

# THE PROGRAMMES AND ACTIVITIES OF THE SEAMEO TROPMED PROJECT†

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The SEAMEO-TROPMED Project has been in progress for about 4½ years. From the very beginning, this project, unlike the others\* of SEAMEO, has had a different organizational set up. It consists of a Central Coordinating Board and eight National Centres of Tropical Medicine and Public Health, which have a connection with the Ministries of Education and Ministries of Health of SEAMEO Member Countries. So far the implementation of TROPMED has progressed satisfactorily.

## WHY TROPMED SHOULD BE INCLUDED IN SEAMEO

### 1. The Southeast Asian Communities

People in Southeast Asia are involved in everyday fighting with unseen dangerous enemies. They fight against "poverty" by "working hard", against "hunger" by "production of more food", against "ignorance" by "education" and against "diseases" by "treatment with drugs, prevention and control".

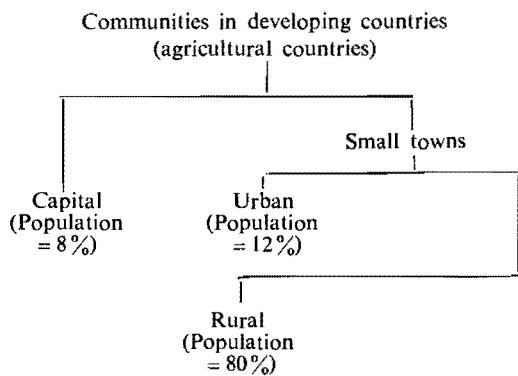
† Presented at the Seventh Southeast Asian Ministers of Education Council (SEAMEC) Conference 24th - 28th January 1972, Vientiane, Laos.

\* Other five SEAMEO Projects are BIOTROP (Regional Centre for Tropical Biology in Bogor, Indonesia), INNOTECH (Regional Centre for Educational Innovation and Technology temporarily, in Singapore, later being in Saigon), RECSAM (Regional Centre for Education in Science and Mathematics in Penang, Malaysia), RELC (Regional English Language Centre in Singapore) and SEARCA (Regional Centre for Graduate Study and Research in Agriculture in Los Banos, Philippines); each has a Regional Centre for teaching and research on a particular subject in each member country of SEAMEO.

Many thousand miles away from Southeast Asia, the developed countries of Europe have similar problems, but these are not considered to be as serious as ours since their people enjoy a higher socio-economic standard of living. They live in buildings with electricity, good water supply and proper sewage disposal system. They are also provided with basic amenities of life and to some extent enjoy luxurious living in a healthy environment.

The Southeast Asian countries are considered to be the developing countries; their communities comprise a population of about 220 million people. 80 per cent of them live in rural areas and earn their living by growing rice and other agricultural crops and products and they depend on those products. In general, the income of agricultural people is rather low and most of them are poor. Since the rate of population growth in Southeast Asia is high, being 3.0 - 3.4 per cent annually, the economic growth rate unfortunately cannot compete with the ever increasing population growth. The educational level of these people is generally low. Therefore, it becomes difficult to persuade them to pursue a normal, healthy and modern life. In addition, the unhygienic conditions facilitate disease transmission and these diseases can spread rapidly among the people.

The overall population picture in communities in the Southeast Asian countries may be illustrated by the following diagram and in Figs. 1-6.



- Environmental conditions
- Seasonal and low income
- Poverty
- High rate of population growth
- Unhygienic
- Unhealthy with diseases



Fig. 1—The city of Bangkok showing imposing buildings and a modern way of life.



Fig. 2—A rural area in Thailand; pathway leading to small houses in a village.



Fig. 3—A farmer ploughing land for growing rice.



Fig. 4—Corn, an agricultural product providing good income for the farmers.



Fig. 5—Villagers from remote areas carrying their products to the main market (Bali, Indonesia).



Fig. 6—A group of villagers in a rural area.

## 2. Tropical endemic diseases in Southeast Asia

Since the people in rural areas are poor and lack education, many of them are often malnourished and suffer from protein-calorie malnutrition. The common and important diseases among them are those caused by bacterial and parasitic agents including malaria, dysenteries, salmonellosis and other food-borne illnesses, hookworm infections; filariasis and elephantiasis, liver, lung and intestinal fluke infections, schistosomiasis, intestinal helminthic infections etc. All these diseases are classified as "Tropical Endemic Diseases" existing in the rural communities comprising about 80% of the total population. Therefore, when one is discussing the care of the people's health as well

as the treatment, prevention and control of these tropical diseases, one is actually talking about the majority of the people of Southeast Asia.

Generally speaking, for economic development of a country, a strong and healthy population is needed; an unhealthy community retards national economy. Since the nations of Southeast Asia are hampered in their social and economic development by the presence of indigenous tropical diseases, which could be prevented and controlled, it is our duty to provide some protection for our people from those diseases. However, before effective treatment, prevention and control can be applied, we have to initially

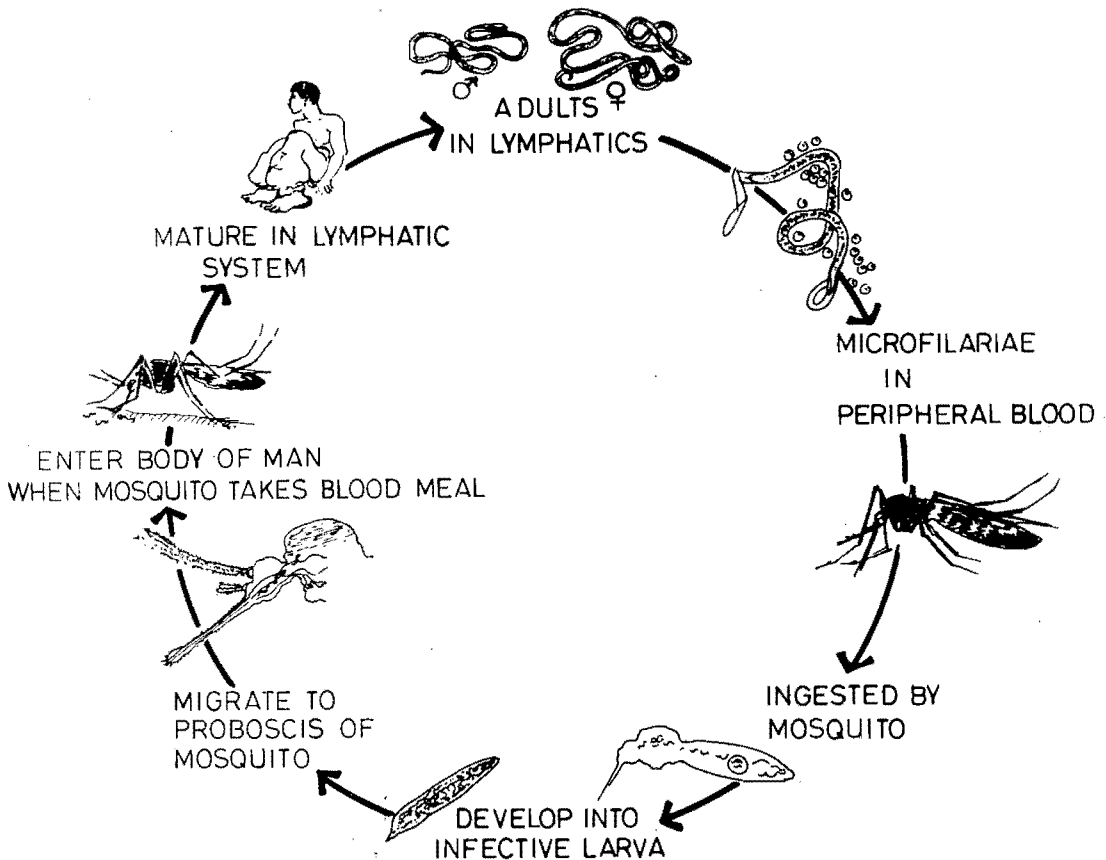


Fig. 7—The life cycle of filariasis caused by *Brugia malayi*.

study and know the etiology, epidemiology, ecology and nature of the individual diseases. This can be illustrated by the following example:- In filariasis and elephantiasis, as shown in Fig. 7, we know from research that the causative worm, *Brugia malayi*, inhabits the lymphatic glands of man releasing its offspring called microfilariae into his peripheral blood. The microfilariae are then ingested by a mosquito during the blood meal and they develop in the mosquito into infective larvae. The larvae infect a new human host when the mosquito takes another blood meal and then develop into adult worms. On the basis of this knowledge, treatment and control of this disease can be done effectively by breaking the parasite's life cycle, either by destroying the microfilariae in man using chemotherapy or by eliminating the mosquito with DDT spraying.

### 3. The need for Teaching and Research Institutions on Tropical Endemic Diseases in Southeast Asia

As the problems of tropical endemic diseases vary according to different environments of the different countries in Southeast Asia, steps should be taken to encourage the establishment of the regional cooperation in education and research in tropical medicine and public health (TROPMED) among these countries. This cooperation will enable us to obtain more economically useful information leading to successful control and eradication of tropical endemic diseases and eventually restore the health of the people in Southeast Asia.

### 4. Cooperation with SEAMEO

The objectives of SEAMEO are briefly as follows:

- (1) To accelerate educational development
- (2) To deal with man-power shortages
- (3) To halt the flow of talent from the region

- (4) To assure optimum use of regional resources.

These objectives fall within the aims and objectives of our intention to establish TROPMED as well.

#### a. Educational Programmes of TROPMED

TROPMED provides teaching and training courses\* in order to produce more qualified persons and specialists for effective treatment and successful prevention and control of tropical endemic diseases of public health importance.

According to our survey in 1969 [Document No. SEAMEO/TROPMED/P18(2)] the number of specialists in the field of nutrition, parasitology and entomology, public health and clinical tropical medicine needed by the Southeast Asian countries is 1,520 within a 5-year period. The details are shown in Table 1.

There is no doubt that the need for qualified personnel in the above mentioned fields is high.

#### b. Research Programmes of TROPMED

TROPMED carries out research programmes in tropical endemic diseases in order to achieve better results in

- (i) Correct diagnosis,
- (ii) Specific treatment for speedy recovery and cure, and
- (iii) Effective and successful prevention and control of the diseases.

These are the cardinal reasons why TROPMED has been included as a regional project in the SEAMEO.

\* TROPMED gives courses at post-graduate levels. With the present facilities, man-power and limited funds, we believe that it is better to produce a core of high level scientists so that these people, upon returning to their home countries, will disseminate the knowledge they have gained in tropical endemic diseases and also be able to train their junior staff.

Table 1

Showing the number of medical specialists needed and demanded by Southeast Asian countries for training in the four fields of specialization.

Specialty	Year					Total
	1969	1970	1971	1972	1973	
Nutrition	43	37	40	37	35	192
Parasitology & Entomology	77	71	78	78	82	386
Public Health	119	131	148	165	167	730
Tropical Medicine	43	40	46	38	45	212
Total	282	279	312	318	329	1,520

### IMPLEMENTATION OF TROPMED PROGRAMMES

Since Tropical Medicine and Public Health cover a wide field of subjects, it was impossible to establish a single "Regional Centre for Tropical Medicine and Public Health" in any particular country. In other words, it would have been very difficult for any of the SEAMEO Member Countries to accept the responsibility for the teaching and research of all important subjects of tropical endemic diseases. Thus it was thought that these responsibilities could be shared among the Southeast Asian countries and that there should be coordination of the various activities. In this connection, it was found better to use existing facilities in different countries, and develop and upgrade them further to serve the needs of the whole Region. Indonesia had facilities for Nutrition; Malaysia for Applied Parasitology and Entomology; Philippines for Public Health and Rural Medicine; Khmer Republic for Environmental Sanitation and Venereal Diseases; Laos for Public Health Laboratory and Helminthology; Singapore for Urban and Occupational Health; South Vietnam for Communicable Diseases, Plague and Enteric Infections; and

Thailand for General and Clinical Tropical Medicine and Tropical Paediatrics.

Each country designated its National Centre for Tropical Medicine and Public Health to be responsible for the work on teaching and research in its specialized subject. A Central Coordinating Board was formed to make the policies, coordinate the work and follow up the activities in the National Centres. The Central Coordinating Board consists of eight representatives, one from each of the National Centres, and a panel of consultants. A diagram indicating the organization of TROPMED is shown below.

TROPMED can now be compared to a motor car as shown in Fig 8. The various subjects in tropical medicine and public health constitute the body of the car; the eight National Centres form the engine of 8 cylinders; the Central Coordination Board directing the policies is the steering wheel, and the funds for implementation of TROPMED work (Operational Costs, "Special Funds" and Funds for development of the National Centres) are the fuel for running the car.

**Diagram of the organization of TROPMED**  
 SEAMEO TROPICAL MEDICINE AND PUBLIC HEALTH PROJECT "SEAMEO TROPMED"

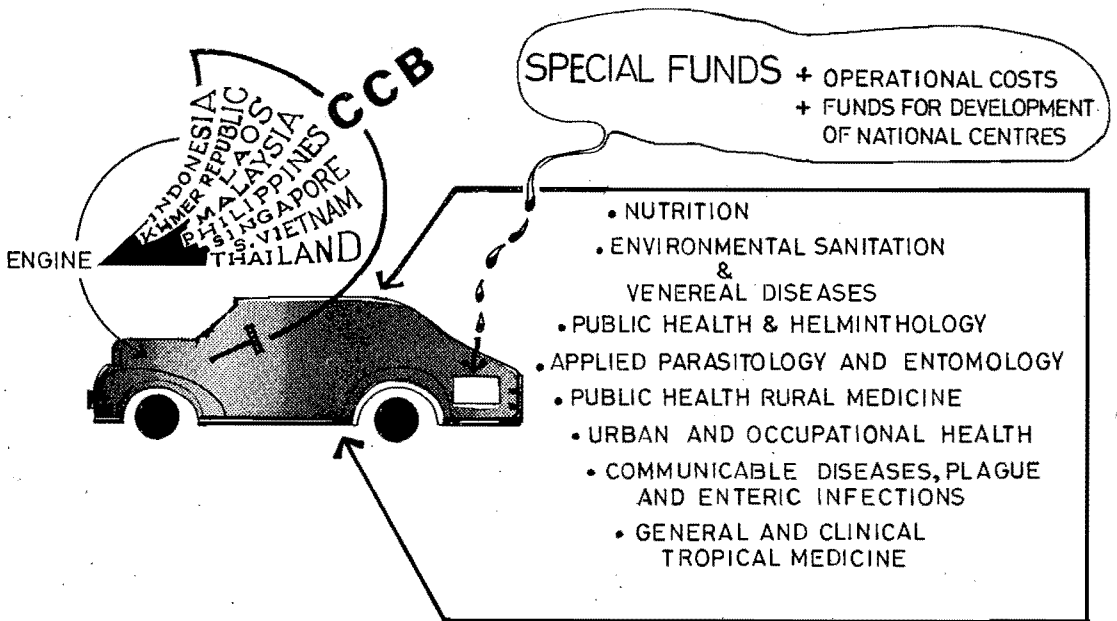
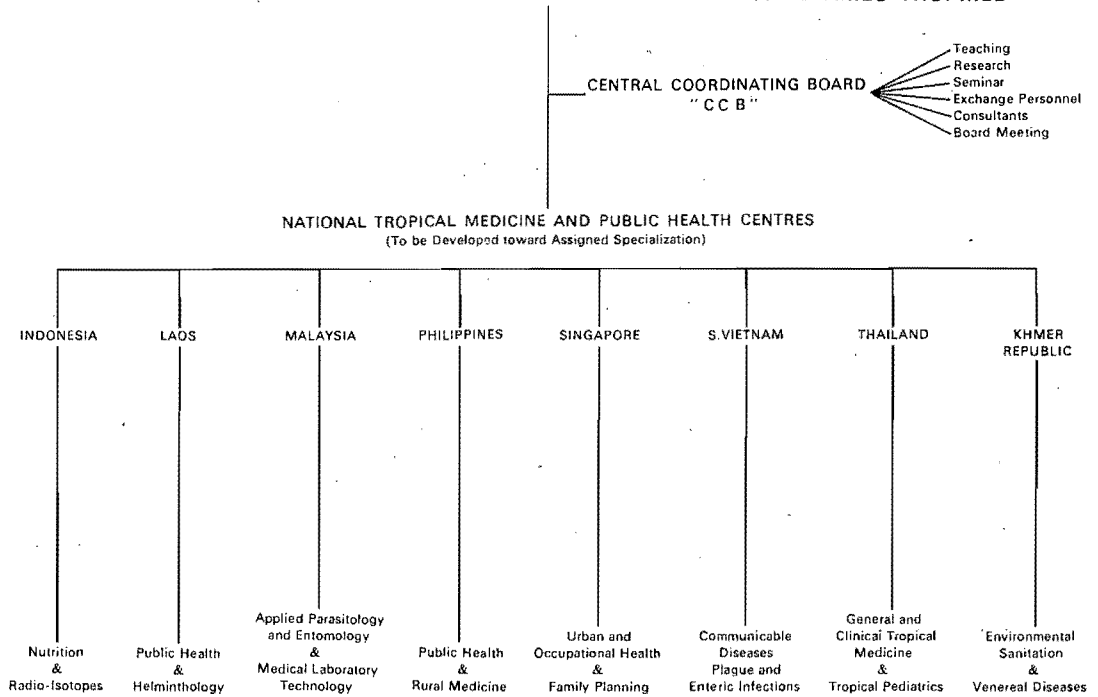


Fig. 8 — TROPMED motor car.

PROGRAMMES, ACTIVITIES OF SEAMEO TROPMED PROJECT

Regional Teaching programmes have been developed during the past 4 years. At present TROPMED has 5 regional teaching courses in 5 National Centres. They are (1) D.A. Nutr. course in Djakarta (for Diploma in Applied Nutrition, a 10-month course), (2) D.A.P. & E. course in Kuala Lumpur (for Diploma in Applied Parasitology and Entomology, a 6-month course), (3) M.P.H. and M.S. courses in Manila (for Master of Public Health and Master of Science in Hygiene, a 1-year and 2-year courses respectively), (4) D.P.H. course in Singapore (for Diploma in Public Health, a 10-month course), and (5) D.T.M. & H. course in Bangkok (for Diploma in Tropical Medicine and Hygiene, a 6-month course). We are planning to organize a D.A. Micro. course (for Diploma in Applied Microbiology, a 6-month course) in Saigon soon.

**THE FINANCE AND FUNDING SCHEME**

The budget of TROPMED is divided into 3 parts: (1) Operational Costs, (2) Special

Funds, and (3) Costs for development of the National Centres.

**1. Operational Costs**

These include the expenses of the Office of the Central Coordinating Board (CCB) consisting of salaries of the staff of the CCB, equipment and supplies, publications, clearing house expenses, fund-raising and other miscellaneous expenses. The costs amount to US\$ 56,000 annually of which the SEAMEO Member Countries and some donors are responsible.

**2. Special Funds**

These include expenses for training scholarships, grants for various research projects in the SEAMEO Member Countries, expenses for the seminars and workshops, exchange of personnel programme, and the meetings of the Central Coordinating Board. A total of US\$1,898,750 has been earmarked for the first 5 year period, as shown in Table 2.

Table 2  
Showing the Special Funds requirement for TROPMED during FY 1970-1974  
(July 1970-June 1975).

Items	FY1970 US\$	1971 US\$	1972 US\$	1973 US\$	1974 US\$	Total US\$
Training Scholarships	79,600	144,380	200,450	252,260	305,560	982,250
Research Grants	101,000	95,000	130,000	130,000	130,000	586,000
Seminars & Workshops	27,300	45,400	38,500	30,100	30,100	171,400
Personnel Exchange	24,400	15,000	18,000	23,500	23,500	104,400
Board Meetings	9,700	9,000	12,000	12,000	12,000	54,700
<b>Total</b>	<b>242,000</b>	<b>308,780</b>	<b>398,950</b>	<b>447,860</b>	<b>501,160</b>	<b>1,898,750</b>

It is the responsibility of SEAMES (Southeast Asian Ministers of Education Secretariat) to raise half of the total of the Special Funds\* from various donors. The U.S. Government has generously agreed to contribute half of these funds for the first 5 years.

### 3. Cost for development of the National Centres

It has been agreed that the TROPMED Member Countries will develop and upgrade their respective National Centres. The physical development (the buildings), staffing and maintenance of the Centres and some equipment will be under the responsibility of the local governments, and the US Government will assist the Centres by providing equipment equal in value to the costs spent for the construction of the buildings. The sum of US\$ 2,142,400 has been committed by the host countries and the USG for the development of the National Centres of Indonesia, Philippines and Thailand, and US\$ 2,350,000 have been earmarked for the National Centres of Malaysia, Singapore and South Vietnam. The development of the National Centre of Khmer Republic is being planned. The funding scheme is shown in Fig. 9.

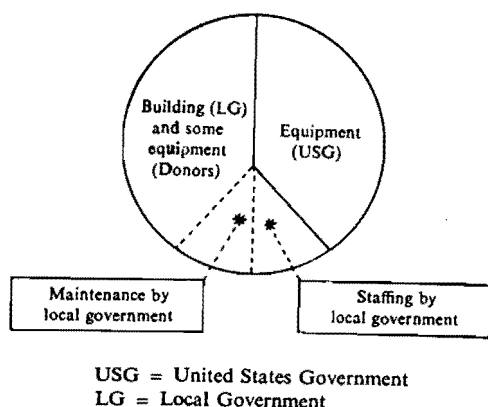


Fig. 9—Showing the funding scheme of the costs for development of each of the National Centres of TROPMED.

\* At present TROPMED is urgently in need of "Special Funds".

## OTHER ACTIVITIES OF TROPMED

### 1. The Southeast Asian Journal of Tropical Medicine and Public Health

This quarterly journal was started in 1970. Eight issues have already been published during the past two years. The Journal includes original scientific papers on research work carried out in the region as well as news concerning SEAMEO-TROPMED activities. This journal helps in the dissemination of new knowledge in tropical medicine and public health to all medical workers and scientists in Southeast Asia.

### 2. The CCB Bureau for TROPMED Information; Museum and Reference Centres

Since one of the functions of TROPMED is to serve the SEAMEO Member Countries as a clearing house to catalogue and publish information concerning the activities in the region, the Central Coordinating Board has agreed to set up bureau of information at the regional level and within the respective National Centres as follows:

(1) A bureau has been set up within each National Centre for Tropical Medicine and Public Health, to function as a museum and a national reference centre for the collection and cataloguing of materials as well as to act as a clearing house for information according to its specialization.

(2) The Regional Bureau has been established and developed under the aegis of the CCB to provide materials and information on request to any SEAMEO Member Countries and to all institutions and agencies throughout the world. This Bureau is known as "The CCB Bureau for TROPMED Information".

A diagram of all the bureaux is shown in Fig. 10.



## MUSEUM AND REFERENCE CENTRE

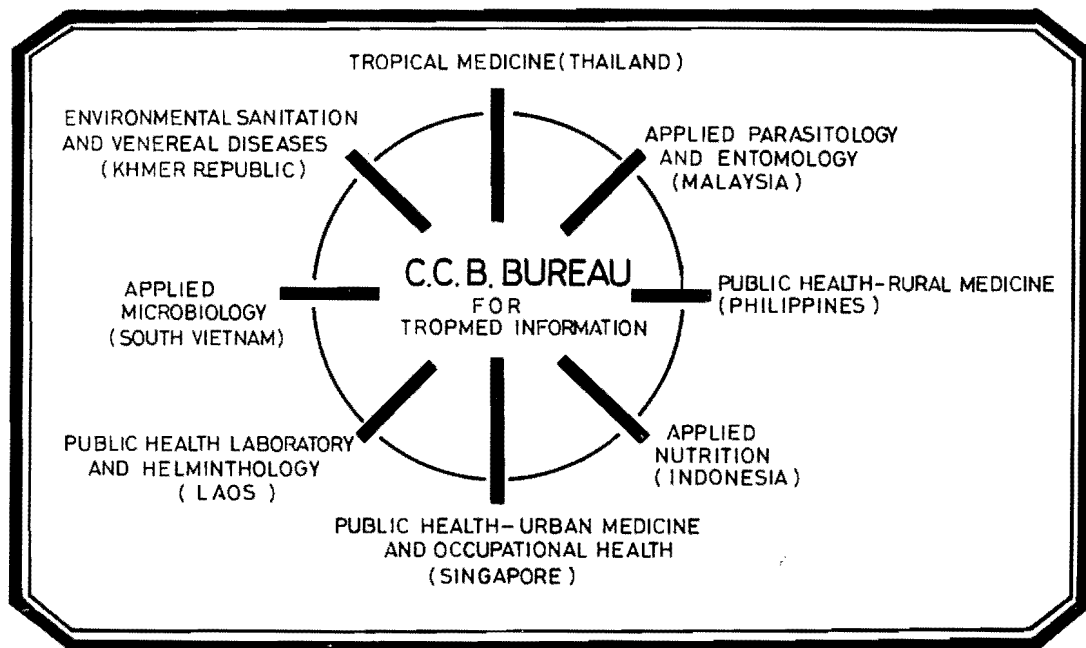


Fig. 10—The CCB Bureau for TROPMED Information in connection with the Museum and Reference Centres in the National Centres of the SEAMEO Member Countries.

In this way, it will become an invaluable aid to both National and Regional Teaching and Research, and also beneficial to advertise TROPMED activities and to give information to those donors who are interested in TROPMED programmes.

### SUMMARY OF PROGRESS OF TROPMED DURING 1967-1971

TROPMED activities during 1967-1971 included the following:-

#### 1. Regional Teaching at National Centres

##### a. D.T.M. & H. Course, Bangkok

The first SEAMEO D.T.M. & H. course started in 1967. The fifth course with 20 students was held during April-September 1971. The total number of students who have

so far attended the 5 courses amounted to 97 (76 SEAMEO fellowships).

##### b. M.P.H. & M.S. Courses, Manila

The first course with students from SEAMEO Countries started in 1968. The fourth course with 8 SEAMEO students was held during July 1971 - June 1972. The total number of SEAMEO students who participated in the 4 courses held so far was 22 (18 SEAMEO fellowships).

##### c. D.A.P. & E. Course, Kuala Lumpur

The first SEAMEO D.A.P. & E. course started in 1970. The second course with 11 students was held during April-September 1971. The total number of the students who so far attended the 2 courses amounted to 25 (22 SEAMEO fellowships).

d. *D.A. Nutr. Course, Djakarta*

The first SEAMEO D. A. Nutr. course started in 1970. The second course with 14 students was held during September 1971-June 1972. The total number of the students who attended the 2 courses was 24 (20 SEAMEO fellowships).

e. *D.P.H. Course, Singapore*

The first course with SEAMEO trainees was held during July 1971 - April 1972 with 3 SEAMEO students joining the class of 18 regular students.

**2. Regional Seminars**

Since 1967, TROPMED has organized 10 regional seminars in the SEAMEO Member Countries as well as in Taipei, Republic of China and in Tokyo and Osaka, Japan. The details of the seminars are shown in Table 3.

The Proceedings of these seminars have been published and are available at the CCB Office.

Four more regional seminars have been planned during 1972-1974 as shown in Table 4.

Besides the above seminars, three workshops on special subjects have also been agreed to be held in SEAMEO Member Countries in 1972 as shown in Table 5.

**3. Grants for research projects in the SEAMEO Member Countries**

During 1967 - 1971, grants for 64 research projects in the SEAMEO Member Countries amounting to US\$ 147,534.00 have been awarded from TROPMED. Progress reports of the research carried out under these grants have been submitted to the CCB Office and the results in the reports are being

Table 3

Showing the subjects of the regional seminars held in various countries during 1967 - 1971.

No.	Subject	Place	Date
1.	Tropical Medicine, Parasitic Diseases and Malaria	Bangkok	7 - 11 Aug. 1967
2.	Parasitology and Tropical Medicine	Kuala Lumpur	11 - 12 Nov. 1967
3.	Medical Entomology	Bangkok	15 - 17 Jan. 1968
4.	Filariasis and Immunology of Parasitic Infections	Singapore	31 May - 2 June 1968
5.	Schistosomiasis and Other Snail-transmitted Helminthiasis	Manila	24 - 27 Feb. 1969
6.	Nutrition	Djakarta	27 - 31 Oct. 1969
7.	Infectious Diseases of the Gastro-intestinal System	Taipei	28 Sep. - 2 Oct. 1970
8.	Occupational Health	Singapore	19 - 22 May 1971
9.	Epidemiology, Prevention and Control of Endemic Diseases	Tokyo, Osaka	5 - 14 July 1971
10.	Chemotherapy in Tropical Medicine	Bangkok	26 - 30 Oct. 1971

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assessed. Some results have been published in the Southeast Asian Journal of Tropical Medicine and Public Health. The research grants awarded in each year are shown in Table 6.

**4. Exchange of Personnel Programme**

During 1967 - 1971, 93 persons were involved in the Personnel Exchange Programme of TROPMED. The details are shown in Table 7.

Table 4

Showing the subjects of the regional seminars to be held in various countries during 1972-1974.

No.	Subject	Place	Date
11.	Radio-isotopes in Tropical Medicine and Public Health	Manila	2 - 6 Oct. 1972
12.	Bacterial and Parasitic Diseases of Public Health Importance	Seoul	22 - 26 May 1973
13.	Medically Important Mosquitoes	Kuala Lumpur	Oct. 1973
14.	Communicable Diseases	Saigon	July 1974

Table 5

Showing the subjects in the work-shops to be held in various countries in 1972.

No.	Subject	Place	Date
1.	Malaria	Kuala Lumpur	4 - 5 March 1972
2.	Ergonomics	Bangkok	19 - 23 June 1972
3.	Vector Control	Singapore	17 - 18 Aug. 1972

Table 6

Showing the grants awarded to various research projects in the SEAMEO Member Countries during 1967 - 1971.

Year	No. of Research Projects	Costs
		US\$
1967 - 1968	23	49,892
1968 - 1969	11	25,557
1969 - 1970	6	11,915
1970 - 1971	24	60,169
Total	64	147,534

Table 7

Showing the number of persons involved in the Exchange of Personnel Programme of TROPMED.

Year	No. of Persons
1967 - 1968	11
1968 - 1969	18
1969 - 1970	15
1970 - 1971	<u>49</u>
	93

The order of priority for this programme was accorded on the following basis.

- First:* Exchange of lecturers for the teaching courses.
- Second:* In-service training courses for doctors, scientists, research workers, technicians, etc.
- Third:* Study-tour to various National Centres for the top student in each of the regional teaching courses.

### 5. The Meetings of the Central Coordinating Board (CCB)

Ten CCB Meetings were held in rotation in the SEAMEO Member Countries and in some donor countries. The details are shown in Table 8.

### SUMMARY OF FISCAL REPORTS OF TROPMED

#### 1. Expenses of TROPMED during nurturing period (1967 - 1970)

During the nurturing period (1967-1970), the US Government granted a certain amount of funds for carrying out the work of TROPMED and contributions from other sources in the form of consultant services and facilities were provided. The total expenses amounting to US\$ 597,679 are shown in Table 9.

#### 2. Expenses of TROPMED during the first year of permanent phase (1970 - 1971)

The first year of the permanent phase of TROPMED lasted from July 1970 to June 1971. The total expenses for this period amounted to US\$ 259,575.20 as shown in Table 10.

Table 8

Showing the 10 Board Meetings in various places during 1967 - 1971.

First	Bangkok	15 - 17 March 1967
Second	Kuala Lumpur	2 - 4 August 1967
Third	Manila	13 - 15 December 1967
Fourth	Djakarta	4 - 7 June 1968
Fifth	Tokyo	24 - 30 November 1968
Sixth	Djakarta	27 - 31 October 1969
Seventh	Vientiane	16 - 18 July 1970
Eight	Singapore	4 - 7 November 1970
Ninth	Tokyo, Osaka	6, 8, 14 July 1971
Tenth	Bangsaen, Thailand	1 - 4 November 1971

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Table 9

Showing the fiscal report of TROPMED during 1967 - 1970, the nurturing period.

Year	Operational Funds paid by USG US\$	Contribution from Other Sources US\$	Total US\$
1967 - 1968	136,000	23,825	159,825
1968 - 1969	213,032	19,870	232,902
1969 - 1970	186,967	17,985	204,952
Total	535,999	61,680	597,679

Table 10

Showing the fiscal report of TROPMED during 1970-1971, the first year of permanent phase.

	US\$
1. Operational Costs (Member Countries + USG + Netherlands)	45,265.72
2. Special Funds USG	87,155.85
SEAMES	104,078.63
Total	236,500.20
3. Contributions from other sources as consultant services	23,075.00
Grand total	259,575.20

**3. Expenses of TROPMED during the second year of permanent phase (1971 - 1972)**

The budget for the second year of the permanent phase of TROPMED has been allocated to the amount of US\$ 357,780 (excluding the consultant services) as shown in Table 11.

Table 11

Showing the budget of TROPMED for the year 1971-1972, the second year of permanent phase.

	US\$
Operational Costs	49,000
Special Funds	308,780
Total	357,780

**4. Expenses of TROPMED during the third year of permanent phase (1972-1973)**

The budget for the third year of the permanent phase of TROPMED to the amount of US\$ 454,950 has been submitted and approved by SEAMEC at its seventh conference in Vientiane held on 24th - 28th January 1972, as shown in Table 12.

Table 12

Showing the budget of TROPMED for the year 1972-1973, the third year of permanent phase.

	US\$
Operational Costs	56,000.00
Special Funds	398,950.00
Total	454,950.00

In conclusion, the SEAMEO - TROPMED Project is a cooperative effort of the Southeast Asian Countries to pool manpower, technical resources and existing facilities in order to develop and up-grade teaching and research in tropical medicine and public health. In doing so, the number of specialists in various fields will increase and a better knowledge of basic and applied medical sciences will be obtained. There is no doubt that our goal will be ultimately achieved, i.e. the eradication and control of tropical endemic diseases which have been and will continue to be a burden on economic development of the countries of Southeast Asia.

The following pictures show some examples of our current teaching and research work in

the laboratory and in the field and of some tropical diseases which are of public health importance.



Fig. 13—Clinical teaching in a provincial hospital.

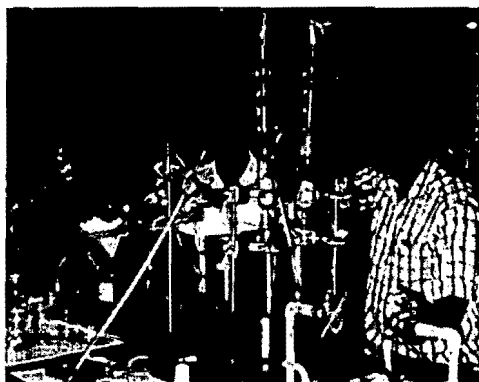


Fig. 11—Laboratory work on nutrition in D.A. Nutr. Course at the TROPMED National Centre of Indonesia.



Fig. 14—Post-graduate students during training in the field.



Fig. 12—Teaching Medical Entomology in the field in D.T.M.&H. Course.



Fig. 15—Demonstration of a field trial of the control of trematode larvae of different species by antagonism when they are present in the same snail (control of human and animal trematode diseases by biological means).



Fig. 16—A number of children in a village, illustrating the problem of rapid growth of population in Southeast Asia.



Fig. 19—Physical examinations of the patients performed in the remote rural area.



Fig. 17—Infants with malnutrition due to ignorance of mothers in feeding them.



Fig. 20—Studies on mosquito larvae, the vectors of malaria and filariasis.

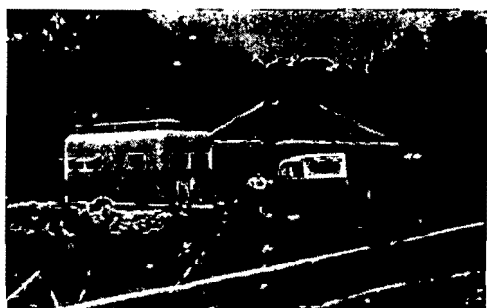


Fig. 18—Mobile laboratory for the work in the field.



Fig. 21—Malaria in children in a cornfield.



Fig. 22—A case of cirrhosis of the liver due to *Schistosoma japonicum* (blood fluke) infection, in Khong Island, Southern Laos; a problem in the development of the Lower Mekong Basin.



Fig. 24—Blood examinations for malaria in the field.



Fig. 25—Giving drugs to children for the treatment of common intestinal parasitic infections.



Fig. 23—Filariasis with elephantiasis of legs and arms.



Fig. 26—An officer giving lectures on health education to the villagers.

TROPMED hopes that in the years ahead as part of SEAMEO and with the continued support from donor countries, we can meaningfully render our services towards the treatment, prevention and control of tropical endemic diseases in the Southeast Asian countries and thereby improve the health of the people and their socio-economic

status. Undoubtedly to sustain an active programme of this nature, goodwill, cooperation and assistance are necessary from all quarters. It is in this connection in particular that we would like to appeal to all to give us an assisting hand by contributing to our "Special Funds".