

Abstracts and Reports

TECHNICAL DISCUSSIONS FOCUS ON COMMUNITY HEALTH EDUCATION

The Technical Discussions held in connection with the 22 September-3 October 1980 meeting of PAHO's Directing Council dealt with the topic "Community Health Education: Evaluation of Present Programs, New Approaches, and Strategies." The subject was appropriate, for in recent years a number of key trends have underlined the fact that community health education is vitally important to world health.

Along these lines, in 1977 the Thirtieth World Health Assembly declared "health for all by the year 2000" to be the most important social goal of the WHO Member Governments. It is well-recognized that approaching this goal will require basic strategies strongly promoting primary health care, intersectoral coordination, and community participation. Health education is an important ingredient of all three undertakings.

The principal objective of the recent Technical Discussions, which included leading health authorities from PAHO's Member Countries, was to consider new approaches to community health education in the light of current experiences. For this purpose a reference document was prepared to provide appropriate background information, and a paper relating community health education to community participation was presented by Dr. George M. Foster of the Pan American Health Organization. The participants then split into two working groups, and the views of these groups were consolidated into conclusions on a variety of issues.

In general, the participants felt a need for new mechanisms that would enable communities to identify their own health needs and priorities. This diagnostic process should

allow for modification of health priorities in accord with individual, family, and community perceptions.

In a similar vein, instead of regarding communities as passive recipients of health messages, new methodologies should be developed that will promote individual, family, and community self-reliance. Among other things, community resources should be used to develop kinds of education suited to local conditions that will encourage collective health activities. Influential community members who can help develop and promote health projects should be identified. And the sorts of responsibilities community members can be expected to share with health workers should be spelled out.

The participants agreed that health professionals need to receive training on community and interpersonal dynamics, participatory approaches to community work, effective teaching methods, and ways of conducting simple social research. They also felt that influential community members should receive training in motivational techniques and group dynamics, so as to reinforce their ability to stimulate community participation in health programs.

It was also felt that social research studies should be carried out to gauge the effectiveness of new methodologies and appropriate technologies, to define the effects of human motivation and social dynamics on cooperation and participation in group activities, to identify barriers to changes in attitudes and behavior patterns, and to define factors that determine individual and group priorities.

Regarding administration, the participants noted that measurable educational goals and attainable standards must be established, and

that programs must be directed at goals established jointly by health professionals and the community that are within the scope of available resources. They also asserted that the success of community development programs would be enhanced by establishing multisectoral units responsible for overseeing integration of the programs under the auspices of a government agency. This latter measure, it was felt, would allow the government, the private sector, and the community to be represented at all levels of program planning, implementation, and evaluation, and would also help to ensure program continuity. Special emphasis was placed on the need for periodic evaluation of health activities.

With respect to international technical cooperation, it was recommended that dif-

ferent countries share their information, experience, and methodologies relating to community health education. It was also stated that information systems must be established to facilitate collection of data about effective programs. With regard to international organizations, the participants felt that their proper role in community health education is to support the development of effective educational activities, materials, and models—and that through their work, programs between countries can be developed, facilitated, and improved.

More detailed information about the Technical Discussions, including the final report of those discussions, is contained in PAHO documents CD27/DT/1, 2, and 3 issued in August and September 1980.

BIOLOGICAL INSECTICIDES: NEW WEAPONS AGAINST VECTOR-BORNE DISEASES

Modern chemical insecticides have revolutionized the fight against vector-borne diseases since the end of the Second World War. Despite certain limitations, they are likely to continue being used extensively for that purpose in the foreseeable future.

Most of these insecticides have a broad spectrum of effectiveness, and some are effective for long periods of time. These two features ensure the sizable markets that make industrial production profitable. On the other hand, these products' broad and widespread use also means that their careless large-scale application can have undesirable environmental effects.

Use of these insecticides for public health purposes has not been abusive. However, supervision of their use for crop protection has been poorer, and cause for concern about their use in that area is greater. In addition, environmentalist campaigns have resulted in increasingly restrictive regulations governing the production and application of chemical insecticides. Consequently, the use of some of

the leading public health insecticides has been so restricted as to dramatically reduce their availability; research and development costs have increased sharply; and all this has reduced the number of new insecticides that can be used for public health.

Another consequence of the massive use of chemical insecticides has been the steady development of resistance to them among disease vectors and crop pests. Attempts to overcome this have resulted in a use of larger dosages more often and a shifting from one insecticide group to another until, in some instances, no commercially available chemical can ensure the safe and effective control of the particular vectors or pests involved at a cost that the people concerned can afford.

This situation has been made worse by the recent deterioration of the world economic situation. Many countries now lack the resources, especially the hard currencies, needed to purchase the insecticides that can combat the local disease agents or vectors.

Thus, while it should be technically possible