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SUMMARY OF PROCEEDINGS

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You will remember that a week ago I sketched in the broad background to our discussions on health services in rural areas. It now remains for me to sum up the main points, in preparation for the final discussion of the summary of conclusions and recommendations.

If you will refer to the Agenda you will recall that the proceedings were as follows:

Item 1. His Excellency the Minister noted that rural populations are becoming more exacting and expressed concern at the exodus of doctors. He stressed that doctors in rural areas should not be worse treated than those in urban areas, and emphasized the importance of multi-purpose training for rural doctors.

Dr. Taba outlined the purpose of the Seminar and noted especially three future developments: the integration of mass campaigns, mental health and family planning.

Items 2 and 3 of the Agenda were formal.

Item 4 was my own paper.

Item 5 consisted of the statements by participants in the review of health services in rural areas in their own countries. This was extremely valuable for it brought out the basic similarities of the problems and at the same time the differences created by local circumstances. For example, there was general agreement that the services are not at present satisfying the

requirements of the people and that there is need to extend existing services for present populations and future expansion. Due regard must be paid to better incentives for staffs, especially doctors working in the rural areas. It also became evident quite early in the discussions that family planning was not a major consideration in some areas.

I do not propose to mention countries by name, nor do I think we should do so in our summary, unless there are unusual developments of interest to everyone such as the Health Corps in Iran, the Rural Health Foundation in Iraq, etc., but it became clear that money is not necessarily the only solution and that we are dealing with problems of complex origin. Special mention was made of the urgent needs of the displaced persons in Jordan and Dr. Taba intervened personally at this point.

It was interesting to note that in some countries rural and urban peoples were already beginning to overlap and the point was made that in ten years time this process may have extended considerably. On the other hand distances may be so enormous and the population so scattered that transportation becomes a major problem. Staffing difficulties may be extremely serious especially where reliance is placed largely on expatriate doctors. In such countries the difficulties reinforced the general agreement that plans must be flexible and adaptable.

The list of matters for consideration was now becoming lengthy, including for example malnutrition and related health education, environmental health, inadequate statistics, lack of education and always in the background shortages of staff. The principle of integration of curative and preventive services was generally accepted. The balance of population in the Region is young with over fifty percent under the age of twenty in some countries. Eighty percent of the diseases arise from a defective environment. Special mention should perhaps be made here of the medico-social action centres now developing in Algeria, based on the hospitals. Incidentally the question of private practice in rural areas does not appear to be a serious or major issue in this Region.

Item 6. Dr. Farag Rizk introduced the discussion on "programme contents of health services in rural areas of countries of the Region" with a paper which dealt with all aspects of the subject and which stimulated a lengthy and important discussion. That paper is available so I will concentrate on the discussion and the summary by Dr. Rizk.

The Chairman, Dr. Daly, in opening the discussion commented that integration of mass campaigns in basic health services, although urgently requested by economists, had no magic formula and was far from being achieved within a reasonable period, especially where services were already established. He also noted the psychological reaction of staffs to the danger of being absorbed in this manner, and also the need for material incentives to retain staffs in rural areas.

The subsequent discussion dealt in detail with staff problems. The pre-school child needs special attention. The burden of integration of mass campaigns on existing staffs was agreed to be heavy and, although these campaigns are expensive, doubt was expressed on the wisdom of pursuing integration too fast especially where only one doctor was available for a unit. Several speakers also felt that family planning was not to be regarded as a special service but as a part of maternal and child health services.

The need to provide medical care as soon as possible led to considerable discussion on medical staffing and incidentally to the question of involvement of the religious leaders in health education. The meeting expressed general agreement in a doctor/population ratio of 1:5000 provided that he has a suitable team, that there is proper training, and that there are good working facilities. The need to preserve environmental health was also accepted as most important.

Dr. Farag Rizk summed up the subject as follows:

1. The programme contents had been agreed, subject to local variations.
2. The rural health unit is the best for rural areas.

3. The work of the rural health unit is both curative and preventive and requires a physician.
4. If no physician is available then it is a branch facility.
5. Staffs require to be adequate in numbers and properly qualified, prepared to undertake home visiting as required and to regard the family as a whole as a unit.
6. The needs of compact populations differ from those of the diffuse populations and therefore questions of time spent in travelling become important.
7. There is no hard and fast rule, but a doctor/population ratio of 1:5000 is a useful guideline, depending on transportation and ambulances.
8. The implementation of environmental health control is not the direct responsibility of rural health services, but these should act as advisers and stimulate local interest. Similarly, good control requires technical guidance at central and provincial levels.
9. The rural health unit must have available all the services and experience of central and provincial health bodies.
10. Family planning is a matter for each country to decide, but if a programme is to be implemented the rural health service is the best medium. The unit should be able to deal with problems of sterility also.
11. It is always useful to have the cooperation of the religious leaders.

Item 10 was dealt with next as the UNICEF delegate had to leave early. He gave a full account of UNICEF activities and stressed the priority for maternal and child health, environmental sanitation, health education, laboratories, nutrition, disease control and above all, training, which occupied thirty to sixty percent of their programmes, and he concluded that these projects should be integrated with national programmes to produce well coordinated schemes.

Item 7 of the Agenda was introduced by Dr. Saroukhanian in a thoughtful and detailed paper which provoked a valuable discussion. Among the points emerging from the discussion was the need for orientation of medical students, inservice training of graduates, equality and justice in treatment of doctors,

regular refresher courses, information on recent medical advances and library facilities. Staffs should be reminded to "listen to what the people say". Laboratory facilities and health education were again stressed.

Training was discussed in detail and the opinion expressed that sanitarian training needed to be extended. The Chairman, Dr. Dahan, raised the important question of countries mainly dependent on expatriate doctors. Dr. Hasenbring, on behalf of WHO, asked for guidance on inservice training, supervision and the preparation of the medical doctors, looking ten years ahead.

The development of multi-purpose personnel was considered in some detail and received considerable support. It was also evident that countries largely dependent on expatriate physicians had special problems and that these and the related problems of supervision led back always to teaching and the question as to who teaches the teacher.

Dr. Saroukhanian summed up the discussion of his paper along the following lines:

1. What is the present situation of health staff in the Region and what are the future needs?
2. What is the composition of a health team and what is expected of them?
3. Who is to be trained and by whom and where and how?
4. What results are expected from training in rural health work?
5. How can health teams be encouraged to work together harmoniously?
6. How to improve the utilization of health staff for and in the rural health services.

Item 8. The discussion on "organization, administration and finance of health services" was introduced by Dr. Hasenbring who pointed out that the title of the Seminar had been carefully chosen. He asked for precision in terminology and discussed the vertical administrative structure as compared with a horizontal structure of technical services. Integration in this context was a misnomer for a mass campaign was, in fact, a basic health service and integration addition to existing ones.

In discussion the inter-relationship of rural health services, including public health and preventive services, with medical care as a whole was emphasized. It was agreed that the word "dispensary" implies simply a place from which drugs are dispensed. If it is expanded to involve all basic health services it should be called a rural health unit.

On organization Dr. Hasenbring said that the ultimate goal was to render technical services available to a country and suggested that the terms used should make the function of each part clear. He said that in this Region it is usually necessary to start at the peripheral level and to build up by a "snowball" effect. Environmental health services involved more than one ministry and it was the function of rural health services to supervise these from the health point of view. This applied equally to water, food, agriculture, meat and milk.

In discussion, the danger of local and limited expansion of health services were mentioned because of the delays resulting from this, and the need for legal powers was stressed in connection with environmental health services. The question of personal, that is individual, responsibility was raised at this stage, for example in connection with immediate and urgent action in the control of conditions such as rabies and smallpox.

Continuing with this item of the Agenda, Dr. Hasenbring pointed out that the administration of health services in any country is as good, or as bad, as the local health services and that there must be proper delegation of authority, otherwise there would be misuse of services and overlapping. He called for the training of clerical and administrative staffs at all levels in health services and said that similar considerations apply to officers concerned with supplies and equipment and also to those working on statistics.

In discussion, the need for delegation and the proper organization of the day to day work was accepted. It also appeared that much time of skilled nurses was wasted by doing unnecessary work. Problems of leadership and how to produce, if possible, leaders capable of supervision, inspection, training, with insight into human relations, were also discussed.

The standardization of equipment and supplies received general support and discussion on this item of the Agenda concluded with a consideration of finance for development and for current administration.