NOTES

WHO 18th Session

According to the Regional Director's report to the 18th Session of the Regional Committee, the greatest health achievement in South East Asia during recent years has been the enormous reduction in the incidence of malaria as a result of eradication programmes which in 1964 absorbed 44 per cent of WHO's regional expenditure on cummunicable disease projects.

Out of a total population in the region of 682 million, 643 million live in originally malarious areas, and of these only 35 million are still unprotected against the disease.

However, the report warned that unless the results achieved during the main attack on malaria were consolidated, the whole investment in malaria eradication may be lost. WHO has, therefore, advocated an immediate expansion of basic health services in order to absorb and integrate malaria eradication programmes.

The technical discussions group concluded that at the appropriate time there should be an integration of the malaria eradication campagins into the general health services and that these general services must be strengthened in order to ensure that malaria does not return.

It was agreed that in countries where the general health services were not yet sufficiently developed, the malaria eradication service could form the framework for a permanent public service with the aim of providing at least a certain amount of preventive and curative care to the whole community.

Cholera El Tor spreading. Several resolutions were adopted during the session, and in one of these the Regional Committee noted that smallpox eradication programmes now in progress in several countries of the region were handicapped by lack of supplies, freezedried vaccine and transport. The Committee therefore asked that the urgent need for adequate financial provision in the WHO budget in this respect should be brought to the attention of the World Health Assembly which meets in Geneva next May.

The Committee also learned that cholera El Tor, which has recently spread to almost all Asian countries, was now threatening the Middle East and Eastern Europe. The disease did not have the same clinical severity and mortality as classical cholera, but it seemed to spread more rapidly and to produce long-term carriers. Several WHO assisted studies on the disease were now in progress, including research on vaccines. At present there was no completely satisfactory anticholera vaccine.