

PART II

DISCUSSION ON THE THIRTY-THIRD ANNUAL REPORT
OF THE REGIONAL DIRECTOR

In presenting his Annual Report, the Regional Director drew attention to the problems complicating the action against malaria, the difficulties posed by leprosy and the diarrhoeal diseases and the importance of maternal and child health programmes, including breast-feeding, weaning and feeding practices, nutrition and immunization. The need for re-orienting the health system infrastructure, the importance of directing research towards solving human, rather than technological, problems and the streamlining of managerial processes for national health development were also stressed. Among the other important items covered were the draft Seventh General Programme of Work, based on regional and global strategies for health for all by the year 2000, and the reorganization of the WHO organizational structure to improve its efficiency and effectiveness in support of that goal. He referred to the SEARO publication, "Perspectives for Health Development in the South-East Asia Region", and called upon all present to urge their governments to launch concerted efforts to ensure the right of every individual to healthful living.

In the discussion on strengthening the health services, it was suggested that, while increasing efforts were being made to provide primary health care at the rural level, inadequate attention had been paid to the urban slums. The Committee was informed that, in collaboration with WHO Headquarters and the Regional Office for the Western Pacific, the South-East Asia Regional Office was organizing a consultative meeting this year to look into this question.

Since health development resources were limited, WHO's role in collaborating with countries to achieve their maximum utilization was appreciated. The Organization's efforts in promoting management information systems, community participation and appropriate technology were also noted.

On the subject of family health, the importance of family planning was stressed. The Committee recognized, however, that population policies varied from country to country, depending on the specific national situation, and that WHO's policy on family planning was based on maternal and child health activities, as an integral part of health services.

The Committee called for a more comprehensive approach to the provision of education and information on health matters to the people, irrespective of social and economic status. The shortage of specialists in health education technology was recognized, and further use of technical cooperation amongst countries for training such specialists was recommended. In this regard, active collaboration between the ministries of health and education was recommended.

The Committee stressed the need for improving health laboratory services at the peripheral level. It also emphasized that efforts must be made to promote and support activities for developing self-reliance, at least at regional level, in respect of essential reagents for diagnostic work. This was another area for technical cooperation among developing countries.

The question of essential drugs and of drug policy and management was discussed in detail, and there was a consensus that efforts must be made to initiate action for attaining self-reliance. The Committee also emphasized the necessity of developing a more effective mechanism in the countries for quality control, to test not only the indigenously produced drugs but also those which were imported. It was suggested that WHO should collaborate further to ensure the maintenance of essential equipment in health institutions.

The role of traditional medicine in primary health care and, in this connexion, the use of homoeopathy were discussed.

In regard to the prevention and control of communicable diseases, a major concern about the malaria situation was expressed. To tackle the problem of vector and parasite resistance, it was suggested that, although research must continue to find newer and more effective anti-malaria drugs and potent insecticides, the importance of the effective application of known knowledge and the search for operational and bio-environmental techniques should be stressed. Also, efforts to reduce the incidence should be further strengthened through improved surveillance and the involvement of primary health care workers in case-detection and the distribution of drugs.

Leprosy was also cited as being a serious problem. The urgent need for vigorous efforts to educate the public in order to remove the social stigma, and to institute research for techniques in early case-detection, mass operation and case-holding, while finding more effective drugs, should also be looked into, in addition to strengthening the existing measures.

In discussing the role of BCG in the control of tuberculosis, in the light of the findings of the recently published WHO/Indian Council of Medical Research Study on BCG, the Committee noted that, although it was essential to conduct a further study to fill in the gaps in information in this regard, BCG vaccination should continue as an integral component of EPI. This was reflected in the resolution which was adopted (SEA/RC34/R2).

Regarding viral diseases, it was observed that rabies had become a major problem in most countries and that there was an acute shortage of the vaccine. Mutual cooperation among the countries of the Region was essential to increase the production and improve the situation regarding timely availability of this vaccine. The Committee noted with satisfaction the effort to develop human diploid cell vaccine under a regional project supported by UNDP.

The main aspects of the EPI, viz., training of health workers and the strengthening of the cold chain system for maintaining the potency of vaccines, were stressed. It was considered that the existing knowledge in preventing EPI target diseases should be vigorously applied in order to achieve effective control and reduction of incidence. The importance of improving the operational aspects and of proper supervision, monitoring and evaluation was underlined, and a resolution was adopted in this regard (SEA/RC34/R2). In the discussion on smallpox, the Committee emphasized the need for prompt investigation of all reports on suspected cases as a part of the routine disease surveillance system, which should be strengthened.

Although the major causes of blindness - cataract, trachoma and vitamin A deficiency - were known to vary from country to country, the blindness control programme should be further strengthened by ensuring surgical services for the treatment of cataract, early detection and treatment of trachoma and prevention of Vitamin A deficiency through the adequate administration of Vitamin A capsules. The programme, generally a vertical one in countries, should be reoriented and further developed as a comprehensive eye health programme within the general health services.

In the prevention and control of cardiovascular diseases and cancer, the importance of the role of health education of the public and of early detection and treatment was stressed, as was the need for an epidemiological study based on the socio-cultural situations in the national context of each country in order to plan effective prevention and control.

In considering the environmental health programme, the Committee reiterated the importance of the International Drinking Water Supply and Sanitation Decade and emphasized that as much attention should be given to the sanitation component of the Decade programme as to water supply.

On the subject of health manpower, the Committee cautioned against unbalanced and inappropriate development of medical manpower, which resulted in maldistribution and migration. Incompatibility between the actual needs of the health services and the nature of the education and training being given was recognized as the root cause of the problem of manpower management, with a particularly adverse effect on primary health care. Remedial measures were suggested. In some countries the training of large numbers of alternative categories of health workers had been started. The Committee stressed the need for a comprehensive approach to the solution of the problems.

The Chairman of the South-East Asia Advisory Committee on Medical Research, at the invitation of the Chairman, reviewed the progress made by the SEA/ACMR during the past year, also describing important changes in priorities that had taken place since the SEA/ACMR's inception for a number of reasons: first, the entire concept, structure and orientation of health development had to be changed due to the recent focus on the HFA/2000 goal; second, despite an increase in research activities, there was very little research towards the application of existing knowledge in support of health development, research being dissociated from the application of the results of the research; third, it had now been realized that health problems and medical problems were not synonymous. While solutions to medical problems were easily transferable, research findings on health problems could not, for the most part, be transferred from situation to situation.

The SEA/ACMR had undertaken an analysis of the priorities in the light of these developments, and the concepts and criteria on the basis of which further research activities should be developed in the Region had been delineated in document SEA/ACMR/7 Add.1. The SEA/ACMR was now involved in developing administrative policies and procedures to facilitate implementation of these concepts and criteria.

It had also taken action to promote health services research, and a sub-committee of the SEA/ACMR had already drawn up the conceptual framework, completed the "quick assessment" of the status of health services research in the Region and produced a work-plan for a medium-term period.

The Regional Committee noted these developments with satisfaction.

In discussing organizational and administrative matters, the Committee expressed its unhappiness that only 55 countries had so far ratified the amendment to the Constitution increasing the membership of the Executive Board so that an additional seat could be provided for the South-East Asia Region. The Committee suggested further efforts by the Regional Director and Member governments of the Region to ensure that the required number of countries supported this amendment.

Finally, the Committee noted that, while there was a definite and continuous shift in fellowships towards study within the Region, the percentage of supplies purchased within the Region remained static, and it expressed the hope that this percentage would be increased.

The Report was adopted (resolution SEA/RC34/R3).