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DELIVERY OF HEALTH CARE SERVICES IN LESS DEVELOPED COUNTRIES

A LITERATURE SEARCH

performed for

American Public Health Association
**Development and Evaluation of Integrated
Delivery Systems (AID/csd-3423)**

June 1973

**Biological Sciences Communication Project
The George Washington University Medical Center
2001 S Street, N.W., Washington, D.C. 20009**

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Introduction

Following issuance of "Delivery of Health Care Services in Less Developed Countries with Emphasis on Integration of Family Planning with Maternal and Child Health. A Literature Search" in February 1973 a number of additional publications and references continued to come in as a result of a letter sent to various organizations in late 1972. As a consequence the American Public Health Association suggested that this material be recorded in a Supplement but with the stipulation that emphasis be less on integration of family planning with maternal and child health and more on actual achievements in delivery of health services.

In preparing the abstracts and descriptive summaries for the publications furnished by the American Public Health Association as well as those discovered through indexing services an attempt has, therefore, been made to point out achievements whenever they have been reported.

Although the more recent material tends to include some information about results of experiments in health care delivery the majority continue to point out what should be done rather than what has been done. Assessment and demonstrations of effectiveness are in the minority. There seems to be a definite trend, however, towards combining preventive and curative medical services and, particularly, to integrate existing multiple services so as to make them more efficient and economical.

A total of ninety-five annotated references appear in the Supplement. Arrangement is alphabetical by personal and corporate author. As was the case in the earlier bibliography an author index is provided so as to give recognition to joint authors, editors and others whose names appear in the entries. A country and organization index is also included. Numbers assigned, in sequence, to the entries are utilized in the indexes for identification purposes.

Mildred Benton
Compiler

1

ANONYMOUS

Administrative, organizational framework and processes of delivery of family planning services within the health services. In Family planning mission to Ceylon: A report prepared for the Government of Ceylon by a Joint UN-UNESCO-WHO Mission. n.p., n.d. Part II, chapter III. Mimeographed.

As the general policy of Government for the delivery of health services is implemented through the coordination of all health services at Health Districts level, the current organizational framework is reviewed against this background.

2

ADAIR, J. and DEUSCHLE, K. W.

The people's health. Medicine and anthropology in a Navajo community. New York, Appleton-Century-Crofts, 1970. 198p.

This is an account of the Navajo-Cornell Field Health Research Project organized jointly by the Navajo Tribe, Cornell University Medical College and the U. S. Public Health Service in 1955. The stated purposes were: to develop effective methods for the delivery of modern medical services to the Navajo people; and to see to what extent the knowledge so acquired would have generality for people in similar socioeconomic circumstances elsewhere; to study discrete disease entities; and to explore whether the sudden apposition of modern biomedical science and technology and the disease pattern of a "nontechnologic" society could provide knowledge of value in the attack on contemporary U. S. Medical problems.

The conclusions indicate that the project was both successful and unsuccessful.

3

AMIN, R., DUJA, M. B., and RATCLIFFE, J. W.

Programme strategy in family planning: an evaluation of the role-performance of the Lady Family Planning Visitors in East Pakistan. Dacca, Pakistan Family Planning Council, Training, Research and Evaluation Center (TREC), January 1971. 57p. Mimeographed.

The study seeks to assess and demonstrate the effectiveness of the LFPV, and suggest measures for future improvements. A unique feature of the Pakistan family Planning Programme under the Third Five Year Plan (1965-70) is a heavy reliance on a cadre of para-medical personnel known as Lady Family Planning Visitors (LFPVs). International attention was drawn to this large-scale experimentation and use of para-medical personnel. It is indicated that, on the whole, they have done a good and commendable job. At the same time they were lacking in a number of areas where room for improvement exists.

4

ANTUNES, P. C. A., GUSMAO, H. H. and JUAREZ, E.

Integrated health services at Amapa. In Industry and tropical health. Proceedings of the sixth conference of the Industrial Council for Tropical Health sponsored by the Harvard School of Public Health, October 25-27, 1966 in Easton. Boston, Harvard School of Public Health, 1967. vl. 6, p. 31-40.

The experience and results of an integrated health service in an isolated area within the great rain forest of the Amazon Valley is described. The purpose of the health service is to furnish medical care (both preventive and curative), rehabilitation and sanitation to a mining community of some 4,000 persons.

5

ARBONA, G.

The role of the physician in rural health. In Long, E. C., editor. Health objectives for the developing society. Responsibility of individual, physician and community. Durham, N. C., Duke University Press, 1965. p. 91-102.

Regionalization of health services in Puerto Rico is described. The object is the integration of curative and preventive personal health services in order to provide some sort of comprehensive health care.

6

AROLE, R. S.

Comprehensive rural health project, Jamkhed, India.
Contact 10 (Christian Medical Commission World Council of Churches)
August 1972. p. 1-9.

In an address given to the CMC at its annual meeting in June 1972, Dr. Arole summarizes a developing project the goal for which is "to develop a programme which would be fitted to the needs of the community but which would also be compatible with the resources available to the community." Main activities will be: (1) establishment of under-fives' clinics mainly for supplementary feeding programmes, immunization, treatment of minor illnesses; (2) family welfare programmes consisting of antenatal, delivery and postnatal care; (3) family planning programmes; (4) detection of leprosy and tuberculosis; (5) curative services; (6) mobile clinics; (7) school health programme. Cooperation and involvement of indigenous practitioners, health officials, schoolteachers and midwives is necessary as is the cooperation of other government programmes. The programme will be self-supporting at the end of six years.

7

ASCOLI, W.

A minimal health program for the population of Guatemalan "Fincas".

Unpublished, March 1973. 5p. Mimeographed.

A health program established on several "fincas" or farms is based almost exclusively on preventive measures, with only a minimum of the old curative type of medicine. Measures, based on a wide previous experience with health problems include: (1) vaccinations; (2) iron supplementation; (3) treatment for worms; (4) treatment for tuberculosis, etc.; (5) improvement of water supply; (6) installation of pit privies; (7) family planning; (8) treatment of infectious diseases; (9) protein supplementation; and (10) one visit by a physician.

8

BAKER, T. D. and PERLMAN, M.

Health manpower in a developing economy: Taiwan, a case study in planning. Baltimore, Johns Hopkins Press, 1967. 203p. (Johns Hopkins Monographs in International Health).

This study, the first in a series of four health manpower surveys, developed from the conviction that planning for human resources in the health field is essential for adequate health services in newly developed nations. It is designed to serve a dual purpose - to assist the government of Taiwan in its planning for the next twenty years, and to develop methods of health manpower analysis.

9

BANERJI, D.

Tuberculosis: a problem of social planning in developing countries. Medical Care 3:151-161. 1965.

A national tuberculosis control program should be an integral part of the overall program for socio-economic development. A conventional mass control campaign is impracticable in a country such as India.

10

BROTHERSTON, J. H. F.

Health planning and statistics: an overview from Scotland. International Journal of Health Services 3:35-44. 1973.

Administrative integration is only an enabling process. True integration of services takes place through the decision to change by all those involved in providing health care, particularly the doctors. A joint working party of doctors in Scotland reported that the nature of medicine today increasingly gives rise to the need to see the arrangements of health care as a single system. Plans for administrative integration are a clear recognition of this. The future development of general practice and hospital work can no longer be effectively considered in isolation from one another.

11

BULL, M. R.

Health services in Algeria: the formation of a new service for a new country. Nursing Mirror 128(2):31-33. 1969.

Health services were entirely reorganized after independence was achieved. 1965 saw the nationalization of private clinics (so as to standardize treatment) and of the manufacture and retail of medical supplies, as well as all chemist shops. Everyone with some medical or nursing experience was mobilized as a "Sunday volunteer" to give what help he or she could in rural areas devoid of trained staff. Efforts were also made to train nurses in the cities, chiefly by making young women help out in hospitals, clinics and dispensaries. A law was promulgated making all Algerian doctors, dentists and chemists work for a minimum of two years for the public health department. An organization designated as Comite Chretien de Service en Algerie was established in 1962 to co-ordinate the aid given to Algeria by most of the world's Protestant churches. Among the members are the British Council of Churches and the Luthern World Federation. The aid assists in three main ways - rural aid, social service and medical service.

12

CASSEL, J.

A comprehensive health program among South African Zulus. In Paul, B. D. and Miller, W. B. editors. Health, culture and community. Case studies of public reactions to health programs. New York, Russell Sage Foundation, 1955. p. 15-41.

The experiences of the Polela Health Centre demonstrate the advantages of an integrated service wherein the promotive-preventive and curative aspects of health practice are combined and made the responsibility of the same team.

13

CATHOLIC RELIEF SERVICES - UNITED STATES CATHOLIC CONFERENCE. REGIONAL MEDICAL AND PUBLIC HEALTH OFFICE, MEXICO, CENTRAL AMERICA, PANAMA AND THE CARIBBEAN.

Central American regional training program for workers in preschool feeding programs. Part I. General report. [New York, Catholic Relief Services] 1971. Various paging.

The objectives of the AID grant which resulted in this report was to provide a greater nutrition education input in the Child Feeding programs with the objective of preventing malnutrition of preschool children and mothers. Of interest are several statements in the conclusions, namely: the program demonstrated to the Health Ministries that needy children and parents are reachable through training and motivation of community leaders; that a child nutrition program can be

a focus for community organization even in tiny villages; and coordination between agencies has been stimulated.

14

CATHOLIC RELIEF SERVICES - UNITED STATES CATHOLIC CONFERENCE. REGIONAL OFFICE MEDICAL AND PUBLIC HEALTH, MEXICO, CENTRAL AMERICA AND PANAMA. Report of the third regional seminar, nutrition coordinators, Managua, Nicaragua, November 29 through December 3, 1971. Translated from the Spanish. New York, Catholic Relief Services, 1972. 48p.

Among the objectives of the seminar were the following: to study ways to coordinate the programs of Nutrition Educator and Pre-school and Mother-child Feeding Programs with other programs of CRS and Caritas; and, to study ways to coordinate the programs of Caritas with similar programs of other voluntary, governmental and international agencies.

15

CHANG, W. P.

Development of basic health services in Ethiopia.
Journal of the Formosan Medical Association 68:306-321. 1969.

The philosophy, principle, planning and implementation of the basic health services program in Ethiopia are discussed. The program demonstrates the results of a development by the joint efforts of international and bilateral technical assistance with the host government. The author of the article who participated in the program believes that a development of the Gondar training program first, then by utilization of Gondar graduates as key health workers, and the establishment of rural health centers as a nucleus to render generalized health services and with the provisions of supervision, evaluation, feed-back to Gondar College and further professional education, is the most practical and realistic method of developing a basic national health services network in that country.

16

CHANG, W. P.

Health manpower development in an African country; the case of Ethiopia.
Journal of Medical Education 45:29-39. 1970.

Health manpower development in Ethiopia, mainly those training programs in basic health services in rural areas, is reviewed and discussed. The "health team" training program in Gondar College is indicated to be the most practical and significant in the field of health manpower, particularly for developing countries. The "team" approach during training and service, the Health Officer, supported by other auxiliaries, who serves as the team leader, and the gradual development of medical education are realistic, effective means for producing health manpower in the developing countries.

17

COHN, H. D.

The educational nurse in health centre practice.
Health Education Journal 8:178-184. 1950.

A nurse cites in detail the case of a Bantu family served by one of the health centers to illustrate the necessity of integrating promotive, preventive and curative work.

18

COOK, R., editor

Recent experience in maternal and child health in East Africa. A report of a WHO/UNICEF assisted seminar held at the Medical School, Makerere University College, Kampala, Uganda, April 18th-22nd, 1966 and organized by the Departments of Pediatrics and Child Health, of Preventive Medicine, and of Obstetrics and Gynaecology.
Journal of Tropical Pediatrics and African Child Health 12:1-108, 1966.
Issued as Monograph 2.

Recent experiences are surveyed. While principally directed to preventive approaches, attention is also given to advances in practical therapy, and also to methods of assessing the health of children in field circumstances. The range covered in prevention is wide, commencing with family planning and antenatal supervision, and also covering methods of health education and their relative value, plus techniques of organizing young child clinics.

19

DEUSCHLE, K. W.

The training and use of medical auxiliaries in a primitive rural community. In Science and technology. United States papers prepared for the United Nations Conference on the application of science and technology for the benefit of the less developed areas. vl. 6. Health and nutrition. Washington, D.C. U.S. Government Printing Office, 1963, p. 182-189.

This report discusses the training and use of medical auxiliaries to narrow the gap that often exists between the potential availability and the actual delivery and application of modern medicine. It concerns a program developed to deliver health services in a form acceptable to a tribal minority group, a remote community of Navajo Indians known as Many Farms. Increased efficiency was notable because of the use of natives. Professionals would have needed many years to learn the language and to become acquainted with cultural patterns.

20

EVANG, K.

Health service, society, and medicine. Present day health services in

their relation to medical science and social structures. London, Oxford University Press, 1960. 171p.

Four distinguishable main types of systems for health services are critically examined as an introduction to a discussion of four of the main components of health services: Hospitals, general practitioners, drugs and public health services. Unity of endeavor and the concept of health as "indivisible" is given emphasis throughout the book.

21

FARAH, A. A.

Health problems and goals of a developing nation. In Cahill, Kevin, editor. The untapped resource. Maryknoll, N.Y., Orbis Books, 1971, p. 29-43.

The health problems of developing nations cannot be separated from the nation's economic situation, the education of its people and the cultural background of the people. Rather, all of these are inter-related. The author uses his own developing country, the Somali Democratic Republic as an illustration of the inter-relationship of health problems, economics, education and culture.

22

FENDALL, N. R. E., KILLEN, O. H. and SOUTHGATE, B. A.
A National Reference Health Centre for Kenya.
East African Medical Journal 40:118-123. 1963.

The National Reference Health Centre combines the functions of a primary reference centre and a national reference centre and also serves as a community health laboratory. Thus, it has three main functions; firstly, to provide a working health centre serving a population living in a typical African rural setting and capable of serving as a model upon which other centres may be based; secondly, to serve as a training unit for all categories of medical and health staff associated with health centre operations; and thirdly, to act as a research institution with two principal types of activity (investigations in depth into community health and operational research on the techniques of health centre practice).

23

FENDALL, N. R. E.

Medical care in the developing nations. In Fry, John and Farndale, W. A. J., editors. International medical care: a comparison and evaluation of medical care services through the world. Wallingford, Pa., Washington Square East Publishers, 1972. p. 204-248.

There are five common factors in planning for health: "an excessive and wasteful population growth rate, limited economic resources and growth, a scarcity of educational resources and trained manpower, the pattern of disease and malnutrition, and cultural pattern of traditional societies."

Each of these are discussed by the author. He often uses illustrations through a situation in a developing country.

24

FISEK, N. H.

An example of an integrated approach to health care: the Turkish National Health Services. In Team work for world health. A Ciba Foundation symposium in honour of Professor S. Artunkal, edited by Gordon Wolstenholme and Maeve O'Connor. London, J. & A. Churchill, 1971. p. 55-76.

The design of the Turkish National Health Services is based on team work and cooperation. Characteristics of the Services, the status of the health services before nationalization and results of a field study are given in this paper. Indications are that a well-designed and carefully implemented system of national health services with an emphasis on teamwork will open new vistas of public and individual health.

25

FOX, T. F.

Medical care in China today.

American Journal of Public Health 50:28-35. 1960.

A visitor to China reports a mixture of medical services. Private group practice is diminishing and the municipal medical center is prevalent, however. Like his counterpart in Russia a doctor expects to work always as one of a group, in which he has a specialized part to play.

26

GERSHENBERG, I. and HASKELL, M. A.

The distribution of medical services in Uganda.

Social Science and Medicine 6:353-372. 1972.

The purpose of this paper is to analyze the Government of Uganda's current medical program to determine its consistency with the objective of making medical service available to the greatest number of people in the shortest amount of time. Part I presents a macro-analysis of health services in Uganda discussing the distribution and adequacy of these services over the nation at large. Part II analyzes in more detail the medical services which are utilized in a particular district.

27

HALL, T. L.

Health manpower in Peru. A case study in planning. Baltimore, The Johns Hopkins Press, 1969. 281p. (The Johns Hopkins Monographs in International Health)

Results of a study and analysis of manpower needs in Peru are presented following investigation of the current situation by a Johns Hopkins

University Department of International Health team.

A statement appearing on p. 226 indicates that "the most effective means of rationalizing the use of scarce health resources, and indeed, the most consistent with the objectives of the Peruvian constitution, is that of integrating all public-sector health activities into a national health service."

28

HALL, T. L.

Planning for health in Peru - new approaches to an old problem. *American Journal of Public Health* 56:1296-1307. 1966.

This paper reports on two aspects of the Peruvian experience - the conceptual framework of the planning method used, and the strategy used to introduce national health planning in a large and complex country.

29

HANDSCIN, R.

Integrated preventive-curative services in ARAMCO. In *Industry and tropical health. Proceedings of the sixth conference of the Industrial Council for Tropical Health* sponsored by the Harvard School of Public Health, October 25-27, 1966 in Boston. Boston, Harvard School of Public Health, 1967. vl. 6, p. 25-30.

How preventive services were integrated with curative services is the chief topic. Medical responsibility is assumed for 69,000 persons scattered through a developing semi-tropical area of Saudi Arabia who are associated in some capacity with the Arabian American Oil Company.

30

HORN, J. S.

Experiments in expanding the rural health service in people's China. In *Teamwork for world health. A Ciba Foundation symposium in honour of Professor S. Artunkal*, edited by Gordon Wolstenholme and Maeve O'Connor. London, J. & A. Churchill, 1971. p. 77-93.

A description is given of how the Chinese people "seized the day and seized the hour" in relation to building a nation-wide health team where none previously existed. Basically, there are only two possible ways of providing a health service for grossly deprived rural areas. One is to redistribute the already existing medical forces and resources in a more equitable manner. The second possible method of tackling the problem is to place the main emphasis on training new forces, on enlarging the team capable of safeguarding people's health. China has used both methods. In this paper there is a description of how existing resources were redistributed, secondly, an indication of how new forces were created, and thirdly, a discussion of what relevance this has for other countries.

31

HUGHES, J. P., editor

Health care for remote areas. Proceedings of an international conference sponsored by Kaiser Foundation International, Bellagio, Italy, May 1972. Oakland, Calif., Kaiser Foundation International, 1972. 163p.

The conference at Bellagio provided an opportunity to expose the results of some eight years of effort outside the United States to the thoughtful scrutiny of a group of experienced observers on the international health scene. Their critical examination included comparisons with several other health care projects with which the observers themselves have been affiliated. For analysis of contents see entries for: Sai, F. T. and Lythcott, G. I.

32

JOHNS HOPKINS UNIVERSITY. SCHOOL OF HYGIENE AND PUBLIC HEALTH. DEPARTMENT OF INTERNATIONAL HEALTH.

India. Historical background of medical services. Baltimore, The Johns Hopkins University, September 14, 1972. 14p. (International Health I)

The historical background of medical services in India is reviewed with mention of the Bhole report; five year plans; and the Mudaliar Committee report. The latter called for a shift in emphasis from quantitative approach to progressive qualitative improvement. A major emphasis is on the integration of all mass programs into basic health services. A review of health and family planning services has been concerned especially with integration of maternal and child care with family planning.

33

JOHNS HOPKINS UNIVERSITY. SCHOOL OF HYGIENE AND PUBLIC HEALTH. DEPARTMENT OF INTERNATIONAL HEALTH.

Nigeria: An example of health service organization in West Africa. Baltimore, The Johns Hopkins University, September 26, 1972. 6p. (International Health I)

Nigeria has potential economic and educational resources sufficient to produce a mechanism which will provide basic health services for the 65,000,000 people and to train in her own institutions the technical personnel required to man it, if the nation is willing to use paramedical personnel for all those health services which can be performed by someone with less training than a doctor. In a federal republic where health care services are primarily the responsibility of the individual states, progress toward complete coverage with an infrastructure can be expected to vary from state to state, but the central government can do much to stimulate a more uniform progression through

grants-in-aid on the basis of meeting minimum standards.

34

KAPOOR, C. M. and ANAND, D.

MCH and family planning services in an urban community - perspectives in planning. In Proceedings of the International Conference on Family Planning, New Delhi, 12-16 March 1972, P. C. Bhatla, editor. New Delhi, Indian Medical Association, 1972. p. J-51-J-53.

The last decade has seen increasing emphasis being placed on integration of family planning and MCH services in India. An attempt is made, in this paper, to present highlights of data collected from a study of consumers' image of maternal and child care provided in the urban zone of Union Territory of Delhi.

35

KARK, S. L.

Health centre service: a South African experiment in family health and medical care. In Cluver, E. H. Social medicine. Johannesburg, Central News Agency, 1951. p. 661-700.

A comprehensive background article on the Polela program details the scope, development, and respective functions of team members - doctor, nurse and health educator.

36

KARK, S. L. and STEUART, G. W., editors

A practice of social medicine. A South African team's experiences in different African communities. Edinburgh and London, E. & S. Livingstone Ltd., 1962. 372p.

This book is a description of some experiences and studies in health work in South Africa. The work was carried out in the practice of the Institute of Family and Community Health which gave a public health and medical care service to various communities.

Part I describes the guiding principles on which the family and community practice was based. Part II consists of a consideration of some social and cultural determinants of health in these South African communities. Part III reviews the application of the principles of social medicine in the services to four communities (Pholela; Hilltops; Forestville and Marshlands).

Among the distinctive features of the Institute's practice was the team of doctor, nurse and health educator who provided the service to a neighborhood of homes. The same doctors and nurses attended to individual family members during health and illness, combining promotive, preventive and

curative service. The object was to stimulate family and community interest and educate towards improving health, preventing disease and seeking suitable care when ill.

37

KERSHAW, J. D.

Experiment in Africa: the rural health services of Kenya
Medical Care 1:52-55. 1963.

This article is a brief account of what has been done in Kenya against considerable odds. From provincial level downwards there is integration of curative and preventive work. About 300 health centers have developed within recent years. These centers are regarded as a working base for teams, each of which serves a population of twenty to thirty thousand. Teams consist of a hospital assistant, the leader, one or more dressers, a midwife, one or more health assistants and drivers and domestic staff. They visit villages two or three days of each week, consult with the headmen as to the needs and do what is possible in performing health services.

Much depends in practice on the team concept and this has become an integral part of staff training. The mixing of disciplines during training promotes a feeling of common purpose.

38

KHAN, N. K., REYNOLDS, R. and JAHANGEER HAIDER, S.

Implications of selected studies conducted by East Pakistan Research and Evaluation Centre, 1965 - 1970. Unpublished, 1971. 24p.

The necessity for training of workers is emphasized as is the desirability of knowing and understanding the job to be done and the attitudes of the people with whom the workers come in contact.

39

KRISHNA MENON, M. K.

Integration of family planning with general health care.
Journal of Family Welfare (Bombay) 18(4):4-10. 1972.

Factors involved in the desirability of integrating family planning programs with maternal and child health care services in less developed countries are discussed. Publication not available. Citation taken from Population Index 38(4):457. Oct./Dec. 1972.

40

LIANG, M. H., EICHLING, M. T., FINE, L. J., and ANNAS, G. J.

Chinese health care: determinants of the system.

American Journal of Public Health 63:102-110. 1973.

The paper is divided into five sections: (1) major health problems confronting the Communists in 1949; (2) economic, cultural, political and legal detriments of the Chinese health care system; evolution of the system to the present day; (3) description of the current system; and (4) major gaps in knowledge of the Chinese health care system.

In the system mobil medical teams, and teams dealing with birth control, hygiene, epidemic control, and other areas provide immediate resources for the village health workers. They function as "cement" to hold the health system together.

The most important element in China's health system is the individual peasant. The effectiveness of mass action is dependent on peasants being motivated to improve conditions and health in their own villages. The barefoot doctor as well as his analogue in the cities, the Red Guard doctor, and in the factories, the work doctor are crucial components in the health system with shortages in trained medical personnel.

41

LITMAN, T. J. and ROBINS, L.

Comparative analysis of health care systems - a socio-political approach. Social Science and Medicine 5:573-581. 1971.

Some proposed socio-political concepts are examined and an analytical framework is suggested as being potentially useful for the comparative analysis of national health care systems. It is suggested that greater policy relevance can be attained through consideration of such vital issues as: (1) how are the ends (goals) of health systems attained? (2) what is(are) the process(es) by which health care policy tries to fulfill these needs(goals)? (3) in attempting to implement health policy after decisions have been arrived at, how is support for these decisions developed?

42

LONG, E. C., editor

Health objectives for the developing society. Responsibility of individual, physician and community. Durham, N.C., Duke University Press, 1965. 163p.

The papers included in this volume were presented at a seminar held at Duke University on September 4-6, 1963. The objective of the seminar was to further the exchange of ideas on rural health in evolving societies. Emphasis is on the role of the individual, the physician and the community in the development of health services. Active participation of all is essential. Of particular interest is the paper by Guillermo Arbona (see entry under Arbona).

43

LYTHCOTT, G. I.

Maternal and child health within a total health system. In Health care for remote areas. Proceedings of an international conference sponsored by Kaiser Foundation International, Bellagio, Italy, May 1972, p. 145-158.

The major health problems of the mother and child in developing nations are discussed with stress on the need for development of a total health services system.

44

MANGAIN, M. C.

MCH and family planning. In Proceedings of the International Conference on Family Planning, New Delhi, 12-16 March 1972, P. C. Bhatla, editor. New Delhi, Indian Medical Association, 1972. p. J-38-J-42.

An illustration is given of how the Family Planning policy can be integrated into the MCH program and how it can yield the maximum output through MCH services in India.

45

MANN, K. J.

The role of the family and community health center.
Bulletin of the New York Academy of Medicine 42:747-755. 1966.

Family and Community Health Center, known as Kiryat Hayovel (Israel), serves the pregnant mother, the infant, the toddler, the school child, and the adult at home and at work. Services are carried out by front-line teams of family physicians, family nurses and social workers assisted by second-line personnel such as laboratory technicians, pharmacists, clinical psychologists, anthropologists, and community workers. Teaching potential is also involved. An integrated, high-quality medical care service to an entire community is provided.

46

MANUWA, S.

The principles and methodology of planning the development of national health programmes in underdeveloped countries.
West African Medical Journal 10(2):69-85. 1961.

Throughout the suggestions for planning the fact is emphasized that health planning must be regarded as part of an overall exercise, a combined operation designed to produce an integrated, balanced, orderly and even development of the total national economy.

47

MATERNITY AND CHILD HEALTH DEMONSTRATION PROJECT.

Annual report 1970. Taipei, Taiwan, Republic of China, Veterans General Hospital, National Defense Medical Center 1971. 27p.

The project's long term goal is to create a self-sustaining integrated maternal and child health center which will continue as a model for other countries in Asia. The report details efforts and accomplishments towards meeting that goal.

48

McDERMOTT, W., DEUSCHLE, K. W. and BARNETT, C. R.

Health care experiment at many farms.
Science 175:23-31. 1972.

The technological effectiveness of a health care system introduced into Many Farms, a Navajo community is discussed. In the conclusion it is explained that "for Many Farms, a clinical physician system of primary health care was a poor choice, in terms of potential achievement through technology. Some form of the nonclinical or community medicine system, in which the physician did not care for individual patients would have been more rational. Such a course would be a realistic option for development planners in areas of the world where there are very few physicians. Members of the community, however, repeatedly expressed their satisfaction with the care they received and the community was left with an operating system."

49

MEDALIE, J. H. and MANN, K. J.

Evaluation of medical care. Methodological problems in a 6-year follow up of a family and community health center.
Journal of Chronic Diseases 19:17-33. 1966.

The Family and Community Health Center at Kiryat Hayovel (Israel) was created for the purpose of integrating the then existing multiple services so as to make them both more efficient and economical. Since there was no pre-planning to include evaluation as part of the service there are inherent difficulties in trying to assess the value of services. Indications are that most of the major predetermined objectives were achieved, although it is not possible to estimate the exact contribution of the Health Center to the significantly improved local health status.

50

MESSING, S. D.

Social problems related to the development of health in Ethiopia.

Social Science and Medicine 3:330-337. 1970.

In Ethiopia health centers have been set up in small towns with population of 2,000-5,000. The health officers, community nurses and sanitarians were trained to promote public health through decentralized, generalized health services. Social problems have been somewhat of a handicap. These include the feudal attitude toward health workers, the nutritional problems that arise from insecure land tenure, the denial of significance of ill health to economic livelihood in a non-industrial, leisurely culture, and the continued legality of unsupervised, self-styled "healers". Comparison of conditions relating to health at baseline prior to the establishment of health centers, with "after studies" three to four years later, indicate little or no improvement.

The answer to health appears to be some comprehensive, multi-pronged approach of administrative responsibility for rural and small-town populations.

51

MILLER, L. and HATCHER, G. H.

**Public medical care programs in Newfoundland.
Canadian Journal of Public Health 56:69-73. 1965.**

Newfoundland's "unique experience" of developing a countrywide medical treatment service with very little outside assistance is reviewed.

52

MILLS, M. L.

**Health education in a Cambodian village.
Public Health Reports 83:893-898. 1968.**

A Public Health Services nurse relates her experience in introducing health care in a small village. She states that "the Cambodians became increasingly interested in sharing - foreigners and Cambodians working together to improve health, sanitation, and nutrition...The Cambodian Ministry of Health's provision of health services at the village level was something the ministry had not attempted until it aided us in Purandoung."

53

MORLEY, D.

**Pattern for the development of child welfare in developing countries.
Mother and Child, October 1959, p. 163-167.**

A missionary doctor describes a welfare clinic operating in one hospital of the Methodist Missionary Society in Nigeria, West Africa. The clinic is considered to have passed out of the experimental stage and is an

integral part of the hospital's work. The objectives are: (1) the regular supervision of all children up to the age of five years; (2) the prevention of malnutrition, malaria, pertussis, smallpox and tuberculosis; (3) the provision of simple acceptable treatment for diarrhoeal disease, pneumonia and measles.

54

NAVARRO, V.

Health, health services, and health planning in Cuba.
International Journal of Health Services 2:397-432. 1972.

The changes which occurred in the Cuban health services since 1958 are described and appraised. The first part treats the main socioeconomic policies, particularly the urban and agrarian reforms, that have an equalizing effect on the distribution of resources (including health services) between regions and social classes. The second part describes the main characteristics of the health services development in the last decade. The health services are structured according to a regional model that aims at the integration of preventive with curative services, personal with environmental, and medical with social services. Within this model, great priority is given to primary care, especially in the rural areas, where the greatest benefits of the restructuring of the system have been realized.

55

NEUMANN, A. K., PRINCE, J., GILBERT, F. F. and LOURIE, I. M.

The DANFA/GHANA comprehensive rural health and family planning project - preliminary report.
Ghana Medical Journal 11:18-24. 1972.

The goals, technical cooperation, research design/project timetable, cost and cost analysis and future plan including special studies are summarized for a comprehensive rural health demonstration, teaching and research project conceived and developed in Ghana, West Africa as a teaching activity of the Department of Preventive and Social Medicine of the Ghana Medical School.

56

PENG, J. Y.

Village midwives in Malaysia.
Studies in Family Planning 3:25-28. 1972.

The possibility of utilizing kampong bidans, the traditional village midwives, to promote maternal and child health and family planning in rural communities in Malaysia is discussed. Integration of family planning services into rural health units was started in Malaysia in

early 1971. The attempt to utilize midwives is a new venture. Whether or not this effort will be successful remains to be seen.

57

PETROS-BARVAZIAN, A.

The role of maternal and child health programmes in the control of malnutrition. In Gyorgy, Paul and Kline, O. L., editors. Malnutrition is a problem of ecology. Papers presented at a conference on world-wide nutrition problems sponsored by the International Union of Nutritional Sciences held October 1-7, 1968 in Bellagio/Como. Basel/New York, S. Karger, 1970. p. 165-179.

The numerous, interrelated factors involved in the complex problems of maternal and child nutrition demand a simultaneous, coordinated, multi-disciplinary approach at all levels. The health component of the problem has been examined and the role of local health services, especially MCH services, analyzed briefly. The nutritional and other health problems and needs of children are closely related to the same problems and needs of their mothers and should be dealt with jointly. Maternal and child health services, as an integral part of basic health services, furnish an excellent opportunity for prevention, early detection and treatment of malnutrition, and for nutrition education during all contacts with mother and child. These services are also in a unique position to integrate the activities in nutrition, communicable disease control and family planning.

58

REHOVOTH CONFERENCE ON HEALTH PROBLEMS IN DEVELOPING STATES, JERUSALEM AND REHOVOTH, ISRAEL, 1969.

Proceedings of the fourth Rehovoth conference, 15 to 23 August 1967... edited by Moshe Prywes and A. Michael Davies. New York, Grune & Stratton, Inc., 1968. 453p.

Papers presented at the conference are arranged by topics: Part 1 - Priorities in health and health services; Part 2 - Patterns and control of disease; Part 3 - Population control; Part 4 - Social change and health; Part 5 - Health and manpower; Part 6 - Education and training; Part 7 - Health insurance.

59

RICE, D. T.

Community health services and family planning. Paper presented at 10th annual conference of the Indian Association for the Advancement of Medical Education at Sri Venkateswara University, Tirupati A.P. 8,9,10, January 1971. Unpublished. 8p., Mimeographed.

The place of a family planning program in the total health service structure is discussed.

60

RICE, D. T.

Suggestions on adding family planning to the curriculums of medical schools. Unpublished, 1969. 12p.

Adapted from a paper published in the Indian Journal of Medical Education 8:249-257. 1969.

A concise summary of topics is suggested which various departments of a medical school should cover, and descriptions are given of the way in which each department could integrate these topics into regular teaching or coordinate with other departments.

61

RICE, D. T.

Three paradoxes in health development.
Public Health Reports 81:885-890. 1966.

The value, illustrated by examples, of utilizing auxiliaries is emphasized. The opinion is expressed that "in the long run improvement in the health services of the population (of developing countries) will depend on the extent to which (a) the importance of prevention is reflected in allocating funds instead of allowing curative service to consume practically all the health budget; (b) a suitable, imaginative, and comprehensive system of health and medical care is created, instead of merely using some Western system as a model; and (c) the values, economy, and sensibility of using minimally trained auxiliaries are recognized."

62

ROEMER, M. I.

A coordinated health service and the problem of priorities.
Israel Journal of Medical Sciences 1:643-647. 1965.

Sociological imagination among planners in Venezuela is suggested as the best impetus for achieving greater coordination and greater integration of health services. A priority approach is considered desirable but the main reason offered for an integrated health service is the need for an effective doctor-patient relationship.

63

ROEMER, M. I.

Health departments and medical care - a world scanning.
American Journal of Public Health 50:154-160. 1960.

Predominant forms of relationship between public health and medical care administration in different nations are reviewed. In a number of countries, consciousness of the need for improving local administration has been shown

by launching demonstrations of fully integrated public health and medical care programs in selected localities. Such demonstration programs were given at Nancy, France; Beth Mazmil, Israel; Pholela, South Africa and several other spots.

64

RONAGHY, H. A. and NASR, K.

Medical problems of developing nations: an attempt to bring medical care to rural communities in Iran.

British Medical Journal 1:295-296. 1970.

The objectives of the Health Corps in Iran villages are not only caring for the sick, but also preventing the spread of communicable diseases, maintaining basic health, and providing education in sanitation and nutrition, including family planning. The Corps works in conjunction with other village programs such as the literacy corps, land reform, village cooperative, village council, and local elective judiciary systems. Through an organization of stationery and mobile units the Corps is introducing medical services into rural communities which had previously lacked any type of medical care.

65

ROSA, F. W.

Training health workers in Gondar, Ethiopia.

Public Health Reports 77:595-601. 1962.

An example of innovation and realism in meeting the health needs of a developing country is described. The Public Health Training College at Gondar, Ethiopia trains health workers who are, in many ways, better adapted than medical graduates to serve rural areas in that country.

66

SADLER, H.

Ghana's great strides in the health services.

Nursing Times 53:926-927. 1957.

Health services of Ghana today include medical field units, health centres, hospital services, training schemes and special services. Medical field units visit villages in rotation. They have been the means of bringing medical services, including vaccination and inoculation, to remote places where disease was rampant. There are nine health centres caring for mother and child welfare and supervising local authority dressing stations and clinics.

67

SAI, F. T., WURAPA, F. K. and QUARTEY-PAPAFIO, E. K.

The DANFA/GHANA comprehensive rural health and family planning project - a community approach.

Ghana Medical Journal 11:9-17. 1972.

The history, objectives and the philosophy of approach to the organization and implementation of the Danfa Comprehensive Rural Health and Family Planning Project are described. The role that this project is meant to play in the attainment of some of the important institutional objectives of the Ghana Medical School is brought out. The interdisciplinary and inter-departmental nature of the project are described. The deliberate attempt to cooperate with the indigenous communities, trying to understand their traditional and cultural concepts of life, and using some of these for the introduction of new concepts of health and disease has been emphasized.

68

SAI, F. T.

A rural health model: Danfa, Ghana. In Health care for remote areas. Proceedings of an international conference sponsored by Kaiser Foundation International, Bellagio, Italy, May 1972...James P. Hughes, editor. Oakland, California, Kaiser Foundation International, 1972. p. 107-117.

In his description of the Danfa Health Center, Dr. Sai shows how a university can relate to the government of the country in which it is located in working out the complicated problems of providing health care for a population.

69

SCHLAFMAN, I. H.

Health systems research to deliver comprehensive services to Indians. Public Health Reports 84:697-704. 1969.

A concept is discussed of community medicine and organization of health services and practices that does not separate prevention, cure, containment, and rehabilitation. This comprehensive program is administered by the Indian Health Service which operates 51 hospitals, 55 large health centers and more than 300 health stations in 23 mainland States and Alaska. The prime mission of the Service is carried out through health programs encompassing disease intelligence and control, screening, diagnosis, treatment, preventive services, sanitary facilities construction, home care, and education.

70

SCRIMSHAW, N. S.

Nutrition functions of maternal and child health programs in technically underdeveloped areas.

Nutrition Reviews 20:33-36. 1962.

Principles which apply to the nutrition functions of maternal and child health programs of most technically underdeveloped areas are outlined. Efforts to find the most effective ways of carrying out the nutrition education and supplementary feeding functions of a maternal and child health program in underdeveloped areas have led to the conclusion that one of the best ways is through the nutritional rehabilitation demonstration center, maintained as part of the routine activities of a health center.

71

SHENNAN, D. H.

Tuberculosis control in developing countries. Edinburgh and London, E. & S. Livingstone Ltd., 1968. 136p.

This book is divided into parts, each contributing to the main theme which is methods of control of tuberculosis. Part I delineates effective schemes: general design and epidemiological background; Part II suggests the approach; Part III - the execution; and Part IV - the assessment of progress, and production.

72

SKRIBKOVA, E. and VACEK, M.

Some problems of health care organization in Czechoslovakia. Medical Care 9:405-414. 1971.

"Private medical practice has been completely abolished in Czechoslovakia and all health care institutions integrated into a comprehensive system utilizing a team approach among general practitioners and specialists working in state-supported hospitals and polyclinics. Coordination of health services is managed by the Ministry of Health with the state divided into 11 regions, each region having about 10 districts. In the district, all preventive and curative services are integrated in the District Institute of National Health which supervises a main hospital and one or more secondary hospitals as well as polyclinics which, though joined to one of the hospitals in organization and function, may not be joined in location. Among the advantages of the system are the adequate distribution of personnel, financing according to need, and continuity in information concerning individual patients. On the other hand, the system does have a tendency to rigidity which restricts possibility of experimentation and an alienation of the physician-patient relationship" - Author's summary.

73

SLOME, C.

A report on the Sung Noen Training and Research Center of the Faculty of Public Health, Mahidol University, Thailand. n.p., May 1972. 20p. plus appendices. Mimeographed.

Observations reported on health and related services and the potential for further development of the Training and Research Center are based on experience as a consultant to Mahidol University from August 28, 1971-February 28, 1972. An integrated comprehensive family and community health and medical care service is the objective of the Center.

74

SPRUYT, D. J., ELDER, F. B., MESSING, S. D., WADE, M. K., RYDER, B., PRINCE, J. S. and TSEGHE, Y.

Ethiopia's health center program - its impact on community health. Ethiopia Medical Journal 5(3):1-87. 1967. (Conference Supplement, 3rd annual meeting, May 1967, Ethiopian Medical Association)

An evaluation study of the Gondar Public Health College and Training Center is presented. Included is information on the study design, methodology, functional analysis of health center activities, study findings and conclusions and recommendations. The general conclusion to be drawn is that an encouraging start has been made in Ethiopia but due to lack of adequate personnel many deficiencies in delivery of health care continue to exist.

75

SWEE-HOCK, S. and CHAN, K. C.

Family planning acceptance rates in Hong Kong, 1961-69. Journal of Family Welfare (Bombay) 18(1):16-25. 1971.

The purpose of this paper is to ascertain in what particular sections of the population in Hong Kong the program activities of the Family Planning Association have penetrated. The effect of shifting recruiting activities from hospitals and poor homes to maternal and child health center is discussed.

76

TAKULIA, H. S., DE SWEEMER, C., SHARMA, K., PARKER, R. L. and TAYLOR, C. E.

Preparing ANMs for sub-centre work. NIHA Bulletin 3:145-152. 1970.

Briefly outlined are efforts and experiences in organizing an inservice training program to prepare Auxiliary Nurse Midwives (ANMs) for delivering,

in a limited population, comprehensive maternal and child care (MCH) including family planning, together with emergency care to adults.

77

TAKULIA, H. S., TAYLOR, C. E., SANGAL, S. P. and ALTER, J. D.
The health center doctor in India. Baltimore, Md., The Johns Hopkins Press, 1967. 76p. (Johns Hopkins Monographs in International Health)

The Indian health center movement is one of the most ambitious in the world. In this volume the current working situation of the doctor in a rural health center is described, as viewed by the doctors themselves and by five other professional groups involved in determining health center and medical education policy. Out of the analysis of present conditions, recommendations have been made for improvements in health center administration.

78

TAYLOR, C. E.
Community medicine and medical education. Mysore, India, Wesley Press, no date. 6p.

Two points are stressed: some basic principles of community medicine are restated as they apply, especially, to the needs of India's village communities; secondly, new challenges for change and innovation are presented in accordance with the pattern which is emerging from past efforts.

79

TAYLOR, C. E.
Health and population - reciprocal relationships. Paper presented in Chicago on 18 September 1971 at the American Medical Association International meeting. Unpublished. 22p. Mimeographed.

Comments start with the "why" of integrating health and family planning. Then, in discussing the complex issue of "when" to integrate, some condensed and impressionistic national case studies are presented. Finally, on the "how" of integration some practical comments are made from the author's experience in village subcenters in India.

80

TAYLOR, C. E., DIRICAN, R. and DEUSCHLE, K. W.
Health manpower planning in Turkey. An international research case study. Baltimore, The Johns Hopkins Press, 1968. 300p. (The Johns Hopkins Monographs in International Health)

This study, both long-term and intensive, was started in July 1963 as a co-operative project between the Ankara School of Public Health under the Ministry of Health of Turkey and the Division of International Health of the School of Hygiene and Public Health of the Johns Hopkins University. A report of a pilot project in the province of Mus appears on p. 200-201. Integration of health services was a feature. Priority in starting integrated services was given to areas where malaria eradication was reaching the surveillance phase. Malaria workers could, therefore, be absorbed into general public health activities.

81

TAYLOR, C. E.

Population trends in an Indian village.
Scientific American 223:106-112,114. 1970.

Variables influencing India's family-planning program are enumerated. It is in village subcenters that the most constructive steps can be taken to solve India's population problem. In order to improve the integration of family planning and health services, more than 200,000 new subcenters are needed in India.

82

TECB

Annual report to the World Health Organization on the studies in rural health of the institution at Narangwal. Unpublished, May 9, 1969. Various paging. Mimeographed.

The project described aims at testing and evaluating the relative merits of different approaches to the provision of family planning care in the context of comprehensive health services for mothers and children in rural India. Implicit in the study design is an analysis of the functional role of subcenters in providing health care, the role of nursing auxiliaries, the formal supervisory relationships between primary health centers and subcenters personnel, and the training requirements for the provision of comprehensive maternal and child health services, including family planning.

83

UNIVERSITY OF NORTH CAROLINA. DEPARTMENT OF EPIDEMIOLOGY. SCHOOL OF PUBLIC HEALTH.

The Malawi Public Health program. Chapel Hill, University of North Carolina., January 1967. 19p. (Research Report 1)

The Malawi Public Health Program, a Peace Corps project supervised by the University of North Carolina, has been in operation since November 1964. Objectives are: (1) the implementation of an integrated preventive and

curative health program using non-professionally trained personnel; (2) the utilization of the program to train national counterparts so that the activities could continue following the withdrawal of the Peace Corps. The report is organized under three headings: (1) characteristics of the population served; (2) the tuberculin and tuberculosis status of the population; (3) the response to the program, including the domiciliary care of the tuberculous.

84

UNIVERSITY OF NORTH CAROLINA. DEPARTMENT OF EPIDEMIOLOGY. SCHOOL OF PUBLIC HEALTH.

The Malawi public health program, September 1964 to June 1966. Chapel Hill, University of North Carolina, October 15, 1967. 36p. plus appendix. (Research Report 2)

Results of twenty-one months of field work are indicated as follows: two very clear impressions are evident - the first is the high degree of effectiveness of the volunteers in obtaining cooperation of the population for purposes of tuberculosis identification and treatment and the effectiveness also in motivating, stimulating and training their counterparts, the health assistants. The second impression is the relative lack of effectiveness of the project as a whole in introducing significant social change or even in gathering and transmitting in any systematic fashion the information about values, beliefs, practices, social structure, etc. upon which subsequent attempts at social change can be made.

85

U. S. PUBLIC HEALTH SERVICE. DIVISION OF INTERNATIONAL HEALTH.

Republic of Congo (formerly the Belgian Congo). A study of health problems and resources. Washington, D.C., U.S. Government Printing Office, 1960. 115p. (Public Health Service Publication 806)

The study is a compilation of information readily available from sources identified in the bibliography to be found on p. 79-83. An attempt has been made to organize this information in such a way as to present a coherent picture of the health situation of the Congo.

Health and medical services are administered by the Direction Generale des Services Medicaux in close cooperation with a variety of semi-officials and non-governmental organizations, missions and large industrial concerns. Medical care in hospitals and dispensaries is free to all Africans legally entitled to it.

Principal efforts of the health services are directed toward the detection, surveillance, and treatment of the main endemic diseases - malaria, sleeping sickness, leprosy and tuberculosis.

86

VACEK, M. and SKRVAKOVA, E.

Methods of planning health services in Czechoslovakia.
Milbank Memorial Fund Quarterly 44(3)pt. 1:307-317. 1966.

Only curative health services are discussed. According to the author, this does not mean that preventive and curative aspects of medical practice are separate. All health services should be regarded as a functional whole. This is the only possible approach in countries where the health services constitute a unified organizational body.

87

VICTOR-BOSTROM FUND AND THE POPULATION CRISIS COMMITTEE.

Population and family planning in the People's Republic of China. Washington, D.C. The Victor-Bostrom Fund Committee and the Population Crisis Committee, Spring 1971. 34p.

Contents: Table tennis and family planning, by W. H. Draper, Jr., p. 3-4; letter from Peking, by Edgar Snow, p. 5; Population care and control, by Edgar Snow, p. 6-11; Balancing population and food (abridged from an article appearing in Current Digest, Hong Kong, June 1971), p. 12-15; Family planning in China, by Han Suyin, p. 16-17, 20-21; China's medicine: red and rural, by J. Z. Bowers, p. 22-24; Birth control education campaigns, by Huang Yu-Chuan, p. 25-28; Birth control is an important mission, p. 29-31; Barefoot doctors, p. 32-33.

88

VINTINNER, F. J.

A mobile rural health services program in Central America and Panama.
American Journal of Public Health 58:907-914. 1968.

A mobile rural health services program known as PUMAR initiated in 1963, provides basic medical care and preventive medicine services for two million people living in the rural areas of Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama. Self-help is a cardinal factor and through cooperative community actions basic health facilities have been constructed, health programs implemented, environmental sanitation improved, and roads, bridges, schools, athletic fields and other community facilities built or established.

89

VUKIYANOVIC, C.

Decentralized socialism: Medical care in Yugoslavia.
International Journal of Health Services 2:35-44. 1972.

The health care system in Yugoslavia is based on the principles of reciprocity and solidarity, as regulated by constitutional provisions which guarantee medical care and use of health services as the basic right of all citizens. Coordination among health institutions, associations of social insurance and sociopolitical and other concerned organizations is regulated by law. The emphasis in contract arrangements is placed on preventive services, home care services, and dispensary care, for which health institutions proportionally receive more money than for hospital services. The new type of institutions that are more and more dominant are integrated health services, so-called medical centers, which provide both preventive and curative services for the population they cover.

90

WEBSTER, M. H.

Health service administration in developing countries.
South African Medical Journal 63:1043-1046. 1969.

"It is inevitable that in a developing country in its early phase, emphasis should be placed on personal and curative medical services rather than on preventive services. The advanced section of the community who, in the main, pay for the services have learnt in the countries of their birth to build preventive measures into the social structure and environment which they create for themselves in their new home, and their felt need is, therefore, for personal medical services. The backward section of the community, although they may need preventive services, express their felt wants in demands for the development of medical services in Rhodesia is briefly outlined against this background, and the present organization, functions and scope of the health services are described" - from author's summary.

91

WILLIAMS, C. D. and JELLIFFE, D. B.

Mother and child health. Delivering the services. London, Oxford University Press, 1972. 154p.

The thesis of this book is the concept that a coordinated, comprehensive MCH programme must be evolved as a major component of an overall plan for National development, together with an improved water supply, environmental sanitation and housing, and an agricultural policy geared to human nutrition needs.

92

WOLSTENHOLME, G. and O'CONNOR, M., editor

Teamwork for world health. A Ciba Foundation symposium in honour of Professor S. Artunkal. London, J. & A. Churchill, 1971. 242p.

Papers in the first part of the book discuss and criticize examples of team service which are now in operation. In the second part the direction in which events are leading personnel and the types of teamwork which should be planned for the future are considered. For analysis of contents see entries for Fisek, N. H. and Horn, J. S.

93

WORLD HEALTH ORGANIZATION. EXPERT COMMITTEE ON NATIONAL HEALTH PLANNING IN DEVELOPING COUNTRIES.

National health planning in developing countries. Report of a WHO expert committee. Geneva, World Health Organization, 1967. 40p. (Technical Report Series 350)

The task of the committee was to attempt to answer four fundamental questions: when is a country ready to plan?, what machinery does it need for planning?, how is planning carried out?, and who are to be involved in it and what training do they require? Discussion centers on the "new" concept of planning as a multidisciplinary undertaking in which a number of different disciplines cooperate in organized teamwork, preparing a plan that is finally acceptable to the government and will have financial and administrative support for its implementation.

94

WORLD HEALTH ORGANIZATION. REGIONAL OFFICE FOR THE WESTERN PACIFIC.

Report on the fifth regional seminar on public health administration: integration of health services, Manila, 15 to 28 February 1966. Manila, Philippines, Regional Office for the Western Pacific of the World Health Organization, May 1966. 48p.

Objectives of the seminar were: (1) to exchange country experiences and to consider current problems and approaches to the integration of health services under national health administrations; (2) to review current trends and problems of coordinating programmes within the health agency and with related programmes of other agencies; (3) to stimulate inter-country cooperation in tackling health problems of mutual interest and to explore the roles of international, bilateral and other organizations in its promotion. Country reports from Australia, China(Taiwan), Fiji, Japan, Korea, Laos, Malaya, Sabah, New Hebrides, Philippines, Ryukyu Islands, Singapore, Territory of Papua and New Guinea, Tonga, Trust Territory of the Pacific Islands, and Viet-Nam are summarized.

95

WRAY, J. D.

Will better nutrition decrease fertility? Paper presented at a Symposium on Nutrition, Fertility and Reproduction, IXth International Congress of Nutrition, Mexico City, September 1972. Unpublished, 1972. 25p.

Evidence is examined for the thesis that "as nutrition improves, infant and childhood mortality rates decline; as mortality rates decline, parents respond by having fewer children."

The conclusion is suggested that "for those who wish to promote a willingness to limit family size in large populations, increasing infant survival rates by improving nutrition may be the best single measure. Where carefully controlled attempts have been made to reduce mortality by extensive and expensive improvements in medical care, and by broad scale application of conventional public health and sanitation measures, the results have been minimal. Improved nutrition, by no means a simple task at the village level in traditional societies, has, at least, produced encouraging results."

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