directing council

PAN AMERICAN HEALTH ORGANIZATION

XXIII Meeting

regional committee

WORLD HEALTH ORGANIZATION

XXVII Meeting

Washington, D.C.
September-October 1975

Provisional Agenda Item 32

CD23/25 (Eng.)
Corrigendum
26 September 1975
ENGLISH-SPANISH

PROVISION OF HEALTH SERVICES TO THE RURAL AND UNDERSERVED POPULATION OF LATIN AMERICA AND THE CARIBBEAN

Corrigendum

Page 2, paragraph 2, line 4 should read: ". . . conditions of some 37 per cent of the population of Latin America and the Caribbean who still do . . . ."

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PROVISION OF HEALTH SERVICES TO THE RURAL AND UNDERSERVED POPULATION OF LATIN AMERICA AND THE CARIBBEAN

1. INTRODUCTION

At their III Special Meeting, held at Santiago, Chile, in 1972, the Ministers of Health of the Americas underlined the need for extending coverage[1] of health services to the population living in rural zones or areas cut off from city amenities and at present not having access to minimum health services. In their Ten-Year Health Plan for the Americas 1971-1980, the Ministers designated as one of the principal goals the extension of coverage of health services, giving priority to communicable disease control, maternal and child health, malnutrition, and environmental health, with special reference to the most vulnerable group, the mother and child. The World Health Assembly has also given priority attention to the problem, as reflected in its many resolutions on the topic.[2]

The Presidents of the countries of the Hemisphere at their Meeting in Punta del Este in 1967, the Ministers of Health, and the international credit and development bodies, have also recognized the interrelationship between economy, health and overall development, and the importance of the rural area as a potential basis of development.

At its 74th Meeting in 1975 the Executive Committee embodied its concern for the level of achievement of the goal of coverage in Resolution XIII (annexed), in which it recommended to the Directing Council that it consider approving a resolution drafted along the following lines:

> 1. To request the Pan American Sanitary Bureau to give the highest priority to expanding health services designed to achieve total coverage, these being adapted to the life patterns and needs of the communities served, and to promote direct community involvement in local health activities.
>
> 2. To urge Governments that they make explicit in the health programs the decision to expand and improve rural health services and make the utmost use of all the manpower resources of the community served through continuous efforts to train auxiliary personnel in accordance with the local needs.

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[1] The word "coverage" is used in this document as the concrete expression in terms of extent and minimum level of complexity of health services received by all the inhabitants of a given country according to their needs.

[2] WHA20.53; WHA20.61; WHA26.35; WHA26.43; WHA27.44 and WHA28.88

3. To encourage the Governments which have already initiated programs to share with other countries, information and experience on progress or alternative approaches, in collaboration with the Pan American Sanitary Bureau.

2. THE PROBLEM

The problem of fundamental concern to the Ministers of Health of the Hemisphere, which they propose to tackle during the present decade is that of helping to improve the general living conditions and particularly the health conditions of some 4 per cent of the population of the Americas who still do not have access to even minimum health services. This population lives in the rural and semi-urban areas, at different levels of economic and social development, in different ecological conditions, and with high rates of general and specific morbidity and mortality.

Thus the solution calls for a multidisciplinary and global approach. In the sector of health specifically, it requires fundamental changes in the system of providing services, in the attitude and training of the professionals involved, in the strategies for extending the coverage of services, and undoubtedly in the environment surrounding the individual.

3. THE FACTORS CONTRIBUTING TO THE PROBLEM

3.1 Socioeconomic factors

By 1980, the population of Latin America and the Caribbean will be approximately 379 million inhabitants, 46 per cent of them outside the labor force as being in the under 15 or over 65 age groups.

In view of the non-existence or the limited nature of the processes of development and improvement of living conditions in rural areas, it would seem inevitable that the rural population and its problems must continue to shift to urban areas creating new critical situations in the outskirts of cities.

In general it can be said that, in most of the countries of Latin America and the Caribbean, the scarcity of human and material resources, lack of communications, dispersal of the rural population, shortage of educational facilities, and unemployment, interact and keep the rural population economically and socially underdeveloped.

Unless rural development is considerably speeded up and effective and workable planning is imposed, with a prominent place given to full employment as a high priority goal, the rural population as it grows will continue to swell the ranks of the underdeveloped strata.

3.2 Health Systems

Traditionally, the health services have tended to keep themselves isolated from economic development, and vice-versa. There have been many so-called overall regional development programs carried out experimentally in various countries, but the results have been disappointing or their impact has been very slight.

It may be noted that health programs are given a low priority in development programs, in spite of repeated statements to the effect that social development is a high priority issue.

Health and well-being are components of levels of living, and they do not materialize merely because a health establishment exists. It may be much more important for a community to begin by breaking through its isolation and procuring the elements essential for living, such as employment, food, water, irrigation and schools, which enable it to improve its standard of living and hence its health and well-being.

Any of these needs in which the community is interested may open the door to the health program component and thus contribute to achieving the desired good.

The present health services are the outcome of traditional concepts where the object was to combat disease in the individual, without recognizing the needs of the community as a whole or groups of individuals with common problems.

The vast number of institutions, public, autonomous, or semi-autonomous and private, extremely costly to install and operate and functioning essentially in the urban area, and the lack of integrated health policies geared to the needs of communities, are factors which have helped to create a situation where there is neither intrasectoral nor intersectoral coordination, and which have been responsible for the unilateral and partial treatment of health problems.

No appropriate strategies and technologies have been developed for application in the rural and semi-urban areas. In general, those which have been taken as models are intended for much more advanced stages of development, and hence are hardly applicable in developing countries, where conditions are different, especially in the rural areas.

Because of poor health service coverage, the rural populations have only been served by means of vertical campaigns designed to control or eradicate some of the more important communicable diseases. The programs set up have demonstrated the possibility of considerably reducing the specific causes of mortality and morbidity and the possibility of securing community participation, but obviously they have not been able to solve all

the health problems once and for all, because of their unilateral approach and the persistence of adverse socioeconomic and ecological conditions which, moreover, were outside their purpose and beyond their scope. Furthermore, the cramped and undeveloped nature of health services at the local level has hampered and endangered the consolidation of the success achieved by these programs.

Health services as conceived today, not taking account of the patterns of life, the needs and the aspirations of the rural and deprived populations of most of the countries of Latin America and the Caribbean, tend to establish a cultural barrier between health needs and their solution.

The above makes it clear that there is a need to close the breach existing at present between health services and the population in regard to the whole process of organizing health services to make them effective. This requires that the community participate actively, both in identifying its needs and in proposing and applying solutions, with proper direction and support by health workers.

3.3. Human Resources

Manpower training, generally speaking, tends to perpetuate the concentration of individual demand created by disease on institutional care. Although concepts like prevention and promotion are included in the basic curricula for the training of health professionals, the focus continues to be on the individual and not on the community. In the majority of instances, the graduate is not imbued with the concept of the community as a whole, or of a group or groups of individuals with common health needs the satisfaction of which would have a major impact on the health of the entire community.

In addition to this, personnel training institutions are relatively ill-acquainted with the differing needs of different communities. This is aggravated by the tendency to embrace technologies uncritically instead of stimulating the creative outlook needed to adapt them to the different national situations inside and outside the hospital precincts and in conjunction with other disciplines.

A number of countries have adopted the "rural internship" or "social service" for health professionals, which requires those recently graduating to work for a specific period in a rural area.

The results of these experiments are demonstrating that such practices do not constitute an effective means of achieving the goal of expanding coverage, owing to the widespread shortage of such manpower resources and the fact that they are not located at the level of the health service system that will guarantee that they are used with the maximum effectiveness and efficiency. Moreover, such experiments generate expectations in communities which subsequently cannot be fulfilled on a broad scale and maintained indefinitely.

Many of the auxiliaries used at the present time have had little or no training and are poorly supervised by doctors or nurses not adequately trained for the purpose, the pretext being extension of coverage, especially for rural areas.

The health professions are reluctant to admit the use of lay persons for providing health care to the community to which they belong. This means that the best use is not made of the potential resources of the community itself in solving its health problems.

4. FUTURE APPROACHES AND ACTION FOR EXTENDING COVERAGE

It should be pointed out that on the basis of the regional policy giving priority to the coverage of services under the Ten-Year Health Plan for the Americas 1971-1980, 22 countries of the Region have already defined their policies and strategies for the coverage of their health services to rural and semiurban populations, making use of different patterns of care and types of personnel. Some of these countries are at the planning stage and others at the stage of implementing their coverage programs. The common feature of these programs is the definition of levels of care, linked together by a reference system, integration of specific sub-programs at each level and establishments corresponding to these levels, and the organization of community participation.

The countries have adopted the emphasis given by the Pan American Health Organization, making programming and the extension of coverage of services to rural areas a part of the national system of health services, due consideration being given to the overall, multisectoral approach in the solution of health problems.

Achievement of the coverage goal not only means an intensification of action and resources designed to bring about a rapid and decided change in the present situation; it also implies the prior definition of national health policies pinpointing new approaches both to the concept of coverage and to strategies for achieving it and, consequently, new technical and administrative solutions.

Each country must define the meaning of coverage guaranteeing the satisfaction of the needs of the majority of the population and the exercise of the right to health, within its own socioeconomic context and on the basis of the extent and nature of the problem.

It must also take account of the peculiar needs of each community, since even within a single country it is possible to identify many communities, each with its own problems and characteristics which determine priorities and the choice of technical and administrative solutions to produce the desired impact on its health status. This implies a redeployment of

the health system to cover the unprotected population, involving bringing action to bear both on the factors causing disease and on the disease itself, using effective technologies easily adaptable to the characteristics of the community.

The community should be organized to take part in effectively solving its health problems in accordance with its own characteristics; and support for such efforts is the responsibility of the health sector.

In spite of the fact that there are many communities and hence many possible solutions for their problems, there are common features making it possible to apply, after due adaptation, certain types of experience gained by countries of the Americas.

These features are as follows:

i. The use of auxiliaries from the communities themselves, selected by agreement with the community, trained locally and continuously as they perform their services, accepted by the community itself, and supported and supervised by members of the national health system.

ii. The establishment of logistic support programs capable of providing these auxiliary workers with the materials essential for the exercise of their functions; means of communication with centers determined in accordance with the system of reference with a view to obtaining the necessary support of other levels of the national health system.

iii. The establishment at local level of effective coordination between health programs and any other community development programs being carried out.

iv. The training of health workers from the entire system of services and the personnel training institutions, with a view to ensuring their participation, on the basis of proper knowledge and awareness, in programs of this nature.

The role of the health sector in recognizing health problems and their effect and impact on rural development in fundamental for joint solutions with other sectors. Its leadership is more and more necessary in the face of the many regional development programs being undertaken by countries as a strategy for overcoming the underdevelopment likely to be caused by unsatisfactory health situations, which are avoided when the sector participates fully in the programs from the outset.

The need must once again be stressed for adequate participation by the community in the process, since the community is both agent and recipient of the results achieved.

Clearly there is great interest on the part of international agencies and bilateral aid bodies in contributing to the expansion of health service coverage.

The Pan American Sanitary Bureau is evaluating the experience gained with a view to redeploying its organization and resources so as to make its collaboration with the countries in this undertaking more extensive and more effective.

Annex

EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL

PAN AMERICAN HEALTH ORGANIZATION

WORKING PARTY OF THE REGIONAL COMMITTEE

WORLD HEALTH ORGANIZATION

74th Meeting

74th Meeting

RESOLUTION XIII

PROVISION OF HEALTH SERVICES TO THE RURAL AND UNDERSERVED POPULATION OF LATIN AMERICA AND THE CARIBBEAN

THE EXECUTIVE COMMITTEE,

Bearing in mind that one of the principal goals of the Ten-Year Health Plan for the Americas is the "extension of coverage, including minimal comprehensive services to all the population living in accessible communities of less than 2,000 inhabitants",

RESOLVES:

To recommend to the Directing Council at its XXIII Meeting that it consider approving a resolution drafted along the following lines:

THE DIRECTING COUNCIL,

Considering that a number of previous resolutions of the World Health Assembly (including WHA20.53, WHA23.61, WHA25.17, WHA26.35, WHA26.43 and WHA27.44) stress the need to encourage the provision and expansion of comprehensive health services to meet the needs of all peoples; and give recognition to their fundamental rights;

Having noted the renewed emphasis and the priority given by the Twenty-eighth World Health Assembly to the promotion of primary health care (Resolution WHA28.88); and

Aware of the need to meet the goals of the Ten-Year Health Plan for the Americas,

RESOLVES:

1. To request the Pan American Sanitary Bureau to give the highest priority to expanding health services designed to achieve total coverage, these being adapted to the life patterns and needs of the communities served, and to promote direct community involvement in local health activities.

2. To urge Governments that they make explicit in the health programs the decision to expand and improve rural health services and make the utmost use of all the manpower resources of the community served through continuous efforts to train auxiliary personnel in accordance with the local needs.

3. To encourage the Governments which have already initiated programs to share with other countries, information and experience on progress or alternative approaches, in collaboration with the Pan American Sanitary Bureau.

(Approved at the tenth plenary session, 27 June 1975)