

**WORLD HEALTH  
ORGANIZATION**

**REGIONAL OFFICE  
FOR THE EASTERN MEDITERRANEAN**



**ORGANISATION MONDIALE  
DE LA SANTÉ**

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POUR LA MÉDITERRANÉE ORIENTALE**

SEMINAR ON HEALTH SERVICES IN RURAL AREAS  
TUNIS, 7 - 16 October 1968

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RECOMMENDATIONS  
by Participants

RECOMMENDATIONS BY DR. M. DADGAR AND DR. M. CHODJA - IRAN

**We recommend that:**

1. Governments pay more attention to the improvement of their rural health conditions.
2. The Ministries of Health integrate all the activities of the rural areas into one service which will eventually incorporate the health services of other ministries and organizations.
3. The integration of mass campaign into rural health units be done at the appropriate time.
4. Serious consideration be given to the orientation of professional and auxiliary health staff to rural health work.
5. To develop rural health services on the basis of integrated curative and preventive services, as well as the network which will connect very remote rural areas to district and to provincial centres.
6. Depending on local circumstances, to give local health centres enough mobility to cover larger areas with sufficient population.

RECOMMENDATIONS BY DR. M. A. HUSSEIN - IRAQ

1. All rural areas must be covered by health services.
2. The Rural Health Services Department in the Ministry of Health should have the authority of autonomy and special budget.
3. Integration of all health services in one unit (primary health centres, subcentres and mobile posts).
4. Participation of local population in the health works is to be encouraged.
5. Countries should establish training centres at national level with the support of WHO, and would serve neighbouring countries in training.
6. WHO should arrange for further seminars on the same problems.

RECOMMENDATIONS BY DR. I. NABULSI - JORDAN

I would like to recommend the following:

1. All the Health Ministries in the Region should adopt a stable policy to establish health centres in all the places of rural areas just to contribute more health care to its population who are far away from towns and hospitals.
2. All the ministries should establish training centres for the personnel working in rural areas.
3. WHO should encourage post-graduate courses for doctors who work in rural areas.
4. It is the duty of Health Ministries to offer to doctors and personnel of the rural areas as much as possible incentives, to encourage all graduates to work in this field.
5. Finally, I wish that the Health Ministries will consider those trained doctors as specialists and give them the same privileges which are given to specialists.

RECOMMENDATIONS BY DR. M. S. MATAR - KUWAIT

1. Rural health services should be extended to be accessible to all, even to those in the remotest areas, to be provided by at least a qualified physician and/or well trained auxiliary health worker. It should be free of charge especially to those who can't afford it.
2. Integration of curative and preventive care in rural health units.
3. The implementation of environmental hygiene, control is not the responsibility of rural health units but these should act as advisers and stimulate local interest. Good control requires technical guidance at central and provincial levels.
4. Rural health services must be the responsibility of the central level and based on careful and intensive economic and operational planning with due attention to resources and national priorities.
5. Participation of local population in the health work is to be encouraged and limited at the same time.
6. WHO is invited to support establishing national training institutions, or with the support of neighbouring countries, for preparation of staff especially to the professional health workers educated abroad or expatriates.
7. WHO is invited to arrange a next seminar on the same topic after a period of two years from today to follow-up the recommendations.
8. Encouragement of inter-country visits of those who are working in rural health services to get more experience and benefit from systems applied in other countries.

RECOMMENDATIONS BY DR. S. H. A. AL-BAN - PEOPLE'S REPUBLIC OF  
SOUTHERN YEMEN.

1. The rural health services including maternal and child welfare, communicable diseases control, environmental sanitation, health education and elementary medical care, could be provided in health units readily accessible to the people in rural areas.
2. Each health unit should serve a number of population not exceeding 20 000 and to link up not less than five peripheral sub-centres by effective transportation and adequate communication facilities. It must also be prepared to meet changing circumstances and urgent needs.
3. The health units should be staffed by an adequate number of well trained para-medical personnel and clerical personnel which should be frequently visited by a medical officer.
4. Participation of local population in the health work is to be encouraged.
5. There should be no division in administration between curative and preventive services in health units.
6. The required man or woman to serve in rural areas should be correctly chosen and necessary financial inducement for medical and other staff should be offered to overcome the difficulties of sending them to serve in rural areas and encouraging them by offering scholarships.
7. The training centre should be in rural areas where good communications should be available and training health institutions should be helped by WHO in financing and administration.

RECOMMENDATIONS BY DR. M. A. NUR - SOMALIA

1. Every country of the Region should have established health services in the rural areas, or should implement the existing services under the local circumstances.
2. The integration of curative and preventive medicine in the rural areas must be completed as soon as possible.
3. Every health service in the peripheral areas should be under the supervision of a physician or at least under a community-oriented medical assistant.

RECOMMENDATIONS BY DR. M.I. IMAM - SUDAN

1. The rural people (cash crop and food producers) should be given complete coverage of basic health protection and care regardless of their socio-economic condition.
2. Regionalization and integration of rural health services.
3. Decentralization of health administration with complete and legalized delegation of authority, responsibility and financial delegation to those engaged in administering rural health services in the intermediate and local levels.
4. Integration of mass campaigns into the general rural health service when the time and experience allows.
5. Personnel engaged in rural health service should be given material incentives.
6. Training of personnel (auxiliary and others) should be catered for as much as possible within the concerned countries. Able teachers and generous funds must be available.
7. The aim should be the creation of the health centre manned by a doctor, or a number of them, plus the health visitor, the midwife, the public health officer, the laboratory technician or assistant, etc., for a village of 5 000 population.



RECOMMENDATIONS BY DR. N.D. BIKSMAWI - SYRIAN ARAB REPUBLIC

1. The Seminar recommends that participating countries consider the health services - object of discussion and documents - as basic and implement them according to their own possibilities.
2. Since training is essential to improve the standard of health services, the Seminar recommends that participating countries set up all necessary institutions for assuming such task.
3. In view of the importance of health education for the promotion of health services and the adoption of health habits, it is essential that participating countries assemble all the necessary material for this purpose (visual aids, etc..)
4. In view of the importance of environmental health in communicable diseases control, the Seminar recommends that greater attention be given to this field -(water supply, evacuation of excreta, etc..)
5. Considering the importance of infant mortality in rural areas and the fact that most causes of death could easily be prevented, the Seminar recommends that maternal and child health be integrated as an essential part of rural health services.
6. The Seminar calls the attention of participating countries to the importance of health education in view of the considerable proportion of school children in rural populations and recommends that they offer the necessary care and consider such services as essential.
7. Considering that dental health services are at present non existent in rural areas of most countries, the Seminar recommends that the governments take care of dental health, especially in schools.
8. The Seminar recommends that a standard manual be prepared for rural health work, including all administrative and technical information as well as all duties and responsibilities to be assumed by the staff etc..

9. In view of the importance of the ideas emerging from the discussions held during this Seminar, participants recommend that similar meetings on rural health be organized every second year in order to follow up the implementation and development of rural services.
10. Finally, the Seminar recommends that WHO provide assistance to Palestinian and Syrian refugees.

RECOMMENDATIONS BY DR. A. DALY - TUNISIA

The Secretariat and consultant documents supply the participants with complete and accurate information on health services in rural areas. Information is quite sufficient to guide health authorities in the organization and operation of services intended to meet fundamental health requirements of rural populations.

Yet, the desire of perfection shown by the authors in describing an ideal rural area health services leads to comment on actual facts and field experience in countries where human and material resources are necessarily scarce.

1. Integration of mass campaigns into basic health services is absolutely required, in order to extend basic activities--such as BCG vaccination in the course of tuberculosis control--beyond the critical period to become a normal activity.

Yet, integration is complex and difficult. Any mass campaigns hastily integrated into basic health services may well be over-absorbed and then be superseded by health activities which happen to be more immediately demanded by the local population and more readily given by the permanent staff. Besides, mass campaign personnel may be tempted by sedentary work which is easier than field work and this may well encourage the over-absorption process, unless due precautions are taken to protect the objectives of the campaign. Those obstacles can be overcome if one proceeds in successive stages:

In a first stage perform integration of all mass campaigns into a single one, including preventive actions, in order to build a system sufficiently organized and developed that can withstand over-absorption dangers.

During later stages, introduce gradually facilities and health actions into existing basic health services.

It would be wise to retain permanently a supervision and control body to insure continuation of campaigns when in process of integration into a new organization.

2. The issues of multivalent health service staff and integration are closely inter-connected. However, when integration is conducted in stages, mass campaign staff usually monovalent can then be trained gradually into multivalent personnel: malaria eradication mass campaign microscopists can be trained to perform sputum examinations to assist in a tuberculosis campaign and vice-versa. This will mean having two bivalent men to assist in integration work. In fact, widening campaign staff knowledge and new duties afford them with the best means of resisting absorption.
3. Turning to supplies and financial resources, over-optimism may easily be indulged in whenever substantial savings are being anticipated on the count of integration. It turns out to be less, since both basic services and mass campaigns to be integrated are under-equipped.

RECOMMENDATIONS BY DR. M.F. SHEBA - UNITED ARAB REPUBLIC

1. That another Seminar - preferably a travelling Seminar - would be arranged two years from now. This would be a good medium for participants who heard about health services in rural areas of the Region to see for themselves what has been done in these fields and what recommendations of this present Seminar has been applied. Due to the large number of countries in the Region the travelling Seminar may be restricted to five countries representing main features of the health services in rural areas in the Region.
2. For the benefit of planners of health services in rural areas of the Region certain definitions should be accepted viz:
  - a. The rural health centre: providing integrated basic health services for a population about 15 - 20 000 and including an in-patient section.
  - b. The rural health unit: providing integrated basic health services for a population of about 5 000 and headed by a physician.
  - c. A branch service: providing one or more of the basic health services for a village. It may be headed by an assistant medical person but must be visited regularly by a doctor. Adoption of such definitions does not mean there must be one pattern for health services in all countries but any country may vary its system according to its means and circumstances.
3. As incentives to staff working in rural areas we recommend the following:
  - a. Orientation of undergraduates, both medical and para-medical in the rural health services preferably as teams.
  - b. Pre-service training of medical and para-medical personnel.
  - c. Equality and justice in assignment to villages.
  - d. Training of trainers who work in rural health training centres as they have a major role in building up personnel.
  - e. More pay to those who work in rural areas.
  - f. Provision of living quarters free of charge.

g. Circulating libraries and medical publications.

h. Provision for equal chances for promotion and specialization.

4. Providing supervision from the level of rural health centre to the rural health units and branch services; supervision from that level should not be mixed with inspection.

Due to the nature of rural areas there is need for horizontal spread of basic health services in the first priority. If however the country is not able to provide complete basic health services, there must be for each group of branch services, at least one complete health team to guide and supervise workers in these entities.

5. In countries where there is no difficulty in provision of personnel we recommend that dental service should be introduced at the level of health centres.
6. Community participation in building units and participation in basic health services is recommended. This however must be according to the standards and plans prepared for these services.
7. Health education is an essential function of every member of the team working in rural services; this does not only apply to health teams but educational personnel working in village schools should play a prominent part in this programme.

RECOMMENDATIONS BY DR. M. A. FAKIH - YEMEN ARAB REPUBLIC

1. The rural people (cash crop and food producers) should be given complete coverage of basic health protection and care regardless of their socio-economic condition.
2. Regionalization and integration of rural health services.
3. Decentralization of health administration with complete and legalized delegation of authority, responsibility and financial delegation to those engaged in administering rural health services in the intermediate and local levels.
4. Integration of mass campaigns into the general rural health service when the time and experience allows.
5. Personnel engaged in rural health service should be given material incentives.
6. Training of personnel (auxiliary and others) should be catered for as much as possible within the concerned countries. Able teachers and generous funds must be available.
7. The aim should be the creation of the health centre manned by a doctor, or a number of them, plus the health visitor, the midwife, the public health officer, the laboratory technician or assistant, etc., for a village of 5 000 population.

RECOMMENDATIONS BY MISS W. HADDAD, WHO NURSING ADVISER, MOROCCO

"Preparation and training of staff and their utilization for health services in rural areas".

With regard to the planning of training for nursing personnel the following remarks should be kept in mind:

1. Conformity with the health policy of the country and the needs of the health programme.
2. Determination of:
  - the best suitable type of personnel,
  - the tasks to be possibly assigned to this personnel,
  - the conditions in which they should perform them.
3. Development of a preferably standard national programme making it possible to meet in an easier way the needs of the whole country and facilitating the transfer of personnel from one place to another.
4. Integration - during the normal development of the basic training cycle - of a period of rural training for student nurses (one to two months, full time), taking into account the multi-purpose orientation of their activities and aiming at:
  - preparing them for the implementation of the most current prevention techniques applied in rural areas,
  - making them familiar with major public health problems prevailing in rural areas,
  - initiating them to the life of the rural nurse and to the working conditions they will have to face after their period of study.To be valuable, this training should take place in a centre located in a rural area, with living and working conditions similar to those the nurses will meet later when practising their profession.
5. Coordination with the training offered to other categories of health personnel included in the health team.



6. Local recruitment and training of nursing auxiliaries. The stability of this personnel may be a link between the community and the other members of the health team.
7. Promotion of a legislation on nursing training and practice.

With regard to the administration of training programmes:

Whatever be the authority responsible for nursing education, it should be assisted by a service in charge of nursing personnel training.

This service should be responsible for:

- the
- /definition of the objectives of training,
- the recruitment and selection of candidates for training,
- the training programmes,
- the type of training institutions,
- the programme evaluation and setting up,
- the preparation of pedagogic documents.

With regard to the type of training programmes:

The details of a training programme cannot be precised before local conditions are taken into account.

Several types of programmes may be considered: multivalent, monovalent or special.

In our context, the multivalent programme seems the best suitable one, since the integration of preventive and curative services calls for a personnel whose training includes both preventive and curative aspects of nursing care.

With regard to programme contents:

1. The training programme for auxiliary nurses should make them ready to carry out well defined and limited executive tasks with an emphasis

on the practical aspect of training and a simple theoretical part, well adapted to their level.

The training of this personnel will be best carried out by professional nurses for whom it will be easier to make their teaching understandable to the students.

2. The training programme for professional nurses should make them ready - from the professional, cultural and moral point of view - to give competent care; it should also develop in them professional consciousness, sense of responsibility, judgement, initiative, ability to adapt to various situations and make them ready for supervising auxiliaries.
3. The training programme for supervisory personnel should give professional nurses an opportunity to follow an advanced specialized training which would make them able to assume the administrative and teaching functions which are essential to the good operation of nursing and teaching services in basic training schools.

With regard to the duration of these programmes.

According to the type of programme taken into consideration, a period of one to two years would be necessary for the auxiliary nurse, two to three years for the basic training of the professional nurse and one to two years for the advanced training of the specialized nurse (nursing services teaching and administration).

With regard to the utilization of nursing personnel.

In order that this personnel be utilized in the best possible way, there should be a well designed structure and organization of nursing services at central level of health administration. The methods of administration may vary but it is essential that professional nurses be responsible at all levels for the administration of nursing services:

Such structure would:

1. define the policy in relation to: the rational and efficient utilization of nurses, especially in respect of their abilities; their supervision as well as the methods to be applied for the evaluation of the quality of their work,
2. establish special legislation and standards in relation to personnel with precisions on everybody's role,
3. prepare administrative and technical manuals and instructions in relation to work and care,
4. organize programmes for the orientation of the new students and the advanced in-service training of personnel; take appropriate action to give to the best elements the opportunity of acquiring higher qualifications in the profession (internal promotion),
5. try to improve the living and material conditions of rural nurses in order to secure their stability and make them happy at work.

RECOMMENDATION BY DR. S. SARIGOL - TURKEY

1. The participants' attention was called to environmental health problems. In rural areas, these problems are prevailing, but it was estimated that eighty percent of them could be solved by improving health conditions.

General agreement was reached on team work at the level of the health centre. The health team usually includes one physician, one sanitarian, as well as midwives and nurses.

The training of sanitarians should be left to the responsibility of the sanitary engineers who are also in charge of the control and supervision of field activities.

At provincial and central level, the sanitary engineers are very useful in the implementation of environmental health activities.

2. Experience proved that in order to obtain satisfactory results in rural health services, a good balance should be kept between the three aspects of activities (preventive, educational and curative). Each health centre should be staffed with representatives of every category of auxiliary personnel.
3. With regard to supervision of medical and paramedical personnel, a mobile supervisory team should be established at provincial level, with one or two physicians and some auxiliaries.