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INTERNATIONAL CO-OPERATION IN MATERNAL AND CHILD HEALTH

by

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Meetings such as this represent a unique development of our times. Never before have opportunities been afforded workers from many different countries to meet together, to talk over common problems, to share experiences, to arrive at agreement on common goals, to learn from one another. This international interchange of ideas is one of the reasons for the more rapid progress which is being made in technical fields toward the solution of common problems and better understanding among peoples of the world. In former times, we felt and we were, much more isolated and surrounded by our own particular problems which we came to believe were different and much greater than those of others. Coming together, we find that we all have our problems, and that in the process of discussing them, we gain strength and support from one another and we gain new perspectives. Margaret Mead, the cultural anthropologist, has referred to international conferences as a necessary technique for dealing with an increasing body of knowledge in a diminishing world.

Those of us working at the international level naturally see things from a somewhat different angle than do those who are dealing every day with problems in the field. In Geneva, one of our responsibilities is to develop an overall view - a bird's eye view - to see public health in perspective in all parts of the world - in order to help us decide how WHO may be of greatest help. But unless we are constantly refreshed by contacts with you in the field, we cannot keep our perspectives in focus. Likewise, those confronted every day with sick, malnourished mothers and children, with inadequate funds and staff and often with little appreciation or understanding of efforts being made, need the encouragement and refreshment which can come only from confreres with similar interests and goals.

Dr. Shousha has asked me if I would try to present to you a brief view of how we in the Maternal and Child Health Section of WHO function and how we view some of the principal health problems of mothers and children from our vantage point. I should like to indicate our mutual responsibilities and opportunities to work together in their solution. The Maternal and Child Health Section is concerned with the study of health problems having world-wide significance and with the maternal and child health aspects of public health practice. I shall later mention some of the present activities and plans we have in mind for discharging these responsibilities. We try to provide technical guidance and leadership in the maternal and child health field. We recruit physicians for maternal and child health field projects. All of these activities are carried out in close co-operation with the WHO Regional Offices. We also work with UNICEF and the United Nations Specialized Agencies concerned with services for children and with various non-governmental organizations, and convene Expert Committees and Study Groups from time to time.

Actually the most important work done is stimulating studies of the major maternal and child health problems in co-operation with other Sections and Regions and helping in the exchange of knowledge about effective methods for dealing with maternal and child health problems in different parts of the world. One of the most effective ways in which an international organization such as WHO can work, is lending support and assistance and encouragement to researchers and administrators in the countries who are working on the many problems in the field. This Seminar, arranged by the Regional Office, represents this function.

Another role we have is assisting the countries in the evaluation of their programmes. The Review of maternal and child health activities and training programmes jointly assisted by UNICEF and WHO, which is now in progress, is an example of this role. You all will be asked to help in this review.

Some of the problems facing maternal and child health workers:

Of the numerous problems we face, there are a number of specific ones about which we need more knowledge if we are to make progress. I shall discuss very briefly some of the ones in which the Maternal and Child Health Section is at present particularly interested.

In the field of maternal health there are the anaemias of pregnancy which are very common in many parts of the world. They contribute greatly to maternal mortality and to ill health and debility. Surprisingly little is known about their nature and etiology. What part does protein malnutrition play? or iron deficiency? or parasitism? In order to find answers to these questions, field studies need to be made in areas where the condition is prevalent. The Nutrition Section has already made some surveys and as a next step we plan to assist in setting up therapeutic trials in selected prenatal clinics, using different treatment agents and making accurate observations of the haemoglobin at intervals to note response to treatment. At present we simply do not have the necessary facts upon which to base a wide scale attack on this important problem.

One of the two most widespread health problems of infants is that of malnutrition during the weaning and postweaning periods. Much study is being given to the development of suitable protein-rich food supplements to sustain the infant after the supply of breast milk diminishes and he can safely eat adult-type food. This is an exceedingly difficult and complicated problem involving social and cultural factors which differ from country to country as well as technical considerations. One approach in which we are interested is further studies of the possibility of prolonging the period of effective lactation through supplemental feeding of the mother. If this is feasible, it would be a safe and effective approach. But here again, very little is known about its practicability for wide scale application.

Diarrhoea and enteritis, is the leading cause of death among infants and young children in most of the countries of the world. This is another problem with many ramifications related to sanitation, feeding and child care methods. In South America particularly, the problem is being studied from several angles. Bacteriological investigations there, as in the recent series in Egypt¹, point to the *Shigellae* as the most common bacteriological agent. Maternal and child health physicians and nurses have a key role in the control of diarrhoeal diseases, through teaching of mothers in child care methods aimed at prevention of infection and through saving lives of those affected. These babies die of dehydration, and loss of

¹ Floyd T.M., Higgins A.R. and Kadar M.A.
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essential electrolytes. Thought needs to be given to ways in which all health workers, including auxiliary personnel connected with child care, can be trained in the simple management of early rehydration by oral feeding of a balanced electrolyte preparation to infants and children suffering from diarrhoeal disease. Because of its importance to our field, maternal and child health administrators should exert leadership in stimulating a broad attack against this greatest killer of infants.

The commonly used definition of prematurity² - infants weighing less than 2500 grammes at birth - is not applicable in many parts of the world where birth weights of full term infants are lower than in western countries. The matter requires further study of comparative birth weight distributions in different countries in conjunction with studies of clinical evidences of prematurity so as to establish more reliable criteria for guidance in programme planning. One area recently reported that their greatest need was for a prematurity programme because 30% of their live births were by definition prematures!

In spite of the fact that many thousands of mothers, infants and children are being seen daily in thousands of Maternal and Child Health Centres throughout the world, we have very little morbidity data on an international scale. Morbidity data is equally important as mortality data as a basis for programme planning. This is only one reason for giving some serious thought to the matter of service records in maternal and child health centres. Almost everyone seems to be dissatisfied with them at present. We hope to undertake a study of samples of record forms with a view to working with several local areas in devising forms which will yield more useful information and at the same time eliminate unnecessary time-consuming entries.

Training of personnel

Other needs are for evaluation of training programmes. Great sums are being spent on the training of many types of professional and auxiliary workers. Is their training realistic in terms of the demands made of them on the job? In all of the developing countries, the maternity programme is better developed than is the care of children. The midwife is the principal health worker. Can she be better

²WHO Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death, Geneva, 1948-49

prepared to assume a more effective role in child health? How can maternal and child health workers be prepared to do more effective teaching in maternal and child health centres? What are effective methods for teaching nutrition to mothers? Answers to these and many other questions are needed to guide us all in our training activities.

In most areas, school health is a neglected field and yet it has tremendous potentialities. Through an intelligent approach to school health there are opportunities not only for the improvement of the health of the children, but for bringing about an improvement in health of the entire community. I am convinced that the greatest and most enduring results will be obtained through education, not from textbooks, but through providing opportunities for experience in healthful living. I should like to see a sanitary latrine and a good water supply in every rural school with the teacher and the pupils learning the how and why of sanitation; some kind of school feeding programme aimed at supplementing the common nutritional problems of the children and, where possible, school gardens; and health education aimed at the basic essentials of sanitation, nutrition, and of the methods of transmission of the common diseases of the area. A child who actually experiences living in a healthful environment for several years and learns its relation to health will have a different attitude a few years later when he is the head of a family. The medical examination of children in my opinion has a much lower priority unless there are readily accessible means for providing the necessary medical care. Medical examinations without follow-up are largely a waste of time and funds. As the qualified staff of maternal and child health centres increases, they could well assume responsibility for providing corrective care for children of school age as well as for mothers and infants, especially in rural areas.

These are but a few of the maternal and child health problems which are presently on our minds in Geneva. There are many others which will be brought up and discussed during the coming days.

The nature and purposes of international seminars

As I indicated in the beginning, the principal feature of a seminar of this kind is that it provides the occasion and the means in which we can learn from one another. It differs from a "course" or a formal set of lectures which persons

attend as students to learn from teachers or experts. Here, the function of the talks which are scheduled is to stimulate discussions in which all take part and out of which the solution to problems will emerge. The consultants are not here to give the answers but to help participants find their own answers through the process of free discussion. Every participant then is both a learner and a teacher. Each assumes an active role. There are no passive "listeners" in a good seminar. The ideas of each of us and our experiences will serve as educational material for the others.

The purposes of seminars are, of course, primarily educative. We gain scientific information, new ideas and a new impetus from each other. The role of the consultants is not materially different from that of other participants. In some respects they may have more knowledge and experience than others in the group, but they certainly know less about some things than do other participants. In addition to helping us acquire a certain amount of knowledge which will be useful to us in our work, a seminar should help us to understand one another better and to increase our capacity to live and work together effectively. And lastly I should say an important purpose is to sow the seeds for future action and follow up. It may not be possible to bring together so large a group of maternal and child health workers from all countries in the Region in the near future, but it might be possible for many of you to arrange seminars along similar lines for maternal and child health and related workers in your own countries. Although I do ~~not~~ know that enjoyment on the part of the participants is usually included among the objectives of seminars, I do hope we manage to have some fun during the next two weeks working together. I am sure we shall learn more if we do.

As the seminar is a tool which needs to be examined frequently and reshaped as necessary to serve its purposes, I suggest that each of us make a few notes today of our expectations for this seminar - what we hope to get out of it. And then at the end of the two weeks, we again set down what we have gained. This appraisal of the outcome of a meeting of this kind can only be done by the participants themselves in terms of their own expectations, needs and experience and it is immensely valuable for any future educational activities. I join all of you in hoping that we have a fruitful two weeks together.