certificate form for experimental use in the Region. A new, cheap edition of the WHO booklet on medical certification has also been made available to national authorities for use in connection with the medical certification programme now being introduced.

Assistance has been continued, as in previous years, in the improvement of collection, processing and presentation of basic statistical data. The first WHO-assisted hospital statistics project came into operation in Thailand and is making good progress. Training programmes of statistical staff of various grades assumed greater importance; new courses given during the year included one for medical coders and another for health officers.

Other significant developments during the year include publication by the Regional Office of reports on several studies carried out by statistical projects. Among these, special mention may be made of the report on a study made into "Fatal Injuries in Nagpur, 1957 (Statistical Study of Deaths from Accidents, Poisonings, and Violence)". A model vital and health statistics report is under preparation at the vital and health statistics project in Nagpur.

4. PUBLIC HEALTH ADMINISTRATION

4.1 Strengthening of National Health Services

The policy of providing WHO assistance at central levels was maintained, and its implementation, which is apparent in many of the activities reviewed elsewhere in this report, was extended.

Visits to most countries of the Region were made by the Regional Director, the Director of Health Services and other members of the Regional Office staff. Discussions on development of health services were held with governments and directorates. Occasional visits to the Regional Office by senior staff members of national health services provided valuable opportunities for consideration of problems of mutual interest.

Assistance to projects designed to strengthen total health services in typically exemplified by the public health programmes in rural health development in India. Similar assistance is being undertaken in other countries of the Region. A programme designed to strengthen health administrations in Indonesia made good progress. A project intended to start a health service in the Maldive Islands was undertaken at the end of 1959.

Medical Certification of Cause of Death - Instructions for Physicians on Use of International Form of Medical Certificate of Cause of Death, 1958

²Document SEA/VHS/28

In the field of communicable diseases the trend was increasingly towards the formation of epidemiological units to co-ordinate integration of specific control measures in the general public health administrations. WHO's assistance to such development was intensified by the provision of specialists, award of fellowships and co-operation in a training seminar.

Assistance to central health statistics sections was continued. Provision of nursing advisory services at directorate level was expanded. Further support was given to the creation of health education bureaux as a part of health administrations. Efficiency of management of medical stores is an essential component of effective health administration, and a further project designed to improve central medical stores administration was started.

The Government of India has constituted a strong Health Survey and Planning Committee as a follow-up of the Bureau Committee. The Regional Office furnished a detailed memorandum embodying suggestions and recommendations based on WHO experience for further lines of progress in planning the development of various sectors of national health services.

Assistance in the preparation of annual health reports was given to the Government of Afghanistan.

4.2 Community Development

The Afghanistan Government has formulated plans for expansion of community development and related health services to several fresh areas of the country along the lines of the activities of the present pilot project based at Shewaki/Gulzar. A ten-year programme of sanitation in rural areas is also under consideration.

In the rural health development project in Ceylon, the attempt at strengthening paediatric departments in provincial hospitals is continuing.

Assistance to health services in India's community development programmes was further increased, and the full complement of ten WHO teams was working at state level. As the programmes were generally behind set targets, the team leaders were called for a meeting in the Regional Office in August 1959 to discuss related problems in detail. Agreed recommendations were brought to the notice of relevant health authorities after suitable state-wise adaptation. Recognized main causes for lag in this programme were acute shortage of staff for rural health services, inadequate residential accommodation, limited educational facilities for children, remote prospects of promotion and the need for some security measures for female health personnel in rural areas. Other causes were posting of staff to rural areas without orientation training prior to posting, generally inadequate supervision, vaguely defined working arrangements in primary health units and delayed integration of health services at different levels of health administration. In the light of these observations, priorities were given by WHO to enhancement of all training

programmes aiming at increasing training facilities for rural health personnel and at providing adequate orientation training to such personnel before posting them to primary health units.

Orientation courses for medical officers in charge of primary health centres commenced in Uttar Pradesh, Assam, Bombay and Mysore. Plans for similar courses were completed for Punjab and Andhra Pradesh. Public health orientation courses for nurse-midwives continued in Bombay, Madhya Pradesh, Andhra Pradesh, Assam, Madras and West Bengal. In view of the steady increase of annual intake of medical students, all needing rural experience, there is a most urgent need to expand existing and to create new field training centres; accordingly, various possibilities for training fields and training methods were examined.

For the purpose of improving the supervision of the work of primary health centres and the co-ordination of activities of the health and the community development departments at district and field level, seminars were organized in Punjab and Assam. Plans designed for creating an efficient district health organization and an orderly development of health services based on existing resources were agreed upon in respect of four demonstration districts, at Shimoga (Mysore), Sibsagar (Assam), Hyderabad (Andhra Pradesh) and Karnal (Punjab). It is expected that three or four new demonstration districts will be developed during 1960.

In order to lessen the delay in upgrading referral institutions, recommendations were made for a phased development of each referral hospital selected for upgrading under the subsidiary plan of operations.

The function of primary health centres was discussed at a meeting of the Director-General of Health Services, Government of India, with the administrative medical officers of the states. A memorandum relevant to the discussion was prepared by the Regional Office and distributed among the participants. Remedial measures recommended by the states included increased subsidies from the Government of India for the establishment of primary health centres, building of staff quarters and revised pay scales. Also the possibilities of introducing compulsory service in rural areas for medical officers on a rotation basis were studied.

Rural health services in Indonesia are now allied in a number of districts to community development activities generally. A model organizational pattern has been formulated for provincial health services.

An important landmark in the development of health services in Nepal has been the starting of a network of rural health centres. Qualified health assistants trained in the WHO-assisted project are posted to these health centres.

In Thailand, sanitation in rural areas is to be given high priority in collaboration between the Government and ICA.