METHODS FOR INCREASING HEALTH SERVICE COVERAGE IN RURAL AREAS

FINAL REPORT OF THE TECHNICAL DISCUSSIONS [1]

The Technical Discussions during the XVII Meeting of the Directing Council of the Pan American Health Organization were held on 6 and 7 October 1967 in Port-of-Spain, Trinidad and Tobago. They were attended by 70 persons, including seven representatives of international agencies and non-governmental organizations.

Dr. Maxwell P. Awon, Minister of Health of Trinidad and Tobago and President of the XVII Meeting of the Directing Council, inaugurated the Technical Discussions. Dr. Daniel Orellana of Venezuela was elected Moderator and Dr. Bogoslav Juricic of Chile was elected Rapporteur. Dr. A. Drobny, of the Pan American Sanitary Bureau, served as Technical Secretary.

The following papers were presented at the opening session:

1. Health problems in rural areas—Dr. A. Drobny (PASB).
2. Sociocultural characteristics of the rural population in Latin America: Their influence and their relationship to health—Dr. Héctor García Manzanedo (Social Anthropologist, University of California, Berkeley, California).
3. Economic aspects of rural areas and their relationship to health—Dr. Alfonso Rochac (Director, Economic and Social Division, Organization of Central American States, San Salvador).
4. Experiences with a rural health service program—Dr. Oscar Lobo Castellanos (Ministry of Health and Social Welfare, Venezuela).
5. Projections of a rural development program—Dr. Manuel Villa Crespo (Director General of Health, Peru).
6. Rural program in Colombia—Dr. David Bersh (Ministry of Public Health, Colombia).

These speakers formed a panel which gave replies to questions on the topic put to them by the participants.

[1] Published in Spanish in *Boletín de la Oficina Sanitaria Panamericana* Vol. LXIV, No. 1 (January 1968), pp. 1–5.

Two working parties were then set up and the following officers were elected:

Working Party 1.	*Chairman:*	Dr. Alberto Aguilar (El Salvador)
	Rapporteur:	Dr. Woodrow Pantoja (Brazil)
Working Party 2.	*Chairman:*	Dr. Patricio Silva (Chile)
	Rapporteur:	Dr. Carlos Pineda (Honduras)

The two groups each discussed the topic of the meeting on the afternoon of the 6th and the morning of the 7th of October. The views expressed may be summarized as follows:

Definition

It was recognized that there are difficulties in reaching a working definition of "rural areas," since there are countless variables to be taken into account. The definition of rural areas varies according to the developmental characteristics of each country. However, some participants were of the opinion that a rural area might be defined as "one in which the population density is between 10 and 20 inhabitants per square kilometer and in which the built-up area does not account for more than 50 per cent of the total population of the area. Likewise regarded as rural are all isolated populated areas having up to 20,000 inhabitants, where the rural parts are uninhabited and where the distance

between neighboring localities of any size is more than an hour's journey by the ordinary means of public transport."

Economic and Social Problems

It was held that in the rural areas health problems and economic and social problems are interdependent. The approach to the improvement of the level of living of the inhabitants of the rural areas has to be a comprehensive one: housing, water supply and sewerage services, schools, roads, health care services, etc., are required to achieve it.

Measures of this kind, coupled with those designed to produce changes in land use and land tenure, could mean higher productivity for the rural dweller and consequently enable him to escape from a subsistence economy and provide him with a more pleasant environment.

Health Problems

It was pointed out that not enough statistical information is available on health problems in rural areas for a study in depth. It is therefore necessary to improve both the quantity and the quality of this information.

Emphasis was put on the importance of rural sanitation, particularly with respect to diarrheal diseases, intestinal parasitic disease, and certain rural endemic diseases, all of which are aggravated by the fact that they affect a population group suffering from severe nutritional deficiencies.

Access to health services, it was stressed, could not be made conditional on the capacity of the individual to pay for them. These services should be financed through redistribution of income brought about by social security, direct taxation, etc.

Community Development

The term "community development" denotes the process whereby the efforts of the people are joined with those of governmental authorities to improve the economic, social, and cultural conditions of communities, to incorporate them into the life of the nation, and to equip them to make their full contribution to the nation's progress.

It was pointed out that the public health services often serve as the initiators of the process of community development and that efforts should be made to use institutions already existing in rural areas and to strengthen and expand them.

The Governments should bear in mind the possibility of obtaining funds from international lending agencies for the financing of health programs in rural areas as part of their general development programs and in line with national health plans.

There is a need for increased knowledge about the social and cultural aspects of rural areas and for that purpose investigations clearly having a practical purpose in view should be undertaken.

Methods of Increasing Service Coverage

Various methods used by the countries to provide the rural population with health services were examined. It was concluded that since the characteristics of rural areas are not the same in all the countries, and sometimes differ in the different regions of the same country, it is not possible to establish methods that necessarily apply to all the countries. However, the general health services should be expanded and extended to rural areas. They should be regionalized, the physical facilities and personnel of urban areas being coordinated with those of suburban and rural areas in such a way as to form self-sufficient regions.

It is also essential to establish a health service infrastructure, where none existed, so as to provide rural communities with minimum health care.

Use should also be made of the services and personnel of vertical programs, such as the malaria eradication programs, in

order to set up the minimum infrastructure, especially when the local health services assume responsibility for epidemiological surveillance in these programs.

It is also possible to use the permanent staff in other fields of activity, such as rural schoolmasters, agricultural experts, police, members of the Armed Services, etc., who, after proper training, can provide clearly defined and limited basic health services.

Another point discussed was the possible participation of the medical services of social security institutions in providing medical care in rural areas in various countries. The standing need to coordinate all manpower and physical facilities to ensure maximum utilization was stressed.

The scope, limitations, and use of mechanized mobile units were also examined and several participants told of their experiences with these units. Whereas some regarded them as an expensive administrative system of doubtful value, others thought that, as part of a coordinated system and especially in certain programs such as leprosy control, these units could be useful, depending on the extent of the territory to be covered, its topography, and the existence of a road network.

Minimum Activities of Rural Services and Manpower Required

It was pointed out that the minimum activities of rural health services should consist in the collection of basic health information as well as disease prevention and health promotion activities; curative activities should depend on the type and caliber of the personnel available, but every effort should be made to establish systems for the referral of patients to better endowed centers.

It was recognized that it is important to use auxiliary personnel, who should, if possible, be both locally recruited and locally trained. These auxiliaries should receive frequent supervision, and their activities should be clearly defined in a simple manual of work procedures. The prime purpose of supervision should be to continue in-service training.

It is necessary to acquaint physicians and other professional health workers with the theory and practice of the work of auxiliaries and how best to utilize them. In this regard, universities that provide training for professional health workers should include in the curriculum the basic notions of sociology and anthropology so as to enable these workers to gain a better understanding of rural communities.

Summary

The Technical Discussions during the XVII Meeting of the Directing Council of the Pan American Health Organization were held during 6 and 7 October 1967 in Port-of-Spain, Trinidad and Tobago, and dealt with the topic "Methods for Increasing Health Service Coverage in Rural Areas." They were attended by 70 participants, including seven representatives of international agencies and nongovernmental organizations.

A panel comprising the speakers who presented the working papers was set up to reply to questions on the topic raised by the participants. Two working parties were then set up to discuss the topic. The views expressed were summarized in the Final Report under the headings: definition; economic and social problems; health problems; community development; methods of increasing service coverage; and minimum activities of rural services and manpower required.