MINUTES OF THE FIRST MEETING OF THE TECHNICAL DISCUSSIONS

Institute of Hygiene, Manila
Monday, 13 September 1954 at 2:30 p.m.

MODERATOR: DR. G. GRAHAM-CUMMING

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1 OPENING REMARKS BY THE MODERATOR

The MODERATOR having informed the Group that the scheduled discussions would have to be deferred until the following day, invited the Panel Members to introduce themselves. The Panel consisted of:

Dr. H. Lara, Dean of the Institute of Hygiene, University of the Philippines, Manila
Dr. O. R. McCoy, Rockefeller Foundation, Tokyo
Dr. J. S. Peterson, Director of Public Health Services, WHO, Geneva
Dr. A. F. Raper, FOA, China (Taiwan)
Professor L. C. Riethmayer, Institute of Public Administration, Manila

Dr. A. Dalisay, the sixth panel member, was unable to be present owing to illness.

The MODERATOR stated that each member of the group was to consider himself as an individual who was free to express his own opinion independent of anyone else. Discussion was to be general and not to be related to any one country or set of circumstances. The aim of the panel was to raise issues in order to stimulate discussion and the members were not bound to answer all questions referred to it. At the end of each question discussed by the panel, the group was invited to raise questions if they wished.

2 QUESTIONS FOR PANEL DISCUSSION

2.1 To what extent should curative and preventive services be integrated in a health unit?

Dr. PETERSON stated that this problem was of interest in many parts of the world. There were two schools of thought, one which considered that the basis of health services was curative medicine, the other which supported preventive services. In opening health services in a new area, this was a very debatable point, as unless one was able to offer some attraction to /people, very little
people, very little response was obtained. There was, however, always the danger that the curative part would overwhelm the preventive side.

Professor RIETHMAYER felt that it was to a great extent dependent on the man who had the final responsibility. Devotion to curative services might result in neglect of preventive health services.

Dr. RAPER expressed the opinion that when initiating a health programme it must be curative in nature, as in this way, people would be more interested in what was being done.

Dr. LARA was of the opinion that the preventive aspects should be stressed, although in areas where there were no medical facilities, the curative approach might be more profitable in order to obtain the confidence of the people.

Reference was made to the Puerto Rican attempts to introduce hospital care by establishing small hospitals within health centre units. This had been an expensive experiment, but was one way of reaching people at that time.

Dr. PETERSON referred to his experiences in the Middle East among the refugees where the preventive aspect had seemed more important in order to prevent outbreaks of smallpox or typhoid. Twenty-five per cent of the total budget had been spent on preventive services, and he wondered whether that was too high.

Dr. RAPER wondered to what extent curative services should be utilized to promote effective preventive services.

2.2 What is the relative desirability of central or local planning of health services?

Professor RIETHMAYER asked whether a local health unit should be organized.
organized around any particular government unit that happened to be available or whether it should be centrally planned. In connection with the local health unit, he wondered about its size, how it should be administered, and such other important factors.

Dr. PETERSON suggested that there should be planning on the national level. Services should be envisaged which would go all over the country, but which would have to be gradually implemented in accordance with the resources and funds available.

Dr. RAPER stated that the pattern differed considerably in different areas in the USA. The best thing would be to make a careful analysis by countries, provinces and regions.

Dr. McCoy suggested that the question depended to a great extent on the local contribution to health work.

Dr. LARA was of the opinion that there should be a joint responsibility, the central authority giving guidance, and the local authority seeing that the plan was carried out.

The MODERATOR suggested that much depended on money. In the United Kingdom, the local government units were becoming larger and were responsible for the health organization. The question was how to finance such services, local assistance or assistance from the central health services. How much control should the central health service have over the local authorities?

Dr. PETERSON suggested that if there were little or no health services, then they should be initiated from the centre with participation by the community. A subsidy might be necessary at the beginning.
2.3 What use should be made of culturally informed local leaders as advisers in the launching and carrying on health services?

Dr. RAPEF felt that it was important to make effective use of local resources, their customs, values, fears and hopes. He doubted if WHO had so far devised procedures by which to obtain this information.

Dr. PETERSON stated that WHO was slowly developing procedures in this field, and referred to an article in the Chronicle by Dr. Dorolle on the sociological factor in disease. In one of the WHO Regions there was a cultural anthropologist attached to the staff. There was, however, as yet no regular approach to the question.

Dr. RAPEF stressed the importance of contacting the mature social personnel available in the area, and suggested that no programme should be started until the best possible information had been collected on the local picture and the most valuable people in the community. Efforts should be made to contact the local politicians, religious leaders, labour groups, etc. in the country and not just the people from the capital.

Dr. MORTIRA suggested that as WHO worked with the Ministry of Public Health, it was not up to the Organization to get together with such groups unless it was the wish of the government.

In replying, Dr. RAPEF stated that it was WHO's role to provide guidance and to bring to the attention of countries new and more effective devices than they deemed desirable.

Dr. YEN (China) wondered whether WHO would be able to give valuable assistance if no local support was provided. One of the first things put in any contract between WHO and a government was the need for local support. In Taiwan in every health station, there was always a committee elected
elected from outstanding people from small villages, such as school teachers, industrial representatives, women's clubs, etc. All available local resources and facilities should be utilized.

2.4 How should the development of health services be geared to the economic development of a country?

Dr. Petersen asked how much a country or community should involve itself in the cost of medical care. There appeared to be two points of view:

(a) If the health of the people improved, then the economy would rise; and

(b) Health will result from an improved economy.

Should a health programme be pushed beyond economic development, or primary emphasis be placed on economic development?

Professor Riethmayer suggested that they should go hand in hand.

A Philippine Representative in the audience stated that there were occasions in which health should be done first. He quoted a case in the Philippines where an economic plan had failed because all the participants had developed malaria and the plan had had to be abandoned.

Dr. Raper quoted an example during the depression in the USA where it was found that when an adequate grant was made to agricultural workers to help them not only economically but also to cover their health needs, their production had been much increased.

Another Philippine Representative in the audience suggested that to develop the economy of a country, manpower was needed, and it was necessary to build up the health of the manpower.

/Dr. Raper asked
Dr. RAPER asked whether the health of a country was a basic capital asset.

2.5 How can more effective use be made of highly trained personnel through the training and utilization of auxiliary workers?

Dr. LARA stated that there was a shortage of well-trained personnel, and the question of how to make the most effective use of highly trained personnel by training and using auxiliary personnel was a very important one. Highly trained personnel were often forced to do work which might well be done by trained non-professional persons.

Dr. PETERSON stated that some of the medical profession objected to the use of auxiliary personnel. This was also the case in the dental and nursing fields. He felt that it depended to a great extent on the community for which the personnel was sought.

Professor RIETHMYER felt that there were instances where administrative people could take over some of the work done by professional people.

Dr. LARA felt that non-medical personnel should be employed for administrative duties rather than using up the time of well-trained professional persons.

Dr. McCOY stated that there were places where it was absolutely necessary to use auxiliary personnel to accomplish health work. This type of assistance, however, should not be the ultimate aim.

Dr. HENNESSEY felt that nomenclature was very important, and that the terms nurse, doctor, etc., should never be used in relation to auxiliary personnel.

/2.6 Can it be
Can it be demonstrated that improved environmental sanitation is profitable or otherwise desirable to a local community?

Dr. RAPER stated that through modern curative methods, immunization, etc., it was possible to decrease the death rate without changing the environment of the people at all. In the West, the drop in the death rate followed the improvement of water supplies, food inspection, public health campaigns in schools coupled with research work, record keeping, etc. In other parts of the world the need for improved sanitation was not understood. In China, for instance, the death rate had dropped without any improvement in environmental sanitation because the people always boiled their water.

Dr. McCoy felt that it was a question of whether things were considered desirable but not essential. As the level of education rises and experience gained of the more comfortable way of living, people will demand improved environmental sanitation. In Japan, for instance, people were now using chemical fertilizer and did not want to use the old method of night soil. DDT malaria control was another case in point. Once people had had their houses sprayed and were rid of mosquitoes, they would refuse to accept them again.

Dr. RAPER felt that if good demonstrations were developed, then people would follow out new practices. Once they see that a thing pays, they will continue to demand it. Environmental sanitation would not be accepted unless its good effects were demonstrated. If the Chinese were to stop boiling their water, then they would realize the advantages of introducing environmental sanitation. The boiling of water has relieved them of the necessity of doing other things which are not considered essential. He did not consider, however, that they should stop boiling their water.

The discussions terminated at 3:30 p.m.