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REPORT ON NURSING GOALS FOR THE DECADE

This document examines the information received from the countries on the progress made to meet the goals for the decade in nursing set forth in Resolution XXIV of the XXV Meeting of the Directing Council in October 1977. The data show that almost all the countries are carrying out extended health coverage programs based on auxiliary personnel and/or community agents. There has been some increase in primary care agents in underprivileged areas. There does not appear to have been a sufficient increase, however, in available personnel trained to provide the close, continuous, technical and administrative support that is so necessary in assuring useful levels of coverage, optimum personnel performance, and effective community participation.

It is thus considered essential: a) to increase the availability of nurses to supervise, support and supplement the work of auxiliary personnel in primary care in order to identify the community's health problems and needs, to signal high-risk groups, and to plan action at the local level; and b) to reinforce nursing training, emphasizing epidemiology, social sciences, community health, diagnosis and treatment of the most common diseases, the course of which can be predicted.

The new modalities of the health services required by the operations of programs to extend coverage to the entire population and the application of the idea of primary care as its principal strategy mean changes in the development and utilization of health personnel, as a means of expanding human resources and meeting the needs of the primary care programs.

As a response to the problem of primary care, nursing takes on new and broader dimensions, in a turn toward community health. The main factors bearing on how much this expansion becomes a reality are the objectives and the resources of the health services, the education of nursing staff, their competence and their perception of their role in the new organizational and operating structures proposed, and people's expectations as regards health care.

Latin America and the Caribbean are in the process of identifying the gaps in the basic nursing education system and in nursing practice, and are looking for strategies to correct the problem and train their nursing staffs to take on the responsibility of working to achieve community health goals together with other health professionals and professionals from other social and economic sectors.

The Directing Council of the Pan American Health Organization confirmed the purposes of the Governments of Latin America to speed up the process of total health services coverage for the population and, considering that most of those services depend on nursing staff to develop the basic components of primary care and community health, adopted Resolution XXIV on nursing goals for the decade at its XXV Meeting held in Washington, D.C., in 1977. That resolution, taking into account the priority the countries had given to extension of services to the entire population and recognizing that the potential of nursing resources was being underutilized, recommended to the Governments: a) an adjustment in the functions of nursing staff; b) that staffing estimates for nurses be based on the needs of the health services; c) that jobs be created to absorb graduates of different levels of education; and d) that nursing education programs be centered around primary care and community health, using modern teaching methods to give an adequate education to the growing numbers of students.

In the same resolution, the Governments were asked to send information to the Director on the measures taken and the progress made on the points listed in the first paragraph.

In order to make it easier to collect the information, the Secretariat drew up a list of questions for the countries of Latin America and the Caribbean, in order to find out the extent to which nursing was moving toward taking on the variety of functions implicit in the idea of community health and primary care. Information was received from 21 of the 29 Member Governments consulted.

The basis for writing the present report was the information received from 21 countries answering the questionnaire "Nursing Goals for the Decade" and the Report on Evaluation of the Ten-Year Health Plan (IEPDS, 1976 and 1980).

Examination of the information received appears to indicate that most of the countries answering the questionnaire do not have an information system capable of providing answers on their extended coverage policy. This makes it difficult to evaluate the structure of nursing resources within the health systems, the extent to which adequate use is made of them, or the education of nursing staff for expanded health services. The data obtained on the availability of nursing staff in the health services, their distribution among urban and rural areas, the numbers of posts created for the various categories of nursing staff, and the number of vacancies for such staff in the health services were inadequate. It was thus not possible to reach a conclusion as to the role of nursing in the Governments' efforts to extend coverage to the entire population.

NURSING STAFF

Table 1 gives data from 12 countries on the number of nurses and nurses' aides employed and the ratios per 10,000 inhabitants in 1979, and Table 2 shows the ratios of nurses and nurses' aides per 10,000 inhabitants in 1971-1979, and the countries' goals for 1980. Table 2-A presents data on seven countries for the 1972-1976 period.

In 76.2 per cent of the countries, there was an increase in the number of nurses per 10,000 inhabitants. However, only two countries reached or surpassed their national goals for nurses for 1980. In 57.1 per cent of the countries, the number of nurses per 10,000 inhabitants at the beginning of the decade was fairly small. Despite a steady increase over the period, the 1979 ratio might still be insufficient, if one considers the wide variety of duties they will be called on to perform in an extended coverage program that stresses primary care and community health.

Table 1

NURSING STAFF

NUMBER OF NURSES AND NURSES' AIDES EMPLOYED AND RATIOS
PER 10,000 INHABITANTS IN 12 COUNTRIES - 1979

COUNTRIES	ESTIMATED POPULATION a)	NURSING STAFF			
		NURSES		AIDES	
		NUMBER	RATIO	NUMBER	RATIO
BOLIVIA	5,425	1,127	2.1	2,736	5.0
BRAZIL c)	118,645	18,334	1.5	51,039	4.3
COSTA RICA	2,193	987	4.5	5,182	23.6
CUBA	9,850	13,720	14.0	12,727	13.0
EL SALVADOR	4,448	1,562	3.5	3,398	7.6
GUATEMALA	7,046	1,278	1.8	3,627	5.1
HAITI	4,919	707	1.4	646	1.3
HONDURAS	3,563	488	1.4	3,184	8.9
PANAMA	1,881	1,938	10.3	2,603	13.8
PARAGUAY	2,973	464	1.6	1,284	4.3
PERU		7,551 b)	4.6	14,400 b)	8.8
DOM. REP. c)	5,275	450	0.8	4,025	7.6

a) Population in thousands.

b) No. in 1977

c) In Brazil and the Dominican Republic there are also 5,539
and 1,121 nursing technicians respectively.

Table 2

RATIOS OF NURSES AND NURSES' AIDES PER 10,000 INHABITANTS IN 1971 AND 1979
AND NATIONAL GOALS FOR 1980 IN 14 COUNTRIES OF LATIN AMERICA

COUNTRY	R A T I O P E R 10,000 I N H A B I T A N T S					
	N U R S E S			N U R S E S ' A I D E S		
	1971 a)	1979	Goal for 1980*	1971	1979	Goal for 1980
BOLIVIA	1.1	2.9	2.7	2.6	5.0	4.6
BRAZIL	0.8	1.5	1.3	9.2 d)	4.3 d)	14.5
COLOMBIA	1.0	1.4 b)	2.8	8.6	11.0 b)	10.0
COSTA RICA	4.1	4.5	5.3	14.1	23.6	13.0
CUBA	5.3	14.0	20.4	9.3	13.0	21.0
DOMINICAN REPUBLIC	0.8	0.8	----	4.2	7.6	11.0
EL SALVADOR	2.1	3.5	----	4.8	7.6	----
GUATEMALA	1.8	1.8	3.4	7.3	5.1	12.4
HAITI	0.9	1.4	----	1.6	1.3	----
HONDURAS	1.2	1.4	1.8	8.2	8.9	11.0
MEXICO	1.8	----	3.5	8.2	----	13.4
PANAMA	8.2	10.3	10.0	10.5	13.8	20.0
PARAGUAY	1.2	1.6	----	6.6	4.3 c)	----
PERU	3.1	4.6 b)	3.5	10.0	8.8 b)	7.2

- a) Sources: PAHO/WHO. Proposals for Change and Health Strategies - 1972 - mimeo.
PAHO/WHO. Evaluation of the Ten-Year Health Plan for the Americas - 1979
mimeo.
- b) 1977 data
- c) Data only in Ministry of Health
- d) Nurses' aides trained in formal courses and attendants were included in 1971; in 1979,
only the former were included, the attendants, estimated at 250,000, being omitted.
- e) 1976 data

Table 2-A

RATIOS OF NURSES AND NURSES' AIDES PER 10,000 INHABITANTS IN 1972 AND 1976
IN SEVEN COUNTRIES AND TERRITORIES OF THE CARIBBEAN AREA a)

COUNTRY	R A T I O P E R 10,000 I N H A B I T A N T S			
	N U R S E S		N U R S E S ' A I D E S	
	1972	1976	1972	1976
ANTIGUA	17.7	13.8	2.7	11.0
BARBADOS	20.9	25.5	13.1	15.7
BRITISH VIRGIN ISLANDS	13.1	14.2 c)	16.2	27.7 c)
DOMINICA	15.6 b)	20.8	4.4 b)	4.2
MONTSERRAT	43.3	26.2 d)	----	9.0
ST. KITTS	27.6	27.4	0.4	1.4
SAINT LUCIA	11.0	15.6	3.8	5.2

- a) Source: Health Conditions in the Americas, 1969-1972 and 1975-1979
b) 1971 data
c) 1977 data
d) 1975 data

The increase during the period in nurses' aides is notably higher than the increase in the number of nurses: this seems justified, since it is consonant with Governments' health policy of creating health posts at the primary care level mainly using auxiliary personnel.

While the proposed national goals for nurses' aides are indicative of the countries' real needs for this category of personnel, it may be said that in almost all the countries, there is a shortfall of nurses' aides, since only four countries reached or surpassed their proposed goals.

DISTRIBUTION OF NURSING STAFF IN URBAN AND RURAL AREAS

Recognizing that a program to extend total health services coverage to the entire population needs to give priority to extending nursing services to rural communities and to urban slum areas, an attempt was made on the basis of the information provided by the countries to determine changes in the distribution of nursing personnel in urban and rural areas. However, the paucity of the information gathered does not allow for any kind of generalization or description of trends in the Latin American and Caribbean countries concerning the placement of nursing personnel in rural or urban areas.

Only five countries supplied information on this point (23.8 per cent). Here, the distribution of their nursing personnel has followed the trend toward increasing health programs and services in rural areas and urban fringe communities, and hence the number of nursing staff located outside urban areas is steadily rising.

JOBS CREATED FOR NURSES AND NURSES' AIDES OVER THE LAST FOUR YEARS

The data in Table 3 show that most of the posts created in the countries over the last four years have been for nurses' aides, except for three countries where the majority of jobs created over the same period were for nurses. The fact that more jobs have been created for nurses is due to the growing recognition in these countries of the importance of the role that nurses play in primary care and community health programs.

Fifteen countries supplied information on the number of vacancies for nurses. Eight (or 55.5 per cent) report that they have no nursing vacancies, which is explained: a) in some countries by the insufficient number of jobs created to absorb the number of nursing school graduates, with a consequent saturation of the nursing job market; and b) in others, by the fact that the number of students entering nursing school each year is determined by the health services on the basis of the needs of the services or on the basis of the resources available to absorb the graduates.

Table 3

NUMBER OF JOBS CREATED FOR NURSES AND NURSES' AIDES 1976-1979 AND 1979
NUMBER OF VACANCIES IN 1979 IN 21 COUNTRIES

COUNTRY	NURSES					NO. OF VACANCIES 1979	NURSES' AIDES					NO. OF VACANCIES 1979
	NO. OF JOBS CREATED						NO. OF JOBS CREATED					
	1976	1977	1978	1979	TOTAL		1976	1977	1978	1979	TOTAL	
ANTIGUA	-	-	1	-	1	0	-	-	-	20	20 ^{f)}	0
BARBADOS	2	1	15	6	24	0	1	16	1	8	26	0
BOLIVIA	54	67	32	26	179	a)....	120	347	178	196	841	a)
BRAZIL	.....	.....	.....	.....	2,587	171 ^{b)}	.....	.....	...	...	21,246	1,127
BRITISH VIRGIN ISLANDS	1	-	-	-	1	0	-	-	-	-	-	0
COLOMBIA	c)	...	.....	.....	.....	...	...	...	...	...	...	...
COSTA RICA	.....	...	...	.....	577	0	...	...	...	...	1,180	g) 0
CUBA	1,562	1,574	1,561	1,427	6,124	0	2,245	1,722	365	440	4,172	0
DOMINICA	-	-	3	-	3	a)	-	-	-	-	-	a)
DOMINICAN REPUBLIC	.....	.....	.....	.....	118	.....	.....	.....	.....	...	980	.....
EL SALVADOR	72	63	123	101	359	197	10	42	43	416	98	796
GUATEMALA	64	15	44	52	175	68	239	43	416	98	796	.....
HAITI	.....	.....	.....	.....	.....	.....	.....	.....	...	...	.....	.....
HONDURAS	.....	.....	.....	.....	163	35 ^{d)}	.....	.....	...	...	.....	.....
MEXICO	.....	.....	.....	.....	d)	.....	.....	.....	...	...	.....	.....
MONTserrat	-	-	-	1	1	0	-	-	-	-	-	0
PANAMA	171	184	229	212	796	0	231	163	97	46	537	0
PARAGUAY	52	52	80	79	263	.....	390	425	583	637	2,035	.....
PERU	.....	.....	.....	.....	.....	.....	.....	.....	.....	...	.....	.....
ST. KITTS	-	-	2	3	5	0	-	-	-	-	-	0
SAINT LUCIA	-	-	-	-	18	a)	.....	.....	.....	...	.....	a)

a) Reports vacancies throughout the country

b) Vacancies in the Ministry of Health

c) Reports an annual increase of 7.5 per cent in nurses jobs and 16.8 per cent in jobs for nurses' aides

d) Reports a total of 14,099 jobs created in the Ministry of Health

e) 129 jobs were also created for nursing technicians

f) Community health aides

g) 456 health assistant jobs were also created

In the seven countries that do have vacancies for nurses, the percentage of vacancies to number of jobs created ranges from 6.6 to 54.8.

Eight countries do not have vacancies for nurses' aides, while in six, the percentage of vacancies to posts created ranges from 5.3 to 24.1.

It would be interesting to compare these data with the number of graduates of nursing schools and nurses' aide courses (see Table 4) so as to have an idea of the ratio between the supply (production of the schools) and the demand in the health services in terms of the job opportunities for nursing personnel.

Unfortunately, the data obtained on the production of the schools and nursing courses are too few (eight countries) to enable a detailed examination to be made of the question.

ROLE OF NURSING STAFF

The changes that are going on in the health systems of the countries of Latin America and the Caribbean have opened up the way for strengthened, broader role for nursing and for a change in the approach to the nursing function--from the basically curative approach that was prevalent for many years, to a concentration of nursing work on the prevention of disease and the promotion and maintenance of health.

Table 5 describes the changes that have occurred in the functions and utilization of nursing personnel in extended coverage and primary care programs in 1979.

The analysis of Table 5 shows that 100 per cent of the countries of Latin America are in the process of redefining, or have already redefined, the functions of nursing personnel so as to bring them into line with the objectives of the new health programs, the goal of primary care and the health problems of the populations they serve. In seven countries of the Caribbean, the development of "Family Nurse Practitioner" programs has opened the way to an expansion and redefinition of the functions of the nurse.

In almost all the countries, nurses are taking on more responsibility for supervision, education and evaluation of the work of the nurses' aides, and of the health agents and assistants in extended coverage and primary care programs, for inclusion of the population to be served, for determining their needs, and for planning and evaluating health activities.

Some countries also say that the role of the nurse in primary care has been broadened to include certain functions that have traditionally belonged exclusively to the medical sector, broader use of auxiliary personnel recruited from the community itself, and greater use of nurses' aides for teaching and supervision of health agents and assistants.

Table 4

NUMBER OF GRADUATES OF NURSING SCHOOLS AND NURSES' AIDES COURSES
IN EIGHT COUNTRIES, 1975 - 1979 AND ANNUAL AVERAGE

COUNTRY	NURSES							NURSES' AIDES						
	1975	1976	1977	1978	1979	TOTAL	ANNUAL AVERAGE	1975	1976	1977	1978	1979	TOTAL	ANNUAL AVERAGE
BOLIVIA	47	53	52	61	71	284	56.8	162	293	135	536	208	1,334	266.8
BRAZIL ^{a)}	...	...	...	...	...	3,150*	630.0	...	...	...	...	...	8,381*	1,676.0
GOSTA RICA	128	21	76	163	59	447	89.4	...	...	...	...	...	....	.....
CUBA	...	1,562	1,574	1,561	1,427	6,124	1,531.0	...	2,245	1,722	365	440	4,772	1,193.0
DOMINICAN REPUBLIC ^{b)}	28	46	36	55	9	174	34.8	150	73	231	142	434	1,030	206.0
EL SALVADOR	110	87	90	65	53	405	81.0	148	158	0	209	217	732	183.0
PANAMA	90	113	154	201	184	742	148.4	154	230	161	91	46	682	136.4
PARAGUAY	39	47	34	50	63	213	42.6	125	123	235	170	156	808	161.8

a) Brazil reports having 52 nursing technician courses, with 8,400 graduates between 1976-1979, for an annual average of 1,680

b) The Dominican Republic has nursing technicians training programs; the number of graduates in 1978-1979 was 116.

* Total graduates in five years

Table 5

CHANGES IN THE FUNCTIONS AND UTILIZATION OF NURSING PERSONNEL IN PROGRAMS
TO EXTEND THE COVERAGE OF HEALTH SERVICES IN 21 COUNTRIES - 1979

Description of the Changes	C O U N T R Y																					
	Antigua	Barbados	Bolivia	Brazil	Br. Virgin Islands	Colombia	Costa Rica	Cuba	Dominica	El Salvador	Guatemala	Haiti	Honduras	Mexico	Montserrat	Panama	Paraguay	Paraguay	Peru	Dominican Republic	St. Kitts	Saint Lucia
1. Definition or redefinition of the functions of nursing personnel by category and level of care in terms of the extended coverage programs.			x	x			x	x		x	x	x	x	x		x	x	x	x	x		
2. Broadening of the nursing role: In primary care work in general							x			x	x		x			x						
In the matern. and child care area	x		x		x	x	x	x	x	x	x		x		x	x	x	x	x	x	x	x
3. Legalization of expanded nursing functions.							x															
4. Greater responsibility for supervision, training and evaluation of the work of nurses' aides, health agents and assistants, lay midwives; for the extended coverage programs, with emphasis on primary care and community participation.				x		x	x			x	x	x	x	x	x	x	x	x	x	x		
5. Broad utilization of auxiliary personnel recruited from the community itself.				x			x			x									x			
6. Nurses' aides used as teachers and supervisors of health agents and assistants and lay midwives and others.						x					x		x				x	x	x			
7. Greater participation by nurses in the planning, execution and evaluation of extended coverage programs, with emphasis on primary care, community participation and intersectoral coordination activities.				x									x	x		x			x			
8. Increase in the number of patient visits to nurses at the primary care level.										x	x		x			x						
9. Participation by nurses in primary care programs in urban fringe areas.							x							x					x			

NURSING EDUCATION

Making changes in any kind of activity and then consolidating them means training the personnel involved, and also making substantial modifications in the programs for basic training of the staff. The education sector in Latin America and the Caribbean has not remained aloof from the changes resulting from the new health policy, and is attempting to tailor the training of health personnel to the new modalities of the delivery of services demanded by the extended coverage programs.

Nursing education is perhaps the educational sector that has responded the most rapidly to this demand. A number of questions on nursing education were included in the questionnaire in order to find out some of the changes that have occurred in this sector.

Table 6 shows the number of nursing schools and nurses' aide courses whose curricula emphasize community health and primary care.

In nine countries (90 per cent), all the nursing schools were stressing these aspects in their programs in 1979. Seven countries (70 per cent) reported that 100 per cent of their nurses' aide courses were emphasizing community health and primary care.

Given the prevalence of curative medical care still in the countries of Latin America and the Caribbean, where the greatest demand continues to be for hospital services, the changes that are occurring in nursing education could mean that unless there are rapid changes in the job market, nursing education could be out of phase with demand.

NEW TYPES OF EDUCATION PROGRAMS FOR PRIMARY CARE WORKERS

Table 7 shows that in addition to training nurses and nurses' aides for the delivery of primary care, most of the countries have created and trained new types of workers for this kind of care. Programs to train assistants, aides, health promoters and health auxiliaries are reported by 66.7 per cent of the countries. Training community agents as lay midwives and community leaders is not new in the health services; however, with the present policies of the Governments to extend coverage, using primary care and community participation as the main tactic, it has taken on new dimensions.

Table 6

NUMBER AND PERCENTAGE OF BASIC NURSING PROGRAMS FOCUSING ON
COMMUNITY HEALTH AND PRIMARY CARE IN TEN COUNTRIES
1979

COUNTRY	NURSING SCHOOLS			NURSES' AIDE COURSES		
	TOTAL SCHOOLS	FOCUSING ON COMMUNITY HEALTH AND PRIMARY CARE		TOTAL COURSES	FOCUSING ON COMMUNITY HEALTH AND PRIMARY CARE	
		NUMBER	PERCENTAGE		NUMBER	PERCENTAGE
BOLIVIA	5	5	100	17	17	100
BRAZIL	65	65	100	102	---	---
COLOMBIA	25	5	20	34	34	100
COSTA RICA	2	2	100	9	---	---
CUBA	a)	a)	100	a)	a)	100
GUATEMALA	3	3	100	7	7	100
HONDURAS	2	2	100	3	3	100
PANAMA	3	3	100	a)	a)	100 a)
PERU	23	23	100	---	---	---
DOM. REPUBLIC	2	2	100	8	8	100

a) Does not mention the number of courses, but reports that all existing courses focus on community health and primary care.

Table 7

NEW TYPES OF TRAINING PROGRAMS FOR PRIMARY CARE WORKERS IN 21 COUNTRIES, 1977-1979

COUNTRY	TYPE OF PROGRAMS																		
	Community Health Assistant		Rural Health Assistant		Health Aides		Health Assistants		Health Promoters		Health Auxiliaries and Rural Health Technicians		Community Agents (collaborators, health monitors, lay midwives)		Services and Teaching Personnel (nurse and nurses' aide)		Family Health Worker		Nurse Practitioner e)
	No. Courses	Total Graduates	No. Courses	Total Graduates	No. Courses	Total Graduates	No. Courses	Total Graduates	No. Courses	Total Graduates	No. Courses	Total Graduates	No. Courses	Total Graduates	No. Courses	Total Trained	No. Courses	Total Trained	
Antigua	x	x b)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Barbados	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bolivia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Brazil	-	-	-	-	-	-	-	-	-	-	-	-	x	21,761	x	20,454	-	-	-
Br. Virg. Islands	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Colombia	-	-	-	-	-	-	-	-	x	3,100 a)	-	-	-	-	-	-	-	-	-
Costa Rica	7	224	10	236	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cuba	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dominica	x	x b)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	x	x b)	-
El Salvador	-	-	-	-	-	229 d)	-	-	-	-	-	-	x	x b)	-	-	-	-	-
Guatemala	-	-	-	-	-	-	-	-	x	2,693	x	400	x	x b)	-	-	-	-	-
Haiti	-	-	-	-	-	-	x	413 c)	-	-	-	-	-	-	-	-	-	-	-
Honduras	-	-	-	-	-	-	-	-	x	x b)	-	-	x	x b)	-	-	-	-	-
Mexico	-	-	-	-	-	-	-	-	-	-	-	-	-	7,931	-	-	-	-	-
Montserrat	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Panama	-	-	-	-	-	297 b)	-	-	-	-	-	-	-	-	-	-	-	-	-
Paraguay	-	-	-	-	-	-	-	-	-	-	-	-	x	x b)	x	x b)	-	-	-
Peru	-	-	-	-	-	-	-	-	x	x b)	x	x b)	x	x b)	x	x b)	-	-	-
Dom. Republic	-	-	-	-	-	-	-	-	x	x b)	-	-	-	-	-	-	-	-	-
St. Kitts	x	x b)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	x	x b)	-
Saint Lucia	x	x b)	-	-	-	-	x	x b)	-	-	-	-	-	-	-	-	-	-	-

a) Graduated since the sixties

b) Reported existence of the program, but no figures

c) Includes the number of graduates in 1980

d) Reported suspension of the program in 1980 due to lack of budget to finance the jobs of these personnel

e) Post-basic courses at the regional level in the Caribbean area

Although only 28.6 per cent of the countries reported having programs for this type of personnel, it is assumed that all the countries involved in extending their coverage are stressing this aspect.

In most of the countries, the education, supervision and continuing instruction of the new types of personnel entering the services and of the community agents are the exclusive responsibility of the nursing area and/or a health team of which nursing is an integral part. This reinforces the need for more nursing jobs in the health services staff so that the quality of the care meets the real needs of the community.

EDUCATIONAL TECHNOLOGY

Recognizing the importance of introducing the resources of modern educational technology into teaching, particularly in those countries where the intention is to double or triple the nursing force, information was requested on the new technologies that are being used in nursing education.

Four of the 21 countries replying to the questionnaire reported having a nursing educational technology center, which instructs professors to use teaching techniques and prepare study plans, and is producing self-instruction modules and audiovisual materials.

The countries most often say that the new forms of teaching that are being used are the combination of teaching and service, and modularized education. They also reported using a series of teaching resources and techniques such as group dynamics, micro-instruction, directed study, project preparation, simulation and use of overhead projectors, film strips, videocassettes and others.

CONTINUING EDUCATION PROGRAMS IN THE LAST FIVE YEARS

There are continuing education programs in 95.2 per cent of the countries. Table 8 summarizes the areas covered by these programs in each of the countries.

Most of the countries did not report the number of programs or the number of personnel participating in them, but they do say that the programs were for both professional and auxiliary personnel.

Table 8

CONTINUING EDUCATION PROGRAMS FOR NURSING STAFF
IN 21 COUNTRIES - 1979

COUNTRY	Program exists	AREAS COVERED																	
		CLINICAL AND ADMINISTRATIVE AREAS													EDUCATION				
		Nursing system	Standards of nursing care	Admin. and Superv.	Eval. and Research	Commun. Health	Primary Care	Mat. & Ch. Care, Family Plann.	Adult Care	Trans. and Epidem.	Rehabilitation	Mental Health and Psychiat.	Expanded Immuniz. Program	Nurs. in disaster situations	Nutrition	Curriculum	Teach. Techniques	Evaluation	Research
Antigua	x	x	x	x	-	-	-	x	-	-	-	x	x	x	x	x	-	-	-
Barbados	x	-	-	x	-	-	-	-	-	-	-	-	-	x	-	-	-	-	-
Bolivia	x	x	x	-	-	-	x	-	-	-	-	-	-	-	-	x	x	x	-
British Virgin Islands	x	x	x	-	-	-	-	x	-	-	-	-	-	x	-	-	-	-	-
Brazil	x	-	-	-	x	x	-	x	x	-	x	-	-	-	-	x	x	x	x
Colombia	x a)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Costa Rica	x	-	-	-	-	x	x	x	x	x	-	x	-	-	-	x	x	x	-
Cuba	x a)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dominica	x	x	-	x	-	-	-	-	-	-	-	-	x	-	-	-	-	-	-
El Salvador	x	x	-	-	-	x	x	x	x	x	-	-	-	-	-	-	-	-	-
Guatemala	x	-	x	x	-	x	x	-	-	-	-	x	-	-	-	x	x	-	-
Haiti	b)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	x	x	-	-
Honduras	x	-	-	x	-	x	x	x	x	-	-	-	-	-	-	x	x	-	-
Mexico	x	-	-	-	-	x	x	-	-	-	-	-	-	-	-	-	-	-	-
Montserrat	x	-	-	x	-	-	-	x	-	-	-	x	x	x	-	-	-	-	-
Northern Mariana	x	-	-	x	-	x	x	x	x	x	-	x	-	-	-	x	x	-	-
Paraguay	x	x	-	x	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Peru	x	-	-	-	-	-	x	x	-	x	-	-	-	-	-	x	x	x	x
Dominican Republic	x	-	-	x	x	-	-	-	-	-	-	-	-	-	-	-	x	x	-
St. Kitts	x	x	-	x	-	-	-	x	-	-	-	x	x	x	x	x	-	-	-
St. Lucia	x	-	-	x	-	-	-	-	-	-	-	x	x	-	-	x	-	-	-

a) Reports only that programs exist; b) Program at the preparation stage.

The data show that the topics most frequently covered by continuing education were: administration and supervision (52.4 per cent of the countries); curriculum and maternal and child care, and family planning (49 per cent); and primary care and teaching techniques (38.1 per cent). Community health was mentioned by 33.3 per cent of the countries as a subject covered by continuing education courses.

Given the importance of primary care and community health in the programs to extend health services coverage to the total population, it was to be expected that these subjects would be given priority in continuing education programs for personnel training.

CONCLUSIONS

Despite the differences in the development of nursing in countries in Latin America and the Caribbean, it may be concluded from an overall analysis of the data that nursing in those countries has taken the first steps toward broader participation in and more effective contributions to the development of the extended coverage programs.

In order for continuing reinforcement to be given to nursing and for nursing education to be fully developed and to achieve its final objective--improved delivery of nursing services to the entire population--it is necessary:

1. To reinforce the health infrastructures with a strong logistical support, particularly in underprivileged areas, in order to provide support for the primary care work of nursing staff and other community health assistants and agents.
2. Progressively to increase the number of supervisory posts for nurses and/or to redistribute the existing ones so that the primary care agents are provided with close continuing technical and administrative support, and to make it possible to interconnect the various components of primary care and fit it in to the other levels of the health system and other sectors.
3. To create nurses' aide jobs in sufficient numbers to deliver primary health care, chiefly at the first level of care in rural areas.
4. To bring nurses into the interdisciplinary health groups responsible for planning, standardization and decision-making, to ensure adequate administration of nursing services at all levels.

5. To make the expanded functions of nursing official, in order to obtain backing and support for their work at the national and community levels and in the delivery and/or supplementing of primary care.
6. To examine the current functions of nursing staff in primary care community health programs, to evaluate the impact of their work on improving the delivery of care to the total population of the country, with particular reference to their work in rural and urban fringe areas, and to rework the functions of nurses, stressing strategies that turn out to be correct.
7. To strengthen nursing school curricula on a continuing basis, particularly in the areas of epidemiology, social sciences, community health and primary care, establishing community health as the central focus of the entire curriculum, with the goal of training nurses to work competently in the delivery of primary care.
8. To strengthen the combination of teaching and nursing services in the basic and continuing education of nursing staff, in order to offer the students dynamic, suitable training, and at the same time contribute to improving the quality of health care.
9. To prepare and test new technologies and teaching materials to make basic nursing education more effective and to train the numbers of teaching staff required to teach and supervise nurses' aides and other community health agents and assistants.
10. To set up an interchange between the countries of the Region to share experiences on the participation of nursing staff in health services extension programs and primary care programs, the obstacles encountered, the tactics adopted to overcome them, and the progress made.