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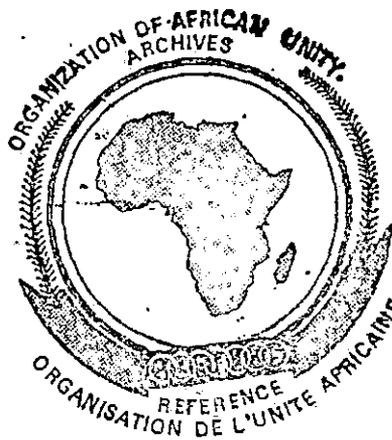
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REPORT OF THE SECRETARY-GENERAL ON THE PROJECT
TO ESTABLISH SCHOOL HEALTH SERVICE IN THE COMOROS



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REPORT ON THE PROJECT TO ESTABLISH SCHOOL HEALTH SERVICES
IN THE COMOROS

I - GEOGRAPHICAL AND HISTORICAL BACKGROUND

- Geographical situation
- Historical background

II - THE RUPTURE WITH FRANCE AND ITS CONSEQUENCES

- In the economic field
- In the social field

III - THE HEALTH POSITION

IV - ORGANIZATION OF CURRENT HEALTH FACILITIES

V - PROJECT TO DEVELOP PUBLIC HEALTH SERVICES

- Background
- Scope of the project
- Short-term project
- Long-term project

VII - CONCLUSION

VIII - ANNEXED DOCUMENTS

- Organizational Chart of the Ministry of Public Health
- Public Health Budget
- Distribution of Educational Establishments by Administrative Regions.
- Distribution of Health units by Administrative Regions
- Administrative Map of the Comoros.

I - GEOGRAPHICAL AND HISTORICAL BACKGROUND

(Extract from Preamble to a Request for subvention submitted to SUCOM by the Ministry of Public Health of the Comorian Government)

GEOGRAPHICAL SITUATION

The Comoro Archipelago, situated to the North of The Mozambique Channel, is composed of four Islands.

Three hundred kilometres separate Mayotte, in the South-East, from the nearest point on the Malagasy Coast. Greater Comoro, to the North-East, is about the same distance from Africa.

Situated between 11° and 13° in the Southern Latitude and 46° Longitude, the Archipelago controls the entrance to the Mozambique Channel. Lying astride the Oil Route, the Archipelago is continuously skirted by super-tankers.

The population is distributed as follows:

GREATER COMORO:	1,147 sq. km.	140,000 inhabitants
MOHELI	290 "	11,000 "
ANJOUAN	424 "	115,000 "
MAYOTEE	374 "	35,000 "
	<u>2,235 sq. km.</u>	<u>301,000 inhabitants</u>

Two of the Islands are markedly volcanic: Greater Comoro and Mayotte.

On Greater Comoro, the North-East crater of Karthala volcano, 2,400 meters high, is still active. Its flanks are covered by dense tropical forest extending over nearly 1,000 hectares interrupted by several lava flows.

The Island of Anjouan almost entirely covered with vegetation, reaches an altitude of 1,600 metres.

The Island of Mayotte, on the other hand, the stump of a very old and considerably indented volcano, surrounded by a coral reef, and the Island of Moheli, are less rugged.

Climatically speaking, the four islands are subjects to the monsoons, with, from December to March, a rainy season characterized by **high** temperatures (32°) and violent downpours.

Being geographically situated 12° in the Southern Latitude, the Comoro Archipelago is exposed to tropical cyclones which, though relatively rare, are extremely violent and sometimes destructive.

The **dry** season, which corresponds to the Austral winter, is interrupted by a short rainy season in July.

HISTORICAL BACKGROUND

A - Prior to colonization

1) Settlement

Prior to the Middle Ages, the Archipelago was visited by Arab Muslim navigators. Sailing down the Red Sea, they skirted the Mozambique Channel, visiting the Comoros regularly. The almost total absence of archeological documents makes it impossible to determine precisely how settlement occurred.

According to oral tradition in the Islands, the first inhabitants came from the African coast. However, on the site of SIMA, on the Island of Anjouan, fragments of recently-unearthed pottery, subjected to C14 analysis, appear to indicate that the Comoros were inhabited in the VIth century by a Melano-Polynesian strains of people.

As to the date at which the Arabs disembarked in the Comoros, various sources agree that the Chirazians definitely established themselves in the Comoros in the XVith century. However, the possibility cannot be ruled out that the Arabs had previously visited the Archipelago, but such stays were of short duration and had no real influence on the population.

2) Civilization

at the beginning of the XVith century, the Chirazians undertook the conversion of the Archipelago to Islam. This conversion was all the more successful since the presence of small colonies of Arab traders on the Comorian coasts had familiarized the Comorians with Mohammed's religion. An anonymous manuscript states that, as early as the VIIth century, two Comorians, Fey Bedja Mambwe and Mintsoi Mwindja, having learned of the Prohpet's existence, set out to find him and having got as far as Jiddah, learned of the death of God's messenger.

Three names symbolize this Arab presence in the Comoros: Mohammed Ben Issa, Hassan and Outhman. They introduced the Koranic civilization into the Comoros and attempted, less successfully, to impose their authority over each island and found a dynasty there.

3) Political, administrative and social organization

social and political structures were totally modified with the arrival of the Chirazians. The former district (Mafe) or Mabeja) gave way to an organization of sultanates. Nine Sultanates were thus set up in Greater Comoro, two in Anjouan. Moheli became the scene of continual strife between Anjouan and Greater Comoro. It was most often under the Sway of Sultan of Mutsamudu of Anjouan.

Mayotte underwent a similar transformation. Marriage between Anjouan Sultanates and Mayotte Princesses often contributed to unification of the two islands into a single kingdom.

Thus after the arrival of the Chirazians the Comoros had an extremely Islamized society of an aristocratic character. The apex of the social pyramid was composed of the nobility formed by descendants of the former Mabejas and the Chirazi Arabs. Below this cast were situated the freemen (wa Cungoina) who were mostly traders. The base of the pyramid was made up of slaves, constituting the most numerous class.

B. From the XIXth century onwards

This constituted the era of French colonization, which profoundly unsettled the history of the Comoros.

In the beginning, the French colonizers took advantage of traditional socio-political structures. adroitly manipulating the rivalries of the quarrelsome sultans, they eventually stripped them of all their royal prerogatives in exchange for the protection of France. In 1886, the entire Comoro Archipelago in fact became a French colony.

The new French authority proceeded to strengthen its authority through the setting up of a new administrative and political organization whose short-term aim was to overcome the power upsets indulged in by the sultans and traditional chiefs.

1) The Protectorate

On 25 April 1841, Sultan Sakalava Andriantsouly, who had invaded Mayotte, sold that island to France for an annual rent of 1,000 piastres. France thus obtained a naval base enabling it to fight the pirates and the English.

In 1869 and 1871, the French navy bombarded Fomboni, in Moheli, on the pretext of applying the 1865 treaty imposed on the young queen of Moheli, and this had the result of giving Joseph Lambert, a French adventurer, control over most of the island's cultivable area.

In 1886, the French Protectorate was proclaimed over the islands of Greater Comoro, Anjouan and Moheli.

In accordance with the provisions of this Protectorate status, the sultans could only deal with other foreign powers besides France if they had obtained the latter's prior consent. A French resident in each island drew up the island's budget which had, moreover, to be approved by the French Governor of Mayotte. However, in International Law, the sultans' sovereignty in Local Government remains, despite all these blows.

2) The attachment to Madagascar and the Annexation

In 1908 and 1912, for economic reasons, the four islands were first placed under the protection of the General Government of Madagascar, and then proclaimed French colonies.

After 1914, administratively speaking, the Comoros and Madagascar formed a single colony. Thus, in less than 4 years, the administrative attachment of the Greater Island, developed into the total annexation of the Sultanates. This annexation, moreover, was total, leaving no form of autonomous local Administration, whether French or Comorian.

3) The Detachment from Madagascar and Administrative Autonomy

Starting in 1925, administrative arrangements re-established the Administrative Post in Dzaoudzi and a Joint Advisory Council was set up. However, Comorian jurisdiction came under the control of the French Administration of Madagascar.

The detachment of the Greater Island only became effective in 1946, when the Comoros became an autonomous entity at administrative and financial level. The attachment to Madagascar lasted from the beginning of the First World War to the end of the Second.

In addition to the post of Supreme Administrator, a General Council (elected assembly) was set up.

The legal framework of 1956 initiated a new phase by transforming the General Council into a Territorial Assembly and by setting up a Governmental Council, both of which possessed considerable legal power.

4) Limited Autonomy

The law of December 1961, voted at a time when Madagascar and Zanzibar acceded to independence, formalized a new constitution sought by Said Mohamed Cheik. This statute was of an evolutionary character.

The Territorial Assembly became the Chamber of Deputies. The Governmental Council, hitherto presided over by the Representatives of France, was endowed with a Comorian President. At the same time, secondary collectives were organized modelled on the centralizing system of the French departments.

5) Greater autonomy

Six (6) years after its adoption, the Comoros constitution was remodelled by the law of 3 January 1968 which modified and completed internal autonomy.

The powers of the Chamber of Deputies were strengthened, but those of the French High Commissioner were also confirmed.

6) The Choice of Independence

All Comorian parties successively opt for independence, and on 22 December 1972 the Chamber of Deputies authorizes the Comorian Government to negotiate this accession. The Franco-Comorian negotiations provide for this independence within a minimum of 5 years and organize arrangements for the transitional period. Point 4 of that agreement confirmed the archipelago's political unity.

On 22 December 1974, following a referendum organized by France, the population of the Comoros voted overwhelmingly for independence, with 94.6% in favour and 5.44% against, with a voting turnout of 93%.

7) The crisis in relations with France

Following the referendum organized by France and as a result of a natural evolution accepted by the latter, the Comoros unequivocally determined on independence.

Yet on 3 July 1975, the French Parliament adopted a law which, instead of simply ratifying the Comorians' wishes, on the contrary made independence conditional upon a series of conditions connected with the Comorian Constitution and the signing of certain agreements. This implies further delays and constitutes interference in the internal affairs of the Comoros.

Proclamation of this law further demonstrates that certain French political forces, of a reactionary and chauvinistic nature, are in a position to disrupt the unity of the Archipelago by encouraging the secession of Mayotte. Thus France, which at least since 1972, had formalized the unity of the Archipelago, is now, 3 years later, preparing to smash this unity when independence has been achieved. For what reason? or rather, in whose interest?

Meeting in extraordinary session on 6 July 1975, the Chamber of Deputies voted the Unilateral Declaration of Independence, with the assent of all members present.

On 3 August, 1975, in a Coup d'Etat organized by the United National Front, embodying the progressist Opposition parties, overthrew the regime of Ahmed Abdallah. This Coup d'Etat was variously motivated:

- to re-establish democracy by imposing a policy of national Union;
- to preserve the unity of the Archipelago threatened by the repressive and negative attitude of the Ahmed Abdallah Government towards Mayotte.

On 27 September 1975, the Archipelago applied for admission to the United Nations.

The Organization of African Unity recognized the Comoros as a full member of that Organization.

France unilaterally decided to organize a referendum in Mayotte and called for procedure for this vote to be speeded up.

On 12 November 1975, the United Nations admitted the Archipelago in its territorial integrity.

On 28 November 1975, the representative of France announced in a communiqué over the Comorian Radio the repatriation of all French officials. At the same time, likewise unilaterally, the French Government cut off its technical and financial assistance. French nationals were not harassed or victimized in any way.

On 2 January 1976, Mr. Ali Soilih was elected Head of State and Mr Mohamed Hassanaly vice-President. Mr Abdellahi Mohamed was appointed vice-Premier. He formed his government on 9 January 1976.

II - THE RUPTURE WITH FRANCE AND ITS CONSEQUENCES

1) In the economic field

The consequences of colonization have been extremely serious. In fact the Archipelago's entire economy has been orientated to export crops. The latter today represent almost the entire cash total of Comorian exports. The best lands have been earmarked for these crops. In order to live, the peasants have been obliged to clear the forest on the mountain-slopes. These clearing operations have led to wide-scale erosion by rainfall carrying the fertile mould to the sea. In addition, food crops, planted haphazardly, have a very poor yield despite the extremely high cost. Prices of foodstuffs have ^{been} /sky-rocketed and Comorians have to import rice to an amount equivalent to the total value of exports.

This exploitative economy has not only been harmful to agriculture. It has indirectly ruined the craftsmen and prevented the creation of any processing industry. In fact, the big companies exporting perfume-essences also established themselves as importers, and large-scale imports of manufactured goods at low prices had ruined the local craftsmen who can no longer compete. Thus, while the Archipelago numbered 14 sugar-factories in the 19th century, the last closed down in 1905. Yet the sugar-cane is easy to grow everywhere. The same goes for soap-works, rope-making, slow-burning kilns and plants for the processing of sisal. Only one blacksmith remains for the entire Archipelago.

Devoid of mining resources, the Archipelago has seen the disappearance of all its small processing industries. At the time of independence, the country thus finds itself with no secondary sector, an archaic agricultural food-production system which exhausts the soil, and non-competitive export crops, all at a very difficult economic juncture.

Reserves now cover only half the country's trade balance.

2) In the social field

Unemployment is too extensive to be measured. Prior to independence, there were no more than 14,000 wage-earners, or 10% of the active population.

The rate of population increase makes any development policy inoperable. For, while the birth-rate has remained unchanged, the death-rate has been reduced, although still high for infants. The fact remains that the population, which at most numbered 80,000 inhabitants at the start of colonization, has increased to over 300,000 despite emigration to Madagascar, the African Coast and France.

There is another harmful consequence of colonization. The Comorians' contact with the settlers and technical assistants led

to their acquiring new consumer-patterns and requirements that can only be satisfied through imports (cars, cement construction, clothing, amusements, foodstuffs, educational methods, medical care, etc...).

The brutal rupture of technical and financial assistance from France has aggravated the previous situation and raises new problems for the Government.

For example, the number of wage-earners, which was only 10% of the population, is falling to around 6%. There remains only one doctor per 35,000 inhabitants, while the average for Africa is 1/18,000.

A study of the national budget reveals the tragic aspect of this brutal rupture. While the State's financial charges amount to 7 billion, revenue turns out to be not more than 1 billion. Indeed, under the régime of internal autonomy, only part of the expenditure was drawn from the local Budget. Moreover, France was responsible for the all-round administration of services which the Comorian State must now assume, namely:

- Civil Aviation
- Principal Endemics Services
- The Treasure
- Justice
- Broadcasting
- General Radioelectrical Network (Telecom.)
- Secondary Education
- The Police

Moreover, the import of rice, the basic food of a good part of the population, was subventioned by France.

The magnitude of the budgetary disequilibrium is enormous. Even by cutting down wastage and non-priority expenditure, the deficit could still not be met from the Comorian Budget alone.

The situation is catastrophic in the area of the operating expenses needed for investments, which are financed entirely by France and the E.D.F.

Moreover, there has been no release of investment funds since 6 July 1975. Thus the following funds were not released:

- Financial Aid	CFA Mo	265
- FAC section of FIDES	"	45
- Basic Health	"	30
- Hospitals	"	<u>18</u>
	"	358

To this must be added conventions not yet approved or established and not yet concluded:

	CFA Mo	137
	"	<u>332</u>
	"	469
General Total.....	"	<u>827</u>

The cessation of these investments is not only harmful to the country's economic development, but leads to serious wastage. For example, some roads under construction will be swept away by the rains due to not having been given an asphalted surface in time.

The infrastructure situation is very alarming: Hahaya International Airport, which has now been completed, is already showing alarming signs: the centre of the runway is subsiding and the surface is far too fragile.

While each island disposes of a small airport able to handle DC4's, the Archipelago possesses no effective port and the unloading of merchandise is a difficult undertaking. Inter-island traffic is still mainly carried on by sailing-boat.

The water-point which is nearly completed in Greater Comoro cannot be inaugurated on account of the antiquated Main Electric Power Station which is working at full capacity. The position is

similar in the other islands. It is therefore necessary to continue to dig wells and maintain cisterns for the storage of rainwater.

III - THE HEALTH POSITION

The demographic situation is characterized by a fairly high birth-rate of around 45/1000 and an overall death-rate of 26/1000. Infantile mortality (0 to 11 months) varies between 220/1000 and pre school-age mortality (12 months to 4 years) of around 200/1000.

The principal diseases, which are the cause of this mortality and this extensive morbidity which is overtaxing health facilities are the following: malaria, enterocolitis, acute broncho-pulmonary affections, intestinal parasitosis, anaemia, and infectious children's diseases, the most serious being measles, Bancroft's filariosis, leprosy, gonorrhoea and tuberculosis.

All these affections, aggravated by chronic malnutrition, are not confined exclusively to children, but are also prevalent in adults. The active population is vastly handicapped by this diminution in their work-capacity, hence their productive capacity, hampering the country's economic development.

In order to solve this problem, the Comoros, up to the end of 1975, received financial assistance and technical personnel from France. For example, the basic Health Services and the campaign against the Great Endemic Diseases received from the French budget a sum of CFA. 113 million and technical assistance in the form of 27 technicians (doctors, nurses, etc...). In 1975, the Budget of the Ministry of Health totalled 400 million CFA Francs, 80% of which was financed by a French subvention. At the present time, however, the only reliable sources are derived from self-financing, representing a total of only 84 million CFA Francs for Public Health for 1976.

In conclusion, it should be pointed out that, as in many other sectors, France's health policy in the Comoros is out of step with the country's realities. Comorian responsible authorities deem its impact on the health of the Comorians minimal.

IV - ORGANIZATION OF CURRENT HEALTH FACILITIES

Following reorganization of the Public Health Services, the Ministry of Health now includes two Departments: a Hospitals Department handling individual medicine and a Department of Basic Health Services and the Campaign against the Great Endemic Diseases handling mass medicine, which is integrated at intermediate and peripheral levels of each Administrative District.

1) The Hospitals Department

Total hospital capacity: 550 beds currently distributed among three hospitals. These 550 beds are serviced by a medical and paramedical personnel made up of:

- 6 doctors
- 2 State-certified Nurses
- 2 State-certified Midwives
- 2 Radiology Technicians
- 1 Anesthetist technician
- 4 Assistant Midwives
- 1 Level B Laboratory technician
- 1 Level C Laboratory technician
- Several Assistant Nurses with minimal training.

And, finally, a plethora of unqualified manpower with practically zero efficiency.

2) The SSBOE Department

This includes:

a) At-central level:

- Anti-Vector Campaign Section
- Cleansing and Hygiene Section
- Laboratory Section
- Section for the Campaign against Communicable Diseases
- Statistics Section
- P.M.I. Section of School Medicine, and Labour Medicine

b) At regional and Peripheral Levels

Intermediate, and Peripheral health facilities.

There are, at present, 3 Principal Intermediate Health Units or Primary Technical Assistance Centres, distributed in three sub-prefectures and 41 Peripheral Health Units or rural Medical Posts.

Each medical post is served by an Assistant Nurse who has, in most cases, received insufficient training. The buildings housing these units are, furthermore, in a parlous state. In addition, they are unprovided with medicines. Their impact on the health of Comorians is deemed nil or almost nil.

The intermediate health units or primary centres for technical assistance, with its rather low-grade equipment, has a 12-bed capacity.

The SSBOE personnel, at both central and peripheral level, numbers in all:

- 3 doctors
- 0 State-certified Nurses
- 0 State-certified Medwives
- 18 Assistant Nurses
- 3 Assistant Medwives
- 1 Level C Laboratory Assistant
- 7 Microscopists
- 0 Radiologist technicians
- 23 barely-qualified nursing attendants
- 6 more highly qualified Supervisors

The inefficiency of health services at intermediate and peripheral level is the reason for the current overtaxing of hospital services.

V - PROJECT TO DEVELOP PUBLIC HEALTH SERVICES

With the aim of remedying this catastrophic health situation, the Comorian Government is considering setting up several integrated medical health services at the level of each Administrative District, so as to provide the population with improved medico-health services. Thus the Government has provided for the setting-up of 12 Secondary Centres for technical assistance, three of which have already been built but not entirely equipped, and 9 are on the drawing-board. Each centre should be capable of providing curative and preventive medical services for a population of roughly 15,000 inhabitants, with an average capacity of 30 beds. This scheme will provide a solution to most medical problems such as minor surgery, pediatry and obstetrics.

Personnel requirements of each of these Centres have been assessed as follows:

- 1 doctor
- 1 midwife
- 4 male or female nurses
- 1 administrator
- 1 laboratory assistant
- 2 secretaries

- 18 subordinates to ensure the running of the general services Public Health services would then operate according to the Organizational Chart of Annex 1.

To implement this project, the Comorian Government is relying on a subvention from SUCOM (Canadian Overseas University Service), to whom a request has been submitted, and for which the breakdown is as follows:

- Building.....	CFA. 378,000,000
- Equipment.....	" 189,000,000
- Improvements.....	" 48,000,000
- Running Costs.....	" 268,000,000
	<hr/>
Total.....	CFA. 883,000,000
	=====

Annual operating costs for a model Technical Centre have been calculated as follows:

- Personnel.....	45%
- Medicines.....	30%
- Administration, etc.....	25%

Personnel training is to be carried out by the Comorian Government, with the assistance of WHO/UNICEF. A scheme for the training of personnel provides for all the country's health units to be serviced by Comorian personnel within 5 years.

Note: This is a very ambitious project, since the Public Health Budget, now amounting to CFA. Frs. 80,000,000, would be provided with a further CFA. Frs. 883,000,000.

Moreover, part of this project provides for an annual operational budget of CFA. 268,000,000 to be funded entirely from foreign aid, at least to begin with and until the Comorian economy can assume all the costs.

Finally, despite mention of instituting integrated medicine, at intermediate health level and peripheral level, it would seem that the thrust of the effort has mostly been brought to bear on the improvement of curative medical services. This is shown quite clearly by the table in Annex 2 giving Public Health service requirements.

VI - PROJECT TO ESTABLISH SCHOOL HEALTH SERVICES IN THE COMOROS1) Background

The idea for such a project was first broached during the meeting of the OAU Educational Scientific, Cultural and Health Commission, meeting in Mauritius in December 1973.

This project was the subject of Resolution CM/Res. 376 on the programme and pilot project on the establishment of school health services in Member-States.

Informed of the unprecedented difficulties facing the Comorian Government in ensuring its public services, as a result of the mass exodus of all the French technical assistance, the General-Secretariat of the OAU suggested to the Comorian Government that it select the Comoros for the implementation of this project.

Following agreement by the Comorian Government, an Expert from the General-Secretariat of the OAU had been sent on a mission to Moroni for an on-the-spot study, together with Comorian responsible authorities, of conditions for implementation of the project.

2) Scope of the project

It should be recalled that no service worthy of the name had ever existed in the Comoros.

In its plan to reorganize its Public Health Services, which we mentioned earlier, the Ministry of Public Health envisaged the germ of such a service within the Department of the SSBOE, in the Preventive Medicine Section, P.M.I., School medicine and Labour Medicine (see Annex 1). However, according to Public Health authorities, most of that Section's activities would be concerned with the activities of the P.M.I.

It should be stressed that No. 1 priority for the Ministry of Public Health was the campaign against infantile mortality which, at 400/1000 for the 0-4 year age-group was rather high and which it was desired to bring down to 200/1000, the level consistent with that in most African countries.

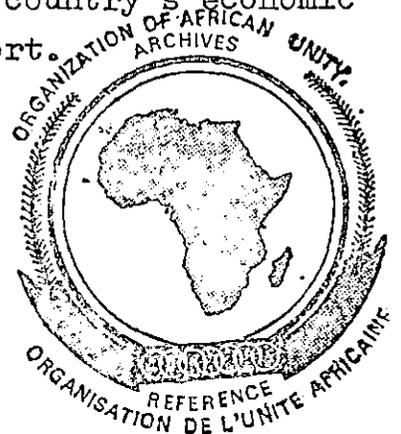
Supervision of the health of Comorian children over the age of 5, therefore, would be the responsibility of the Public Health general services, in addition to responsibility for the Health of the remainder of the population.

Grave dangers thus threatened the health of Comorian school children, or rather the health of school-age children, and thus the health of future workers, the pillars of National Economic Development.

In fact it was expected that the number of school-age children would soon rise sharply (whether or not they were school children).

The health of such children would be more vulnerable than it was now. It should not be forgotten that the high mortality rate now observable in the 0-4 year age-group had contributed to the acquisition of a high degree of natural immunity in the school-children's age-group (5-15 years). Moreover, the importance given to curative medicine as compared with preventive medicine (immunization, for example), in the campaign against infantile mortality, afforded more opportunity in the future to weak and handicapped children to reach higher age-groups.

With this in mind, it was clear that there was an urgent need to establish school health services in the country, in order to better preserve the health of those who would later form the select few who would constitute the leadership of that country and the workers for National Development. The country's economic independence could not be won without this effort.



3) Short-term project

It was necessary to proceed cautiously against the socio-economic and political background now prevailing in the Comoros.

The catastrophic situation of the country's economy (We have stressed that the Public Health Budget for the current year amounted to only CFA. 80,000,000 as compared with CFA. 400,000,000 for the previous year), made it necessary to consider a short-term project completely independent of the National Budget.

Aim of the project: Improvement of the Health of school-age children.

Proposed action (in the school environment and rural communities) would be the subject of a detailed and programmed plan of action to be drawn up in accordance with governmental options. The main outlines of such a plan would be:

- The campaign against disease-carriers, mainly by cleansing operations
- Massimmunization, provided vaccines are available
- The campaign against faeces contamination, through wider use of latrines, protection of water-points and individual and community hygiene
- Health education
- Creation of school canteens supplied from school gardens and poultry-raising on school property or land belonging to rural communities.

Resources: The principle was that of exclusive self-reliance.

Only a request for aid from the OAU by the Head of the School Health Services would be considered: the OAU had been able to make the Comorian Government aware of the importance of establishing school health services for the country's economic development. Expenses relating to this Expert's services would be borne entirely by the assisting body.

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