IN THE CONGO

WORLD HEALTH

The magazine of the World Health Organization

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The Congo, which became independent on 30 June this year, constitutes the greatest constructive challenge that the United Nations has had to face since its beginning. The next few years will tell to what extent international solidarity expressed in the United Nations system can provide the country with the economic and technological help it so profoundly needs in order to raise the standard of living of its 14 million citizens.

The pages which follow are an attempt to sketch the demographic, social and cultural profile of the new state, to present a brief background to the immediate and long-range health problems that the Congo is facing, and to show ways in which the World Health Organization can help solve them.

The primary task of the group of WHO officers who are today in the Congo is to assist the Ministry of Health in taking emergency measures to maintain services in such fields as public health administration, medical care, sanitary engineering, laboratory work, and nursing. They are also seeing to it that the best possible use is made of the medical teams some Governments and many national Red Cross Societies have generously put at the disposal of the Congo in response to the appeal made by the International Committee of the Red Cross and the League of Red Cross Societies. A few weeks after the appeal went out, there were in the Congo over 150 doctors and nurses from some 25 countries.

For tomorrow, our major job is to help the Congo to train its own physicians, nurses and other health workers who form the basis of health service in any country. This will be part of the general social and economic development, which must be the Congo's path if she is to take her full place in the community of free nations.

M. G. Candau

Dr. M. G. Candau
Director General of WHO
The crisis in the Congo seriously affected health conditions throughout the country. The ranks of the medical profession were depleted and the Congolese Government appealed for international assistance in order to be able to maintain the health services, which were in danger of collapsing. Many countries responded at once. The World Health Organization for its part sent a group of senior staff members. Dr M. G. Candau, Director-General of WHO, went in person from Geneva to Leopoldville on two occasions in order to confer with the Congolese Government and the United Nations, and to plan the work of the many international health teams.
Medical teams in the Congo.

GO INTO ACTION

Mr Kasavubu, Mr Dag Hammarskjöld and Dr M. G. Candau.
Efforts are combined

When the first WHO staff members arrived in the Congo, the situation might be summarized as follows: there were first class hospitals, modern laboratories and good auxiliary staff. But the country had no Congolese doctors (the first two will not obtain their degree before 1961) who might fill the vacant key positions in the various health services. It was up to the World Health Organization to advise the Congolese authorities on how the many international medical teams might be employed to the best advantage of the country.
THE PROVINCE OF EQUATEUR, A NURSE WHO HAS JUST ARRIVED FROM CANADA RECEIVES A FRIENDLY WELCOME FROM THE CONGOLESE OF KASAI PROVINCE: CONGOLESE GOVERNMENT, UN AND WHO.

WHO in Leopoldville: Dr. P. Kaul, seated (Assistant Director-General), Dr. R. Sansonnens (Public Health Laboratories), Dr. G. Meilland (Malaria) and Dr. J. C. Sinclair (Red Cross).
While the overall plans for health assistance to the Congo were being worked out in Leopoldville, two senior medical officers from WHO's Headquarters in Geneva, Dr Victor Zammit Tabona and Dr Alessandro Mochi went into the province of...
They visit the General Hospital of Luluabourg services

Kasai in order to investigate the health needs of the population. An important visit was to the waterworks of Luluabourg (photograph on the right) since a breakdown in the plant might result in epidemics.
At the beginning of September, according to the details supplied by the League of Red Cross Societies in Geneva, 26 teams including physicians, surgeons, nurses, anaesthetists, midwives, laboratory technicians and a chemist had been sent to the Congo by the national Red Cross societies of the following countries: Australia (2 teams), Canada (2), Czechoslovakia (1), Denmark (2), Finland (1), German Democratic Republic (3), German Federal Republic (2), Greece (2), India (1), Iran (1), Ireland (1), Japan (1), Netherlands (1), Norway (1), Pakistan (1), Poland (1), Sweden (1), United Arab Republic (1), Yugoslavia (1). Our pictures show the first Canadian team. Their job is to help run a hospital.
THE FIRST CASE TO BE ATTENDED BY THE CANADIANS IS AN INFANT. SHORTAGE OF STAFF IS THE MOST DIFFICULT PROBLEM.

WHAT IS THE SITUATION IN THE HOSPITAL? THERE WERE 10 BELGIAN DOCTORS. ONLY 1 HAS REMAINED.
On this equal-area map, the Congo's 2,345,000 square kilometers are represented in other parts of the world for sake of comparison.
Congo, a country of vast contrasts, modern industries and primeval forests, covers an area as great as that of Spain, France, Italy, Benelux, Great Britain, Germany and Poland combined. In 1885, the country enters European political history when Leopold II is recognized by the Berlin Conference as the head of state. In 1907, it becomes a Belgian colony evolving to independence in 1960. World Health portrays the Congo in 16 pictures by Paul Almasy ©, with texts based on WHO and UN publications.
At a football match

14 million Congolese

The people of the Congo are mostly Negroes (Bantu, Sudanese and Nilotics), but there are also Pygmies and Hamites. The principal languages are Swahili, Lingala along the Congo river, Kikongo along the lower Congo, and Tshibula. The traditional social patterns vary considerably.
In a rural church
The tribes who live by hunting are still in the patriarchal stage. When the family group becomes too large, a section breaks off and forms another group. Among agricultural tribes, migration is rarer, and the sense of coming from a common stock is more deeply rooted in the people.
A peasant girl in Kivu
Agriculture

In the forest areas, manioc, beans and bananas form the staple foods. Sweet potatoes, rice, maize, millet, ground-nuts and sugar cane are also grown. Above 1800 meters, beans and similar vegetables replace manioc and banana. The river tribes eat fish, but people generally lack protein.
MINING and the export of metal and metal ores are the chief resources of the Congo. Copper, diamonds, gold, silver, tin, cobalt, zinc, iron, uranium, radium and germanium are produced. Picture right shows an open mine at Ruwe, at first a gold mine. Other minerals ousted gold production.
Qualified workman in a Jadotville factory

A technical school in Katanga
OUTPUT in 1958 amounted to 238,000 metric tons of copper, 11 tons of gold, 670,000 carats of jewellery diamonds... Typical industrial products are cement, lime, and textiles. Exports include coffee, cotton and palm oil. 13% of the economically active population works in industry.
Education

School education is more extensive in the Congo than in many other areas of Africa. The great lack is higher education, and at present there are no Congolese doctors, lawyers or qualified engineers. Their education has started at Lovanium University and other centres of learning.
A rural school in Yangambi

A Congolese schoolboy

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In 1960, there is not one Congolese doctor. In 1961, there will probably be 2. In 1965, there may possibly be 20. In 1958, there were in the Congo 703 doctors, 82 pharmacists, 43 dentists and 11 biologists, all of them Europeans. These figures indicate how grave a problem the Congo has had suddenly to face. Photo: Student medical auxiliaries.
AN EXPECTANT MOTHER being brought to a lying-in hospital in the province of Kivu. Such services are increasingly in popular demand.

LABORATORY of tropical medicine in Leopoldville. 2% of the population have leprosy. In 1956, 1,604 cases of sleeping sickness. Malaria is widespread in the country, but not in towns.
Solid foundations

In 1958, the Congo had 459 hospitals and 2,483 dispensaries. The ranks of the health workers included 581 medical auxiliaries, 1,239 female nurses, and 5,663 male nurses, medical assistants, orderlies, midwives, assistant midwives and auxiliary males nurses. Medical faculties at Lovanium and Elizabethville and three special schools of tropical medicine (Leopoldville, Stanleyville and Elisabethville) have been set up since 1954. Medical auxiliaries receive their education at three special schools. The Congo has 11 schools for male nurses, 3 for sanitarians, 4 for nurse-midwives, 33 for assistant midwives, and 70 for auxiliary male nurses.

A DISPENSARY run by an assistant medical. The four main endemic diseases are malaria, sleeping sickness, leprosy and tuberculosis. Alcoholism and venereal disease are also rife.
HEALTH IN THE CONGO

WHEN THE AFRICAN CHILD LEAVES HIS MOTHER'S BREAST HE IS OFTEN THREATENED BY DEFICIENCY DISEASES (KWASHIORKOR)

Childhood Menace: Malnutrition

IRSAC (Institut de recherche scientifique en Afrique centrale) set up by the Belgians at Lwiro (Kivu) is much concerned with the cause and prevention of malnutrition in children.
MILK is distributed since the crisis to the children of Leopoldville by scouts of the Congolese Red Cross.
WHO IN THE FIELD
516 doctors, male and female nurses, sanitary engineers and other specialists of the World Health Organization were working in the field, scattered throughout the world, on 30 June 1960. The map above does not show staff sent by WHO to the Congo to meet the emergency, or staff in Regional Offices and at Headquarters.
One Moroccan in 100 fell victim to the poison. Paralysis affects the legs, the hips and in some cases the arms.
Morocco's 10,000 cases of paralysis, which resulted from the most terrible mass poisoning in the history of medicine, have now been continuing their struggle for a year. It was in fact in September 1959 that so many people in Meknes and its surroundings were intoxicated with criminally adulterated oil. In the following pages, a World Health photographer, Philip Boucas, shows how 50 doctors and nurses from 16 national Red Cross Societies are assisting the efforts of the Moroccan health workers to return patients to normal life.
SWITZERLAND: Sylvia Schmid

CANADA: Muriel Ranger at the Dar Mahres hospital in Fez.

HELP FROM ALL OVER THE

BRITAIN: J. Dyer at Sidi Kacem.

NETHERLANDS: H. van der Meer.

FINLAND: A. Kurten at Sidi Kacem.

FRANCE: Claude Granby at Fez.
WORLD

MOROCCO: 850 patients are being treated at the Sidi Kacem Centre.

REHABILITATION equipment was supplied by the Red Cross and UNICEF.
MEKNES, A YEAR LATER

50% of the 10,329 paralytic cases in Morocco are under 18 years old. 12 national Red Cross societies provided 300 tons of hospital equipment including 2,600 beds. 18 other societies made monetary contributions. During the first six months of 1960, over 150,000 treatment sessions were held. The Regional Office for Europe of WHO has been assisting the Moroccan Government in organizing the treatment and rehabilitation of the victims. Above: a boy being released from hospital.
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