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AFRICAN REGION | REGION DE L'AFRIQUE

OFFICE OF THE WHO PROGRAMME COORDINATOR FOR TANZANIA

Tel.: 219 95

The Chief Representative,
African National Congress,
P.O. Box 2239,
Dar es Salaam.

In reply please refer to : AF/14
Prière de rappeler la référence:

14th January, 1983

Dear Sir,

RE: WORLD HEALTH DAY 1983
7th APRIL

Enclosed herewith please find a poster together with a brochure of the message of the Director General of the World Health Organisation.

Yours sincerely,

Dr. P. J. Philip
for: WHO PROGRAMME COORDINATOR
FOR TANZANIA AND SEYCHELLES

Enc.

/yd.

HEALTH FOR ALL BY THE YEAR 2000
THE COUNTDOWN HAS BEGUN!

World Health Day - 7 April 1983

Message from Dr H. Mahler

Director-General of the World Health Organization

for

WORLD HEALTH DAY, 1983

HEALTH FOR ALL BY THE YEAR 2000: THE COUNT-DOWN HAS BEGUN

Only 17 years are left until the target date of health for all by the year 2000. The Member States of WHO have pledged themselves to work together so that, by then, all people everywhere will have at least such a level of health that they will be capable of working productively and taking an active part in the social life of the community in which they live.

But Member States are not made up of governments alone. To be sure, governments have a responsibility for the health of the people, but people, too, have the right and the duty to take an active part in maintaining their own health and, when they are ill, in looking after themselves. They have the same duty with respect to their families, their workmates, their neighbours.

To what kind of people am I referring? I am referring to people in all walks of life. All of them can be agents of change for health - ordinary citizens going about their daily business in villages and towns, grouping together in families and communities, and associating with one another in all forms of social and political groups, educational and research institutions, nongovernmental organizations and professional associations. Health workers, too, are part of the people; so are others who have community responsibility, such as civic and religious leaders, teachers, magistrates, community workers and social workers. Without the dedicated involvement of people, health for all will be a constantly receding horizon.

But to act wisely, people must understand what health is all about. And it is the duty of those who possess health knowledge to share it with others. The days are over when action for health was the prerogative of all-knowing individuals holding their professional secrets to themselves and handing out doses of it to ignorant, passive, patients lining up for charity. To bring about widespread understanding about health was the reason for giving pride of place among the essential elements of primary health care to education concerning prevailing health problems and methods of preventing and controlling them.

What can people do about their health? To give a few examples, they can take individual and community action to ensure that they have sufficient food of the right kind. They can get together to make the most of whatever safe water is available, or can be made available, making sure that it is protected from pollution. They can insist on acceptable standards of hygiene in and around their homes, in market places and shops, in schools, in factories, in canteens and restaurants. They can learn how to space the children they desire in such a way as to give each and every one of them a good chance of survival, a reasonable education, and a decent quality of life.

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Women can help one another to remain healthy during pregnancy and breastfeeding, seeking the advice of health workers as necessary. Parents can learn how to rear their infants in a healthy manner, to look after them if they get diarrhoea or respiratory infections, and to ensure that their children are immunized against the prevailing infectious diseases, for which the country and community can afford to provide immunizations. They can be taught to recognize those serious conditions that require attention from more knowledgeable health workers.

Communities, with the help and guidance of community health workers, can undertake to fight against such diseases as malaria and other parasitic diseases, for example, by organizing insecticide spraying and the control of insects and other carriers of disease such as rats and snails. Mothers and fathers can make sure that their children get the drugs they need to prevent and treat malaria and ensure that their elderly parents or the disabled receive the care they need but are unable to provide by themselves. Communities can see to it that school children receive training in first aid and in the elementary care of simple illnesses. Communities can also take action, in accordance with the country's political, social and administrative procedures, to ensure that those drugs that are essential become available to them at a cost they can afford.

Please do not think that all this relates to people in developing countries alone. On the contrary, people in more affluent countries, most of whom have had the privilege of a formal education, must rise to their health responsibilities, eating wisely, drinking moderately, smoking not at all, driving carefully, taking enough exercise, learning to live under the stress of city life, and helping one another to do so.

Education for health requires both motivation and communication. For communication can and should not only provide insight into what is needed to remain healthy and what should be done when health begins to fail; it also can and should heighten individual and community aspirations towards better health. Effective communication will give rise to greater motivation and this in turn to improved communication.

A steady flow of information is required, not only by the written word, whether once a year on World Health Day or through local, national and international newspapers and journals, but also through talks, group discussions, radio, television, comic strips, plays, films, vocal music and the like. And this communication should take place in families, schools, factories, offices, universities, social and religious groups, trade unions, political parties, and wherever people meet.

This is the urgent message I should like to get across on this World Health Day: "All people have the power to act for health; the time to act is now."

The count-down for health for all by the year 2000 has begun.

HEALTH FOR ALL BY THE YEAR 2000
THE COUNTDOWN HAS BEGUN!

World Health Day - 7 April 1983

SELLING HEALTH IN THE MARKET-PLACE

by Dr J. Ade Laoye*

A village like many others in Nigeria, Araromi has about 10,000 inhabitants and is primarily a rural centre with a market where villagers come to buy and sell simple things. Yet beginning to solve health problems by bringing them to the market-place may set a model for many other villages in developing countries still struggling to improve health of the people.

Araromi has a small health centre with only the barest facilities: another village nearby has a maternity centre and an ill-equipped dispensary. Villagers shunned these installations.

All the roads leading to Araromi are in poor condition but though this slows communication with Lagos, about 100 km away, it doesn't stop large numbers of villagers from coming to market, which goes on every five days in the village square. Needless to say the market also attracts traditional healers, including herbalists and bone-setters who come to buy and sell herbs and other essential ingredients.

The three-member health team made history when they entered the village and were presented to the Chief. Though he himself can hardly read and write, he is greatly respected, highly intelligent and eager to learn.

When the Chief learned that these young people were going to "sell" health in the market-place he summoned his village council. Some were sceptical because they associated anything from the central government with the payment of taxes for which they felt they got precious little in return. It would take time for people to be convinced that these newcomers could make a positive contribution of any kind. Meanwhile, they were welcome to stay and live in the village. So the project leader and the two health educators from the Federal Health Education Unit settled in.

The problems of health in Nigeria are those of most developing countries. With a population of 80 million, 75 per cent of whom live in rural areas, almost all health services are located in towns and cities where only a small fraction of the population live. And the emphasis throughout has been on expensive, curative, hospital-based medicine; only small amounts are earmarked for prevention and rural areas. Yet many of the current menaces to health could be dealt with rapidly and effectively by preventive measures enlisting the help of the entire community. And Araromi was to show how it could be done.

The health team had decided not to impose solutions of their own, or draw attention to problems they felt important, but to wait until the community members became aware of them through discussion and observation. It was up to the community members to make the diagnosis; the team was merely to act as resource personnel.

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* Assistant Director, Health Education, at the Federal Health Education Unit, Ministry of Health, Lagos, Nigeria.

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Soon there were regular meetings with the villagers to find out what they felt was wrong and what they wanted to do about it. There were also interviews in people's homes. From all of these, the main problems emerged: poor personal cleanliness, poor nutrition, communicable diseases, dental caries and poor water supply.

Questions remained: would the villagers accept greater responsibility for their health? The team was selling better health but would the villagers buy? The only way to find out was to go ahead.

Free water to drink

At the market-place where everyone gathered, a small "health stall" was set up initially under the shade of a baobab tree. There was a newly acquired megaphone and demonstration activities went on continuously. For example the stall provided people with cold drinking-water that was already boiled and filtered. The water was free of charge as were the pamphlets and posters and other health education aids, all written in the local language. With the Chief's permission, a small piece of land near the market was assigned for the building of a pit latrine with local materials.

Villagers were recruited to man the stall on market days. From time to time films were shown nearby which both entertained and enlightened the local people.

News about the health stall reached neighbouring villages. In only a few weeks the stall became the centre of a crowd of people seeking answers to their problems. A neighbouring village about 50 kilometres away requested assistance from the health team. This provided a good opportunity to let the villagers take over things in Araromi. The Chief was asked to set up a group of local people to be in charge of health activities. It became the Araromi Health Committee. The Chief acted as chairman but there was a cross-section of the influential people from the community including a health assistant, two midwives, three traditional healers and two traditional birth attendants. A local schoolteacher was named secretary and one of the midwives appointed treasurer. The health team were ordinary members and had responsibility for coordinating activities.

The traditional healers and birth attendants were glad to have their own efforts recognized. The main committee soon set up smaller subcommittees with specific tasks. The idea was to involve as many local, influential people as possible. In fact, the involvement of the people proved to be the turning point. People began to take the attitude that health was "our" problem and not something that was imposed on them.

The subcommittees came along with a number of down-to-earth suggestions for improvement.

... that the stream from which most of the community drew water should be enlarged and protected from pollution until a deep well was dug.

... that the community build at least six pit latrines in various parts of the village.

... that an incinerator be built near the market-place.

... that drinking-water be boiled, filtered and stored in clean containers.

... that food for sale at the market be protected.

... that indiscriminate spitting and defecation be made punishable offences.

The community was to pay for and implement these plans. They were aided later by relatives in the city who heard of the programme and wanted to help.

The stream was soon fenced on both banks, using barbed wire, which kept humans and animals away from the water. At the point where water is drawn a deeper pool was dug.

Delicate problems

It was a lot harder to convince people about the usefulness of an incinerator but finally it was done. One idea that caught on fast was covering food for sale in the market and it soon spread to other villages.

A subcommittee tackled the delicate problems connected with maternal and child health. They tried to see that the dispensary and maternity centre were properly used and that traditional birth attendants make their deliveries using very clean blades to cut the umbilical cord. Traditional birth attendants became involved in keeping records of birth and were encouraged to ask for help when necessary. On the other hand, traditional birth attendants and healers were allowed into the labour room to help in difficult cases if the mother so wished.

Health cases that couldn't be handled locally were referred to the Ikeja General Hospital. The community treasurer agreed to handle the expenses involved. Moreover a letter was sent to the area health board requesting periodic visits by a medical team for on-the-spot diagnosis, treatment or referral. Suspected cases of communicable disease were now notified to the committee.

And things really worked out. The dispensary at the Mosa maternal centre in the neighbouring village found its attendance increased by 300 per cent and the maternity centre by 100 per cent. Traditionalists became familiar figures at the maternity centre. As a result traditional practitioners began to refer cases to the committee which in turn referred them to Ikeja General Hospital.

Later, the project leader made personal contact with the area health board and with the immunization programme as the local committee had suggested. As a result, trained health personnel came to the village. Unfortunately they had just enough time to cover Araromi and the appeals of neighbouring villages went unheeded. But the need was there and was now vocal.

Breast-feeding was encouraged on a regular basis. The community midwives also arranged food demonstrations and began keeping weight charts. Mothers could observe for themselves the difference in baby's weight by following better food practices.

Nutrition still remains a problem because it proved extremely difficult to convince people of the real worth of local food rich in protein. They still believe that it is more important to eat as much as they feel they need, even if it only means stuffing themselves with starch and junk food.

Teachers and children were caught up in the excitement. They received posters and pamphlets and were enthusiastic audiences at the film shows. Teachers who found children with tropical ulcers now sent them along to the dispensary for dressings. The teachers also enforced new standards of cleanliness on the school ground and for the pupils themselves.

It takes nine months to make a child. It took Araromi only nine months to mobilize its own resources and begin to set a good example for the communities around it. Health was on sale in the market-place and it proved to be a commodity in high demand.

HEALTH FOR ALL BY THE YEAR 2000
THE COUNTDOWN HAS BEGUN!

World Health Day - 7 April 1983

DIARRHOEA: KNOWLEDGE CAN SAVE LIVES

by Denise Ayres*

Mothers and health workers everywhere should understand that diarrhoea is an illness and that the dehydration it causes can kill children. Increased use of oral rehydration therapy in developing countries has already saved countless lives. Few other treatments for childhood killer diseases can be given as easily. And since the benefits of oral rehydration therapy can be seen very quickly, members of the community may be encouraged to go on to other projects to improve health.

Oral rehydration therapy, itself, is merely the term used for replacing fluids and body salts lost during attacks of diarrhoea by giving the patient fluids by mouth. Oral rehydration is there to save lives. In the long term, prevention must be the goal because, if the child is not to get repeated attacks which weaken it more each time, health workers and mothers should be shown how to prevent the disease itself.

In highly developed countries, public health measures have ensured more and safer drinking-water, better sanitation and better food handling because education had shown the dangers of poor hygiene - both personal and environmental. These measures took time and public effort, however, and in the meantime communities in developing countries can take steps to control and prevent diarrhoeal diseases through their own action.

Local beliefs

Rather than directly combat the ideas held locally in many communities of developing countries which may contribute to illness, an effort should be made to incorporate these local beliefs into a positive message about diarrhoea. For instance:

Local beliefs	Suggested health message
The body loses strength with bouts of diarrhoea:	let the body drink to regain strength.
Diarrhoea is a normal part of growing up:	it is precisely then that the child needs the extra fluid to strengthen its developing body.
Diarrhoea is a hot illness:	cool it off with a drink.
Diarrhoea is a cleansing of the body:	drinking to replenish water is necessary to help the body in this job.

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* Writer with the Appropriate Health Resources and Technologies Action Group (AHRTAG) in London.

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Local beliefs	Suggested health message
Diarrhoea is an old and traditional condition showing an imbalance of life forces:	oral rehydration will restore the proper balance.
Diarrhoea kills by dehydration:	save lives with oral rehydration. Many oral therapy techniques are already part of traditional practice.

The power of nutrition

Malnourished children are more susceptible to diarrhoea and when a child has diarrhoea its gut has difficulty absorbing nutrients in food. This condition may go on for weeks after the attack is over. Mothers often stop giving foods or liquids, including breast milk, with the onset of diarrhoea and even continue to withhold food days after the attack has ended. Yet breast milk is an easily digested food which, moreover, provides infants with protection against infection because of the antibodies they receive from the mother.

Children with diarrhoea should be encouraged to feed as soon as possible after the acute signs of dehydration disappear. They should not be starved. Even though food passes quickly through the digestive system during diarrhoea, a certain amount of "goodness" is still absorbed. Extra food should be given after the attack of diarrhoea to replace the lost nutrients and calories the child requires.

High energy foods such as fats, potatoes and yoghurts are well absorbed, even during a bout of diarrhoea. It should be possible, therefore, to feed the child using a cup and spoon and giving small amounts frequently. Coarse vegetables, fruits and spicy foods should be avoided. Bottle-feeding should be avoided as it may contribute to diarrhoea, since mothers use too little milk powder - thus contributing to malnutrition - and mix the powder with unclean water in dirty bottles.

At risk

In many places children being weaned are at particular risk because of the poor nutritional content of weaning foods. Also, these cereals and paps may be contaminated. Therefore it is important that mothers prepare only enough food for one meal at a time, if possible, and keep it covered and protected from flies and other insects. Food should be prepared in a clean place using clean bowls and utensils. To make sure young children get enough, mothers should give them a separate dish.

Keeping food clean, washing hands, and keeping a close watch on the water supply are all valuable ways of preventing diarrhoea. When possible, drinking-water should be boiled. Water supplies should be kept clean and there are simple ways of doing this: wells can be covered, springs and rivers can have their collection points deepened and fenced off. People should be encouraged not to leave rubbish near water sources nor use the adjacent land as a toilet. And, in many cultures, water is considered a precious, even sacred, commodity. This local belief should be reinforced. Thus there are a wide variety of measures communities and individuals can take now to stop the spread of killing diarrhoeal diseases or see that they don't take lives when they strike.

Every form of the media should be enlisted to get the message across: Those who suffer from diarrhoea need liquids. Sick children who don't get liquids may die. Children should not be starved just when they are under the heaviest attack from disease. Therapy is based on such measures that can be applied here and now with the resources at hand. Prevention will be the result of vigorous action to improve water supplies, protect food, and bring hygiene in all its aspects to the places where people live.

HEALTH FOR ALL BY THE YEAR 2000
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World Health Day - 7 April 1983

COMMUNITY PARTICIPATION - SUCCESS IN A PACIFIC ISLAND

by Erlinda Bolido*

As South Pacific islands go, New Ireland is a tropical paradise. Lush green vegetation and sparkling beaches make this island province of Papua New Guinea the embodiment of every traveller's dream of what places in the South Seas should look like.

But even a tropical paradise has its problems.

Water, for instance, is a major concern as the people rely primarily on rainfall to meet their needs. Also, most households do not have proper facilities for the disposal of waste. Many people complain of one health problem or another and transport costs are high, causing difficulty in the delivery of needed services.

How a growing number of New Ireland communities cope with these and other problems has made the island more than just another postcard-pretty dot of land to many health workers in the Western Pacific region. For these communities are demonstrating that primary health care (PHC), particularly in its multisectoral approach to problems and its emphasis on community participation, is a realistic strategy in the pursuit of Health for All by the Year 2000.

It was early in 1980 when the provincial government of New Ireland launched the PHC development project in selected villages in the Panachais and Madina areas. The villages' population totalled no more than a thousand.

With the technical collaboration of the World Health Organization (WHO), the provincial government went about promoting the PHC idea among local health officials and other government people as well. Equally, if not more important, the project had to be accepted by the communities.

Therefore the local health staff initiated meetings with community leaders to generate interest in the PHC concept. It was through these frequent dialogues that an important element in the success of the PHC project in New Ireland was born - the village development committee (VDC).

The VDC was organized "to serve as a permanent mechanism for channelling village resources and efforts for primary health care. It is the basic network unit for organizing, implementing, and monitoring primary health care at village level. It serves as a linkage between village individuals and the peripheral health services and other services of the government system and non-governmental organizations. It is the voice of the village people and partner of the health system in health development".

Officers of the VDC, which now controls external inputs to the community from all sources, are elected by the villagers themselves.

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* Consultant, Public Information Unit, WHO Regional Office for the Western Pacific, (WPRO) Manila.

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Water has priority

It was through the VDC that villagers in the Panachais and Madina communities and health workers set out in 1980 to identify their problems, establish priorities and work out solutions. The VDC identified the provision of adequate water supply as a priority task.

At that time, villagers relied on rivers and springs for their water. Others had private water tanks for storing rainfall and a few shared tanks.

Dr Halfdan Mahler, WHO's Director-General, who happened to be visiting New Ireland at this stage, arranged for WHO to allocate US$ 10,000 to be used for whatever project the villagers felt was their most acute need.

It did not take the VDCs long to decide that the amount was to go into the construction of more water tanks, there being no better way to provide adequate water supply to the villages than to collect rainwater.

Community participation was enlisted and villagers eagerly provided the resource they had - manpower - gratis. With technical advice and support from health authorities and WHO, the water project was started.

Latest reports indicate that at least 14 tanks, each of them capable of storing up to 2000 gallons of water, have been completed.

The project, however, has had far greater impact than just assuring those villages of adequate water supply. It has also triggered community action along other lines.

Houses had to be improved in the villages to allow for the construction of water tanks. The communities have also found the time and energy to go into other activities - vector control, demonstration gardens, development of village health information systems. Villagers worked together to prevent the destruction of farm produce by pigs. Pig pens have been built by some, while others opted to slaughter or sell their hogs.

Several communities, guided by the VDCs, managed to have toilets constructed in almost every household.

Follow-up activities with workshops were held frequently to assess the PHC projects and map out future plans of actions and re-establish priorities. Other government agencies have pitched in.

The success of PHC in the pioneering communities has inspired other villages, which are now making plans for similar activities. Undaunted by the fact that they will have to rely mostly on their own resources, neighbouring communities are making plans of their own for the construction of water tanks, guided by the experience of the others.

From eight villages, the PHC spirit has spread to 32 other communities and 28 VDCs have been organized so far. Beneficiaries of the PHC project now total about 5000. Eventually, it is expected that the whole province, then the whole nation, will be in the grip of the PHC fever.

A change in the direction of the New Ireland five-year provincial health plan for 1981-85, which will anchor it more securely on PHC, has been made. Budgetary support for PHC development has also been assured.

A National Coordinating Committee for PHC has been set up and a National PHC Coordinator has been appointed. But PHC workers in New Ireland are buoyed up more in their task by the changes they have noted in the villagers themselves.

As a WHO/WPRO report said, "the most important development is the change in the people's attitudes and behaviour. The people have begun to display some confidence in their own abilities to take counteraction when negative forces operate and threaten the health and quality of life of the villagers."

HEALTH FOR ALL BY THE YEAR 2000
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World Health Day - 7 April 1983

SANITATION PAYS

by Jitendra Tuli*

For centuries, the poorest class in India had the job of removing buckets of night soil from private houses, with all the stigma attached to such work. Inspired by Gandhi's philosophy, a public-spirited group in Patna, India, has put an end to this degrading work and improved the environment, both aesthetically and hygienically, at virtually no cost to the community.

The experiment showed that pay toilets pay for themselves.

Gandhi Maidan in Patna is one of the city's biggest parks. It is a landmark, and the venue for all important public meetings and rallies. Early in the morning, one can see hundreds of people taking a brisk walk; in the evenings it seems to be taken over by children who play the games children usually play.

Till a few years ago, however, all this was not possible. The maidan, as an elderly Patna resident put it, "was strictly off limits, and one avoided going anywhere near it. As for the smell, well, you certainly did not have to ask for directions. Your nose would lead you to it". The park was being used as one vast, open-air public convenience.

As Mr Bindeshwar Pathak, Chairman of the Sulabh Shauchalaya Sansthan (now known as Sulabh International) explains, "it was certainly a very real nuisance and a shame too. The only solution seemed to be to provide the people with an alternative". And that is exactly what his organization, a voluntary agency involved in providing appropriate sanitation services, set about to do.

It was clear from the beginning that the facilities available in Patna were woefully inadequate to meet the demand. Apart from the city's own population, Patna has a sizeable "floating" population. There are also a large number of rickshaw pullers (over 50,000), many of whom do not have a permanent place to stay.

This pattern is similar to that in many other cities where an estimated one-third of all urban households have no latrine; another third have to put up with bucket service latrines; the remaining third are served by: shared flush latrines, 21 per cent; individual flush latrines, 7.2 per cent and septic tank latrines for 5.2 per cent.

In effect, according to modest estimates, 7 million urban households in India have bucket latrines which should be replaced with water-seal latrines. There are another 7 million households without latrines that need to be provided with the new, water-seal, latrines.

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* Information Officer for the WHO South-East Asia Regional Office in New Delhi.

In the eight years since the first pair of "Sulabh Shauchalayas" (which means "easy-to-use convenience") were installed off Gandhi Maidan, there are now over 70,000 in Bihar State, with nearly 10,000 in Patna city alone. Today, over 50,000 persons daily use the cubicles set up in the 40 centres which are run and managed by Sulabh International.

Everyone pays

At one such centre, the busiest in Patna, over 3000 people use the services daily. There were office-goers and rickshaw pullers, tailors and shop-keepers and casual visitors. What each of them appreciated was the ease and speed with which everything was done. "Even during rush hour, from 5 a.m. to 7 a.m. when there is a queue of 5 to 10 persons outside each cubicle, there is no pushing or shouting. All you do is pay 10 paise (one US cent), get a pinch of soap powder, collect your container with water and find an empty cubicle". The cubicles are cleaned by a band of paid workers who take great pride in keeping everything neat and tidy. As Mr Pathak explained, although nobody is asked to pay, "nobody refuses". He explained, however, that women and children could use the facility free. Also, those who are unable to pay are not charged.

Most of the centres run by Sulabh International in Patna have an area kept aside for bathing. "We do not have cubicles yet, but hope that this will be possible later", says Mr Pathak.

At one of the bigger centres, a highly successful experiment has been conducted in using human waste to produce bio-gas. Enough of it is produced to light not only the lamps at night, but also to use for cooking purposes. There are plans to install more bio-gas plants at other centres and to provide gas to the neighbouring households. "The potential is immense," says a confident Mr Pathak.

The agency has also launched a scheme to train people to make and install "sulabh shauchalayas". It actively helps householders with the necessary formalities of getting loans from the local authority to convert bucket privies into water-seal latrines and then goes ahead and installs them. Sulabh International gives a guarantee of two years and looks after the maintenance, where needed.

Mr Pathak says that his main purpose in taking on this work was to see Mahatma Gandhi's dream of putting an end to the degrading system of scavenging come true. "I must say that though the mental inspiration came from him, it was a WHO publication that really set me off." And then he pulls out a much-used copy of "Excreta Disposal for Rural Areas and Small Communities", by E. G. Wagner and J. N. Lanoix (WHO Monograph Series 39, 1958).

"I was most impressed by this simple approach to a complex problem, and even though I am not an engineer or scientist, I believed in the concept." At the first available opportunity, he tried to put what he had read into practice. "And I'm glad to say that in this case the theory proved practical."

It is not only in Patna that this is being tried out. Already, similar centres have been established in the States of Andhra Pradesh, Karnataka, Madhya Pradesh, Orissa, Tripura, Uttar Pradesh and West Bengal. There are plans now to open up "Sulabh Shauchalayas" in Jammu and Kashmir and Rajasthan.

As Mr Pathak points out, the Sulabh Shauchalaya movement has proved more than one thing. "We all know that with the people's participation, you can achieve anything. We are fortunate that we have been able to show in practical terms that there <u>is</u> an alternative to scavenging. People need not make a public nuisance of themselves if they are provided with a convenience, which is clean, for which they will be willing to pay a nominal charge. We have also shown that if the municipal or State authorities can provide public conveniences, the community can effectively and efficiently maintain and run them. In fact, we have generated employment for at least 300 people in Patna city alone, not to mention the soap manufacturers and others engaged in making and maintaining the 'sulabh schauchalayas'."

As one can see clearly from the experiment in Patna, sanitation certainly means cleanliness, and it pays too!

WHD.83/5

HEALTH FOR ALL BY THE YEAR 2000
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World Health Day - 7 April 1983

"NOT MERELY AN ABSENCE OF DISEASE"

by Nedd Willard*

The Centre for Preventive Medicine of Nancy, in northern France, is located on the brow of a hill just outside this modern city. From the first contact, families coming for a visit feel that this is a place where dialogue is encouraged.

Communication, research and prevention are the keys to a programme, the object of which is to understand the epidemiology of health for an entire region and then to do something about it. In many places like France, health care seemed to be closing itself off into an impersonal process, where people found themselves put into tightly compartmented boxes under the care of highly trained specialists, armed with the latest technology. The Centre felt that a new generalized approach with families at the very hub could inform people about their health and develop a new form of partnership with medical practitioners.

Examinations and discussions take place during two half-day visits. Families are particularly encouraged to come together, and there are facilities for meals and baby-sitting. The atmosphere in the reception area and even the examination rooms is relaxed and the presence of children everywhere and of facilities for them, small basins for washing hands and brushing teeth, adds to a feeling of well-being. The Centre feels more like a relaxed school run on modern lines than the first stage of a hospital orientated process.

The examinations are extensive and use the most sophisticated technology, but questionnaires filled out by each adult and teenager are equally important. A week after the visits, a meeting is arranged with a generalist physician who has before him the results of the tests and the questionnaires. The physician is interested not just in one or more pathological conditions, but in how the family functions and where health can be improved. The most significant part of these interviews, however, is probably the fact that they are not rushed. There is no hurry and the physician can discuss each problem at length with any or all members of the family. This is where the family learns that, rather than merely being passive objects of medical care, there are things they can do for themselves and particularly for the development of their children.

After the family leaves the Centre, the physician will inform their family doctor of the test results and of the interview. In some cases, the doctor at the workplace will be contacted. The Centre does not try to replace medical care but to fit it into a larger picture where causes of conditions can be understood and remedied.

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* Information Officer in charge of World Health Day, WHO headquarters, Geneva.

WHD.83/6

A mine of information

Since the Centre opened in 1969, more than 300,000 people have gone through its doors. In 1981 alone there were visits by 17,000 families. As a result, a mine of information has been gathered. Residents of the region are aware of this and the need for research. As one of the founders of the Centre remarked, "People don't want to be guinea pigs but they do want to help all of us find out more about health. This Centre is a place where people not only get something but give something in return, in this case important data."

Using sophisticated methods of computer techniques, this mass of data has already produced interesting and important findings in over 600 scientific papers.

More sleep means better grades

Children are a focus point for research since they demonstrate the entire process by which a human being develops and the role played by various factors in health and illness. One important long-term study relates to sleep. The correlation between the amount of sleep a child gets, in this case children aged 7-8, and their performance at school is striking. Among those children who slept less than 8 hours a night, 61 per cent were behind in their school studies, only 39 per cent were doingaverage work, and none of them was among the top of the class. Whereas among children who slept the most, more than 10 hours each night, only 13 per cent were behind at school, 76 per cent were classified as average, and 11 per cent were outstanding.

Nor was a lack of sleep only related to school studies. Children who slept less were more likely to stutter or have speech problems, which reinforced their poor performances at school.

Shorter sleep also corresponds to poor bodily development. Many tended to be short and overweight. Since hormones governing growth are secreted during sleep, sleeping actually helps growth.

Social factors play an important role. Those who sleep least are usually from poorer families where children don't have a room of their own to sleep in. These same families also tend to use language poorly and possess few books, all of which reinforces the sleepy child's poor chances in school.

The findings are not destined to be scholarly exercises. They help the Centre explain to families how, in the crucial childhood years, future illness and poor development can be avoided. There is a lesson in this for all of the health profession. Instead of tracking down and describing diseases and then following their treatment, the medical profession must turn its attention to prevention.

Working together

The decision to come in for a visit, which is paid for by the medical social security system in France, still represents an important step by the family in taking on responsibility for its health. Activities of the Centre are well reported in the local press, on TV and radio. Word of mouth is important as well. The Centre uses communications of all sorts to let people know the service it offers. In the case of high-risk occupations, such as steelworkers, special campaigns may be launched to get the families of these workers to come in for a visit.

Studies show only a quarter of those who come do so because of fear of ill health. Interestingly enough, only 7.5 per cent came because their physician had recommended it. The rest come for a variety of reasons, reinforced by the general interest in the Centre promoted in the media.

Studies at the Centre show that "An ounce of prevention is worth a pound of cure" is still part of conventional wisdom but people don't know exactly what sort of prevention they need to work on. Important long-term studies on high blood pressure, beginning in childhood, and correlated with heredity and poor diet are one area where the Centre is able to give sound advice. It has found that even a little high blood pressure in young children is a serious warning that should be heeded.

People have shown that they don't mind tests as long as they feel they are treated as a human being and not as a sick animal or a piece of malfunctioning machinery. Those who work at the Centre don't feel that prevention means bullying people about bad habits but helping them to work together as families to improve them. Their studies show that mothers who smoke cigarettes have children who cough and are subject to more respiratory diseases. And a mother may do for a child what she would not do for herself. It works the other way around too, when a teenager sets a good example of diet for her mother to follow.

Just talking things over helps a lot. Not only is the rhythm of the Centre unhurried but the staff is rotated periodically so that they don't get bored at "the same old job".

Lessons for all

The results from Nancy provide lessons for other places as well; for example, how countries can deal with the changing health situation. The health situation in many developed countries is changing faster than the medical professionals often realize. "In countries like France, major communicable diseases are mostly things of the past. Doctors will have to learn how to take care of healthy people and show them how to get the most out of life, from childhood to a healthy old age," said one of the Centre directors. "There are more doctors around Nancy than in most places, about 1 to 600 inhabitants, which is even higher than the average for France of 1 per 1000. The new role of doctors will have to be that of a health communicator, backed up with the best information modern technology can provide."

Begun when France was in a fever of specialization, Nancy has overcome the reticence of doctors, who feared they would lose clientele, and has convinced the public that the Centre was there to help them to help themselves. It enlisted the cooperation of an entire community in drawing up the health picture of a region of two million people. And it found that the health of the family was the key to that of the community.

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HEALTH FOR ALL BY THE YEAR 2000
THE COUNTDOWN HAS BEGUN!

World Health Day - 7 April 1983

WHO PHOTO

HEALTH FOR ALL
BY THE YEAR 2000

THE COUNT-DOWN HAS BEGUN!

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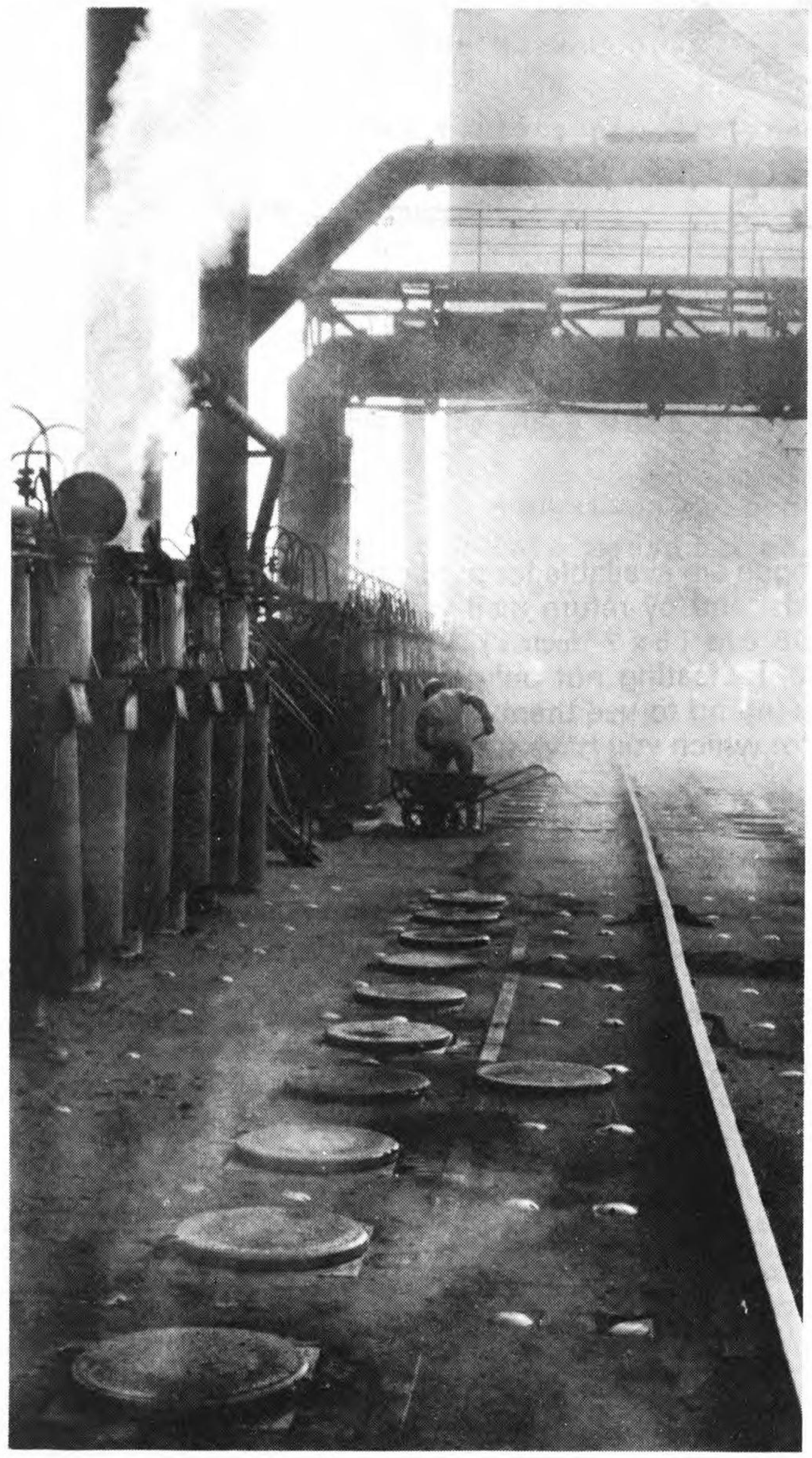

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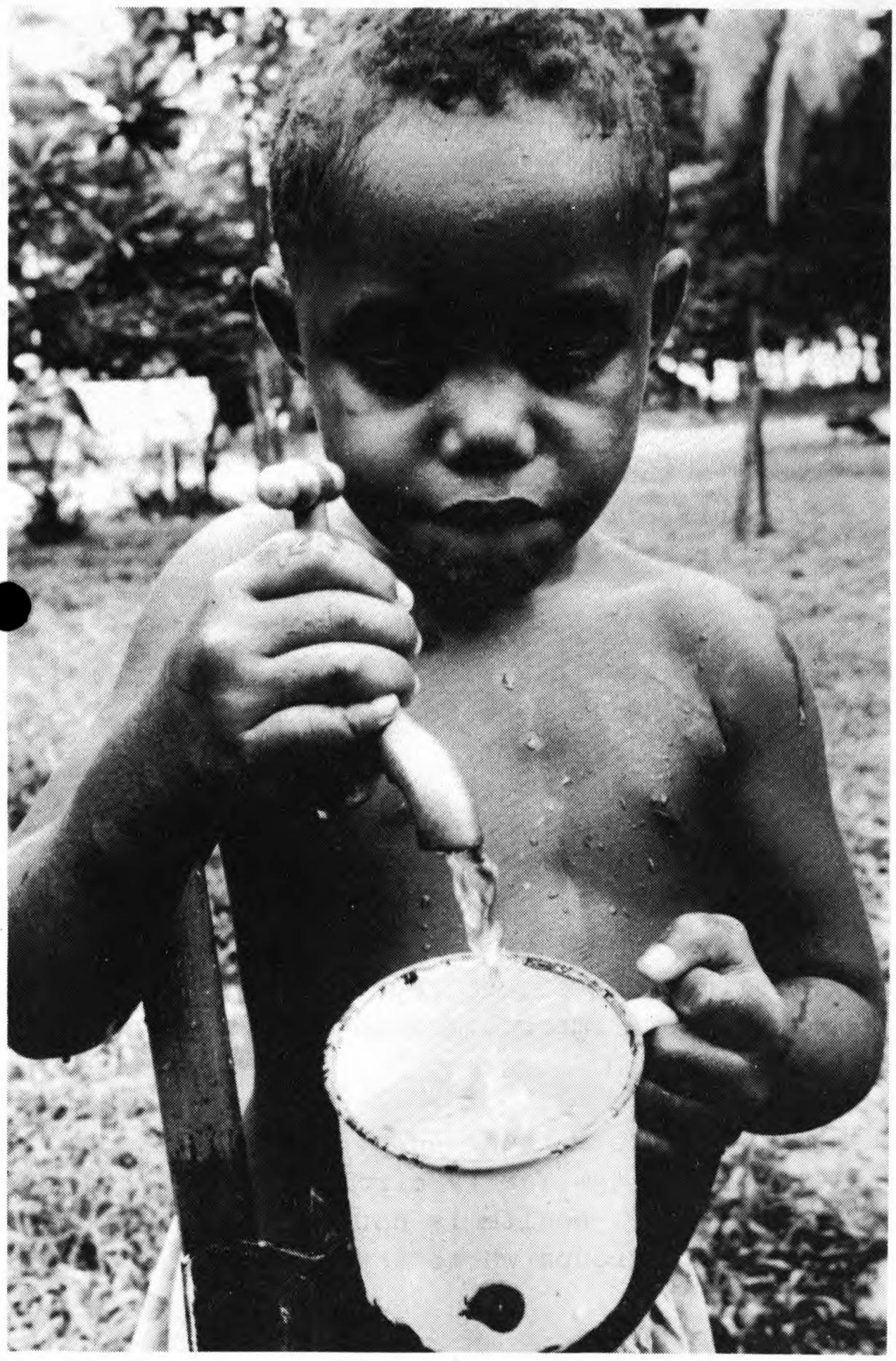

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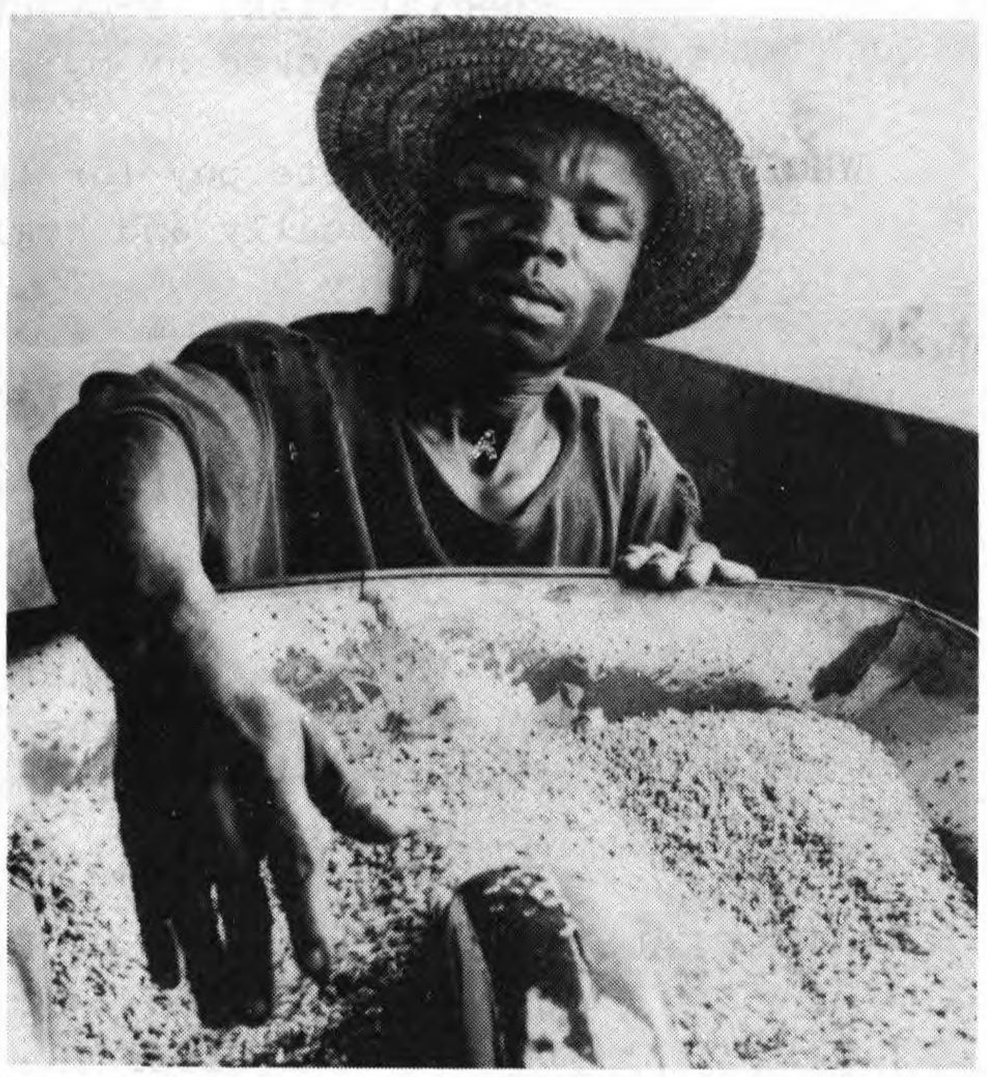

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CAPTIONS

Health for all by the year 2000 - the countdown has begun

This year's World Health Day theme illustrate what communities and individuals can do to bring themselves closer to the goal of Health for all by the year 2000.

Much of the health of the community is in its own hands. Individuals and communities can take steps now to make this a reality.

WHO/18934 One message must be heard everywhere: "Diarrhoea can kill children, but many lives can be saved if children are not starved or deprived of the liquids they need." Also, children may be too weakened by hunger and thirst to be able to resist many common childhood diseases.

WHO/18935 A rural scene, but danger lurks in polluted water. Water sources should be fenced off and protected from pollution of all kinds.

WHO/18936 The workplace can be dangerous to health. Some workers are at special risk. Preventive measures should begin at the workplace and be backed up by careful and periodic check-ups.

WHO/18937 Pay toilets pay for themselves. They improve the environment both aesthetically and hygienically and cost virtually nothing to the community.

WHO/18933 Home visitors are also health educators, communicating vital knowledge as well as providing simple care. They can emphasize the need to vaccinate against childhood diseases and promote good dietary practices and cleanliness.

WHO/18938 Health education must come to where the people are. Simple appropriate messages can be brought to the market-place, for example, where the community gathers to exchange ideas as well as commodities.

WHO/18430 Mothers can promote their children's growth, swiftly and surely, by breastfeeding. But children need solid food to supplement breast-milk after the age of four to six months.

WHO/18462 Adequate and safe water is an ally of health in many ways. Clean water itself can prevent many diseases and help to ensure healthy skin and eyes.

WHO/17552 Food is the first rampart of health for everyone, everywhere. Adequate supplies of good food are more important than medicines to ensure healthy lives.

WHO/18932 Having the family examined as a whole is a new concept in preventive medicine. Yet it is within the family circle that protective measures can be carried out. Health is not only an individual matter but involves social groups whose actions can improve health.
