NAZARETH HEALING COMPLEX

A Model of Wholeness in Health
Introduction

In September 1987, CMC organized a meeting in Lome, Togo on the use of herbal medicines in primary health care. One of the highlights of that event was a visit to the Nazareth Healing Complex, a brain-child of Brother Emmanuel, a civil engineer in neighbouring Ghana.

On arrival, the team of participants of the meeting was warmly welcomed by the traditional chief and people of Vane-Avatime, where the headquarters and some health facilities of the Complex are situated.

The attempt by Brother Baku's Nazareth Healing Complex to bring herbal medicine, western 'modern' medicine and the offering of prayers together under 1 roof was the most impressive part of the visit. One could not fail but be moved by all that was being done at the Complex to bring comprehensive and holistic health care to the people of Vane-Avatime and most of the East and the West districts of the Volta Region of Ghana. Another interesting aspect of the project is the full collaboration the Complex enjoys with the ministry of health of Ghana in the form of supply of health personnel, vaccines and pharmaceuticals.

Activities of the Complex are not only limited to Vane Town, and this was borne out by the fact that during the bus trip to the headquarters of the Nazareth Healing Complex, participants to the Lome meeting saw fish ponds and herbal gardens, which had been established at the request of and with the active support of communities in the area covered by the Complex.

Brother Baku gained considerable support and encouragement from the Christian Medical Commission of the World Council of Churches to establish the Nazareth Healing Complex. Some external donor agencies recommended to the Complex by CMC continue to support their laudable efforts to make available to the people of Vane-Avatime a health system which is truly holistic and which respects the traditions of the people.

To the knowledge of CMC, the Nazareth Healing Complex is the only attempt in any part of the world where a serious initiative has been taken and is being sustained to bring 3 systems of healing under 1 'roof' and in a way that offers people a choice. The schizophrenic view held by proponents of western 'modern' medicine suggests that the mind, body and spirit should be considered as separate. Obviously they have a lot to learn from Brother Baku's initiative.

Reginald Amonoo-Lartson
Associate Director, CMC

A warm welcome
How Is It Different?

The Nazareth Healing Complex's programme is innovative not only because it successfully integrates 3 systems of healing, but also because it is decentralized. *We started at the village level* and *we are staying there!*

I was born and raised in Vane-Avtime. As a young man, I worked until I earned a first degree as an engineer. Next, I studied in London, where I belonged to several professional engineering associations. Later, returning to Ghana, I became Chief Engineer within the Ghana Civil Service.

During these years, however, I was restless. I had always been concerned for people's well-being, was a religious man, and soon discovered I had the gift of prayer healing. I believed that God created human beings to enjoy good health — in all its realms — physical, mental and spiritual. And it was this faith in the *inherent wholeness* of man that gave birth to my vision for the Nazareth Spiritual Healing Sanctuary (as it was called in its early days).

About 70% of the people live in rural areas and have little or no access to modern medical facilities. Indigenous herbal medicines necessarily play a very important role in the preventive, curative and health promotional aspect of health care delivery in Ghana.

Breaking Ground — 1, 2, 3...

The building of the health centre complex started in 1974. Funds were raised from voluntary contributions of the people of Avtime and the Vane Youth Association. Well-wishers also made donations, and the labour was provided by the people of Avtime with technical assistance from the Department of Social Welfare. The Government of Ghana provided C112,900.00 (one hundred twelve thousand, nine hundred Cedis) at the time. But its strongest expression of endorsement came when the modern medical section was more firmly "planted" in 1980. Since that time, the Government has been an active supporter and one of the suppliers of free essential drugs.

The facility at Vane may be regarded as the parent of the complex. Since it reached maturity, numerous other complexes, with similar operating structures, have been born and continue to grow. Before a health centre is formally inaugurated, village chiefs (traditional rulers) arrange for the Nazareth Healing Complex staff to meet with the people in open places. At this time, the strong self-help ideology and mission is shared. Next, the inhabitants select their own health committees, which are made up of representatives of the chiefs, town village development committees, churches and local government representatives — the CDRs (Committees for the Defence of the Revolution). The people themselves choose 2 herbalists for each village. Team work is greatly encouraged between them and the other departments' healers.

All Healing From the SAME SOURCE

I began to build a "Spiritual Sanctuary" in my own home, which formed the nucleus of the care provided. And as word spread, bringing more and more people, I saw the need for a health centre where patients would be welcome to stay for cure. I realized that to treat people *wholistically* demanded a respect of the divine source of all healing — God. Therefore, I intended from the start to use all means available under heaven.

Combining traditional herbal medicine with spiritual and western methods of healing is in direct response to the Government's commitment to the development of local resources. The high cost of western-manufactured drugs and the inability of some of these drugs to cure certain ailments predominant in the region makes the development of traditional medicine imperative. All of these methods are created by the same Great Spirit.
Nazareth Healing Complex

30 PHC Centres
most within a 45-km radius
serving approximately 200,000 people*

Western/Modern Medicine
(One part contributing to
the whole person)

1 km

Traditional + Herbal Medicine
(One part contributing to
the whole person)

1.5 km

Herbal Garden
5 acres **
forest herbs

Fish Pond

Spiritual/Divine Healing
(One part contributing to
the whole person)

Healed Person rejoicing

VANE HEADQUARTERS

Ho West District

Ho East District

* 10 more similar centres are planned outside this project area.
** Current policy of the Nazareth Healing Complex establishes 5 acres as the
minimum size for a PHC herbal garden -- a major aspect of their programme.

// grassy plain with few or no trees found in tropical and subtropical regions
Simplicity is a key word in the Nazareth Healing Complex’s approach to maintaining or regaining health. Although personnel needs vary from village to village, the 3 basic complementary parts making up the whole are:

1. **Spiritual Healing**

The Spiritual Healing Department comprises a chapel, consulting room, library and office. It is staffed by 1 spiritual healer and an assistant. Salaries and equipment are funded through voluntary contributions.

2. **Traditional and Herbal Treatment**

The Traditional and Herbal Department consists of an office, drug store, drying shed for plant material, consulting room, laboratory, herbal/Turkish bath room, a library, meditation room and toilets. One experienced herbalist is helped by an assistant and a trainee. An eye specialist and 2 groups of bone-setters are affiliated with this department. Their source of funding is also by donation.

3. **Modern Medicine**

The Modern Medical Department houses an outpatient clinic, dispensary, X-ray unit, 2 consulting rooms, 2 offices, a laboratory, an operating room, a recovery ward, 2 staff rest rooms and toilet facilities. Staff is recruited from the Regional Hospital at Ho and consists of 1 nursing officer, 1 student nurse, a dispensary attendant and 11 other support staff. They are paid by the Government.

### 3 Departments Working Together

Patients, traveling from 1 to 10 miles, arrive at the complex with a variety of ailments. They are welcome to report for treatment at any of the departments.

Our records show that some of the most common diseases treated by the Modern Medical Department include: malaria, hypertension, measles, boils, round-worm infestation, earache, diarrhoea, jaundice, stomach-ache, malnutrition, cough, chest pains, common cold, deliveries and complications of pregnancy, swelling or nodules of the breast, dermatitis, chronic sores, and anaemia.

The Traditional and Herbal Department attends to cases such as hypertension, diarrhoea, palpitation, piles, hernia, asthma, common cold, spirit haunting, earache, jaundice, stomach-ache, malaria, gonorrhoea, snake bite, rheuma-

tism, impotence and irregular menstruation.

Spiritual/Divine healing, regardless of the physical symptoms, often gives lasting results when applied in conjunction with the other healing methods. This department regularly handles diseases which are psychosomatic — that is caused or aggravated by mental stress: fear, anxiety, hatred, selfishness, laziness, inordinate ambition, spiritual and soul sicknesses.

### Growing Pains

Respectful, cooperative efforts are needed between all 3 systems of healing before we can claim to provide wholistic treatment or care for the whole person.

The work of the Spiritual Healing Department is based on Bible study, counselling and prayer. Strong support from the Church is needed. The Herbal Department bases its work on the practical experience gained through thousands of years of using plants and herbs. The wisdom of this traditional treatment is being shared more effectively as practitioners record their preparations and findings.

The Modern Medicine Department consists of 3 units: Preventive, Curative and Maternity. Operating under very hygienic conditions and utilizing the advances of technology, it has received the support of the Ghana Ministry of Health.

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*Drawing from "Kenya Trees and Shrubs" by Ivan R. Dale and P.J. Greenway Chlorophora excelsa. [See usage page 8.]*
The 3 Departments seem very different on the surface.

But they all share the same fresh natural air; and looking more closely, much over-lapping of interests, skills and services can be seen. These areas in common are what we feel is the strength of the Nazareth Healing Complex.

In some cases for example, a team effort is the best approach to helping someone in need:

— A person may first seek the help of a Spiritual Healer who prays for guidance. Through visions and dreams, herbs are revealed to him for treatment. This knowledge affords him the chance to work closely with the herbalist.

— Herbalists, with some knowledge of spiritual/divine healing or in collaboration with Spiritual Healers, are better able to bring about a cure. In traditional practice, HUMANS ARE CONSIDERED AS SPIRITUAL BEINGS OCCUPYING PHYSICAL BODIES. So, to prevent or cure disease, God’s help must be sought irrespective of religious belief.

— One of our goals is to popularize the use of herbal medicines in Primary Health Care programmes. Therefore, mass production of rare or very important drugs from herbs and plants, standardization of dosage and research into the preservation of local herbal medicines allow much opportunity for cooperation between Herbalists and modern Medical Doctors. Many of the essential drugs find their roots in local soil. For economic reasons, these medicinal plants should be utilized as much as possible.

— Some cases of bone setting and infectious diseases defy treatment with modern medicine. Cooperation with the two other traditional methods of healing greatly enhances the overall success of treatment. And while the knowledge of traditional healing can be fully integrated into modern practice, the hygiene and quality of these older treatments can also be improved with attention to up-to-date medical methods.

It is clear that a wholesome, open-minded approach on the part of all healers can only help a suffering person more completely. In the right spirit, inherent differences among the systems are truly complementary.

HERBAL GARDENS — Sources of Life, Sources of Income

The climate and topography of the Complex make it ideal for a variety of plant species to grow and flourish. Thousands of local herbs are used in the Primary Health Care programme, for we are blessed with a ‘natural drug store’ in the land around us. Five (5) acres has been established as the minimum size for each health centre’s garden.

Many of our common herbs are foodstuffs, such as cassava, tomatoes, onion, papaya, maize and pineapple.

How Herbal Medicines Are Made:

All herbal medicines are extracted from either the leaves, stem barks or roots. The herbs are usually washed clean and dried before use. Some are boiled after being cut into small pieces while others are ground into a very fine powder before being prescribed for treatment. The practice of herbal medicine relies on practical experience and observation handed down from generation to generation verbally or in writing. A single plant may contain several alkaloids which effect its particular cure. And herbal medicines are sometimes prepared from more than 1 plant.
Training of Herbalists

Herbalists attached to our Primary Health Care centres are licensed by the Ghana Traditional Healers’ Association, and apprentices are trained to conform to their requirements. Meetings are held with all senior herbalists within our project area at least once every 3 months to update training and provide an opportunity to discuss news and views on rare herbs.

Outstretched Hands

For our services to reach as many people as possible, herbalists at Vane work hand in hand with those of surrounding villages. A referral system has been developed which makes it possible for ‘consultants’ in herbal medicine to be contacted as the need arises. This service is crucial in those cases involving fractures, dislocations and diseases which appear to be resisting modern medical treatment.

FISH PONDS — Sources of Life, Sources of Income

Each pond has been stocked to grow 5,000 fish 3 times a year. The popular Tilapia and Claria species improve the protein content of our population’s diet significantly. The fish are fed with locally available rice bran, wheat bran or brewery wastes.

Toward Helping More People Closer To Home

Mass Education

The general public should be educated on the use of common herbal remedies. This could be done in churches, schools and social gatherings in towns and villages. It would mean Primary Health Care in people’s homes, and not only at our door-steps. The Complex at Vane provides a support service through training of staff at new centres.

Practitioners of herbal medicines should be taught simple rules of hygiene so that they can, in turn, spread these rules among those who need and utilize their services: safe water supplies, good sanitary services, latrines, clean surroundings and adherence to good personal hygiene.

Herbal Medicine in Health Institutions

Governments and health education planners in developing countries should include courses in herbal medicine in their health training programmes. Professorships should be created in medical schools and universities to teach this healing art. The Vane Complex currently offers courses to final year students at the Ghana Medical School.

CONCLUSION

THE NAZARETH HEALING COMPLEX in Ghana works because it is Ghanaian and it belongs to the people. Local people are actively involved by helping to construct buildings, and later assisting with their own healing. They are also willing to pay what is within their means for these services. The Complex provides care through whichever system of healing works best for the person in need. It appeals to the rural population because self-help is not only an ideology, it is also the practice.
“SKILLFUL PILOTS GAIN THEIR REPUTATION IN STORMS AND TEMPESTS.”

HIGHLIGHTS FROM BROTHER BAKU’S ADDRESS on the occasion of the 13th anniversary of the Nazareth Healing Complex in Vane-Avatime and the 5th anniversary of the Nazareth Primary Health Care Centre in Saviefe-Gbogame
(26 December 1987)

The people of Saviefe-Gbogame and the entire population of Saviefe Traditional Area deserve praise and commendation in respect of the stage they have so far reached in helping themselves.

The Nazareth Healing Complex focuses mainly on WHOLISTIC healing — healing and prevention of diseases which attack the whole person — physically, mentally and spiritually. Our aim is that these methods of healing should not be competitive but rather complementary.

Toward A Better Integration of the 3 Healing Methods

The patient himself or herself is more important than any of the 3 possible approaches to the healing. All therapies were created by God for the benefit of creation. Our main weakness is that we are not spiritually developed enough or as humble as we should be. Although our ultimate aim is to reach the status of our Lord Jesus Christ, we have not yet arrived.

SPIRITUAL HEALERS pray for the protection and care of their patients from evil spirits. They should not, however, lose sight of the need for safe water supplies, sanitation services and other beneficial means that modern medicine has to offer.

HERBALISTS/Traditional Herbal Practitioners prepare remedies from plants; and it is a fact that side effects from herbal medicines are often less than those of modern drugs. Care should be taken, however, to ensure hygienic conditions during preparation, and further research is necessary into dosage control and preservation.

MODERN MEDICAL PRACTITIONERS need to remember the spiritual aspect when trying to prevent or eradicate disease. ‘Physical’ microscopes cannot probe psychosomatic, soul or spirit caused illnesses. Scientific discoveries have been made through the mercy and grace of God. Therefore, ‘spiritual’ microscopes are also necessary.

I simply wish to point out that all systems have their advantages and their limits, and would encourage healers not only to share their knowledge and experience, but also to allow the others to share.

We have to date established 30 Primary Health Care Centres, out of which 6 are Health Posts. We intend to spread the net wider by operating more effectively; but, people must help themselves first. Then our efforts to help them toward self-reliance will be more meaningful.

We now appeal to the Chiefs and landowners. As you are aware, our policy for every Centre to have its own herbal garden enables us to exchange rare herbs and protect them from total extinction through annual bush fires and excessive tree cutting. We entreat you to release some of your land for this good cause.

In conclusion, I must thank you all for your support and donations. Our sincere thanks go to overseas donors and supporters — The Christian Medical Commission in Geneva, the Inter-Church Coordinating Committee for Development Projects (ICCO) in the Netherlands, and to the Ministry of Health of the Government of Ghana.

MESSAGE TO HO DISTRICT SECRETARY

Our complex was the first of its kind to be commissioned under the Government’s Primary Health Care Programme. And we have reason to rejoice, because we still manage to keep our doors open in the face of very difficult circumstances!

From the beginning, our major problem has been staffing. Just a few weeks after we opened our doors, the original workers deserted us. Later, we managed to secure the services of a retired health superintendent. But, he too left after a short period. Presently, we are operating through the kind collaboration of Sister Medie, a retired nurse, who is working with a marginal allowance.

Another ongoing worry is the drug supply to our modern medical unit. Apart from occasional donations, most of our stock is from the open market. But this source of drugs is too expensive to allow any meaningful profit without overtaxing our patients.
"Half a loaf is better than none."

This has been the story of the Nazareth Clinic Complex since December 1982. But half a loaf, they say, is better than none. In spite of these set-backs, the clinic has been handling most minor ailments in our community and has succeeded in reducing the need to rush to larger centres for treatment.

We wish to thank all those who have, in diverse ways, contributed to keeping us going.

The support staff from Saviefe Agorkpo and Dzolo-Kpuita — Sister Mary and Company — have been very helpful. They come periodically to inoculate children and advise nursing mothers on infant nutrition. Special thanks are also due to Sister Medie, our resident staff member, and the local Clinic Committee. To them all, we say BRAVO! AYIKOO!

PRE-HISTORIC MAN WAS THE FIRST HERBALIST *

From the beginning of time, the maintenance of good health and the prolongation of life have been a vital preoccupation of humans. After our ancestors had acquired the technique of gathering wild plants and hunting animals to provide food, clothing and shelter, they became aware of the reality of life and the ever-present risk of death. Early man and woman looked around and started using plants as medicine through a process of trial and error.

Since those first experiments proved that plants (and certain minerals and animal organs) furnished the desired cure, confidence grew and the traditional use of plants as medicine was established. Religion, often associated with magic, was also initiated to protect life. Therefore, medicine and religion were one — both aimed at safeguarding life. Plant medicine was practised in the ancient civilizations of Egypt, Greece, Persia, Rome, China, Africa, India and the Americas. Herbal remedies were extremely important to our ancestors, because there was no alternative for healing.

The Slow Erosion of Plant Medicine

It was not until the 17th century that the respected position held by herbal treatment fell into disfavour. This was due to the introduction of active chemical drugs, followed by the rapid development of chemistry and other physical sciences in the 18th and 19th centuries. By the 20th century, chemical medicine dominated the approach to world health.

In Ghana, traditional medicine was suppressed during the period of colonial administration. Educational institutions were set up, and (scientific) medical officers were posted throughout the country to take care of the colonial administrators and other civil servants. Later, medical officers were also stationed in the various missions to care for missionaries and co-workers.

Hospitals, health posts and dispensaries were established, rendering a public service by reducing the death rate, especially of infants. At the same time, the birth rate increased; and our population grew. But the missionaries and colonial powers neither recognized nor integrated traditional healing practices into modern medicine. While introducing their new system, they made no effort to preserve what was useful in the old one.

Respect Re-Gained

Our people's original spirit, however, continues to inspire us today. And although it is clear that the 20th century has not been kind to ancient wisdom and traditions, a revival of intense interest in traditional medicine is taking place all over the world. This is partly due to the success of the People's Republic of China, where a programme combining traditional medicine with western medicine is flourishing. Not only have schools, colleges and health centres been opened to teach ancient Chinese medicine, the Government has also begun employing traditional practitioners in hospitals and clinics.

India, following her independence, placed strong emphasis on the scientific investigation of plants used for thousands of years in Ayurvedic healing. Important medicinal properties have been re-discovered and hold promise for future research.

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* Address delivered by Mr. O.B. Dokosi, Council for Scientific and Industrial Research o/ Botany Department, University of Ghana in Legon, 27 December 1980, on the occasion of the opening celebrations of the Nazareth Healing Complex
In Africa, a geographically rich and varied continent, we are far behind in promoting traditional medicine to its rightful place. We are able to boast of the fine civilizations of Egypt and Ethiopia, but have until recently been unable to reassert ourselves in the field of ancient plant healing.

It is with this realization that the Scientific, Technical and Research Commission of the Organization of African Unity (OAU) started conducting symposia once every 2 or 3 years. Its aim is to provide the opportunity for participants to review the progress being made by member states in the field of research into plant medicine. Next, a book containing a list of traditional drugs and directions for their use is to be compiled.

We have now faced the rising sun and spread our wings to fly. And fly we shall!
<table>
<thead>
<tr>
<th>SCIENTIFIC NAME</th>
<th>DISEASE</th>
<th>METHOD OF PREPARATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cassia podocarpa</td>
<td>Fever / malaria</td>
<td>Seeds are roasted, ground and prepared as beverage. Dosage: 1 Tea cup daily, especially in the evening. Dried leaves are boiled for consumption. Dosage: 1 Tea cup 3 times daily.</td>
</tr>
<tr>
<td>Cathaeanthus roseus</td>
<td>Hypertension</td>
<td>Dried leaves and roots are boiled for consumption. Dosage: 1 Tea cup daily.</td>
</tr>
<tr>
<td>Chlorophora excelsa</td>
<td>Irregular menstruation</td>
<td>Barks of Odum and Mahogany are ground and mixed in alcoholic drink. Dosage: 2 Tablespoons 3 times daily.</td>
</tr>
<tr>
<td>(Odum)</td>
<td></td>
<td>See illustration page 2.</td>
</tr>
<tr>
<td>Coffea canephora</td>
<td>Hypertension</td>
<td>Dried leaves are boiled for consumption. Dosage: 1 Tablespoon in the evenings only.</td>
</tr>
<tr>
<td>Euphorbia hirta</td>
<td>Lack of breast milk</td>
<td>Fresh leaves are ground and boiled with fern palm nut to prepare soup with meat or fish, preferably fish for a new mother. Dosage: To be taken frequently. (or) Fresh leaves are boiled with corn and kernel for consumption. Dosage: To be taken frequently.</td>
</tr>
<tr>
<td>Acanthospermum hispidium</td>
<td>Jaundice</td>
<td>Fresh leaves of herb and those of Kugbitrini are boiled with Vovo for consumption. Dosage: 3 Tablespoons 3 times daily.</td>
</tr>
<tr>
<td></td>
<td>Herpes zoster</td>
<td>Fresh leaves are ground with white cola nuts, mixed with kernel oil for smearing on the body at least 2 times daily.</td>
</tr>
<tr>
<td></td>
<td>Gonorrhea</td>
<td>Fresh leaves are boiled with Obevudzevudze, Sihle roots and black pepper for consumption. Dosage: 1 Tea cup 3 times daily.</td>
</tr>
<tr>
<td>Nauclea latifolia</td>
<td>Fever / malaria</td>
<td>Dried roots, barks of Mahagony, Mango are boiled for consumption. Dosage: 1 Tea cup 3 times daily. Same as above.</td>
</tr>
<tr>
<td></td>
<td>Blood tonic</td>
<td></td>
</tr>
<tr>
<td>Ocimum basillicum grati</td>
<td>Fever / malaria</td>
<td>Dried leaves or seeds are ground and prepared as beverage. Dosage: 1 Tea cup 3 times daily.</td>
</tr>
<tr>
<td></td>
<td>Spiritual healing</td>
<td>Dried leaves of herb and cotton seeds are ground and burned as incense.</td>
</tr>
</tbody>
</table>
PROGRESS REPORT
(31 December 1987)

The choice and training of Primary Health Care workers for an additional 10 to 15 centres has been completed for the Spiritual Healing and Traditional & Herbal Medicine sections. Following training of health workers for the Modern Medicine section, including Traditional Birth Attendants, we shall officially open the new PHC centres, bringing the total from 30 to at least 40.

Four (4) new fish ponds and 2 new fish hatcheries have been dug in cooperation with other village communities, which means we now have 6 main fish ponds and 3 hatcheries near our complex in Vane. Currently, we are concentrating on stocking them with the appropriate local species.

We were able to buy the necessary spare parts for the Nissan Patrol 4-wheel drive vehicle with funds sent for this purpose by ICCO in the Netherlands.

The Christian Medical Commission convened a conference in Lome, Togo in September 1987, where I presented a paper on the Project's experience with herbal medicines in its Primary Health Care Programme. A highlight of the conference was a 1-day visit to the Nazareth Healing Complex by participants.

The Dutch Government has launched a research project. Dr. Peter Wordergem and a team from the University of Ghana's Sociology Department have begun their work, and we are asking all our people, especially herbalists, to assist in every way possible.

Brother E.S.K. Baku, Project Director
3 March 1988

[ICC0 Photo]

This freshly dug fish pond will soon be providing an important source of the people's protein.
SAVING LIVES BY SAVING PLANTS

Plants have been used as medicine for thousands of years. They are a major element of health care systems that rely on traditional medicine but also play an important role in Western medicine. Many of these plants are under threat and it is estimated that if present trends continue, by the turn of the century, some 20,000 plants used in traditional medicine as healing agents may have become extinct.

A major International Consultation on Conservation of Medicinal Plants, organized jointly by the World Health Organization (WHO), the International Union for the Conservation of Nature (IUCN), and the World Wildlife Fund (WWF) met in Chiang Mai, Thailand, from 21 to 26 March, 1987 to assess the use of medicinal plants in different communities and to give advice to governments on the conservation and utilisation of such plants.

In reaffirming their commitment to the collective goal of Health for All by the Year 2000 through a primary health care approach, the participants at the meeting, unanimously adopted an official Declaration, stating that they:

— recognize that medicinal plants are essential in primary health care, both in self-medication and in national health services;
— are alarmed at the consequences of loss of plant diversity around the world;
— view with grave concern the fact that many of the plants that provide traditional and modern drugs are threatened;
— draw the attention of the United Nations, its agencies and Member States, other international agencies and their members and non-governmental organizations to:
1. the vital importance of medicinal plants in health care;
2. the increasing and unacceptable loss of these medicinal plants due to habitat destruction and unsustainable harvesting practices;
3. the fact that plant resources in one country are often of critical importance to other countries;
4. the significant economic value of the medicinal plants used today and the great potential of the plant kingdom to provide new drugs;
5. the continuing disruption and loss of indigenous cultures, which often hold the key to finding new medicinal plants that may benefit the global community;
6. the urgent need for international cooperation and coordination to establish programmes for conservation of medicinal plants to ensure that adequate quantities are available for future generations.

from WHO PRESS, Press Release WHO/14, 5 April 1988
Equipment for Life*

ECHO (Equipment to Charity Hospitals Overseas) has been supplying medical and surgical equipment to developing countries throughout the world for 21 years.

"...Medical and surgical equipment can mean life or death for patients; life if the equipment works, and death if it fails...The tragedy is that even good equipment fails at times. That failure is due to lack of maintenance, simple spare parts or knowledge..."

While the concept of preventive health care is being accepted world-wide, preventive maintenance of health-related equipment lags far behind in developing countries. ECHO's ongoing concern is the supply of good quality low-cost medicines, and the supply, servicing and maintenance of life-saving equipment.

This concern is expressed in the following actions:

1. CORRESPONDENCE

Fieldworkers are encouraged to write to ECHO's Technical Department with problems relating to equipment or instruments in their hospitals. Not all technical problems can be solved by mail, but a surprising number can.

2. MANUALS

The technical staff (of 2) obtains manuals of all equipment which passes through ECHO. When people write asking for help, these manuals are consulted, and where appropriate, photocopies of sections or entire manuals are made and posted to fieldworkers.

3. SPARE PARTS

Often the failure of equipment is easily corrected by a few spare parts. Through the generosity of a special recurring grant, ECHO is able to offer free of charge and for the life of the equipment it supplies, all the spare parts necessary.

4. FIELD VISITS

Upon request (with plenty of notice and careful planning), 1 of the 2 technicians may be able to visit the mission and voluntary hospitals and clinics in need. There, he will supply and repair equipment, and offer advice to ensure smooth operation after his departure.

5. REFRESHER COURSES

In place of formal training, ECHO receives occasional visitors from overseas charity hospitals. For 2 or 3 days, maintenance and repair skills may be shared. If the problems confronted are very specialized (such as for X-ray apparatus), referrals are made to other British firms with the appropriate expertise.

6. MEDICAL EQUIPMENT TRAINING WORKSHOPS

"The most effective and lasting method of maintaining equipment in the field is to train the local people who are responsible for its maintenance..." The first workshop recently took place in Uganda. A second workshop is being planned for Tanzania, where courses will run for 6 months. Students are recruited from hospital maintenance workers already working in some of Tanzania's 68 church-related hospitals.

Teaching will at first be done by 2 expatriate hospital engineers who are being recruited by ECHO's member missionary societies. Next, Tanzanians will be trained to gradually take over the instruction. The project should be self-supporting in 8 years.

For more information, write to:

ECHO - The Joint Mission Hospital Equipment Board Ltd.
Ullswater Crescent, Coulsdon,
Surrey CR3 2HR
UNITED KINGDOM

*Based on a report submitted to the CMC by Dr. John Townsend, Deputy Medical Director of ECHO.
CMC NOTES

The London School of Hygiene and Tropical Medicine offers a Masters course in Health Planning and Financing. These combined programmes represent an important initiative in joining together 2 specialized Schools of the University of London, and respond to the need for expertise in health policy and planning in countries at all levels of development. Topic selections include: Basic community health, Health planning and financing, Health economics, Epidemiology of health care, and Social dimensions of health.

The course requires 1 academic year of full-time study or 2 years part-time. It is open to graduates in medicine or dentistry, or graduates with a 2nd class honours degree from a UK University, or an approved equivalent degree in a social science or health-related discipline.

For further information, fees and application forms, please write to:

Graduate Admissions Office / The London School of Economics & Political Science / Houghton Street / Aldwych / London WC2A 2AE / UK

The London School of Hygiene and Tropical Medicine is also organizing in association with the London School of Economics and the World Health Organization a 3rd seminar on Health Economics and Health Financing, from 5 to 23 September 1988. It is aimed at senior professional staff of medical and other disciplines in ministries of health, universities, etc. who are involved in developing strategies and financial planning for Health for All. For more information, please write to:

Anne Mills / Evaluation and Planning Centre / London School of Hygiene and Tropical Medicine / Keppel Street / London WC1E 7HT / UK

MAP international offers a workshop entitled, "Teaching Adult Learners" from 9 to 15 October 1988 in Limuru, Kenya. Content: characteristics of adult learners, effective learning styles, teaching methods including questioning, group discussion, demonstrations, games, stories, dramas, and audio-visual aids.

Cost: Kenya Shillings 1,200 - includes registration, tuition and full room and board. Deadline for registration is 9 September.

For more information:
TAL, MAP International / P.O. Box 21663 / Nairobi, KENYA

USEFUL PUBLICATIONS

Teaching Aids at Low Cost (TALC) announces a new set of colour slides, covering the following: "Care of the Nerve Damaged Limb", "Xerophthalmia", "Primary Eye Care", "Schools - A Resource for Primary Health Care", "Preschool Development in Asia", and "Weaning Foods and Energy".

You may request a complete listing of TALC's materials from:

Teaching Aids at Low Cost / P.O. Box 49 / St. Albans / Herts / AL1 4AX / UK

"We Can Play and Move" by Sophie Levitt, illustrations by Shona Grant. A publication of Appropriate Health Resources and Technologies Action Group Ltd (AHRTAG), 1987, 60 pages. For community-based rehabilitation workers, health workers, school teachers, youth workers and parents — to help "disabled children learn to move by playing with others, particularly with other children. And older children, to help them play with any babies and younger children that they take care of." Sophie Levitt is a physiotherapist with extensive experience working with handicapped children in Africa, India, Sicily and Cyprus.

More information from:
AHRTAG / 85 Marylebone High Street / London W1M 3DE / UK

Reminder: AHRTAG's newsletter "Aids For Living", appears 3 times a year and shares information on low-cost technologies, equipment and practices for prevention of disability and rehabilitation of disabled people. It is available free of charge to developing countries from the above address. (A small charge of £5.00 / $10.00 is made to subscribers in developed countries.)
CONTACT is the periodical bulletin of the Christian Medical Commission (CMC), a sub-unit of the World Council of Churches (WCC). It is published 6 times a year in 4 languages: English, French, Spanish and Portuguese. Selected issues are also being printed in the Swahili language in Kenya and Tanzania. Present circulation is in excess of 26,000.

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 1st issue of each year in each language version. Articles may be freely reproduced providing acknowledgement is made to: CONTACT, the bi-monthly bulletin of the Christian Medical Commission of the World Council of Churches.


The average cost to produce and mail each copy of CONTACT is SF2.50 (US$1.50), which totals SF15- (US$10.00) per year for 6 issues. Industrialized-country readers are strongly encouraged to subscribe to CONTACT to cover these costs. Please note that orders of back issues of CONTACT will be charged at the above rate.