

Discussion Group

Participants: Margaret Hilson & A. M. Nhonoli

Public health associations

In this discussion with Dr Eilif Liisberg of the *Forum*, two people actively concerned with public health associations give an insight into the work done by these bodies and show how they can be of particular benefit to developing countries.

Dr Liisberg—I thought that the first question I should ask you, Professor Nhonoli, is—why do we need public health associations? Public health is 100 years old; you would think we could find something new.

Professor Nhonoli—Public health associations still have a role to play. They can assist national developments in ways not available to governments.

Dr Liisberg—What in fact can they do that the governments can't?

Professor Nhonoli—Well, for a start there are a lot of things governments can't *say*. When the government says something it might lose an election, but a public health association can freely say that it is wrong to do *a* or *b*.

Dr Liisberg—Can you give us an example of *a* or *b*? From real life, perhaps.

Professor Nhonoli—Yes. There are some governments in Africa, for example, that are against family planning, so the public health associations come out openly in support of it. Some of the governments changed their views after hearing their arguments.

Dr Liisberg—So you think the public health associations have had an effect. What is the situation in Canada, Mrs Hilson?

Mrs Hilson—Our association is 80 years old in Canada, and it has evolved according to the needs in the country and the changing situation. The Canadian Public Health Association (CPHA) early in its history was one of the organizations that pushed for a national health care system and even for a Federal Ministry of Health. In Canada health is the responsibility of each province and was not therefore coordinated nationwide. As a result of the efforts of the CPHA, it was recognized that there was a need for some political coordination at a

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national level for health care because public health does not stop at the borders of a province; it's something that affects everyone. So that was one of the first achievements of the CPHA, to lobby for a national health care system.

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Dr Liisberg—You weren't accused of dabbling in politics, were you?

Mrs Hilson—We are always accused of doing things like that, but our membership is largely made up of public health workers, many of whom work for the governments that we are trying to influence. This gives the public health workers a way of applying political pressure that is independent of the job they do on a day-to-day basis.

Dr Liisberg—In the part of Africa for which you are responsible, Professor Nhonoli, are the members of the public health associations mainly doctors or are many of them nurses, including female nurses?

Professor Nhonoli—The membership is broad-based—doctors and nurses, men and women, health professionals and others who are outside medicine completely.

Mrs Hilson—In Canada the Public Health Association has many members from the lay public—interested people who perhaps belong to groups for the elderly, some

who are from our indigenous peoples' organizations. They bring their voice and their point of view.

Dr Liisberg—And are you also doing practical work, training, and so on, perhaps through fellowships—promoting public health in other ways than just through the media and the political process?

Mrs Hilson—Well, as far as the Canadian Public Health Association is concerned, we do implement a large number of programmes. We have a large AIDS education and awareness programme, and we run a clearing house on AIDS. We have carried out studies on the quality of drinking-water for certain cities. We have done occupational health studies and reviews of the mining industry and how it affected a local town. We are seen as a kind of honest broker because we are not representing industry and we don't represent the government; we represent just the health issues.

Dr Liisberg—Do you get grants to do these things? Do you employ staff?

Mrs Hilson—Yes, we get grants and hire people to do the work, and because the studies tend to be short term we are able to choose some of the best people, who are loaned to us by universities and research organizations.

Dr Liisberg—So you don't have a big fixed staff?

Mrs Hilson—No, although in our Ottawa office we do at present have a staff of about 50 people, many of whom work on projects. So the staff does change from time to time. An interesting thing that ties into the work Professor Nhonoli has been doing in Africa, is that the Canadian Public Health

Association was given a grant from the Canadian government to help support public health associations in developing countries, and we have been able to give them small amounts of money, that is to say about US\$ 15 000–25 000, with which to implement programmes in their countries. They have had training programmes on a number of topics, and they use that to strengthen their base and their membership and their institutional infrastructure. We have collaborated very closely with Professor Nhonoli in the development of associations in his region of Africa.

Dr Liisberg—Tell us something about these associations. How many countries are you responsible for, and how many of them have public health associations?

Professor Nhonoli—Well, our region of the Commonwealth has 12 countries, but we include some non-Commonwealth countries. We have two very active associations—the Tanzanian Public Health Association and the Ugandan Public Health Association, which have been in existence for some time. In 1988 we sought the assistance of the Canadian Public Health Association to hold a meeting in Malawi. We gave ourselves two tasks: to encourage each country to start a national public health association and, as soon as we could, to start a regional public health association. Since then five new associations have been started, in Botswana, Ethiopia, Malawi, Zambia, and Zimbabwe. All of them are now active. In addition, Kenya and Swaziland have health inspector associations, and we are negotiating with them to make them broad-based so that they can become proper public health associations. Discussions are going on in five more countries: Lesotho, Mauritius, Mozambique, Namibia, and Seychelles. Then last June we had a four-day meeting in Harare, Zimbabwe, at which we inaugurated the regional public health association.

Dr Liisberg—Are these all English-speaking countries you are talking about?

Professor Nhonoli—Except Mozambique.

Dr Liisberg—What about the French-speaking countries? You are bilingual in Canada. Are you doing something on that side?

Mrs Hilson—Yes, we are. At about the same time that Professor Nhonoli was undertaking this initiative in East Africa, we were working with a group of public health workers in francophone Africa, in Zaire. There was no public health association anywhere in francophone Africa. The first one was formed in Zaire in 1986, and that country now has some fabulous, very energetic young public health workers with special training. Eleven more countries in francophone Africa are meeting on a regular basis to talk about the formation of such associations. WHO has been very supportive in helping them to get together. For instance, when they attend WHO regional meetings, time is set aside so they can meet together to talk about their public health associations. The World Federation of Public Health Associations, which has about

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50 country members, is a very strong network of public health associations. They have a scientific conference every three years.

Dr Liisberg—Do you have any links with UNICEF, WHO, or any other international organizations?

Mrs Hilson—The Canadian Public Health Association is linked with WHO and UNICEF through some of our project activities, and both of those agencies have been very supportive of the World

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Federation's work. The Canadian association is also the agent for WHO publications, and the association in Costa Rica has just started a similar relationship with PAHO. The Indonesian association is in discussion right now with WHO to be the distributor of publications in that region.

Dr Liisberg—How do you see the need for health literature in Africa, Professor Nhonoli? Do you get WHO's publications? Do they cover the kind of subjects that you would like to see covered? As someone in contact with a lot of public health people, what is your view on the WHO publications programme?

Professor Nhonoli—We get the publications but they usually end up in ministries. They don't get to the districts and the project workers. I don't know how you can ensure that they do reach them. The WHO publications programme is an excellent venture as it covers very pertinent subjects. It is a pity these publications do not reach a wider audience in our region.

Dr Liisberg—I was going to ask you, Professor Nhonoli, what you could do to change that. Could you do something like

the Canadian Public Health Association and get actively involved? Would that be possible?

Professor Nhonoli—For the moment, not many African associations have the equipment and the capability to help in producing or distributing WHO publications, but when the time comes we should be glad to learn from the Canadian association's experience.

Mrs Hilson—Well, one of the problems is the cost of WHO publications, although I hear that WHO is at the moment looking at the possibility of producing books in the developing countries, which would bring the price down considerably. They have certainly been looking at that in Asia; I don't know what is happening in the African region. But I think there is a great need for people in the field—the front-line public health worker, the health/medical assistant, or the midwife—to have some technical literature they can read.

Dr Liisberg—Would you say that in most societies there is a particular felt need for health care that could be met by a public health approach? If the need differs from one country to another, what is the point of having a World Federation?

Mrs Hilson—I think it has always been difficult to promote public health programmes in Canada because the felt need is often for curative care. That's a very human reason why health services have developed the way they have. But public health is changing. Its first role in industrial countries was to control communicable diseases. We are changing that. It is not our major health problem at the moment. So there is a need for us to exchange information on how we are evolving and on how we are tackling the new needs in the

field of public health, and no one country has the answer to that. So the exchange of experiences through the Federation is emerging and growing. We in the Canadian Public Health Association find it extremely useful to be part of the World Federation, which is in official liaison with WHO. With this access to WHO, we are able to carry on a dialogue with the experts.

Professor Nbonoli—As I said earlier, we are encouraging the formation of national associations and have just started a regional one, but the World Federation is particularly useful because it helps us to gain experience and be shown how to go about solving some of the problems that face us. How we are going to tackle them will depend on the national and regional organizations themselves and how they form their programmes. But what is lacking is a dialogue between the public health workers and the communities, and that is a problem that the public health associations could be instrumental in solving.

Dr Liisberg—That would certainly be one of the important tasks for public health associations in Africa—to help inform the public. Do you have any relations with the media? In Tanzania, for example, are you in contact with the newspapers or with radio and television?

Professor Nbonoli—Yes. They tend to distort things, but we try to ensure accuracy.

Dr Liisberg—Do you ever meet with them?

Mrs Hilson—We have a bilateral relationship with the Tanzanian Public Health Association, and the main part of their programme activities is mass communications. They are looking at the development of radio programmes and newspaper articles on health topics on a

regular basis, and they are using their members to help them in that endeavour. They are looking at taking the message of public health to the remote areas in Tanzania to develop branches of their association, so that there will be a forum for public health workers to get together, mostly in Dar es Salaam since the capital has a lot of resources. Their aim is to form four or five regional branches of their association and have seminars and upgrading programmes for their members, different from what their ministry would provide as in-service education.

Professor Nbonoli—You will have noticed that Mrs Hilson is more informed than I am on Tanzanian Public Health Association. Although I live in Arusha our Secretariat's activities are not directly involved in the national association.

Dr Liisberg—Your responsibilities are regional, of course, rather than national. But I am sure Mrs Hilson describes the situation correctly. Do you perhaps see this informational role as the major thrust over the next 10 years? Are you doing any

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training of media people? Are you setting up some sort of structure or issuing any ethical guidelines? Because it's one thing to provide material and another to obtain the understanding of those working in the media.

Mrs Hilson—We haven't done it in Canada, except for the large international AIDS conference we held last year; this was preceded by a two-day workshop for the media, which I personally found fascinating. Other than that we have a Communications Officer who deals with the journalists on a day-to-day basis.

Professor Nhonoli—It's a very important approach because if you can get the cooperation of the media, they can give the right message in the right way, depending on the culture and the local beliefs and

practices. Otherwise, if we don't work together, what generally happens is that they hear about the meeting and come to the opening with their cameras, then they take away a press statement that they think is going to make a headline, and the information is apt to be distorted.

Dr Liisberg—Maybe we can conclude by saying that public health associations could be powerful advocates for public health through national decision-makers and the media as well as the health professions. □

WHO publications programme

WHO in Geneva publishes about 70 books and booklets a year in English, as well as seven journals, including the *Forum*. This figure is multiplied by the many editions published by or for WHO in Arabic, Chinese, French, Russian and Spanish, the Organization's other official languages. The books include statutory texts, such as reports on the work of the Organization and on the world health situation, as well as directories, nomenclatures and classifications. Among the book series, pride of place goes to the WHO Technical Report Series, in which some 820 volumes, recording the consensus views and recommendations of international groups of experts, have appeared since 1950. Newest of all is the WHO AIDS Series, which began in 1988 and now contains nine issues with guidelines on different aspects of preventing and coping with AIDS.

WHO also publishes many concise monographs written to meet particular needs. The "front line" mentioned in the discussion is catered to primarily by practical and clearly illustrated books for health workers in the community or at small district hospitals on topics such as nutrition, safety of food and water, maternal and child health (including family planning), and diarrhoeal and respiratory diseases. Examples include a guide for primary school teachers on *Food, environment and health*, a new book on *Essential elements of obstetric care at first referral level*, a Joint WHO/UNICEF Statement on *Protecting, promoting and supporting breast-feeding*, already translated into some 30 languages since its appearance in 1989, and the 35-module *Training in the community for people with disabilities*.

WHO's key role in fighting tropical diseases and its renewed focus on malaria control are reflected in a number of new publications, including sets of laboratory manuals and a practical handbook on management of severe and complicated malaria. The emphasis on developing human resources is attested by new editions of the classics *On being in charge* and *Teaching for better learning*, and the densely illustrated "how to" manuals on diagnostic radiology, anaesthesia and surgery for the non-specialist physician.

To find WHO publications, health workers in developing countries might start with the nearest WHO Depository Library, whose comprehensive collections of WHO books — provided free of charge — are open to all for consultation. These information centres are supplemented by collections in the libraries of ministries of health, universities and research institutions, provincial and local health centres, hospitals and dispensaries. Readers in developing countries can buy personal copies of WHO books at a minimum discount of 30% off the list price. Higher discounts are offered for large orders, which can be placed through WHO Representatives in developing countries, WHO Regional Offices, or directly with WHO's Distribution

and Sales Service in Geneva, which may also refer enquiries to national sales agents.

WHO's own publishing programme is supplemented by a growing range of translations and reprints published with its agreement by national organizations, associations, and trade publishers. In recent years WHO books have been translated into some 40 languages, from Bengali through Khmer to Vietnamese. In 1991, the Organization entered into over 200 agreements for the translation of its books into national or regional languages. By acting as a clearing-house for language versions, WHO has been able to prevent duplication and, for instance, to arrange for Portuguese-language texts published in Brazil to be sent free to lusophone countries in Africa. It is also ready to license the reprinting of WHO publications in any language. This approach has worked particularly well in countries where paper is available at a reasonable price. In India, publishers have produced nearly 100 low-cost reprints for sale nationally and in neighbouring countries in the last three years. The WHO Office of Publications welcomes enquiries about translations and reprints — and would also welcome ideas on how to get free or inexpensive paper to countries with a shortage.