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TO - AID/W TOAID A 2262 X

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SUBJECT - RED: SEAMES Noncapital Project Paper (PROP)

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NONCAPITAL PROJECT PAPER

East Asia Regional Project No. 498-11-680-198.4

Submission date: Dec. 3, 1969 Original X Revision No.

Project Title: Regional Education Development
(Tropical Medicine and Public Health)

U.S. Obligation Span: FY 67 through FY 74

Physical Implementation Span: FY 68 through FY 75

Gross life-of-project financial requirements:

U.S. dollars	\$4,072,015
U.S. owned local currency	
Cooperating Country cash contribution (In \$ equivalent, current exchange rate)	
Other donor	<u>4,597,015</u>
Totals	\$8,609,030

Attach:
Appendix A, B and C

PAGE 1 OF 35 PAGES

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SECTION A. SUMMARY DESCRIPTION

The SEAMEC Tropical Medicine and Public Health Project is a cooperative endeavor of health and medical authorities and specialists in the SEAMEC countries to improve the health and standard of living of the peoples of the region and thus accelerate economic and social development. This is one of six projects now under development or actually in operation by SEAMEC.

The Tropical Medicine and Public Health Project is unique among the SEAMEC activities in that it operates through existing national institutions and programs rather than a single regional center. The heads of the national centers form a Central Coordinating Board (CCB) which maintains a Central Office in Bangkok to implement cooperative endeavors. The activities of the CCB include regional seminars, research grants, exchange of personnel, consulting services, and publications and information services.

In working toward the goal of improved health in the region, the project has set four sub-goals: (1) the establishment of mechanisms and structures for coordination of efforts; (2) the identification of priority health and medical manpower needs and the development of programs to train the specialists; (3) the promotion of research on endemic diseases and the exchange of research data; and (4) the general upgrading of the existing health and medical training and research facilities in the region.

In order to coordinate efforts and prevent duplication, each cooperating center has been assigned a priority specialization to develop as a regional role. In the area of specialization each center will offer regional training, will carry out research of value to the entire region, and will provide library and documentation services. The areas of specialization are indicated on page 10 of the PROP.

Through the development phases of this project, CCB activities, including Central Office expenses, have been financed primarily by grants from the USG, supplemented by in-inputs from the Thai Government and some support from countries outside the region other than the

U.S. (mostly from the UK and Japan). For the 5-year plan starting with FY 71, the USG will continue support to the extent of half of project costs. The matching half for Central Office expenses, including publications and info services, will be supplied by the cooperating centers; the matching half of the regional activities, including scholarships for the regional training programs, will be matched by SEAMES through the Special Funds (raised by SEAMES from non-US sources).

Four of the national centers have prepared plans which show development requirements for carrying out their assigned regional roles at a quality level. The plans have undergone a series of revisions and are now considered to be realistic and manageable. Under the 5-year plan, each center host-country will assume cost of any required construction and will finance staff and maintenance costs. U.S. assistance will be provided each center in the form of equipment, equivalent to the construction costs provided by the host country.

The total US support of this project for the 5-year period starting July 1970 will be \$115,000 for Central Office costs; \$1,100,815 for Special Funds project requirements; and \$2,246,200 for center development costs, \$750,000 of which is reserved as a contingency for centers which have not as yet submitted development plans.

This project has good support within the region and has attracted the interest of governments outside the region as well as certain international organizations. These interests will be exploited in the SEAMES fund-raising efforts for Special Funds. There is considerable project potential for regional impact, not only with regard to regional development (removing one of the existing bottlenecks; namely, unchecked endemic diseases), but also with respect to the promotion of regionalism. The professional relationships which have been established already will increase in number, and the turning of professional interests to points within the region are developing important foundations for continuing cooperation and joint endeavors. This is of particular significance in a sector where institutional development and program operation can be quite costly if each country goes it own way.

SECTION B. SETTING AND ENVIRONMENT

A tropical medicine and public health program was one of the project proposals for regional cooperation in education considered by the SE Asian Ministers of Education when they formed the SE Asian Ministers of Education Council (SEAMEC) in 1965. The setting and environment, strategies, goals, and plans of action relating to SEAMEC are outlined in an overall PROP covering regional education. (See Bangkok TOAID A-2155 dated November 21, 1969).

Since the nations of Southeast Asia are hampered in their economic and social development in many ways by the existence of indigenous tropical diseases, contributing to a low standard of health, it was to be expected that health and tropical medicine came under review when education and manpower problems and needs in the region were explored by the Council Interim Secretariat (SEAMES), with a view toward developing programs which would meet these needs. Careful consideration was given to the desirability of establishing a Regional Center for Tropical Medicine to focus on the training and research needs of the region in this particular sector. The matter was referred to a SEAMES Task Force made up of tropical medicine specialists from the member countries and from the U.K and the U.S. for thorough study.

The conclusion of the Task Force was that it would not be practical to attempt to set up a single regional Tropical Medicine Center, and that instead the resources and facilities of existing national centers should be used in carrying out the objectives of the regional health and medicine program. The reasons for this conclusion are outlined in the section on strategy which follows. Additionally, the Task Force reported both definite need for and strong interest in the proposed regional program, with the major problem which might be attacked on a regional basis being that of manpower; i.e., not enough trained personnel to manage health and medical education programs and to carry out much needed research. The lack of adequate, basic research data and information on which causes, treatment, and prevention or control of endemic diseases could be determined formed a closely related need. The Task Force recommended a coordinated, cooperative attack of these problems in the region by forming a Central Coordinating Board made up of

the heads of the national centers or programs, establishing a Central Office for the Board, and carrying out through this mechanism joint efforts to upgrade the programs and capabilities of the national centers. Such activities as regional seminars, regional training programs, research grants, exchange of personnel, assembling and disseminating research data, and other information, and consulting services were contemplated.

As with the other SEAMEC project proposals, the recommendations of the Special Task Force were studied carefully at a Technical Workshop by a select group of Asian educators in Kuala Lumpur in July 1966. The refined proposal which emerged from this workshop was reviewed by a special Select Committee made up of the Permanent Secretaries and/or Undersecretaries of Education of the SEAMEC countries at a meeting in Bangkok in October 1966, and was then put before SEAMEC for final review and approval at the Ministers' meeting in Manila in November 1966.

This sequence of project development activities is outlined in detail in the following SEAMES publications:

1. SEAMES/TF/2.1, Report of Task Force on Tropical Medicine, September 1966*
2. SEAMES/TW/7, SEAMES Technical Workshop Final Report, July 1966
3. SEAMES/O/7, Meeting of the Select Committee Final Report, October 1966
4. SEAMES/O/8, Presentation of the SEAMES Project Proposals, November 1966

* Available in draft form for the July Technical Workshop.

C. STRATEGY

There were three reasons for the Task Force's recommendation that the program be a cooperative effort of existing national programs rather than a single regional center:

The range of endemic diseases in the region is so large that it would be difficult and expensive to create the facilities and recruit the staff required to deal with the entire range in a single center.

2. At the present time, Asian experts in tropical medicine are few, and the few to be found are involved in various health projects which are vital to their own national development programs. It would be difficult and unwise to ask these people to leave their national positions to take up appointments in a regional center away from their own countries.

3. In several of the countries there are well-established national programs in medicine and health, and though of varying quality, it seemed prudent to draw upon all these resources and facilities while helping to upgrade their programs and capabilities instead of building new, duplicating and competing facilities for a single regional center.

Following SEAMEC approval of the project proposal in November 1966, implementation of the program required two major developmental tasks; namely, (1) the creation of mechanisms and the planning of programs whereby the national centers could work together, coordinate their efforts, support each other, and jointly work toward the regional program objectives; and (2) the identification of development requirements of the individual centers to enable them to carry out their regional roles effectively, and the procurement of financial support for meeting these development needs both from within and outside the region.

The Central Coordinating Board

The first of the developmental tasks was accomplished in the early months of 1967. A Central Coordinating Board was formally established consisting of the heads of the participating national centers. Initially, five countries had representatives on the Board (Indonesia, Malaysia, Philippines, Thailand, and Vietnam). In 1968 Laos appointed a Board member, and a representative from Singapore was appointed in 1969. The Board (CCB) determines policy and approves programs and activities. Its work is carried out by a Central Office set up in Bangkok at the Faculty of Tropical Medicine at Mahidol University in Bangkok (Formerly the University

of Medical Sciences). It is staffed by a small secretariat working under the direction of the Secretary-General of the CCB, who is also the Dean of the Faculty of Tropical Medicine at the host University. The CCB meets periodically to review programs and plan future activities.

The units designated as the cooperating national centers are as follows:

INDONESIA	Faculty of Medicine, University of Indonesia, Djakarta
LAOS	Central Laboratory for Public Health, Vientiane
MALAYSIA	Institute for Medical Research, Kuala Lumpur
PHILIPPINES	Institute of Hygiene, University of Philippines, Manila
SINGAPORE	Faculty of Medicine, University of Singapore
THAILAND	Faculty of Tropical Medicine, Mahidol University, Bangkok
VIETNAM	Pasteur Institute of Vietnam, Saigon *

* The Ministry of Education in Vietnam has indicated that the Vietnamese National Center will be changed from the Pasteur Institute to the Faculty of Medicine, Saigon University

The regional activities carried out by the CCB include the following:

1. Regional seminars. At least one regional seminar on a major tropical medicine topic will be held each year, supplemented by specialized seminars which may be organized as the need arises.

These seminars serve as a forum for closer contact among scientists and research workers from within and outside the region.

2. Regional teaching and training. Eventually each national center will offer formal training in at least one major subject of Tropical Medicine to students and trainees from the region. It is proposed to have available through SEAMES scholarships for the member countries to send trainees to these courses. The courses will be designed to meet specific medical and health manpower needs in the region.
3. Research grants. Grants from the CCB are to be offered to the staff members of the participating national centers (or their students) to support approved research projects. Specific guidelines and criteria for the grants are set by the Board, and all research projects must be approved finally by that body. The major purpose of this activity is to encourage the research interests of personnel in the centers, stimulating them to continually add to the knowledge in the field. At the same time, the research activities are selected so as to have an impact on the medical and health problems of the region.
4. Exchange of personnel. The purpose of this activity is to establish broader acquaintance with the health and medical programs in the region, and to encourage use of expertise available in the region. In an exchange, no national program suffers continuing loss of personnel. Arrangements for exchange are carefully programmed by the Central Office.
5. Clearing house. A central library of information and data, and specialized publications is maintained at the Central Office of the CCB for use by participating centers. When fully operational, the clearing house functions will cover the cataloging, translation into English, publishing, and distribution of information concerning the medical and health research, service and training activities in the SE Asia region. Such information and data will be exchanged with institutions and agencies outside the region, also.

6. Consulting services. Consulting services are provided for the national centers by the CCB Central Office in three ways: (a) under the exchange of personnel arrangement whereby expertise is borrowed from a neighboring center; (b) by visits of the Central Office staff, and (c) by arranging to borrow expertise from outside the region. It is the explicit policy of the Board for the Central Office not be become involved in the activities or the planning work of the national centers unless it is specifically invited to do so.

Central Office expenses as well as the cost of CCB activities have been financed mainly by grants from the USG under the SEAMEC programs. Starting with the 1970-1971 operational year (U.S. FY '71), the participating countries will pay half of Central Office operating costs, including publications, with the expectation that the remaining half will be provided by the USG for a five-year period. Regional seminars, regional training programs, research grants, personnel exchanges, and consulting services will be placed under Special Funds and thereby passed to SEAMES for financing. The feasibility of this move depends, of course, upon SEAMES capability to raise money for Special Funds, half of which is expected from the U.S. for a five-year period, with the remaining half to be raised from non-USG sources. This strategy with regard to financing the CCB activities was decided at the 6th meeting of the CCB in Djakarta in October 1969.

The National Centers

The second major developmental task mentioned in the introductory part of the section on "Strategy" has taken a considerable amount of time; namely, the identification of the special development needs of each center to enable it to carry out its regional role effectively.

At the third meeting of the CCB held in Manila in December 1967, specific regional roles for each of the centers were identified. These were subsequently reviewed at the fourth meeting of the Board in Djakarta in June 1968, and certain modifications were requested by some of the centers and approved by the Board. The specializations which were finally agreed upon are as follows:

<u>National Center</u>	<u>Regional Specializations</u>
Faculty of Medicine, University of Indonesia	Nutrition
Central Laboratory for Public Health - Vientiane	Public Health and helminthology*
Institute for Medical Research, Kuala Lumpur	Applied Parasitology and entomology
Institute of Hygiene, University of Philippines	Public Health and rural medicine
Faculty of Medicine, University of Singapore	Urban health and medicine and family planning
Pasteur Institute of Vietnam, Saigon	Plague and enteric infections
Faculty of Tropical Medicine, Mahidol University, Bangkok	General tropical medicine and hygiene, and Tropical Pediatrics

* In collaboration with the Faculty of Tropical Medicine, Bangkok

In the assigned area of specialization, each center has the responsibility of developing a training program for participants from the SEAMEC countries, a program of research which will have impact on the region, and a library and documentation center to support training and research and to serve the region. The Central Office of the CCB asked each center to prepare five-year development plans which would cover the requirements for offering quality programs in the assigned areas of specialization along the lines indicated above.

The first round of planning was not successful. Carried out entirely by the Asians, they turned out to be primarily a projection of development needs to expand and upgrade the regular programs of the various centers without particular reference to the regional programs. In other words, the centers reported the development

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needs which existed before the regional program came into being and which were not affected materially by the regional plans. For the five centers cooperating at that time (Laos and Singapore not included), the total cost of the development plans which were submitted exceeded U.S. \$18,000,000. Furthermore, when the separate plans were reviewed by an international team of planning consultants assembled by the Secretary-General of the CCB, it was found that the submissions were not realistic in terms of available staff and supporting facilities, that they were not effectively related to other aspects of national development planning, and that they were generally overambitious.

The planning consultant team recommended that the national centers redo their plans, indicating specifically the requirements for carrying out the assigned regional roles within the following general guidelines:

1. Make sure that indicated needs are consistent with the aims and scope of the regional program to be offered.
2. Plans should be realistic in terms of available trained personnel to operate the programs.
3. Plans for the national centers should be related to overall national development planning and to planning in other sectors.
4. Development plans should avoid overlapping of functions of other national agencies and institutions involved in health and medical programs.
5. Plans should be consistent with projected availability of resources for supporting the plans; i.e., consider the long-range potential for eventual local takeover of all costs.

The recommendations of the planning consultants were considered and adopted at the 4th meeting of the CCB held in Djakarta, June 1968, and four of the centers which had prepared initial plans (Indonesia, Malaysia, Philippines, and Thailand) worked out new submissions for review by the CCB Planning Consultant Group early in October of that year. Vietnam did not submit a revised

plan, primarily because a new Minister of Education decided to shift the national center from the Pasteur Institute to the National Medical Center (the Faculty of Medicine at the University of Saigon), and time was requested to carry out new coordinated planning involving all the medical and health programs in Vietnam.

The indicated requirements of the four centers submitting revised plans totaled approximately 11.8 million dollars. This total was broken down as follows (approximate figures): 3.2 million to be supplied by host governments; 5.7 million to be requested from the USG; and 2.9 million to be sought from other sources. The total of 11.8 million included approximately 2.6 million for scholarships, 1.3 of which is included in the amount to be requested from the USG, and the other half included in the figure to be sought from other sources. In order to compare the first and second rounds of planning, it is necessary to subtract the Vietnamese figure of 3.9 million from the initial planning total of 18.3 million (Vietnam not included in the second round); and to subtract the scholarship estimate of 2.6 million for the second round total of 11.8 million (scholarship costs not included in the first round total.) Thus, the comparative figures are: 1st round, 14.4 million; 2nd round, 9.2 million.

When the revised plans were reviewed by the CCB Planning Consultants in October, 1968, they were found to be still unsatisfactory in several respects. In general, it was the evaluation of the consultants that plans were still overambitious, that requirements for effective operation of the assigned regional roles were exaggerated, and that expectations of external assistance, on which the plans appeared to depend, were not at all realistic. The consultants realized that lack of objective data on medical and health manpower needs rendered some of their views entirely subjective, and a strong recommendation was put forth that "a very simple survey be made of the potential demand for the proposed training courses by the various countries of the region."

The report and recommendations of the planning consultant group were not well received by the CCB members when presented at the 5th meeting of the Board in Tokyo in November 1968. The prospect of further delay for still another study after two rounds of planning

was discouraging. Furthermore, the unfavorable evaluations of the second round of planning were resented, even though the criticisms were not convincingly rebutted. Reluctantly, approval was given for the Central Office to proceed with the manpower study, but it was decided that a commission consisting of the Secretary-General of CCB, Dean Chamlong Harinasuta, and Dr. Ungku Omar, Director of the IMR in Malaysia, should make a trip to the States to assess the prospects for external support of national center development plans.

Chamlong and Omar traveled to the States in early December and, among other places, visited AID/W. During the consultations in Washington, the two learned that AID/W supported strongly the proposal for a regional manpower study to provide supporting data for the training plans. Further, they were advised that whatever AID support is given, the tropical medicine program will have to come within the 28.0 million commitment to the regional education activities, the substantial portion of which is already earmarked for the more advanced projects. However, the CCB commission was told that "when there is an overall regional program with an agreed upon regional role for each national center, supported by documented evidence of demand and need for the various roles, we (A.I.D.) are prepared to consider on a case-by-case basis reasonable requests for assistance to the national centers on a matching basis, subject to availability of funds, and assuming continuing support of the regional programs of this nature in SE Asia under the policies of the new USC (Nixon) administration." (Parenthetical inserts not in original statement).

The survey of needs and demands relating to the proposed training courses (the assigned specializations for the centers) was carried out in the spring of 1969. The survey team consisted of Dr. W.K. Ng, a Professor in the Faculty of Medicine at the University of Singapore, as head of the team; Mr. Theodore Slattery, SEAMES Adviser to the Regional Math & Science Center; and Mr. Henry F. McCusker, a Ford Foundation consultant made available for the study. The survey team attempted specifically to determine the interest in and need for the four programs covered in the resubmissions of national center plans (the 2nd round submissions), and the availability of persons to be trained for the designated specialties. These

included: (1) the diploma course in tropical medicine and hygiene for Thailand, (2) the diploma course in applied parasitology and entomology for the Malaysian center, (3) the master's degree program in public health for the Philippines, and (4) the diploma course in applied nutrition (eventually to be a master's degree program) for Indonesia.

The results of the survey were reported in June 1969 as follows:

"Based on the data derived in this survey, it appears that the demand for the four courses is strong and viable enough for regional centers to be instituted. In fact, the demand for these courses will probably exceed the available facilities and places in the centers for some time to come. It is recommended that the centers plan for the following numbers of students annually during the next five years:"

Specialty	1970	1971	1972	1973	1974	5-Year Total
Applied Nutrition	25	30	30	30	35	150
Applied Parasitology & Entomology	20	25	30	40	40	155
Public Health*	50	55	60	65	70	300*
Tropical Medicine & Hygiene	25	25	25	25	25	125

*Includes both rural public health at Institute of Hygiene in Manila and urban public health to be offered soon by Faculty of Medicine, University of Singapore.

Bolstered by these data and sobered by the facts regarding limited availability of external assistance, the Secretary-General of the CCB with a consultant from the U.K., Professor B.G. Mægraith, School of Tropical Medicine, University of Liverpool, visited the centers in the summer of 1969 and held discussions with high officials in the participating countries to persuade the host governments to pick up more of the costs of the national centers

and to make the requests for external assistance more realistic. The result of this intensive effort was a third set of plans for the national centers which reduced the building requirements for operating the regional specializations to a total of approximately 1.7 million U.S. dollars, all of which is to be undertaken by the respective host countries, together with full operational and maintenance costs. The request for assistance from the USG for the national centers was trimmed down to approximately 2.0 million dollars in the form of equipment needed for the centers to operate their regional programs. The third set of plans do not indicate the dollar value of operational costs and maintenance, but it can be safely assumed that these items added to the building costs will make the participating country contributions considerably more than the amount of requested assistance from the USG, thus safeguarding the principle of the U.S. providing no more than half the costs of SEAMEC projects.

These revised plans (the third set of plans) were put before the CCB at the 6th meeting of the Board held in Djakarta, October 1969, and were approved for further action; namely, negotiation of requested assistance from the USG. Review of the plans by RED/Bangkok and subsequent negotiation with the Secretary-General of CCB resulted in downward adjustments, particularly with respect to the estimates for the Thai and Filipino centers. With these revisions there is now a realistic set of plans reduced to manageable proportions, yet of sufficient scope to maintain interest and support of the participating centers. The detailed plans and figures for support of the regional roles of the centers are found in section E.

The full account of the elements of strategy pieced together in this section of the PROP will be found in the published documents listed below. It is important to note that the strategy was planned and implemented by the Asians interested in this particular SEAMEC project, and that outside consultants were used at the initiative of the Asians. Neither supervision nor gratuitous advice was imposed by RED. The result has been a critically important learning process on the part of the Asians -- learning to plan by doing, even though this involved mistakes and repetition of work, and, even more important, learning more about each other and how to work together. The following documents provide back-up information for this section on strategy:

- SEAMES/P2/CCB1 Report of the First Meeting of the SEAMEC Central Coordinating Board for Tropical Medicine, 15-17 March 1967
- SEAMES/P2/CCB2 Report of the 2nd Meeting of the SEAMEC Central Coordinating Board for Tropical Medicine, 2-4 Aug. 1967
- SEAMES/P2/CCB3 Report of the 3rd Meeting of the SEAMEC Central Coordinating Board for Tropical Medicine, 13-15 Dec. 1967
- SEAMES/P2/CCBTM4 Report of the 4th Meeting of the SEAMEC Central Coordinating Board for Tropical Medicine, 4-7 June 1968
- Five-Year Development Plan of SE Asian Regional Tropical Medicine, June 1968
- Report of Planning Consultants, October 1968
- Report of Survey of Needs and Demands in Regional Teaching, June 1969

SECTION D. PLANNED TARGETS, RESULTS AND OUTPUTS

The long-term objective for the SEAMEC Regional Program in Tropical Medicine and Public Health is to improve the health and standard of living of the peoples of SE Asia. This cannot be done unless the various disease problems are solved, especially the endemic tropical diseases which are now a drag on the productivity of the people, which require a diversion of regional resources for treatment, and which seriously hamper the development of the region. The aim of the regional program is to assist this major task by training specialists and scientists at the post-graduate level, and by developing, through research, basic information concerning the origin and causes of endemic diseases, leading to their successful control and/or eradication. As indicated in the previous section, it is expected to accomplish this objective by pooling the

resources of the participating countries in a cooperative endeavor to develop and upgrade the research and training capabilities of existing institutions in these countries. Furthermore, it is planned to minimize waste in duplicating programs and activities by dissemination of information and promotion of effective regional cooperation among these institutions.

The procedures and mechanisms for accomplishing this long-term objective become important sub-goals. These include:

1. The establishment of suitable structures and programs for coordination of efforts and development of region-wide attack of basic problems. The CCB, the Central Office, and the regional activities (seminars, exchange of personnel, and exchange of information) form the structures and programs.
2. The identification of priority manpower needs and the development of programs to train the needed specialists. The selection of regional specializations for the participating national centers and the establishment of courses to cover the specializations are the actions directed to this sub-goal.
3. The promotion of research on endemic diseases and the exchange of research data and results. The CCB research grants and the information service activities of the CCB Central Office and of the various centers in their respective areas of specialization cover this sub-goal.
4. The general upgrading of existing medical and public health training and research institutions and facilities in the region. This will be done through preparation for carrying out regional roles, by expanding research opportunities, by increasing the supply and availability of trained manpower, and by joint efforts to obtain external assistance where needed.

It is not possible to define a "completed project" in the case of the SEAMEC Tropical Medicine Program. It is not an institution that is being built as is the case with the other projects. Nor is it a definable product that is sought. Rather, the intent of the Asians, fully supported by RED, is to establish a process which

will continue indefinitely, whereby existing health and medical resources and facilities within the region are coordinated (in a sense pooled) to attack common problems in this sector jointly and cooperatively. Even the training targets recommended by the manpower survey team (see page 13) lack finality. If the suggested goals are attained, some 730 specialists will have been trained at the end of the five-year period. But the team pointed out that the demand for these courses exceeds the targeted numbers, and it may be possible to increase the intake of trainees over the five-year period. Furthermore, priorities may change during this time and appropriate adjustments might be made in the programs. So even with this more quantifiable set of targets, it is best not to fix a goal and attempt to measure progress in terms of such fixed numbers. Although more difficult to assess, primarily because it is more difficult to describe, the focus should remain on process, and success should be measured in terms of permanence and continuity of interest in, support of, and increasing capability for regional cooperation in the field of medicine and public health. If this can be put in more concrete terms without undue shift of attention to 'product,' at the end of the five-year period of U.S. support this project should have reached a level of maturity characterized by a well-established CCB Central Office, providing clearing house and coordinative services, the costs of which are supported entirely by the participating countries; a dynamic and effective program of regional activities (seminars, personnel exchange, etc.) supported by Special Funds; operational programs in assigned regional specializations in each of the participating centers, fully supported financially by the host countries; and an accumulated body of research on endemic diseases which is continuing and is starting to make an impact on prevention and control.

In addition to the impact which this project will have on development of the nations within the region (helping to eliminate one of the factors hampering development), its significance for Asian regionalism is already apparent in the project planning and operational work to date. Prior to the SEAMEC tropical medicine effort, the professional interests of the SE Asian medical and health authorities and specialists tended to flow away from the region. Actually, the professional contacts and relationships of

the people now engaged in this cooperative endeavor, before involvement with the SEAMEC program, were with friends, professional associates, and institutions in Europe, America, India, Australia, or Japan. Much more was known about people and programs outside the SE Asia region than within and among the local neighboring countries. Working and planning together, sharing ideas and information at seminars and meetings, learning about programs and resources near at hand through the personnel exchange activities, have all helped to re-direct the outgoing interests and have actually developed a sense of pride in what exists in SE Asia in this particular sector.

The medical educators, the research specialists, and the public health officers working in this program want to stand on their own feet. Help is needed during a nurturing period if the full potential of the program is to be realized, but the impact of the learning by doing process, and the recognition of the values of working together which have been achieved, have taken root to the extent that regional cooperation among the SE Asian health and medical personnel would undoubtedly continue at some lesser level of cooperation even if external assistance were withdrawn at this point. This setting in of regionalism is of particular importance in the health and medicine sector, for it is an area where program and institutional development costs can grow to excessive proportions. Sharing of resources and avoidance of duplication of effort, therefore, take on added significance.

SECTION E. COURSE OF ACTION

Early in 1967, with a small grant from the USG, the Central Office of the Central Coordinating Board for this project was set up in Bangkok in space provided by the University of Medical Sciences (now Mahidol University). Shortly thereafter an additional grant was made to initiate the regional activities planned by the CCB. Thus, while the program planning and development activities were being carried out, a modest level of regional activity was undertaken concurrently. Additional grants were made by the USG in each of the two following years to maintain a minimum level of regional operation by the CCB. Also, in 1968 a grant of U.S. funds in the

amount of \$75,000 was made for equipment and furnishings for a new building for the Central Office, matched by an appropriation of 1,500,000 baht (\$75,000) by the Thai Government covering the construction costs of the new building. The budgets for the three operational grants are shown in the following table:

**CCB ACTIVITIES BUDGET FOR THREE-YEAR PERIOD
THROUGH JUNE, 1970**

<u>Item</u>	<u>1967-68</u>	<u>,1968-69</u>	<u>1969-70</u>
Central Office expenses	\$ 14,077	\$ 28,400	\$ 33,400
Board meetings	9,558	9,600	5,000
Regional seminars	9,089	15,000	10,000
Regional training	43,721	75,000	77,000
Research grants	49,892	60,000	0 *
Fund raising	1,323	12,000	3,000
Exchange of personnel & consulting services	8,232	37,000**	10,000
Publications	<u> </u>	<u>13,000</u>	<u>11,000</u>
Total US grant	\$135,892	\$250,000	\$150,000
Contributions from other sources***	31,865	28,150	34,780****

*Agreed that unspent funds from 1968-69 grant could be carried over to this item for 69-70, except that grants could be made only to centers having completed and reported on research studies under previous grants.

**Includes expenses of two meetings of planning consultants to review national center plans.

***Contributions from other sources includes value of staff and office space provided by the Thai Government and consultant and commodity assistance from the UK, Japan and other countries.

****Projected estimates

Accomplishments and progress to date (up to December, 1969) as a result of these grants are as follows:

1. Six CCB meetings have been held: (a) in Bangkok in March, 1967; (b) in Kuala Lumpur in August, 1967; (c) in Manila in December, 1967; (d) in Djakarta in June, 1968; (e) in Tokyo (at invitation and expense of Japan) in November, 1968; (f) in Djakarta in October, 1969.

2. Six regional seminars have been held as follows:

- (a) Seminar on Tropical Medicine, Parasitic Diseases and Malaria, Bangkok, August 7-11, 1967
- (b) Seminar on Parasitology and Tropical Medicine, Kuala Lumpur, November 10-11, 1967
- (c) Seminar on Medical Entomology of the Asian Region, Bangkok, January 15-17, 1968
- (d) Seminar on Filariasis and Immunology of Parasitic Infections, Singapore, May 31 - June 2, 1968
- (e) Seminar on Schistosomiasis and other Snail-Transmitted Helminthiasis, Manila, February 24-27, 1969
- (f) Seminar on Nutrition, Djakarta, October 27-31, 1969

These seminars were attended by 436 scientists and medical and health specialists from 15 countries and 11 international agencies within and outside the region. The abstracts of papers presented at the seminars and the seminar reports have been published and distributed around the world, carrying the SEAMEC label.

3. Two regional training programs are in operation and plans have been completed for a third to start in April, 1970. The two in operation are: (a) a post-graduate course for Diploma in Tropical Medicine and Hygiene, offered by the Faculty of Tropical Medicine at Mahidol University in Bangkok to M.D. graduates from the region. To date 47 trainees from Indonesia, Laos, Malaysia, Philippines, and Thailand have completed the course. (b) A Master

of Public Health and Master of Science in Hygiene are offered to qualified students from the region by the Institute of Hygiene, University of the Philippines. Up to the present, 12 scholarships have been awarded to candidates from Indonesia, the Philippines, South Vietnam and Thailand.

The course to be started in April, 1970 is a post-graduate course for Diploma in Applied Parasitology and Entomology, offered by the Institute for Medical Research in Kuala Lumpur. Twelve students from the region will be taken into the first course, and it is expected that all seven countries will have candidates for the course.

Plans are under way to start a post-graduate course in nutrition at the Faculty of Medicine, University of Indonesia, some time in 1970, probably July or August. It is expected that this course will be open to 25 candidates from the region.

4. Research grants have been made for 33 research projects involving more than 100 research workers in the participating countries totaling \$75,353.77. Twenty-two studies have been completed and the results reported to the Central Office of the CCB. The complete list of research studies finished or underway is shown in Appendix A.

5. Forty-three personnel exchanges and consulting visits have been programmed, resulting in inter-center visits, or visiting professor assignments for participating center staff members, and 23 consultants and visiting lecturers have been brought from outside the region.

6. Documents published and distributed to date include reports of the first five meetings of the CCB, reports of the first five seminars, two annual reports of the project, reports of the three rounds of national center development planning, the planning consultants' reports, the report of the manpower survey, and two brochures presenting the history, objectives and programs of the project. The complete bibliography of titles is shown in Appendix B. Plans are underway to publish the first issue of a regional bulletin on tropical medicine early in 1970. This will become a regular publication of the CCB.

At the sixth meeting of the Central Coordinating Board in Djakarta, October, 1959, decisions were made which made possible the presentation of a 5-year funding plan for CCB activities within the framework of the SEAMEC policy of providing half of project costs from non-USG sources for the first five years. These decisions were (1) participating countries (excepting Laos) will make contributions to Central Office expenses (including publications and information services) to cover half of such costs, the other half expected from the US commitment to SEAMEC; and (2) the regional activities of CCB, including scholarships for regional training, will be placed under Special Funds with the expectation that half will be provided by the US and the other half will be raised by SEAMES from non-USG sources. The breakdown of this 5-year funding plan, together with cost figures projected by the Central Office are shown in the following tables:

**CCB CENTRAL OFFICE EXPENSES
Five-Year Funding Plan**

<u>Item</u>	<u>1970-71</u>	<u>1971-72</u>	<u>1972-73</u>	<u>1973-74</u>	<u>1974-65</u>	<u>Totals</u>
Central Office Operating Costs	\$29,000	\$29,000	\$30,000	\$30,000	\$32,000	\$150,000
Publications, Clearing House & Fund Raising	<u>20,000</u>	<u>15,000</u>	<u>15,000</u>	<u>15,000</u>	<u>15,000</u>	<u>80,000</u>
Totals	\$49,000	\$44,000	\$45,000	\$45,000	\$47,000	\$230,000*

*Division of costs:	USG	\$115,000
	SEAMEC countries	<u>115,000**</u>
	Total	\$230,000

**Approximately \$3,850 per annum per country with six countries making contributions (Laos excepted).

SPECIAL FUNDS REQUIREMENTS
CCB REGIONAL ACTIVITIES

<u>Item</u>	<u>1970-71</u>	<u>1971-72</u>	<u>1972-73</u>	<u>1973-74</u>	<u>1974-75</u>	<u>Totals</u>
Regional training	\$199,000	\$204,000	\$204,000	\$204,000	\$204,000	\$1,015,000
Research grants	130,000	130,000	130,000	130,000	130,000	650,000
Regional seminars	18,000	18,000	20,000	20,000	20,000	96,000
Consult. services	10,000	10,000	10,000	10,000	10,000	50,000
CCB meetings	12,000	12,000	12,000	12,000	12,000	60,000
Personnel exchange	<u>22,000</u>	<u>22,000</u>	<u>24,000</u>	<u>24,000</u>	<u>24,000</u>	<u>116,000</u>
Totals	\$391,000	\$396,000	\$400,000	\$400,000	\$400,000	\$1,987,000

RED evaluation of these plans and figures has resulted in the following observations and modifications:

1. The CCB Central Office cost figures and the plan for sharing these costs are endorsed as being realistic and fair.
2. The regional training estimates (scholarships) under Special Funds requirements have been analyzed in detail on pages 25-28 of the PROP, resulting in a different set of figures totaling \$1,229,630.
3. The estimates of requirements for research grants are accepted provisionally with the following important note: The overall regional value of the research grants is still to be determined. Although potentially of considerable importance, the capability of the centers to absorb grants in the amount of \$130,000 annually with meaningful proposals and quality reports of regional significance can be questioned. During three years of interim operations research grants have totaled barely above \$75,000, and some of these projects have not been completed. Since Special Funds requirements for all projects will be determined on an annual basis and the total which is shared must be on a "Mutually agreed" basis, there is adequate safeguard against over-extension on this item, and it is likely that the annual evaluation will result in savings on the 5-year estimate of \$650,000 which can be applied to Vietnam and Singapore center costs when the plans for these two are ready for consideration.

4. RED proposes to limit the USG contribution to the consultant item to costs of U.S. consultants when needed, plus half the cost of consultant services in the region; i.e., inter-center use of SE Asian specialists, not to exceed \$50,000 for both of these components for the 5-year period.

The Regional Training Programs

The plans developed by the Asians through the Central Coordinating Board for Tropical Medicine for regional training are as follows:

General tropical medicine and hygiene.

Course: A post-graduate course leading to a Diploma in Tropical Medicine and Hygiene (DTM&H), offered at the Thai national center, Mahidol University in Bangkok. The course deals with general tropical diseases with special reference to clinical and social and preventive medicine in the tropics.

Duration and frequency: The six-month course is to be offered annually.

Number of trainees offered regional scholarships: 14 at present; center wants to increase to 40-50 in the future; manpower study team recommends leveling off at 25 trainees per year.

Scholarship costs (per trainee):

Tuition	\$ 215
Allowance \$200 x 6	1,200
Books	50
Travel (average)	200
Total	<u>\$1,665</u>

Applied Parasitology and entomology

Course: Post-graduate course leading to diploma in Applied Parasitology and Entomology (DAP&E) offered at the Institute for Medical Research (the Malaysian national center) in Kuala Lumpur. The course is for medical men, veterinarians and scientists; subject matter dealing with parasitic and vector-borne diseases of man and animals in SE Asia.

Duration and frequency: A 6-months course offered annually.

Number of trainees offered regional scholarships: The course will start with 12-13 trainees in April, 1970. The center plans annual increases to a maximum of 40 during the 5-year period. The manpower study team concurred with this projection of need.

Scholarship cost (per trainee):

Tuition	\$ 500
Allowance \$200 x 6	1,200
Books	50
Travel (average)	<u>200</u>
Total	\$1,950

Rural public health and hygiene

Course: Three courses offered by the Institute of Hygiene (eventually to be a unit of the Philippines Center for Health Sciences, which will be the Philippines national center in the SEAMEC tropical medicine program) are:

1. A post-graduate course leading to a Master of Public Health (MPH).

Duration and frequency: a 15-month course with new students taken in annually.

Number of trainees offered regional scholarships: Two at present with plans to increase to 10 between this and the CPH which follows. The manpower study team did not break down recommended figures for public health by course.

Scholarship costs:

Tuition		\$ 750
Allowance	\$200 x 15	3,000
Books		50
Travel (average)		240
Total		<u>\$4,040</u>

2. A post-graduate course leading to a Certificate in Public Health (CPH)

Duration and frequency: A 12 month course offered annually.

Regional trainees: One at present, with plans to increase to 18 between this and the MPH course above.

Scholarship Costs:

Tuition		\$ 750
Allowance	\$200 x 12	2,400
Books		50
Travel (average)		240
Total		<u>\$3,440</u>

3. A post-graduate course leading to a Master of Science degree in Hygiene (MSH).

Duration and frequency: A 2-year course with students taken in annually

Regional trainees: Two at present with plans to increase to 5 new students annually in the future.

Scholarship costs:

Tuition	\$750 x 2	\$1,500
Allowance	\$200 x 24	4,800
Books		50
Travel (average)		240
Total		<u>\$6,590</u>

Nutrition

Course: Post-Graduate course leading to Master of Science in Nutrition (MSN)

Duration and frequency: A 10-month course offered annually.

Regional trainees: 12-14 trainees for first course in 1970, increasing over 5-years to maximum of 40. Manpower study team recommended level-off at 35 per year.

Scholarship costs:

Tuition	\$ 750
Allowance \$200 x 10	2,000
Books	50
Travel (average)	240
Total	<u>\$3,040</u>

The numbers of medical specialists who will be required by all the countries included in the manpower survey, as reported by the survey team, are shown in the following table:

NUMBER OF MEDICAL SPECIALISTS NEEDED IN THE FOUR
AREAS COVERED BY THE MANPOWER SURVEY
BY SEAMEC COUNTRIES
(By year for a five-year period)

	<u>69-70</u>	<u>70-71</u>	<u>71-72</u>	<u>72-73</u>	<u>73-74</u>	<u>Totals</u>
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	<u>43</u>	<u>40</u>	<u>46</u>	<u>38</u>	<u>45</u>	<u>212</u>
Totals	282	279	312	318	329	1,520

In addition to actual requirements, the survey team obtained data on projected availability of personnel qualified to undertake training at the centers, and on the basis of this information recommended the following trainee projections as realistic targets:

**TRAINEE TARGETS FOR THE FOUR SEAMEC
NATIONAL TROPICAL MEDICINE CENTERS RECOMMENDED BY
THE MANPOWER SURVEY TEAM
(By year for a five-year period)**

	<u>69-70</u>	<u>70-71</u>	<u>71-72</u>	<u>72-73</u>	<u>73-74</u>	<u>Totals</u>
Nutrition	25	30	30	30	35	150
Applied Parasitology & Entomology	20	25	30	40	40	155
Public Health*	50	55	60	65	70	300
Tropical Medicine	<u>25</u>	<u>25</u>	<u>25</u>	<u>25</u>	<u>25</u>	<u>125</u>
Totals	120	135	145	160	170	730

*Includes estimated projections for Singapore Center as well as Manila.

After reviewing the latest set of development plans for the centers, and considering the phasing of these plans, RED, in consultation with the Central Office of the CCB, made further revisions in the projected trainee targets. These figures, appearing in the following table, have been used as a basis for estimating scholarship requirements for Special Funds.

**CENTER TRAINEE TARGETS
SURVEY TEAM RECOMMENDATIONS MODIFIED BY AVAILABILITY
OF FACILITIES ACCORDING TO LATEST DEVELOPMENT PLANS**

	<u>70-71</u>	<u>71-72</u>	<u>72-73</u>	<u>73-74</u>	<u>74-75</u>	<u>Totals</u>
Nutrition	14	20	30	35	40	139
Applied Parasitology & Entomology	14	20	30	35	40	139
Public Health						
MPH & CPH	3	3	4	6	8	24
MSH	2	2	3	3	4	14
Urban DPH*	0	15	20	25	30	90
Tropical Medicine	<u>20</u>	<u>25</u>	<u>25</u>	<u>25</u>	<u>25</u>	<u>120</u>
Totals	53	85	112	129	147	526

* To be offered by Singapore

The relatively low projections in the modified projections for the courses offered by the Philippines center are based on experience with the program for the past two years. Admissions requirements for the master's degree programs, together with the difficulty of the course, has reduced the number of candidates from the region considerably below the offered places. At the last meeting of the CCB (Djakarta in Oct. 1969) discussion of the graduate degree program in public health resulted in projection of continuing low enrollment for the foreseeable future.

Based on the center trainee targets reported in the above, and utilizing the scholarship costs reported for each of the programs, the estimates of scholarship requirements for Special Funds were re-computed, and are reported in the following table. These figures represent a revision of the cost estimates reported for Special Funds on page 24.

REVISED SCHOLARSHIP ESTIMATES
FOR TRAINING PROGRAMS IN FIVE NATIONAL CENTERS

	<u>70-71</u>	<u>71-72</u>	<u>72-73</u>	<u>73-74</u>	<u>74-75</u>	<u>Totals</u>
Indonesia (Nutrition)	\$ 42,560	\$ 60,800	\$ 91,200	\$106,400	\$121,600	\$ 422,560
Malaysia (DAP&E)	27,300	39,000	58,500	68,250	78,000	271,050
Philippines (MPH, CPH & MSH)	24,550	24,550	34,930	42,510	56,680	183,220
Singapore (Urban PH)		25,500	34,000	42,500	51,000	153,000
Thailand (DTM&H)	<u>33,300</u>	<u>41,625</u>	<u>41,625</u>	<u>41,625</u>	<u>41,625</u>	<u>199,800</u>
Totals	\$127,710	\$191,475	\$260,255	\$301,285	\$348,905	\$1,229,630

The estimates of Special Funds requirements for the 5-year period for the SEAMEC tropical medicine program prepared by the CCB Central Office and reported on page 24 are revised to show the above adjusted figures in the following table:

**SPECIAL FUNDS REQUIREMENTS
CCB REGIONAL ACTIVITIES
(With Revised Scholarship Estimates)**

Item	<u>70-71</u>	<u>71-72</u>	<u>72-73</u>	<u>73-74</u>	<u>74-75</u>	<u>Totals</u>
Regional Train. (Scholarships)	\$127,710	\$191,475	\$260,255	\$301,285	\$348,905	\$1,229,630
Research grants	130,000	130,000	130,000	130,000	130,000	650,000
Reg. Seminars	18,000	18,000	20,000	20,000	20,000	96,000
Consult. services	10,000	10,000	10,000	10,000	10,000	50,000
CCB Meetings	12,000	12,000	12,000	12,000	12,000	60,000
Personnel exchange	<u>22,000</u>	<u>22,000</u>	<u>24,000</u>	<u>24,000</u>	<u>24,000</u>	<u>116,000</u>
Totals	\$319,710	\$383,475	\$456,255	\$497,285	\$544,905	\$2,201,630

Of the estimated total of \$2,201,630 indicated in the table above for Special Funds requirements for this program, the USG half is \$1,100,815.

National Center Development Plans

The figures reported below (page 32) for the national development plans are preliminary estimates based on the per square foot cost of construction in the particular country. Figures are reported also by the Central Office as estimates of staffing and maintenance costs. In the case of each center the development requirements are limited to the costs of resources and facilities for carrying out the assigned regional role at a high quality level. The costs of the latest revision of the center development plans as reported by the Central Office are as follows:

REQUIREMENT FOR IMPLEMENTING REGIONAL DEVELOPMENT PROGRAMMES
OF THE NATIONAL TROPICAL MEDICINE & PUBLIC HEALTH CENTRES OF
INDONESIA, MALAYSIA, PHILIPPINES & THAILAND
(Shown in thousands U.S. \$)

35
32

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Centres	Host Country Responsibility Building, Equipment, Supplies, etc. (Local Governments and other Donors)	USG(1) Equipment, Supplies, Books, etc.	Staffing(2)	Maintenance(3)	Total
Faculty of Medicine, Univ. of Indonesia (School of Nutrition, M.Sc. Nutrition)	350.0	350.0	Under Respon- sibility of Individual Government	Under Respon- sibility of Individual Government	700.0
Institute for Medical Research, Kuala Lumpur (D.A.P. & E.)	425.0	425.0	"	"	850.0
Institute of Hygiene, Univ. of the Philippines (M.P.H., M.S. Hygiene)	364.4	364.4	"	"	728.8
Faculty of Tropical Medicine, Univ. of Medical Sciences (D.T.M. & H., M.Sc., Ph.D.) (4)	650.0	650.0	"	"	1,300.0
Total	1,789.4	1,789.4	-	-	3,578.8

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- (1) Requirements for equipment, supplies, books, etc. of Indonesia and Malaysia are much more than the figures quoted. They, however, are preparing to ask from other donors.
- (2) Cost of staffing: \$100,000 - \$150,000 per year per country.
- (3) Costs of maintenance: \$50,000 - \$100,000 per year per country.
- (4) Phase I of the Development Plan costing \$150,000 has been implemented; only Phase II (3 yrs.) is shown here.

RED evaluation of these estimates produces the following observations:

1. The estimate of cost of staffing is high. A more realistic estimate in terms of salaries paid within the region and probable actual requirements for implementing the assigned regional roles would be in the neighborhood of \$30,000 to \$50,000 per year per country. This is still high enough to make the host country contribution considerably more than half of total requirements for the regional role.
2. In terms of other center estimates for maintenance costs the figure suggested by the Central Office for this item is high. Undoubtedly maintenance costs will tend to run higher in this program where equipment is more sophisticated and complex. Furthermore, it is difficult to determine what part of maintenance costs for total plant and equipment should be charged to operation of the regional role. Nonetheless, RED would suggest a lower estimate, in the neighborhood of \$25,000 to \$30,000 per center per year. As is the case with staff costs, this estimate will not affect the USG contribution since the 50-50 matching is entirely capital requirements; i.e., cost of construction and equipment.
3. The estimate for the Philippines, based on projected student load of 15 trainees annually from the region, had to be reduced to a justifiable level in terms of adjusted figures reflected in the tables on pages 29 and 30. RED proposes a USG contribution to library development of \$71,200 for the 5-year period, to be matched by the Institute of Hygiene, plus an increased tuition fee for the few regional students entering the program to bring this figure nearer to actual per student instructional costs. The proposed increase was incorporated in the breakdown of scholarship costs shown on page 30 for the public health programs in the Philippines. The breakdown of library contributions by year, showing inputs of the USG and the Institute of Hygiene is shown in Appendix C.

The revised estimates of development requirements for the centers, taking the above into account are shown in the following table:

	Bldg. & related costs (host country)	5-yr. staff costs	5-yr. maint. costs (host country)	Equip. (USG)	Totals
Indonesian Center	\$ 350,000	\$150,000	\$125,000	\$ 350,000	\$ 975,000
Malaysian Center	425,000	250,000	150,000	425,000	1,250,000
Philippines Center	71,200	0 *	0**	71,200	142,400
Thailand Cntr	<u>650,000</u>	<u>250,000</u>	<u>150,000</u>	<u>650,000</u>	<u>1,700,000</u>
Totals	\$1,496,200	\$650,000	\$425,000	\$1,496,200	\$4,067,400

* See Appendix C

** No basis for estimating

These estimates indicate a total USG contribution of approximately 1.5 million U.S. dollars for the 5-year period, all of which would be equipment for the centers. However, it is recommended that an additional \$750,000 be programmed for the following reasons:

1. Development plans for the Vietnamese and Singapore centers have not been submitted. Probably the Singapore requirements will be modest ones, since a program of public health training, open to the region, is already in operation with WHO assistance. However, the Vietnamese center requirements can be expected to at least equal the average for the four centers whose plans have been taken into account.
2. The estimates for the Philippines are considerably below the figures submitted by the Institute of Hygiene. If unexpectedly the regional student load does increase, additional assistance may be required during the 5-year period.
3. The Thai center plans to develop tropical pediatrics (with CCB approval) as soon as feasible as part of its regional role. Also, there are hopes that the DTMSH training program will go to a master's degree level and eventually a Ph.D. level. Finally, plans for the future call for cooperation between Laos and Thailand, leading to special programs to meet Laotian needs. It is not possible to indicate reasonable projections for these possibilities at this time, but they constitute another element which can produce additional requirements over the 5-year period.

To summarize, the probable U.S. funding requirements for the SEAMEC tropical medicine program for the 5-year period extending from July 1970 through June 1975 are as follows:

Estimated 5-Year Funding from USG:

Central Office Expenses	\$ 115,000*
Special Funds	1,100,815**
Completed development plans	1,496,200***
Contingency to cover uncompleted development plans	<u>750,000</u>
Total	\$3,462,015

*To be matched by contributions from participating countries

**To be matched by SEAMES with funds raised from non-USG sources

***To be matched by host country for each center

The projected needs for each of the five years in the period of U.S. support are as follows:

USG FUNDING REQUIREMENTS BY FISCAL YEAR
FOR THE 5-YEAR PERIOD OF SUPPORT

<u>Item</u>	<u>70-71</u>	<u>71-72</u>	<u>72-73</u>	<u>73-74</u>	<u>74-74</u>
Central Office Expenses	\$ 24,500	\$ 22,000	\$ 22,500	\$ 22,500	\$ 23,500
Special Funds	159,855	191,737	228,128	248,642	272,453
Completed Plans	361,200	677,500	427,500	15,000	15,000
Contingency*	<u> </u>	<u> </u>	<u>250,000</u>	<u>250,000</u>	<u>250,000</u>
Totals	\$545,555	\$891,237	\$928,128	\$536,142	\$560,953

* Arbitrary distribution of contingency requirement. No basis for projection at this time.

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IV. COMPLETE LIST OF RESEARCH TOPICS AND PRINCIPAL INVESTIGATORS

COUNTRY: INDONESIA
YEAR: 1967
PROJECT TITLE:

1. Cardiovascular Survey of "Normal" Young Adults in Indonesia

Investigator: I. S. F. Ranti
Budget: US\$ 465.60

2. A New Method for the Differentiation of Mycobacteria

Investigator: H. P. K. Tanzil
Budget: US\$ 499.65

3. The Effect of One Single Dose of Vitamin A Given to Pregnant Mothers During the Last Week of Pregnancy

Investigator: Achmad Djaani Sediaoetama
Budget: US\$ 500

4. Mousecolony of Inbred Mice

Investigator: B. Rukmono
Budget: US\$ 500

5. Investigation of Normal Range of Thyroid I-131 Up-take in Indonesian People

Investigator: Oei Ek Djin
Budget: US\$ 500

6. Investigation on the Incidence of Gastroduodenal Ulcer Amongst Indonesians

Investigator: Rukonto
Budget: US\$ 800

7. Investigation on Culicidas (Mosquitoes)

Investigator: Wijono
Budget: US\$ 1,439 UNCLASSIFIED

8. Genetic Control of Spermatogenesis in Mice
- Investigator: Muhammad Kami Tadjudin
Budget: US\$ 1,080
9. On the Incidence of Anemia, Its Nature and Its Causes Among Indonesian Children
- Investigator: Oen Sian Djien
Budget: US\$ 420.75
10. Studies on Djenkolic Acid Intoxication I. Identification of Djenkolic Acid with Paper Electrophoresis
- Investigator: Achman Djaeni Sediaoetama
Budget: US\$ 1,375
11. The Effect on the Liver Storage in the Offspring on a Massive Dose of Vitamin A Given to Pregnant Rats
- Investigator: Achman Djaeni Sediaoetama
Budget: US\$ 920
12. Pilot Project Control Diarrheal Diseases in Infants (First Year)
- Investigator: Bintari Rukmono
Budget: US\$ 1,392
- YEAR: 1968
1. Soil Studies on Histoplasma Capsulatum
- Investigator: Jan Susilo
Budget: US\$ 1,165
2. Incidence of Pulmonary Tuberculosis in Children with Chronic Otitis Media
- Investigator: Pangeran Siregar
Budget: US\$ 226

3. **Filariasis in East Indonesia**

Investigator: Sri Oemijati
Budget: US\$ 1,320

COUNTRY: LAOS
YEAR: 1968
PROJECT TITLE:

Studies on the Prevalence and Epidemiology of Schistosomiasis in Khong Island, South Laos, and Surveys on Its Vector Snails

Investigator: Ounhuan Pathammavong
Budget: US\$ 5,000

COUNTRY: MALAYSIA
YEAR: 1967

1. **Studies on the Pathogenesis and Clinical Manifestation in Experimental Angiostrongylus Cantonensis Infection**

Investigator: Ungku Omar Ahmad
Budget: US\$ 1,870

2. **Studies on Venomous Snakes of Malaysia with Special Reference to the SEA-Snakes in and around the Malaysian Waters**

Investigator: Lim Boo Liat
Budget: US\$ 1,880

3. **Fungal Infections of the Ear, Nose, Throat, in Malaysia Barat**

Investigator: R. Bhagwan Singh
Budget: US\$ 1,881

4. **Development and Establishment of Newer Clinical Biochemical Methodology 4 Projects**

Investigator: G. F. de Witt
Budget: US\$ 744

5. **Simian Malaria**

Investigator: W. H. Cheong
Budget: US\$ 3,745

COUNTRY: PHILIPPINES
YEAR: 1967

1. **Studies on Commensal Rats and Their Ectoparasites in the City of Manila**

Investigator: Nelia P. Salazar
Budget: US\$ 5,000

2. **The Philippines Monkey (*Cynomologus Philippinensis*) as Experimental Animal in Study of Cholera Vibrio and its Products**

Investigator: Antonio V. Jacalno
Budget: US\$ 5,000

YEAR: 1968

1. **Leptospira Studies on Fevers of Unknown Origin**

Investigator: Estela G. Famatiga
Budget: US\$ 1,200

2. **Radioisotope Tagging of Mosquitoes**

Investigator: Ruben C. Umaly
Budget: US \$2,336

3. **Prevalence of Subella Infection in Filipinos**

Investigator: Lourdes E. Campos
Budget: US \$2,585

4. **Hookworm Infection and Folic Acid Metabolism Among Philippine School Children**

Investigator: Victor O. Tantengco
Budget: US\$ 1,755 UNCLASSIFIED

COUNTRY: SOUTH VIETNAM
YEAR: 1967

1. Colonies of Anopheles of Vietnam

Investigator: Do-Van-Quy
Budget: US\$ 5,000

2. Mosquitoes of South Vietnam

Investigator: Do-Van-Quy
Budget: US\$ 5,000

COUNTRY: THAILAND
YEAR: 1967

1. Pathophysiological Studies on Malaria: Blood Volume Studies on Plasmodium coatneyi Infection in Monkey

Investigator: Tan Chongsuphajsidhi
Budget: US\$ 5,000

2. Studies on Metabolism in Malnutrition States in Children in Thailand

Investigator: Bundham Sundharngiatl
Budget: US\$ 5,000

YEAR: 1968

1. Paragonimiasis in Thailand: Studies on the Incidence, Epidemiology, Life Cycles, Clinical Features and Therapeutic Measures

Investigator: Suvajra Vajrasthira
Budget: US \$3,500

2. Investigations on Ticks and Mites as Medically Important Arthropods Related to Tropical Diseases in Nakorn-Rajsim Province of Northeast Thailand

Investigator: Cherdarp Vasuvat
Budget: US\$ 3,500

3. **Studies on Socio-Economic Development in Northeast Thailand:
Investigation on Nutritional Status in the Children of Resettlement
Villages**

Investigator: Panata Migasena
Budget: US\$ 3,000

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V. LIST OF PUBLICATIONS OF SEAMEC REGIONAL PROJECT FOR TROPICAL MEDICINE AND PUBLIC HEALTH

1. Report of Task Force on Tropical Medicine on Findings in Thailand, Philippines, Malaysia, South Vietnam, Indonesia, Laos, and Singapore. September 1966.
2. Report of the First Meeting of the Central Coordinating Board at the Faculty of Tropical Medicine, University of Medical Sciences, Bangkok. 15-17 March 1967.
3. Report of the Second Meeting of the Central Coordinating Board at the Institute for Medical Research, Kuala Lumpur, 2-4 August 1967.
4. Report of the Third Meeting of the Central Coordinating Board at the Institute of Hygiene, University of the Philippines, Manila, 13-15 Dec. 1967.
5. Report of the Fourth Meeting of the SEAMEC Central Coordinating Board for Tropical Medicine at the Faculty of Medicine, University of Indonesia, Djakarta, 4-7 June 1968.
6. Report of the Fifth Meeting of the SEAMEC Central Coordinating Board for Tropical Medicine and Public Health, Tokyo, 24 November-6 December 1968.
7. Central Coordinating Board SEAMES 1967-1968. History, Objectives, Functions, Current Activities, Development, April 1967.
8. Tropical Medicine Project of SEAMEC, Central Coordinating Board 1968, History, Objectives, Functions, Current Activities, Development, June 1968.
9. Abstracts of Papers, The First Southeast Asian Regional Seminar on Tropical Medicine, The Third Conference on Parasitic Diseases and the Seminar on Malaria, Bangkok, 7-11 August 1967.
10. Abstracts of Papers, The Seminar on Medical Entomology of the Asian Region, Conducted under the Auspices of the SEAMEC Central Coordinating Board for Tropical Medicine, Bangkok, 15-17 January 1968.

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11. **Five-Year Development Plan for Thai Centre for Tropical Medicine (Faculty of Tropical Medicine, University of Medical Sciences) 1968 - 1972, October 1968.**
12. **Five-Year Development Plan of National Centre for Tropical Medicine, Republic of the Philippines (Institute of Hygiene, University of the Philippines) 1968-1973, October 1968.**
13. **SEAMES, Southeast Asian Regional Centres for Tropical Medicine, Development Plan of the Malaysian National Centre for Tropical Medicine, Institute for Medical Research, Kuala Lumpur, October 1968.**
14. **Five-Year Development Plan for Indonesian National Centre for Tropical Medicine (Medical Faculty, University of Indonesia) 1969 - 1973, October 1968.**
15. **Five-Year Development Plan for Lao National Centre for Tropical Medicine 1968-1972, October 1968.**
16. **Report of Planning Consultants on Proposed Five-Year Development Plans of National Tropical Medicine Centres (SEAMES, Central Coordinating Board for Tropical Medicine) Bangkok, October 1968.**
17. **Annual Report, Central Coordinating Board for Tropical Medicine and Public Health of Southeast Asian Ministers of Education Council (March 1967 - March 1968), November 1968.**
18. **Report of the Advisory Group on the Survey of Needs and Demands in Regional Teachings of SEAMEC Central Coordinating Board for Tropical Medicine and Public Health: D. T. M. & H. (Bangkok), M. P. H. & M. S. (Hygiene) (Manila), D. A. P. & E. (Kuala Lumpur) and M. Sc. (Nutrition) (Djakarta), Bangkok, June 1969.**
19. **The Third Southeast Asian Regional Meeting on Parasitology and Tropical Medicine - Proceedings of Seminar on Filariasis and Immunology of Parasitic Infections and Laboratory Meeting, November 1968.**
20. **The Fourth Regional Seminar/Laboratory meeting on Parasitology and Tropical Medicine - Proceedings of Seminar on Schistosomiasis and Other Snail-Transmitted Helminthiasis, Manila, 24-27 February 1969, December 1969.**

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21. The Revised Five-Year Development Plan of the Four National Centres, August 1969.
22. History, Objectives, Organization and Functions: Central Coordinating Board, SEAMEC-TMPH. September 1969.
23. Information on SEAMEC Regional Project for Tropical Medicine and Public Health. November 1969.
24. Report of 1967 Research Project. December 1969.

**APPENDIX C
EXTRACT FROM DEVELOPMENT
PLAN FOR PHILIPPINES NATIONAL CENTER**

Development of the Library

The objective is to develop the library of the Philippines National Center as the Documentation Center for Hygiene and Public Health of the Region. In this connection, the Philippines National Center requests assistance from the USG in 1970-1971 in the amount of \$11,200 to match the same amount provided by the Institute of Hygiene. The amount will increase to \$15,000 in the subsequent years of the 5-year period.

LIBRARY DEVELOPMENT

a) Philippines Counterpart in Library Development

1. <u>Personnel Services (Salaries and Wages)</u>	
1.1 Librarian (1)	\$ 1,200
1.2 Library Assistant (1)	625
1.3 Student Assistants (3)	1,700
2. <u>Annual Journal Subscription</u>	
2.1 Paid-up subscription (80 titles) from the Institute of Hygiene	1,120
2.2 Gift subscription (125 titles) from donors	1,875
2.3 Exchange subscription (73 titles) from various institutions	1,095
3. <u>Annual Book Fund (from the University)</u>	2,510 *
4. <u>Library Physical Plant Improvement</u>	<u>1,075 **</u>
TOTAL	<u>\$ 11,200 **</u>

* In the subsequent years in the 5-year period this item will increase to \$6,310, making the total counterpart for each of the following years \$15,000.

** This figure is compatible to the number of fund calculated from the minimum requirement for an average American standard for post-graduate library (see/Five Year Development Plan page 11-F).
Philippines

b) USG Contribution

Books, journals, films (movies and slides)
and film strips

\$11,200

The proposed requirement for development of the Library in the next five years is as follows:

	<u>Philippines</u> <u>Counterpart</u> \$	<u>USG</u> <u>Contributions</u> \$	<u>Total</u> \$
1970-1971	11,200	11,200	22,400
1971-1972	15,000	15,000	30,000
1972-1973	15,000	15,000	30,000
1973-1974	15,000	15,000	30,000
1974-1975	<u>15,000</u>	<u>15,000</u>	<u>30,000</u>
	<u>71,200</u>	<u>71,200</u>	<u>142,400</u>

PROJECT AUTHORIZATION

Proj. 4980198.4
Pd-

1. PROJECT NUMBER 498-11-690-198.4	3. COUNTRY East Asia Regional	4. A 0063
2. PROJECT TITLE Regional Education Development Subproject - SEAMEC Tropical Medicine and Public Health Project		5. AUTHORIZATION DATE 6/2/70
7. LIFE OF PROJECT a. Number of Years of Funding: <u>9</u> Starting FY 19 <u>67</u> ; Terminal FY 19 <u>75</u>		6. PROP DATED TOAID A-2262 sent 12/10/69
b. Estimated Duration of Physical Work After Last Year of Funding (in Months): <u>12</u>		

FUNDING BY FISCAL YEAR (in U.S. \$1,000 or \$ equivalent)	DOLLARS		P.L. 480 CCC + FREIGHT	LOCAL CURRENCY Exchange Rate: \$1 =			
	GRANT	LOAN		U.S. OWNED		HOST COUNTRY	
				GRANT	LOAN	JOINTLY PROGRAMMED	OTHER
Prior through Actual FY 69	610						
Operational FY 70	167						
Budget FY 71	423						
B + 1 FY	891						
B + 2 FY	928						
B + 3 FY	536						
All Subsequent FY's	561						
TOTAL	4,116						

8. DESCRIBE SPECIAL FUNDING CONDITIONS OR RECOMMENDATIONS FOR IMPLEMENTATION, AND LIST KINDS AND QUANTITIES OF ANY P.L. 480 COMMODITIES

Due to status of detailed planning for national center regional programs and FY 70 funding limitations, much of the USG funding requested in the summary table on page 35 will be provided in the current fiscal year (i.e. FY 71 funds for period 70-71). FY 70 will provide forward funding for Central Office expenses (24,500), interim operations of the regional nutrition program (\$44,800 not included in original PROP estimate), and partial Special Fund support (97,800).

10. CONDITIONS OF APPROVAL OF PROJECT

Subject to annual review for OYB purposes, and for consistence with overall SEAMES project for matching of funds as agreed or planned, and for continued consistency with testimony given to the Congress.

(Use continuation sheet if necessary)

11. Approved in substance for the life of the project as described in the PROP, subject to the conditions cited in Block 10 above, and the availability of funds. Detailed planning with cooperating country and drafting of implementation documents is authorized.

This authorization is contingent upon timely completion of the self-help and other conditions listed in the PROP or attached thereto.

This authorization will be reviewed at such time as the objectives, scope and nature of the project and/or the magnitudes and scheduling of any inputs or outputs deviate so significantly from the project as originally authorized as to warrant submission of a new or revised PROP.

A.I.D. APPROVAL		CLEARANCES		DATE
SIGNATURE <i>[Signature]</i>	TITLE Dep. Asst. Dir. 6/2/70	EA/RD, KMRabin	<i>[Signature]</i>	5/26/70
		EA/TECH, WWilliams	<i>[Signature]</i>	5/26/70
		EA/DP, CHBreecher	<i>[Signature]</i>	5/26/70
		A/CONT		