INTRODUCTION

The difficult economic situation mentioned in my last two reports has continued. Some expansion of public health programmes has taken place in spite of this difficulty. The foreign exchange position has been particularly severe, and health departments have found it increasingly hard to obtain essential supplies and equipment.

This situation is likely to go on for some years. It is therefore essential that national health departments as well as outside technical assistance agencies organize their programmes so as to concentrate resources on the essentials, increasing in depth over a somewhat narrow front rather than spreading thinly all along the line. However, such eminently sensible advice is more easily given than taken. Public opinion and local circumstances, often assisted by inadequate planning, create numerous diversions from the straight and narrow path of strict adherence to priorities.

It is generally accepted that only the rich can afford luxuries. Waste is a common luxury which the rich enjoy and can usually afford. For others to indulge in waste is more harmful. The countries of South-East Asia cannot afford avoidable waste of some of their precious public health resources. I give examples of some of the embarrassing problems which baffle health departments:

i. Because we are very short of qualified doctors, we have multiplied medical schools and doubled the admissions to existing schools but without providing adequate teaching staff. The result may well be a vast number of inadequately trained doctors. Medical education is so costly that this is not a good investment.

ii. Although we all deplore the acute shortage of doctors and nurses, it is a common enough sight to see them spending their valuable time and skill on work which can be done more efficiently and economically by clerks, or, in some cases, by domestic workers.

iii. We use thousands of auxiliary medical personnel in support of the doctors and should, therefore, streamline their training to the fewest possible categories of a multipurpose type so as to deploy them in different programmes as required. Instead, we find ourselves training a bewildering variety of little specialists. This is wasteful of our limited training facilities, and all these categories will be difficult to assimilate into the general public health service.

iv. Nature, fortunately, provides that most babies shall be born normally. Poor countries would be expected to exploit this natural provision. And yet we see too little encouragement of domiciliary midwifery. On the contrary, there seems to be a growing ambition that even normal deliveries should take place in some health centre or hospital. This is unnecessary and most uneconomical.
v. To provide health services to our vast rural population, we are putting up hundreds of so-called health centres at a very considerable cost. And yet we do not succeed in obtaining from many of these centres more than a slight amount of curative medical relief. Although they will no doubt be called upon to continue to give such curative services, more strenuous efforts should be made to see that they also fulfil their preventive functions. Far too little has been done so far at these centres to improve sanitation or to give proper health education, especially in nutrition; yet these are the foundations on which public health in this region must be built.

vi. There is very little real enthusiasm about improving sanitation, and this in spite of the fact that the bulk of our child population is riddled with intestinal worms and gastro-intestinal infections. The adult population is not much better off. If a reminder were needed of the sad state of sanitation in this region, the recent fresh epidemics of cholera in Nepal and Thailand and the occurrence in 1958 of almost 5,000 cases of this disease in the city of Calcutta alone should surely suffice. It is inconceivable that with the existing resources we cannot make a better showing against the gross insanitation which prevails almost everywhere. These very same resources are readily available for public health activities of a much lower priority. A mental health service, a dental health service, a school medical service, the rehabilitation of the handicapped, better housing for the poor and radioisotopes for our hospitals are all very desirable objectives, but surely the provision of safe drinking water and elementary drainage and sewerage must come first.

vii. Costly medical equipment, especially X-ray units and other electro-magnetic apparatus, is frequently out of order from lack of proper maintenance. Public health institutions possess millions of dollars worth of such costly equipment, and yet hardly any one of them has properly trained technicians on its staff!

It is fully realized that our countries in South-East Asia are making heroic efforts to improve the health of their people and are struggling against tremendous odds to achieve the desired results. The above instances of uneconomical utilization of resources are therefore submitted in a spirit of humility and in the sincere hope that still greater efforts than ever before will be made to extract full value out of every dollar spent on public health.
During the period under review WHO has assisted governments in South East Asia with about 130 field projects, involving the employment of some 240 WHO field workers. The Regional Office in 1959 is handling a programme which amounts to nearly eight million dollars, inclusive of extra-budgetary funds.

The main fields of assistance have been, as before, the control of communicable diseases, the promotion of rural health services and the training of various categories of health personnel.

Every country in the Region now has a malaria eradication programme, although these programmes are in different stages of development. This is indeed a major advance. If adequate resources and facilities continue to be provided, it should be possible within the next seven years to render an excellent account of this admittedly costly undertaking.

I reported last year that we were awaiting the results of the Tuberculosis Chemotherapy Research Project in Madras as regards a comparison between home and hospital treatment. The first report of this project is being published and gives very encouraging results. We can now hope that the vast majority of cases can be adequately treated at home. This would bring tuberculosis control for the first time well within the resources of countries in South East Asia and of economically under-developed countries elsewhere. During the year, agreement was reached to establish a national tuberculosis training programme in India, and the operational phase has started with the development of a national tuberculosis institution for co-ordination, statistical evaluation and bacteriological reference, with an epidemiological unit and three mobile case-finding and treatment units.

Programmes against yaws, leprosy and trachoma have continued at about the same level as last year. Following a World Health Assembly resolution, a renewed effort has been made to stimulate preparations for a smallpox eradication programme. Also, since economic planning for control of the major communicable diseases is impossible without an understanding of their epidemiology, WHO is assisting the governments in the Region to set up epidemiological units at directorate of health level, with consultant epidemiologists and fellowships for post-graduate training in the subject.

In addition to the considerable amount of support given by WHO and UNICEF to the development of rural health centres in India and Afghanistan, assistance to a small rural health programme has also been started in Indonesia. As a result of our past year's experience of community development health centres in India, a memorandum has been submitted to the Government, suggesting certain urgently needed improvements.

Work in environmental sanitation is being stepped up. At the last session of the Regional Committee it was brought out that defective sanitary conditions in Calcutta directly affect the health of six million people in metropolitan Calcutta, are a hazard to many millions of people in surrounding rural areas to which Calcutta is a focus of infection and are a threat to other countries in contact with the port. Preliminary planning has been initiated to assist the Government of West Bengal in
establishing adequate water supply and sewerage schemes. It is proposed to assign a powerful consultant team in sanitary engineering, to advise on metropolitan and sanitary district organization and administration, the design of water supply and sewerage systems and the epidemiology of water-borne diseases.

There has been considerable appreciation of WHO's assistance in the development of teaching and services in child health, specifically the integration of promotional - preventive and curative - child health services at the academic level. This has been especially noticeable in India, where, during the year, three WHO/UNICEF-assisted paediatric projects - in Madras, Hyderabad and Trivandrum - have shown considerable progress. While there were only two full professors of paediatrics a little over a year ago, there are now six professors and four associate professors in India.

Steady advances in the establishment of health education bureaus has continued throughout the year. WHO continues to stress that the main work of health education of the public must be carried out by health personnel of all categories and that professional health educators should be used only as co-ordinators, as advisers and for training health personnel.

Assistance to medical education has continued to take the form of the provision of professors and the award of fellowships. The shortage of teaching staff is still acute even in existing medical schools, and yet new schools are coming up all the time. The School of Radiography in Ceylon, which is receiving WHO assistance, will be used for training x-ray technicians from all countries of the Region. The Mental Health Institute in Bangalore continues to be a valuable centre for training in psychological medicine and mental health nursing. A team of short-term consultants was recently sent to the All-India Institute of Hygiene and Public Health, Calcutta, to advise on the further improvement and streamlining of its various teaching courses. The Institute has continued to be a training ground for students from India and neighbouring countries.

Some very important conferences and seminars have taken place during the year. In conjunction with IIO, we held, in Calcutta, our first conference on industrial and occupational health, which made valuable recommendations for the development of industrial health services to keep pace with increasing industrialization, especially in respect of training facilities. In Delhi, two regional seminars were held - one on the certification and classification of mortality and morbidity, at which a useful series of recommendations for further improvement was formulated, and the other on auxiliary nursing, which gave rise to guiding principles on the use and training of such auxiliaries which should be of great benefit to the countries of the Region. Finally, the Third Asian Malaria Conference, which was inaugurated by the Prime Minister of India, took place in New Delhi from 16 to 21 March, with participants from twenty countries and territories in the South East Asia and Western Pacific Regions. Although this was third in the series of Asian conferences on malaria, it was actually the first to deal with the concept of eradication. The reports of all these conferences have been circulated.
In addition, two inter-regional training courses were held - one on health physics, organized at the Department of Atomic Energy, Bombay, and the other on public health laboratory techniques for virus and rickettsial diseases, held in Coonoor (India). Further, a study tour was organized for workers in filariasis from four countries in South-East Asia, and a medical education study tour was arranged for a group of physiology teachers.

A detailed enumeration of the extensive training activities which have been assisted during the year appears in Annex 6 to this report.

Close liaison has been maintained with bilateral and international organizations, especially with the Technical Assistance Resident Representatives and the International Co-operation Administration of the United States, the Colombo Plan and the Rockefeller and Ford Foundations. As before, a large portion of our work in this region has been carried out in joint collaboration with UNICEF, which has continued to give major support for health programmes, especially in the field of malaria eradication, maternal and child health services, rural health centres and a large variety of training courses.

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I very much regret to have to inform the Regional Committee of the death of two of our colleagues during the year. Dr. J.R. Blazé, from Ceylon, who was under recruitment for a short-term assignment as professor of internal medicine, Faculty of Medicine, University of Kabul, died in Colombo in November. Dr. Blazé had formerly served WHO in a most useful capacity in 1957, when he undertook the same assignment in Afghanistan. Mr. W. Taylor-Allan, WHO Sanitarian attached to the Malaria Eradication Programme in Burma, died suddenly in New Delhi in March 1959 after attending the Third Asian Malaria Conference. Mr. Taylor-Allan had worked in WHO for the past eight years in Cambodia and East Africa as well as Burma. Both will be sorely missed.

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On behalf of the Regional Office staff, I acknowledge with much gratitude the whole-hearted co-operation that we have received from all governments in the Region, and have the honour to present my Eleventh Annual Report to the Regional Committee.

C. Mani
Regional Director