

WORLD HEALTH ¹

While health problems and developments from place to place naturally vary, they have certain common features forming the background against which WHO's work in the past ten years must be viewed.

Population. General and infant mortality has been decreasing, while the expectation of life at birth has been increasing. There is less preventable loss of life, in particular from infective and parasitic diseases. In the so-called developed countries this has been balanced by a reduction in births, resulting in moderate population growth. In developing countries, however, population increases have created serious social and health problems.

Diseases. Preventable diseases, especially such communicable diseases as malaria, yaws, and poliomyelitis, are decreasing. However, there has been a recrudescence of some communicable diseases (for example, syphilis), while cholera is spreading to more countries in a new form. Diseases such as virus hepatitis and haemorrhagic fever are sources of concern.

The diseases of aging, especially cancer and cardiovascular diseases, are more difficult to cope with and are becoming major problems in an increasing number of countries. Mental illness, drug dependence, and adverse reactions to drugs are on the increase.

Environment. Urbanization, industrialization, tourism, and migration all create problems of water supply, waste disposal, pollution, and a higher risk of accidents. Land reclamation and irrigation schemes give rise to special hazards. Many countries are faced with these problems, but it is the developing countries that have most difficulty in finding solutions.

Material resources. The material resources devoted to health are increasing, but still fall short of the needs, particularly in the newly independent and developing countries. The cost of health

¹ WHO *Chronicle*—World Health Organization, Geneva, 1968, No. 7.

care is heavy and continues to rise. Countries are reviewing their needs and evaluating their services more systematically in order to achieve more efficient results. Others have to make very difficult choices between the ideal, what is wanted by a few, and a more realistic system to serve the many. In other cases, health development plans are integrated with plans for economic development as the best means of marshalling limited material resources to the best advantage.

Trained manpower. The importance of increasing the pool of trained manpower—not only physicians, nurses, sanitary engineers, and health educators, but also those in some of the newer professions, such as physical and occupational therapy—has become more widely recognized. New schools for basic professional training are rapidly being created, while postgraduate education is developing. The role of auxiliaries is gradually gaining recognition in both developed and developing countries. The needs in medical manpower, however, outpace the supply. In many countries there is no reservoir of persons with sufficient general education to enable them to go on to higher education in the health professions. Medical schools cannot be established or developed because of the scarcity of teaching staff. There is too often a tendency to continue traditional methods of education and service that are ill-adapted to local needs and conditions. Some countries are losing their trained manpower to others offering better opportunities for work or research.

New knowledge. Unprecedented amounts of money are being devoted to the acquisition of new knowledge by governments and institutions, and by industry. New insecticides and new vaccines are changing the prevalence of disease, while new chemotherapeutic agents and antibiotics are changing its course. A beginning has been made with the production of inexpensive protein-rich foods.

Research is, however, becoming more difficult and expensive. In most disease conditions now emerging as major problems, it is recognized that there is multifactorial causation, which is not so easy to elucidate as simple cause-and-effect mechanisms. The systematic testing of drugs, vaccines, and insecticides has often to

be carried out in those developing countries where a disease is particularly prevalent, but where the means for research are lacking. These countries also need more operational and educational research than the developed countries.

REHABILITATION OF THE MENTALLY RETARDED

*The quarterly publication of the International Society for Rehabilitation of the Disabled*¹ contains an article of which we give the following extracts by way of information. The subject is both topical and of genuine human interest. The authors, Rosemary and Gunnar Dybwad, describe the progress achieved and the problems still to be solved on the international level to extend rehabilitation to the mentally retarded.

Following World War II, rehabilitation agencies began to extend their services increasingly to a new client—the person recovering from mental illness. More recently, the field of rehabilitation is opening its doors to yet another group, the mentally retarded.²

Who are the mentally retarded? The answer to that question, quantitatively as well as qualitatively, will vary from country to country. The reason lies in the complex nature of this problem. To the extent that mental retardation is due to such biological causes as chromosomal errors, metabolic disorders, infections, etc., no major variations have been noted between countries. Quite the opposite, however, is the case when it comes to mental retardation as a consequence of specific socio-economic and cultural deprivation. Further, it is generally assumed that with increasing industrialization and the break-up of the extended family system, persons of limited intelligence will be less able to adjust to the complexities of life. There remain considerable differences between countries as to the point at which such persons are labeled mentally retarded.

¹ *International Rehabilitation Review*, New York, Vol. XIX, No. 2, 1968.

² Since WHO has discontinued use of the term mental subnormality in favor of the term mental retardation, this article does likewise.