(6) Filariasis

Following the short study of filariasis research and control units in India and Ceylon arranged by WHO in November 1950 for representatives from Burma, Ceylon, India, Indonesia and Thailand, the problem of filariasis has been given greater attention.

The problem of filariasis in Rangoon is being tackled by the Government and the City Corporation, but the plans which have been prepared for a survey and control programme appear to offer short-lived results, somewhat out of proportion to the expenditure involved.

A consultant for making a survey of the coastal belt of filariasis in Ceylon is under recruitment and is expected to take up his assignment by the end of September.

2. EPIDEMIOLOGY

Following the resolution of the eleventh session of the Regional Committee on the need for epidemiological units in Departments of Health, WHO has been studying how best to assist the countries of the Region with advice and training. An epidemiologist is under recruitment for Burma and is expected to take up his assignment by September.

Good progress has been made in epidemiological services in Ceylon and Indonesia (see Ceylon 38 and Indonesia 29 under Part III). There has been an increasing interest in epidemiology, and public health authorities are developing a more critical attitude towards this subject.

In India, emphasis is being laid on the importance of epidemiological approach, and training fellowships for epidemiologists at state level have been given priority; four candidates are expected to proceed shortly on a specially organized one-year fellowship, and it is envisaged that at least four fellowships will be provided in each of the next two years.

3. HEALTH STATISTICS

There have been encouraging developments in the field of vital and health statistics. A new system of vital registration in Burma recommended by WHO has received government approval, and is already in its first stage in the Rangoon and Insein areas. Ceylon has introduced an improved system of notification of infectious diseases. Some Indian states have introduced the International Form of Medical Certificate of Cause of Death for all deaths occurring in government hospitals. Recommendations of the Regional Statistics Seminar held in New Delhi in October 1958 were adopted as guidelines to future policy by the National Committee on Vital and Health Statistics in Ceylon. The Regional Office has produced a model medical