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ARMY MEDICAL INTELLIGENCE AND INFORMATION AGENCY WAS--ETC F/G 6/5
NATIONAL HEALTH PLAN DRAFT - REPUBLIC OF ZAIRE - 1975 - 1980 (P--ETC(U)
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WASHINGTON, D.C. 20314

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Number: ¹⁴ USAMIIA-K-9188

Date Completed: ¹¹ 8 Nov 1978

Language: French ¹² 18p.

Geographic Area: Zaire

English Title: ⁶ NATIONAL HEALTH PLAN DRAFT - REPUBLIC OF ZAIRE - 1975-1980

Foreign Title: (Projet de plan sanitaire national - republique du Zaire - 1975-1980).

Author: Not Given

Source Document: Not Given

Pages Translated: All (21)

Publisher: Not Given

Date/Place Publication: Not Given

Distribution Statement: Approved for public release; distribution unlimited

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NATIONAL HEALTH PLAN DRAFT--REPUBLIC OF ZAIRE--1975-1980

Chapter 1. IntroductionI. Purpose of First National Health Plan

To improve the level of health and well-being of the Zairian population in accordance with the manifesto of the CNSBE.

II. Strategy of First National Health Plan

1. Establishment of a system of rural and urban care capable of meeting the health needs of the Zairian population, a system which:

(1) Will help individuals, families, and communities to assume their responsibilities for the preservation and improvement of their health;

(2) Will make every effort to prevent diseases at their source, that is to say, where the people live, in their communities, with special attention to women and children under the age of 5;

(3) Will be authentically Zairian, in other words, a system of care proper to Zaire itself, encompassing all the best in traditional medicine and in Western medicine;

(4) Will provide care of the best possible quality to the largest possible number of people within the limit of available resources;

(5) Will seek to understand individuals and their communities by working with the people themselves in order to satisfy their aspirations and their needs instead of imposing technocratic solutions upon them;

(6) Will place therapeutic medicine services within the reach of users, in the places where they live;

(7) Will coordinate the activities of the public and private health sectors;

(8) Will work for the total social-economic development of the Zairian people;

(9) Will be correctly administered (see Chapters 2 and 3).

2. Integration of desirable birth services and their training activities in all of the sectors pertaining to public health in Zaire (rural and urban "mother-and-child" services, medical and paramedical training, etc.); see Chapter 4.

3. Permanent control over endemic diseases which may ravage Zaire (leprosy, tuberculosis, measles, swamp fever, schistosomiasis, trypanosomiasis, goiter) and continuation of eradication of smallpox through the establishment of:

(1) Programs on the community, regional, and national levels to restrict the spread of these diseases;

(2) A program for the early detection of individuals who are stricken;

(3) A program for the treatment of stricken persons on the basis of outpatient care and surveillance in communities themselves;

(4) A program of prophylactic and preventive measures against carriers, wherever possible (see Chapter 5).

4. Establishment of a Zairian corps of doctors who:

(1) Will have the primary mission of "serving and not serving themselves";

(2) Will believe that "it is better to prevent than to heal";

(3) Will believe that their privileged client is the community in whose service they work;

(4) Will reject medical "sensationalism";

(5) Will be correctly trained in the techniques of therapeutic and preventive medicine in order to satisfy the health needs of Zaire and not those of other countries;

(6) Will be experienced in teamwork for the greatest good for the people of Zaire;

(7) Will have a high ethical level and professional integrity beyond reproach (see Chapter 6).

5. Establishment of a Zairian paramedical personnel corps who will have the same qualities as the Zairian doctors (see Chapter 7).

6. Establishment of a national and standardized system of medical statistics recording and collection and analysis of population statistics which:

(1) Will on a priority basis be tailored to the health needs of Zaire;

(2) Can produce valid data pertaining to the sickness rate, death rate, and birthrate (see Chapter 8).

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7. Establishment of a national pharmaceutical system which will effectively take care of imports and the distribution of medications and basic materials to all of the approved health units, at the lowest possible prices, and which will check on the import and distribution of medications for the private pharmaceutical sector (see Chapter 9).

8. Establishment of a national hiring system for medical and paramedical personnel, both Zairian and foreigners, and a national system of official authorization for all health units and all training centers (see Chapter 10).

9. Establishment of a national organization for medical research, evaluation, and planning which will be capable of:

- (1) Evaluating national health plans;
- (2) Draw up programs for the application of the national health plan;
- (3) Conduct all appropriate research on the health needs of Zaire.

10. Production and distribution of audio visual material pertaining to all fields of health in the principal languages in use in Zaire (see Chapter 12).

II. Objectives of First National Health Plan

To obtain, by the end of 1979, in selected rural and urban zones for the implementation of community and health development projects, the following:

1. Reduction in infant mortality (0-12 months) to a level of less than 50 deaths per 1,000 live births per year.
2. Reduction in toddler mortality rate (between the ages of 1 and 4) to a level of less than 100 deaths per 1,000 children between the ages of 1 and 4, per year.
3. Reduction in mortality among mothers to a level of less than 5 deaths per 1,000 live births per year.

Structures for Implementation of National Health Plan

The following structures will progressively be set up to implement the First National Health Plan:

1. On the level of the regions: a regional (or subregional) center for reference and teaching.
2. On the level of the rural and urban development zones: a community zone center, comprising the following functions:

- (1) Hospital,
- (2) Preventive medicine and promotion of hygiene and sanitation,
- (3) Short refresher training center for (male and female) nurses,
- (4) Training center for male public health promotion agents, female PMI [mother-and-child care] health promotion agents, and community care aides,
- (5) School of nursing for community care.

The zone community center will be directed by a community physician and a community welfare agent.

3. On the level of locality groupings: a community welfare center (CEBEC) comprising the following functions:

- (1) Dispensary for simple therapeutic care;
- (2) Mother-and-child and desirable birth care;
- (3) Preventive medicine: insect extermination, vaccination, nutrition, hygienic procedures;
- (4) Complex cases to be referred to the zone community center;
- (5) Community development, including agricultural activities.

The CEBEC will be served by one male community nurse and by community care aides.

4. On the locality [town] level: a team made up of male health promotion agents and female PMI health agents, performing the following functions:

- (1) Simple and standardized therapeutic and preventive treatments;
- (2) More complicated cases to be sent on to the CEBEC;
- (3) Teaching and demonstration of prevention techniques in the field of health and sanitation;
- (4) Promotion of desirable births.

5. On each of these levels we will have agricultural development agents (agronomists, instructors, and county agents), officials in charge of environmental hygiene promotion (civil engineering projects) and popular education (literacy training for adults, in particular), etc.

Chapter 2. Rural Care and Rural Development Zones

I. Purpose

Establishment of a system of rural care capable of meeting the health needs of the Zairian population.

II. Objectives

To create and have ready for operation five rural development zones (ZDR) at the end of 1975 and 25 ZDR by the end of 1979.

III. Action Plan

1. Standardization, through CNSBE, of the functions of all health units and their personnel in each ZDR.
2. Selection of 5 ZDR before the end of 1975. This choice will be made in the light of the interest expressed by the personnel of the health units and the experience acquired in the field of community care.
3. Discussion with local medical officials on tasks of the ZDR and the choice of doctors and personnel who will have responsibility here.
4. Combined development of a plan and a budget for the ZDR through the CNSBE and the officials of the ZDR. This task will require an inventory of existing health units and a determination of their current needs (in terms of personnel, buildings, equipment, medications, transportation, etc.) so that the standards established by the CNSBE may be complied with.
5. Refresher training for all male and female nurses working in the ZDR, at the hospitals of the ZDR (6-8 weeks). Steps will have to be taken to provide housing, subsistence for these male and female nurses during the refresher course. The content of the program and the corresponding manuals will be prepared through the CNSBE. Supervision of practical work will be assured. It would be desirable to have at least one short refresher course training center for each ZDR at the beginning. Selection will be made by means of tests. Procedures will have to be worked out in order to judge the clinical knowledge and capacity of male and female nurses before assigning them to refresher training. We know that a certain number of male and female nurses on duty in the rural dispensaries do not have an official diploma issued by a school of nursing and that others know practically nothing about their job. At the end of the selection tests, steps will be taken to send the trainees to a bigger longer-term national retraining center where they will be asked to go through at least 12 months of intensive nursing instruction in order to get authorization to work as nurses. They will get a new administrative and salary status.

Chapter 3. Urban Care and Urban Development Zones

I. Purpose

To set up a system of urban care which will be capable of meeting the needs of the Zairian population.

II. Objectives

1. To set up and operate two urban development zones (ZDU) at Kinshasa by the end of 1975 and 5 ZDU by the end of 1979.

2. For the end of 1976, envisage a study program intended for the construction of a water supply and sewage system for the city of Kinshasa in combination with the urban development plan.

3. By the end of 1976, complete studies prior to the creation of a system for the removal and incineration of household garbage for the city of Kinshasa.

III. Action Plan

1. Standardization of CEBEC functions and ZDU personnel through the CNSBE.

2. Selection of two areas where the ZDU will be launched before the end of 1975.

3. Subdivision of ZDU into CEBEC.

4. Joint preparation of a plan and budget for the ZDU by the responsible officials of the ZDU and the CNSBE. It will be necessary to prepare an inventory of health units existing in the selected ZDU and to determine their requirements (in terms of personnel, buildings, equipment, medications, transportation, etc.) so that the standards established by the CNSBE, specifically for these health units, may be complied with.

5. Refresher course for male and female nurses who will work in the ZDU (6-8 weeks), see also ZDR--"Refresher Training." There will be a refresher training and teaching facility for community welfare for the city of Kinshasa.

6. Training of new health promotion agents. Four new types of community development agents will have to be trained at the community welfare teaching centers (at the rate of one center per community welfare center):

(1) Male public health promotion agents;

(2) Female PMI health promotion agents;

(3) Agricultural promotion agents [country agents];

(4) Community care aides.

Course trainees will have to be furnished housing and subsistence. The class schedules and training manuals will have to be worked out through the CNSBE. Supervision over practical work will be assured.

7. Plan to be implemented by stages.

8. Establishment of inspection and supply tours, at least monthly, in all community welfare centers.

Vehicles will be furnished and their regular maintenance on the ZDR level will be taken care of. A supply system will be set up so as to assure permanent stock of medications and equipment for the CEBEC. It will be necessary to train teams, comprising a community welfare agent, to accomplish these inspection tours.

9. ZDR programming and evaluation. The CNSBE will work out appropriate procedures for the ZDR officials in order to enable them permanently to evaluate the progress made and to prepare programs for the future.

Chapter 4. Desirable Births

I. Purpose

Integration of desirable birth services and their training activities in all of the relevant sectors of health in Zaire.

II. Objectives

1. Promotion of desirable births in rural communities (ZDR) and urban communities (ZDU) by male public health promotion agents and female PMI health promotion agents (see Chapters 2 and 3).

2. Establishment of desirable birth services in all community welfare centers, both rural and urban, and in the hospitals of the health zone (see Chapters 2 and 3).

3. Introduction of desirable birth technique training into the refresher courses for Zairian doctors and into the medical training programs (see Chapter 6).

4. Introduction of desirable birth technique training into the refresher training courses for male and female nurses and into the training courses for male and female health promotion agents. Continuation, at Kinshasa, of a program intended to turn out Zairian paramedical personnel trained in desirable birth techniques (see Chapter 7).

5. Establishment of a system of registration for data pertaining to the operation and results of desirable birth services as well as evaluation, research, and planning (see Chapter 8).

6. Control over the import and distribution of contraceptives through the pharmaceutical division of the CNSBE (see Chapter 9).

7. Conduct of research, evaluations, and programming pertaining to desirable births through the planning agency of the CNSBE (see Chapter 11).

8. Production and distribution of audio-visual material pertaining to desirable births and to health as well as community welfare through the unit responsible for audio-visual production in the CNSBE (see Chapter 12).

III. Action Plan

1. Establishment of the National Council for the Promotion of the Principle of Desirable Births in the CNSBE.

2. The National Council of Desirable Births will be charged with drafting a desirable birth policy which it will submit to the CNSBE, as well as a national desirable birth promotion plan. This plan will include desirable birth services, training, employment of audio-visual equipment, evaluation, etc.

Chapter 5. Endemic Diseases

I. Purpose

To control diseases ravaging Zaire in the endemic state.

II. Objective

1. By the end of 1976, to have completed studies permitting the drafting of a national plan for the fight against tuberculosis, measles, swamp fever, leprosy, trypanosomiasis, schistosomiasis, goiter, and total eradication of smallpox in Zaire.

2. Institution of programs for the fight against these endemic diseases in all ZDR and ZDU.

III. Action Plan

1. A commission will be formed under the auspices of the CNSBE and it will study the problems of the major endemic diseases in Zaire; it will draft a detailed plan for the fight against these diseases.

2. The fight against the big endemic diseases will be one of the essential functions of the ZDR and the ZDU. For example, regarding tuberculosis, priority will be given to the following actions:

- (1) Early detection of active cases, including the family environment;
- (2) Outpatient treatment for active cases;
- (3) Restriction of hospitalization to tough, serious, or complicated cases;
- (4) Follow-up on all cases;
- (5) INH prophylaxis of patients presenting high risks;
- (6) BCG vaccination for newborn and children under the age of 15 who have not yet been vaccinated.

Priority will be given to the following actions in the fight against leprosy;

- (1) Early detection of active cases including those in family environment;
- (2) Outpatient treatment of active cases;
- (3) Restriction of hospitalization to tough, serious, or complicated cases;
- (4) Follow-up on all cases;
- (5) Rehabilitation programs.

Priority will be given to the following actions for the fight against swamp fever [malaria]:

- (1) Community education aimed at reducing the number of sites propitious for the breeding of mosquito larvae and improvement of housing conditions in order to increase protection against mosquitoes.
- (2) Inclusion of domestic use of insecticides in community living condition improvement programs;
- (3) Recourse to chemical prevention measures and use of antimalaria preparations for all children under the age of 5;
- (4) Early treatment of acute cases of malaria.

Chapter 6. Zairian Medical Corps

I. Purpose

The establishment of a Zairian corps of doctors who:

1. Will have the primary mission of "serving others and not serving themselves";
2. Will believe that "it is better to prevent than to heal";
3. Will believe that their privileged client is the community in whose service they work;
4. Will reject medical "sensationalism";
5. Will be correctly trained in the techniques of therapeutic and preventive medicine so that the health needs of Zaire and not those of other countries may be satisfied;
6. Will be experienced in team work for the greater good of the Zairian population;
7. Will have a high ethical level and professional integrity beyond reproach.

II. Objectives

1. Having reoriented all Zairian doctors before the end of 1975, in the course of seminars lasting 4-8 weeks at the "Party School" and dealing with the principles stated in the manifesto of the CNSBE.
2. Having revised all of the programs of the school of medicine of the UNAZA [National University of Zaire], prior to the end of 1976, in accordance with the principles of the CNSBE manifesto.

II. Action Plan

1. Refresher training for Zairian doctors will be organized and directed by the CNSBE.
2. A commission will be formed under the auspices of the CNSBE in order to examine the content of current programs, the output of the students and the school of medicine, and to recommend changes necessary in accordance with the principles of the CNSBE manifesto.

Chapter 7. Paramedical Personnel

I. Purpose

The establishment of a corps of Zairian paramedical personnel having the same qualities as the Zairian doctors (see Chapter 6).

II. Objectives

1. By the end of 1976, to have created a long-term refresher training school for male and female nurses on levels 1 and 2 (duration 12 months)

and by the end of 1979, having created at least 10 short-term refresher training centers. The short refresher training courses will be intended for male and female nurses on levels 1 and 2 and will last about 8 weeks. Orientation toward one or the other type of refresher training course will be accomplished by means of tests.

2. By the end of 1976, having created a community welfare agent school (duration of training: 2 years).

3. By the end of 1976, having created a school of paramedical technicians for:

(1) Assistant pharmacists (duration 2 years);

(2) Dental assistants (duration 2 years);

(3) x-ray and laboratory assistants (duration 2 years).

4. Before the end of 1979, operate 10 officially approved schools of nursing for community care on level 2 with training lasting 2 years at the rate of one school per region and 3 officially approved nursing schools on level 1 with training lasting 3 years. These latter schools will be attached to the big referral and teaching hospitals.

III. Action Plan

1. The short refresher training center will be situated in each of the 10 regions of Zaire, in other words, 9 centers in the rural areas and 1 center in the urban zone (Kinshasa). Each center will perform the following functions: short-time refresher training (8 weeks) for male and female nurses admitted to this kind of training (see Chapter 10).

2. One training center per ZDR and per ZDU with the following functions:

(1) Training of male health promotion agents (2 months in several training courses);

(2) Training of development aides (6 months in several courses);

(3) Training of female PMI health promotion agents (6 months in several courses);

(4) Training of agricultural promotion agents [county agents] (3 months in several training courses).

The following material and pedagogic problems will have to be solved for each center:

(1) Buildings (classrooms, dormitories, dining rooms);

(2) Food for trainees;

(3) Teaching personnel and practical instructors;

(4) Content of pedagogic programs and material (furnished by CNSBE, with the exception of the training of county agents which will be controlled by the Department of Agriculture);

(5) Preparation of teaching staff;

(6) Transportation of course trainees.

3. A nursing school for long-term refresher courses (12 months) will have to be established in order to resume the training of nurses who will have been accepted for this kind of training (see Chapter 10). This refresher course will be intended for levels 1 and 2. The same material and pedagogic problems as those mentioned above (see Section 2) will have to be solved. It is possible that one might transform an existing school at Kinshasa into the nursing school for long-term refresher training.

4. A community welfare agent school (duration 2 years) will have to be established in order to train young men and women in the specific tasks of integrated community development. The same material and pedagogic problems as those mentioned above (see Section 2) will have to be solved. This school will probably be set up in a rural zone, in one of the first ZDR to be selected.

5. It will be necessary to open a school of paramedical technicians in order to train assistant pharmacists, dental assistants, and laboratory and x-ray assistants (duration 2 years). The same material and pedagogic problems as indicated above will have to be solved. It is probable this school will be set up at Kinshasa. It will be necessary to examine the existing schools for paramedical technicians in order to determine their future role.

6. Ten existing schools of nursing (level 2) and three existing schools of nursing (level 1 [illegible]) will be selected for conversion into community care nursing schools (level 2). This choice will be made by a commission of the CNSBE, together with the medical personnel of the schools. The same commission will study the role of the other existing schools of nursing; some of them undoubtedly will have to be closed down while others (government or missionary) can be used for control over the practical work of the students. The same material and pedagogical problems as pointed out earlier will have to be solved.

Chapter 8. Medical and Population Statistics

I. Purpose

Establishment of a national and standardized system of medical data registration and collection and analysis of population statistics.

II. Objectives

1. Before the end of 1975, we must have set up, under the auspices of the CNSBE, a standardized system for the recording of medical data which can be used in the selected ZDR and ZDU.

2. Before the end of 1975, we must have set up a method for the collection of data pertaining to the birthrate and the death rate in rural and urban zones on the community level.

3. Before the end of 1976, we must have created a national office for the collection and analysis of data pertaining to the sickness rate and the birthrate, coming from the ZDR and the ZDU.

III. Action Plan

1. Under the auspices of CNSBE, create a study and programming commission for a national and standardized system of medical and population statistics recording and preparation of blank forms which will be used by the health units of the selected ZDR and ZDU.

2. Employment of this medical and population data registration system in the pilot ZDR and ZDU.

(1) Training of ZDR and ZDU officials in data recording methods and techniques.

(2) Training in data registration techniques, at the refresher training and teaching centers, on the occasion of training courses for male and female nurses and training of new agents in community development. Since the majority of the information pertaining to the sickness rate and population movements will come from male health promotion agents and male and female community care nurses, it is absolutely necessary to make sure that they will have perfectly understood both the data collection system and the importance of those data for the local communities.

(3) Monthly forwarding of medical and population data, from the community to the community welfare center (both urban and rural), and then on to the hospital of the ZDR or the ZDU, to the subregional inspector-physician and, finally, to the statistical bureau of the CNSBE.

3. Inclusion of the new medical statistics recording system into the refresher training programs intended for Zairian doctors, into the programs of the medical schools, into those of the long-term refresher training courses for male and female nurses, into the courses at the male and female nursing schools for community care, and into those of the community welfare agent school.

4. Creation, within the CNSBE, of a national bureau charged with the collection and analysis of data pertaining to the sickness rate, the death rate, and the birthrate, coming from the ZDR and ZDU.

Chapter 9. National Pharmaceutical System

I. Purpose

Establishment of a national pharmaceutical system.

II. Objectives

1. Before the end of 1975, to have created a pharmaceutical division within the CNSBE as well as a consultative committee for pharmaceutical problems. This division will be responsible for the importing, distribution, production, and control of medications for all of Zaire.
2. By the end of 1975, having completed a study on current problems of the DCMP, consisting of hygienic improvement proposals to be submitted to the pharmaceutical division. The DCMP will have to be in a position to function more effectively than now around the end of 1976.
3. To have started the implementation of a plan for the control of imports, distribution, and price fixing on medications in the private sector by the end of 1976.

III. Action Plan

1. Creation of a pharmaceutical division within the CNSBE.
2. Study of DCMP and presentation of an action and financing plan to the pharmaceutical division.
3. Implementation of the plan, including the hiring of new personnel, retraining of a part of the current personnel, procurement of new equipment, etc.
4. Implementation of the plan for the control of imports, distribution, and price fixing in the private sector.

Chapter 10. Hiring of Medical and Paramedical Personnel and Health Institutions

I. Purpose

Establishment and operation of an official hiring [licensing] system for doctors and paramedical personnel, both Zairian and foreign, and system of official authorization [licensing] of all health units (hospitals, CEPEC, pharmacies) and medical and paramedical training institutions.

II. Objectives

1. By the end of 1975, to have created, within the CNSBE, a service charged with issuing approval for the personnel board and the health institutions of Zaire.

2. By the end of 1975, to have established a program for the licensing of personnel and health institutions in Zaire, as well as the corresponding budget.

3. To have largely started licensing operations by the end of 1976.

4. By the end of 1979, to be able to demand that only properly licensed personnel may practice in Zaire and, by the end of 1976, that only officially licensed health institutions (hospitals, CEPEC, pharmacies, training schools) may operate in Zaire.

III. Action Plan

1. Creation of an official licensing service within the CNSBE.

2. Implementation of a study designed to determine methods to be pursued in the examination of institutions and personnel applying for official license. By way of example, it will probably be necessary to resort to a written and practical examination for applicants desiring to be licensed both as male and female nurses on levels 1 and 2. After these examinations, applicants will be admitted either to a short refresher course or to a long-term refresher course or they will simply be turned down. Applicants who passed the final tests in the refresher training course will get the official license. In the case of female nurses on levels 1 and 2, who recently got their degrees, they will have to be examined by the officials of the recognized training schools in order to get authorization to practice as graduate nurses [RN]. The same methods may be used for the official licensing of doctors and paramedical technicians. The male health promotion agents, the female health promotion agents, and the development aides will receive identical licenses at the end of their training courses if they pass the final examinations. All health personnel will have to renew their licenses annually. The institutions will be licensed as a function of criteria varying according to the type of institution and following an inspection of the premises by the official licensing service of the CNSBE.

3. Implementation of licensing and authorization procedures.

Chapter 11. Research, Planning, and Evaluation

I. Purpose

Establishment of a national organization for medical research, evaluation, and planning.

II. Objectives

1. Create a commission which, before the end of 1975, will have studied and submitted a plan for the creation and financing of a national organization for medical research, evaluation, and planning.

2. Establishment of this organization before the end of 1976. Evaluation of the first ZDR and ZDU should be underway at that moment, in coordination with the bureau of medical and population statistics.

3. By the end of 1978, the planning agency of the CNSBE must have submitted a draft for the national health plan, 1980-1984, to the CNSBE.

4. The planning agency of the CNSBE must have carried out several research projects pertaining to problems of health and endemic diseases rampant in Zaire (for example, knowledge, attitudes, and practices connected with contraceptives; comparative studies on traditional and medical techniques; comparative investigation of infants under the age of 5, living inside and outside ZDR, etc.).

III. Action Plan

1. Establishment of a commission charged with studying and submitting a plan for the creation and operation of the planning agency.

2. Creation of the planning agency and attainment of its objectives.

Chapter 12. Audio-Visual Equipment

I. Purpose

Production and distribution of audio-visual material pertaining to all fields of health in the principal languages in use in Zaire.

II. Objectives

1. Before the end of 1975, to have completed a study consisting of a plan and a budget draft for the creation and operation of a unit which, within the CNSBE, would be responsible for the production and distribution of audio-visual material in the health field, in the principal languages in use in Zaire, including dissemination by radio, television, newspapers, and magazines.

2. Enable this unit to be able to operate before the end of 1976 [illegible in photostat].

III. Action Plan

1. Implementation of programming and financing study to permit the creation of an audio-visual unit within the CNSBE.

2. Implementation of plan.

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