

from a limited though understandable pre-occupation with health and nutrition to a concern for virtually all services affecting the lives of children; its progression from a sectoral approach to seeing the child as a whole and advocating that services for its benefit must be designed accordingly; in brief, its gradual progression to what might seem a sort of final stage of thinking: that countries need to take their concern for children to the national level and express it in a national policy in which all of the manifold sectoral concerns find their proper places.

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**World Health, Geneva, May 1975**

In the past, several programmes of health education in STD control have met with variable success because they were often based on a short-term publicity approach, and lacked the necessary continuity and diversity in approaches and methods that one fortunately observes more and more among some current education programmes.

Changing attitudes and misconceptions about sexually transmitted diseases, motivating people to do things which may be inconvenient or awake shame and fear, and creating the necessary conditions in society so that people can and will protect their health, is a long and difficult process, whose results may only be discernible over a long period. Nevertheless, in STD control as in other health matters, health education cannot be reduced merely to communicating facts since this would negate the reality of human behaviour which lies at the core of the problem.

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**Training health auxiliaries, *Courrier, International Children's Centre Paris, N° 2, 1975***

The concept of using health auxiliaries in health services has been accepted in many parts of the world in both developed and developing countries. Examples of their use in the United States of America, in Canada, and in Europe—special reference to Dutch “Maternity Aids” have been reported (Heath, 1967).

Wise and colleagues (1968) describe a neighbourhood health centre programme by the Montefiore Hospital Neighbourhood Medical Care Demonstration in July 1966. The programme demonstrates how a neighbourhood resident trained for six months and supervised by public health nurses can perform many of the functions traditionally assigned to public health nurses and social workers.

Fendall (1967) states that “the proper training and utilisation of the auxiliary permits the fullest advantage to be taken of the knowledge and skills