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THE ASSOCIATION OF MEDICAL DOCTORS FOR ASIA

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AMDA INTERVIEW:

Professor Aree Valyasevi

Prof.Aree Valyasevi graduated medicine from Siriraj Hospital Medical College in 1951. Then, he continued his study at the University of Pennsylvania where he earned his Diplomat American Board of Pediatrics in 1957 and D.Sc.(Med) in 1959. After he returned to Thailand, he initiated many studies in the fields of nutrition, child health and later also rural community development. He was the Founding Dean of the Faculty of Medicine, Ramathibodi Hospital. For his excellent works and services, he has received many awards, including the Outstanding Scientist Award from the Universitat Giessen (West Gemany), the National Best Researcher Award from the National Research Council of Thailand and the Magsaysay Award for Community Leadership. Though he retired in 1986, he is still very active and working as consultant to many national and international organizations.

IN THIS ISSUE

AMDA NEWSLETTER

A MONTHLY PUBLICATION OF THE ASSOCIATION OF MEDICAL DOCTORS FOR ASIA

PURPOSES

1. To publish information about AMDA activities.
2. To provide a venue of communication among AMDA members.
3. To be a forum for AMDA members to express ideas and comments.
4. To publish articles about health care and community development

All materials for publication should be sent to Nipit Piravej, M.D., editor, AMDA Newsletter, 56/13 Soi Kua Witthaya, Charoen Nakhon Rd., Bangkok 10600, Thailand.

EDITORIAL

Dr. Nipit Piravej

Happy New Year 1989 to all AMDA members. May the new year bring new hopes and successes to all of you !

As the first issue of this year, we would like to present something special for the members. Fortunately, we were able to get a rare opportunity to interview Professor Aree Valyasevi, one of the Magsaysay Award Winners of Thailand. Though he has retired, he is still very active and busy. This exclusive interview for AMDA Newsletter was given just prior he left for New Zealand for an international meeting.

In the interview, Professor Aree has touched many aspects of health and community development, but above all on the topic of child health development which is his specialty. I believe that all of us would agree that the general well being of children will reflect the future of the community. Howeve we shall learn from Professor Aree that there are still too many risks for the children in the rural area to overcome in order to grow up. Although the discussion concerns mainly with Thailand, I am certain that his philosophical viewpoints may be applied to the situations in many other Asian countries as well.

Child health development is a hot issue. I believe that a lot of members may feel eager to express their ideas. So please send in, we are considering devoting one issue of the newsletter for this topic.

The Editor

The child survival index

The basic measure of infant and child survival is the under-five mortality rate or U5MR (number of deaths under the age of five, per 1,000 live births). A child *survival* rate per 1,000 births can be simply calculated by subtracting the U5MR from 1,000. Dividing this figure by ten shows the *percentage* of those born who survive to the age of five. The following table shows that percentage child survival rate for all countries in both 1960 and 1985.

Percentage of those born who survive to reach the age of five

	1960	1985		1960	1985		1960	1985
Afghanistan	62.0	67.1	Zambia	77.2	86.5	Korea, Dem. Rep. of	88.0	96.5
Mali	63.0	69.8	Peru	76.7	86.7	Korea, Rep. of	88.0	96.5
Sierra Leone	60.3	69.8	Libyan Arab Jamahiriya	73.2	87.0	Panama	89.5	96.5
Malawi	63.6	72.5	Morocco	73.5	87.0	Mauritius	89.6	96.8
Guinea	65.4	74.1	Indonesia	76.5	87.4	Uruguay	94.4	96.8
Ethiopia	70.6	74.3	Congo	75.9	87.8	Romania	91.8	96.9
Somalia	70.6	74.3	Kenya	79.2	87.9	Yugoslavia	88.7	96.9
Mozambique	69.8	74.8	Zimbabwe	81.8	87.9	USSR	94.7	97.1
Burkina Faso	61.2	75.5	Algeria	73.0	88.3	Chile	85.8	97.4
Angola	65.4	75.8	Honduras	76.8	88.4	Trinidad and Tobago	93.3	97.4
Niger	68.0	76.3	Tunisia	74.5	89.0	Jamaica	91.2	97.5
Central African Rep.	69.2	76.8	Guatemala	77.0	89.1	Kuwait	87.2	97.5
Chad	67.4	76.8	Saudi Arabia	70.8	89.1	Costa Rica	87.9	97.7
Guinea-Bissau	68.5	76.8	Nicaragua	79.0	89.6	Portugal	88.8	97.8
Senegal	68.7	76.9	South Africa	80.8	89.6	Bulgaria	93.8	97.9
Mauritania	69.0	77.7	Turkey	74.2	89.6	Hungary	94.3	97.9
Kampuchea	78.2	78.4	Iraq	77.8	89.9	Poland	93.0	97.9
Liberia	69.7	78.5	Botswana	82.6	90.1	Cuba	91.3	98.1
Rwanda	75.2	78.6	Viet Nam	76.7	90.2	Greece	93.6	98.2
Yemen	62.2	79.0	Madagascar	81.9	90.3	Czechoslovakia	96.8	98.3
Yemen, Dem.	62.2	79.0	Papua New Guinea	75.3	90.6	Israel	96.0	98.4
Bhutan	70.3	79.4	Ecuador	81.7	90.8	New Zealand	97.3	98.6
Nepal	70.3	79.4	Brazil	84.0	90.9	Austria	95.7	98.7
Burundi	74.2	80.0	Burma	77.1	90.9	Belgium	96.5	98.7
Bangladesh	73.8	80.4	El Salvador	79.4	90.9	German Dem. Rep.	95.6	98.7
Benin	69.0	80.7	Dominican Rep.	80.0	91.2	Italy	95.0	98.7
Sudan	70.7	81.3	Philippines	86.5	92.2	USA	97.0	98.7
Bolivia	71.8	81.6	Mexico	86.0	92.7	Germany, Fed. Rep. of	96.2	98.8
Tanzania, U. Rep. of	75.2	81.7	Colombia	85.2	92.8	Ireland	96.4	98.8
Nigeria	68.2	81.8	Syrian Arab Rep.	78.2	92.9	Singapore	95.0	98.8
Haiti	70.6	82.0	Jordan	78.2	93.5	Spain	94.4	98.8
Uganda	77.6	82.2	Mongolia	84.2	93.6	United Kingdom	97.3	98.8
Pakistan	72.3	82.6	Paraguay	86.6	93.6	Australia	97.5	98.9
Oman	62.2	82.8	Lebanon	90.8	94.4	France	96.6	98.9
Lao People's Dem. Rep.	76.8	83.0	Thailand	85.1	94.5	Hong Kong	93.5	98.9
Zaire	74.9	83.0	Albania	83.6	94.8	Canada	96.7	99.0
Cameroon	72.5	83.8	China	79.8	95.0	Denmark	97.5	99.0
Togo	69.5	84.0	Sri Lanka	88.7	95.2	Netherlands	97.8	99.0
India	71.8	84.2	Venezuela	88.6	95.5	Norway	97.7	99.0
Cote d'Ivoire	68.0	84.3	United Arab Emirates	76.1	95.7	Japan	96.0	99.1
Ghana	77.6	84.7	Guyana	90.6	95.9	Switzerland	97.3	99.1
Lesotho	79.2	85.6	Argentina	92.5	96.0	Finland	97.2	99.2
Egypt	70.0	86.4	Malaysia	89.4	96.2	Sweden	98.0	99.2

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AMDA : What is the present health status of Thai people ?

Prof. Valyasevi : Undoubtedly, the health status of Thai people in general have improved remarkably over the past 2 decades. To make it more obvious, we may consider some of the statistics. Let's start with the life expectancy. About 20 years ago, an average Thai would live for about 50 years. But at present, the life expectancy of Thai female is 65 and of Thai male is 61 years. The next to be considered may be the crude death rate; it has decreased from 10.4 per thousand in 1970 to about 7 per thousand recently. More interestingly, the major causes of death have shifted from infective causes towards non-infective causes. Among these are cardiovascular diseases, malignancies and trauma.

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Apparently, the reasons for such a change are related to the increase in the proportion of elderly people, the more industrialized of the country and perhaps also the improper adoption of some Western life styles.

Next, we may look at the infant mortality rate, another accepted important indicator of social development. According to WHO recommendation, developing countries should try to improve their infant mortality rates to under 50 per thousand live births. Thailand has actually achieved this target with a figure of around 40 per thousand in 1985. However, we should not satisfy with this figure because it is still about 3 folds higher than that of most developed countries, and we know we can do better. And if we look closer, we would find that perinatal death has now constituted a major portion of infant mortality. This means that we have to encourage antenatal monitoring and improve our obstetrical care especially in the rural area of the country.

Among children, the statistics also demonstrate the marked decrease in the mortality caused by infections diseases, especially the preventable groups such as measles, whooping cough and diptheria. The rapid decrease of moderate and severe protein energy malnutrition is also encouraging. However, the rising rate of dengue hemorrhagic fever, the persistent high prevalence of hepatitis B virus carriers and the emergence of HIV (Human Immunodeficiency Virus) infected patients are alarming and constitute the major problems to be tackle next.

In brief, the overall health status of Thai people is much improved. Nevertheless, we have to understand that Thailand is not a homogeneous society. At least, the country can be divided into urban and rural areas. In my point of view, the enormous improvement in health status of Thai people is mainly concerned with the urban people. The people in the rural area are subjected to a lesser degree of change.

Infant mortality rate of Thailand by regions

Regions	Infant mortality (per 1,000 live births)
North	57.8
North-east	52.8
Central (exclude Bangkok)	39.0
South	39.4
Bangkok	26.5

(Source : Thai National Statistics Council, 1985)

".. the most important achievement over the past decade was the change... from a narrow base broad top to a more desirable broad base narrow top system through primary health care..."

Q : In 1988, what do you perceive as the major advance in the health care development in Thailand ?

A : I am afraid that I could not point out a single major advance that happened so acutely in one year. Actually, the process of health care development in this country is rather an evolutionary process than a revolutionary one. In that sense, I would point our that the most important achievement over the past decade was the change of the national health plan from a "narrow base broad top" to a more desirable "broad base narrow top" system through primary health care. In short, the narrow base broad top is the system that emphasize too much on the sophisticated medical technology but pay very little attention to basic health problems in the community. So most of the governmental resources were used at the tertiary medical care level which usually serve only few people. This was the system in the past. Now, we have succeeded in establishing the broad base system through primary health care and the emphasis on the local community hospitals so that the rural people are now more accessible to governmental medical services. This has brought about the improvement in the community sanitation, the more awareness of basic health problems and so forth.

However, with the population transition and the changes in social structures, we are now facing more and more diseases of the elderly and malignancies. This means that our health strategy need further modification again to suits the future problems. I think the strategy now should be to build up the top while maintaining the firm base. The present medical curriculum needs modification as well. In health development, we can not stand still because the system is so dynamic.

Q : In 1988, what do you think is the most important health care related event that happened in Thailand ?

A : Again, this is difficult to answer exactly. Some may say the success of cardiac transplantation, others may raise the success of other sophisticated medical techniques. But I would like to mention about the National Health Assembly taken place during September

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12-15, 1988. It was a comprehensive meeting that brought people not only from public health and medical sectors but also experts in education, agriculture, economics and social development, together and discuss about the direction and strategy of health development. The most important impact of this meeting is to bring about a better awareness of the present problems and emphasize the multidisciplinary approach to tackle the problems.

Q : We all know that you have a great experience in child health development, what do you think is (are) still the major health problems among Thai children ?

A : Although I have mentioned that the mortality from infection is decreasing, infection is still the leading cause of child mobidity, especially in the rural area. This includes respiratory tract infection, diarrhea and other viral infections. Also of important is the recent surge in the incidence of dengue hemorrhagic fever which is the top killer in the school age children. Parasitic infestation is common though it is rather chronic and indolent in nature. In spite of the fact that severe malnutrition has generally disappered, we now have to face the milder degree or subclinical form of the problem. It is interesting to say that just opposite to the rural area, we begin to see the problem of obesity in the urban children.

"We know that minor deficiency of some nutrients can be a problem too.... Impaired cognitive function and short attention span in school children with mild degree of iron deficiency have been shown in a study performed here in Chonburi."

Q : Because you have done a brilliant work to improve the child nutritional problem in rural area of Thailand, what do you think about the present status of this problem ?

A : I would say that over the past decade, we have quite successfully tackled down the problem of severe malnutrition. But this is only the tip of the iceberg. What still persists is the portion under the surface. We know that minor deficiency of some nutrients can be a problem too. A study in Indonesia shows that in mild degree of iron deficiency with anemia or without anemia, the child may have impairment of motor function and he may be more

easy to get fatigue. Impaired cognitive function and short attention span in school children with mild degree of iron deficiency have been shown in a study performed here in Chonburi. Another example is iodine deficiency. Iodine deficiency is not equivalent to goitre. We learned that a suboptimal level of thyroxine can produce physical sluggishness, lowered productivity in adult which can be reverted by adding iodine to the diet. In growing child and in unborn fetus, the result of iodine deficiency can be irreparable damage to both brain and body growth. For vitamin A, mild deficiency can cause impairment in epithelialization and immune system. In children with such a deficiency, they are more prone to have respiratory tract infection and diarrhea.

The reasons for the persistent nutritional problem are certainly the poverty, but what should not be overlooked is the problem of improper food habits. For instance, in some part of the country, people still consume large amount of food containing phytate and oxalate which apart from having no nutritional value these compounds can interfere with the absoption of other nutrients. Therefore, we can see why education is so important in solving these problems.

"The pre-school period can be considered as the foundation of life because it is the critical time for both somatic and mental development."

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Iron, iodine, and vitamin A deficiency

Areas of high prevalence of vitamin A deficiency and xerophthalmia (literally "dry eye")* among children, 1986

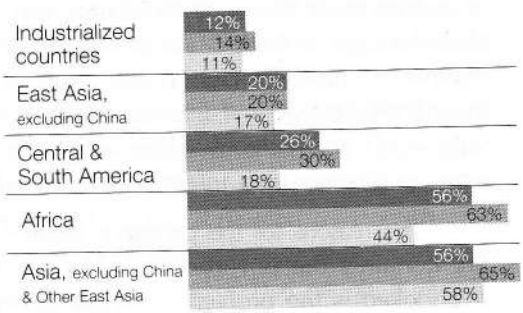
Over 500,000 children under 5 lose their sight every year. Within a few weeks of becoming blind 60–70 percent of these children die. An additional 6 to 7 million children show signs of moderate vitamin A deficiency and are therefore more vulnerable to infectious diseases.

Region	Prevalence is a significant health problem	Reports of sporadic cases call for close monitoring of the situation
Africa	Angola, Benin, Burkina Faso, Chad (north), Ethiopia, Ghana (north), Kenya, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria (north), Sudan, Uganda, U.R. of Tanzania, Zambia	Algeria, Botswana, Burundi, Lesotho, Madagascar, Morocco, Rwanda, Somalia, Senegal, Zimbabwe
Central & South America	Bolivia, Brazil (northeast), El Salvador, Haiti, Mexico	Equador, Peru
South Asia	Afghanistan, Bangladesh, India, Nepal, Sri Lanka	Pakistan
Southeast Asia	Burma, Kampuchea, Indonesia, Lao People's Dem. Republic, Viet Nam	Malaysia, Thailand
West Asia	Oman	Egypt, Iran, Iraq, Jordan, Syria, Turkey, Yemen
East Asia		China

*Xerophthalmia applies to all ocular manifestations of vitamin A deficiency: difficulty of seeing in dim light, drying of the conjuctiva, foamy patches forming on the conjuctiva, a hazy or granular surface, a pebbly dryness apparent on the cornea, corneal ulceration, and retinal lesions. Prevalence of the deficiency is greater for males than for females.

Source: "Prevention and control of vitamin A deficiency, xerophthalmia and nutritional blindness: proposal for a ten-year programme of support to countries", World Health Organization (NUT/84.5 rev. 1), February 1985 and most recent WHO/UNICEF assessments.

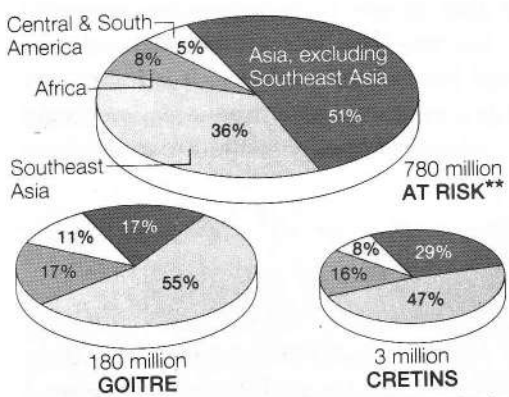
Prevalence of anaemia* among children and women, 1986



*Anaemia is defined as a haemoglobin concentration below WHO reference values for age, sex and pregnancy status

Source: De Maeyer, E. and M. Adiels-Tegman, "The prevalence of anaemia in the world", World Health Statistics Quarterly, vol. 38, no. 3, 1985.
1986 population: UN Population Division estimates.

Iodine deficiency disorders (IDD)* in the developing world, 1986 estimates



* IDD covers the spectrum of mental and physical disability resulting from inadequate intake of iodine, especially to the developing brain of the foetus, infant and young child. In approximate order of increasing severity, the spectrum includes: goitre, hypothyroidism, subnormal intelligence, delayed motor development, mental deficiency, hearing defects, speech defects, strabismus (squint), nystagmus, spasticity, neuromuscular weakness, endemic cretinism, and intrauterine death (spontaneous abortion, miscarriage). Children born to iodine-deficient mothers can have variable degrees of mental retardation, ranging from the mild forms up to marked cretinism. Prevalence of deficiency is greater for females than for males.

** Living in areas where the environment is deficient in iodine, so that the soil, water, and both animal and vegetable foods have greatly reduced iodine content compared to other areas.

Source: "ACC-SCB program for the control of iodine deficiency disorders in the developing world", WHO, 1986; "Iodine deficiency disorders in South-East Asia", WHO, 1985.

Q : At present, which particular group of children that need the most attention, as far as health problems are concerned ?

A : I would say that the more urgent attention should be paid to the pre-school children. The pre-school period (after 1 year to about 4-5 years) can be considered as the foundation of life because it is the critical time for both somatic and mental development. If there is any disturbance happened, it may easily cause some more or less permanent changes that can severely debilitate the child's future.

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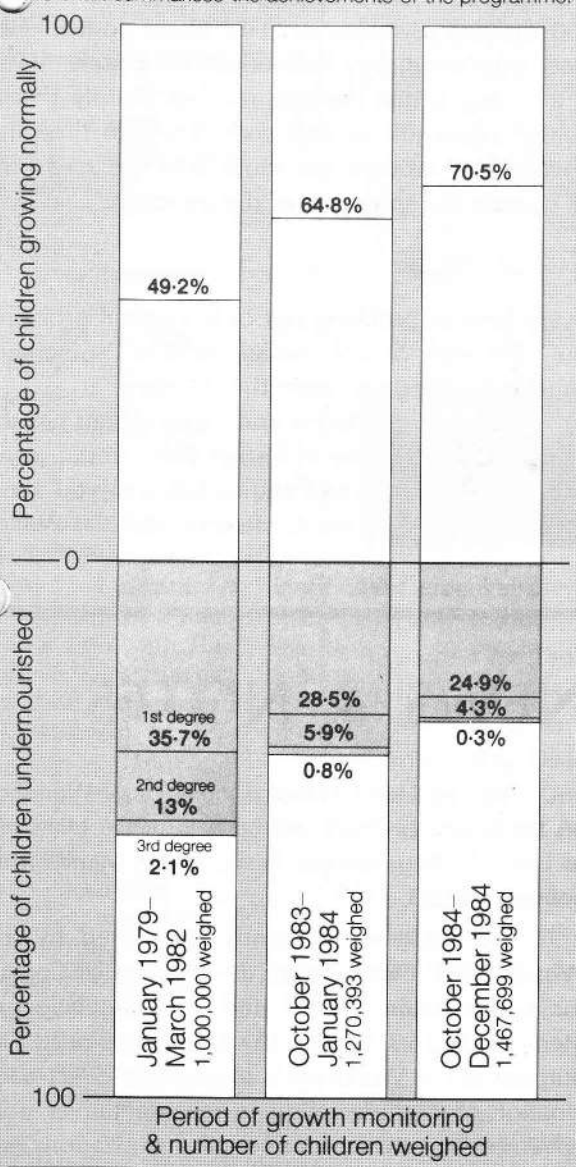
"Growth is an important indicator of child health and development, but it also shows how a society is organizing its development and change, how balanced the social and economic aspects of development are."

Growth of Children : Strategies for monitoring and promotion, UNICEF, April 1986.

Achievements of Thailand's growth monitoring programme, 1979–1984

1·5 million children in 37,000 villages are now regularly weighed by Thailand's growth monitoring programme. Parents are advised, at each weighing, about how to maintain their children's growth. Cases of faltering growth, once detected, are looked at more closely to find the cause and act on it – either by more intensive nutritional education, supplementary feeding, or by calling on more qualified health workers. This chart summarises the achievements of the programme.



Source: Growth Monitoring Programme of Thailand, Nutrition Division, Department of Health, Government of Thailand, Bangkok, November 1985.

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The second group that we should considered is the pregnant women because the fetal period is also very crucial and we know that some degree of nutrient deficiency for example iron deficiency is still common among the pregnant women in the rural area.

"It's high time policy makers realized that the budget for child development is a kind of investment for the country rather than just routine expenses."

To attack the problem, I think the most important step is to create awareness among politicians and government. Without strong political conviction, we shall never get sufficient resources for child development. Just saying that children are the nation's future is not enough. It's high time policy makers realized that the budget for child development is a kind of investment for the country rather than just routine expenses. Only after we recognize this basic concept, should any strategic and operational planning begun and can be expected to be really effective.

Q : In the recent years, the rapid economic growth in Thailand has brought much proud to most people, do you agree that economic growth alone is the major determinant in social and health development:

A : Undoubtedly, economic growth is very important for the development of a country. However, I just want to emphasize a little bit that the figure of gross economic growth does not mean so much. To reflect the real economic situation of a country, we have to stress on the distribution. Actually, I have the impression that the gap between those who have and those who do not have is increasing at present. So our answer is a more proper distribution of the economic gain. In addition, economic achievement or money alone may not be enough for health development. We still need other things for example education.

"To reflect the real economic situation of a country, we have to stress on the distribution. Actually, I have the impression that the gap between those who have and those who do not have is increasing at present."

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Q : What should be the major strategies to booster a real community development ?

A : If the aim of community development is at a better quality of life, we would find that the essential strategies towards that goal must be very comprehensive. The emphasis on only one or two aspects will never be sufficient. As a matter of fact, the concept of real happiness is so broad, so variable and philosophical. To make it simple, you may agree that for an individual money alone doesn't mean happiness. So do the real community development. To achieve a better quality of life, at least the community needs better income, better education, better health care system, appropriate social values and above all better morale. I personally have an experience. Some years ago, we had carried a community development program in a model village in Ubol (Northeastern of Thailand). After we started the program, substantial materialistic development occurred in the community which at first brought to us much satisfaction. However, when we returned to the village sometimes later, we found a lot of new problems such as gambling, drug addiction, quarrels and even murder !

"... money alone doesn't mean happiness... To achieve a better quality of life, at least the community needs better income, better education, better health care system, appropriate social values and above all better morale."

Q : At present, what do you think is the most urgent health problem of Thailand ?

A : Actually, there are still many important health problems in our country, but if you talk about something urgent, I would say AIDS problem.

The infection of HIV (Human Immunodeficiency Virus) has become a worldwide problem. Though we have only few AIDS cases, we have at least 900 cases of asymptomatic HIV blood positive subjects who are mainly intravenous drug users. What is alarming is that the rate rises so sharply that it nearly triples just in one year. It's high time the government brought out more effective measures to contain the spreading of the infection.

MEMBERS' CORNER

DR. Kuni Iwai

Happy new year;

I have been working in Karumai Provincial Hospital since April in 1988. Karumai is a small town, located at the northern part of Iwate Prefecture. We have 77 beds in the hospital, and I am working as a doctor of internal medicine.

I see and talk with many patients, medical staff, or staff of local government everyday, and I am facing every kind of problem, not only medical problem, but also economical, social, familial...sometimes I feel it is difficult to settle the problem.

I think every doctor and medical staff has the same problems as me in his/her daily work.

I am eager to meet and to talk with you about various problems at the Conference Hall this August.

NEWS & NOTES

The First Live-in National Intersectoral Workshop on the Health of Youth will be held at the University of Life, Meralco Avenue, Pasig, Metro Manila from February 21-23, 1989.

The workshop is jointly sponsored by the World Health Organization, the Presidential Council for Youth Affairs (PCYA) and the Association of Medical Doctors for Asia (AMDA-Philippines). The purpose of the Workshop is to promote direct participation of youth leaders and representatives from governmental, non-governmental organizations and the media in discussing youth health problems and the current responses to them in order to plan actions.