

EDITORIAL

SEAMEO TROPMED AFTER 30 YEARS

The end of the year 1997 marked the completion by SEAMEO TROPMED of its first 30 years. As we look back over those years, TROPMED can be justly proud of the record.

The training of thousands of physicians and medical scientists from member countries and from countries outside the region in degree courses and in short courses is the hallmark of the educational programs that form the firm base of SEAMEO TROPMED in fulfilment of its primary mandate. Arguably these comprise the most extensive and influential set of training programs set in the midst of the tropical medicine arena anywhere in the world. The continuity and expansion of scope as the years progressed is remarkable.

Equally valuable have been the extensive publications over this period. This Journal started its live two years after the birth of TROPMED. There followed a large series of Supplements reflecting special interest seminars and workshops over the years: many of these contain unique collections of knowledge and experience from the region and from the world at large. Together the Journal and the Supplements represent a substantial proportion of the global wisdom in the field of tropical medicine and related public health issues.

So it can be justly claimed that SEAMEO TROPMED has used its first 30 years to good and lasting effect. Education is a stepping stone to research and service. The community of people built up in this fashion over this long period has contributed widely and in depth to the advancement of capability in the genesis of new concepts and new techniques, and to their application in health system development. In the laboratories we have seen the gradual progression from classical taxonomy to biochemical and immunological sophistication to molecular genetic analysis. In the field we have seen progression from simple description of population based disease patterns to computer-based quantitative epidemiological assessment and planning. We have seen the introduction of quantitative economic analysis at micro and macro levels. The transitions are well recorded in the region's own published work. They reflect forward movement of an influential kind.

These activities have taken place in an environment of war and peace, of wealth and poverty, of incremental growth and rapid expansion. In the past few months in some countries in the region there has been a dramatic downturn in economic fortunes, shaking the foundations of anticipated prosperity. The picture is one of continual change, of unpredictability, of the challenge of adaptability. These events compel us to take account of the broader picture: the microcosms of science in which we carry out our research must be related to this larger vision. Looking back over the record, SEAMEO TROPMED has indeed responded to many such challenges during its existence. It has on many occasions been at the forefront in suggesting changes in direction of public health policy, in areas such as water resource management, vector control, disease containment. Each era brings new perspectives.

Throughout much of its history SEAMEO TROPMED has had to rely on the generosity of Associate Member countries to supplement national government financial contributions to the core budget. These contributions from both sources have provided the life-blood of its programs, particularly the fellowships that enable students to attend the courses in member countries. Economic prosperity can never be predictable and major fluctuations are inevitable over time. To maintain input at a sustainable level there is a need to ponder the critical nature of the impact of TROPMED's work on human resource development in the national and international spheres. There is no doubt that this impact has been substantial on public health capability, but perhaps the case will need to be more clearly made in terms better understood and appreciated by the macro-planners.

Political decision-making is on a national basis. It is not easy to convert multi-country regional activities into national political priorities. South-east Asia has been a leader in regionalisation of ideas and actions. But when it comes to a crisis national priorities will inevitably take precedence. This reflects the need for great flexibility in program planning in order to weather the ups and downs of economic fortunes. Such a period con-

fronts us at this particular phase of our history.

These past 30 years have seen some major fluctuations in disease patterns. Malaria incidence and virulence present a good illustration. Some countries such as Peninsular Malaysia and Thailand have greatly reduced malaria incidence in general but border regions represent a continuing threat. Partly this reflects population migration profiles, partly it reflects residual forest transmission, partly uneven economic growth, partly the impossibility of any one country alone being able to effectively control trans-border activity. Multi-drug resistant malaria expansion roughly parallels the years of SEAMEO TROPMED's history. Within the sphere of influence of TROPMED much of the most important clinical and epidemiological research on this problem has been carried out in member countries. So too, many of the critical clinical trials of new anti-malarial drugs have been done in this region. The problems are still with us as a major challenge but many of the essential advances in knowledge have evolved under the TROPMED umbrella.

HIV-AIDS has come upon the region as a rapidly progressive epidemic in a much shorter time frame. The same population mobility that affects malaria epidemiology also impinges on the AIDS equation. But it involves, in addition, the multi-country commercial sex trade, something that remains as an unsolved paradigm interwoven with the poverty that reflects inequity of opportunity and of economic planning. This remains a challenge to

SEAMEO TROPMED, as well as to national ministries of health and to national governments. But it can only be slowed by regional planning and action. Perhaps the greatest challenge is in this arena.

Despite the continuing sagas of communicable diseases many relative success stories have been seen in this field in the past 30 years; smallpox eradication accomplished, poliomyelitis eradication well underway, filariasis eliminated or greatly reduced in many areas, high EPI coverage in many countries, for example. TROPMED has played its part along with WHO, UNICEF, UNDP, bilateral donors and many other agencies. It has provided many of the trained personnel, some of the science, some of the action through constituent ministries of health. At the same time it has given emphasis to nutrition, to food handling practices, to some chronic disease, to public health policy development. It has not attempted to cover all the needs, rather it has focused on those areas where it had special capability to contribute meaningfully.

We look forward to the years ahead, in the hope that the political will to sustain and grow will continue in the spirit of tropical public health practice based on good science in a positive educational framework. There is a great deal to be done, it is not possible to see the end of the endeavor.

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