Challenges and Responses

RUDOLF L. SWANN

Sr. Nurse Consultant, W.H.O.

Given here is the text of a Keynote Paper read at the CNF South Asia Seminar at Madras :

IT is a privilege to be a part of a health revolution that is bigger, better, more enduring and worthier than we are. It is likewise a responsibility for each of us to participate, to the extent possible, to ensure that the Commonwealth Nurses' Federation, which was launched in 1973, will become one of the most effective creations of this decade.

I have been asked to present to this group the nursing input in the *current overriding priority* of the World Health Organization, which is the attainment by all people of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life.

To some of you, it will be a repetition and I wish to beg your indulgence. But I think it is important to know what led to WHO's overriding priority which shaped WHO's fundamental reorientation in thinking and action.

Let me go back briefly in history to highlight specific events and activities at the global and regional levels and the part nursing has played in these.

In January 1972, a working paper submitted to the 49th session of the WHO Executive Board[1] focused on a study of "Methods of Promoting the Development of Basic Health Services". It was this paper that pinpointed very critically, the deplorable situation of health services in many countries of the world, especially the developing societies.

The report strongly recommended that WHO consider this an issue that must be dealt with urgently, and indicated the steps that had to be taken in the further development of health services in Member countries. It emphasized the need for health services that are accessible and acceptable to the total population at the level of health technology necessary to meet the countries' health needs.

Subsequently, a series of actions were undertaken by WHO, one of which was the convening of an Expert Committee on Community Health Nursing.[2] This Committee was mandated to clarify the contribution of nursing to the improvement of the health of communities throughout the world. This Committee, composed of members representing multiple disciplines, gave specific recommendations and steps to undertake in—

1. developing community health nursing services responsive to the needs of the community that would ensure safe and appropriate services and provide primary health coverage for all the population.
2. the development of appropriate, dynamic and continuing educational programmes in nursing that would best prepare nursing personnel to assume their roles, functions and tasks for service in the community.
3. the inclusion of nursing in health manpower plans within the overall national development plans, reflecting a rational distribution and utilization of personnel for community health coverage and support systems in the light of changing health needs.
4. the promotion by WHO of the development of community health nursing by Member States, in preparing a cadre of nurses who will play a prominent role in developing and guiding health workers at all levels of the health care system.

The following years saw WHO Member States mobilizing efforts and resources aimed at improving health services to communities, especially those in the peripheral areas. You are all familiar with the main social target for the coming decades of the attainment by all the people of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life, which was adopted in a historic WHO resolution in 1977 and popularly known as "Health for All by the Year 2000". Then, in September 1978, the Declaration of Alma Ata[3] was issued calling for urgent national and international action to attain an acceptable level of health for all through *primary health care*. As decided in Alma Ata, PHC refers to essential health care that is universally acceptable as part of community development, and that is supported by all levels of the health system. The Alma Ata Conference called for radical and fundamental change in the way the international community looks at health care for the message was that we have failed to provide adequate health care for the people of the world—and we failed because we had not done enough. Therefore, we must do more, by focusing on change from the conventional donor-recipient approach to a partnership approach.

WHO's role in working with countries is to *support national* PHC programmes by creating a positive climate of opinion (political) and by facilitating the exchange of expertise, technology and information. WHO's international health work has changed from technical assistance to technical cooperation. There are three kinds of technical cooperation which WHO has a duty to support on request: (1) technical cooperation between individual Member States; (2) technical cooperation between developing countries; and (3) technical cooperation between developing and developed countries.