tance and provides an alternative plan should resistance occur.

The consolidation phase includes a nation-wide system of ovitraps and house inspections for resting adults. As a result, larvicidal operations are actually increasing during this phase and monthly evaluation cycles cover 100 per cent of the houses.

This plan has benefitted from expert advice gained from other successful programs within the Americas.

Even if eradication is achieved, *A. aegypti* will undoubtedly be re-introduced as it has in many other countries. To reduce this possibility, the experience in Panama is being used to prepare a nation-wide maintenance phase and strong surveillance of seaports and airports.

Evaluation of the Campaign

This program represents one of the most intensive attacks ever waged against a vector. The strength of the approach was a result of the Government's move to make the program both a national and an individual priority and encourage the attitude that eradication is not only possible but attainable. The motivation of the staff is maintained because the program is short, gives results, and keeps everyone up to date with weekly progress reports. Each reduction of the *A. aegypti* premises index generates a sense of pride at the municipal and provincial level and encourages a spirit of competition to be the first to report and maintain a negative index.

(*Source: Aedes aegypti* Eradication Program, Parasitic Diseases and Vector Control Unit, Division of Disease Prevention and Control, PAHO, with assistance from staff from the *Aedes aegypti* Campaign, Ministry of Public Health, Cuba.)

Primary Health Care and Development of Services in Urban Areas

It is estimated that in the next 20 years the population of Latin America and the Caribbean will reach 610 million people, 76 per cent of whom will be living in urban areas. The massive urbanization of the population has and will continue to generate enormous needs in structural terms of environment, housing, jobs, and recreation, as well as basic sanitation services, drinking water, energy supplies, education, and personal health services.

In order to meet these needs, a more balanced distribution of resources and opportunities will be required, based on an urban development strategy that pays particular attention to underprivileged population groups, the vast majority of whom are migrants from rural areas. A fundamental component of that strategy is the appropriate development of health services and their participation in the formulation and implementation of the corresponding policies.

A Regional Technical Consultation Meeting on Primary Health Care and Development of Services in Urban Areas was held at PAHO Headquarters in Washington, D.C., on 16-20 November 1981. It was attended by technical experts from eight countries of the Region, representatives from various international organizations, and staff from the PAHO Headquarters and from different country programs.

The purpose of the meeting was to: (a) examine the health problems resulting from the urbanization process in Latin America, and review approaches to a solution, relating it particularly to primary health care strategy; (b) identify lines of action geared to the context of the goals and Plan of Action adopted to carry out the regional strategies of health for all by the year 2000; and (c) pinpoint areas needing technical cooperation, including the identification of aspects requiring epidemiological and operations research.

Because of the great complexity of the urbanization process and its manifold repercussions on the health of the population, this initial review of specific situations in metropolitan areas represents merely a first look at the general picture. It should in fact be the beginning of an active process for the analysis and design of ways of using, in urban situations, strategies adopted by the countries for achieving the goal of health for all by the year 2000 and, particularly, of using all the various aspects of primary health care: universal coverage, intersectoral relations, community participation, etc.

The meeting considered studies conducted in 1981 by national groups with PAHO support in Bogotá, Buenos Aires, Caracas, Lima, Mexico City, Rio de Janeiro, and São Paulo. These activities are part of the action designed

to obtain a better understanding of health situations resulting from the changes in the geographic distribution of the population.

The discussions revealed the influence of socioeconomic, cultural, and political factors on the urbanization process in the various countries. The demographic growth of the large Latin American cities has occurred at different rates, depending on the country. Migration is initially characterized by the movement of the population to less complex rural-urban areas, and later becomes more acute as the result of the combination of high fertility rates and decreased mortality.

In countries where the urbanization process began more recently, intermediate-size cities have grown, and the development potential of those cities might be one way of solving the serious situation posed by the large metropolitan areas.

The strength of the forces behind these migrations means that the instruments or mechanisms available to control them have been insufficient. However, the possibility exists that the population can be stabilized and distributed more evenly by means of appropriate urban planning and development policies.

Large Latin American cities experience a combination of two factors: morbidity and mortality. In addition to communicable diseases, there are degenerative and chronic diseases, accidents and violence, mental illness (chiefly alcoholism and drug addiction), and the illnesses caused by the adverse effects of environmental pollution. The needs generated by this epidemiological pattern are so diverse that any solution exceeds the bounds of mere sectoral action.

On the other hand, primary care is more complex in urban than in rural areas and requires different approaches. The importance of multisectoral action to achieve comprehensive solutions should be stressed, and this requires coordinating prevention and health care recuperative activities with those related to sanitation, housing, nutrition, and education. Primary care must therefore be developed not only by the health sector, but by all sectors. The health sector has a double responsibility: it must organize its own programs and at the same time encourage the decision-making levels to undertake joint, coherent action.

Development of primary health care requires an overall modification of the health services in terms of administration, allocation of resources, and personnel training, as well as a change in the attitudes of both the population as a whole, the sector itself, and those at decision-making levels. The areas identified for research include: (a) epidemiological analysis of the pathologies in large cities and their conditioning factors; (b) study of the correlation of variables in determining the vulnerability of population groups; (c) examination of the interaction between the various components of the environment and their effect on the health of the urban population; (d) study of administration and health services delivery models in terms of damage, risk, and vulnerability; and (e) development of criteria for determining the appropriate technology for primary care.

The meeting's principal recommendations were:

- Promotion and strengthening by the health sector of intersectoral integration in the preparation of development plans and programs.
- Coordination of action between the country's representative urban centers to generate joint plans and present them to the national planning and decision-making agencies.
- Search for a comprehensive geographic solution to plan coordination of the various services in metropolitan areas by means of a regional organization that would act in each case under the jurisdiction of the country concerned, with central metropolitan direction and decentralization of operations at the local level.
- Incorporation of primary care into existing health services in large cities, and recognition by the countries of the role of hospitals in primary care in the cities.
- Strengthening of the coordination between the various public health entities and social security, in terms of information, operations human resources, and material resources.
- Development of health programs and operational systems based on appropriate systematic epidemiological analyses, supported by an information system to permit evaluation of the work and the monitoring of developments in the health of the communities (i.e., using an epidemiological surveillance approach).
- Development of a distribution policy to allocate resources at the national level, thus ensuring a better balance between urban and rural areas.
- Training of health personnel by the various educational institutions in line with the sector's needs and the characteristics of the "job profile," along with development of continuing education parallel with the development and orientation of the services.
- Conducting analyses at the national level of problems and solutions in intermediate cities, similar to those done at the regional level.
- Training of personnel needed to develop the physical resources of the health sector in terms of planning, architecture, equipment, and maintenance.
- Holding regional-level technical meetings over a five-year period, for in-depth study of specific topics (such as: emergency services systems, environmental control, definition of priority actions for primary care, methodology for programming and management control, and community participation).

Finally, a number of suggestions were made at the meeting as to the direction that technical cooperation in this field should take within the general framework of the Plan of Action approved for achieving the goal of health for all by the year 2000.

(*Source:* Medical Care Systems Development Program, Health Care Delivery Unit, Division of Comprehensive Health Services, PAHO.)