



# Technical Discussions



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## METHODS FOR THE PREPARATION OF NATIONAL PUBLIC HEALTH PLANS

Statement of Dr. Nicolaas Hendrik Swellengrebel with  
regard to Point V of the Outline for the Discussions:  
"Determination of the Needs and Criteria for Priority"

I have read Dr. Arbona's introductory statement with the attention it so fully merits. I have appreciated the enormous difficulties he had to surmount in saying so much in so few words. I imagine his original draft was much longer than the statement he finally presented to us. He had constantly to ask himself, not: "What more can I add to what I have written already?", but "What can I possibly leave unmentioned?" And, I imagine, he has deleted much of what originally was written in his draft, much of what interested him specially, what he would have liked to write more than anything else, but what he finally decided to cut out (with a bleeding heart) because he did not deem it absolutely essential for his purpose.

So - if (with the chairman's permission) I offer a few suggestions relative to the fifth point of the topics presented for discussion - I am almost sure that they have already occurred to him, and that they even may have found a place in his original draft. If so, I can only offer Dr. Arbona my sincere excuse for causing him any natural regret by saying something he had in mind himself, and only left out in consideration of the patience of his readers or hearers.

As I mentioned already, the point I wish to make relates to the topic "Determination of the needs and criteria for priority", which is now under discussion. It also relates to a remark of Dr. Arbona's, to be found on page 11, 5th par. (Eng.) and page 12, 4th par. (Span.) of his statement, which reads as follows: "It is necessary to decide which problems are to be approached, and which will be left for a later solution".

My point is the following:

Priority should be given to the control of three groups of diseases:

(1) To those which threaten the social order of the community. I shall designate them by the name of "disturbers of the social order" or, shortly, "disturbers". By this expression I mean diseases which, by their high incidence, and the high mortality they entail in all age-groups, prevent Sanitary Authorities from gaining a clear insight into the underlying health conditions of the community; their overriding importance obscures all other health problems. Only after the "disturbers" have been either eradicated or, at least, controlled, resources become available to deal successfully with these other problems. They may have been known from the first to the Sanitary Authorities; but it would have been a mistake to tackle them, so long as the "disturbers" were still at large, were still left "untamed".

Dealing successfully with the "disturbers" cannot be left to a general health service. Their control requires special efforts, for which special sub-services of the Health Administration of the country must be made responsible.

The aim of these special efforts is: to reduce the importance of the "disturbers" to such an extent that they become fit to be integrated into the general health programme of the country. The ideal condition to be reached is this: that specialized sub-services are no longer needed; that all health problems can be dealt with by the general health service, even those pertaining to the former "disturbers", because they have been reduced to a state in which they are "disturbers" no longer.

(2) The second group of diseases to which priority should be given, once the "disturbers" have been tamed, may be characterized as follows:

In a certain country, which I shall term country "A", a disease may exist which is not of sufficient severity to be ranked as a "disturber". Consequently, it might safely be left to the responsibility of the general health service of that country. But Health Authorities in a neighbouring country, country "B", have valid reasons to consider it of outstanding importance, and so have created a specialized sub-service to reduce its severity. If the disease under consideration is of the infectious type, the special efforts of country "B" may be seriously hampered by the comparative lack of activity of country "A". This

comparative lack of activity may be perfectly justified by the internal conditions of country "A", but it becomes unjustifiable because of its possible repercussions on conditions in country "B".

In the case outlined here country "A"'s clear duty is to rank the disease as a "disturber", and to deal with it accordingly, not out of consideration of its own health, but of its neighbour's. Health activities for one's neighbour's sake may even have to go so far as to include measures directed against a non-existent disease, as, e.g., measures against Aedes aegypti in a country free from yellow fever.

(3) The third group of diseases which claim priority are those which are not "disturbers" at the present, but which are bound to become so under certain predictable conditions.

As an example I may cite certain isolated regions in Africa where a tribe may live in almost perfect harmony with its malaria parasites. Even if one admits that malaria is the principal cause of a high infant mortality - which may be doubtful - this disease cannot rank as a "disturber" among such primitive and isolated tribes. Some of them are well aware of this peculiar condition, and the intellectuals among them may even go to the length of considering malaria as a protection against White intrusion.

However, if economic progress is to be made in such a country; if large-scale agriculture or industry is to develop, - the local population will rarely meet the requirements of such a venture. As a consequence, the importation of foreign labourers becomes inevitable. From that moment onward malaria becomes a "disturber", and must be dealt with accordingly.

The aboriginal population will undoubtedly profit by antimalarial measures primarily undertaken to protect the imported labour-force. It will do so, so long as malaria control is maintained. It may be worse off than before, if it should be stopped at a certain moment. This consideration, however, may be valid in Africa, it is not in the Americas, where the programmes of malaria control have been converted in programmes of malaria eradication.

Mr. Chairman: I have suggested three criteria for establishing priority in a health plan. There remains to be decided which one must be accorded precedence over the two others. As a rule it will be the criterion I mentioned first. But there may be circumstances in which the fulfilment of international obligations claims precedence. As to the criterion I mentioned as the last one: it depends so much on highly specialized conditions that it will rarely be granted first priority.