

BRIEF COMMUNICATION

## **An Integrated Approach Through Health, Education and Community Development for the Developing Countries: The Baqai Model**

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### **Introduction**

In the 1960s, after finishing their professional training, Dr. Fariduddin Baqai and his wife Dr. Zahida Baqai came to Karachi and opened a private hospital in the heavily populated area of Nazimabad. This 350-bed general hospital catered primarily to middle-income private patients, although the hospital also served charity patients. Shortly thereafter, the Baqais opened a rural medical centre on the outskirts of Karachi. At this time, the medical needs of the rural population were not being addressed by government health planners. Within a short while, it became clear that community-oriented medical education along the lines of that developed in Australia and Egypt would be essential to any long-term solution for the shortage of medical services in the rural areas of Pakistan (WHO, 1989).

Baqai Medical College opened in 1988, and in 1990 the Pakistan Medical & Dental Council (PMDC) permitted the college to begin clinical teaching. In 1992, Baqai Dental College was started. Now known as Baqai Medical University, it includes medical, dental and pharmacy schools with a community-based, problem solving curriculum. The university is located in Gadap Town, a rural community of 500,000 approximately 15 miles from Karachi proper. Approximately 39% of Gadap Town residents are literate (Federal Bureau of Statistics, 1997). Eight primary health care centres (PHCs) are located in

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Gadap Town, as well as a 300 bed tertiary care hospital which provides free health care to residents of Gadap Town and the surrounding rural area.

This was quite unusual in Pakistan, where most medical education is controlled by either the federal government or a provincial government unit; traditionally, the private sector plays a minor role.

## **Guiding Principles for the Baqai Model**

Over the last 15 years, The Baqai Model has progressively evolved beyond a simple integration of health and education to include economic development and community building activities. In this brief communication, we would like to present the guiding principles for our model.

*(1) Baqai Medical University is Community Oriented and Problem Solving*  
Community involvement is essential for success. The community is consulted and involved from the initial stage of planning. This empowerment approach is essential to avoid entitlement and encourage participation. (Maurans & Goldenberg, 1996).

It is essential that individual residents and the community as a whole experience immediate, obvious benefits for their efforts. As professionals—professionals representing an institution with many resources—we must remember that many people have been exploited by those who seek to ‘help’ them and that they have good reason to be suspicious (Nyden *et al.*, 1997). Our students spend 40% of their time in the community setting, thereby allowing us to offer high quality health care free of charge—a valued, tangible benefit.

*(2) Baqai University is Rural and Grassroots*

It is very difficult for a centralized organization to work in rural areas and expect effective outcomes. Local efforts need to be tailored to local conditions and based upon local needs. The local community must be actively and realistically involved (Allen, 1982). This commitment to and experience with grassroots-based approaches to health care has major political implications in Pakistan.

*(3) Healthcare, Education and Empowerment*

Healthcare, education and empowerment are remarkably interdependent when addressing the vicious cycle of poverty, overpopulation, ill health, early death and illiteracy prevalent in developing countries (WHO, 1990a,b). Well-crafted centralized 5 year plans often fail when they address these issues separately. By combining all three, Baqai has been able to remain cost effective and efficient. As a concrete example, the family clinics are jointly governed by the university and the community, ensuring that residents have a vested interest in their success.

*(4) The Resources of a University are Essential to Community Empowerment*

The cycle of poverty can not be addressed without access to education, potable water and sewerage. The intellectual resources of a university are key to ensuring a proper definition of problems, problem solving techniques, reliable statistics and rational constructive forward planning (Giachello *et al.*, 2001). Having an intellectual check and balance in the community cannot be stressed enough in Pakistan.

*(5) Baqai University has Incorporated Social Obstetrics*

Initially, our goal was to reduce maternal mortality and deal with the myriad of problems faced by rural woman; at this time, we have virtually eliminated maternal mortality and halved perinatal mortality and infant death (Baqai, 1998). However, social obstetrics has a far broader scope and directly addressed the interconnectedness of health, education and empowerment. Safe delivery of children is not the only concern—for children to truly thrive, education and income must be addressed. At a cost of US\$ 26,600, one of the primary health units was upgraded to include a free school. The school serves 376 children and by utilizing the skills of the local women, family income more than doubled. The links between the primary health centre, the school and the university have improved the quality of education. At this time, Baqai is investigating whether this model will better serve populations similar to Gadap Town.

*(6) Building a Sense of Community is a Prerequisite for these Activities*

People who live rural areas dominated by a lack of resources and abject poverty often experience personal and social isolation. Developing a sense of community is a prerequisite for community building activities—from participatory planning processes through resource allocation and evaluation of efforts (Steuart, 1993). In Gadap Town, a community hall has been built and is used for education and entertainment. Water, agricultural advice, seeds and two acre plots are available for community use. Future plans include a fish farm and the establishment of co-operatives.

## **Conclusion**

In conclusion, we feel that this comprehensive approach provides the learners at the medical university with an integrated, community empowerment approach, while at the same time fostering the creation of a local infrastructure that serves the multitude of needs present in the Gadap Town population. Our students not only learn about the prevalence and severity of disease in Gadap Town, but about local living habits, nutritional needs, and public health problems such as potable water and sanitation. We feel that this model can be instructive to similar efforts in Pakistan and throughout the developing world.

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