4. *Evaluation*

Evaluation of the educational program itself should involve:

(a) critical, methodological, and objective analyses of the activities of the center:
(b) reports by the participants; and
(c) review by outside consultants or by supervisors from a central unit.

Effective use can be made of changes in specific indices of health department activities to measure the adequacy of the in-service training. For example, the training of nurses and auxiliaries in maternal-health supervision should mean that a higher percentage of mothers will go to the clinic early in pregnancy and continue to attend regularly. It is desirable, therefore, to seek constantly new and more effective methods of evaluating all levels of in-service training.

II. MEDICAL CARE IN RURAL AREAS*

An analysis of the statement of Dr. J. A. Díaz Guzmán and the ensuing discussion, which led to the conclusions and recommendations listed below, are summarized as follows:

1. *General remarks on the introductory statement of the expert designated by the Bureau*

Dr. Díaz Guzmán's paper received well-deserved praise, and it was recommended that the Bureau give it wide distribution. The participants agreed that it is impossible to separate the practice of curative and preventive medicine in rural areas; and they recognized that each country has to use its own methods in achieving an integration of these two aspects of medicine and an adequate balance between the various health activities. The discussion pointed up the need for obtaining the cooperation of the medical profession through the efforts of the public health officers themselves, by reorienting the training given in medical schools and encouraging the system of supervised practice in rural areas.

2. *Definition of a "rural area" and its demographic and administrative organization*

It was agreed that no definition of a rural area is applicable in every instance. Each country has to determine the extent of its rural areas, in accordance with a study of local conditions. For intermediate cases the following characteristics of a rural area should be borne in mind: houses separated by wide spaces; arrangements for water supply and garbage and excreta disposal made on an individual basis; the fact that the inhabitants derive their livelihood mainly from agriculture.

The discussion shed light on the importance of rural areas in the majority of the American countries, because of their social, demographic, and epidemiologic influence on national health conditions and because of the lack of health services in such areas. There was unanimous agreement on the point that adequate care of the rural population requires the prior or simultaneous establishment of regulatory and supervisory agencies, headed by competent and full-time personnel, within the national or state public health service. It was also noted that it is the large and average-size urban centers that still are considered to be the major public health problem in many countries, owing to their effect on the demographic indices and to the fact that they possess greater administrative and financial means for solving the problem.

3. *Structure and limitations of the rural medico-public health program*

The medico-public health services in rural areas should be as adequate as those offered

* This report on the discussion of the topic was presented by the Rapporteur, Dr. Alberto Bissot, Jr., of Panamá. The introductory statement on the topic was presented by Dr. J. A. Díaz Guzmán, of Venezuela.

to the nation's urban inhabitants, in keeping with the specific objectives pursued and the quantitative and qualitative limitations imposed by the nature of the rural population.

(a) In the least developed rural areas, preventive and curative activities are so closely related that, in most countries of America, they should be organized as an integral unit. Rather than constituting an end in itself, the organization of medical care, both curative and preventive, in the rural health centers is one of the many means that should be used within an over-all coordinated public health structure, so as to assure the inhabitants of rural localities of the same level of health that is sought for the urban population. Problems related to housing, agricultural production, home improvement, and general cultural and living standards merit the same degree of attention as medico-public health problems on the part of special agents or, under certain conditions, on the part of public officials duly trained for this work.

(b) Minimum medico-public health services in rural centers:

(i) environmental sanitation, with emphasis on water supply and excreta disposal;
(ii) control of infecto-contagious diseases;
(iii) maternal and child health;
(iv) medical care: consultations and hospitalization (childbirth, emergency aid) and ambulance facilities;
(v) statistics, with emphasis on the medical certification of causes of death;
(vi) laboratory facilities; and
(vii) health education.

4. *Integration with urban services*

If the rural services are to fulfill their objectives, they should be integrated with the urban services, thereby forming a single institutional network, on a regional basis, in which each service carries out functions that are supplemented by others within the same socio-demographic zone. This network should include district and regional centers of growing specialization, equipped in such a way as to provide the less differentiated centers with routine supplementary services, consultation, training, and supervision. At the same time, a prerequisite for the steady growth of the rural services is the existence of appropriate agencies, within the national public health service, for backing, supporting, and coordinating the rural services.

5. *Organization and administration*

(a) *Basic information*

A general, though simple, medico-public health survey should be carried out in each locality where a rural health center is to be established, to serve as a guide in determining the relative importance of each problem and the emphasis to be placed on each aspect of the program. The periodic revision of such surveys and the annual study of the demographic indices will determine any shift of emphasis required in the programs already under way.

(b) *Personnel*

(i) Minimum personnel:
1 public health officer-physician;
2 clinic auxiliaries (one of them a midwife); nurse, if possible;
1 auxiliary in sanitation and statistics;
1 service employee;
1 chauffeur, if there are ambulances.

(ii) The medical and auxiliary personnel who are to work in the rural health centers should be as well trained to perform their duties as those in urban centers. Therefore, the program to be studied for providing medical care services in rural health centers should give special attention to the adequate training of personnel before and during their period of service. Each country should establish a rational training system, with levels corresponding to the various posts that the rural physicians and other personnel are to fill.

(iii) Attention was called to the extreme importance of offering the personnel of rural services attractive working conditions, especially with respect to

salaries, security, and opportunities for self-improvement and advancement. The recommendation was made that housing for the personnel be constructed, if it is inadequate in the locality.

(iv) Continued supervision and encouragement are particularly necessary in rural public health work, and they should be provided by the various members of the medico-public health team, in the district and regional centers and in the national administration. Systematic visits by general consultants or specialists, periodic district and regional meetings, visits to larger centers, and similar measures should be organized.

(c) *Community participation*

Because of the greater difficulties faced by the rural physician and the rural service, active and informed participation on the part of the individuals and groups in their care is even more important than it is in urban areas. The entire staff should give special attention to encouraging all kinds of cooperation by the local authorities, teachers, and civic leaders and to organizing committees and cooperative groups, both for the benefit of the preventive and medical-care program and for the improvement of social and cultural conditions and of agriculture and animal husbandry in the community.

(d) *Financing*

The financing of the rural services depends principally on allotments from the national, state, and regional budgets. Other sources worthy of consideration are municipal governments, social security extended to rural areas, and concerns or individuals. The community that is served can do its share by paying for curative services and through voluntary assistance to sanitation projects and other preventive work.

These reports are published pursuant to Resolution XXIV adopted by the Directing Council at the VIII Meeting of the Pan American Sanitary Organization, VII Meeting of the Regional Committee of the World Health Organization. It reads as follows:

RESOLUTION XXIV

TECHNICAL DISCUSSIONS

THE DIRECTING COUNCIL,

Having examined the reports presented by the Rapporteurs of the Technical Discussions held at this Meeting,

RESOLVES:

1. To take note of the reports on the Technical Discussions, expressing its satisfaction at the manner in which the discussions were conducted and on the accuracy with which the reports have interpreted them, and to transmit these reports to the Executive Committee for whatever action it may deem advisable.

2. To recommend to the Director of the Bureau that he give the above-mentioned reports the widest possible distribution.