

5. HEALTH STATISTICS

There has been notable progress in the field of health statistics in the various countries of the Region during the year under review.

National Committees on Vital and Health Statistics or their equivalents were formed in two countries. In India an advisory body called the National Council on Population was formed in 1960: this now has three sub-committees, dealing with demography, vital statistics and health statistics respectively. The sub-committee on health statistics was formed in 1964. In Nepal, a National Committee for Vital and Health Statistics was constituted by the Ministry of Planning. Its Chairman represents the Ministry, and members include representatives of the Departments of Health, Statistics, Education and Legal Affairs.

The publication of available health statistics by the countries of the Region as part of their annual health reports, or separately, is still far from complete. During the year under review, the Director of Health Services, Ceylon, published his Administration Report for 1961-62; the Director-General of Health Services, India, issued "Health Statistics of India, 1958"; the Directorate of Health Services, Punjab, brought out a booklet, "Health Statistics, 1962"; the Department of Health, Thailand, published "Health Progress, 1961-62", and the Ministry of Public Health, Thailand, issued the fourth edition of "Public Health in Thailand", which presents a series of health data, up to and including the year 1962. Among the countries which do not publish annual health reports, three were able to supply health statistics data for the WHO Supplement to the Second Report on the World Health Situation, 1961-1962.

As it has been considered that an up-to-date manual on the subject of annual health reports would stimulate activities in this field, a revision of WHO's "Manual of Instruction for the Preparation of Annual Health Reports" is under preparation.

The collection of hospital statistics continued to improve in coverage and scope in various countries. In Afghanistan and India (West Bengal), the collection and processing of in-patient morbidity statistics were maintained. In Burma and Thailand, approximately 25% and 100%, respectively, of the hospital beds of the medical services were covered by a modern reporting scheme for in-patient morbidity statistics, and improved systems for the collection of administrative statistics of the hospitals were introduced. These activities were assisted by WHO. In Ceylon, the procedures for the collection of in-patient morbidity statistics were revised, with a view to obtaining more detailed data. In Nepal, the collection of administrative statistics from hospitals in Kathmandu Valley began in April 1964.

In order to improve the quality of morbidity statistics and of patient care, medical record departments in major hospitals were planned, established or consolidated in most of the countries of the Region. The training of medical records officers continued at the Christian Medical College, Vellore (India), and a similar course, sponsored by WHO, was started in Bangkok in June 1964.

The recording and collection of relevant data for the assessment of activities of the rural health services has continued to be a problem for most countries in the Region, and this is being accentuated by the integration of various specialized disease-control programmes into the general community health services. With WHO support, some progress has been made in designing generally suitable maternal and child health records and reports. In addition, the Regional Office is developing records and reports for leprosy control programmes, and, with WHO assistance, a similar system is being worked out for programmes of tuberculosis control.

Want of completeness of vital statistics registration remains a problem in several countries of the Region, as reflected by the documentation and discussions at the ECAFE-sponsored Asian Population Conference held in Delhi in December 1963, at which WHO was represented. The lack of reliability of vital statistics data makes simple assessment of important social and health programmes difficult.

In Burma, steady progress is being made towards complete vital statistics coverage of the urban population. A new registration scheme has been introduced in 72 out of 78 townships. The Vital Statistics Section in Rangoon was transferred from the Ministry of Health to the Central Statistics and Economics Department under the Ministry of Planning. In India, the Registrar General issued a report on the study of "Default in Submission of Returns by Vital Registration Units in Rural Areas of Gujarat State (1962)". Other States were encouraged to undertake similar studies. The State of West Bengal has published vital statistics for the years 1961 and 1962. In Nepal, the development of a vital registration system was entrusted to the Central Bureau of Statistics of the Ministry of Planning. In April 1964, the Bureau initiated birth and death registration on a trial basis in one township and two villages (aggregate population 34 000). Here, certificates of vital events are to be signed by the chairman of the community council concerned, and copies of the certificates are sent directly to the Central Bureau of Statistics for processing.