1. NATIONAL HEALTH SCHEME

The Australian national health scheme has been developed according to the principle of joint private and public responsibility and involves the individual participating in a scheme of voluntary insurance with the Commonwealth Government providing balancing protection to cover the majority of the population against major medical, hospital and pharmaceutical expenses. As at 30 June 1971, in excess of three quarters of the Australian population was covered by voluntary health insurance. Nearly half of those persons not insured comprise Social Service pensioners and their dependents who are acknowledged as requiring special assistance and receive, in general, medical, public hospital and pharmaceutical services free of charge.

In the field of medical benefits, significant changes were introduced with effect from 1 July 1970. In essence, these new arrangements were based on the concept of subsidising the fees most commonly charged by practitioners for medical services and were aimed at reducing the difference between the cost of services received and the combined insurance rebates and Commonwealth financial assistance received by health insurance contributors. A further feature of the new arrangements is that differential rates of benefits are paid for over 300 medical services customarily performed either by a general practitioner or a specialist. More formalised procedures for the referral of patients for specialist medical services were introduced and Specialist Recognition Committees were established during the year in each State to determine the medical practitioners to be recognised for the payment of specialist medical benefits. The number of recognised specialists at 30 June 1971 was 4593 and the number of recognised consultant physicians was 1138.

Further progress was also made during the year in planning and negotiations for the introduction by health insurance funds of comprehensive hospital insurance tables to cover the full costs of hospital accommodation, treatment and services in State public hospitals. These hospitals provide approximately 83 per cent. of all acute hospital beds in Australia.

2. QUARANTINE

The year 1970-1971 saw the start of the giant jetliner era in Australia. New streamlined procedures have been developed to enable the quarantine clearance of the large numbers of passengers arriving in Australia on these giant Boeing 747 aircraft with the minimum disruption of passengers' movements and of airline schedules. Airline operators are no longer required

1 Submitted by the Australian Embassy in Manila, 19 August 1971.
to prepare lists of passengers and their intended addresses in Australia for quarantine purposes. This information is now being obtained from immigration cards completed by incoming passengers.

Despite outbreaks of cholera in a number of countries during the year, Australia remained totally free of the disease due to more stringent vaccination requirements for passengers arriving by air from countries where cholera had been detected.

3. COMMUNICABLE DISEASES

The greater ease and speed of travel in recent years has increased the risk of importation of exotic diseases. This situation is reflected in an increase in the number of cases of malaria notified to health authorities recently. These infections were all acquired overseas and no indigenous cases were discovered.

Although malaria is not now endemic in Australia special measures are taken continuously in northern areas to keep down the number of mosquitoes and to prevent the spread of the disease by people infected elsewhere.

Following the introduction of vaccination campaigns with Salk and later with Sabin vaccines throughout Australian States and Territories, there has been a dramatic drop in notifications of poliomyelitis, which has now ceased to be a major public health problem in Australia. Only two cases were notified in the last year, both of them in unvaccinated subjects.

Influenza made little impact on the health scene in Australia during 1970-1971. Several outbreaks were reported during the winter, mostly of mild severity and caused by a virus similar to the virus type A2/Hong Kong/68. Over a million doses of influenza vaccine were distributed during the year but it would be difficult to estimate the success of the use of the vaccine in modifying outbreaks because the specific data required for assessment is not easily obtained.

4. ENVIRONMENTAL HEALTH

In recent years health authorities have become increasingly concerned about the quality of the environment and the threat it can present to human health and welfare. In Australia during 1970-1971, a conference of Permanent Heads of Commonwealth Departments was convened to formulate a national policy aimed at maintaining and enhancing the quality of the Australian environment. Following this conference, the Commonwealth Government established an Office of the Environment and initial steps were taken during the year to establish a Commonwealth-State body to advise on a national policy in the area.
The National Health and Medical Research Council has also established an Environmental Health Standing Committee to advise the Council on the effects of all environmental factors on human health and well-being in Australia. The Council has also recently set up a sub-committee on air pollution control to examine the effects of air pollution and evaluate measures to combat this form of environmental pollution.

5. DRUGS OF DEPENDENCE

In the light of world-wide concern over increasing drug trafficking and drug abuse, the Commonwealth Parliament in November 1969 appointed an eight-member Select Committee of the Senate to inquire into and report upon drug trafficking and drug abuse in Australia. This Select Committee completed its investigations during the year and submitted its report to the Commonwealth Parliament in April 1971. The Committee's findings are at present being considered by the interested parties.

Within the Commonwealth Department of Health, a Drugs of Dependence Section has been recently established to enable the Department to extend its activities in the areas of control of and education against drug abuse. The major area of concern during the past year has been the complex problem of effective drug education. To ensure that an expert body would have a continuing responsibility in this area, a Drug Education Sub-Committee was established in September 1970 comprising prominent laymen, Commonwealth and State experts in the fields of education and health education and representatives from the Media Council of Australia.

The Commonwealth has provided funds to individual States to enable the extension of existing drug education programmes and the introduction of new ones. A national programme involving preparation and screening of short television films has been undertaken as well as the completion during the year of the first major drug education film for use mainly with adult audiences.

6. VITAL STATISTICS

<table>
<thead>
<tr>
<th></th>
<th>1969</th>
<th>1970</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated mean population</td>
<td>12 307 400</td>
<td>12 572 900</td>
</tr>
<tr>
<td>Live births</td>
<td>250 176</td>
<td>257 516</td>
</tr>
<tr>
<td>Crude birth rate per thousand</td>
<td>20.33</td>
<td>20.48</td>
</tr>
<tr>
<td>Total deaths</td>
<td>106 496</td>
<td>113 048</td>
</tr>
<tr>
<td>Crude death rate per thousand</td>
<td>8.65</td>
<td>8.99</td>
</tr>
<tr>
<td>Infant deaths under 1 year</td>
<td>4 482</td>
<td>4 606</td>
</tr>
<tr>
<td>Infant mortality rate per thousand live births</td>
<td>17.92</td>
<td>17.89</td>
</tr>
</tbody>
</table>
A BRIEF REPORT ON HEALTH ACTIVITIES
REPUBLIC OF CHINA
From July 1970 to June 1971

On behalf of the Government of the Republic of China, we submit a brief report which covers the main activities of public health in the period from July 1970 to June 1971.

1. Establishment of the National Health Administration

The National Health Administration (NHA, equivalent to Ministry of Health) under the Executive Yuan (The National Cabinet) was inaugurated on 17 March 1971 in Taipei. The Former Department of Health Administration under the Ministry of Interior no longer exists and all its activities have been transferred to this Administration. NHA has the responsibility to determine the health policies and health programmes of the country, and to supervise and coordinate the health services of all levels in the Republic of China. (including Taipei City Health Department and Taiwan Provincial Health Department). The NHA has a working staff of 144 persons and its Organization chart is as follows:

National Health Administration
Director-General
Deputy Director-General  Deputy Director-General
Secretariat

Division of Finance
Division of Statistics
Office of Health Planning
Director
Director
Director
Director
Director
Director
Director

Bureau of Public Health
Bureau of Medical Affairs
Bureau of Food & Drug Control
Bureau of Environmental Health
Bureau of Communicable Diseases Control

Submitted by Dr. C.H. Yen, Director-General, National Health Administration, 20 September 1971.
2. Maternal and Child Health

1) Improvement of Maternity and Child Care

The five-year MCH project initiated in 1968 has progressively expanded to nine cities and counties. The performance was quite successful as compares with that of the previous years which are shown in the following table.

<table>
<thead>
<tr>
<th></th>
<th>Ante-natal (cases)</th>
<th>Post-natal (cases)</th>
<th>C.H.C. (cases)</th>
<th>Home visits (visits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1969</td>
<td>36,704</td>
<td>18,936</td>
<td>53,503</td>
<td>654,199</td>
</tr>
<tr>
<td>1970</td>
<td>71,613</td>
<td>34,331</td>
<td>95,287</td>
<td>930,155</td>
</tr>
</tbody>
</table>

2) Establishment of Midwifery Homes in Rural and Remote Areas

In the 4th year of five-year project, among 204 midwifery homes distributed throughout the Island, 29 of them were newly established in last year. The remarkable achievement of midwifery homes has contributed to the reduction of the rate of delivery attendance by unqualified personnel from 29% in 1965 to 10% in 1970. The main activities of midwifery homes are as follows:

- No. of delivery attendance 15,644 cases
- Ante-natal care 12,604 cases
- Home visit 151,720 visits
- Family planning consultation 24,095 cases

3) Extension of Health Services to Pre-school Children through Day-care Nurseries

150 day-care nurseries in 6 counties and one city with more than 6,000 children were selected to take part in the project for a one-year trial. The performance during past year is as follows:

- Physical examination 6,272
- Defects corrected 903
- Immunization - Cholera 4,133
- polio 3,213
- Jap. B. 1,034
- B.C.G. 57
- D.P.T. 42

4) Training

Training for national and international MCH workers has been carried out continuously. A total of 1,138 MCH workers has been trained including 954 refresher courses for medical officers and nursing staff from local health stations, 95 medical interns, and 89 medical and nursing staff from third countries.
3. **Family Planning Programme**

Before the announcement of the national policy in 1968, Lippes loop was used as the main contraceptive method. Private practitioners were trained and contracted to perform loop insertion. Loop dropout, however, proved to be a larger problem than anticipated and fully 50 per cent of women had terminated use within 28 months of their acceptance. Oral contraceptive pills were introduced to loop dropouts in January 1967, and later pills were open to all eligible women free of charge. Condoms were also introduced in May 1970. The family planning program has reached about 49 per cent of the 1.8 million eligible couples with the above mentioned three methods by the end of June 1971. The speed of fertility decline was accelerated after initiation of the organized program, the birth rate decreased to 27.2, and natural increase rate decreased to 22.3 in 1970.

4. **Environmental Sanitation**

1) Sanitation Improvement of Community Development (WFP project)

Number of communities to be improved are 407 for this year target. Out of 407, 358 communities started their construction of public well latrine, drainage and pavement of road, etc. The other 49 communities are still under planning.

2) **Refuse and Nightsoil Disposal**

a) As the result of a campaign about 240,000 households purchased their own refuse containers.

b) 361 more trucks were procured for refuse and nightsoil collection and transportation.

c) 8 more composting plants have been completed.

d) After the completion of the Nightsoil Treatment Plant, an experiment on chlorella production has been started.

3) **Air Pollution Control**

a) 15 more air pollution sampling stations have been set up during the year, bringing to a total of 47 air sampling stations.

b) A total of 4,800 air samples have been collected and analyzed.

c) Technical guidances on air pollution control were given to 593 factories.

4) **Water Quality Control**

A total of 38,805 water samples from distribution systems of water works and 20,081 water samples from wells have been collection and analyzed.
5) **Sanitation Personnel Training**

3-month course for 25 sanitation workers, 6-month course for 19 sanitary engineering assistants, one week course for simple water works operator and 8-day seminar for 151 sanitation workers have been conducted.

5. **Industrial Health**

In order to reduce the hazards in industrial working environment and to prevent occupational diseases, following activities have been carried out in FY-1971.

1) **Plant Health Supervisor Training**

276 persons completed the training course.

2) **Investigation and Supervision of Factory Working Environment and Medical Services.**

525 factories were investigated and supervised by the staff members of three industrial health centers.

3) **Investigation and Research on Occupational Diseases**

a) Investigation of miners pneumonkoniosis - 7,555 miners were examined and 84 were confirmed pneumonkoniosis, account for 1.11%.

b) Investigation of metal fume poisoning - The workers employed in canneries and printeries were investigated for lead poisoning, 66 out of 325 workers were suspected lead poisoning (20.3%), 9 persons were confirmed lead poisoning (2.7%).

c) Investigation of organic phosphorus poisoning - The workers employed in agricultural insecticide plants were investigated for phosphorus poisoning by achelest paper method, the result indicated that 23 out of 178 workers were organic phosphorus poisoning.

6. **Communicable Diseases Control**

1) **Cholera Prevention**

Island wide promotion of cholera vaccination, vigilance in bacteriological surveying the diarrhea patients for possible presence of cholera vibrio, improvement in rural sanitation and promotion of health education were continued as in the past years. There was no reported cholera cases in FY-1971.

2) **Japanese Encephalitis Prevention**

Over 300,000 children were injected with anti-JE vaccine. From July 1, 1970 to June 30, 1971, there are 474 JE cases with 75 deaths reported.
3) Poliomyelitis Prevention

a) Sabin Vaccine Immunization

In the first campaign, there were 150,884 children completed the first dose of Sabin vaccine immunization with the coverage of 93.44% to target and 142,700 children completed the second dose of Sabin vaccine immunization with the coverage of 88.33% to target.

In the second campaign, there were 138,134 children completed the first dose of Sabin vaccine immunization with the coverage of 93.92 to target and 132,321 children completed the second dose of Sabin vaccine immunization with the coverage of 89.9% to target.

b) A booster immunization of Sabin vaccine for 142,821 children born on January 1, 1967 to March 31, 1969 was carried out.

c) A booster immunization of Sabin vaccine for 53,817 kindergarten and day-nursery children also was carried out.

d) There are 153 polio cases with 57 deaths reported during this period.

4) Diphtheria and Pertussis Control

a) Totally 309,720 babies of 3-15 months old, completed 3 doses of DP bivalent vaccine immunization.

b) Totally 620,348 children at 15-27 months of age completed diphtheria monotoxoid booster immunization.

c) Totally 396,533 school children at the first grade completed two doses of tetanus toxoid immunization and a booster dose was given to 36,146 school children at the second grade.

d) Since July 1, 1970 to June 30, 1971, there were 113 diphtheria cases with 6 deaths reported. Comparing with those of last year, the morbidity rate has decreased 15.04%, and mortality rate has decreased 40%.

5) Tuberculosis Control

The main efforts were concentrated on: 1) Protection of children from tuberculosis by BCG vaccination, and 2) Discovery of infectious cases as many as possible and 3) Rigorous domiciliary treatment of cases discovered.

As a result of the above mentioned steps taken, the accomplishments of various activities during this reporting period are as follows:
a) The total number of BCG vaccination was 873,031.

b) 805,928 persons were X-rayed and as a result 28,501 T.B. suspects were discovered.

c) 247,215 sputum examinations were made.

d) 17,818 open cases were registered.

6) Trachoma Control

a) School mass campaign

A total of 2,627,910 primary school children had taken eye examination, all trachoma cases were given free intermittent treatment by school teachers at schools during December 1970 to May 1971.

The prevalence rate of active trachoma has come down from 16.6% in 1962 to 2.79% of 1970/1971.

b) Community trachoma control

The case finding in control areas, which had been excluded from the community program with 10% of the whole population in Taiwan for the purpose of evaluation, was conducted by health workers especially trained.

<table>
<thead>
<tr>
<th>Target Figures</th>
<th>Total</th>
<th>Population</th>
<th>Requiring treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Households</td>
<td>Attending</td>
<td>Covered</td>
</tr>
<tr>
<td>305,511 1,700,072</td>
<td>297,537</td>
<td>1,602,382</td>
<td>75,006</td>
</tr>
</tbody>
</table>

A course of treatment consists of the local application of antibiotic ointment to the eyes twice daily on five consecutive days, this five-day cycle being repeated every four weeks for six cycles.

c) Training of Trachoma Examiners

Two sessions of pre-service training (each 2 weeks) for trachoma examiners and seven sessions of refresher training (each 1 week) were completed. The attendents of the sessions were 16 persons for the pre-service training and 56 persons for the refresher training. Besides, 2,923 primary school teachers and health workers of related counties were also covered.

7) Malaria Eradication

During the reporting period, a total of 230,390 blood smears was taken and examined, among which 23 malaria cases were detected (P. falciparum 7, P. vivas 13, and P. malariae 3). Epidemiologically the cases were classified as follows: 5 indigenous, 1 induced and 16 imported.
Of these indigenous cases (all vivax-infections), 2 were detected in Hsian-Shan Township, Hsinchu County and 1 each in the townships of Lin-Kou, Pali and San-chi, all in Taipei County. The population involved in these 4 foci, being 4,921, 21,019, 4,227 and 2,202 respectively. Remedial measures were applied immediately after the cases were found. Radical treatment was given to all cases. DDT residual spraying was carried out in 2,443 houses around the cases, twice in October 1970 and April 1971. Periodic mass blood surveys and fever case surveys were repeated in the focal areas. No more cases were detected. The foci are still placed under strict epidemiological vigilance.

8) Smallpox Prevention

a) Smallpox vaccination in Autumn season

A total of 505,780 infants born during January 1 to June 30, 1970 and primary school children at the first grade were smallpox vaccinated with the coverage of 96.03% to target.

b) Smallpox vaccination in Spring season

A total of 149,194 babies born during July 1 to December 31, 1970 were vaccinated with the coverage of 91.3% to target.

7. Cancer Control

As a result of the change of disease patterns, cancer became the second leading causes of death. The mortality rate was 55.5 per 100,000 population in 1970. In order to detect and diagnose cancer cases in an early stage, a Cancer Control Center was set up at the Provincial Taichung Hospital. In national level, the establishment of a reference laboratory and central registration system are under planning stage.

8. Health Education

1) Health Education and Public Information

During this period 10 monthly periodical health education campaign with related health topic and one summer season health education program were carried out throughout the Taiwan Province. Mass media has been broadly used by the health education program. 100,000 copies of "Taiwan Health" monthly journal were circulated to different health and medical organizations, schools and factories without charge. 100,000 colored posters were printed and distributed with the aim of correcting the public and individual bad health habits. Another 250,000 copies of posters for personal hygiene and home sanitation were also distributed in the rural areas.

2) Community Development and Village Health Education

44 village health nurses were assigned at rural and slum areas to help local people improve their personal hygiene and home sanitation.
HONG KONG

REPORT ON HEALTH ACTIVITIES IN 1970

1. GENERAL HEALTH

The general health of the population in Hong Kong continued to be good. Most of the communicable diseases which have been the major causes of mortality and morbidity in the past two decades have now been brought under control. Great improvement was particularly noticed in the control of infectious diseases affecting predominantly children. Due largely to the immunization campaigns the incidences of diphtheria, poliomyelitis and measles have remained at a low level. Since the notification of the last case of cholera in October 1969, Hong Kong continued to remain free from the disease.

2. VITAL STATISTICS

A decennial census of the population was carried out in March 1971. Based on the preliminary results of the 1971 census, the estimated mid-year population in 1970 was 3,941,600, of which approximately 81% was concentrated in the urban areas of Hong Kong Island and Kowloon. Approximately 37% of the population are under the age of 15 years. The general state of health of the population continued to be satisfactorily reflected by the vital statistics. The crude death rate was 5.3 per thousand of the population. The birth pattern continued its downward trend and the crude birth rate fell further to 19.7 per thousand of population.

Infant mortality rate has fallen to 19.6 per thousand live births, and the maternal mortality rate remains very low, at 0.19 per thousand total births in 1970.

The first five leading causes of death are cancer, diseases of the heart including hypertensive diseases, pneumonia, cerebro-vascular disease and tuberculosis in that order.

3. COMMUNICABLE DISEASES

The total number of notifications of communicable diseases during 1970 was 13,473, of which tuberculosis formed 74.8%. Satisfactory progress continued to be made in the control of diphtheria and poliomyelitis and in recent years measles. The incidences of bacillary

1 Submitted by the Director of Medical and Health Services, 29 July 1971.
dysentery and enteric fever which remained at about the same level in the past years have shown a tendency to decline. The incidence of malaria remained very low, and during 1970 no local case due to natural transmission was reported.

3.1 Cholera

Since the occurrence of the last case in October 1969, no further case of the disease has been reported. The surveillance programme for the disease was, however, continued on a year-round basis. Special preventive measures including environmental and food hygiene were carried out and strict quarantine restrictions were maintained in respect of neighbouring countries declared infected.

3.2 Diphtheria

Only 43 cases of the disease were notified in 1970, this being the lowest number ever recorded for many years. As a result of annual immunization drives, which have been in progress since 1959, the disease has shown a continuous and steady decline, falling from 2087 cases in 1959 to 43 cases in 1970.

3.3 Measles

A total of 1011 notifications of the disease were received in 1970. The disease in Hong Kong has in the past years caused outbreaks in every alternative winter and spring. Commencing at the end of December 1967, measles vaccine was made available at all Government Maternal and Child Health Centres to children aged between 6 and 48 months, and the vaccine was also made available through mobile teams to children living in resettlement and housing estates and other crowded areas. Since the occurrence of the last epidemic in 1966-1967, the disease incidence and its mortality have remained low. The vaccine is now available all the time at Government Maternal and Child Health Centres.

3.4 Influenza

The surveillance programme for influenza is continued on a year-round basis. A number of general out-patient clinics are designated as influenza surveillance centres, which report regularly the number of influenza-like illness seen at these clinics. Virological investigations of throat swabblings and throat washings are carried out routinely by the Virus Laboratory on samples taken from influenza-like cases.

During the year 1970 the disease caused sporadic outbreaks. Increased incidences were recorded in March and August but no epidemic was observed. Between January and September 1970 the predominant influenza virus was type A2, but the strains showed no antigenic deviation from the A2/Hong Kong/68 variant. After September virus type B was predominant.
3.5 Pulmonary Tuberculosis

Pulmonary tuberculosis is still the major health problem in Hong Kong, though the mortality rate from tuberculosis has fallen markedly in recent years and most deaths are now among elderly men who die of the sequelae of the disease rather than from active tuberculosis. During the year 1970 the notification rate fell to 255.7 per 100 000 of the population.

Increasing emphasis is being placed on contact tracing, on home visiting and on health education in regard to tuberculosis. There are over 1 700 000 attendances per year at clinics of the Government Chest Service. There is now no waiting list for hospital admission which is reserved for those not responding to out-patient therapy, for acutely ill cases, and for those in need of surgical intervention. About 95% of the new-born are now being given BCG at birth and BCG vaccination is also extended to school entrants and school leavers.

3.6 Venereal Diseases

The incidence of early infectious syphilis remains extremely low and the incidence of gonorrhoea is also low. The incidence of venereal diseases in the teenage group of the population has not risen in the manner experienced in many other parts of the world.

Other infectious diseases are at a low level and do not constitute a major public health problem.

4. MATERNAL AND CHILD HEALTH SERVICES

The public appreciation of the value of these services in the maintenance of health amongst infants and expectant and nursing mothers continues to be satisfactorily reflected by the encouraging attendances at the health centres. Eighty-five and four tenths per cent. of all children born now attend at a Maternal and Child Health Centre. Nearly all births take place in institutions, either hospitals or maternity homes. Delivery in hospitals gradually increases as all cases are carefully screened, and any high risk cases are referred to the specialist units for further management.

5. HOSPITALS AND OUT-PATIENTS SERVICES

At the end of 1970, there was a total of 16 471 beds in Hong Kong representing 4.2 beds per thousand of the population. The bed provision in 1970 represents an increase of 66% over the bed provision in 1961.
The Development Programme of the Medical and Health Department continues to make steady progress. Altogether there were 23 projects being planned or built for the improvement and expansion of health and medical facilities in the urban and rural areas at the end of March 1971. Government projects completed during the year 1970-1971 were the Kowloon Hospital West Wing of 586 beds, the Organ Transplant Unit and the new maternity ward at Queen Mary Hospital, the additional third-class room at the Physiotherapy Training School at Queen Elizabeth Hospital and the David Trench Rehabilitation Centre. Also completed was the Government-assisted hospital, the Hong Kong Buddhist Hospital.

There has been increasing use of the Department's services by members of the public and attendances at general out-patients and specialist out-patients clinics continued to increase. The number of patients admitted to and treated in Government hospitals has also shown an increase. The Government now maintains 43 general out-patients clinics as well as mobile dispensaries, floating clinics and a flying doctor service. In addition evening and public holiday clinics are provided at 10 out-patients clinics in the more densely populated areas.

At Government general out-patient and specialist's clinics there is a nominal charge of $1.00 a visit, including medicine as well as X-ray examinations, laboratory tests, etc. There are no charges for patients at tuberculosis, social hygiene, leprosy clinics or for patients suffering from quarantinable diseases. Similarly, no charges are raised at certain remote institutions in outlying areas or on the floating clinics. The infant welfare and maternal health services are also free. For patients admitted in the general wards of Government hospitals the daily maintenance fee ranges from $2.00 to $6.00 according to the diet supplied, and on grounds of hardship the charges can either be waived or reduced.

6. FINANCE

The actual expenditure of the Medical and Health Department for the financial year ended 31st March 1971 was $177,874,176 which should be added a further $63,146,736 disbursed in the form of subventions. Capital expenditure on medical projects under the Public Works non-recurrent head totalled $11,225,360. These amounts represented 10.29% of the Colony's total expenditure during the year. This does not include expenditure on environmental sanitation by the Urban Services Department and the District Administration of the New Territories.
JAPAN

REPORT ON THE PROGRESS OF HEALTH ACTIVITIES FOR THE FISCAL YEAR 1970
(April 1970 - March 1971)

1. ORGANIZATION OF NATIONAL AND LOCAL HEALTH ADMINISTRATION

There were no changes in the organization of the Ministry of Health and Welfare during the period under review as far as the health service is concerned. The prefectural and municipal health centers, of which there are 832, continued to carry out their routine functions as local community health service agencies.

Although not within the period under review, a new national government agency called Environmental Agency was established on 1 July 1971, in order to co-ordinate and implement the environmental pollution control programme at national level by absorbing the activities in that field carried out by various ministries including the Ministry of Health and Welfare. Staffing and programmes which used to belong to that Ministry were transferred to the new Agency.

2. HEALTH BUDGET

The total national health budget including a subsidy to the local governments for the fiscal year 1970 was ¥150 303 million; in the fiscal year 1969 it was ¥128 901 million.

3. VITAL STATISTICS

The estimated population as of 1 October 1970 was 103 231 000 (for 1969, 102 022 000). The following table gives some of the vital statistics data for the calendar year 1970 and a comparison with 1969. (Figures for 1970 are approximate.)

<table>
<thead>
<tr>
<th></th>
<th>1969</th>
<th>1970</th>
</tr>
</thead>
<tbody>
<tr>
<td>Births</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>1 889 815</td>
<td>1 932 849</td>
</tr>
<tr>
<td>Rate (per 1000 population)</td>
<td>18.5</td>
<td>18.7</td>
</tr>
</tbody>
</table>

*Submitted by the Second Secretary, Embassy of Japan, Manila, 23 August 1971.*
Deaths:

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
<th>Rate (per 1000 population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1969</td>
<td>693 787</td>
<td>6.8</td>
</tr>
<tr>
<td>1970</td>
<td>712 703</td>
<td>6.9</td>
</tr>
</tbody>
</table>

Infant deaths:

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
<th>Rate (per 1000 total live-births)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1969</td>
<td>26 874</td>
<td>14.2</td>
</tr>
<tr>
<td>1970</td>
<td>25 408</td>
<td>13.1</td>
</tr>
</tbody>
</table>

The average life expectancy at birth for the Japanese people, prepared on the basis of the 1969 data, indicates 69.18 years for males and 74.67 years for females; the comparable figures for the previous year were 69.05 years for males and 74.30 years for females.

4. MATERNAL AND CHILD HEALTH

During the calendar year 1970, 1,379,282 visits were made to the clinics by mothers, and 5,529,163 by children (including 1,224,952 infants of 3-year old). Public health nurses paid 299,308 home visits on mothers and 822,846 on children. At the end of March 1971, there were 579 maternal and child health centers in the rural areas (560 centers in 1970). During the calendar year 1970, 69,652 low weight babies were reported, indicating an increase of 7 from that of 1969.

5. TUBERCULOSIS CONTROL

In the calendar year 1969, the number of deaths from tuberculosis decreased further, there being only 19,392, a rate of 16.1 per 100,000 population (for 1968, the rate was 16.8). During 1970, 45,377,000 persons (44,599,000 persons for 1969) received health examinations for case-finding purposes. The case-finding rate was 0.08% (0.09% for 1969); 5,546,000 were vaccinated with BCG. The total number of registered tuberculosis patients as of the end of 1970 was 682,826 (1,165,300 for 1969); 20.5% of them were hospitalized, 66.1% were under domiciliary treatment, 12.5% did not receive any medical treatment and the remaining 0.9% could not be traced. During the same period, 178,940 cases were newly registered (for 1969, the number was 199,870). For 1969, the total expenditure on tuberculosis treatment was estimated to be 125 billion yen.

6. CANCER AND CARDIOVASCULAR DISEASE CONTROL

During the year 1970, about 2 million people aged 40 years old and over were examined by mass-examination cars; about 2,300 patients were detected to be suffering from stomach cancer.
As for cardiovascular disease, more than 2.3 million people were examined at the health centers and the public health nurses paid about 640,000 home visits on those who needed medical or domiciliary care.

7. COMMUNICABLE DISEASES CONTROL

The total number of persons who received immunizations during the calendar year 1970 was as follows: 2,563,000 for smallpox; 1,708,000 for diphtheria; 820,000 for diphtheria-whooping cough combined; 2,618,000 for diphtheria-whooping cough-tetanus combined; and 2,571,000 for poliomyelitis (attenuated vaccine).

In 1970, there was a marked decrease in most of the acute communicable diseases. The incidence of poliomyelitis was dramatically reduced after the successful oral administration of Sabin-type poliomyelitis vaccine. In 1970, only 8 cases were reported (in 1960, 5,606 cases).

The number of Japanese encephalitis cases has greatly decreased compared with 1969, and only 145 cases were reported; (for 1969, 230 cases). The number of persons who received voluntary immunization for Japanese encephalitis during 1969 is estimated to be about 38 million. The number of cases of dysentery has decreased yearly since 1960 except for a small increase in 1966, and 9,996 cases were reported in 1970.

8. FOREIGN QUARANTINE SERVICES

During the calendar year 1970, 37,424 vessels (1,426,838 persons) and 27,884 aircrafts (2,133,609 persons) received health inspection at the time of arrival from abroad; 172,474 persons were vaccinated against quarantinable diseases before going abroad (this number excluded those vaccinated at places other than the quarantine stations); 901 ships were granted deratting certificates and 8,510 ships received deratting exemption certificates. Five mild cholera cases were found during the year 1970. These cases were all imported.

9. ENVIRONMENTAL SANITATION

As of the end of March 1970, a population of 81,110,000 (about 79.0% of the total population) was covered by some kind of public water supply system. At the end of March 1970, there were 180 cities operating sewage treatment plants and a population of 14,390,000 benefitted from these services. At the end of March 1970, there were 1,113 nightsoil treatment plants. At the end of March 1970, a population of 80,592,000 was covered by the wastes disposal programme, either by incineration or composting methods.
The problem of urban solid wastes disposal and industrial wastes disposal has become a matter of serious concern both to the public and the Government in recent years. Accordingly, in December 1970, the Public Cleansing Law was wholly rescinded and the new Wastes Disposal Law was created in order to clearly define that the responsibility for the disposal of those wastes rested on the shoulder of the industrial enterprizers as well as to establish a more definite system for the disposal of those wastes.

Due to the concentration of people into urban areas and heavy industrialization, the environmental pollution problems of Japan are very serious at present. To cope with this situation, the Basic Law for Environmental Pollution Control was enacted in 1967, and various kinds of countermeasures are being taken. For example, the air quality standard for sulfur oxides was established in 1969, and early in 1970 environmental quality standards for carbon monoxide and water quality were set up. Some large urban or industrialized areas have been designated as specific smoke control areas under the Air Pollution Control Law. Major water bodies were also designated to be controlled by the Water Pollution Control Law. Studies on the various effects of environmental pollution are also being conducted.

10. FOOD SANITATION

During the calendar year 1970, 4,767 food inspectors were stationed in all the health centers to deal with 2,960,469 food handling establishments. For the same year, the total number of food poisoning cases reported was 1,132, involving 32,516 patients and resulting in 65 deaths. Chemical synthetics to be used as food additives are fully controlled under an authorization system by the Government. At the end of 1970, 351 chemical synthetic food additives were authorized.

11. NUTRITION AND HEALTH PROMOTION

During the calendar year 1970, 1,501,683 cases of individual nutrition guidance and 94,344 group sessions, including demonstrations by kitchen cars, were given by the nutrition staff of the health centers.

As of the end of March 1971, there were 261 authorized dietitian training schools and 162,290 licensed dietitians.

During the year 1971, it is planned to prepare the "Health Index" which will be used as the guide for the general public to improve their daily living in order to promote the health of people particularly for the elderly adult people.
12. DENTAL HEALTH

One hundred and twenty-two health centers were equipped with dental facilities and dentists, and continued to play an important role in the preventive dental health programme. During the year 1970, 175,231 dental health guidance consultations were given to pregnant women and 1,577,654 to children.

13. MENTAL HEALTH

Continuous efforts were made to improve the mental health programme during the year 1970, including care of the mental cases. The number of mental hospitals, mental beds, etc., at the end of December 1970 as compared with the same data in 1966, 1967, 1968 and 1969 is shown below:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of mental hospitals</td>
<td>769</td>
<td>818</td>
<td>853</td>
<td>874</td>
<td>896</td>
</tr>
<tr>
<td>Number of psychiatric units in general hospitals</td>
<td>399</td>
<td>429</td>
<td>446</td>
<td>472</td>
<td>473</td>
</tr>
<tr>
<td>Number of mental beds</td>
<td>181,759</td>
<td>201,823</td>
<td>217,015</td>
<td>238,190</td>
<td>247,243</td>
</tr>
</tbody>
</table>

There are many governmental agencies carrying out the programme for the promotion of mental health guidance for the public as well as for mentally retarded children and adults.

Services for counselling and home visit guidance of mental patients are being given at 832 health centers, under the auspices and technical guidance of 22 local mental health centers.

14. MEDICAL SERVICES

At the end of the calendar year 1969, there were 7,819 hospitals (7,703 for 1968) with a total bed capacity of 1,033,550 (1,003,638 for 1968), showing an increase of 116 hospitals and 29,912 beds against those available in 1968. At the end of the calendar year 1969, there were 68,305 general clinics (67,962 for 1968) and 29,649 dental clinics (29,489 for 1968), showing an increase of 343 general clinics and 160 dental clinics.

At the end of the calendar year 1969, there were 115,974 physicians (11.3 per 10,000 population), 37,406 dentists (3.6 per 10,000 population), 76,087 pharmacists (7.4 per 10,000 population) and 282,539 nurses (27.5 per 10,000 population). This means an increase of 2344 physicians, 463 dentists, 1751 pharmacists and 15,964 nurses.
In order to cope with the increase in traffic and other accidents, the accident and emergency medical care system was revised in February 1964. As a result, a network of accident and emergency medical care has been established throughout the country; at the end of October 1970, the number of such facilities, either public or private, reached 4514.

15. MEDICAL REHABILITATION

As of April 1971, there are 8 physical therapist training schools and 3 occupational therapist training schools. There are now a total of 1248 physical therapists and 355 occupational therapists who have passed the national examination for their respective professions under the Law for Physical Therapists and Occupational Therapists.

16. PHARMACEUTICAL CONTROL

During the calendar year 1970, 2077 pharmaceutical inspectors visited 211,411 pharmaceutical facilities (out of a total of 264,831 such facilities), such as drug and medical supply manufacturers, pharmacies and blood banks. The control of amphetamine preparations and narcotics and measures to deal with narcotic addicts were continued.

The blood supply service had in the past depended chiefly on the so-called "professional blood donors". This practice had caused not only social evils but had also increased the risk of serum hepatitis among the population. The Government, recognizing the seriousness of the above situation, made a decision 6 years ago to develop the voluntary blood donation campaign further to normalize the blood supply service programme. Under the nation-wide campaign for voluntary blood donations, the ratio of voluntary donations to total donations increased to 94.9% during the year 1970; in 1969 it was 89.7% (in 1964, only 7.7%).

The first edition of the official book on Japanese Standard of Cosmetic Ingredients which was published in August 1967 was revised in October 1970.

The monitoring system for adverse drug reactions established in March 1967 continued its activities in order to ensure the safety of drugs. During the fiscal year 1970, 200 cases of adverse reactions were reported through the doctors of those hospitals designated as part of the drug monitoring service (approximately 300 cases for 1969). Based on the information collected through the monitoring service and other sources, appropriate regulations on the use of local anesthetics, psychotropic agents (used as tranquilizers), antihistaminic agents for external application and preparations containing boric acid or borax were drawn up in March 1971.
BRIEF REPORT ON HEALTH ACTIVITIES IN THE KHMER REPUBLIC

The health situation in the Khmer Republic has been seriously affected by the war forced upon the country by the Viet-Cong and North Vietnamese. In addition to the damage caused to the health infrastructure, this war of aggression had the following major consequences:

1. Increased activities as far as hospital admissions, evacuation of the wounded, procurement of drugs and medical and health equipment, strengthening of medical staff at all levels are concerned.

2. Deterioration of urban sanitary conditions resulting from the massive inflow of displaced persons fleeing from insecure areas.

3. Slowing down of health activities in some provinces and peripheral areas.

Nevertheless, thanks to the continuous efforts of the Government, the assistance of various international agencies (WHO, UNICEF, local and international Red Cross, etc.) and donations from friendly countries, the overall health status of the population remains at a satisfactory level; the dreaded epidemics have not occurred anywhere.

To avoid social scourges, preventive activities are being carried on relentlessly especially in the field of communicable disease control, environmental health, health education, etc. Smallpox and cholera vaccinations have been carried out on a national scale. General preventive measures have been taken against cholera.

But, on the whole, health activities are centred on medical care to the numerous war casualties. In order to admit all the wounded and the sick, the number of hospital beds has been doubled (from 1800 to 4000 in Phnom-Penh), new health units have been established, means of evacuation increased, the procurement of drugs and medical and health equipment strengthened thanks to donations from the Khmer Red Cross and the humanitarian assistance of friendly countries.

In the face of increased needs, the Ministry of Public Health appealed to various international agencies to obtain assistance and experts who would be able to study on the spot the overall health situation and help solve as far as possible some urgent health problems.

1 Submitted by the Ministry of Health, 19 August 1971.
Other activities of the Ministry of Public Health include short- and long-term planning of various public health projects, especially for the training of medical and paramedical staff, establishment of a community health centre and a rehabilitation centre, development of public health laboratories, production of pharmaceuticals and drug control, organization of medical services and preparation of the various texts relating to health legislation, public health code and national health regulations.

1. COMMUNICABLE DISEASES

1.1 Malaria

Malaria is endemic in some areas of the country. Malarialometric surveys revealed that 800 000 of 2 200 000 cases are exposed to intensive transmission; Plasmodium falciparum accounts for 80.87% of the cases, P. vivax for 18.85% and P. malariae for 0.28%. The examination of blood slides gave the following results:

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of slides examined</th>
<th>Positivity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1969</td>
<td>151 900</td>
<td>43 627</td>
<td>28.72%</td>
</tr>
<tr>
<td>1970</td>
<td>80 106</td>
<td>21 895</td>
<td>27.33%</td>
</tr>
</tbody>
</table>

1.2 Tuberculosis

After malaria, tuberculosis is the disease occurring most frequently. Tuberculosis control was carried out along the following lines in 1970:

- Biological case-finding: 11 376 persons
- Radiological case-finding: 16 821 persons
- Bacteriological case-finding: 11 918 persons

Prevention through direct BCG vaccination without a tuberculin test has been carried out since 1969. A total of 75 511 persons were vaccinated with BCG.

1.3 Yaws

Yaws control activities have been carried out in the Provinces of Prey Veng and Svay Rieng but had to be interrupted at the end of March 1970 due to insecurity.
Population and yaws lesions

<table>
<thead>
<tr>
<th></th>
<th>1969</th>
<th>1970 (January-February)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population covered by census</td>
<td>255,905</td>
<td>41,536</td>
</tr>
<tr>
<td>Population examined</td>
<td>205,727</td>
<td>33,138</td>
</tr>
<tr>
<td>Infectious yaws</td>
<td>96</td>
<td>0</td>
</tr>
<tr>
<td>Hyperkeratosis</td>
<td>295</td>
<td>7</td>
</tr>
<tr>
<td>Latent cases and contacts</td>
<td>1,108</td>
<td>0</td>
</tr>
<tr>
<td>Previous cases</td>
<td>1,897</td>
<td>333</td>
</tr>
<tr>
<td>Suspect cases</td>
<td>1,083</td>
<td>251</td>
</tr>
</tbody>
</table>

1.4 Leprosy

There is a centre for ambulatory treatment in Phnom Penh and one leprosarium in Troeung (Kompong Cham Province).

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous leprosy patients registered</td>
<td>2,415</td>
<td></td>
</tr>
<tr>
<td>Previous patients under treatment</td>
<td>448</td>
<td></td>
</tr>
<tr>
<td>New patients registered</td>
<td>123</td>
<td></td>
</tr>
<tr>
<td>Case-finding examinations</td>
<td>481</td>
<td></td>
</tr>
<tr>
<td>Out-patient services</td>
<td>7,351</td>
<td></td>
</tr>
<tr>
<td>Home care</td>
<td>238</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical forms</th>
<th>Previous Cases</th>
<th>New Cases</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lepromatous</td>
<td>900 = 37.26%</td>
<td>40 = 32.52%</td>
<td>940 = 37.03%</td>
</tr>
<tr>
<td>Tuberculoid</td>
<td>688 = 28.48%</td>
<td>42 = 34.14%</td>
<td>730 = 28.68%</td>
</tr>
<tr>
<td>Non-specified</td>
<td>827 = 34.24%</td>
<td>41 = 33.33%</td>
<td>868 = 34.20%</td>
</tr>
</tbody>
</table>

Total 2,415 123 2,538

1.4 Venereal diseases

There has been a net increase in venereal diseases since the event of March 18, 1970; 19,068 cases were recorded in 1970.

The increase in urban population and the mass recruitment of soldiers are the main causes; a control programme is being considered.

2. SCHOOL HEALTH

A total of 316,295 schoolchildren, i.e. 30% of the school population, have been examined.

3. MATERNAL AND CHILD HEALTH

<table>
<thead>
<tr>
<th></th>
<th>Pre- and post-natal care</th>
<th>Infant care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients</td>
<td>37,856</td>
<td>196,123</td>
</tr>
<tr>
<td>Number of examinations</td>
<td>86,730</td>
<td>497,361</td>
</tr>
</tbody>
</table>
4. HOSPITAL ACTIVITIES

Hospital activities are characterized by an increase in the number of patients and of beds:

- Number of out-patients examined: 1,664,900
- Number of out-patient examinations: 3,454,634
- Number of in-patients: 72,726
- Number of treatment days: 1,391,960
- Average length of stay: 19 days
- Number of surgical operations: 31,190
- Number of biological examinations and analyses: 498,156

5. VACCINATIONS

<table>
<thead>
<tr>
<th></th>
<th>1970</th>
<th>1971</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smallpox</td>
<td>102,664</td>
<td>184,167</td>
</tr>
<tr>
<td>Cholera</td>
<td>2,203,286</td>
<td>666,942  (9/8/71)</td>
</tr>
</tbody>
</table>
The Royal Government of Laos has the honour to submit herewith to the Twenty-second Session of the WHO Regional Committee for the Western Pacific a brief report on the health activities in the Kingdom of Laos in 1971.

1. CONTROL OF COMMUNICABLE DISEASES

Cholera - As is the case every year, the Ministry of Public Health carried out a mass vaccination campaign against cholera from March to May. However, vaccination activities are carried out again in case of pandemics or natural disaster (floods, etc.). A total of 602,646 persons were vaccinated against cholera in 1970.

During the recent floods in Laos, the Service of Hygiene and Preventive Medicine revaccinated inhabitants in the areas concerned against cholera and typhoid fever.

Smallpox - In conformity with WHO recommendations we are pursuing our programme of smallpox vaccination for the population under Government control.

Malaria - Entomological surveys and geographical reconnaissance are being continued in the Vientiane plain within the framework of the pre-eradication programme.

Periodical spraying of DDT at the site of the Nam Ngum dam is being carried out every six months.

Tuberculosis - Thanks to the equipment and BCG supplies provided by UNICEF, we have carried out simultaneous vaccination against smallpox and tuberculosis for all children below 16 years of age. A total of 90,478 children have been vaccinated since October 1970.

Poliomyelitis - In 1970, the MCH service extended poliomyelitis immunization to 10,735 children thanks to the vaccine supplied by United States Agency for International Development (AID).

Diphtheria, Tetanus and Whooping Cough - In 1970, the MCH Service also vaccinated 1687 children with the Triple DPT vaccine provided by UNICEF.

Submitted by the Ministry of Public Health, Vientiane, 8 September 1971.
2. SURVEYS ON COMMUNICABLE DISEASES

Venereal Diseases - WHO has provided the services of a short-term consultant on venereal diseases, Dr Durel, Vice-President of the League against Venereal Diseases. During the period December 1970 - January 1971, the consultant made a very careful survey of the venereal disease situation in Vientiane. We are awaiting the final report on this survey.

Schistosomiasis - The Government of Laos is co-operating with the Smithsonian Institute within the framework of the Lower Mekong Basin Development Programme. The Institute is also carrying out a survey in Khong Island. Results of these undertakings are not known at this stage.

Intestinal parasitism - During the period April - June 1971, the Faculty of Tropical Medicine of Thailand in Bangkok carried out a survey among schoolchildren in Vientiane. A total of 2872 specimens of faeces were examined for this purpose. Results were as follows:

- Opisthorchis viverini 54.4%
- Trichuris trichiura 46.2%
- Ascaris lumbricoides 42.7%
- Ankylostomes 25%

3. DEVELOPMENT OF HEALTH SERVICES

Medico-Social Building at the Mahosot Hospital - Construction work for the medico-social wing at the Mahosot Hospital in Vientiane started in February 1971. The 240-bed facility will house the following departments: MCH, paediatrics, gynaecology and the maternity ward.

Construction is expected to take some time and to be finished towards the end of 1972. Construction and equipping costs for this wing, expected to amount to some US$990,000, will be financed through assistance from the Government of the United States of America.

Ban Hom Health Centre - This centre was established in January 1971 and became operational in March 1971. It is located 18 kilometres from Vientiane in a rural area. It is also intended to serve as a rural health training centre for medical students. A medical assistant is to be assigned there shortly.

New Public Health Laboratory - Work on the new Public Health Laboratory has now been completed. We are now awaiting for the necessary furniture and fixtures which are to be provided by AID. This new laboratory is located in a large building which belongs to the Royal School of Medicine; it is expected to become operational by October of this year.
4. EDUCATION AND TRAINING

As reported previously, the Laotian School of Public Health provides for the training of paramedical and auxiliary staff as required. The first group of student nurses (male and female) are starting their third-year of studies. We hope that all eleven of them (9 women and 2 men) will graduate.

We have already thought of a fourth year of studies which would enable these young graduates to specialize in fields such as obstetrics, public health, etc.

When the new public health laboratory becomes operational next October, a first group of 12 student technicians will start their training. The duration of studies is three years. Students are selected by competitive examination and candidates (male and female) must be holders of either of the following diplomas: Diplôme d'études du Premier Cycle de l'Enseignement national (DEPCEN) or Brevet d'études du Premier Cycle de l'Enseignement française (BEPC).

In the meantime, the training of auxiliary technicians is continuing.

As in the past, the MCH Service is training auxiliary midwives to meet its own needs.

A course on radiology was organized recently for nurses (male and female) who intend to work in hospital radiological departments. The duration of this course is six months.

At this stage we cannot provide adequate training for our sanitary agents. We have to send them to Thailand for training.

Their training is generously financed by AID.

5. HEALTH STATISTICS

Mr Belevio, WHO Adviser, and Dr Phoxay Rassasak who is in charge of the health statistics department at the Ministry of Public Health are working on the updating of medical records in provincial hospitals.

Last July, a two-week course on hospital statistics and medical records was held for medical records officers in some of the provincial hospitals.

In conclusion, we wish to express our deep gratitude to the Governments and International Organizations who have contributed to the development of our health services and to the training of our health personnel.
MACAU

BRIEF REPORT ON THE PROGRESS OF HEALTH ACTIVITIES - 1970

1. AREA AND POPULATION

The total area of the Portuguese Overseas Province of Macau is 15,515 km² and its population is estimated at 295,500 inhabitants.

2. GENERAL MORTALITY

The total number of deaths and their rates in the last five years are as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths</th>
<th>Rates per 1000 of inhabitants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1966</td>
<td>1538</td>
<td>5.19</td>
</tr>
<tr>
<td>1967</td>
<td>1576</td>
<td>5.42</td>
</tr>
<tr>
<td>1968</td>
<td>1508</td>
<td>5.18</td>
</tr>
<tr>
<td>1969</td>
<td>1474</td>
<td>4.98</td>
</tr>
<tr>
<td>1970</td>
<td>1516</td>
<td>5.13</td>
</tr>
</tbody>
</table>

The 10 major causes of death in the past 3 years are as follows:

<table>
<thead>
<tr>
<th></th>
<th>1970</th>
<th>1969</th>
<th>1968</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart diseases</td>
<td>273</td>
<td>214</td>
<td>200</td>
</tr>
<tr>
<td>Cancer - all types</td>
<td>247</td>
<td>205</td>
<td>222</td>
</tr>
<tr>
<td>Senility</td>
<td>156</td>
<td>(a)</td>
<td>(a)</td>
</tr>
<tr>
<td>Tuberculosis - all forms</td>
<td>150</td>
<td>161</td>
<td>235</td>
</tr>
<tr>
<td>Vascular lesions affecting the central nervous system</td>
<td>141</td>
<td>152</td>
<td>145</td>
</tr>
<tr>
<td>All accidents</td>
<td>90</td>
<td>84</td>
<td>(a)</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>45</td>
<td>18</td>
<td>46</td>
</tr>
<tr>
<td>Diseases of infancy</td>
<td>42</td>
<td>(a)</td>
<td>(a)</td>
</tr>
<tr>
<td>Cirrhosis of the liver</td>
<td>39</td>
<td>38</td>
<td>27</td>
</tr>
<tr>
<td>Ulcer of stomach and duodenum</td>
<td>24</td>
<td>24</td>
<td>18</td>
</tr>
</tbody>
</table>

(a) Did not figure in the 10 major causes of death.

3. TUBERCULOSIS

Tuberculosis, mainly of the lungs, continued to be the disease of greatest incidence in Macau, despite the work of the Prophylactic and Therapeutic Centre, which has brought about a reduction in the number of cases and of deaths in 1970.

Submitted by the Director of Health Services, Macau, dated 23 July 1971.
Tuberculosis

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All forms: Cases</td>
<td>1267</td>
<td>1368</td>
<td>1330</td>
<td>1157</td>
<td>1000</td>
</tr>
<tr>
<td>Deaths</td>
<td>233</td>
<td>211</td>
<td>235</td>
<td>161</td>
<td>150</td>
</tr>
<tr>
<td>Pulmonary: Cases</td>
<td>1214</td>
<td>1328</td>
<td>1207</td>
<td>1142</td>
<td>928</td>
</tr>
<tr>
<td>Deaths</td>
<td>214</td>
<td>193</td>
<td>227</td>
<td>155</td>
<td>147</td>
</tr>
</tbody>
</table>

The mortality rates of tuberculosis in relation to the general mortality were 15.1% 13.4% 15.6% 10.9% 9.9%

4. TRANSMISSIBLE DISEASES

The following facts stand out: 1) Malaria has been eliminated; 2) There was not any case of cholera in 1970; 3) Diphtheria continued to decline; less deaths from tuberculosis.

The following table shows the incidence and mortality of the main transmissible diseases in the last 5 years:

<table>
<thead>
<tr>
<th></th>
<th>C = cases</th>
<th>D = deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholera</td>
<td>14</td>
<td>-</td>
</tr>
<tr>
<td>Whooping cough</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>31</td>
<td>3</td>
</tr>
<tr>
<td>Bacillary dysentery</td>
<td>18</td>
<td>7</td>
</tr>
<tr>
<td>Paratyphoid fever</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>Typhoid fever</td>
<td>103</td>
<td>23</td>
</tr>
<tr>
<td>Malaria</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Acute poliomyelitis</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Measles</td>
<td>36</td>
<td>238</td>
</tr>
<tr>
<td>Syphilis</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Tuberculosis - pulmonary</td>
<td>1214</td>
<td>214</td>
</tr>
<tr>
<td>Tuberculosis - other forms</td>
<td>53</td>
<td>19</td>
</tr>
</tbody>
</table>

5. MATERNAL AND CHILD ASSISTANCE

In the hospitals and maternity clinics, 2632 children were born alive in 1970, 1165 (44.26%) of them in Government maternity clinics.

Out of a total of 2670, 38 neonates died in hospitals. There was one maternal death.
There were 77 deaths among infants under one year. The major causes of death were:

1. Diseases of early infancy - 32
2. Bronchopneumonia - 24
3. Congenital malformations - 7

The only organized ante-natal assistance service and infant health service belong to the Government.

**Ante-natal Assistance**

Number of pregnant patients registered for the first time in 1970 - 293
Number of consultations - 2629
(In 1969 the number of consultations was 1807.)

**Infant Health Service**

Number of children registered for the first time in 1970 - 288
Number of consultations - 897

6. **HEALTH AND SANITATION**

There is a sewerage system in Macau recently reconstructed, serving about 90% of the population. Plans are going on for the construction of other sewerage systems in the suburban areas where there are still thousands of huts without any hygienic facilities, occupied by farmers and domestic animal breeders. More low-rent houses are being constructed by the Government.

7. **HEALTH AND SANITARY MANPOWER**

The staff of the Macau Health Services consists of:

1. Director (who is also the director of the General Hospital)
2. Health Officer for the City of Macau
3. Health Officer for the Islands of Taipa and Coloane (also in general practice)
4. 8 general clinic doctors
5. 10 Specialist doctors
6. 1 School Health doctor
7. 1 Malarialogist
8. 1 Pharmacist
43 male and female nurses, the latest ones also practicing midwifery
43 Auxiliary nurses
17 Nuns, some of whom are working as nurses, or in the laundry and kitchen
  1 X-ray technician
  3 Laboratory assistants
  8 Pharmacy assistants
  2 Social workers
  16 Administrative officers
  8 Administrative auxiliaries
  11 Sanitary agents
  18 Skilled workers
  8 Motorists
  185 Servants and other minor personnel

The following physicians and paramedical professionals were registered in the Macau Health Services on 31 December 1970, practicing either in private clinics or private hospitals:

  108 doctors
  60 dentists
  31 nurses
  18 midwives
  86 herbalists (practicing the Chinese traditional medicine)

3. IMPROVEMENTS IN MEDICAL AND SANITARY INSTALLATIONS

In 1970 the Macau Health Services continued to equip their installations. In addition, the following are envisaged:

Construction of a mental hospital
Modification and enlargement of Taipa’s Health Centre
Re-equipment of the Radiology, Stomatology and Ophthalmology services.

9. HEALTH SERVICES EXPENDITURE

In 1970 the Government contributed the following amounts to the Macau Health Services:

  From the ordinary budget: Patacas $4,680,000 (US$774,000) - 8.4% of the total budget

  From the Development Plan budget: Patacas $221,939 (US$36,700) - 2.5% of the total budget.
BRIEF REPORT ON THE HEALTH ACTIVITIES OF THE TERRITORY OF NEW CALEDONIA AND DEPENDENCIES 1970-1971

1. POPULATION

In 1968 94 300 inhabitants (estimation)
In 1969 100 579 inhabitants (census)
In 1970 105 000 inhabitants (estimation)
In 1971 108 000 inhabitants (estimation)

2. ACTIVITIES OF HEALTH SERVICE

<table>
<thead>
<tr>
<th>Year</th>
<th>Consultants</th>
<th>Consultations</th>
<th>Hospitalized</th>
<th>Days of hospitalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1969</td>
<td>100 682</td>
<td>238 419</td>
<td>11 729</td>
<td>266 416</td>
</tr>
<tr>
<td>1970</td>
<td>103 415</td>
<td>244 249</td>
<td>13 584</td>
<td>263 817</td>
</tr>
<tr>
<td>Difference</td>
<td>+ 2 733</td>
<td>+ 5 830</td>
<td>+ 1 855</td>
<td>- 2 599</td>
</tr>
</tbody>
</table>

3. EXPENSES FOR HEALTH

For the fiscal year 1971, the health expenses have been financed exclusively by the budget of the Territory.

Budget of the Territory (in US dollars)

<table>
<thead>
<tr>
<th>Fiscal year</th>
<th>Budget</th>
<th>Health expenses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1970</td>
<td>62 067 668</td>
<td>5 550 118</td>
<td>8.94%</td>
</tr>
<tr>
<td>1971</td>
<td>98 211 830</td>
<td>6 451 830</td>
<td>6.56%</td>
</tr>
<tr>
<td>Difference</td>
<td>+ 36 144 162</td>
<td>+ 901 712</td>
<td>-</td>
</tr>
<tr>
<td>Percentage</td>
<td>+ 58.23%</td>
<td>+ 16.24%</td>
<td>- 2.38%</td>
</tr>
</tbody>
</table>

Total health expenses

- Regular budget 5 550 118 US $
- FIDES State 200 000 US $
- Total 5 750 118 US $

1Submitted by Médecin-Général Rondet, Director of Public Health, 16 August 1971.
Fiscal year 1971

Regular budget 6 451 830 US $
FIDES State Nil
Total 6 451 830 US $

Expansion of credits 1970/1971 + 701 712 US $

4. PERSONNEL

a) of the Health Service

<table>
<thead>
<tr>
<th>Personnel</th>
<th>As of 1st September 1970</th>
<th>As of 1st August 1971</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical doctors</td>
<td>38</td>
<td>45</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Dentists</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Social workers</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Registered midwives</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Health assistants</td>
<td>30</td>
<td>55</td>
</tr>
<tr>
<td>Male and female nurses</td>
<td>218</td>
<td>243</td>
</tr>
<tr>
<td>Secretarial staff</td>
<td>50</td>
<td>55</td>
</tr>
<tr>
<td>Operational staff</td>
<td>261</td>
<td>264</td>
</tr>
<tr>
<td>Transport staff</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>619</td>
<td>686</td>
</tr>
</tbody>
</table>

b) Number of doctors from another administration than the Health Service:

- Service of Youth and Sports 1
- Labour Inspection 1
- Fund for Family Allowances and Occupational Accidents 3
  Total 5

c) Number of doctors working for private firms (Société Le NICKEL) 3

d) Number of doctors in private practice 24

5. ORGANIZATION

Several important supply operations have been carried out during the period under review or are being carried out.
Operations executed

in Nouméa
- Installation of the new maternity
- Creation at the airport of a medical post with surgical equipment
- Completion of the equipment of electroradiology and oto-rhino services

in the localities of hinterland and islands
- Construction of a new clinic
- Expansion of two clinics
- Completion of 19 dwelling units for male nurses

Operations being executed

in Nouméa
- A wing of surgical specialization (consultation and hospitalization)

in the hinterland and islands
- A new clinic
- Seven dental clinics

The School for Nurses (male and female) created three years ago, operates in excellent conditions. The third promotion started early in 1971. The first promotion finished in December 1970.

6. CONTROL OF SOCIAL DISEASES

6.1 Leprosy

As of January 1st, 1971, 931 patients were registered (35 new cases were discovered in 1970).

On the therapy side, a new medicine, Rifampicine, tested for one year, is bringing new hope. Its first results are spectacular in most of the serious forms of leprosy. Not enough time has gone by to permit a final judgment to be made but a reasonable optimism is justified.

6.2 Tuberculosis

The state of this disease is stationary.

The BCG vaccination campaign is being continued (3619 vaccinations in 1970).
7. HEALTH SITUATION

In internal medicine, the main diseases to be found are in this order: cardiovascular diseases, nervous diseases, diseases of the digestive tract.

The ratio of these diseases to the communicable diseases is constantly increasing. This is a classical phenomenon linked to the socio-economic evolution of the populations, and the nosology observed in the Territory is becoming more and more similar to that of European countries.

In the surgical field, the dominant feature is the sharp increase in the number of victims of road accidents.
NEW ZEALAND

BRIEF REPORT ON PROGRESS OF HEALTH ACTIVITIES

1. MANPOWER

During the last 10 years there have been substantial increases in the numbers of medical, nursing, and paramedical staff employed in public hospitals. For example, the overall nursing strength has risen from 10,651 in 1961 to 15,740 in 1970 an increase of nearly 48%. Total medical staff numbers including part time staff have increased from 721 in 1961 to 1,232 last year an increase of more than 70%.

In the mental health field medical and nursing staff of psychiatric hospitals has risen from 2,885 in 1960 to 5,075 at the beginning of this year, an increase of 75%.

2. COMMUNICABLE DISEASES

Two cases of poliomyelitis occurred in 1970, the first cases since April 1962.

Tuberculosis figures have continued to decline. BCG is given to the majority of 13 year olds in the country. In 1970 rubella vaccine was given free to over 90% of the 5-10 year old schoolchildren. Measles vaccine was also introduced in 1970 and the immunisation programme now covers diphtheria, whooping cough, tetanus, poliomyelitis, tuberculosis, measles and rubella.

Venereal disease has remained relatively steady in recent years and is not yet up to the level reached in 1966-1967. Infective hepatitis continues as the most prevalent notifiable disease.

Interest in chronic diseases is extending and the formation of a National Heart Foundation in 1969 is highlighting research and education in this field. Voluntary societies for cancer and diabetes have used World Health Day for furtherance of their aims and health education.

3. DENTAL HEALTH

In May 1971 New Zealand celebrated the Golden Jubilee of the New Zealand School Dental Service. From small beginnings in 1921 when 35 dental nurses commenced their training the service has now grown to

Submitted by the Director-General of Health, 16 August 1971.
some 1350 school dental nurses providing health education and systematic preventive and restorative care for 600,000 children.

Private dental practitioners working in a dental benefits scheme administered by the Health Department provide a routine service for adolescents.

4. EDUCATION

The development of a post-graduate course in public health engineering commencing at Auckland University in 1971 now enables post-graduate training in public health to be undertaken by doctors and dentists (Otago University) veterinarians (Massey University), and engineers (Auckland University).

From 1971 the Technical Institutes and Polytechnics will be providing educational training for an increasing number of groups, viz., pharmacy, chiropody, occupational therapy, laboratory technology, dental technician and health inspector training.

The outcome of a recent review of nursing education by a WHO Consultant, Dr Helen Carpenter, was a set of recommendations aimed, inter alia, at moving the existing nursing programmes into educational institutes and the development of a university course for nurses. The report will require considerable study before any of the recommendations can be implemented.

5. ENVIRONMENTAL HEALTH

A comprehensive report on air pollution in New Zealand was published in August by the Board of Health. This summarises and comments on the effectiveness of existing legislation and the now considerable amount of information available about air quality in this country. The conclusion reached is that, while air pollution at present poses no grave problem to physical health, the time is appropriate for enactment of legislation which recognises air conservation as a guiding principle. The Minister of Health has directed the Department to draft legislation as far as possible incorporating the detailed recommendations of the Committee.

6. WELFARE SERVICES

In February 1971, the maximum rate of subsidy payable to religious and welfare organisations to assist in the capital cost of erecting or extending old people's homes was increased from $4800 to $5750 per bed and from $6000 to $7200 per bed for geriatric hospitals. The total assistance now granted since inception of the subsidy policy in 1951 is $18,058,868, and in all has provided 4809 new beds.
The partnership between Government and local authorities in providing pensioner rental accommodation has continued and 314 flats were completed during the year while 218 flats are in the course of construction.

7. FAMILY HEALTH

During the year the name of the Maternal and Child Health Branch was changed to Family Health. This more accurately describes the work of the branch and accepts that maternal and child health cannot be considered in isolation, but is closely bound up with, and influenced by, the family as a whole.

8. TRAINING OF OVERSEAS STUDENTS

The Department continues to assist in programmes covering a wide variety of training in New Zealand in the medical, nursing and para-medical fields. Since the Second Commonwealth Medical Conference held in Kampala in September 1968, 240 health workers have received training in New Zealand under various forms of sponsorship.
GENERAL STATEMENT

The Philippine population of approximately 37 million is estimated to be increasing at an annual rate of 3.2 per cent. Even with this high rate of population growth, the latest available vital and health statistical, epidemiological and other related data, suggest that the state of health in the Philippines today has been improving.

Communicable diseases still constitute the country's major disease problems inspite of the relative decline. The relative reduction in the mortality due to those diseases is complemented by a corresponding slight increase of deaths due to chronic degenerative diseases.

The relative improvement in the state of health may be attributed to many factors, the more significant of which are the strengthening and expansion of the basic health services particularly the rural health and hospital programs, the intensification of efforts directed towards the prevention and control of disease through health education and the improvement of the general environmental conditions prevailing in the country.

In its effort in discovering better ways and more effective methods of delivering health services to the people at economical costs the Department of Health is embarking on a pilot study in preparation for the implementation of Program II of the Philippine Medical Care Act of 1969 (R.A. 6111). A province each in Luzon, in the Visayas and in Mindanao has been selected as pilot areas for this Medical Assistant Program (M.A.P.) which is scheduled for implementation by July 1, 1971.

In view of the alarming rate of growth of the population and the consequent implications of population problems not only in public health but also in other fields, it is now recognized that population studies and control be included in the long range national health plan. The Department of Health embarked on a comprehensive MCH/Family Planning Program one and a half year ago. The proposal for the next four years is to increase the establishment of family planning clinical education/information services in different parts of the country where family planning and counselling can be made available to the public and to intensify the training of medical and paramedical personnel of the Department and lay leaders.

Submitted by the Secretary of Health, 13 September 1971.
Within the next four years, emphasis will be given to:

1. **Environmental Sanitation**

   Significant progress has been made in improving the environmental conditions in the country. In some communities, however, sanitation leaves much to be desired. Filth-associated, water and food-borne and insect transmitted preventable diseases cause a yearly average of 230,000 cases and 18,000 deaths.

   The Department will undertake intensive campaigns for toilet constructions. Nationwide food sanitation seminars and campaigns for the enforcement of food hygiene regulations will be organized. Water supply facilities for rural communities will be installed. Health hazards in the environment will be given due attention especially those that are concerned with the pollution of water supply, air pollution and other hazards that have emerged as a result of the use of many chemicals that are not only harmful to plants and animals but also to man.

2. **Control of Communicable Diseases**

   Thirteen years ago (1958) communicable diseases accounted for 54.7% of all deaths. This has been reduced to 43.3% ten years later. Acute communicable diseases have by and large been eradicated, plague and smallpox are no longer present, and a decreasing trend has been noted in the occurrence of common acute infectious diseases. However, the seasonal occurrences of communicable diseases such as influenza, gastroenteritis, pertussis, typhoid, diphtheria, el tor, etc., have continued to pose a problem to health officials. The Department will launch a more intensive campaign against the common communicable diseases. Immunization will be undertaken against diseases that maybe prevented by this process.

   The socio-economic gains brought about by the malaria eradication activities of the Department aside from the marked reductions in the morbidity and mortality rates justifies the need for the continuing support of the program until its successful conclusion. Malaria operations are at present in the attack phase and it is expected that within the next two or three years, the operations could be shifted to the consolidation phase, and later to the surveillance phase.

   Tuberculosis continues to be a major disease problem in the country causing 29,000 deaths annually representing more than 11% of all deaths. There are estimated to be 1,000,000 active cases of tuberculosis including more than 250,000 moderates and far advanced cases. The economic loss to the country is estimated to be at least ₦300,000,000 a year. Tuberculosis can be successfully controlled if not eradicated. The next four years is aimed at intensification of BCG immunization activities through the rural health units and special BCG immunization teams, establishment of additional X-ray clinics (static and mobile) and microscopy service in rural health units for a more aggressive discovery of infectious cases which are the spreader of the disease and to provide adequate treatment for all diagnosed cases of tuberculosis principally under ambulatory and domiciliary cases.
3. **National Nutrition Program**

The Department of Health is undertaking a program to meet a serious public health problem which is one of the underlying causes for the low natural body resistance of the people, particularly the children. Activities on mothercraft and nutrition rehabilitation are undertaken in community centers. The training of technical and paratechnical personnel will be intensified as it has been noted that many doctors, nurses and other health workers lack training on diagnosis and treatment of malnutrition.

4. **Health Services**

The increased demand for health services specially for the people of remote rural areas necessarily demands the expansion of the rural health unit system. At present there are 1459 health units which provide basic health services for the far-flung areas of the country. The plan is to gradually increase the rural health personnel to approximate the desired ratio of health personnel to population, as provided for in the Rural Health Unit Law, and to increase the capabilities of these units to enable them to take up other additional health activities such as family planning, nutrition activities, and malaria control in addition to the basic health services which they now give.

For the hospital development program, it is aimed to improve the standard care available in existing government hospitals rather than the opening of additional hospitals, except in priority areas. This will be given emphasis in the next four years.

The country is now beginning to implement the Medicare Law aimed at making available to the people adequate quality medical care under a partly subsidized arrangement by the government. This program is aimed at making the present benefits of advanced technology in medical science available even to the poor segments of the population. The nine members of the Medical Care Commission have already been appointed by President Marcos and this commission is presently busy laying the implementing rules and regulations of the Medicare Act.
1. PUBLIC HEALTH SERVICES

1.1 Acute Communicable Diseases

Control is being achieved of some virus diseases, notably poliomyelitis. The incidence of some acute communicable diseases is gradually being reduced, but Japanese encephalitis and typhoid fever still remain major public health problems. El Tor cholera briefly invaded Korea in 1969 and 1970.

A network of 192 health centers, 46 city or provincial hospitals and 10 quarantine offices with 7 branches have been established for the surveillance of infectious diseases. The programmes established by the Government to control the acute communicable disease are as follows:

(a) Mobile Teams for Acute Communicable Disease Control

All the health centers are now equipped with vehicles, and with mobile teams ready to move to the site of any outbreak of acute communicable diseases throughout the country.

(b) Cholera Prevention

During the last two years, cholera control activities had to be adapted to meet the rapidly expanding demands resulting from the epidemic spread of the disease. To prevent the reoccurrence or new invasion of cholera, carrier detection was carried out and nation-wide vaccination of 20 million persons was completed.

(c) Counter measures for Typhoid Fever

Because of the unsanitary water supply and poor environment the incidence of typhoid fever still remains a major public health problem. The Government has been engaged in installing water supply systems in the rural areas. Vaccination against typhoid fever is being given to people living in endemic areas, who are immediately exposed to the risks. Early diagnosis and treatment will also contribute to suppression of the disease.

Submitted by the Director-General for Planning and Co-ordination, Ministry of Health and Social Affairs, Seoul, Korea.
(d) Japanese Encephalitis

Japanese encephalitis has been one of the most serious diseases in view of its endemicity and high fatality among children. A Japanese encephalitis vector study unit has been established with the help of WHO to study the natural history of the disease and preventive measures. A vaccination trial is also being carried out.

1.2 Quarantine

To prevent importation of communicable disease from outside the country, 10 quarantine offices with 7 branches inspect ship and aircraft passengers and crew, including cargo and vaccination status as required by the Health Regulations. They also undertake rodent and insect control in the quarantine areas. All seaports and airports have a safe water supply. Food samples are dispatched to laboratories for examination. The Ministry has strengthened the quarantine services of the ports by expanding the facilities of existing quarantine offices.

1.3 Tuberculosis

Prevalence surveys of tuberculosis in this country were carried out in 1965 and 1970, with the assistance of WHO. The prevalence rate in the population aged 5 years and above was 5.1% in 1965, and was reduced to 4.2% in 1970. This decrease of 18% in five years is considered a success for the programme. The number of cases of active pulmonary tuberculosis in the whole country is estimated to have been 1,240,000 for 1965 and 1,118,000 for 1970. Among the total of 1,118,000 patients estimated for 1970, 80% or about 872,000 are in the productive age group, impeding the economic development of the country due to decrease or complete loss of their labour potential.

Comparison of the 1965 and 1970 Surveys

<table>
<thead>
<tr>
<th>Classification</th>
<th>1965</th>
<th>1970</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence Rate</td>
<td>5.1%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Estimated Number of</td>
<td>1,240,000</td>
<td>1,118,000</td>
</tr>
<tr>
<td>Pulmonary Tuberculosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum Case</td>
<td>800,000 (65%)</td>
<td>772,000 (66%)</td>
</tr>
<tr>
<td>Advanced Case</td>
<td>300,000 (24%)</td>
<td>240,000 (21.5%)</td>
</tr>
<tr>
<td>Far Advanced Case</td>
<td>140,000 (11%)</td>
<td>106,000 (9.5%)</td>
</tr>
</tbody>
</table>
To combat tuberculosis, the Government has implemented a Tuberculosis Control Project as one of its major projects to secure a sufficient and effective supply of labour in the future. The project includes (1) a mass vaccination campaign to increase and maintain a sufficient level of immunity, (2) early case-finding through mass X-ray and sputum examinations, and (3) domiciliary treatment by 1955 tuberculosis workers throughout the country under strict supervision of the health centers.

<table>
<thead>
<tr>
<th>Activities</th>
<th>1970</th>
<th>1971</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG programme</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of children covered by BCG programme</td>
<td>3,080,749</td>
<td>3,000,000</td>
</tr>
<tr>
<td>Sputum Case-finding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of sputum tests</td>
<td>974,204</td>
<td>1,000,000</td>
</tr>
<tr>
<td>No. of cases discovered</td>
<td>19,277</td>
<td>25,000</td>
</tr>
<tr>
<td><strong>X-ray case finding</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of X-ray suspects discovered</td>
<td>118,134</td>
<td>120,000</td>
</tr>
<tr>
<td>No. of registered patients</td>
<td>68,619</td>
<td>75,000</td>
</tr>
<tr>
<td>December 1970</td>
<td>171,464</td>
<td>200,000</td>
</tr>
<tr>
<td>No. of field workers</td>
<td>1,955</td>
<td>1,955</td>
</tr>
</tbody>
</table>

The preceding table shows the tuberculosis control activities accomplished in 1970 and planned for 1971.

Through the health network, BCG will be given to three million children, including the first and sixth-grade children and pre-school children. Sputum tests which are considered a cheap and yet effective means of early case-finding will be applied to one million persons, and it is expected to discover 25,000 new infectious cases. X-ray examinations will be utilized as a supplementary method and applied to 1.2 million persons; as a result an estimated 75,000 cases of tuberculosis suspects are expected to be discovered, of whom 16,000 will be infectious. Domiciliary treatment will be given to both infectious and non-infectious patients, and it is expected that 200,000 patients will be under treatment as of the end of December 1971.

Since the enactment of the Tuberculosis Control Law in 1968, the National Tuberculosis Control Project has been successfully carried out and it has reached the planned standard level of services by which a practical long-range tuberculosis control plan could eventually be established.

1.4 Leprosy

The number of cases of leprosy in Korea has been roughly estimated from 800,000 to 100,000 by various authorities and these are distributed throughout the country, especially in the southern part with residual numbers present in the northern part.
Formerly, patients were confined involuntarily in hospitals or colonies until consistently bacteriologically negative. This practice resulted in the concealment of cases. Even after treatment, families and relatives are reluctant even to accept the negative patients due to strong fear of and prejudice against leprosy among the population, because of the mutilation of advanced cases, exaggeration of its infectiousness and ignorance of the benefits of modern therapy.

In 1961, the Government concluded an agreement with WHO to develop a leprosy control project, which has been extended year after year.

Under this project 38,144 leprosy cases have been detected, registered and treated under supervision by 12 mobile teams and 102 case-workers distributed in the rural countries.

When abolition of the Compulsory Isolation Law was finally implemented in January 1963, a programme was undertaken to discharge patients in order to reduce the number of inmates of the leprosaria and eventually to close them down with a view to reduce the tremendous amounts of money spent on them. As these patients, who were all fit for work and nearly all of whom had previously been farmers, could not be sent back to their home villages because of the prevailing prejudices, a way had to be found to make them economically independent and gradually facilitate their social integration into the community. This is being achieved by resettlement projects.

Leprosy is one of the diseases which raises medical, mental and social problems.

(a) To overcome these three aspects, coordinated efforts will be organized. Steps to integrate leprosy control into health center activities will also be carried out.

(b) The modern policy, now general throughout the world, will be organized. It is directed towards early case-finding and ambulatory treatment with sulfones, coupled with good home isolation and education of the patient and his family. This will reduce physical defects and avoid the future troublesome social rehabilitation problems.

(c) Strong efforts on health education of the public, by all available methods, including audio-visual means, direct approach, distribution of simple literature will be made to accelerate the already changing attitude of the general public.

1.5 Parasites

As parasitic infections flourish widely throughout the country and especially in the rural areas, the Government promulgated the Law for the Prevention of Parasitic Diseases in April, 1966. This law designated Ascariasis, Hookworm Infection, Clonorchiasis, Paragonomiasis, Taeniasis, and other parasitic infections as specified by the Ministry, as diseases under regulation.
Owing to poor sanitation, to the use of night-soil as fertilizer and to the consumption of raw foods, it is roughly estimated that parasitic infection exists in over 90% of the total population.

However, as the symptoms of parasitic diseases are often not apparent, the patient does not recognize the seriousness and stress of the affliction.

The Ministry advocates campaigns to reduce the parasite loads carried by the infected population, through long-range programmes to be implemented by the local health units and voluntary health agencies. These campaigns will be more extensively conducted throughout the next five-year economic development plan starting 1972.

Anti-parasitic measures are aimed for the time being, at reducing the rate of ascariasis, especially in the young children, with the cooperation of the Ministry of Education. The Law prohibits the use of untreated night-soil and 55 places have been selected as night-soil prohibited areas, where parasite-free vegetables are cultivated extensively and distributed to 66 groceries dealing with parasite-free vegetables in the main cities and towns in the country with the help of the Ministry of Agriculture and Forestry.

Highlights of the anti-parasite programme in 1971 will be the first National Survey to investigate the prevalence rate of parasite infection. This will be conducted by specially trained and organized teams during the summer months. Mass therapy of schoolchildren and students for ascariasis will also be continued. As the economy of agriculture is geared to the use of night-soil as fertilizer in the country, considerable efforts will be made to bring about standardized storage practices, in line with the provision of modern sanitary privies in rural areas.

The necessity for education of the population to implement a control programme cannot be too often emphasized. Such education will be accomplished through schools, in community meetings, and by the distribution of simple literature on the life-cycle of worms and methods of infection. The programme will emphasize treatment and preventive measures, personal hygiene, correcting the habits of food intake and stressing sanitary disposal of feces and standardized treatment of night-soil.

1.6 Family Planning

The family planning programme is based upon an extensive network of 1,473 township (myun) fieldworkers and 920 nurses who carry it beyond the health centers into the villages and city residential areas by means of home visits and group meetings. The programme is set by a system of targets based upon the number of persons of reproductive age. Family planning services are provided free of charge by private physicians compensated by government fees.

The programme's principal method is the loop or IUD: it provides more contraceptive protection than the remaining three methods combined. Achievement in 1970 was 294,000 in 98% of the 300,000 target. This compares to 285,000 in 1969 and 263,000 in 1968. Vasectomy performance in 1970 was above that in
1968 or 1969 but still below the target level; 86% of the 20,000 target was achieved. Condom distribution was above that in the three preceding years and exceeded the 150,000 target by 9%. Average monthly pill distribution was by far the best since the pill programme began in 1968 but only half the target level was reached, although the 278,000 pill users during the year end surge in December represents 87% of the target level.

The rate of family planning acceptors in the government programme is relatively low and there are high rates of discontinuation with all programme methods except vasectomy. It is estimated that approximately one quarter of the couples with a wife aged 25-44 are currently protected by one of the methods in the government programme. Many more have accepted the loop or other contraceptive methods at some time, altogether 40-50% of wives aged 25-44 but have discontinued use because of troublesome side-effects of the IUD and the pill as well as for a variety of personal reasons. Perhaps an additional 5% of couples are protected by commercial contraceptives. Many who accept a family planning method but later discontinue it and subsequently become pregnant, terminate their pregnancies by induced abortions. At least one-third of urban pregnancies (more than 40% in Seoul) and one-sixth of rural pregnancies are aborted.

To achieve the 1.5% growth for the Third Five Year Plan rate target in 1976, the proportion of couples enjoying current protection by the nation's family planning programme must be increased from about 23% in 1970 to about 37% by 1976.

Since 1961 the Korean Government has annually invested considerable sums to pay for the programme. In 1970 this came to $1,870,000 in the national budget and about $600,000 in local government budgets. All salaries, fees for doctors, and administrative costs were paid from these funds. In addition foreign donor groups provided $700,000 for programmes of training, public information, and evaluation. This brings the cost for an average acceptor in the programme to about $4.50.

During 1970 a National Family Planning Center was organized under the Ministry to assist in training and evaluation. During 1971 the center was converted to a semi-governmental Institute with the same functions. The Planned Parenthood Federation of Korea, a voluntary agency, accepts policy guidance from the Ministry, is continuing its role in public information and in the administration of donor funds for the programme.

The Government is committed to continue its programme of family planning, which is recognized as one of the leading in the world in this field. The cooperation of the people with this Government programme has been good and gives hope that continuing progress can be expected.
1.7 Family Planning Center

On July 12, 1963 an agreement was signed between the Governments of the Republic of Korea and Sweden establishing technical cooperation between the two countries in the field of family planning. On April 25, 1969, as part of this cooperation it was agreed that the Swedish International Development Authority (SIDA) would assist in the building of a family planning center.

The building was completed in May 1970 and was officially inaugurated on June 23, 1970 by the Minister of Health and Social Affairs, Tai Dong Kim.

Function and Organization

The Center has three main functions:

(a) The Center provides pre- and in-service training for Korean family planning workers and related health workers. Courses at the Center last from 3 to 75 days during which time contraceptive methods and techniques of communication are presented.

(b) The Center conducts research projects designed to add to the knowledge about family planning in Korea. Joint projects with Korean universities and foreign organizations are conducted. Evaluation of the ongoing programme, mostly through data analysis, is conducted so that the progress and impact of the programme can be monitored.

(c) The Center provides orientation courses and field training for guests from other countries. These activities are designed to that other countries can benefit from the experience gained from the family planning programme in Korea.

Major Achievements

During the last half of 1970, the following activities have been carried out by this Center:

(a) Training

(1) International training: since August 1, 1970, 98 foreign participants in this center. Participants, who are from the Philippines, Thailand, Viet-Nam, Nepal and several countries in Africa, consists of doctors, nurses, social workers and high ranking government officials.

(2) Domestic training: 551 domestic family planning workers were given training courses.

(b) Research and Evaluation

The research and evaluation activities of this Center are as follows:
(1) Fertility Survey

The Center conducted this survey from October 26 to November 14 in the field. This fertility sample survey used 21 enumeration districts surveyed the 1968 fertility study. About 2520 families were selected for the survey designed to determine fertility level, child mortality and related aspects of family planning. The results will be used in future programme and economic planning.

(2) Teacher Survey

The NFPC conducted a special survey with a sample of 2000 teachers from July 1 through September 17, to find the degree of knowledge of and the attitudes toward sex and family planning among middle and high school teachers. The report is scheduled to be published in the near future.

Besides these surveys, follow-up surveys on loops and oral pills have been carried out by this center.

1.8 Maternal and Child Health

The main objective of the service is to raise the quality of health of children who constitute a large segment of the total population and of mothers whose responsibility is to provide a healthy environment for the normal growth and development of their children.

The aim of the MCH programme is not only to reduce further the number of deaths and illnesses, but also to promote and develop the physical, mental and social well-being of children from the time of conception and birth through childhood and adolescence and of all expectant and nursing mothers. MCH efforts are directed not only to improve and increase the number of deliveries by trained staff and by supervised birth attendants using simple delivery sets, but also to accelerate the development of adequate prenatal and postnatal care including advice on spacing of children and family planning services, immunization against infectious diseases, assessment of growth and development of infants and preschool children, health and nutrition education and anticipatory guidance to mothers, home visiting and follow up of cases needing further assistance, and motivation of community to utilize the services and to participate in improving their own health standard.

In July 1967 the Government established a safe home delivery service and health care for pregnant women and children in the rural areas by posting a health worker (either a nurse/midwife or midwife or nurse aide) in each Eup and Myon health sub-center. There are two types of safe home delivery service; one is by qualified staff and the other is distribution of simple delivery sets to birth attendants by health staff who give instruction and supervision on the proper use of the set. There are 645 health workers presently involved in MCH activities in the rural areas.
For purposes of developing and demonstrating integrated MCH and family planning programmes with the general health services, a health center with facilities for 6 maternity beds was established at Nam Ku, Taegu-ri, and was put into operation in early January 1971. Similar MCH centers will be established at Ham Yung Gun (remote rural area) Kyungsang Nam-Do and at Kwangju, Cholla Nam Do. These health centers will also be utilized for practical training.

MCH manuals and instructions on the organization of MCH clinics were distributed to the MCH health staff throughout the country.

Supervision and provision of technical guidance to the field staff through field visits and written instructions will be accelerated and given emphasis during the year.

Refresher courses on MCH and midwifery practice for midwives and nurse/midwives were conducted at the National Institute of Health with UNICEF financial and WHO technical assistance. These courses will continue until 1972. Apart from inservice training programmes for MCH, seminars and workshops were held in each province. An evaluation of these training programmes is presently being conducted. The problems and recommendations presented by the participants to the workshops and seminars will be considered in the future planning of development programmes for MCH.

1.9 Mental Health

Since the Ministry of Health and Social Affairs was reorganized in March, 1970, the function of mental health administration has been vested in the Senior Health Officer of the Bureau of Public Health.

No studies on the number of cases of mental disease has been undertaken in this country. The morbidity statistics of Taiwan, a neighbouring country, shows a prevalence of mental disease of about 1%. Applying that figure to this country, it can be roughly estimated that there are about 320,000 cases of mental disease in this country.

As society becomes more and more complex through industrialization and urbanization there is a trend of increasing mental health problems. There is also aggravation of problems of juvenile delinquency and crime, which are difficult to tackle by the authorities in charge of the overall control of public health and mental affairs.

There are many difficulties and pressing needs in the field of mental health administration; lack of specialized doctors, poor facilities for in-patient and out-patient care, and shortage of trained personnel and training institutions.

Development of the mental health programme should be accelerated so as to decrease the loss in productivity and the adverse social consequence resulting from mental disease.
The plans for 1971 include: development of a mental health education programme; studies on mental health problems and evaluation of control activities; survey of mental health institutions and psychiatric in and out-patient service.

1.10 Nutrition

A sub-optimal nutritional condition brings out the relation between national economic development and social welfare and health services, because it not only affects resistance against physical and mental illness and gives nutritional deficiencies like beri-beri, scurvy, anaemia, etc, but it also leads to apathy and lower productivity. It is moreover known that nutritional deficiency in early childhood can lead to permanent brain damage.

For these reasons a concerted ministerial effort should be made to resolve the food and nutritional problems by implementing policies to:

- promote the growth of infants, toddlers and pre-school children,
- encourage schoolchildren, who can more easily change their dietary pattern, to eat non-rice meals,
- improve the productivity of workers by improving their nutritional status through the establishment of feeding programmes,
- improve the exploitation of the nations food-resources.

Prospects

(1) To obtain basic data needed for dietary changes,
(2) To strengthen the nutrition education so as to disseminate nutritional knowledge to the people,
(3) Our target is the gradual change of the rice-eating habit in order to improve the nutritional status and to abolish importation of rice.

1.11 Health Education

It is well recognized that many of the factors related to diseases and to improvement of the general health situation are essentially matters of human behaviour, and therefore influenceable by health education.

Although the Ministry of Health and Social Affairs does not have a specific section in charge of an overall health education programme, the techniques of health education are widely used in the different programmes of the Ministry. Notably in family planning, tuberculosis control, prevention of other communicable diseases, prevention of parasitic diseases and in the area of sanitation of the environment is health education an important factor of the programmes.
The following are the main methods which have been and will be used by the Ministry in its health education programmes:

- Distribution of printed materials.
- Mass education programmes through newspapers, radio and TV.
- Seminars, discussion groups, exhibitions.
- Information to societies and groups interested in public health.
BRIEF REPORT ON THE HEALTH ACTIVITIES IN
THE REPUBLIC OF VIET-NAM DURING THE PERIOD 1970-1971

In 1970 and during the first six months of 1971, important results have been achieved by the Ministry of Health of the Republic of Viet-Nam.

In therapy for instance, the hospital system has been greatly improved in spite of the destruction and restrictions caused by war. The total number of beds, which was 14,000 in 1967, will be more than 22,000 at the end of this year. Almost all large hospitals have been or are being entirely renovated, some of them with the generous assistance of allied or friendly countries. All the provinces are presently served by hospitals with 100 to 400 beds, supplemented by a complete network of district dispensaries-maternities and communal posts of rural health, which are at the same time dispensaries and maternities. There is also much progress in the quality of medical care given in the hospitals, including the creation of blood banks in all hospitals, the reorganization of the network of clinical laboratories, the reinforcement of the outpatient services and emergency services, the improvement of the supply of sanitary equipment and pharmaceutical products.

Much progress has also been made in the field of nursing care. A more efficient system of technical supervision has been established in all hospitals and this has significantly improved the quality of nursing care.

The management of the hospitals has also been reorganized, resulting in a change in their present status: Up to now they were giving free care, but from now on they will have more or less complete financial autonomy.

In the field of public health, there have also been important achievements. The control of communicable diseases has still priority in our activities. Thus the action taken to protect the public against plague and cholera has been reinforced and made still more effective. Cases of plague and cholera have been considerably reduced. On the other hand, the control of tuberculosis has the full attention of our Ministry which has launched a national programme covering the most remote rural areas. For the time being, the main aim is BCG immunization of new-born and school age children. Vaccination against pertussis, tetanus and diphtheria is also being systematically done in primary schools and out-patient clinics for healthy children. The oral antipoliomyelitis vaccine is also widely used. A law will soon make compulsory vaccination against communicable diseases for all children.

Submitted by the Director General of Health, 14 August 1971.
Within the framework of rural health and in order to encourage the population to participate in public health activities on the basis of community development, a special programme called "health hamlets" was launched in all provinces this year. The "health hamlets" is the first means of achieving, with the co-ordinated efforts of our public health technicians and the population itself, the best possible conditions of life from the points of view of sanitation and health. It will also be the starting point for most public health programmes, which will thus be carried out in the best possible conditions.

The maternal and child health programme, based on a comprehensive frame covering all the country and the use of qualified and enthusiastic personnel, will be further developed according to a co-ordinated plan, by better integration of its routine activities with the programmes of nutrition, family planning and dental health.

Another achievement should also be mentioned: the creation of a National Institute of Public Health under the technical sponsorship and with the material help of WHO. As the Institute will train public health personnel and carry out applied research in the field of health, it is a valuable addition to the operational departments of the Ministry of Health. Negotiations are under way for the construction of the buildings of the Institute, which has already been operative for more than a year in temporary premises. It was within the framework of the Institute's activities that a very successful symposium on plague was organized last October with the help of WHO and the United States. This brought together the public health workers of the country and technicians and specialists from friendly countries within and outside the Region.

In the field of pharmaceutical production, steps have been taken to create an agency to control drugs and food products, in order to reinforce and perfect the existing control system which lacks the necessary scope to protect the public and the sick. There is also the problem of traditional medicine which sells a good number of products to the public. Efforts are being undertaken to regulate in a more logical way the practice of traditional medicine and pharmacy.

Drug dependence has also the attention of our Ministry. The Government has launched recently a large scale campaign against the drugs. In addition to police measures and economic and administrative control in the framework of this campaign, the Government is endeavouring to inform the public better about the danger of narcotics.

The programmes that we have just mentioned are only part of the many efforts of the Government and health authorities of the Republic of Viet-Nam to improve national health and meet national obligations toward the international community. These activities could not have been so extensive and effective, or even possible, without the spectacular success of the programme of pacification and development which has brought back peace and prosperity to our rural areas and has allowed our health officials to carry
out their duties in the remotest parts of the country. There is still, however, a long and arduous task ahead, in view of the extent of the problems and the inadequacy of our resources, without speaking of the destruction caused by the cruel war that we have to wage against foreign elements and subversive ones helped from abroad. Nevertheless, we are happy to state that we have always received and continue to receive the very valuable assistance of WHO and international agencies and also the friendly help of the countries of the free world. We wish to put again on record our gratitude for this fraternal help.
PORTUGUESE TIMOR
REPORT OF THE ACTIVITIES OF THE PUBLIC HEALTH SERVICE
AND ASSISTANCE DURING 1970

1. ASSISTANCE ACTS

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<td>Patients under ambulatory treatment</td>
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<td>Hospitalized patients</td>
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<td>23,014</td>
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<td>Electrocardiograms</td>
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2. RURAL HEALTH SERVICES

By the end of the second trimester of 1970, a small intensive care unit had begun to function at the "Hospital Central Dr. Carvalho", in which 122 patients had been treated. There were 11 deaths which represent a mortality of 9%.

During 1970, 5 rural sanitary posts and 2 consultation and treatment posts were established.

Important construction in progress includes the expansion and remodeling of the small regional hospital in Baucau and the new Central Pharmacy and Stores for the Pharmaceutical Laboratory.

The cost of the repair of Baucau Hospital is estimated to be $2,000,000 (US$68,000) and that for the construction of the Central Pharmacy and Stores of the Pharmaceutical Laboratory $1,500,000 (US$51,000).

Six rural sanitary posts, some of them almost finished and six consultation and treatment posts are under construction. There are also under construction the first stage of two small hospitals, one in Same and the other in Suai - Cova Lima. The cost of the first stage of construction will amount to $625,000 (US$21,000). Around US$38,000 were spent on technical instruments for rural hospitals and sanitary posts. US$60,000 were spent on medicines.

Submitted by the Chief of the Health Services, 21 May 1971.
3. PUBLIC HEALTH

3.1 Hygiene in Rural Areas

We are developing measures of sanitation in hamlets, improving the water supply, treating the sewage and wastes, and fighting the poor health conditions of the habitations. Public washing places and public shower baths are in the process of construction. There is under study the construction of a village in Cailaco with agricultural lands, schools, children's play ground, store houses for agricultural products, water supply system, sewers, public shower baths, public washing places, stables, etc.

This village is supposed to accommodate initially 100 families. The construction of similar villages in Cassa and Ainaro is under study.

In 1970 the Provincial Government spent US$57,000 on improvements to the water supply and US$100,000 on sanitation developments.

3.2 Sanitary Education

We continue with the same programme as last year, this includes weekly talks by radio, both in Portuguese and Tetum (native dialect).

We use the local press to disseminate elementary sanitary principles. We acquired an electric mill for the Hospital Central, so that, in the future, the corn passed on by the sanitary units will be ground to flour and will substitute, partially, for rice and potatoes.

A course for rural sanitary technicians who will be assigned to work in the rural areas, with the main objective of promoting sanitary education among the population, has started at the Technical School of the Health and Welfare Service.

3.3 Nutrition Services

A new legislation covering nutrition and clothing for rural workers was enacted (Decree No. 5155 of January 1971). A new table of hospital diets which was prepared with the assistance of the Central Committee of Nutrition of the Overseas Ministry was also published and distributed to the sanitary units. A copy has been sent to the Director of the WHO Regional Office for the Western Pacific.

3.4 School Health Department

A total of 24,850 children were given medical examinations during the past year; 23,874 were vaccinated, 13,874 for smallpox. A total of 3,901 vaccinations were given (DPT) to kindergarten children, 4,350 children received BCG vaccination (some of these vaccinations were given in January and February 1971).
4. FIGHT AGAINST COMMUNICABLE DISEASES

4.1 Malaria

The general picture of activities in the fight against malaria is improving. The mobile Brigade of Study and Fight of Endemics in collaboration with the School Health Department made the annual malariometric study among students between 6 and 10 years of age in all schools in Dili; 4372 students were examined. The results as compared with the previous year were satisfactory:

- Splenic index 6%
- Plasmodic index 8%

In the Atauro Island 2730 persons were examined, 15.5% had a positive blood smear, 63.8% of these were P. falciparum.

In Fatuberliu the splenic index was 14.45% and in neighbouring Alas it was 36.12%.

Our activities in the field of entomology are improving mainly due to the guidelines left by Professor Cambournac of the National School of Public Health and Tropical Medicine.

We take the opportunity to express our appreciation to the WHO Regional Office for the Western Pacific in Manila for sending us the material for the insecticide susceptibility test.

4.2 Filariasis

The screening and treatment activities associated with research work are continuing and the epidemiological inquiry of the whole Province is almost finished. Obviously we know very little about entomological research. We hope the WHO advisory team will be with us this year.

We are continuing, in collaboration with the Provincial Veterinary Service, to screen filariasis in animals.

4.3 Helminthiasis

During 1970 we carried out among the school population a screening campaign for intestinal parasitosis. We found ova of helminthes in 36% and oysts of protozoa in 27% of the stools of the children examined. Ascaris Lumbricoids, Anschilostoma Entamoeba Coli and Giardio Lamblia were the most frequent parasites.