contact

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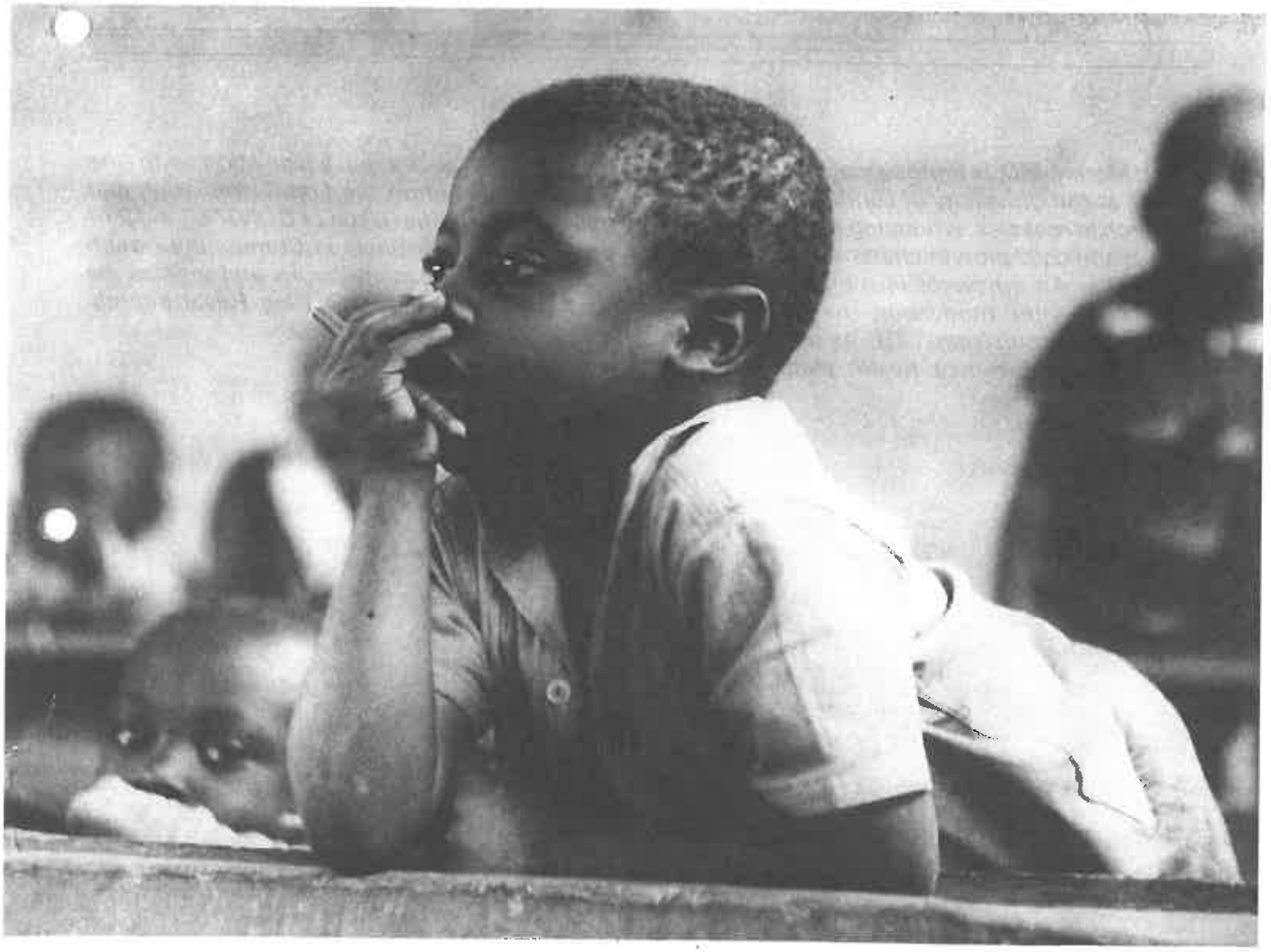
THE CHILD'S NAME IS TODAY



INTRODUCTION

As an author, one is frequently asked for whom a book or article is written. In this case I give the answer that it is for all those who are dissatisfied with existing health services, particularly the services for children in the less developed countries of the world, for those who are willing and concerned to become change-agents in the society in which they work. This article is addressed to medical students, senior nurses and perhaps to those who are decision-makers in their countries. The concept behind it is that many remember and carry away in their minds a drawing or diagram, while they will forget the written word. I consider there is a great truth in the old Chinese saying, "A drawing is worth a thousand words".

My long association with Teaching Aids At Low Cost (TALC), has confirmed my views on this. TALC, which is run by a group of between twenty and thirty housewives in my home town of St Albans, sends out a third of a million transparencies in the form of illustrated lectures of twenty-four slides each year. The material is a teaching activity of the Tropical Child Health Unit of the Institute of Child Health, London. Those who work in it are convinced that it is one way of creating change, without at the same time making people more dependent. The illustrations in this issue of Contact will eventually be available as a set of slides. They can be freely copied or adjusted to make them more relevant to local circumstances.

David Morley

David Morley, MD, is Professor of Tropical Child Health at the University of London. His original research in measles, whooping cough, birth intervals and child growth charts was carried out in Nigeria. An innovator in methods of communication and motivation, he set up the charitable organization TALC as a world-wide distributor of low-cost health teaching aids.

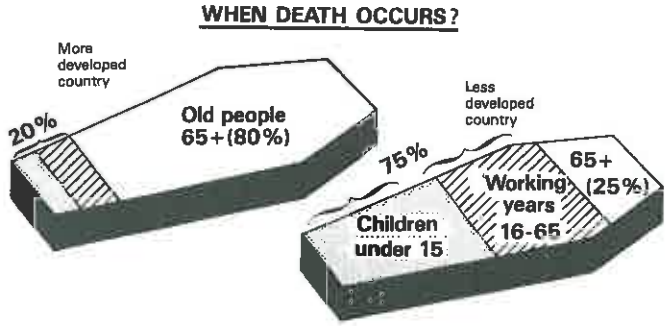
Dr. Morley has a long association with the CMC. He served on the first Commission and has written another issue of CONTACT in 1974 on "Involving Hospitals in Community Health Care". Author of many books and articles, he was the recipient of the King Faisal International Health Award in 1982.

Cover photo/WCC

THE CHILD'S NAME IS TODAY

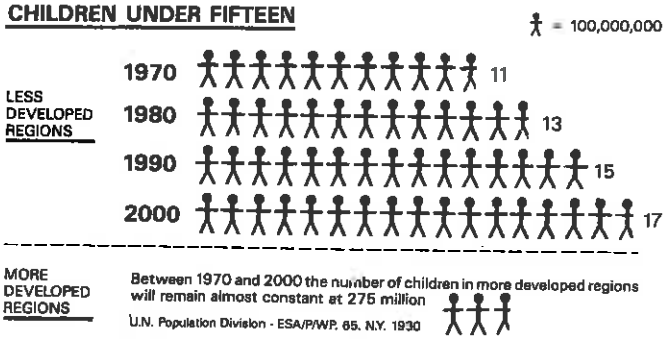
By Dr. David Morley

Just how different is it to grow up in the villages or shanty towns of the South? To answer this question, perhaps we can ask another one and that is "when will we need our coffins?". For those in the North and the elite in the South, 80% will not need their coffins until they have reached the retirement age of 65. In the South 75% will require their coffin before they reach the age of retirement and in many countries half these coffins will be those of children. There are, of course, pockets of poverty in the industrialized North where children face the same threats to survival as those described in the third world countries or what we have called "South".

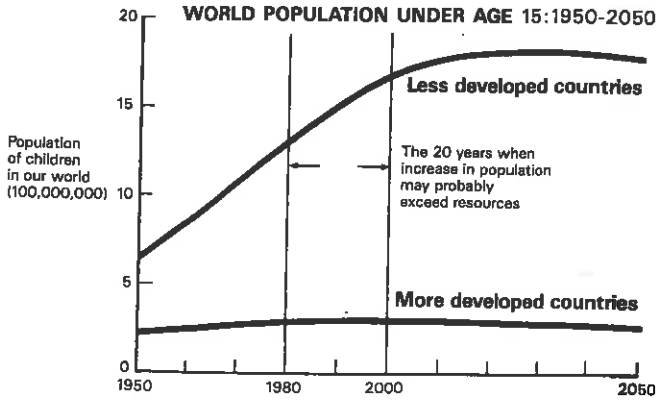


DEATHS BY AGE GROUP AS % OF ALL DEATHS (Taylor '82)

This article is about the children in our world. It is about the reasons why their chance of survival, their health and way of life may be so different. First we need to look at the number of children in our world, now and in the future.



The industrialized and well developed "North" has just under three hundred million children as shown in the lower part of the figure. In 1980 in the less developed countries of the South there were thirteen hundred million. In the next decade until the end of the century, there will be an additional two hundred million children in our world.

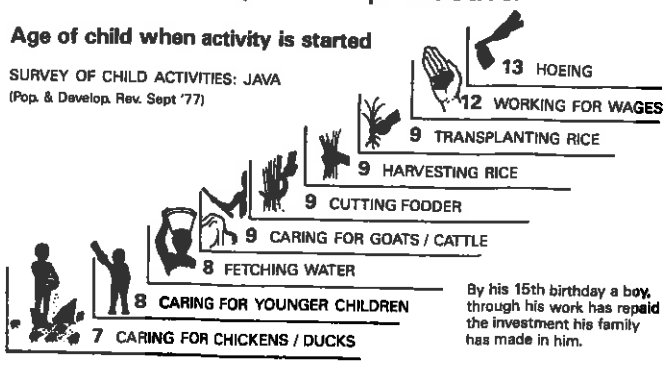


Source: UN Population Division estimates and projections

Here the increase in number of children in our world is plotted as a simple graph. As mentioned already, in the more developed countries the number of children is almost constant. In less developed countries, the number will only become constant after the turn of the century as it is expected that the population in our world will have stabilized by the year 2100.

From a historical point of view, the period we are living in is of particular significance. During the next fifteen years until the end of the century, the number of children in our world will be still rapidly increasing and yet the resources, certainly in terms of per capita availability, are declining. For this reason the kind of world our children and grandchildren will live in depends heavily on what we can do now to help in the better use of the world's limited resources for these increasing numbers of children.

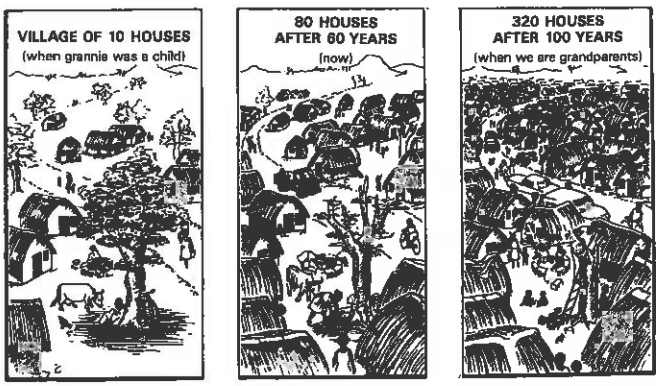
There are many reasons for so many children. However, the principal reason for large families among the poor in our world is that children are the only way the poorer families can increase their capital. Children are productive.



This study from Indonesia shows the activities that children undertake at different ages. The economist undertaking this study calculated that by his fifteenth birthday a boy had repaid by his labour the investment the family had made in him. In the more developed countries of the North, the situation is very different. Calculations in the UK suggest that the first child by the age of sixteen will have cost his parents £ 50-£ 70,000. This is calculated on the basis of the loss of the wife's earnings as well as the direct expenses of the child. Perhaps it is not surprising that in less developed countries three-quarters of the parents give economic support as one of the reasons for having children.

Large families mean a rapid population increase. Unfortunately, many countries are increasing their population by 3% each year. Even worse, the implications of this are not understood by many. However, if we say a population that is increasing at 3% will double in just over 20 years, then this is more meaningful to most people.

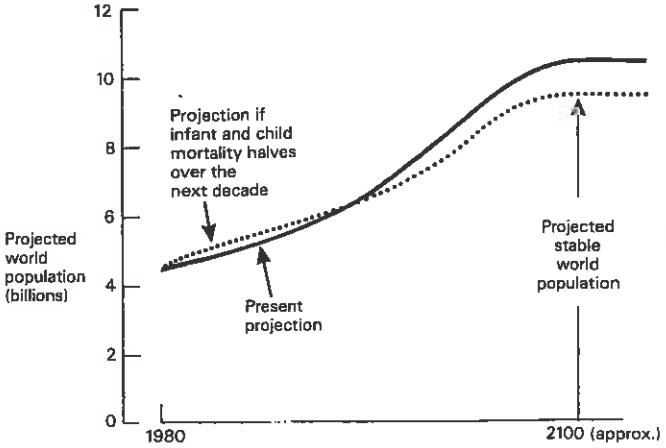
Results of a 3% population growth rate on a village of 10 houses
The population will double every 20 years



The original village of 10 houses 60 years later has increased to 80 houses. Unfortunately, few people appreciate that in the next 40 years, it will increase to 320 houses. There is this continuing effect of population growth; even when the birth rate is brought down the population will still continue to increase for a time.

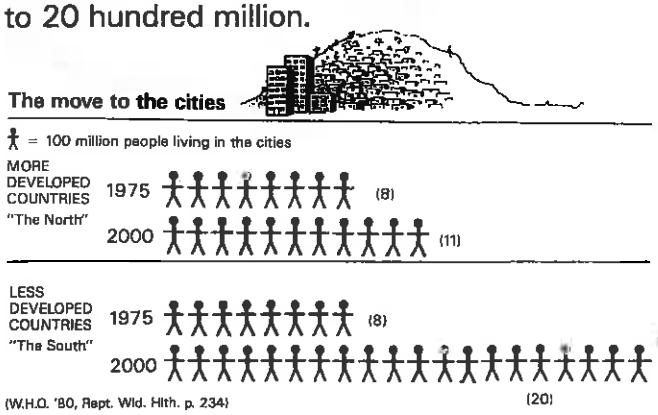
In Europe and other countries of the North and now in some places such as Sri Lanka, Kerala State in India, South Korea, Cuba and China, we have seen a dramatic fall in the birth rate, with lower population growth rates. However, this has only come about after there has been a redistribution of resources and a fall in child mortality. If such a fall in mortality can be brought about, then the final population of our world might be limited at a level more compatible to the finite resources of our planet.

Impact on population growth of a reduction in child deaths

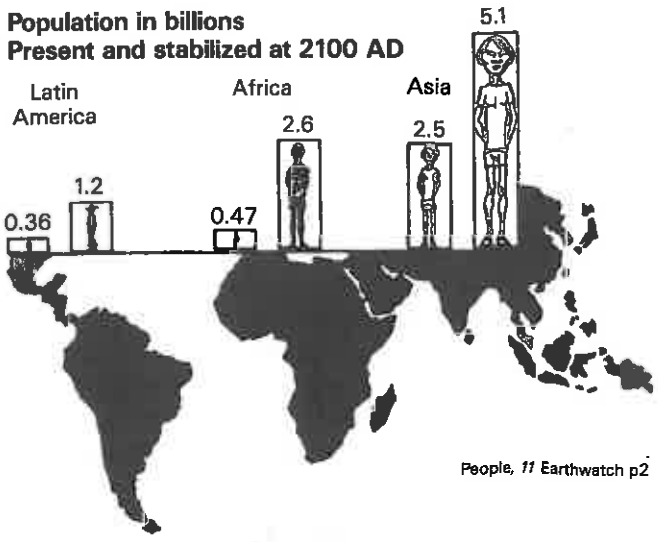


While populations are growing in some countries at over 3%, the population of some cities is growing at 7% or more. This means that the population of these cities will double in 10 years. We do not have to look far for the reasons for this increase. They are related to the almost universal practice in every country of directing resources into the cities.

The effect of this, particularly on children, will be dramatic. Whereas in the last quarter of this century the cities in the North will increase from 8 to 11 hundred million, those in the South will increase two and a half times from 8 to 20 hundred million.



Cities with their violence, traffic and crowding are dangerous places for small children.



Before populations stabilize in the year 2100, we must expect the population of Asia to double, that of South America to increase three and a half times, while Africa will increase five times. The present problems of Africa have become alive through television. Africa is the continent where populations are increasing most rapidly and there are few signs of a lowering in birth rate. It is also the continent where food production per capita declined 11% between 1970 and 1980.

If across the South, health services are to become effective, we must start by looking at the resources available.

National Expenditure in Health / Person / Year

Median figures for 32 more developed and 92 less developed countries.

Health Sector Policy Paper World Bank 1980

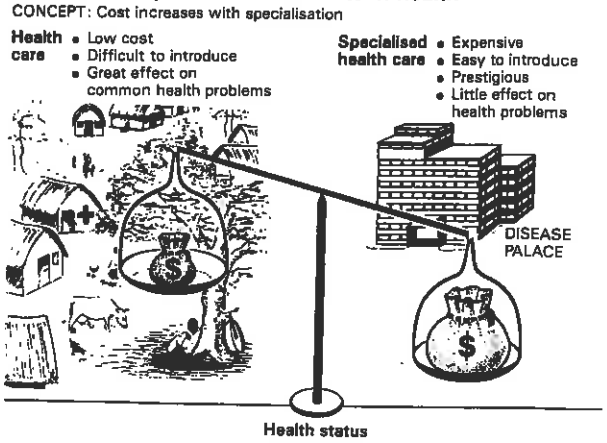
At the beginning of the decade, the North was spending a median figure of $ 220 per head on health. This figure has been exceeded by most countries since then. In the South the median expenditure was $ 4. Half these countries were spending less than this sum. That is well under 2 % of what the North was spending on health.

Worse still, most of this money was spent on curative doctor–oriented services. In Ghana the government estimated that 40% of the health budget went to specialized hospitals, which in practice serve around 1% of the population. Ninety percent of the population if they received anything at all had to depend on minimal health care, which received only 15% of the small health budget. The Mangdukar Commission in Bombay in 1976, showed an even worse mal-distribution in India. The state of Maharashtra was spending $ 1.6 per head on health care, the top expenditure among Indian states. However, 80% of this sum was spent in three cities and only 5% on the enormous rural population. As a result they calculated that the amount spent per individual in the villages was around U.S. 2 cents per year!

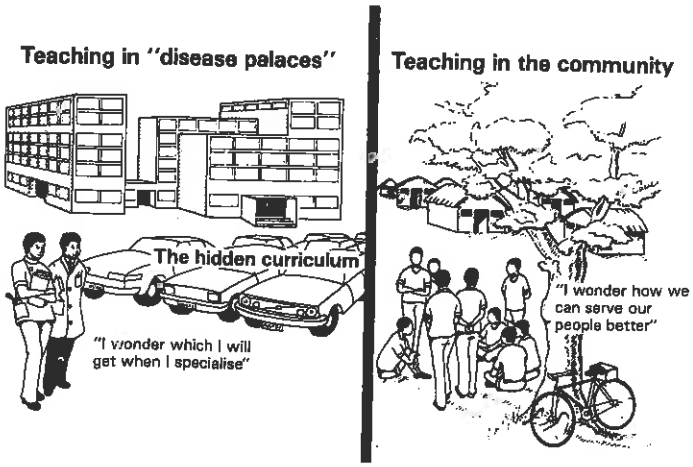
We do not have to look far to see why there is this inappropriate expenditure. Building a large hospital is no problem except for its cost and, particularly, its running costs. Such buildings are prestigious, but they bring very little in the way of health to the people.

Imbalance in present investments in health

CONCEPT: Cost increases with specialisation



Spending money on primary health care is difficult. The results are not easily seen by those who hold the reins of power in a country. However, if properly used, such expenditure can bring great benefits to the people.

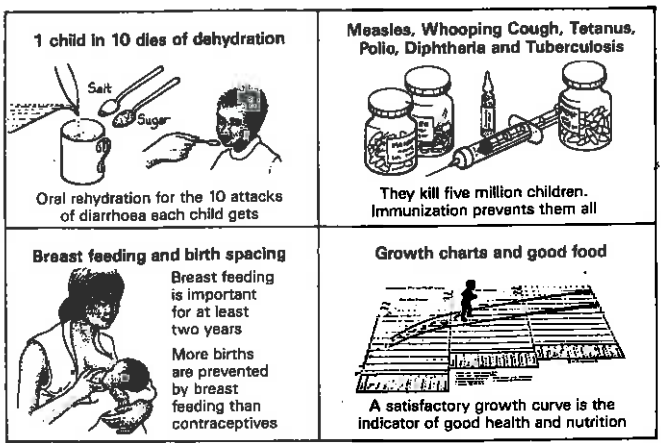


Unfortunately the large teaching hospitals or disease palaces are self-perpetuating. They are run by, and create doctors who are particularly interested in specialized high technology care. They have proved incapable of providing appropriate teaching in the community. Nor is this surprising, as the majority of teachers have no experience of community-based health work.

As workers are trained and retrained to be more appropriate for the needs of the South, emphasis must be placed on priorities. These are particularly essential for the child survival and development revolution which we hope to see over the next few years. UNICEF has attempted to identify priorities which can be managed, both in terms of what countries can afford and what their existing staff can achieve.

These priorities have been oral rehydration, immunization, breast feeding and growth monitoring. Other important priorities are family planning through child spacing, food supplements to priority groups and female literacy.

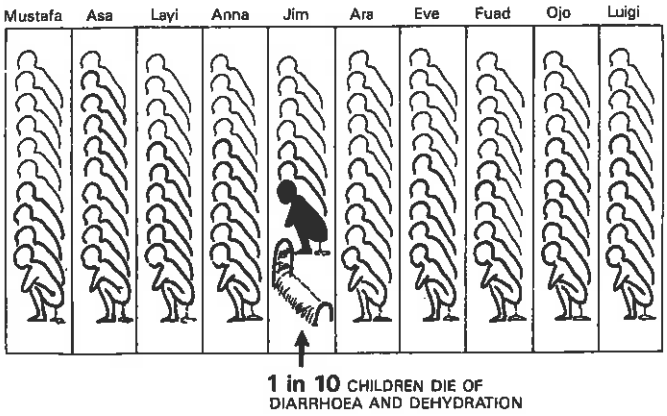
Priority Health Measures in Third World Countries



Treatment of Diarrhoea

Diarrhoea is very frequent in less developed countries and a conservative estimate suggests that in most countries each child will have 10 significant attacks between birth and the age of five. Also, probably of every 10 children born in the South, one will die of a disease in which diarrhoea plays some part. If we then consider 100 episodes of diarrhoea in the less developed countries, 10 of these are likely to have significant dehydration and one will lead to the death of a child.

Diarrhoea EACH CHILD IN LESS DEVELOPED COUNTRIES HAS 10 ATTACKS



However, as each of these 100 episodes of diarrhoea commence, it is impossible to say which is going to be severe and which is likely to be fatal. So we must treat all 100 if we are to prevent one death and also the illness that the diarrhoea creates. Medicines now play almost no part in the management of diarrhoea; for the most part treatment is through oral rehydration.

DIARRHOEA

▼

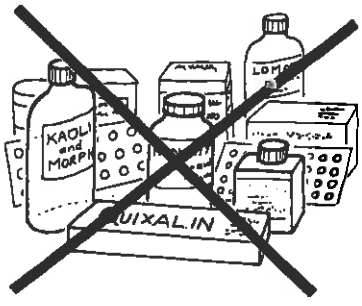
Loss of Water and Salt from Body

DEHYDRATION

▼

Death

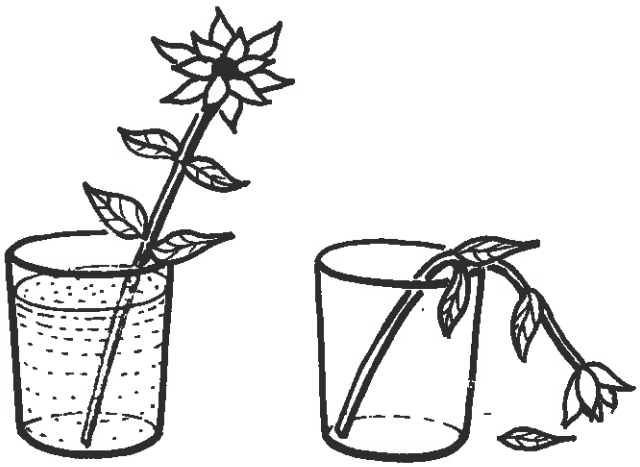
MEDICINES ?

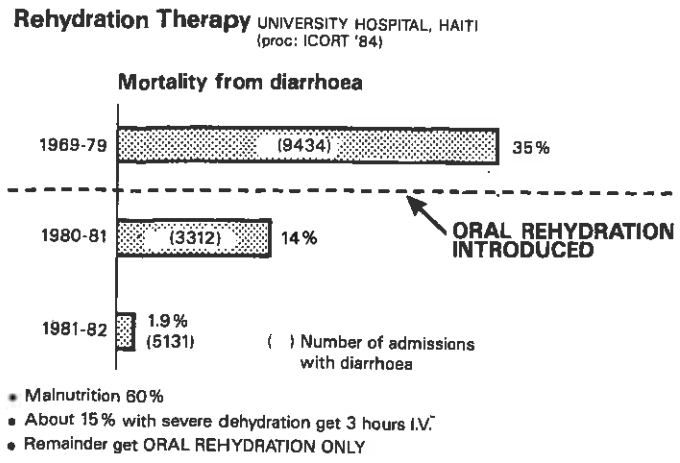


A few children who are found to have shigella and cholera infections may receive antibiotics as this will slightly shorten the illness. Morphia and substances such as "lomotil" should not be used as they paralyse the gut and prevent the child ridding itself of the toxins and bacteria which are causing the diarrhoea.

Just as the mother will wash dirt off her child's skin, so she must learn she has to help the child to wash the diarrhoea out from its body. In this teaching, the simile of a plant with and without water may be helpful.

We have to help the mother learn to make an oral rehydration solution of water and small amounts of sugar and salt. She should learn the recipe and the taste of this solution, and she should administer it whenever she has a child with diarrhoea.



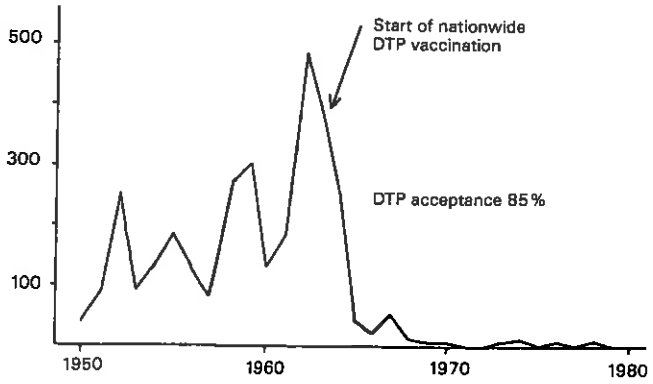


Oral rehydration is particularly useful in the community, but it is also essential in hospitals. The introduction of oral rehydration may greatly diminish both the expense of hospital admission and also reduce the mortality more than ten-fold. As hospitals and health workers train the mothers, more communities will have mothers who successfully treat diarrhoea in their own homes.

Immunization

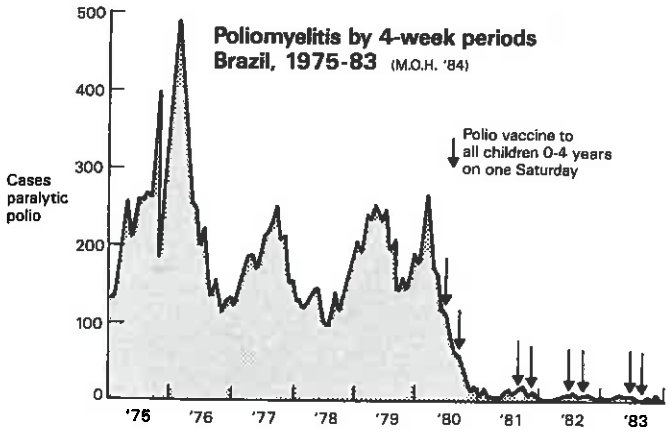
Immunization against six major killing diseases of childhood is the second priority. Currently, these diseases (diphtheria, tetanus, whooping cough, tuberculosis, polio, and measles) are considered to be responsible for five million deaths among children in the South. However, countries in the South can eradicate these diseases just as they have been removed from the countries in the North.

Whooping cough notification rates (per 100,000) in Fiji (1950-80) Lancet June 18th '83 p. 1381

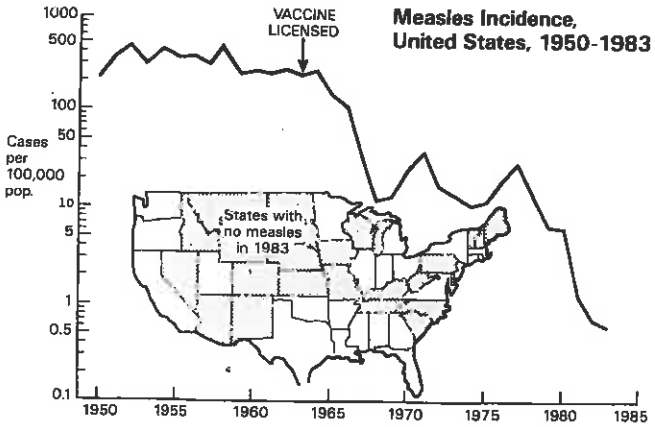


Once Fiji had introduced the DPT vaccine as a national programme, the disease of whooping cough disappeared.

We all need to learn from the mass movements that are going on in South America. Here immunization days are developed twice a year. There is a national publicity programme directly supported by the head of state and local political leaders, with full support from the religious national leaders, army and every other government and non-government organization that can be drawn in.



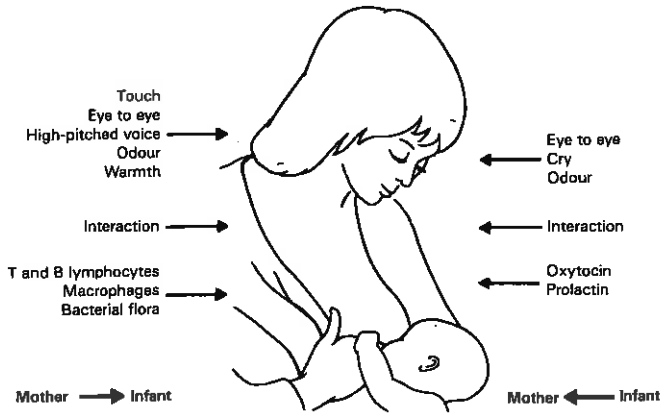
In some countries of South America there has been a dramatic effect, first in removing poliomyelitis and more recently in overcoming such diseases as measles. In 1984 over two million doses of measles vaccine were given in Brazil. Unfortunately, as less than 10% of cases were previously notified, we cannot expect to see much change in notification rates although we can calculate that 60,000 deaths have been prevented.



In overcoming measles, the US has led the world in reducing the number of cases, to less than 1 in 200 of what was seen only 20 years ago. In this way, they have removed a source of severe morbidity and some immediate mortality and now they are seeing a decline of the disease subacute pan encephalitis, the late complication of a small proportion of measles. Now that eradication of measles has almost been achieved in the US, there is hope that European countries will follow their example,

and then we can hope for a world-wide programme to eradicate the disease, perhaps within a decade, so that immunization will no longer be necessary.

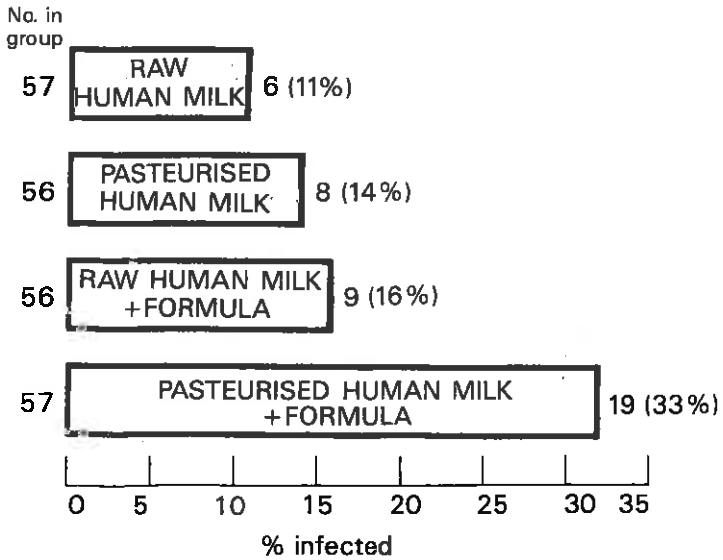
Breast feeding—Another Priority



In the North, mothers have come to appreciate the great advantages both to them and to their infants of a satisfactory period of breast feeding which should probably extend at least beyond the first birthday. Conventional hospital organization has often created problems for the mother who wishes to breast feed. Hospitals and health workers everywhere should be encouraged to support mothers in their desire for breast feeding and to make breast feeding an easy option, even after a hospital delivery.

Frequency of infection in high risk neonates fed formula and breast milk

(Narayanan, Lancet '84 (ii) 1,111)

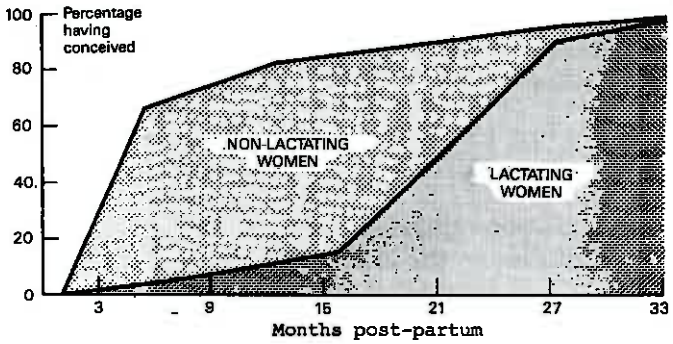


The same ideas need to be promoted in the South where many mothers still try to feed their infants on bottles under unsatisfactory conditions. The advantages of raw breast milk in preventing infections was clearly shown in this study involving 200 babies in India.

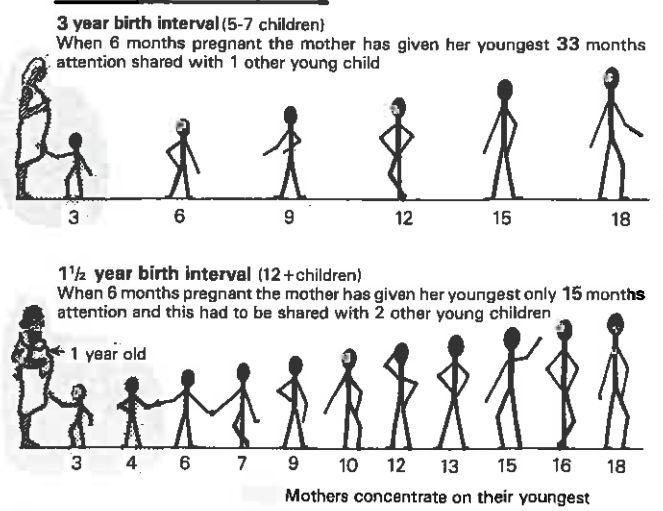
Breast Feeding and Family Planning

One of the great disadvantages of artificial or formula feeding has been that the women rapidly become pregnant again with a conception rate which may exceed 50% within six months of delivery. Mothers who have an infant stimulating their nipple by frequent sucking are unlikely to conceive for perhaps the first eighteen months; and they are more likely to have a satisfactory birth interval of three to four years.

CONCEPTION RATES POST-PARTUM IN LACTATING AND NON-LACTATING ESKIMO WOMEN



Effects of Child Spacing



Too little consideration has been given to the ill effects on the mother-child interaction where there is a short birth interval. Before she is six months pregnant, the mother who has a three-year birth interval will be able to give her youngest child 33 months attention, which will be distracted by at most one other young child under age five. The mother who has a birth interval of only one and a half years can give her youngest child only 15 months attention

before she is six months pregnant and this has to be shared possibly with at least two other children under five.

There are many ill effects from this lack of mother-infant contact. Strong evidence shows that these children do much less well at school later on and are lighter and shorter than those born at a longer interval.

However, the most striking difference was shown in a recent world fertility survey.

SPACING BIRTHS: REDUCES DEATHS

Bangladesh: World Fertility Survey. Rutstein '82

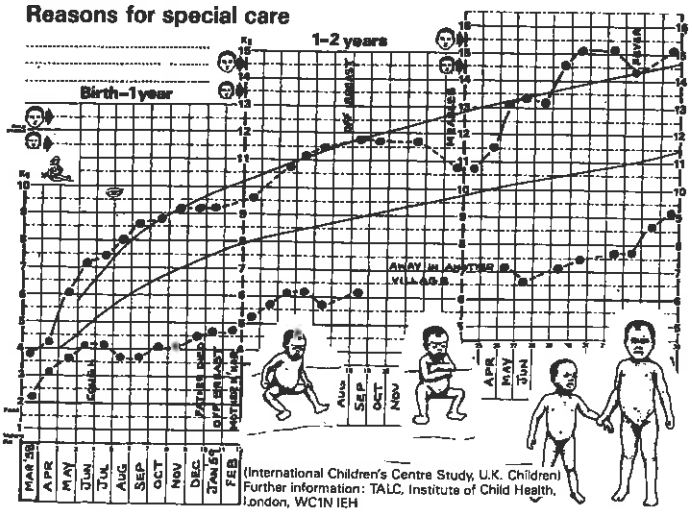
Spacing between birth	Infant Deaths /1000 births 0-1st. birthday	Toddler Deaths /1000 alive 1 st.-2nd. birthday	Child Deaths /1000 alive 2nd.-4th. birthday
Less than 2 years	185	42	81
2-4 years	89	28	62
Over 4 years	58	10	27

Twenty-nine other countries showed similar trends

As will be seen in Bangladesh, the mortality was around three times as high among infants who had less than two years before the next child was born, compared with those who had more than four years. Perhaps rather surprisingly, this mortality continued at a higher level until at least the fourth birthday. This confirms that the mother is the most important health worker.

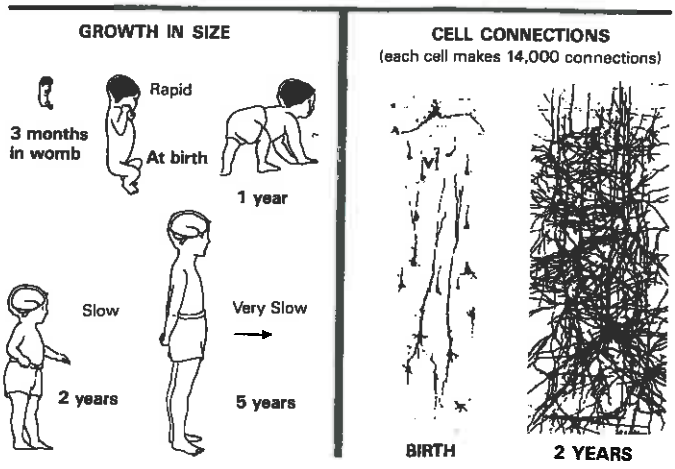
Growth Monitoring

Those who have had the opportunity of caring for children in communities where the growth curve is monitored on simple home-based growth charts, are convinced of their value.



The growth curves of two children growing up in the same village in the late 50's are illustrated here. They came from similar sized parents and were living in the same environment. The larger child did well at school, the smaller one after two years was considered "too lazy" to achieve anything.

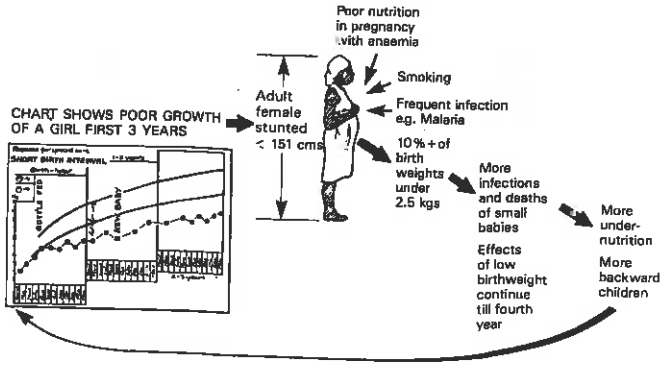
THE HUMAN BRAIN



The growth of the brain takes place largely before birth and during the first two years of life. This period must become of greater importance and priority in terms of child care. For both boys and girls who grow poorly, the outlook as adults is less satisfactory.

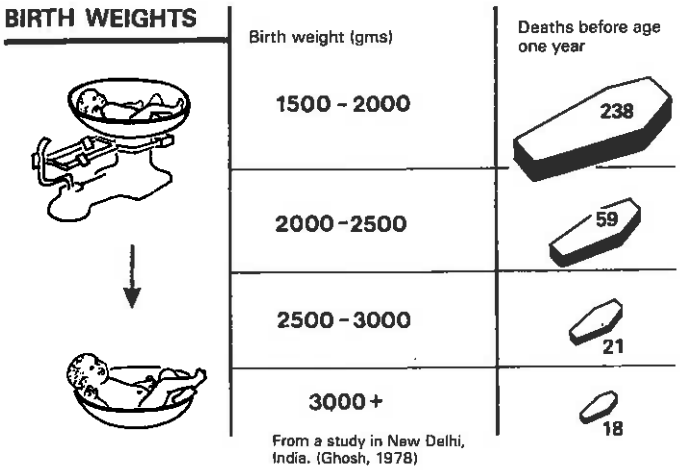
The mother who, as a child, grew poorly in the first three years of life, is likely to end up short and to give birth to a higher proportion of low birth weight babies.

THE CYCLE OF UNDERNUTRITION



These small babies will have more infections and perhaps may also have difficulty in achieving their full intellectual potential. Similarly, boys who grow poorly in the first three years will be shorter, lighter, less strong. As men, they are less likely to be able to support their families well.

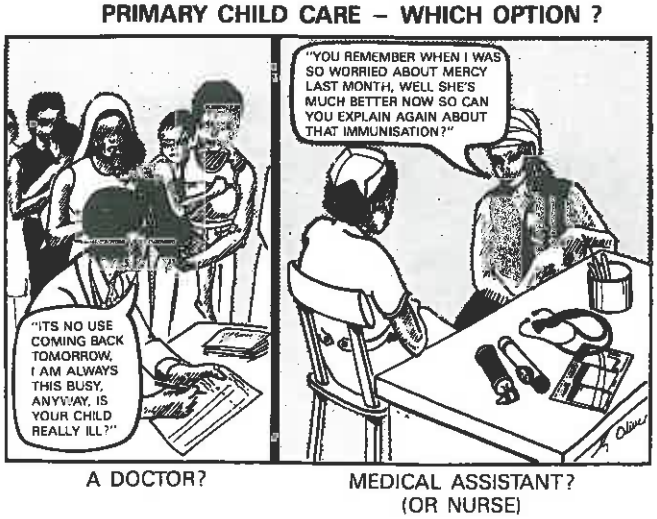
This outcome of low birth weight, was dramatically shown by a study in New Delhi, when the deaths amongst children with low birth weight were compared with those over 3000 grams. As will be seen, there was more than a ten-fold difference in the mortality rates.



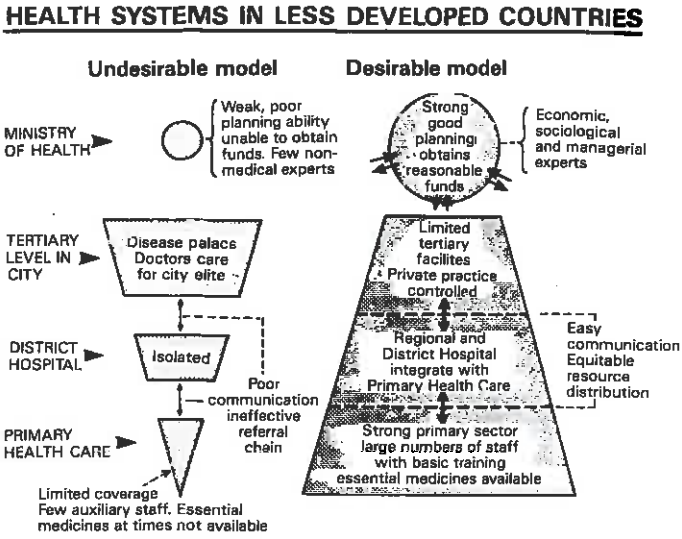
From a study in New Delhi, India. (Ghosh, 1978)

Improving Health Care

The training of the doctor today makes him search for illness in every child who comes to see him. He has had little involvement or encouragement in providing preventive and promotive health care. Frequently it is found that with additional training the nurse or medical assistant, particularly if she comes from the local area, can provide more effective care for children than doctors.

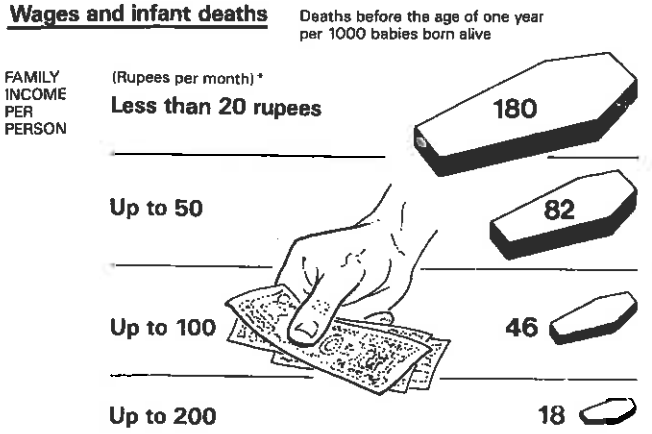


Not only must the training of the doctor and health worker be adjusted to the need, but the whole health system in most countries is inappropriate to the need. Although so many governments write about their plans to develop primary health care, unfortunately their writings are not supported adequately by a



reallocation of their resources. Drastic changes are often necessary in the whole structure of the health system in the country. All levels of the health service must consider themselves to see how they can make the primary health care more effective and efficient.

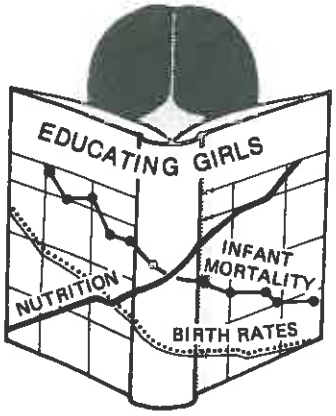
Moreover we have to realize that attempts to improve health care through better health services will only play a relatively small part in overcoming high mortality.



Figures based on a study in New Delhi, India. (Gosh, 1979)
* 1 $ US = 10 rupees

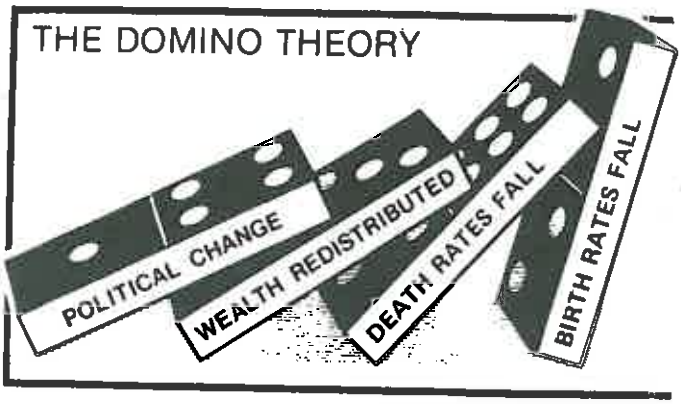
Mortality is heavily related to the income of the family amongst the poor in our world. As this study in New Delhi in 1979 showed, in families with only 20 rupees (less than $ 2) per month to spend on all their needs, the infant mortality was likely to be around 180. Increasing the per capita income ten-fold was enough to reduce the mortality ten times.

Equally important as distribution of direct wealth must be the distribution of educational facilities, particularly primary education and particularly the education of girls.

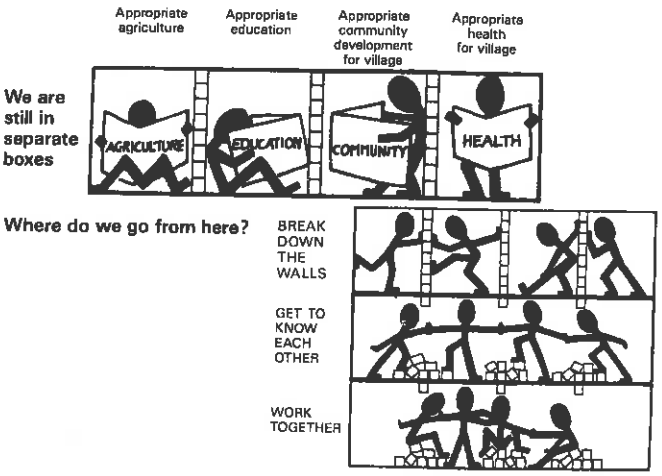


THE EDUCATION OF GIRLS IS CLOSELY ASSOCIATED WITH A FALLING INFANT MORTALITY AND BIRTH RATE AND IMPROVED NUTRITION

While these changes come about in small pockets in many countries, they will only be achieved in others by a political change.



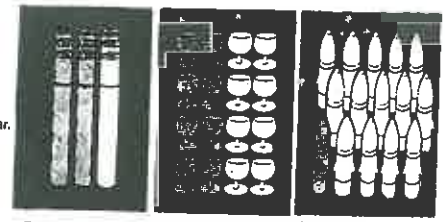
This will allow a better distribution of wealth with a subsequent fall in the child death rate and the birth rate. A satisfactory political change will allow all the disciplines to work together, to bring about a community development at village level.



We cannot say that we do not have the ressources when cutting back on such inessentials as smoking and alcohol could make these available; but surely it is in the field of arms expenditure that the necessary resources can be made available.

THE PRICE OF HEALTH

Providing primary health care – including water and sanitation, trained workers, communicable disease control and basic drugs- would cost an extra $ 50 billion a year for the next 20 years. That is $ 12.50 per person per year.



$\frac{2}{3}$ of world spending on cigarettes

$\frac{1}{2}$ of world spending on alcohol

$\frac{1}{15}$ of world military spending

Across the world we need a great individual response to the needs of children and their parents. Then perhaps we can persuade political leaders of varying shades of belief to work together for the future of our children. The need is urgent.

The Child's Name is Today

We are guilty of many errors and faults,
but our worst crime is abandoning the children,
neglecting the fountain of life.

Many of the things we need can wait.
The child cannot.

Right now is the time his bones are being formed,
his blood is being made and his senses are being developed.
To him we cannot answer, "Tomorrow"
His name is "Today".

Gabriela Mistral
Nobel Prizewinning Poet
from Chile

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WHO Recognizes Importance of NGO Cooperation

This year's 38th World Health Assembly included Technical Discussions on the topic "Collaboration with Non-governmental Organizations in Implementing the Global Strategy of Health for All". This gathering of representatives of government and non-governmental agencies from all over the globe at the time of the World Health Assembly gave a real opportunity to strengthen the partnership approach—partnership between people, governments, and NGOs at local, national, regional and international level.

CMC was very much involved in the preparation and in the discussions which focused on action at the country level, as we have been actively promoting coordination of governmental and non-governmental programmes since our beginnings, most formally through twice-yearly meetings of a CMC/WHO Standing Committee. Dr. Emilio Castro, General Secretary of the World Council of Churches, was invited to participate in the panel discussion at the plenary session of the technical discussions. In his brief address he reiterated WCC's commitment to the goal of health for all. However, he pointed out that this commitment means paying special attention to the health of the poor and the marginalized. He continued by saying that health is everyone's business and is too important to be left in the hands of only the experts. He also entered a plea for government sharing of planning of projects with non-governmental organizations: "Governments are prepared to accept cooperation from NGOs but on their own terms. Obviously governments are responsible for national welfare. But, is it right to ask NGOs to collaborate without involving them in decision making? NGOs can't carry out health work counter to government programmes. But they can ask to be heard in the prior planning process." Dr. Castro pointed out that while many government health ministries are eager to harness NGO resources, they expect NGOs to fit into their plans without prior consultation on what he called "major national choices".

He cited the campaign of government and NGOs to work out an acceptable code regulating the marketing of "breastmilk substitutes" as an example of how successful cooperation can achieve vital results in the struggle for "Health for All". NGOs can play an important role in motivating people for health, as they often have strong bases in the grass-roots of the communities.

Recommendations arising from these Technical Discussions on the collaboration of the WHO, governments and non-governmental organizations fell into three main categories: First, non-governmental organizations were urged to commit themselves to the principles of health for all; secondly, they were asked to work toward this goal by increased cooperation and coordination among themselves and with governments and international organizations; thirdly, member states of the WHO were called upon to involve non-governmental organizations in policy formation and planning, to look upon them as partners in the search for health and to encourage the coordination of programmes within their respective countries.

CMC was well-represented at these technical discussions by CMC staff, as well as two of our commissioners and several friends from around the world: Commissioners speaking on our behalf were Dr. Hari JOHN of India and Dr. Bert SUPIT of Indonesia. Friends who attended under our sponsorship were: Dr. Zilda ARNS-NEUMANN of Brazil, Dr. M.J. BONNET of Zaïre, Mr. R. HORNIKX of Rwanda, Mr. John KWERI of Kenya, Fr. John VATTAMATTOM of India, Mr. Augustine VELIATH of India, Dr. Margret MARQUART, of the FRG and Dr. Magdalena OBERHOFFER, also of the FRG. CMC staff taking part in the technical discussions were Dr. Eric RAM, Director; Dr. Cécile DE SWEEMER, Associate Director; Dr. Reginald AMONOO-LARTSON, Consultant; and Dr. Ruth HARNAR, Consultant.

NEW PUBLICATIONS

Focus on Diarrhoea: An Audio-visual Information Package, Isabelle de Zoysa and Susanne O'Driscoll. London School of Hygiene and Tropical Medicine, Packet of material.

Two tape-slide sets, an illustrated hand-book, and an information chart are included with this package which is designed to help health workers understand problems of diarrhoea in their area and to start planning control activities. A video-cassette is also available in place of the two tape-slide sets.

Price: £ 55 with video cassette; with tape-slide sets, £ 90. Discounts for sets of 10 or more. Prices include postage.

Available from: Susanne O'Driscoll
Dept. of Tropical Hygiene
London School of Hygiene and Tropical Medicine
Keppel St., London WC1E 7HT, U.K.

Hospitals and Primary Health Care, Rufino L. Macagba MD. International Hospital Federation, Dec. 1984, 97 pages.

Hospitals today are, or should be, part of a comprehensive health system, rather than isolated centres of treatment. This pamphlet gathers information from many countries to describe how fourteen hospitals have carried out their involvement in primary health care. This report should encourage those hospitals that are doing well in this field to do even better, and those that are doing nothing to do something.

Price: £ 3 or $ 5, including air mail postage.

Available from: International Hospital Federation
126 Albert Street
London NW1 7NX, U.K.

Environmentally Sound Small-Scale Energy Projects, Elisabeth A. Bassan, CODEL, VITA, 1985, 135 pages.

Subtitled, "Guidelines for Planning", this booklet is the fourth in a series which aims to provide paratechnical information for use in planning environmentally sound small-scale projects in the Third World. It provides an introduction to ecological concepts, a guide to planning and choosing small-scale energy projects and a look at alternative solutions to energy development.

Available from: VITA, 1815 N. Lynn St, Suite 200
Arlington, Virginia 22209, USA

Price: $ 7.95, special discounts for private development agencies.

Aprendido a Promover la Salud (Helping Health Workers Learn), David Werner and Bill Bower. Hesperian Foundation, 620 pages.

This popular manual has just been published in Spanish. Lavishly illustrated, the manual is subtitled "a book of methods, materials and ideas for teachers who work in the community".

Available from: (in Mexico & Latin America)
Centro de Estudios Educativos
Av. Revolucion 1291
Mexico, D.F., C.P. 01040 Mexico

(in USA)
Hesperian Foundation
PO Box 1692
Palo Alto, California 94302, USA

Bangladesh Nutrition Blindness Study, 1982-83. Institute of Public Health Nutrition, 1985. 20 pages.

Nutritional blindness, due to vitamin A deficiency, has been recognized for many years as a serious public health problem in Bangladesh. This pamphlet looks at some of the reasons for its existence and puts forward alternative ways of reducing its terrible extent.

More information from: Helen Keller International & Institute of Public Health Nutrition, PO Box 6066, Guishan, Dhaka 12, Bangladesh

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The International Financial System: An Ecumenical Critique, Edited by H. Green. World Council of Churches, 1985. 88 pages.

This report of the meeting of the Advisory Group on Economic Matters, held in Geneva, Switzerland, in November, 1984, addresses the task of helping the churches see that there are possible alternatives within existing financial systems, and also that ethical values are involved in choices made about international finances.

Available from:
WCC Publications Office
150, rte de Ferney, 1211 Geneva 20
Switzerland

Price: Sfr. 7.90; US$ 3.95; £ 2.50.

The AT Reader, by Marilyn Carr. Intermediate Technology Publications, 1985. 468 pages.

Subtitled "Theory and Practice in Appropriate Technology" this book describes the kind of technologies suitable for most third world situations where imported Western technology is not successful because of cost, lack of availability of materials and training, or irrelevance. The book includes chapters on health, water and sanitation as well as agriculture, housing, manufacturing, etc. Other important chapters talk about transfer and dissemination of technology and education.

Available from:
IT Publications, Ltd.
9, King St. London WC2E 8 HN, U.K.

Price: £ 9.95

Alcoholic Beverages, Dimensions of Corporate Power, by John Cavanaugh and Frederick F. Clairmonte. Croom Helm Ltd, 1985. Hardcover, 173 pages.

Research has highlighted the importance of socio-economic factors in shaping drinking levels, patterns and problems. Among these factors the modern multinational corporation plays a great part in determining what, how and when people drink in the way of alcoholic beverages. The thesis of the book is that transnational corporate structures and marketing strategies exercise a powerful impact on the availability and consumption of alcoholic beverages both in the developed and the developing world.

Available from:
Croom Helm Ltd.
Provident House, Burrell Row
Bechenham, Kent, U.K.

Price: £ 16.95

Journals of Interest

The Christian Action Journal, Spring 1985.

The Spring issue of this journal published by a fellowship in Britian which works to translate the teaching of Christ into practical action in local, national and international affairs deals with questions of health in inner-city communities. The articles touch not only on inner-city situations causing ill health, but also some steps toward health such as inner-city health planning.

Available from:
Christian Action
St. Peter's House, 308 Kennington Lane
London SE11 5HY, U.K.

Price: £ 1 per issue

Critical Health

Published by an editorial collective, this little journal aims to: provide a critique of health in South Africa; provide ideas for roles that health workers can play in promoting a healthy society; provide a forum for the discussion of health-related issues; provide insight into the political nature of health. The May 1985 edition deals with health in South African townships, including articles on violence, unemployment and housing, child care and self-help projects which deal with some of these questions.

Available from:
Critical Health
P.O. Box 16250, Doornfontein 2028
South Africa

Journal of Ethnopharmacology, edited by Laurent Rivier and Jan G. Bruhn. This journal, established in 1979, presents from an interdisciplinary viewpoint articles concerned with the observation and experimental investigation of the biological activities of plant and animal substances used in traditional medicine. Its price would limit subscriptions to the major health study centres of a country, but it has offered more than 1000 printed pages of high-quality scientific writing in the past two years.

Available from:
Elsevier Scientific Publishers Ireland Ltd.
PO Box 85, Limerick, Ireland

(in USA and Canada)
Journal Information Center
Elsevier Science Publishing Co, Inc.
PO Box 1663
Grand Central Station, New York, NY 10163

Price: US$ 327 for 3 volumes in 9 issues.

The University of Manchester offers a Diploma in Education for Primary Health Care which seeks to meet the needs of people in developing countries who are called upon to initiate or to implement programmes of PHC. The Diploma course is run jointly with the Department of Community Health of the Manchester Medical School, and the term begins in October.

More information from:

University of Manchester,
Dept. of Adult and Higher Education
Oxford Rd, Manchester M13 9PL, U.K.

The University of Hawaii offers a course in "Strenghtening Supervisory Systems in Primary Health Care, a Practical Course in Supervision and Leadership" from October 1-30. The course is designed for personnel from ministries of health, international organizations and non-governmental organizations who are responsible for supervision of primary health care workers at district or local level. It also is useful for those involved in continuing education (in-service training) of primary health care workers.

Information from:

Mr. John Rich, Director of Courses
The MEDEX Group
John A. Burns School of Medicine
University of Hawaii
1833 Kalakaua Ave., Suite 700
Honolulu, Hawaii 96815-1561, USA

The London School of Hygiene and Tropical Medicine of the University of London offers a MSc Degree in Community Health in Developing Countries. The course comprises nine months of full-time study and three months of full-time research on an individual project. It is primarily designed for medical graduates and persons who hold medical qualifications. It trains for academic, research, or senior planning and administration careers in the tropics.

Information from:

The Registrar
London School of Hygiene and
Tropical Medicine
Keppel Street (Gower Street)
London WC1E 7HT, U.K.

CONTACT is the periodical bulletin of the Christian Medical Commission (CMC), a sub-unit of the World Council of Churches (WCC). It is published six times a year in four languages: English, French, Spanish and Portuguese. Present circulation is in excess of 25,000.

Papers presented in CONTACT deal with varied aspects of the Christian community's involvement in health and seek to report topical, innovative and courageous approaches to the promotion of health and integrated development. A complete list of back issues is published in the first issue of each year in each language version. Articles may be freely reproduced, providing acknowledgement is made to: CONTACT, the bimonthly bulletin of the Christian Medical Commission of the World Council of Churches.

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