10. THAILAND

In Thailand the year 1958/59 has been notably one of contrasts in health matters. On the credit side, among many things have been the further progress toward malaria eradication, the acceptance in principle of a third school for the training of midwives, the drawing up of a plan for development of rural health services, close co-operation between the University of Medical Sciences and the Medical Services Departments in the teaching of paediatrics, plans for further expansion of two medical schools, abolition of official opium smoking, with rehabilitation of addicts, and the introduction of the medical application of atomic energy.

On the debit side has been a large-scale outbreak of cholera during which 11,582 cases developed, with 1,727 deaths, in 1958 and 6,771 cases, with 577 deaths, so far in 1959. A fortunate feature of this outbreak was the relatively low mortality rate - under 15% in 1958 and under 10% in 1959 - an unusual occurrence. WHO was among the many agencies which rendered assistance during the outbreak.

Among developments in less spectacular directions may be mentioned the resuscitation, and regular meeting, of a committee comprising representatives both of the Government and of all international and bilateral agencies assisting the Government in health matters. Since the object of this committee is to co-ordinate technical assistance and exchange information respecting its nature, the country's health services should benefit substantially.

The initiation during the year of a third medical school at Chiangmai and the provision at each of the two medical schools at Bangkok of cobalt 60 bombs represent significant advances in respect of the country's medical education facilities.
Aim of the project. To carry out systematic control of yaws throughout the country; to reduce the reservoir of infection to a level at which the disease can be controlled by rural health authorities; to train local personnel; to incorporate yaws control in the permanent public health services.

Assistance provided by WHO during the year. (a) A yaws specialist; (b) Transport vehicle.

Probable duration of assistance. Until the end of 1963.

Work done during the year. From May 1950 to the end of March 1959, the country-wide coverage of the campaign had reached 44 provinces; a total of 16,416,153 people had been examined at initial treatment surveys, resurveys and in the clinics, and 1,307,738 patients treated.

During the year, the work progressed satisfactorily. Important achievements were: (a) the re-establishment of 31 field teams and their re-deployment in areas of priority, resulting in greater concentration of efforts, with more supervision; (b) gradual conversion of the team members into multi-purpose workers; (c) implementation in five selected provinces of integration of yaws control activities into existing rural health centres; (d) re-centralization of the administration of the treponematoses control programme; (e) completion of the training course of 48 health workers at the Rajburi School; (f) final arrangements for the proposed co-operation and exchange of training facilities between the yaws and the leprosy control projects; and (g) simplification of the recording system.

In February 1959, the Director and a medical officer of the yaws control programme were granted WHO fellowships for two weeks to enable them to visit the Indonesia programme. In April 1959, they attended the inter-country yaws control co-ordination meeting held in Kuala Lumpur.

The WHO specialist left the project in December 1950, and a successor was recruited in the same month. Provision has been made for additional WHO personnel (a second medical officer, a laboratory technician and a statistician).

Aim of the project. To improve and develop mental health services and train all categories of workers in the field of mental health.
Assistance provided by WHO during the year. A consultant for three months.

Work done. WHO assisted in the formation of a Mental Hygiene Centre in Bangkok by providing a clinical psychologist from 1955 to 1957. Further to assist in the development of mental health services a short-term consultant was assigned for three months (from November 1958 to February 1959). The consultant based his recommendations upon a study of the pattern of mental health services and an examination of mental health problems.

Mental health services in Thailand have reached a standard which compares well with that attained by any other country in the Region. Although the five mental hospitals in the country still suffer from the common problem of overcrowding, this has been lessened by a laudable development of psychiatric out-patient units and selection of cases for admission. Advances in treatment have improved the turnover rate of in-patients.

The component of psychological medicine in undergraduate medical teaching is high. An active programme of training of specialist psychiatrists is being pursued through international fellowships. Training of post-graduate psychiatric nurses has not been established, but considerable psychiatric experience is included in the basic nursing training curriculum. A limited number of assistant mental nurses have been trained, but there is need for expansion in this sphere. Social obstacles have limited the field of usefulness of social workers in mental health.

The consultant's visit focussed attention on the increasing emergence of mental health problems associated with the changing patterns and heightened stresses of modern life. Drug addiction and alcoholism are relatively widespread problems demanding a social solution. The consultant's visit has helped to emphasize the value of interaction between mental health services and general social and welfare services.

Thailand 21 Nursing Education

(April 1954 - Dec. 1957; Jan. 1950 -)

Aim of the project. To co-ordinate, expand and upgrade the undergraduate and post-graduate nursing education programmes to meet the needs of the country, and to improve nursing services, particularly in those institutions which are used for teaching.

Assistance provided by WHO during the year. (a) Two nurse educators; (b) Two international fellowships - one for twelve months and one for twenty-four months; (c) Supplies and equipment.

Probable duration of assistance. Until the end of 1962.

Work done during the year. At the nursing school attached to the Women's Hospital, a master rotation plan for theoretical and clinical experience was prepared. This was a real achievement, as it lays a sound foundation
for the education of students in the expanded basic programme. A block system of nursing education, attempted for the first time in Thailand, promised to provide more reasonable, sound and controlled education.

Work on the revision of course outlines within the new curriculum continued to progress slowly but steadily. Preliminary plans were made for the extension of clinical field experience in both public health and curative nursing to the provincial communities and hospitals. Considerable assistance in administration, reorganization and supervision was given to the Paediatric Department. A nursery for new-born babies and one for "hospital" babies have been set up, and nursing care has been organized.

Seventy-five students started their training in May 1959.

A visit was made to the Nursing School at Korat to advise on the revision of nursing administration and basic curriculum. The Children's Hospital, which is being utilized for the training of medical interns, was assisted in the establishment of nursing routines and ward procedures, and a number of changes were introduced in the nursing aspects of hospital administration. Plans were laid for setting up isolation wards for the treatment of communicable-disease patients and for establishing central supply services.

The nurse educator working with this project completed her assignment in April, 1959 and has been replaced. A further nurse educator joined the project in July.

Thailand 24

Rural Health Programme (Nursing Supervision)

(May 1954 - Dec. 1958)

Aim of the project. To develop the nursing and midwifery aspects of rural health services; to provide adequate guidance and supervision of nursing and midwifery services.

Assistance provided by WHO during the year. A public health nurse-midwife.

Work done. WHO’s assistance to this programme began in 1954, when the services of a public health nurse-midwife were provided. UNICEF furnished supplies and equipment for rural centres. In addition, certain items of equipment were supplied by ICA, and the WHO nurse worked in close collaboration with the ICA medical officer.

Before the WHO nurse started work, the Government, with WHO assistance, had (1) initiated a two-year course in public health nursing; (2) arranged a short-term refresher course to prepare provincial nurses for supervisory posts; (3) revised and lengthened the midwives’ training course, and (4) started regular refresher courses for midwives.
During the course of the project, visits were paid to twenty-five provinces, most of which had national nursing supervisors, to whom guidance was given on methods of supervision. One centre was chosen for demonstration of a simple plan of work including a weekly ante-natal session and a child-care and immunization session. These visits resulted in a better appreciation of the importance of supervision and improved team work.

Assistance was also given with the revision of the refresher courses for midwives; preparation for a country-wide scheme for the training and supervision of mothamyaes (indigenous midwives); revision and preparation of reports and records, and drawing up, with the Working Committee on Public Health Nursing, job descriptions for all categories of nursing and midwifery personnel.

An organizational plan for the new Division of Public Health Nursing in the Department of Health was prepared, and proposals for functions and staff requirements of the Division were drafted.

The WHO nurse completed her assignment in December 1958. The activities of the project are being continued by the Public Health Nursing Division.

It is felt that in this programme it was possible to demonstrate the value of supervision and the need for experienced and well prepared public health nurse supervisors.

Thailand 30

Leprosy Control (Oct. 1955 - )

Aim of the project. To organize a pilot project in Khon Kaen Province in order to demonstrate modern methods of leprosy control, with emphasis on case-finding, domiciliary treatment and surveillance of contacts; to train personnel; to extend the control programme to other parts of the country.

Assistance provided by WHO during the year. (a) Two leprologists; (b) A four-and-a-half-month regional fellowship; (c) Laboratory equipment.

Probable duration of assistance. Until the end of 1961.

Work done during the year. The leprosy control work was extended to three more provinces (Mahasarakam, Kalasin and Roi Et). During the year, 25 mobile treatment and 31 static centres were established; two leprosy colonies, one at Mahasarakam and another at Roi Et, were taken over by the project, and a large leprosy clinic was established in each of these centres for indoor and out-door patients. In the new expansion area 9,354 (about .9%) cases were detected, all of which are under treatment.
In the Khon Kaen pilot area, control work reached the stage of integration with general health services. Out of the population of 600,000, the number of leprosy cases registered were 8,809 (nearly 1.5%). Success was achieved in establishing leprosy treatment centres in twelve out of fourteen rural health centres in the area.

A second leprologist joined the project in February 1959. He is assigned to the Phra Phra Daeng Leprosy School to undertake training programmes for all types of health workers.

**Thailand 32**

**Vajira School of Nursing, Bangkok**

(Aug. 1957 - June 1959)

**Aim of the project.** To upgrade the education programme of the School of Nursing and the nursing services at the Vajira Hospital, with particular reference to midwifery.

**Assistance provided by WHO during the year.** (a) A nurse educator; (b) Supplies and equipment.

**Work done.** During the operation of the project, nursing procedures in the labour rooms, lying-in rooms and nurseries were discussed; duties of graduate nurses were defined, and some improved nursing techniques tried out. Improved techniques were also introduced in the wards of the Vajira Hospital. Follow-up post-natal visits to mothers and babies discharged from the Hospital on the third day were started. Nursing procedures in maternity wards and in premature nursing were revised.

Cholburi Hospital and Health Centre were visited in order to investigate the possibility of using them for training students. The Post-Graduate School of Nursing was assisted in arranging for specialized courses for post-graduate students, and a short course on midwifery for prospective midwifery teachers was given. Assistance was given to the Women's Hospital in planning domiciliary training for fourth-year students and in preparing outlines for the midwifery course. Lectures were given to student nurses undergoing midwifery training.

During the cholera epidemic student nurses and midwives were assigned to the Outpatient Department of the Vajira Hospital in connection with the mass inoculation campaign and the treatment of cholera patients in the new ward as well as in the Infectious Disease Hospital.

The activities of the project are being continued by the national staff after the withdrawal of the WHO nurse in June 1959.

**Thailand 36**

**Nutrition**


**Aim of the project.** To survey the nutritional situation; to investigate the problems of endemic goitre and beriberi.
Assistance provided by WHO during the year. A medical nutritionist.

Work done. During the period of WHO's assistance to this project, attention was concentrated upon three major objectives:

(i) assessment of the incidence of endemic goitre;

(ii) examination of the incidence of beriberi and consideration of control measures, and

(iii) evaluation of the general nutritional status.

The prevalence of goitre was investigated by examining a limited number of samples of school-children from four northern provinces. In the samples the incidence of all stages of goitre varied from 19 to over 54 per cent; these findings no doubt justify the initiation of control measures, but the administrative and social obstacles to the control of distribution of salt render a goitre control scheme, through the use of iodized salt, impracticable at present.

Imperfections in the collection of statistical data and difficulties in carrying out surveys prevented a reliable estimate of the incidence of beriberi. Indications were that the overall incidence was about 1 to 2 per cent annually. The incidence in adults appeared relatively higher than in infants, possibly because of the widespread use of high thiamin-content bananas in infant feeding. It was considered that feasible measures to improve the beriberi situation included adequate reporting of cases and health education directed to food restrictions and bad cooking practices. The use of foods of animal origin is beyond the economic reach of much of the population, but attempts should be made to introduce a greater proportion of pulses into the diet.

From the evidence it appeared that, although in many areas the nutritional status was satisfactory, in others it was marginal and in some frankly bad. Although there is a surplus of rice production in the country, pulses are not so abundant. Restricted export of pulses and a greater local consumption of these valuable foods should help to correct this deficiency.

Thailand 37 Vital and Health Statistics
(R Aug. 1957 - July 1959)

Aim of the project. To strengthen the Division of Vital Statistics by developing health statistics and improving the system of reports from rural services.

Assistance provided by WHO during the year. A health statistician.

Work done. In preparation for centralized processing of all vital returns, the statistician carried out a study of differences in cause-of-death reporting by type of certifier, based on 20,000 punch cards for all deaths in Greater Bangkok and two neighbouring provinces.
The punch cards were prepared as a part of the training programme for the personnel of the Statistics Division. A study was also made of a sample of rural death certificates to discover what additions to the existing Thai alphabetical list were required.

A new form of monthly activities report from rural health centres was introduced on a trial basis in four provinces. The statistician checked all the returns received and made recommendations for revising the form.

A scheme has been prepared for a sample survey of the completeness of vital registration, to be carried out in connection with the 1960 Census.

It is proposed to award a six-month fellowship to enable the Director of the Division to study vital and health statistics in overseas countries.

The statistician was withdrawn on termination of his contract in July 1959.

**Thailand 38**

School of Public Health, Bangkok


**Aim of the project.** To strengthen the School of Public Health, Bangkok, by giving advice on various aspects of public health and the teaching of certain subjects.

**Assistance provided by WHO during the year.** A consultant in health education for two and a half months.

**Probable duration of assistance.** Until the end of 1961.

**Work done during the year.** Early in July 1959 a consultant in health education was provided for a period of two and a half months. The consultant is making a study of what is being done in health education in the School of Public Health, Bangkok. She will assist in supplementing and strengthening the teaching of health education, and will make recommendations for further development.

**Thailand 42**

National Tuberculosis Programme - Pilot Project

(Oct. 1955 - May 1959; - )

**Aim of the project.** To carry out a community case-finding and treatment programme in Bangkok, and, in continuation, to develop a tuberculosis programme outside Bangkok, the first stage of which will be a pilot prevalence survey in one province.

**Assistance provided by WHO during the year.** Two consultants (a medical officer and a public health nurse).
Probable duration of assistance. Until the end of 1963.

Work done during the year. In order to carry out a survey of local conditions and to advise on the planning for a national survey of the prevalence of tuberculosis in Thailand, a medical officer and a public health nurse were assigned as short-term consultants. The medical officer carried out his assignment from October to December 1958, and on the basis of his report a plan of operation was drawn up to organize and undertake a pilot project for case-finding, treatment and prevention in a limited area of Bangkok, with the specific aims of (a) reducing the prevalence of tuberculosis, by means of a community approach; (b) deriving, through complete coverage, information on the prevalence of tuberculosis in the area selected and its distribution by sex, ages, race, etc., and (c) training personnel (with emphasis on the maximum use of non-medical personnel) in fundamental survey methods, including census taking, statistical recording, standardized testing and diagnostic and treatment methods. WHO will be providing a team to assist with this pilot project.

The public health nurse arrived in November 1958 to assist the Government in effecting improvement of the domiciliary follow-up and treatment scheme which forms part of the services of the Bangkok tuberculosis centre. She concluded her assignment in May 1959.

Thailand 43  
Trachoma Control  
(July 1959 - )

Aim of the project. To survey the existing endemicity of trachoma in the country and to plan future possible control measures.

Assistance provided by WHO during the year. A trachoma consultant for six weeks.

Probable duration of assistance. Until the end of 1963.

Work done during the year. The consultant proceeded to Thailand toward the end of July 1959, to take up his work.

Thailand 46  
Fellowships

Tuberculosis Chemotherapy: A one-month fellowship for study in India.

Freeze-dried Smallpox Vaccine Manufacture: Two two-month fellowships for study in the United Kingdom.

Treponematoses: Two three-week fellowships for study in Indonesia.

Malaria Eradication: A three-month fellowship for study in India.

Malaria Eradication: A four-month fellowship for study in Jamaica (under MESA).
Parasitology: A three-month fellowship for study in Japan.

Dental Health: A twelve-month fellowship for study in the United States of America.