

CHAPTER IX

Contribution of South-East Asia Towards World Health

The Second World War and the destruction it caused brought death and disability to millions. At the same time it stimulated the birth and growth of new knowledge and, more valuable still, a new concept of how best to promote human welfare by co-operative effort. Just as the quarrel among a few nations had involved the whole world in a war, so the poverty of some could hamper achievement of well-being for all.

The war years, in spite of all their content of horror, were remarkable also for the volume of new scientific knowledge which appeared—knowledge which could be used for the benefit of mankind. The sharing of new discoveries provided a means for betterment throughout the world, and the twenty years that have gone by since have proved what can be achieved.

International co-operation for health since 1948 has been by no means merely a process of provision from West to East. It has been co-operation in the true sense. The Member countries of the South-East Asia Region have received much; they have also given much. World health has undoubtedly benefited greatly from the experience and expertise of South-East Asia.

Early in this book we have described South-East Asia's contribution to the founding of the United Nations and also how the Region was represented among the founders of WHO—those who were involved in its Constitution-making activities and its pre-natal and early natal years. In those days and ever since, Member countries of the South-East Asia Region have played a valuable part in shaping the policy and programme of WHO, particularly when their representatives have been elected to high office in the World Health Assembly (On three occasions South-East Asian delegates have been elected President), have served on the WHO Executive Board or have been members of the UNICEF/WHO Joint Committee on Health Policy.

On the expert committees of the Organization, no fewer than 120 experts from South-East Asia have so far been selected to share in giving technical

leadership to the health workers of the world. Distinguished scientists from Afghanistan, Burma, Ceylon, India, Indonesia and Thailand—all, from time to time, have contributed their knowledge and experience to the deliberations of these expert committees. In May 1967 there were 133 health workers from the Region on the list of WHO expert panels.

Within the secretariat of the Organization, and especially in its technical departments, South-East Asian countries are well represented. For technical assistance to field programmes, WHO has selected a large number of experts from the Region to send out to help national authorities in other countries. Also, and especially, in the South-East Asia Region itself, mutual aid from one Member country to another has been a feature of health progress.

In respect of communicable-disease control, the work and operational research undertaken in the South-East Asia Region have provided a fund of new knowledge for the guidance of health authorities throughout the world. For tuberculosis control, the outstanding work of the Tuberculosis Chemotherapy Centre in Madras (see page 156) has provoked world-wide attention. The 60 or more reports from this project have been published and reprinted in widely circulated medical journals and have contributed new knowledge to help solve the problems of developing countries in which this disease is highly endemic. This work has been complemented by the operational research of the National Tuberculosis Institute in Bangalore, India. Health administrators and tuberculosis workers from all over the world have visited these two centres, and many have spent weeks and months there, in order to receive training in the techniques of tuberculosis control.

To the demonstration of malaria eradication, and to the solution of all the attendant problems, South-East Asia has also greatly contributed. Ceylon was one of the very first countries to adopt country-wide malaria control through residual insecticide spraying operations. The programme in India—the largest malaria eradication programme in the world—and its organization and methods have attracted many workers, who have come for study and training. Between the years 1948 and 1966 the Malaria Institute of India, now the National Institute for Communicable Diseases (NICD), provided training for 453 students from other countries. In addition, epidemiological assessment techniques as now generally applied to global malaria eradication operations were first experimented with in the South-East Asia Region. Likewise, assessment methods for smallpox eradication programmes were developed in India by the NICD.

Similarly with yaws control, the national programmes in Indonesia and Thailand have provided a large fund of experience which has been put at the

service of the world through the published reports and the expertise of individual workers.

Training centres within South-East Asia have played an important role in the education and training of health workers from other countries and regions. Of special note, in addition to the NICD, Delhi, are the All-India Institute of Hygiene and Public Health, Calcutta, the Nutrition Research Laboratories in Hyderabad, the Radiation Medicine Centre, Bombay, and the School of Radiographers and School of Laboratory Technology in Colombo — all of which have been mentioned frequently in this volume. Also, many students from other countries have come for basic medical or para-medical training, and WHO itself has provided fellowships (416 in the last eleven years) for workers from outside the Region to study in South-East Asia.

Then there is the vast field of research, to which national research centres and individual research workers in South-East Asia have contributed so much. The Region has a long history of contributions to research in medicine and public health. The use of *reserpine* (“Serpasil”), and other alkaloids obtained from *Rauwolfia serpentina*, in cardiovascular pharmacotherapeutics was first brought to the attention of the medical profession by distinguished research workers in Calcutta: Colonel Sir R.N. Chopra and Dr B. Mukerjee are well-known names in this context. Rehydration therapy in cholera was also studied and improved by work undertaken in Calcutta in collaboration with workers from the Johns Hopkins University in the USA.

Many centres and individual workers—and the list is very long—have received grants from WHO to assist special studies, most of the costs of which have been borne by the national authorities themselves. Such studies have included work in a very wide field: malaria, insecticides, filariasis, plague, tuberculosis, smallpox, cholera, leprosy, the serology of the treponematoses, rabies, brucellosis, leptospirosis, respiratory and arthropod-borne viruses, the role of migratory birds in carrying disease, measles vaccine, standardization of antisera and antitoxins, environmental health, nutritional anaemias, protein malnutrition, congenital malformations, birth weights, cancer, natural radiation, human population genetics, etc., etc.

Apart from specialized studies, several long-term research programmes also have been staged in the Region, e.g. research on cholera in Calcutta, on smallpox in Madras, on filariasis and the use of BCG for leprosy in Burma, and on *Aedes* control in Bangkok. These projects were directly assisted by WHO; many other programmes of similar research towards the solution of public health problems have been undertaken by the national authorities themselves—for example, in India, on prophylactic therapy and BCG for leprosy.

The modern concept of comprehensive rural health centres in a country-wide network was possibly pioneered in this Region by Ceylon, even before the war, and has been developed extensively in India since.

The International Co-operation Year, 1965, which was proposed by the late Prime Minister Jawarharlal Nehru, of India, served to pinpoint the fact that the world's future depends on mutual co-operation in all fields. The Member countries of South-East Asia, even while they have received assistance, have also contributed in no small measure to the promotion of world health.

