

M I S C E L L A N E O U S

THE DRIVE FOR HEALTH

April 7 of each year is World Health Day. In 1967, the theme will be *Partners in Health*. For the occasion, Dr. M. G. Candau, Director-General of WHO, delivered the following statement :

When we look at the state of the world's health, at the progress which has been made, and the difficulties yet to be overcome, it is clear that the scarcity of trained manpower for the health services is an urgent problem almost everywhere, and especially in the developing countries.

It is the key factor governing any plans for the improvement or expansion, and sometimes the actual maintenance of such services.

The physician is the central figure round whom health services are built and function. But the efficiency and output of a country's health institutions also depend on the personnel who support him.

The progress of medical science has made the need for that support so great that teamwork has become an essential feature of all health care. The day of the solitary research worker or the single-handed physician providing every form of medical care for his patients has indeed passed.

The "team" is the most efficient instrument for combining the efforts of health workers with different skills and experience for the greater benefit of the individual patient, or for the health care of a community.

Teams vary in size and complexity. They range from the group of a dozen highly specialized individuals performing the amazing operations of heart surgery, to the three or four health workers with simple skills who, based on a rural health post, look after the health needs of a widely-spread population of 5000 or more.

Each of these two teams—so different in training and interests—is composed of individuals who share a single purpose. They are partners in a common undertaking, and on World Health Day 1967 these “Partners in Health” are being justly honoured.

The partners in health are not limited to members of the health professions. The economist who helps to increase production and buying power, the road builder who makes it easier to reach a health centre, the educator who banishes illiteracy and widens his pupils' comprehension of the value of life all contribute to prosperity and welfare. They create a demand for health and, at the same time, make it easier to satisfy that demand. They are responsible for a change in people's attitude towards health that is perhaps the most influential force of our times : the recognition that health is their birthright, that disease is not an inevitable burden which must be endured.

For the collective awareness that accompanies any great surge forward is bred and nurtured in the community, without whose active participation there can be no change, no improvement. Thus the people themselves are essential in this partnership. The community, the family and the individual suffer the consequences of disease, play an active part in treating and curing it and an even more active role in the maintenance of health.

The sanitary engineer.—Man's desecration of his physical environment is something that has preoccupied philosophers, religious leaders and temporal powers throughout the ages. In the present century when the need is greater than ever, the sanitary engineering profession has emerged whose exclusive duty is to mount guard over the air, water, food and shelter that are essential to man's life on this planet and to repair some of the more obvious damage to them.

Doctors and nurses are “partners in health”, as well as members of those professions which are in the van in the struggle against disease : medical auxiliaries, sanitary engineers, health educators. The functions of these last two professions are clearly described by the WHO, and their members are frequently also members of the Red Cross, Red Crescent or Red Lion and Sun. Their rôle is truly important these days when there is a lack of nurses to cope with the demands arising from the world's increasing awareness of

the need for healthy living conditions. The problem is an urgent one and in some circumstances it is solved—at least temporarily—by the deployment of rapidly trained teams such as those whose tasks are described hereunder.

The sanitary engineer, whose role is to control man's environment so that it enhances rather than detracts from his health and comfort is of necessity a member of the health team. The work he does may be less spectacular than that of a surgeon performing a delicate heart operation, but its steady, purposeful character is fundamental in making it possible for the human race to continue to live in the modern world.

He is an engineer in the physical sciences and a public health worker in the biological sciences. This combination of skills brings him into contact with members of the medical professions on one hand and the public works engineer on the other. And because of the scope and complexity of environmental health problems the sanitary engineer works with a team of his own composed of the biologist, the chemist, the sanitarian and representatives of a growing number of other disciplines.

He is continually faced with new problems, although the old ones are not yet solved and hospitals in many parts of the world are full of victims of insalubrious living conditions. Water is one of the greatest of them. Its ability to spread deadly and debilitating diseases—cholera, typhoid, dysentery, bilharsiazis, river blindness—is well known and the simple matter of getting enough good water to the people of the world has so far defied all the technologists.

This is not merely the case for the developing countries where it is not rare for a woman to walk miles each day to bring back the family water supply, a tin on her head and a bucket in her hand. In some of the world's biggest cities there are still buildings whose tenants fetch their water from an outside tap or fountain.

The spectacular growth in population that we are witnessing and the continually increasing industrialization that is characteristic of our times provide still more challenges for the sanitary engineer. There are more and more people and they live closer and closer together, especially near factories that provide them with work. This means that they are not only exposed to the usual disease hazards of everyday life but also to those that may arise from close

MISCELLANEOUS

contact with modern industry. The task of protecting man is continually more difficult. Countless new chemical products are put on the world market every year. Their toxic wastes pollute the air, water and soil, yet too little is known about the long-term effects of exposure to these substances. The pesticides and herbicides that increase food production may not be unmixed blessings for the consumer.

Air pollution is becoming acute. Industrial wastes, along with those from fuel combustion, outside fires and automobiles, combine to create a formidable problem in many places, especially in affluent societies where air pollution seems to be a concomitant of economic progress. Trees, monuments, houses are attacked and damaged. The human respiratory system is not immune. During fog and smog when toxic fumes are held down by a blanket of the upper atmosphere the death-rate may go up in a marked fashion.

Water and air are the most obvious and universal problems with which the sanitary engineer has to deal but there are many others. He is concerned with the handling of solid wastes produced by cities that necessitate the installation of elaborate refuse-disposal systems capable of processing millions of tons a year. He plays an important part in protecting people from radioactive wastes, whether atmospheric, liquid or solid. Undoubtedly the space age will bring other responsibilities because of the necessity of re-using air, water and food on space platforms. Water is already being re-used in much less spectacular circumstances. One city, forced to adopt this measure because of a water shortage, re-cycled sewage effluent through the water treatment plant. Since all precautions were taken there was no outbreak of disease but every glass of water taken from taps had a collar of foam on top because of the impossibility of breaking down detergents into their simple components.

The sanitary engineer has a role to play throughout the whole of man's life, in all its aspects. This role varies in different countries, to be sure. In one he must eliminate the conditions that foster the spread of infections and parasitic diseases, provide water for rural areas and cities alike and contend with the results of man's poverty and ignorance. In another he must cope with the effects of technical progress and industrialization. But whatever the problem and the

circumstances responsible for it the sanitary engineer wages war on disease, side by side with the doctor, the nurse, the sanitarian and everyone else concerned with man's health and comfort.

The health educator.—One of the most recent additions to the health team is the health educator, although his function, that of increasing public awareness of the conditions that influence health and disease, has always been and continues to be an important part of the work of the doctor, the nurse and every other member of the health team.

Who is the most important person on the health team? Who calls the doctor, follows the treatment, corrects harmful habits, sees that the children have good food, comes to be vaccinated? Everything depends on the layman, whether he is sick or well. Nowadays when so many illnesses can be prevented and so many diseases effectively treated, what the ordinary person does about his health is the key in the lock of medicine.

Everyone has his own beliefs, taboos and fears where health is concerned. What is important is whether these preconceived ideas and the habits and customs that go with them are harmful and prevent people from seeking good advice, or whether they are beneficial and lead to longer and happier lives. It is the aim of health education to help people to better health, to make the best use of the health services that are available and to regard health as a valuable asset, a worthy investment of time and money.

All members of the health team are doing health education when they talk with patients, discuss health matters with administrators or give talks in schools or on the radio. Everyone learns something each time he is told how to keep well, visits a health centre, or observes the effect of a good diet on a child.

To understand the importance of the ordinary man and woman let us consider the mother of a family in a poor country who has to feed and educate her children with limited resources. She wants to do the best for them and perhaps would like to make use of the local health centre, but she is not alone. She has a family, a husband, perhaps a mother or grand-mother who has always had strong views on how to bring up the children. These people may be old-fashioned, they may not believe in the health centre. The woman will have to struggle against all sorts of opposition and in the end

MISCELLANEOUS

may not even think it worth while to risk the disapproval of her relatives by going to the health centre and spending the time and money that is required. If she does, and the staff of the health centre suggests ways of doing things that the relatives have never heard of she will be in a dilemma and may have to defend her position at home. Should the child be vaccinated? What food should it be given during weaning? The team at the health centre can be effective in helping the child only to the extent that the mother becomes a member of that team, works with its members and, with their support and her new knowledge and skill, influences the family. If she isn't regarded as a member of the health team they will remain outsiders and only be consulted in emergencies.

Then there is the cardiac patient who has recovered from a heart attack in a modern hospital. He not only has had a grave illness but also, probably, a severe psychological shock. Now, in his middle years, he may have to adapt himself to a new way of life. For financial and other reasons it will probably be difficult for him to make the necessary adjustments. His family may pamper him too much, while on the other hand, his friends and employers make light of his illness. If this man is to be brought back to good health he must work with his doctor, nurse, physiotherapist, over a long period in a joint enterprise. He must be prepared to learn and they must be prepared to teach him. His friends, relatives and employer should also be made aware of his real needs, capabilities and limitations.

Health education, besides being an essential part of medical and public health work, is also carried on in schools. Teachers are valuable members of the health team and their training is a worthwhile investment. If children learn the grammar of health along with their ordinary school work they will acquire good habits and also will find it easier later in life to talk about themselves to doctors and others concerned with their well-being. Health education in schools is not confined to the classroom. What children see around them impresses them as much as their lessons. The cleanliness of the washing facilities, the state of the classrooms and the latrines, the work in the school garden and the kind of food served in the school meals are all daily examples, good or bad, that gradually are assimilated and become part of the child's way of

life. Many people play a part in the school health team. Janitors, cooks, gardeners, as well as teachers, school nurses, dentists, doctors, all contribute something. The school medical service can impress children and teachers with the importance of medical examinations and the early correction of defects. It provides opportunities for talks with parents about a child's health needs and brings them into the health team.

Although people of many different backgrounds can promote health education, in recent years it has become a profession in itself. The work of the health educator, in general terms, is to organize health education activities in an area, to act as an adviser on sociological and educational methods and to show members of the health team how to use their opportunities for health education.

In antimalaria work, for instance, where the main attack is against the mosquito that transmits the disease from one person to another, the health educator may be called upon to study the social problems that hinder the business of spraying insecticide inside houses. They may have to find out what people believe to be the cause of malaria and to relate those beliefs to modern scientific ideas. Hours or even days may be required discussing, with the village elders, ways and means of getting suspicious or even hostile people to allow the spraymen into their houses.

In the case of tuberculosis control, drugs that must be taken over a long time are nowadays an important part of treatment. After a few weeks the drugs begin to take effect and the patient feels better and looks better, although he is not yet cured and may still face a long period during which he must rest and continue to take his pills. It is easy for him to forget them, tempting for him to go back to work. Perhaps his wife is replacing him as the family bread-winner and doesn't understand why this is still necessary. His employer may be impatient with him. In such situations the health educator might be called on to study the social and psychological factors that hinder successful completion of the treatment and suggest methods of dealing with them to the health workers concerned.

The health educator, in other cases, may have to work out clear and simple language for an instruction booklet, or test

MISCELLANEOUS

pictures to find out what they mean to illiterate people. Health educators work with school teachers in planning the health education of children and in preparing teachers to carry this out. They also conduct research on fundamental problems of communication in health matters.

Perhaps most important of all, they are professional persons, trained to look at health from the layman's point of view. They are able to complete a two-way exchange of information, conveying this point of view to the members of the health team and teaching the man in the street the part he can play in safeguarding his own health.

REFUGEES IN AFRICA

The Office of the United Nations High Commissioner for Refugees, in Geneva, has produced an illustrated pamphlet under this title in which an account is given of the situation of refugees in a continent in which serious problems exist which can only be resolved by the co-ordination of the most varied aid, by governments as well as by the voluntary agencies.

It is known that the Red Cross has its place in this general effort and we therefore think it to be of interest to give some extracts of the preliminary article.

The creation of newly-independent states in Africa and the repercussions that this has had on territories which are still under colonial rule have provoked disturbances which, since 1961, have driven more than 650,000 people from their homes and their countries. Their destitution and distress might well have given rise to further internecine strife throughout the continent. Fortunately, this has not happened ; on the contrary, the refugees have always been allowed to cross frontiers and have found shelter and succour wherever they went, thus ensuring at least their survival. The