MASS CAMPAIGNS
AND
GENERAL HEALTH SERVICES

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WORLD HEALTH ORGANIZATION
GENEVA
1965

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CONCLUSIONS

The present document has attempted to review certain aspects of the relationship between the health activities commonly known as mass campaigns and the general health services. As the review has of necessity been somewhat superficial, the observations that are offered below are likewise of a preliminary nature.

It is necessary to stress the complexity of the subject. The relationship between general health services and mass campaigns at any given time or place is governed not only by a variety of technical aspects, but by a number of closely interrelated factors, including many that are remote from strict technical considerations. Moreover, the relationship transcends the boundaries of public health, since a number of mass campaigns are intimately connected with, and dependent on, the parallel development of programmes in education, agriculture, engineering, social reform and similar fields.

The problems encountered throughout the world vary so greatly that it would not be possible to suggest any uniform solutions, however sound they might be in theory. Each situation has to be studied on its own merits, and with due regard to the factors outlined in preceding pages. Accordingly, in lieu of specific recommendations, this paper has sought to bring out certain points of outstanding importance, some of which are summarized below.

(a) Although the question under review is not new, and certainly not confined to the field of public health, it has become a matter of growing concern during the past two decades. In fact, the advent of powerful weapons such as residual insecticides, improved immunizing products, and antibiotics and sulfonamides of prolonged action has opened the way to a fuller control, and in some cases, to the eventual eradication of, the major communicable diseases even in the most remote rural areas. Countries and international agencies have thus been encouraged to apply these tools on a massive basis in the rural areas. Countries and international agencies have thus been encouraged to apply these tools on a massive basis in the rural areas. Countries and international agencies have thus been encouraged to apply these tools on a massive basis in the rural areas. Countries and international agencies have thus been encouraged to apply these tools on a massive basis in the rural areas.

(b) Although optimism is justified in the light of these impressive results, already achieved or in prospect, it does not by any means follow that the mass campaign approach can by itself provide a solution to all health problems. Undoubtedly, mass campaigns are useful, indeed indispensable, in breaking the vicious circle of excessive sickness, low productivity and poverty which hinders the improvement of living conditions in most developing countries. By that token, such countries are justified, when drawing up national health plans, in initially devoting a substantial part of the available resources to mass campaigns against certain communicable diseases. At the same time they should not forget that mass campaigns are temporary expedients within a longrange pattern of health development, and that there is need to establish with the least possible delay an organized scheme of general health services which, though not yielding spectacular results, form an essential component of the permanent public services of the community. Furthermore, the role of the general health services is a valuable one at every stage of a mass campaign; it becomes indispensable as the campaign reached the late stage, when the use of a single-purpose machinery to maintain the benefits achieved becomes too costly.

(c) Unquestionably, in most developing countries, the conduct of mass campaigns and the establishment or improvement of general health services must go hand in hand for many years towards the ultimate goal of a unified health programme. An essential prerequisite is that all health workers should be convinced that the two approaches are not antagonistic but complementary, for it is not possible to achieve a harmonious relationship of general health services to mass campaigns unless the proper psychological attitude is fostered in every sector of the health organization.

(d) The progressive convergence and ultimate merging of the two approaches will depend on a number of factors. Thus, while the need for integration is accepted generally, there is likewise an awareness of the obstacles to its achievement. The concept is easily stated and understood, less easy to carry into effect. Indeed, general health services and mass campaigns differ in so many details-methods of work, type of personnel, required, timing-that it is difficult to coordinate their development as closely as is desirable.

(e) Experience to date confirms that the building up of a system of general health services is a lengthy process, far exceeding in duration the early stage of a short-term mass campaign. This has caused serious difficulties, inasmuch as the services (in particular at the peripheral level) are not qualified for the duties demanded of them at the late stage of a campaign and a fortiori still less so at the early stage. It is clearly necessary to seek rational solutions to these problems, together with the means of averting similar difficulties in the future.

(f) A scheme of basic health services, not merely to support mass campaigns but to provide at least a minimum of preventive and curative care to the entire population, has been advocated by WHO as an essential element in the accelerated programme for economic and social development.
But the planning of such a scheme must be based realistically on a careful assessment of local resources, both human and financial, designed to ensure the most productive use. A too ambitious work programme results in long delays and is on that account to be avoided. For instance, systems-based on health units comprising a medical officer and fully trained paramedical personnel for a population of 50 000 are simply not attainable in those places where basic health services are most urgently needed, and where the exiguous number of professionals cannot be diverted from hospital tasks for which their special skills are indispensable.

For many years to come, it will be necessary to rely, for the staffing of the peripheral health services, solely on low-grade auxiliaries, often located at distant places where supervision by professionals—even if they are available—is virtually impossible. On the other hand, to leave the auxiliaries in sole control would be to doom the entire scheme to failure. To resolve this dilemma, it might be advisable, as a compromise, to make use of non-professional field supervisors who would perform for the general health services a function similar to that of the special field supervisors in relation to the lower staff of mass campaigns.

Probably the most important factor in the development of basic health services is the reorientation of the existing staff and the establishment of training facilities for new personnel. In this area also, what is essential and feasible must be determined realistically. The inclusion in the curriculum of superfluous theoretical instruction would spell delay in the production of badly needed manpower. Reference may be made to a report submitted by the Executive Board to the Sixteenth World Health Assembly,1 in which the whole matter is reviewed

However elementary the scheme may be, the participation of the basic health services in mass campaigns, particularly at the peripheral level, must be regarded as a part of their duties and not as mere collaboration, and it should be evaluated and supervised in that light. The minimum technical and operational requirements of the campaign must be taken into account, particularly with regard to the even coverage of the population. Accordingly, the scheme should aim at the provision of minimum health care to an entire area rather than at the concentration of services of a higher standard among limited segments of the population.

Every effort should be made to develop a spirit of teamwork between the staff of mass campaigns and that of general health services from the outset and to impart this spirit, by the power of example, to every level of the health organization. Health workers should be convinced that there exists only one objective for all alike, and that differences in functions merely result from the necessary division of labour common to any large enterprise.

(g) The methods of achieving the indispensable association between general health services and mass campaigns cannot be reduced to any uniform pattern. Subject to this reservation, the present paper has reviewed some of the alternatives that might be used in countries which, though lacking an adequate minimum level of basic health services, need to start mass campaigns. One of these alternatives, the sequential approach, has been recommended and partially implemented in connexion with yaws campaigns. Another, the pre-eradication programme, more recently advocated as the dispensable pre-planning step in future malaria eradication programmes, is in operation in several places. While both alternatives offer great possibilities, there is need for further investigation before definite conclusions can be drawn regarding their practical value.

(h) In areas where an adequate network of general health services is lacking, and where mass campaigns have reached the midpoint or are nearing completion, the problem is one of urgency. But this fact should not be held to warrant precipitate action, which might jeopardize the benefits gained in the campaigns. The transfer of specialized functions to the general health services must be preceded by careful studies, preferably in the form of pilot trials. Such trials would serve to identify the probable difficulties; to estimate the number and types of staff needed by the general health services at each level, as well as the additional facilities required for the coverage of the population; to evaluate the training programmes and test the related operational procedures. Only when this had been done, would it be reasonable to start the gradual transfer of responsibilities to the general health services and reassign the specialized staff.

(i) It is clearly impossible to offer suggestions, in quantitative terms, regarding the needs of the general health services in the matter of manpower, financing, equipment, etc. So variable are the factors that come in to play local conditions; the requirements for a given mass campaign; the stage of the country's general development that any arithmetical calculation would be purely conjectural. Delicate practical implications enter into this important question, to which only direct experience in the area concerned, combined with a study of all relevant factors, can supply an authoritative answer.

(j) Finally, the present review has shown that there is still great lack of information on this complex subject. Reference has been made at several points to the importance of undertaking field inquiries in order to clarify a number of questions. There are, it is submitted, challenging opportunities for WHO to stimulate useful operational research.