

PART II

DISCUSSION ON THE THIRTIETH ANNUAL REPORT
OF THE REGIONAL DIRECTOR

Presenting his Annual Report, the Regional Director said that after three decades of WHO's collaboration with its Member States, it was time to look back, to take stock and to plan to meet the challenges ahead. Referring to resolution WHA31.27, he stated that a re-examination of the Organization's structure was essential to ensure that activities at all levels promoted integrated action. He recommended that the Regional Committee conduct a study to restructure the organizational set-up at all levels so as to make it an instrument to attain WHO's social goal of health for all by the year 2000 and to use health as a lever for social and economic development and as a platform of peace.

Considerable progress had been made in health development in the countries of the Region, as reflected in an increase in life expectancy at birth, a decrease in death rates, particularly infant mortality rates, an increase in the number of rural health centres and hospital beds. The conquest of smallpox was truly a milestone in man's constant struggle against killer diseases. Other major achievements were the control of plague, yaws and kala azar. Despite many set-backs and continuing problems, there had been significant progress in the control of tuberculosis and leprosy. Health planning had taken root in most of the countries, and this enabled them to utilize available health resources more purposefully and efficiently.

He reiterated that information was the very lifeline of health development and therefore it was necessary to develop and strengthen national health information systems on a priority basis.

Despite the gratifying progress made in various fields, the vast majority of the people in the countries of the Region still did not have access to even minimum health care. To meet this challenge, the promotion of primary health care was the answer. He hoped that the International Conference on Primary Health Care, which was aimed at securing the total and unqualified commitment of governments, would be followed by a series of initiatives at both national and international levels to mobilize the much needed resources for the implementation of national programmes in this field.

Health manpower development in the Region had made steady progress and there was a growing awareness of the need for reorienting the training programmes of all categories of health personnel towards the need of the health services. The growing number of regional fellowships was a reflection of the increasing availability of expertise and centres of excellence in the Region.

There had recently been significant progress in medical research in the Region. The Regional Advisory Committee on Medical Research had identified priority problems and constituted a number of research study groups to formulate coherent programmes in these areas. These efforts were geared towards the creation of national capabilities in research so as to achieve self-reliance in the countries of the Region.

Commending the concept of technical cooperation among developing countries (TCDC) he stated that the countries of the Region should share their capabilities and skills. In this connexion, he appealed to Member countries to provide information on training facilities, expertise and other areas of cooperation to enable the Regional Office to compile a directory of this information. If technical cooperation was to respond to the needs of, and the opportunities available in the countries, then these needs and opportunities should be identified by the countries themselves. Technical cooperation was part of a wider process of health development, with WHO playing an essentially coordinating role to ensure that collaboration among countries would lead to individual and collective self-reliance.

Referring to the proposed Charter for Health Development, he said that it would be an instrument for mobilizing the necessary resources, both internal and external, to meet the stupendous health problems facing the countries. The Charter had been conceived with a view to providing an effective mechanism through which the countries of the Region could plan and work together on the basis of mutual cooperation and collaboration, deriving inspiration and strength from one another's knowledge, experience and support.

The Regional Committee took up the Annual Report for discussion section by section. While discussing programme planning and development of health services, the Committee noted the varying planning practices prevailing in the countries of the Region. The approaches and methods in planning ranged from performance budgeting and the rolling plan being undertaken in India, on the one hand, to country health programming as done in Bangladesh, Burma, Nepal and Thailand, on the other. Health plans in the countries of the Region were geared towards meeting the basic health needs of the people and were developed within the context of total socio-economic development, of which integrated rural development was an essential component. Efforts were being made to apply the concept of Health Services Manpower Development (HSDM) and stress was laid on the importance of planning appropriate teams of health manpower, including doctors, nurses, auxiliaries, paramedicals and community health workers (primary health workers) to meet the needs of the health services. The primary health care approach had been accepted in all the countries, and primary health care programmes were in progress in most countries, using community health workers, chosen and guided by the community, on a voluntary or honorarium basis. There was unanimity in the need to implement health care programmes in conformity with the life pattern of the community, and the importance of the technical and supervisory role of the general health services infrastructure was emphasized. The Committee recognized the value of the national and regional meetings on primary health care held in Member countries as a prelude to the International Conference on Primary Health Care to be held in Alma Ata.

It was pointed out that the concept of family health had been changing during the recent past and its scope broadened to encompass a package programme of family welfare in the context of the general health services, including primary health care. The interfacing of the family health programme with the activities related to immunization, nutrition and health education was highlighted.

An important feature referred to in the nursing services was the changing emphasis from hospital-based clinical nursing to community-oriented public health nursing. The training programme in most countries had been reoriented to meet the new challenges. The important role played by properly trained public health nurses in the training of auxiliary health staff and health volunteers and in the implementation of primary health care programmes was emphasized.

Attempts were being made in many countries to develop national nutrition programmes, including the formulation of national policies on nutrition. In some countries the responsibility for the planning and coordination of national nutrition activities had recently been vested with the planning commissions or multi-sectoral or inter-ministerial committees.

The Regional Committee took note of the progress made in the field of traditional medicine. The interest of the Member States in this subject covered a wide spectrum, ranging from research, training and manpower development, on the one hand, to primary health care and production of traditional medicines on the other. The Committee was informed of the action being taken by the Regional Office to develop the traditional medicine programme in the countries of the Region.

On the subject of epidemiological surveillance of communicable diseases, the Committee noted that it was an important aspect of control. The need for the training of epidemiologists and WHO collaboration with Member States for this purpose was recognized. Plans to develop a medium-term programme for the training of epidemiologists, with a view to strengthening the existing national institutions in the countries and for introducing new epidemiological methods, were outlined. It was pointed out that despite the universal dearth of epidemiologists, available epidemiologists were under-utilized.

There was considerable discussion on malaria, during which a reference was made to the Health Assembly resolution on malaria control (WHA31.45). In some countries of the Region, the incidence of malaria had shown a decline or was levelling off. The problem of paucity of trained manpower was pointed out. Certain problems in the field, such as resource constraints, resistance of *P.falciparum* to commonly used drugs, vector resistance to insecticides, migration of cases across border areas, and certain occupations such as illicit gemming contributing to increasing transmission through vectors, were highlighted. The danger of resistance developing if malathion were used on a wide scale was pointed out. The Organization's activities included, in addition to research promotion, studies on *P.falciparum* resistance and operational research. The areas of potential UNICEF assistance were also outlined.

Recent surveys in one country had shown a reduced incidence of tuberculosis. The drugs for the treatment of detected cases continued to be in short supply, and UNICEF's willingness to assist in this regard was pointed out.

In the discussion on the control and treatment of intestinal parasitic diseases, it was stated that almost 80% of the children in some rural areas suffered from such diseases, and considerable physical incapacity and loss of manpower occurred owing to these disorders in adults. The need to evolve an effective control programme, including epidemiological

and operational research, was underlined and the Regional Committee adopted a resolution on this subject (SEA/RC31/R5). The Health Assembly resolution (WHA31.44) urging high priority to research activities for further development of simple, effective and inexpensive modes of treatment of diarrhoeal diseases was reiterated. The steps taken by the Global and Regional Advisory Committees on Medical Research to promote research in diarrhoeal diseases were outlined.

In regard to leprosy, the usefulness of national sample surveys for effective control of the disease was stressed, as was the need to evolve proper methods for this purpose. The need for each country to select its own method of case-finding to suit the local situation was mentioned. The TDR programme of WHO Headquarters had also given priority for research in leprosy and had been approached for funds to support research in the Region. The decline of meningococcal meningitis in one country where it was a problem of some importance and had been studied epidemiologically through WHO assistance, was reported.

While discussing viral, chlamydial, rickettsial and related diseases the Committee noted an upward trend of poliomyelitis in some countries of the Region, particularly in urban areas. In some countries vaccination against poliomyelitis was not yet a national programme, although oral vaccines were given in urban areas. The epidemiological aspects of the disease and the evaluation of the efficacy of the oral vaccine were important areas for research. The question of oral versus parenteral polio vaccine was raised and was recognized as being a problem of worldwide concern on which the position was still not clear. Similarly, the position was not yet clear regarding the criteria and standards for the quality control of pertussis vaccine.

Dengue haemorrhagic fever was a health problem in some countries of the Region. Since the production of an effective vaccine against the disease was still awaited, emphasis should be laid on vector control as well.

The assistance of WHO and UNICEF in expanded programmes on immunization was acknowledged. The progress made in developing the cold-chain was reported.

Schistosomiasis was confined to parts of two countries, both of which were actively concerned to control the limited foci and prevent its becoming a problem. The progress made in controlling filariasis, one of the six diseases included in the programme on TDR, was noted, as was inter-regional collaboration between the South-East Asian and Western Pacific Regional Offices to consider the research aspects of filariasis.

The outbreak of leishmaniasis in some districts of Bihar in India was mentioned and the timely help of international agencies, particularly WHO, in providing drugs was acknowledged.

During the discussions on veterinary public health, the difficulties of obtaining anti-rabies vaccine in certain countries were pointed out. The need for developing a tissue culture vaccine, which was not only effective but also free from neurological complications, was stressed.

The prevention and control of non-communicable diseases was discussed at some length by the Regional Committee. The importance of rheumatic heart diseases, which had shown a high incidence both in urban and rural areas,

particularly in the lower socio-economic groups, was stressed. The Committee noted that in some countries of the Region, medium-term programmes in cardiovascular diseases had been developed. It was pointed out that in both developed and developing countries, cardiovascular diseases and cancer now received greater attention. The countries themselves must decide in determining priority areas in the field of non-communicable diseases in the face of overall health programmes. The need for mobilizing extra-budgetary resources for this purpose was stressed.

As regards the quality control of biologicals, a suggestion was made that the existing two-tier system should be supplemented by a third tier at the national level. The Regional Committee also considered the need for initiating a programme on the prevention of cross-infections in hospitals, the need for developing appropriate technology for instrumentation in laboratories through biomedical engineering, and the need for strengthening the quality control of pharmaceutical and biological products.

A discussion on the topic of food fortification revealed the technical and administrative difficulties involved, although several countries of the Region had initiated programmes in this connexion.

The Regional Committee emphasized that health information was not merely a question of health statistics but was the lifeline of health development. A health information system must be so developed as to make health services work better and more efficiently. The role of the South-East Asia Region in the development of the WHO information system and in strengthening national information systems, clearly defining the linkages between the two, was discussed and commended.

While discussing the topic of health manpower development, the deliberations centred round the progress made in the community orientation of medical education and the training of health assistants in some countries of the Region. Although the courses for the latter had been designed for work in rural areas, because of the basic qualifications required for admission to the courses, the candidates came almost exclusively from urban areas and after training would not care to work in rural areas. The need for building up different cadres of manpower, including paramedical and auxiliary staff, medical assistants and medical graduates to support health care programmes in the countries of the Region was stressed. The possibility of establishing a regional medical library was raised but the Regional Committee felt that a prerequisite for a regional library should be the development of good national libraries in the countries of the Region.

The concept of a network of national libraries with functional linkages was mooted, and it was felt that this should precede the development of a regional library. The usefulness of two of the well-established libraries in two countries of the Region in helping to develop other national libraries, including the training of librarians, was pointed out.

The Committee was informed of the progress made in the field of research in South-East Asia. Activities were in progress in the countries in the specific priority areas identified by the RACMR. Pursuant to the deliberations and recommendations of research study groups and as endorsed by the RACMR, research projects had been initiated or were being undertaken in malaria, leprosy, DHF, chronic liver diseases and liver cancer and

health services research. Preparatory steps were being taken to identify important areas of research, institution bases and scientific manpower as a prelude to the research projects to be carried out in these subjects. Active planning was also going on to develop regional programmes on diarrhoeal diseases, health service research and nutrition. As a part of the global efforts to formulate the global programme on research, national authorities concerned with research were organizing meetings to discuss the national research programmes reflecting their priority needs. The Regional Office would collect all these and develop a comprehensive and collaborative regional research programme. The Committee adopted a resolution in this connexion (SEA/RC31/R4).

The Committee was apprised of the recent developments in the organization and administration of the Special Programme for Research and Training in Tropical Diseases (TDR). At a meeting of the cooperating parties in the Programme, a memorandum of understanding describing the functions, composition and the operational mechanism of TDR had been adopted. In accordance with this, a Joint Coordinating Board for the Programme had been established, and the Regional Committee was asked to nominate two countries from the Region which would in turn nominate one representative each to the TDR Joint Coordinating Board. After some discussion, the Committee nominated Burma and India as members of the JCB for 3 years and 2 years respectively.

The Committee adopted a resolution congratulating the Regional Director on his Annual Report and requesting him to continue with the present form of annual reporting (resolution SEA/RC31/R3).