Zoonoses

A preliminary study of the problem of zoonoses, made in the Regional Office, has shown the need for stimulating closer co-ordination between the work of Veterinary and health departments. One means of attaining this aim will be to offer fellowships for the study of veterinary public health.

2. EPIDEMIOLOGY

At the eleventh session of the Regional Committee in 1956 a resolution was adopted stressing the importance of establishing epidemiological units in public directorates.

Towards this end WHO policy is to provide consultant experts and, through its fellowship programme, training facilities for national personnel.

In Ceylon the WHO epidemiologist completed his assignment in the middle of 1959. An epidemiological unit has been set up under a fully trained national officer. Another expert has been supplied for one year to assist with the organization and upgrading of hospital accommodation and treatment for infectious diseases.

In Indonesia a WHO epidemiologist was assigned in December 1958. It is expected that, in order to ensure that this international assistance is put to good use, there will soon be provided a suitable national counterpart, who will have the opportunity to work with the expert and undertake special training overseas.

3. HEALTH STATISTICS

As in previous years, assistance has been mainly directed to helping countries to improve the collection and processing of basic statistical data. The Regional Seminar on the Certification and Classification of Mortality and Morbidity, held in October, was concerned with the methodology of cause-of-death certification and of morbidity reporting. A programme is being developed to stimulate the teaching of death certification in all medical colleges and their associated teaching hospitals by the provision of teaching materials and in other ways. Much interest was also shown in hospital statistics.

Good national or state-wide vital statistics will take very many years to achieve; yet some progress is being made. A complete detailed plan for the new Burmese system has been submitted for final approval. It is hoped to set up a working model of the new system in Rangoon city and perhaps in a rural area. The Nagpur project in India has demonstrated on a small scale that international rules and procedures are both practical and productive. Also West Bengal is initiating new developments and has received some small assistance from the Regional Office. Progress continues in Indonesia and Thailand.

A very welcome new development during the year has been the appearance of epidemiological studies from some of the field projects. In Ceylon the partnership between the epidemiological and statistical units has produced a series of papers, largely based on ad hoc field work and leading up to a detailed programme for reorganization of notifiable disease reporting, which has been submitted to the Government. In Nagpur the former WHO statistician introduced some improvements in notifiable disease reporting, and the new death notification forms are beginning to yield a wealth of useful...
information. Two studies based on these sources have appeared, and the project has begun to fulfil its major objective - to demonstrate the usefulness of a good statistical service to a health authority.

Though there has been much activity, training of statistical personnel affords little ground for satisfaction. The chief lack is in top-level statisticians with the requisite medical background and practical experience. Training of personnel at intermediate and elementary level continues - both in-service training and organized courses. This type of training is much in demand and appears to be of some value.

4. PUBLIC HEALTH ADMINISTRATION

4.1 Strengthening of National Health Services

The policy of using WHO staff to assist in strengthening the administration of health services at central or provincial levels has been maintained. WHO Area Representatives and Public Health Advisers in the countries of the Region have worked in close contact with national health directorates. WHO's assistance and advice are increasingly being given at the directorate level.

As described elsewhere in this report, progress has been made in the integration of WHO assistance with plans for national development. In community development areas in Indian States, the number of teams, headed by a public health officer and including nursing and other advisory staff, was increased, and comparable teams have been operating in Afghanistan and in the Kalutara area of Ceylon. In the field of nursing, advisers to health directorates were working in Burma, Ceylon, Indonesia and in an augmented number of Indian States. WHO public health engineers assisted in the development of divisions of environmental sanitation in the health directorates in Burma and Ceylon; in Afghanistan the public health engineer assigned to Gulzar was able to lend assistance to the organization of the environmental sanitation section in Kabul Municipality.

As indicated above, WHO epidemiologists assisted in the creation of sections of epidemiology at the directorate level in Ceylon and Indonesia. Assistance designed to strengthen vital and health statistics at the central level was continued in Burma, Ceylon, Indonesia and Thailand, and in India the project in Nagpur was aimed at promoting the development of a model vital statistics section in a corporation health service as well as at training statistical assistants from several states.

WHO health educators assisted in strengthening health education bureaus in Afghanistan, Burma and Indonesia; in India a WHO health educator was working at the Ministry of Health in co-operation with the Ministry of Education, and an active health education section of the directorate was assisted in Bombay State.

4.2 Community Development

The rural health pilot project in Afghanistan is maintaining steady progress and is helping to provide sound patterns for the promotion of rural health. In Indonesia, technical approval has been