical resources to the primary level of care.

Most health workers in the primary structures of the health pyramid lack theoretical and practical knowledge about essential primary ENT care.

The aim of the study was to identify common ENT diseases in its ten community health centers in district IV of Bamako (Mali) and propose axes of promotion of community ENT health.

## II. MATERIALS AND METHODS

This is a retrospective study of all ENT diseases encountered in the ten community health centers under the district hospital IV of Bamako in January and December 2011.

The health statistics of patients consulted from the ten community health centers were taken into account.

**Inclusion criteria:** all patients who consulted in its centers during the study period and presented with an ENT disease

**Exclusion criteria:** patients without ENT diseases

Data entry and analysis was done using the software epi info7.

Statistical analysis was performed using the software epi info 7.

**Ethical considerations:** This study was conducted with the agreement of the administrators of the health structures. The informed consent of the patients was clearly verbal explained, always asked and obtained.

## III. RESULTS

1174 patients developed ENT diseases (approximately 13% of general consultations); Children aged 0 to 5 years are the most affected-48%; Female predominated-54%; Tonsillitis and otitis media with respectively 35.26% and 31% were the frequent ENT disorders.

## IV. COMMENTS

According to a study conducted in our health area in district IV of Bamako (at the level of some Community Health Centre) represent about 15% of all diseases encountered at this level of health care (community health) (5).

The results of our study confirm those generally found in tropical environments, with especially the predominance of the juvenile population and infections of the upper aerodigestive tract (1, 2, 4). They talk about the importance we should give to the promotion of ENT health in our country. Our comments specify the challenges, proceedings and perspectives of promoting this particular field of medicine, which is ENT care.

Considering that the majority of our populations mainly attend its community health centers, ENT health promotion at this level of the health pyramid is more essential than ever for better care of patients suffering from diseases of the ear, nose and throat (6, 7, 8, 9).

In general, about 70% of ENT diseases can be cured by medical care (without resorting to surgical treatment), hence the value of promoting appropriate primary essential care and individual attitudes within ENT health communities (4, 10, 11, 12, 13, 14).

The 1986 Ottawa Charter (10) on Health Promotion represents for us a workhorse to achieve our objectives of promoting essential ENT care at the primary level in a minimum package of ENT primary health care activity also included in a comprehensive package of primary health care as defined in the Alma-Ata Declaration (10, 11).

By adhering to the enlightened principles of health promotion stipulated in the Ottawa Charter, we pay a vibrant tribute to the illustrious actors who contributed to its development, so by placing ourselves in this wake of health promotion, we initiate community ENT (the promotion of ENT health at the primary level within communities and health workers in charge of primary care in community health centers and remote health zones).

Through this approach, we make our modest contribution to the promotion of basic ENT health in developing countries (3, 4, 7, 8, 9, 12). This action is fully in line with the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa, which aimed to improve health in Africa in the new millennium (9).

Community-based primary ENT care is the gateway to a series of increasingly tailored ENT care services. They are the first link in a chain of common ENT care services that must be complete and effective so that the prevention of ENT complications affecting other organs becomes effective (heart, kidneys, joint, eye, lung, stomach, brain, meninges ....)(15, 16, 17).

#### *The axes of Community-Based Primary ENT Care*

Locations: community health centers, health post, community medical centers...

Staff: Village health workers, caregivers, nurses, general practitioners.

Activities:

- Promotion and prevention: education and community participation
- Early management: "medicalized" acts to deal with a painful ear, a runny ear, a bleeding nose, a sore throat or hearing loss for example
- Post-treatment/initial referral
- Relay with primary health care for other health problems

#### *Integration of community-based ENT care into Comprehensive Primary Health Care (PHC)*

Community-based ENT care should not be offered in a specifically otolaryngological project that ignores the socioeconomic context and other health problems of community members (14, 18, 19, 20, 21 ). They must be fully integrated into PHC, of which they are only one part.

This multidisciplinary, non-specialized approach, known as the "horizontal" approach, aims to promote and maintain health in the community.

#### *Integration of community-based ENT care into the country's overall ENT care system*

The second path, specialized this one, is anchored ("vertically") and is placed on the one traced by the SSP approach. Without conjunction with an overlying level of care,

community ENT has no chance of survival. For example, medical evacuation can only be proposed and organized when there is a recourse service empowered to provide the required quality care.

It is important to consolidate this second path:

- establishing a coherent and reliable referral system that links the different levels of primary, secondary and tertiary care (7, 8, 9, 21, 22)
- by equipping secondary and tertiary relays essential to the development of a complete system of ENT care services
- by ensuring two-way circulation between the different levels of ENT care (referral and counter-referral system).

The integration of community ENT care into the care delivery pyramid results in the provision of early care and patient selection at the primary level. The effect of this approach is to return university hospital otolaryngology services to their true vocation: to provide specialized care for the most serious cases, and to have more time for research and training (2, 15, 23, 24).

In turn, tertiary level structures need to cooperate fully with the underlying levels to ensure system coordination and improve the efficiency of the ENT care system at national level (7, 8).

Community ENT Care deserves to be created and strengthened.

The centers where its services are provided must assert themselves with greater determination as hubs where patients are directed to the relays set up.

It is not acceptable to think that Community ENT Care will only concern village communities (peri-urban areas in a difficult situation) and their community health workers, without real access to competent health professionals, and that they are synonymous with "low-tech care reserved for disadvantaged populations under the pretext of maintaining them at the lowest cost.

#### *Essential elements to consider in the implementation of community ENT care:*

- A training program whose content and methodology have as its main objective to ensure that each trained staff will be fully operational and equipped for their future work in peripheral health centers.
- A selection of staff
  - based on pre-defined and clearly defined criteria
  - which insists on the need for each trained person to effectively devote time to Community-based ENT care
- A clear program for monitoring and retraining these staff (continuous training)
- The content of the training must cover:
  - An ENT health promotion component (often neglected in purely clinical activities) whose purpose is to promote within the community attitudes, practices and behaviors that allow the proper functioning of the ENT organs to be preserved for as long as possible (4, 25, 26, 27).
  - A preventive component with as main objectives the prevention of the main causes of preventable ENT diseases, as well as the early detection and referral of the main ENT diseases in the community (28, 29, 30).

-A curative component whose main objectives will be the management of the simplest ENT diseases, and especially the rapid identification and transfer of all cases likely to negatively affect the prognosis of the condition in the short or medium term (15, 16, 17, 26, 28).

-A preventive component with as main objectives the prevention of the main causes of preventable ENT diseases, as well as the early detection and referral of the main ENT diseases in the community (28, 29, 30, 31).

-A rehabilitation component whose essential function will be the identification of people with very marked deafness and their referral to the services indicated on occasion (hearing aids, cochlear implants, speech therapy ...)(15, 16, 17).

- Establish a list of essential ENT medicines (local and oral medicines)
- Provide a minimum list of materials for a basic ENT diagnosis by the health worker.
- Animate the community building center on commonly encountered ENT problems (health education) of the late Dr. Mamadou Association for the promotion of ENT health
- Establish a close link of fruitful collaboration with the research-action center for the promotion of community health ENT of the late Dr. Mamadou Association for the promotion of ENT health
- Publish on common ENT diseases and individual attitudes favorable to community ENT health through the journal of the late Dr. Mamadou Sacko Association for the Promotion of ENT Health
- Introduce community ENT training modules in health schools and medical schools

## V. CONCLUSION

Community ENT is an important element in the promotion of ENT health in our developing countries and is fully integrated into the concepts of health promotion as defined in the Ottawa Charter in 1986 and in the Alma-Ata Declaration in 1978. This community-based approach to essential ENT care represents for us one of the actions of the positive influence of the Ottawa Charter on public health practice. Our initiative will certainly contribute to better care for communities increasingly facing the problems of lack of specialists for common diseases, most of whom work in hospitals. This action is one of the future challenges and one of the ways to improve the use of the Ottawa Charter in the next ten years, namely the popularization of specialized medical care, including current ENT practices at the community level. This revolutionary approach in the field of community health must be fully supported by public health actors and politicians for its effective implementation within community primary health care structures (strengthening community action).

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