*T*echnical

*D*iscussions

Port-of-Spain
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FINAL REPORT OF THE TECHNICAL DISCUSSIONS

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, and dealt with "Methods of increasing health service coverage in rural areas."

They were attended by 70 persons, including 7 representatives of international agencies and non-governmental organizations.

Dr. Maxwell Awon, President of the XVII Meeting of the Directing Council, inaugurated the Technical Discussions; Dr. Daniel Orellana was then elected Moderator and Dr. Bogoslav Juricic Rapporteur General. Dr. A. Drobny (PASB) served as Technical Secretary.

The following papers were read at the Inaugural Meeting:

1. Health problems in rural areas - Dr. A. Drobny (PASB)

2. Socio-cultural characteristics of the rural population 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, ODECA, 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)

The speakers constituted themselves into a Round Table to reply to various questions on the topic put to them by the participants.

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

Working Party 1.	Chairman	- Dr. Alberto Aguilar
	Rapporteur	- Dr. Wodrow Pantoja
Working Party 2.	Chairman	- Dr. Patricio Silva
	Rapporteur	- Dr. Carlos Pereda

The two groups each discussed the topic of the meeting during 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 were difficulties in reaching a working definition of "rural areas", since there were 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 km^2 and the built up area does not account for more than 50% of the total population of the area. Likewise regarded as rural are all 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 over an hour's journey by the ordinary regular means of public transport."

Economic and Social Progress

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 had to be a comprehensive one: housing, water supply and sewerage services, schools, roads, medical care services, etc. were required to achieve it.

Measures of this kind, coupled with measures designed to produce changes in land use and land tenure, could mean higher productivity for the farmer 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 was available on health problems in rural areas for a study in depth. It was therefore necessary to improve both the amount and 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 direct taxation, social security, etc.

Community Development

The term "community development" denotes the process whereby the efforts of the people are joined with those of governments 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 served 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 was 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 were not the same in all the countries, and sometimes differed in the different regions of the same country, it was not possible to establish methods which necessarily applied 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 was also essential to establish a health service infra-structure, where none existed, so as to provide rural communities with minimum medical care.

Use should also be made of the services and personnel of vertical programs such as the malaria eradication programs to set up the minimum infra-structure, especially when the local health services assume responsibility for epidemiological surveillance in these programs.

It was 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 had been previously trained, to 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, and 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 was also examined and several participants told of their experiences with these units. Whereas some participants 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 involved, its topography, and the existence of a road network.

Minimum Activities of Rural Services and the Personnel Needed

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 was 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 was 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 provided that training for professional health workers should include in the curriculum the basic notions of sociology and anthropology so as to enable them to gain a better understanding of rural communities.