ADDIS ABABA

ESCHC/78

ORGANIZATION OF AFRICAN UNITY

First Meeting of the Scientific Advisory Panel on Health Education, Maternal and Child Health and Nutrition

Cairo 29 November, 5 December 1971

RGANIZATION OF
AFRICAN UNITY
Secretariat
P. O. Box 3243

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ORGANISATION DE L'UNITE
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Secretariat
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Educational, Scientific, Cultural and Health Commission
Second Ordinary Session
29 November - 5 December 1971
Cairo.

ESCHC/78

FIRST MEETING OF THE SCIENTIFIC ADVISORY PANEL ON HEALTH EDUCATION, MATERNAL AND CHILD HEALTH AND NUTRITION

Addis Ababa, 26 - 30 July, 1971

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Addis Ababa, 26th - 30th July, 1971

R E P O R T

1. Opening Ceremony:

The first meeting of the Scientific Advisory Panel on Health Education, Maternal and Child Health and Nutrition took place in Addis Ababa from Monday through Friday, July 26th to 30th, 1971 at Africa Hall.

Present at this meeting were experts in the relevant specialties from eight member States; the full list of the participants, Consultants and WHO Advisers are as outlined in Appendix I.

In his opening adress, Mr. J.D. Buliro both in his capacity as Assistant Secretary-General in charge of the Educational, Scientific, Cultural and Health Department of the OAU General Secretariat and also on behalf of Mr. Diallo Telli, the Secretary General currently on a tour of parts of North and West Africa, welcomed all present at the meeting.

He stressed the fact that the recommendation for the establishment of Scientific Advisory Panels was adopted in 1969 by the Science, Culture, Education and Health Commission of the OAU with a view to "bringing about the application of expertise and experience to, and co-ordination of the efforts in nutrition and health matters in Africa". This Commission would meet again in November 1971 when it would consider the reports and recommendations of this panel and those of any others e.g. the scientific Advisory panel on viral, bacterial and parasitic diseases, which met in Addis Ababa from July 19th - 23rd 1971.

He observed that during the five days meeting the panel would focus its attention on the various aspects of

Health Education
Maternal and Child care and
Nutrition.

He deplored the present state of affairs which encouraged the existence of a vicious circle of infection- malnutrition - more infection - death or disability with its undesirable consequences on the economy and level of manpower among the peoples of the African continent.

He therefore called on the experts to consider seriously -

(i) the proposal to create Regional Food Reserves in Africa

(ii) the maintenance and expansion of existing basic health services

and so suggest adequate and feasible measures which Member States could adopt by way of bringing about an overall improvement in the health and nutritional pattern of the peoples of Africa.

He wished the participants a most successful meeting.

2. Election of Officers:

The following were elected:

Chairman: Prof. Abd-el-Fattah El-Sherif
Dean of the High Institute of Public Healgh
University of Alexandria
U.A.R.

Rapporteur: Dr. Irene M. Thomas
Principal Medical Officer
Federal Ministry of Health
Republic of Nigeria

3. Agenda and Organization of Work:

The agenda as appearing in appendix II was adopted after a general agreement by the panel that item 13 be discussed under two sub-headings - viz.

(a) the role of the health team in the rural health centres;

(b) preparation of human resources for achieving the success of our goal;

4. Areas for Discussion:

4.1. Introduction.

The panel noted that it was required to discuss under separate headings matters relating to:

(i) Maternal and Child care
(ii) Health Education and
(iii) Nutrition.

The experts however had no doubts whatsoever in their minds that the three areas were inter-related, could not be divorced one from the other but, taken as a whole, should form the basis for the establishment of a Comprehensive Family Health Programme within the framework of an integrated basic health service. The panel's recommendations will therefore be formulated with this concept in mind.

4. 2 Summary of Discussions:

4. 2.1. (a) Maternal Care in rural areas (item 5)
(b) Establishment of the under-five children clinics (item 9)
(c) The role of the health team in the rural health centres (item 13a)
(d) Preparation of human resources for achieving the success of our goal (item 13b)
(e) Family planning in Africa (item 17)

The panel was outspoken in expressing its views that whatever form of medical and health services was provided for the mother in a rural setting it must be such that would take into consideration all her personal health needs and those of her entire family. Women living in scattered hamlets would not afford the time to make half a dozen separate visits to the rural health centre. The dichotomy into maternal care and child care would therefore completely defeat the purpose for which health centres were created.

The panel was equally strong in its criticism of the under-five children clinic. Successes in this area over the years have now highlighted other problems for which very little could be done by way of effectively solving them. The panel noted that in most African countries children were not admitted into primary schools before their sixth birthday; the five plus child therefore was for all practical purposes not medically catered for. Furthermore, not all children go to school since primary education, though free is not compulsory in all African countries; sight was not lost either of the cumulative number

of school drop-out. Working on the assumption that 50 per cent of any given population account for children under 15 years, 25 per cent of these could be expected to have no direct access to medical treatment and advice.

A system therefore was indicated whereby there would be a continuity in the case history notes, services received (preventive and curative) right from the time of conception to that of delivery of the child, through infancy to adolescence - in short, a long term family health scheme.

The panel therefore envisaged an MCH programme adequately planned to provide the following facilities:-

(i) Antenatal care
(ii) Delivery services
(iii) Postnatal care
(iv) Registration of births and deaths
(v) Routine immunization
(vi) General medical/surgical treatment
(vii) Intensive care unit with facilities for resuscitation of cases by means of blood transfusion or rehydration fluids.
(viii) Treatment and prevention of malnutrition including nutrition education, demonstration classes and rehabilitation unit.
(ix) Health education
(x) Family Planning
(xi) Mental health

In order to ensure full coverage of the vulnerable groups the panel stressed the need for medical and health care to be taken to the people in their hamlets and farms. For this purpose mobile teams consisting of trained paramedical personnel travelling in landrovers, on bicycles or walking should be provided.

The panel considered the problems surounding family planning more intricate when taken in the light of the African concept of a family unit particularly in the rural areas. It however regarded family planning activities as an important component of the basic health services especially that of maternal and child health and urged that in a comprehensive

programme as outlined above health education and advice on family planning should be readily available to all not only for the benefit of couples with children but also for the purpose of early detection of cases of infertility or sterility requiring further gynaecological investigation. Family planning in its broadest sense applied to an African community should be seen to concern itself with the promotion of family health; it should play an important part in the social and economic development of that community.

The panel was convinced that in the setting up of a rural health centre emphasis should be laid not on architectural beauty but rather in the quality of the services rendered by a health team adequate in number and provided with the necessary medical equipments and other supplies, large quantities of the commoner drugs, vaccines, rehydration fluids etc. with a guarantee for further supplies being available on request.

The experts viewed with grave concern the tendency for administrators to expect too much of their staff; those charged with the responsibility of organization and planning should be more realistic in their approach. Rural Health centres are grossly understaffed and the degree of supervision either by a qualified physician or a medical assistant even where practicable, is inadequate.

In order to achieve our goals there should be a complete revision of the curricula of medical and paramedical students in all Institutes of medicine and public health to take in conditions prevailing in rural areas. Training of a larger number of paramedical personnel should be intensified. Development of the rural areas in terms of better roads, water and electricity supplies, provision of schools, shopping centres etc. should be a matter of top priority in any development plan. Serious consideration should be given towards improving the conditions of service and the salary structure of personnel working in the rural areas. The services of specialists in the various disciplines would always be required and for this reason postgraduate courses should be encouraged as far as practicable. The panel observed that the role of the public health team should be considered as a whole; it was of the opinion that a separate meeting of experts to deliberate further on this point might be necessary at a later date.

4. 2.2. (a) Objectives of health education and methods of approach in the African community (item 6)

(b) Health education, personal hygiene and environmental sanitation (item 10)

(c) Health education and communicable diseases (item 14)

The panel observed that health education must take into consideration the cultures of the people, their needs, interest and health problems. The main aim of health education is to assist people to achieve and maintain a state of good health through their own action and efforts. It begins with the desire to improve one's condition of living and aims at developing a sense of responsibility for one's personal health as an individual, as a member of a family unit, community or government.

In considering the methods of approach the panel felt strongly that any health education programme must be preceeded by a thorough research into the social and cultural life of the community. Health educators must be sufficiently disciplined to appreciate always that the content of what they teach could be related to what people feel they need or want. Obtaining the co-operation, effective and active participation of chiefs, leaders and other influential members in a community are added advantages. Enlisting the support of the traditional leaders, school administrators and teachers through individual or group interviews, by working through voluntary agencies like the Red Cross, or using traditional drums and folklores, exhibitions, plays and drama would yield good dividends. The modern methods, making use of all available media are very effective - Radio and Television script in the local vernacular, illustrative posters with messages written in the local language, photographs of local environments, films and film strips, newspapers, pamphlets and leaflets all written in the local languages. Audio-visual aids are valuable adjuncts to health teaching provided they appeal to the senses of vision, hearing and touch.

The panel laid greater emphasis on the content of health education as related to personal hygiene, environmental sanitation and communicable diseases and called for entensive studies into;

(a) the needs of a given community

(b) the available facilities

(c) the degree of utilization of such facilities.

The development of rural areas could not be over-emphasised and in this respect, public health officers should regard themselves as "the changing agents" charged with the responsibility of ensuring that unhygienic habits, and insanitary conditions were brought to the notice of the individual, the community or responsible government authority. They should go all out to co-operate with other community development ministries or agencies in the development of rural areas. Planning should be realistic; it should not be enough to tell people to wash their hands before eating or after using toilet facilities or to refrain from indiscriminate defaecation if the provision of wholesome and adequate supply of water or public latrines have been denied them. The proper disposal of refuse and sewage should be given careful consideration as a matter of urgency by governments with the co-operation of the local population.

A total involvement of every individual in the understanding and practice of the principles of health education are of the greatest importance. In this respect, the panel urged strongly that the Ministries/authorities responsible for health, education and information should co-operate with each other to ensure that health education is taught at all levels - primary school, secondary school, technical schools/colleges, teacher training colleges, Universities, medical and para-medical institutions.

4. 2.3 (a) Protein - calorie malnutrition problems in Africa (item 7)

(b) Increase of protein resources and improving protein calorie content of food (item 11)

(c) Nutrition of the vulnerable groups (item 15)

(d) Health education and nutrition (item 18)

(e) Planning national food reserves, and famine relief (item 19)

The panel considered the problems of protein-calorie malnutrition in Africa and noted that the prevalence was of the order of 25 - 28 per cent in the under 5 group in most African countries. As a cause of death it was responsible for 21 per cent of all deaths.

Two clear cut medical syndromes were recognized - Kwashiokor - high calorie, low protein intake and Marasmus - low calorie low protein intake. Between these two were the large numbers of intermediate cases. It also considered the cost imposed on the country's economy as a result of loss of potential manpower.

Looking into the precipitating factors it observed that malnutrition in pregrancy, especially during the last twelve weeks and in early infancy predisposed to a situation in which the brain failed to attain its normal range. The panel considered further the factors which are lacking in the existing health services, the poor environmental sanitation, the vacuum created when traditional ways of living are disposed with, the rapid urbanisation, the educational system which placed greater emphasis on book learning rather than on citizenship and the lack of community self help programmes.

The panel re-emphasised the need for the re-orientation of medical and para-medical personnel on their attitudes toward local customs, the proper utilization of nurses and other para-medical staff in the running of health centres and the deployment of more doctors in the field rather than into administration.

The panel further observed that more research studies were indicated in the area of nutrition if the causes and prevention of multiple vitamin deficiences should be fully understood; serious consideration should be given to this at regional level as well as the production of weanling food and food supplements inorder to prevent the rising incidence of marasmic cases and provide increased resistence against infection.

The panel felt that co-ordination of food production amongst Member States should be encouraged. It noted that the O.A.U. and F.A.O. were already studying this point. The relief and prevention of famine and nutritional disasters in the region would be made easier by the creation of national food reserve and proper monitoring of national food production.

Training schemes should be considered by all Member States for students of medicine, agriculture and education working as a team; the establishment of nutrition rehabilitation centres where mothers could be given specific lessons on preparation of meals suitable for the child recently discharged from hospital should not be overlooked. 20 - 30 per cent of food products are destroyed resulting in the so called "hunger season"; preovision of storage facilities and means of transportation should be seriously considered with the co-operation of the F.A.O.

The panel expressed its concern over the mentally deranged members of the African society. It urged Member States to look into the treatment and rehabilitation of these unfortunate victime.

The OAU the panel observed, should get itself fully involved in the promotion of good health and the reduction of malnutrition amongst the peoples of Africa. It called for greater participation by OAU in the existing joint FAO/WHO/OAU Regional Food and nutrition commission for Africa in its services of providing informed analysis of the food and nutrition situation on the continent.

5. Conclusions and Recommendations.

5. 1. The panel appreciated that the problems encountered in the areas discussed above namely, maternal and child health, health education and nutrition are similar throughout the African Region. It noted also that the major causes responsible for the persistent high mortality and morbidity rates amongst women and children are due to preventable factors such as:-

1. ignorance of basic facts and high rate of illiteracy amongst women,
2. poor environmental sanitation,
3. repeated infection,
4. malnutrition,
5. inadequate provision of basic health services in remote areas,
6. paucity of trained personnel - medical and para-medical,
7. poor communication and transportation facilities making it impracticable for any referral system to be established,
8. large families among the low socio-economic group,

5. 2 The Panel recommends that:-

1. Every Member State look seriously into the establishment of a comprehensive Central Maternal and Child Health Administration as the policy-making body and co-ordinator of programmes to liasise with smaller administrative bodies at the divisional, zonal or district level;

2. the expansion of basic health services in rural areas to continue as a matter of top priority in any health development plan.

3. a comprehensive Family Health programme to include Maternal and Child care aimed at meeting the needs of the community and providing full coverage of those at risk be integrated into the basic health services.

4. the training of para-medical personnel, e.g. community nurses/midwives, sanitarian & nutrition workers using local candidates be intensified;

5. co-operation between Ministries of Health and Public Health authorities on the one hand and other Ministries or community developing agencies on the other hand e.g. agriculture, engineering, housing and education be encouraged;

6. evaluation of the programme adopted be a continuous objective of the National Administrative Body recommended herein with the assistance of OAU and WHO whenever required.

7. Prevention of malnutrition should be an integral part of all services concerned with the health of the mother and child.

8. in view of the high incidence of goitre on the continent the OAU should sponsor a co-ordinated research on the subject, the result of which should be communicated to the Health Bureau of the OAU for dissemination to all Member States, their departments of Health, Universities and Institutes of Health.

9. development of rural areas be made a top priority with special reference to the provision of basic amenities e.g. wholesome water in adequate supply, electricity and proper disposal of sewage and refuse.

10. research and investigation studies on the blending of vegetables, cereals and root crops to produce a balanced diet be encouraged.

11. farmers be encouraged to produce more by giving them training in the use of modern machinery and methods.

12. fish farming be expanded or developed where non exists.

13. funds be provided for the purpose of pursuing research and training programmes both at national and regional levels in various fields and for exchange programmes amongst Member States.

14. The OAU should endeavour to make the joint FAO/WHO/OAU Food and Nutrition Commission more effective.

15. the OAU should sponsor a clearing house for the exchange of information about on-going research and research results to all interested bodies in Africa.

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Attachment I

AGENDA OF SCIENTIFIC ADVISORY PANEL ON HEALTH EDUCATION MATERNAL AND CHILD HEALTH AND NUTRITION

ESCHC/78

SCIENTIFIC ADVISORY PANEL ON HEALTH EDUCATION
MATERNAL AND CHILD HEALTH AND NUTRITION
From 26th to 30th July 1971

First session from 9.30 a.m. to 1. p.m.
Second session from 3. p.m. to 6 p.m.

Monday 26.7.71

Registration

1. Opening ceremony
   Welcome address by Mr. J.D. Buliro, Assistant Secretary-General.
2. Election of Officers
   Coffee break.
3. Adoption of the Agenda.
4. Organization of work
5. Maternal Care in rural areas.
6. Objectives of health education and methods of approach in the African Community.
7. Protein-calorie Malnutrition problems in Africa.
8. Recommendations.

Tusday 27.7.71

9. Establishment of the under-five Children Clinics
10. Health Education, personal Hygiene and Environmental Sanitation.
11. Increase of protein resources and improving protein content of food.
12. Recommendations

Wednesday 28.7.71

13. (a) The role of the health team in the rural health Centres
    (b) Preparation of the human resources for achieving success of goals.
14. Health education and communicable diseases

15. Nutrition of the vulnerable groups.

16. Recommendations.

Thursday 29.7.71

17. Family planning in Africa.

18. Health education and nutrition

19. Planning national food reserves and famine relief.

20. Recommendations.

Friday 30.7.71

21. Adoption of the report of the panel

22. Date and venue of the next session.

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Attachment II

List of Participants

List of Participants

Meeting of the Scientific Advisory Panel on Health Education, Nutrition, Maternal and Child Health Family Planning and Environmental Health Panel

Ghana

Dr. S. Ofosu-Amaah
Ministry of Health
Accra, Ghana

U.A.R.

1. Prof. Abd-El-Fatah El-Sherif
Dean of the High Institute for Health
University of Alexandria
U.A.R.

Nigeria

1. Dr. (Miss) Irene Thomas
Principal Medical Officer
Ministry of Health
Lagos Nigeria

2. Dr. A. Omololu (invited guest)
Medical Nutritionist
University of Ibadan
Ibadan, Nigeria

Congo Kinshasa

Dr. Bwazani
Medecin de Santé Publique
Kinshasa, Congo.

Madagascar

Dr. Rakotomanga Samuel (invited guest)
Chef du Service de l'Education Santiaire et de la Médecine
Tananarive, Madagascar

Ethiopia

Dr. Asrat Woldeyes
Director of Princess Teshay Memorial Hospital
Addis Ababa, Ethiopia

Cameroon

Prof. Gandji
Parasitologie
Directeur Adjoint du C.U.S.S.
Centre Université de Science de la Santé
Yaoundi, Cameroon

Libya

Dr. Abdulkerim Abushwereb
Director of Infection Diseases Dept.
Tripoli, Libya

Observers

WHO.

1. Dr. A.H. Thomas
   WHO Liaison Officer
   E.C.A.
   Addis Ababa

2. Dr. K.B. Bjornesjo
   WHO P.O. Box 3069
   Addis Ababa, Ethiopia

Ethiopia

Dr. Demissie Habte
Pediatrician
Ethio-Swedish Pediatric Clinic
Addis Ababa, Ethiopia

Dr. Tiruneh Sinnshaw
Health Officer & Public Health Administrator
Ministry of Public Health
Addis Ababa, Ethiopia

Dr. Haile Mariam Kahssay
Public Health Education Specialist
Ministry of Public Health
Addis Ababa, Ethiopia

Dr. Kelkilew Tadesse
Sanitary Engineer
Ministry of Public Health
Addis Ababa, Ethiopia

1971-07-26

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Organization of African Unity

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