

Even in countries where leprosy is unknown, National Societies are helping to alleviate the plight of the leper by aid in cash or kind to their sister Societies. The Swedish Red Cross takes part in national fund-raising, toys from the Netherlands Red Cross delight child victims in Dutch Guiana and the Juniors of the New Zealand Red Cross help the National Society of India to provide beds, mattresses and special shoes for the child lepers of their country.

Health in the Congo. — *W. H. O. Chronicle, Geneva, February 1961.*

... Disintegration of the health services began to be noticed towards the end of 1959. The first symptom was antagonism on the part of the population towards the activities of the European sanitarians: people began to refuse vaccination and failed to attend for medical screening by the mobile teams. By July 1960 vaccination and screening had ceased completely in the rural areas and in many of the urban areas. About this time an exodus of European personnel began; two-thirds of the doctors, all the civilian graduate nurses, and the great majority of the European sanitarians left the country. About 150 Congolese medical assistants and 1,000 male nurses were left to carry on the medical work. Most of the regional hospitals were depleted of European personnel and only the provincial hospitals continued to function, though with restricted staff. Preventive services were discontinued altogether; organized vaccination programmes and vector control measures ceased, while the water supply installations were left in the hands of untrained Congolese workers. The medical supply system was disorganized, for, though the central depot and many of the provincial stores had adequate supplies, these could not reach the more distant areas for lack of transport facilities. In general, there was no loss of supplies or equipment through theft or wanton destruction. However, some loss occurred through lack of proper maintenance or misuse due to ignorance.

Following an appeal by the Security Council, the Secretary-General of the United Nations asked WHO to help deal with the emergency and to convey a similar request to the International Committee of the Red Cross and the League of Red Cross Societies. A team of WHO advisers proceeded immediately to the Congo and placed its services at the disposal of the Government. A survey of the situation revealed that the principal emergency was in the field of preventive services and environmental sanitation. The medical care services had suffered less, since the Congolese auxiliaries continued to carry out routine examinations and treatment of patients in the clinics and health centres, and cases of major surgery were referred to the provincial hospitals. On the

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preventive side, however, services were completely paralysed. Shortly after the arrival of the WHO team, National Red Cross Societies (at the request of the International Red Cross bodies) and some governments started sending emergency medical teams composed of doctors and nurses. By the middle of August there were 34 teams from 20 different countries ; 27 of these teams were sent by National Red Cross Societies and 7 by national governments.

The function of the WHO advisory team was twofold. It had to assist the Government in meeting the immediate emergency and it had to advise it on the long-range planning of an efficient health organization. It fulfilled the first function by acting as a co-ordinator of the medical emergency teams, both Red Cross and national. These teams were distributed among the various regional centres and put in charge of hospitals, clinics, etc. A number of public health personnel had to be recruited immediately to deal with such pressing problems as safe water supplies, vaccination campaigns and vector control. The long-term action of WHO consisted in drawing up detailed plans for the organization of health services, the recruitment of personnel and the training of Congolese medical and paramedical personnel. The principal aims of the WHO plan are as follows :

1. to adapt the existing structure and organization of the health services to the changing needs of the country ;
2. to recruit international personnel for the efficient operation of the medical care and preventive services ;
3. to embark immediately on an extensive programme for the training of local personnel.

It is estimated that the minimum number of foreign personnel that will have to be recruited from abroad for the next 10 to 15 years is between 700 and 800, including doctors, engineers, sanitarians and other technicians. Programmes have already been started to accelerate the training of Congolese personnel to take over key positions as soon as possible. Thus, 60 Congolese medical assistants, have been admitted to 5 schools of medicine in France, starting in the fourth year of the regular course which leads, 3 years later, to the degree of Doctor of Medicine. Assistance was given to the Lovanium University to increase its annual intake of students of medicine from the present number of between 10 and 15 to as many as 40. Fellowships were offered to undergraduates, and 7 of them have started their medical studies in France and in Switzerland (Geneva). On-the-job training programmes for nurses, administrators, laboratory technicians, etc. will soon be initiated, enabling Congolese personnel to fill key positions in hospitals, laboratories, etc. These are just a few examples of how WHO is hastening the training of Congolese staff.