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PUBLIC HEALTH PROBLEMS IN REGIONAL COUNTRIES WITH SPECIAL
REFERENCE TO THE NEED FOR NURSING PERSONNEL

by

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"With the persistent lack of trained staff in the Region, activities related to education and training of professional and auxiliary personnel will remain for a long time as one of the most important parts of our programme in the Region. The problem is both quantitative and qualitative, though varying greatly from country to country". ⁽²⁾

INTRODUCTION

The above quotation should give us a realization of the urgency and introduce a realistic approach as we begin our discussion at this Nursing Seminar.

We are representing national health administrations, international agencies or professional organizations either as nurses or doctors, and we have at least one common concern, the shortage of qualified nursing staff for the preventive and curative services the people of our countries need and are demanding on an ever-increasing scale.

(1) WHO Public Health Administrator (Health Organization), EMRO

(2) Introduction to the Annual Report of the Regional Director to the Tenth Session of the Regional Committee, 1960.

During the everyday routine of our work, we are asked to find solutions for problems arising from this shortage and we are often compelled to do so on an ad hoc basis without having time to analyze long-range trends or formulate permanent policies.

This seminar should provide an opportunity for us to drop for a while the day to day routine. We should now be able to discuss and analyze our problems with a sufficiently long perspective.

The most natural thing in beginning to study our specific problem would be to relate it to the overall social and economic development of our countries and especially analyze it as a part of the long term health care activities as launched by the Governments.

HEALTH PLANS AS INDICATORS OF FELT HEALTH PROBLEMS:

WHO has recently collected information from its member states regarding their "national health planning". All of the countries participating in this meeting sent replies last spring and summer through the Regional Office to WHO Headquarters where this interesting information was compiled as background material for an expert committee, whose final report is now in preparation.

The replies from countries of the Eastern Mediterranean Region were analyzed at the Regional Office and the following observations are based on this material, although the generalizations are, of course, the writer's subjective conclusions.

The "national health plans" constitute a variety of documents in the various Member States. Some countries do not have a specified national health plan covering several years, it is only a part of the usual yearly state budget.

Annex I lists those plans which have been made available by participating countries. These plans are in some cases formulated on an inter-ministerial level or by special planning boards. They are in those cases an integrated part of the country's overall social and economic development plan. This is the case with Pakistan's (1960-1965) Second Five Year Plan. In other cases the plan is a document of the Ministry of Health and is used as its programming guide. It may or may not have the approval of highest executive. The plans of Tunisia, Ethiopia and Sudan are Ministry of Health documents. The United Arab Republic plan is a specific health plan for development purposes, but is also part of an overall national plan.

From these documents one may clearly diagnose the Government's recognition of the urgent need to expand all types of health services and to establish new institutions, especially hospitals. The need for personnel is always mentioned. For instance, the Pakistan Second Five Year Plan states specifically:

"No effective health programme can be carried out without trained personnel in large enough numbers. In the plan period (1960-65) training will be given special attention. This requires the establishment of new training institutes and the improvement of existing establishments. It is also important that quality is not sacrificed simply for the sake of quantity. A rational balance has therefore to be struck between the two".

The plans illustrate the recognized needs of the countries. It may be worthwhile to try to summarize them with special reference to the need for nursing personnel.

MAJOR HEALTH PROBLEMS:

The most serious need in most of the countries is for a comprehensive countrywide basic health and medical care organization. The establishment of this organization is the expressed long-term aim of all the documented plans.

As an example, Ethiopia may be mentioned. The Government is embarking on a national health plan for a five year period, prepared originally in 1958, to establish a network of health centres to be manned by staff trained at Gondar College. Simultaneously, major towns will be provided with improved hospital services to be staffed by graduates from national nursing and dresser schools. The public health administration infra-structure is also to be developed mainly by employing foreign physicians, but with the hope that an increasing number of Ethiopian doctors may be included when available.

Another example is our host country, Pakistan, where a rural health scheme has started this year as part of the Five Year Plan mentioned above, aimed at providing the country with a comprehensive basic health care system to replace the present weaker rural dispensary systems. This programme is backed by expanded activities for the training of more personnel.

It may be noted that in some countries the Government has plans for rural units separate from those for general hospitals. It is, of course, true that university teaching hospitals and general hospitals for some major cities can be established without much concern for other areas of the country or without establishing a relationship with the preventive services. However, a rural health scheme is not workable without supporting district and central hospitals, availability of laboratory, ambulance, and other special services.

The role of nurses in this intricate countrywide network is a very interesting field of study.

In all health plans it is assumed that the general hospital network is provided with fully trained nurses. The estimated need for training nurses is usually based on hospital needs.

The extension of services to rural areas is again considered to be possible for some time through various nursing or midwifery auxiliary groups. These include assistant midwives with varying training periods, community nurses, lady health visitors, maternal and child health auxiliaries etc.

Studying various plans, I am somewhat worried about the relatively small role or complete omission of public health nurses or health visitors with full nursing training behind them. The present lack of public health nurses in the Region seems to prevent the planners from giving them a role in the projected services even in the distant future.

However, in many developed countries, public health nurses are the backbone of really effective family-centred health services including maternal and child health, school health and control of various diseases such as tuberculosis, venereal diseases, etc.

The introduction of public health nurses, at least at the supervisory level, in the urban or rural extramural health services will be a challenge for the nursing profession in the coming years in this Region.

While gradually making resources available to develop basic health services the health authorities have to **tackle** several other problems.

Malaria eradication is a priority programme in many countries. The same is true for specific environmental sanitation projects such as community water supply programmes. These types of projects can be carried out without nursing personnel. The same is true for certain types of vaccination projects. For example, smallpox vaccination can be undertaken by auxiliary personnel with only very elementary training.

But if one aims at effective tuberculosis control and leprosy control programmes, and control and cure of endemo-epidemic diseases in general, they cannot be established without specialized nursing staff or at least they are much more difficult to arrange if properly trained nurses are not available.

Modern psychiatric care is not possible without a well-trained and devoted nursing staff. Iran is just embarking on an interesting scheme to improve the psychiatric nursing services as a Government project. In Lebanon, there are already excellent examples of the role good nursing can play in a psychiatric hospital.

Nutrition education as well as health education in general can be propagated by various means and a variety of health personnel or teachers, but again I have to repeat that public health nurses are most useful even in this connection.

CONCLUSION

Judging from the plans of the Governments, only a few programmes intended to be carried out in coming years can be carried through without nursing personnel. Malaria eradication and environmental sanitation activities are important and will certainly improve health conditions, but the Governments are also planning to expand their general public health services as well as hospital facilities, and are prepared to embark on various special programmes. The need for nursing personnel of various categories such as nursing administrators, nurse educators, public health nurses, hospital nurses, midwives and various types of auxiliaries will increase year by year. Careful planning combined with immediate action to ensure availability of personnel to be trained is the only solution. Funds must in certain cases first be allocated for nursing schools before it is worthwhile to spend

money on new hospitals or other institutions or services needing nursing personnel. I am sure our discussion at this seminar will assist us in estimating the needs and establishing priorities beneficial to the future development of nursing in the participating countries.

ANNEX I

NATIONAL HEALTH PLANS RECEIVED BY WHO EMRO FROM PARTICIPATING
COUNTRIES

ETHIOPIA	: Ministry of Public Health Five-Year Plan - 1958	English
PAKISTAN	: Government of Pakistan Planning Commission Second Five-Year Plan 1960/65	English
SUDAN	: Five-Year Plan (1957/58 - 1960/61) of Health Services	English
TUNISIA	: Draft Ten-Year Programme for the Development of Health and Social Facilities (1959/69)	French
UNITED ARAB REPUBLIC Province of Egypt	: Medical Services under the Revolution and the Union and the Five-Year Plans	Arabic
UNITED ARAB REPUBLIC Province of Syria	: Five-Year Project for the Ministry of Health, Northern Province	Arabic