WHO is collaborating with MALDIVES for developing a food safety programme.

In SRI LANKA, national personnel were trained in food safety. A training course for public health inspectors and food inspectors has been planned.

In THAILAND, WHO provided a consultant for developing a programme for the monitoring of chemical safety.

WHO identified institutions in the countries for participating in the global programme for evaluating chemical food safety. It is planned to provide technical assistance to Nepal, Bangladesh and Sri Lanka in organizing national seminars on food safety.

In collaboration with the WHO Collaborating Centre on Food-borne Diseases in Berlin, a workshop on surveillance and control of food-borne diseases is being planned for 1986 in order to assist countries in developing facilities and modern techniques for the monitoring of food safety.

Chapter 12

DIAGNOSTIC, THERAPEUTIC AND REHABILITATIVE TECHNOLOGY

12.1 CLINICAL, LABORATORY AND RADIOLOGICAL TECHNOLOGY FOR HEALTH SYSTEMS BASED ON PRIMARY HEALTH CARE

12.1.1 Clinical and Laboratory Technology

The main thrust of WHO collaboration in this field was on strengthening national capability through the development of needed manpower and necessary physical facilities to respond effectively to the needs of health systems based on primary health care in respect of health laboratory and radiological support. The aim was also to introduce quality control in the technology practised in health
laboratories and radiological support to primary health care, including referral services.

Most countries organized in-service training programmes for technicians from the peripheral laboratories, placing emphasis on laboratory management, quality control and utilization of appropriate technology for the diagnosis of priority health problems. Since communicable diseases still continue to dominate the health scenario in the countries of the Region, the methodology and the techniques in the diagnosis of these diseases received priority. Some countries are strengthening their laboratory support to epidemiological surveillance, including India, Indonesia, Nepal and Thailand.

Good laboratory practices form the backbone of dependable laboratory support for both clinical and epidemiological work. In laboratories, effective management results in efficient practices, leading in turn to dependable services and enhanced credibility. In most countries of the Region, however, laboratory management needs further improvement. To this end, WHO organized several training courses and meetings. An intercountry course on laboratory management was arranged in Pune, India, in February 1985 with the assistance of DANIDA, and was attended by participants from India, Indonesia, Sri Lanka and Thailand. All aspects of laboratory management, including cost analysis, procurement and inventory control, workload and manpower planning, were discussed. WHO also organized a meeting to discuss the basis for the organization of field operational studies on laboratory utilization. National personnel from developing countries participated and presented data on laboratory utilization at the primary health care level, based on which a number of action points were identified for follow-up in the countries.

External quality control monitoring continued in the field of clinical chemistry, bacteriology, parasitology and haematology, as a part of a global programme. Several countries of the Region participated in this activity. While some countries showed a marked improvement in their performance, others still needed intensified efforts to improve the reliability and reproducibility of their laboratory procedures and practices. As a result of the monitoring activities, countries such as Burma, India, Indonesia, Nepal and Thailand initiated national programmes in quality control, particularly in clinical chemistry.

One of the major constraints in most developing countries is the non-availability of laboratory reagents of appropriate quality. To ensure a high quality of the laboratory reagents in whichever countries these reagents are produced, it is essential to develop
standardization and quality control procedures and processes. WHO initiated an intercountry collaborative programme in 1984 in this regard with the assignment of a consultant to review the existing situation in India, Indonesia and Thailand, based on which he made some practical recommendations which were being followed up by the countries. In 1985, the consultant would review the follow-up action taken by the countries in collaboration with WHO. While Thailand organized a national workshop in March 1985, India and Indonesia have also planned national workshops to strengthen their activities for the production, standardization and quality control of microbiological reagents.

In the sphere of transfer of appropriate technology for the laboratory diagnosis of disease, a workshop was held in Indonesia in November 1984 to introduce rapid diagnostic techniques of viral diseases, particularly those due to arboviruses, the herpes group of viruses and respiratory viruses. Trainees from Bangladesh and Nepal also attended the workshop, in addition to participants from Indonesia. A training programme on the use of the Immunoglobulin M capture technique in the diagnosis of Japanese encephalitis was organized at the Armed Forces Research Institute of Medical Sciences, Bangkok, in April 1985 in which trainees from Bangladesh, India, Indonesia, Nepal and Thailand participated.

In BANGLADESH, laboratory technicians from upazilla health complexes and district laboratories received training. The strengthening of the Bangladesh Council of Scientific and Industrial Research Laboratory in Chittagong was proceeding as planned. This was being done through a UNDP-funded project to support the development of traditional drugs from local plants. As part of the strengthening of epidemiology and disease control activities, basic immunochemical techniques were introduced for the diagnosis of parasitic infections at the Institute of Epidemiology, Dhaka.

In BHUTAN, WHO provided a consultant for the training of health assistants in microscopy with emphasis on the diagnosis of malaria and tuberculosis. The health post laboratory infrastructure was strengthened by providing basic items of equipment. Another WHO consultant was assigned to assist the Government in planning the further development of the infrastructure for health laboratory services, with emphasis on the primary health care level.

In BURMA, laboratories at different levels were strengthened further (the laboratories in Burma are classified into four types -
A, B, C & D - from the apex level down to the peripheral level). C-type peripheral laboratories were strengthened in providing support to primary health care programmes. Appropriate technologies for plague microbiology and water bacteriology were introduced in B-type laboratories. A and B type laboratories were strengthened for bacteriology. Facilities for exfoliative cytology were initiated in some A-type laboratories. The Asian Development Bank has provided assistance for the strengthening of the infrastructure for health laboratory services. WHO helped in the training of health laboratory personnel through national workshops and courses in addition to the award of two fellowships abroad (in virology and microbiology). It is proposed to introduce laboratory methodology in mycotic diseases, leishmaniasis and typhus by providing WHO consultants. A WHO staff member advised on biosafety measures.

In INDIA, national workshops for training in the methodology for the surveillance of streptococcal infections were organized by the Department of Microbiology, Lady Hardinge Medical College, New Delhi. WHO staff provided technical support for the prevention and control of epidemic meningococcal meningitis. The National Institute of Communicable Diseases, Delhi, with WHO technical inputs, organized a national workshop and prepared manuals for laboratory methods for the early and rapid diagnosis of common epidemic diseases. This manual will serve to standardize methods for the laboratory diagnosis of measles, polio, whooping cough and hepatitis. WHO also collaborated in strengthening blood bank services. A national seminar, held in collaboration with WHO, discussed problems relating to quality control, screening of blood donors, research and fractionation, and identified a number of points for action.

In INDONESIA, WHO continued its support for the development of virological techniques in regional laboratories. A WHO consultant collaborated in training national staff and in evaluating the progress in introducing virological methods and techniques for the isolation, identification and rapid diagnosis of the prevalent viral diseases in the country. The Ministry of Health continued to improve the infrastructure for health laboratory services and strengthened quality control in laboratory technology in the country.

In the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA, WHO collaborated mainly in the further development of the health laboratory services infrastructure and the strengthening of laboratory capabilities in biochemistry with special emphasis on the standardization of advanced techniques. WHO consultants were provided in the fields of immunology, biochemistry and electroencephalography.
In MALDIVES, support was provided for further strengthening the health laboratory services. WHO technical staff advised on the strengthening of these services and on developing blood banking facilities. Equipment and reagents to initiate activities in this field were also provided.

In MONGOLIA, a national workshop on quality control in laboratory diagnosis was organized with WHO assistance. WHO also provided technical support in organizing a workshop and in preparing a work plan on controlling hospital cross-infections. A WHO consultant was assigned to advise the Government on the improvement of laboratory management and also on the spectrum of methods used in clinical chemistry in peripheral laboratories.

In NEPAL, the Organization continued its support to the strengthening of the laboratory infrastructure, introduction of technology and the further strengthening of quality control programmes in clinical chemistry and microbiology. A WHO consultant helped in introducing techniques in diagnostic virology. Through assistance from the Swiss Directorate of Development Cooperation and Humanitarian Aid (DCA), WHO collaborated in developing a virology unit at the Central Public Health Laboratory. The laboratory infrastructure was further strengthened through funding from DCA. Twenty-two health post laboratories have been established for the microscopy of tuberculosis and leprosy bacilli, malaria and intestinal parasites, estimation of haemoglobin and detection of protein in urine. A long-term WHO staff member was assigned from January 1985 to assist the national project director in further organizing and expanding laboratory work in support of primary health care. National workshops in bacteriology and quality control were organized for the training of technicians and medical officers from the districts and health posts.

In SRI LANKA, a national workshop on clinical chemistry was organized with DANIDA assistance. WHO provided technical inputs to improve the quality of laboratory work in clinical chemistry. Forensic laboratories were strengthened.

In THAILAND, the clinical chemistry programme was strengthened and an external quality control monitoring scheme was introduced. In collaboration with WHO, Thailand prepared manuals for dealing with toxic substances and treatment of poisoning. National workshops on diagnostic tests in clinical bacteriology and on the quality control
of health laboratory work in clinical bacteriology were organized for technicians from provincial hospitals. Similarly, a training course on clinical chemistry and national workshops on laboratory investigations and quality control in haematology were organized. Laboratory personnel from peripheral laboratories received training in diagnosing rabies by the fluorescent antibody technique.

12.1.2 Radiological Technology

In the field of radiology, the main thrust of WHO activities was on the trial of basic radiological service (BRS) machines in support of primary health care and on popularizing the concept. BRS machines have been installed in Burma, Indonesia, Nepal and Thailand. In Indonesia and Thailand, preparations were being made for the evaluation of the performance of BRS. In Sri Lanka, surveys of X-ray machines were carried out. WHO provided technical support through a consultant in strengthening the training programme in radiotherapy. Dosimetry intercomparison for improving dose delivery to patients in radiotherapy or radiation exposure continued. WHO consultants visited Nepal and Thailand to assess the development of radiological services in support of primary health care.

While there have been positive achievements in the countries of the Region as mentioned above, several objectives of improving health laboratory services are still to be attained. These may be summarized as follows:

(1) The infrastructure of laboratory services should be reorganized on the basis of primary health care and laboratory support to epidemiological surveillance;

(2) Technical personnel should be trained in the laboratories, particularly in the field of appropriate technology; and

(3) Facilities should be provided for the maintenance and repair of laboratory equipment and the supply of quality reagents.

12.2 ESSENTIAL DRUGS AND VACCINES

WHO collaborated with the countries of the Region in developing rational drug policies and management with a view to ensuring the provision of essential drugs and vaccines for primary health care.
WHO efforts at both national and regional levels concentrated on assisting national authorities in reviewing existing policies, identifying problems and constraints in their pharmaceutical supply systems, and initiating corrective actions for attaining self-reliance and self-sufficiency in respect of essential drugs. The Organization assisted in the production of essential drugs and vaccines wherever this was economically feasible. Other international and bilateral agencies, such as UNDP, UNIDO, Asian Development Bank, US AID, DANIDA and FINNIDA (Finnish International Development Agency), provided resources to the countries, either through WHO or bilaterally, for improving the drug supply and management systems in the countries. WHO organized a seminar on essential drugs at the Asian Congress of Pharmacology held in New Delhi in January 1985. This served to focus attention on the concept of essential drugs and drug policies in support of the "health for all" goal.

In BANGLADESH, a WHO/DANIDA mission prepared a work plan for strengthening pharmaceutical supply at the upazilla health complex level. WHO provided consultants to improve the performance of the government-controlled drug company responsible for the production of essential drugs. The company is now poised to supply a number of essential drugs of assured quality for primary health care programmes. The Japanese International Cooperation Agency (JICA) is providing assistance for setting up one more unit for the production of essential drugs. A consultant advised on the pricing, procurement and distribution system of essential drugs. National staff were trained in production technology. Thus, Bangladesh's new drug policy has been supported in all its aspects by WHO to achieve its objectives of self-reliance and self-sufficiency in the provision of essential drugs.

In BHUTAN, a WHO mission assessed the country's needs for essential drugs and identified areas for assistance to improve the drug supply system. International funds have been mobilized for improving the procurement, storage and distribution system. National staff have been trained in the administrative and technical aspects of pharmaceutical supply systems.

In BURMA, WHO supported a national meeting to update the essential drugs list and review drug policies. The Burma Pharmaceutical Industry received WHO support for the production of vaccines and antisera.
In INDIA, the National Drugs and Pharmaceutical Development Council prepared a report on a new drug policy with particular emphasis on the provision of essential drugs for national health programmes.

INDONESIA took several steps to strengthen manpower training and drug logistics in collaboration with WHO. A WHO consultant advised on the improvement of the drug supply system, particularly in rural areas, and a manual on drug supply and management was developed. Through a UNDP project, WHO assisted in strengthening the drug regulatory agency. The Organization also provided consultants to assist in planning and implementing a programme for setting up a pharmaceutical production unit for achieving self-sufficiency in essential drugs. A training course on the monitoring of drug adverse reactions was organized. A training manual on hospital pharmacy was developed and national personnel were trained in hospital pharmacy management.

In MALDIVES, WHO staff reviewed the drug supply system and advised on updating the national essential drugs list. The WHO pharmacist assisted in formulating a national drug policy and also trained assistant pharmacists.

In MONGOLIA, a WHO consultant assisted in drug management at inter-somon level.

The Government of NEPAL organized a meeting on drug policies and management in collaboration with WHO. The meeting reviewed existing drug policies and made several recommendations for improving the supply of essential drugs of assured quality in support of primary health care. WHO also continued its support for improving the procurement and distribution system. Nepal received both technical and financial inputs from bilateral and international sources for improving drug management and for the production of essential drugs at Royal Drugs Limited.

In SRI LANKA, the Organization supported a workshop on drug policies in which WHO staff members provided technical support. The national list of essential drugs was updated and several aspects of drug policies were critically examined. Recommendations were made for rationalizing policies with a view to facilitating the supply of essential drugs for primary health care programmes. WHO supported a
training course for national workers in drug formulation technology. The Government has planned a project for setting up manufacturing units for the production of essential drugs and infusion fluids. The project is to be implemented soon. WHO's inputs have included advice on drug formulation, study of project reports and acting as catalyst for bilateral assistance.

In THAILAND, as a follow-up of a seminar on the national list of essential drugs held in 1984, the Department of Public Health and Mahidol University organized a seminar on rational use of drugs. A national training course in the preparation of parenteral solutions was organized with WHO support. The cooperative drug store movement for the provision of essential drugs for primary health care was further strengthened and expanded with technical and financial inputs from WHO.

In order to improve the managerial and technical aspects of pharmaceutical supply systems so as to ensure a constant supply of essential drugs for primary health care, WHO, in collaboration with the Commonwealth Pharmaceutical Association, organized an inter-country course on drug supply and management to train national staff in modern concepts of drug management. WHO also supported a study tour for middle-level managers of drug supply systems from Bhutan, Bangladesh and Maldives to visit countries in the Region to study drug management.

As for vaccines, the Organization continued to provide support to countries to attain self-reliance in regard to vaccine procurement and production. India has now established, with WHO support, the technology for the production of oral polio vaccine. National staff received training abroad in advanced technology for the production of vaccines. A joint WHO/UNICEF/US AID mission visited Indonesia and advised the Government on setting up the production of viral vaccines. In Bangladesh, the local production of tetanus toxoid has been scaled up successfully to attain self-sufficiency. The experimental production of diphtheria toxoid was also continuing with technical support from WHO. A WHO consultant was assigned to Thailand to assist the Government Pharmaceutical Organization in changing over to fermentation technology for the production of DPT vaccines.

12.3 DRUG AND VACCINE QUALITY, SAFETY AND EFFICACY

Most countries in the Region have expressed concern over the quality, safety and efficacy of drugs procured or marketed. Further, the quality of vaccines in field conditions has a direct impact on
their effectiveness. WHO has therefore developed programmes to strengthen the countries' capability for assessing drug quality, safety and efficacy. Interregional workshops on drug evaluation and quality assurance were organized with WHO support for participants from the countries of the Region. Through an ASEAN TCDC project, Indonesia developed a manual on good manufacturing practices which was adopted as a regional manual for ASEAN countries. A manual has also been prepared for drug inspectors' training. Thailand has coordinated a programme for the preparation of reference materials which were accepted at the Fourth Meeting of ASEAN Technical Cooperation in Pharmaceuticals. The project also supported the training of participants from ASEAN countries in quality assurance. The Fifth Meeting of ASEAN TCDC in Bangkok evaluated the progress in this field and recommended the formulation of a programme for the further strengthening of quality assurance and the drug supply systems in ASEAN countries.

In BANGLADESH, the WHO/DANIDA project prepared a work plan for the further strengthening of quality control facilities. A WHO consultant visited Bangladesh to establish the quality control of vaccines for the expanded programme on immunization. Another WHO consultant established and strengthened quality control facilities at the Essential Drugs Company. Several consultants were also assigned by WHO to the Bangladesh Council of Scientific and Industrial Research Laboratory, Chittagong, for the formulation of research programmes and the establishment of research methodologies in pharmacology and botany. Staff from the Laboratory were trained in advanced techniques in research.

In INDIA, WHO assisted in organizing an adverse drug reaction monitoring centre and in introducing new drugs and the evaluation of drug toxicity procedures. Institutes involved in the quality control of vaccines received further WHO support through the supply of essential equipment.

In INDONESIA, the Organization supported activities for strengthening quality assurance. A WHO consultant advised on the monitoring of adverse drug reactions and another consultant assisted in establishing a programme for improving hospital pharmacies. WHO provided support for drug utilization studies. As mentioned above, Indonesia also organized a workshop on good manufacturing practices and a drug inspectors' training manual. Through a UNDP project, WHO collaborated in manpower development in the field of quality assurance. As stated earlier, a WHO/UNICEF/US AID mission prepared a feasibility report on the production of viral vaccines.
MONGOLIA strengthened its quality control facilities with assistance from WHO.

Personnel from NEPAL received training in quality control procedures through a UNDP-funded project.

In THAILAND, WHO collaborated in the publication and dissemination of drug information, preparation of drug formularies, and post-marketing surveillance. Drug analysts were trained in a national workshop.

WHO has initiated steps for the establishment of networks of regional laboratories for the testing of vaccines used in the expanded programme on immunization. Similarly, a network of pharmaceutical laboratories is planned to be established at regional level for assisting least developed countries in the control of drugs.

12.4 TRADITIONAL MEDICINE

All countries in the Region possess a rich heritage of traditional medicine. While, in some countries, both traditional and Western systems of medicine thrive equally and render medical care to people, in others the Western systems of medicine predominate. However, practitioners of traditional medicine are often easily available to render medical services to the people of remote villages who often cannot reach the conventional health facilities for medical assistance. The focus of the WHO programme in traditional medicine is on identifying traditional medicines used for common ailments, systematizing the existing knowledge about them, supporting institutions to develop health services research in traditional medicine, and training practitioners of traditional medicine in the principles of promotive and preventive community medicine and the tenets of public health so that they can participate effectively in primary health care programmes. WHO collaboration in these activities was extended through both country and intercountry programmes.

An interregional meeting held in the Regional office in February 1985 identified the present problems and constraints in utilizing traditional healers in primary health care and made specific and practical recommendations to improve the utilization of traditional practitioners in national health programmes, especially
in primary health care services. Through an intercountry UNDP-assisted project, WHO has further strengthened traditional medicine programmes in several countries of the Region.

In BANGLADESH, WHO is assisting in developing an Institute of Ayurveda and Unani. Group training was organized and assistance was provided for initiating the production of some traditional drugs and the establishment of herbal gardens at the upazilla level.

WHO assigned a consultant to BHUTAN to evaluate the traditional medicine programme and to advise on its further development. It also provided technical expertise for the further development of the production unit for attaining self-sufficiency.

BURMA launched a research project through UNDP assistance for establishing standards of herbal remedies and assessing their biological properties. WHO consultants assisted in establishing physiochemical and pharmacological standards for crude drugs and formulations. Eight formulations were investigated for acute toxicity. The project proposes to establish a herbal museum. A tripartite meeting reviewed the progress of the project. WHO, through an intercountry project, also assisted in promoting traditional medicine in primary health care. Through UNDP, WHO supported manpower development in the field of traditional medicine.

A WHO staff member visited some traditional medicine units in the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA. Traditional medicine is widely practised and patronized both by the State and by the people at all levels of health care. Herbal gardens are attached to hospital pharmacies in traditional medicine at provincial, district and sub-district levels. In addition, a wide range of research activities are in progress in the country.

In INDIA, WHO collaborated with the University of Ayurveda at Jamnagar (Gujarat) and the Department of Ayurveda, Banaras Hindu University (Uttar Pradesh) for the preparation of manuals of ayurvedic remedies. It also cooperated with the Government of India in organizing a group educational activity for the principals of colleges of indigenous system of medicine on the use of traditional medicine in primary health care. A WHO staff member visited the University of Ayurveda at Jamnagar and reviewed the work of the WHO Collaborating Centre at the institution.
In INDONESIA, WHO collaborated in initiating a study of the use of traditional medicine in primary health care. Through an intercountry project, further assistance was provided for national personnel to study traditional medicine in China and the Philippines and for organizing the training of primary health care workers in traditional medicine. WHO also supported the national programme in research and the production of traditional medicines. A WHO consultant advised on the further strengthening of traditional medicine in support of primary health care.

MONGOLIA has established an Institute of Folk Medicine. The Institute carries out research in herbal medicine and also produces certain traditional drugs. The Government is planning to set up a centre for the investigation of musk deer secretion. Medical practitioners received orientation in folk medicine in a workshop organized through WHO collaboration. A WHO consultant was assigned to assist in establishing methodologies in phytochemistry. A national staff member was trained abroad in pharmacological research in medicinal plants.

In NEPAL, WHO continued to strengthen traditional medicine by organizing the training of practitioners of traditional medicine in primary health care and the training of community health leaders (CHLs) in traditional medicine. Further, district ayurvedic coordination committees have been established in three districts to promote the cultivation of medicinal plants. Training manuals prepared by a WHO consultant earlier were translated into the local language. In order to promote the use of traditional drugs in primary health care, CHLs were supplied with simple equipment for the preparation of medicines.

In SRI LANKA, WHO, through a project funded by UNDP, assigned a consultant to prepare a project for strengthening traditional medicine. The consultant assisted in organizing preparatory activities through the establishment of a National Coordination Committee and expert panels. The Committee prepared manuals for the training of traditional practitioners in primary health care, identified areas for research in traditional medicine, prepared a plan for strengthening the Bandaranaike Institute for Research and Training in Ayurveda, proposed the development of herbal resources, and put forward a proposal for substantial technical inputs for the production unit to modernize pharmaceutical processes. A seminar on the training of traditional medical practitioners was conducted and the role of traditional practitioners in primary health care was
identified. A manual for the training of traditional medicine practitioners has been prepared.

THAILAND utilized NAPRALERT (Natural Products Alert Database at the WHO Collaborating Centre for Traditional Medicine, University of Illinois at Chicago, USA) services for the further strengthening of research in medicinal plants.

12.5 REHABILITATION

Experiences gained in community-based rehabilitation efforts in pilot areas have facilitated the further strengthening and expansion of these activities in several countries in order to achieve a wider coverage. The integration of rehabilitation services into primary health care is a key approach in these activities.

In BANGLADESH, a centre for rehabilitation, along with a hospital for disabled persons, provides medical and surgical rehabilitative services, including the supply of artificial limbs. Community-oriented disability prevention and rehabilitation is as yet not an integral part of the primary health care services.

In BURMA, activities planned under a UNDP-supported project were implemented. The training of public health supervisors was, for the first time, supported by the project. In the area of research, the third prototype of a low-level wheelchair was completed and field-tested. Appropriate technology in the development of prosthetic knee joints and solid rubber wheels for wheelchairs has been supported. WHO also supported the training of national staff in various aspects of rehabilitation and supplied the required machines and equipment for the rehabilitation workshop. Steps were taken to coordinate these activities with those of the ILO-supported project on vocational rehabilitation of the disabled. The translation of a new edition of the WHO manual, Training Disabled People in the Community, has been completed.

In INDIA, emphasis has been placed on the development of new techniques related to rehabilitation, training of health services staff and the strengthening of various institutions involved in the programme. WHO's support was extended to a number of national workshops covering a wide range of subjects, from community-oriented
rehabilitation to the development of new techniques for rehabilitative aids and appliances.

In INDONESIA, the total number of disabled persons is estimated at 7 222 000 or about 4.6 per cent of the population. Apart from the pilot project for community-based rehabilitation in Solo, several other centres have been established where these services have been developed. Primary health care workers have been trained to identify and train family members in looking after the disabled. Several primary health care doctors have been given orientation training in the early detection of the disabled and their rehabilitation in the community. Nongovernmental organizations such as YPAC (Yayasan Pembinan Anak Cacat) support these activities. Governmental support has been extended towards the strengthening of rehabilitative services in two class A (more than 1000 beds each) general hospitals, ten class B (400-1000 beds each) general hospitals and one class C (less than 400 beds) hospital. WHO has supported the development of these activities through the provision of a consultant who advised the national authorities on the further strengthening of community-based disability prevention and rehabilitation services.

In NEPAL, several nongovernmental organizations are active in the area of rehabilitation. UNICEF also supports specific activities related to disability in children. The Nepal Disability and Blind Association runs several service outlets offering vocational training, reconstructive surgery, physiotherapy and the rehabilitation of the blind. A WHO consultant prepared a project proposal and a committee has been appointed to review this proposal. The consultant has recommended the inclusion of community-based rehabilitation in the districts covered by the Integrated Community Health Services Development Project (ICHSDP). It is expected that community-based rehabilitation would be included in ICHSDP activities in the next five-year plan.

In SRI LANKA, the demonstration and training centre in Ragama offers comprehensive rehabilitative services to the disabled from all parts of the country. There is a paucity of prosthetic and orthotic services and these services are being strengthened through additional training inputs. A project was started in a rural area where the WHO manual, Training Disabled People in the Community, translated into the local language, is being used. A survey carried out shows that 10 per cent of the population is disabled. A WHO consultant assisted the national authorities in the formulation of a
project plan for a pilot project in the development of community-based rehabilitation as an integral part of the health delivery system.

In THAILAND, under the medical rehabilitation project, WHO has supported the setting up of physiotherapy units in various hospitals. Already 85 such units have been set up. A national seminar on community-based rehabilitation was held in 1985, assisted by WHO. This seminar, held at the primary health care centre in Korat, prepared guidelines for implementing this activity in two districts. A consultant visited Thailand, reviewed the programme and made recommendations for strengthening the rehabilitation services, including the prevention of disability.