7. SOCIO-ECONOMIC ASPECTS OF WHO'S PROGRAMME

Assistance given by WHO is closely integrated with national development plans for social and economic progress.

A full comprehension of the socio-economic impact of WHO activities demands a study of the total list of WHO-assisted projects in Part III of this report. However, a few outstanding examples may be cited, such as the results arising from successful malaria eradication programmes, since malaria has so long been a predominant cause of wastage and devitalization of human effort. Also, recent advances in the treatment of tuberculosis have greatly improved the outlook for the individual sufferer, but the need for provision of long-term in-patient care has imposed a heavy strain on the public economy. In this context the research project on the adaptation of modern therapeutics to domiciliary care promises a considerable economic gain.

In the field of environmental sanitation WHO's contribution to the provision of safe and adequate water supplies in rural areas has helped towards the removal of an obstacle to rural progress.

8. RADIATION AND ISOTOPES

A five-week course for health physicists was conducted in the Department of Atomic Energy, Bombay. Fourteen participants from the Department attended the course, and a further nine candidates from countries in South-East Asia and the Western Pacific participated. The course director and two lecturers were provided by the Atomic Energy Commission of the USA, and a lecturer from the Atomic Energy Authority of the United Kingdom assisted during the last week of the course. The staff of the Department of the Atomic Energy Commission, Bombay, took part in the training.

Three WHO fellows who were awarded international one-year fellowships in different aspects of the subject completed their studies. Placement was arranged for a candidate who was granted a Government of India fellowship in health physics.

9. ASSISTANCE TO RESEARCH

As a result of the resolutions of the World Health Assemblies in 1958 and 1959, WHO is planning to widen the sphere of its assistance to research programmes. In the meantime activities have been continued on the established pattern of direct assistance mostly to field research and of indirect assistance to research laboratories through the supply of standard biologicals, the interchange of biological specimens, the dissemination of information and the provision of training facilities.

In epidemiological and field research, help is given to pilot projects in trachoma and leprosy control designed to try out various therapeutic regimens. In the field of tuberculosis, especially, important investigations on treatment and control are continuing, with WHO co-operation, in Madras and Madanapalle.

Field studies in India in protein malnutrition and on the public health aspects of anaemia have continued; a final report on the former study was produced and published during the year.
The Ramanagaram Family Health Survey has reached the stage of preparation of the report; the accumulated data is being processed, and WHO has made a grant to help with this and with the production of the report.

Following the recommendations of a WHO consultant, the Malaria Institute of India has continued research on genetic factors in the development of resistance to insecticides on the part of mosquitoes. Mosquito colonies have been raised; markers for genetic studies have been isolated; cross-breeding experiments with a view to linking up the marker genes with resistant genes are in progress. It is proposed to send a member of the Institute on a WHO fellowship to carry out further work on the subject. There are also plans to assist the Institute in the development of studies on the biochemical aspects of resistance by assigning a short-term consultant.

Experimental studies on the resistance of bed-bugs are in progress in the Malaria Organization Laboratory, Poona (Bombay State). Colonies of resistant and non-resistant bugs have been raised for this purpose; a grant of $1,000 was made by WHO.

One of the practical problems in the consolidation phase of malaria eradication programmes is the determination of surveillance procedures by which the maximum number of parasite carriers can be uncovered before they give rise to secondary cases. In order to solve this problem under field conditions, WHO has set up two surveillance study teams in Ceylon and in India (Mysore), and preliminary survey work is in progress.

As mentioned elsewhere in this report, in the plan of operations for malaria eradication in Indonesia signed early in 1959, provision is made for four study teams to carry out field research on topics that have a direct bearing on the eradication programme. Those field studies are to be undertaken in collaboration with the ICA. In view of the development of resistance of some of the vectors and the complexity of the problems in Indonesia, it is essential that field research should keep pace with the developing programme so that timely action can be taken to modify the methods to suit local conditions.

The Regional Office has, during the year, continued its scheme for fostering the exchange of information among research institutes in South-East Asia (see page 24, para. 3).

10. TECHNICAL PUBLICATIONS, DOCUMENTS AND REFERENCE SERVICES

In 1958/59 the efforts which have been made in the past years to make WHO technical publications better known to the appropriate institutions and health workers in this region have started to bear fruit. In addition to the publicity being carried out by Headquarters, the Regional Office has written reviews and has distributed them, along with catalogues and other information on WHO publications, to an increasingly long list of medical schools, research institutes, and medical associations in South-East Asia. Such information has also been sent to government departments, to government medical and health officers and to other health workers as far down as on the district level. As a result, large numbers of orders have been received.