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TANZANIA

BRIEFS

CHOLERA DEATH STATISTICS GIVEN--Dar es Salaam--A total of 122 out of 836 cholera patients died in Tanzania in the first 2 months of this year. The Tanzania news agency, SHIHATA, quoted a Ministry of Health official as saying that the worst hit regions were Mara and Shinyanga where a total of 55 out of 180 people who contracted the disease have died. The spokesman added that 338 out of 2,000 people died of cholera in the country last year, while 205 out of more than 2,400 people who contracted the disease died in 1983. [Text] [Dar es Salaam Domestic Service in Swahili 1700 GMT 8 May 85 EA]

CSO: 5400/134

THAILAND

VD TREATMENT COSTS REPORTED

Bangkok BANGKOK POST in English 3 Mar 85 p 3

[Article by Ampa Santimatanedol]

[Text]

MEDICAL experts have expressed concern over a rapid rise in venereal disease cases in Thailand, which they say are costing at least 7,000 million baht in medical expenses each year.

The alarm was raised during a recent seminar on sexually transmitted diseases attended by 70 experts from leading hospitals and medical institutions in the country.

The experts also warned against the practice of self-treatment by some VD patients, saying it could lead to resistance to medication.

Dr Amnuey Traisupa, director of the Public Health's Venereal Diseases Division, said there were more than 340,000 confirmed VD cases last year, which represented about 43 per cent of 800,000 people who underwent tests at VD centres and government-run hospitals nationwide. He added that the number of people receiving check-ups showed an increase of more than 320,000 from the previous year.

However, he said, the actual number of VD patients could be as high as 450,000 if those who were treated at private clinics or treated themselves were taken into account.

Dr Amnuey said more than half of these confirmed cases had gonorrhoea. Other venereal diseases found in the patients were non-specific urethritis (21%) and chancroid (3%).

Low-income workers and prostitutes made up nearly half of the estimated 320,000 VD patients in the country. Other patients were government officials (17%), farmers (10%), housewives (17%) and businessmen (5%). Most patients were between 20 and 24 years old.

As many as 37 per cent of VD patients treated by government-run clinics were found to have developed resistance to medication, said Dr Amnuey. The number was believed to be

rising too, he added.

Dr Niwat Polnikorn of Ramathibodi Hospital estimated that about 3,000 VD patients were treated at the hospital's VD clinic every year. The male-female ratio of VD patients at Ramathibodi Hospital was six to one, he said.

The doctor said it cost about 550 baht to treat a VD patient, who on the average had to pay about 260 baht from his own pocket, while the balance had to be shouldered by the Government.

Dr Niwat estimated that the total cost of VD treatment was around 7,000 million baht a year.

The doctor said that the number of VD patients was rising steadily from 186 cases in a population of 100,000 to 683 in every 100,000 in 1981.

The diseases' resistance to drugs as a result of self-treatment had also contributed to the spread of VD, Dr Niwat said.

He noted that there was a lack of coordination among hospitals and agencies in charge of diseases prevention and control while research on diseases prevention had not received sufficient support.

Besides, many doctors were not qualified to treat VD because they were insufficiently trained and because medical establishments tended to overlook the problem, said Dr Niwat.

Dr Somnuk Vibusek of the Defence Ministry's Medical Department said that more tolerant social attitudes had contributed to the rise in VD cases among young people.

He shared Dr Niwat's view that many doctors were not qualified to treat VDs due to inadequate training.

He also expressed concern about the increase in syphilis cases, saying that the disease was far more serious than other types of VD as it could be fatal.

Dr Wiwat Rojanapitthayakorn of the Communicable Disease Control Department said prostitutes were chief VD carriers and suggested that they have regular medical checkups to help prevent the spread of the disease.

He said a survey of VD patients showed that 65 per cent of male patients had had intercourse with prostitutes while 13 per cent of women patients contracted the disease from their husbands.

Dr Wiwat added that 99 per cent of male patients got the disease from prostitutes.

CSO: 5400/4388

TRINIDAD AND TOBAGO

MINISTRY OF HEALTH OPENS MULTIPLE IMMUNIZATION DRIVE

Port-of-Spain TRINIDAD GUARDIAN in English 29 Apr 85 p 14

[Text] The Ministry of Health is working towards having 80 per cent of all children under one year immunised against polio, German measles, yellow fever and other diseases by the end of the year. In 1983, the ministry achieved about 60 per cent coverage, and last year 65 per cent. However, these figures do not include immunisations done by private practitioners.

Principal Medical Officer of Community Services in the Ministry of Health, Dr. Glenda Maynard, said that the ministry always has a ready supply of vaccines and had launched a campaign to include the community services in the immunisation programme.

According to Dr. Maynard, this is one of the ways to reach the population and have community health services cater to the specific requirements of residents. For example, she explained, the public health service at the ministry is open from 8 a.m. to 4 p.m. and these hours are not convenient for working parents.

One of the problems encountered in the immunisation schedule, she said, was the time lapse between the first and second dose.

"There is always a drop-off rate between the first and second dose of DPT and Polio. Surveys have shown that the parent does not bring the child in for the second dose because the child is ill with a cold or fever."

This practice, she pointed out, increases the risk of catching the disease. One of these which has been underplayed, she said, is measles which has led to low coverage against this disease.

But, she stressed, measles can lead to complications which include pneumonia and encephalitis which is inflammation of the brain. This in some instances causes brain damage. She said:

"Measles is not a mild disease. It causes serious damage in a child who is malnourished. We have to be very careful, especially in these recessionary times and although vegetables may be inexpensive now, the effects of the recession can have a long-term effect."

In a report Dr. Maynard recently delivered, she pointed out that Trinidad and Tobago is still faced with epidemics of measles and German measles. In 1984 there were 3,556 reported cases of measles and 2,392 in 1983. In that year also, there were 531 cases of German measles and 170 in 1984. There has been no poliomyelitis case since the 1972 outbreak.

As one of the strategies of achieving health for all by the year 2000, the countries have a target that all children be immunised against major infectious diseases of childhood.

The World Health Organisation in its Expanded Programme on Immunisation places emphasis (on six diseases: diphtheria, pertussis (whooping cough), tetanus, poliomyelitis, measles and tuberculosis).

Fortunately there have been no cases of polio in Trinidad since the 1972 outbreak.

UNITED KINGDOM

DEATHS RISE IN FLU EPIDEMIC; IDENTITY OF VIRUS STUDIED

Staffordshire Situation

London THE DAILY TELEGRAPH in English 30 Apr 85 p 1

[Article by Graham Jones]

[Text] Nine people were "poorly" in hospital last night in an influenza outbreak which has already caused 16 deaths in Staffordshire. In addition to the nine, 58 people were being treated in three hospitals.

Most of those seriously affected were elderly but the youngest to die was 45 and the youngest under treatment is 37.

Dr John Scully, District Medical Officer, said all the cases had arisen in parts of Stafford and Cannock. Although none had been affected in hospital urgent measures were being implemented to try to isolate those involved.

Dr Scully added that there had been a "small explosive outbreak" of a virulent form of an influenza virus thought to be influenza B. "Once the lungs start to get involved the patients' condition can deteriorate very rapidly".

Plea to Visitors

Urgent cases only were being admitted to Stafford District Hospital yesterday and visitors were urged to stay away. In many cases nurses postponed holidays to treat the victims.

The other hospitals where patients are being treated are Kingsmead Hospital for the elderly, where the latest five deaths were reported, and Stafford General Infirmary, which is being used for those recovering from the virus.

Increase in Fatalities

London THE DAILY TELEGRAPH in English 1 May 85 p 1

[Text] The death toll in the Staffordshire influenza outbreak rose to 20 yesterday as two doctors from the Public Health Laboratories at Colindale, north-west London, were called in to try to identify the virus responsible.

Mr William Cash, Tory MP for Stafford, met ministers to ensure that all steps were being taken to prevent the outbreak extending through the West Midlands and elsewhere.

At present the influenza, believed to be a form of the "B" strain, is confined to an area covered Stafford by Stone, Rugeley and Cannock.

About 98 victims have been admitted to three hospitals.

The Mid-Staffordshire Area Health Authority's control of infections committee met last night to review the situation. Most of the victims have been elderly.

CSO: 5440/064

VIETNAM

MINISTER OF PUBLIC HEALTH SPEECH AT NATIONAL SCIENCE AND EDUCATION CONFERENCE

Hanoi SUC KHOE in Vietnamese 5 Jan and 5 Feb 85

[Report by Minister of Public Health Dang Hoi Xuan at the National Science, Education Conference, 26 November 1984-1 December 1984: "Some Proposals Aimed at Strengthening the Leadership of the Party Committees in Public Health Work"]

[5 January 1985, pp 3, 15]

[Text] Dear Le Quang Dao, Party Central Committee secretary and head of the Department of Science and Education of the Central Committee, and Vo Nguyen Giap, member of the Party Central Committee and vice chairman of the Council of Ministers;

Dear members of the Party Central Committee and heads of the science and education sectors on the central level;

Dear representatives of the provincial, municipal and special zone party committees of the entire country;

Dear comrades,

On behalf of the Ministry of Public Health, allow me to extend a warm welcome to the delegates of the provincial, municipal and special zone party committees. I have been given the assignment by the Department of Science and Education of the Party Central Committee of reporting to you on a number of problems in public health work.

Our party has always been concerned with public health work. The resolution of the 5th National Congress of the Party pointed out the following concerning public health work: on the basis of utilizing the tremendous forces of the people and the capabilities of the localities and all related sectors, we must make appropriate investments in protecting and gradually cleaning up the environment, improve the quality and effectiveness of the efforts to prevent and control epidemics, to prevent and control social diseases and organize medical examinations and treatment better. We must continue to use and develop folk medicine and more effectively combine folk medicine with modern medical science. We must strengthen and develop the public health network,

especially the public health line on the basic level and the line on the district, precinct and ward level. One pressing task we face is the need to develop every existing domestic capability so that we can successfully establish sources of pharmaceuticals, take positive steps to build the pharmaceutical industry and produce public health equipment and create all of the conditions needed to quickly alleviate the shortage of medicine, which includes exporting goods in order to import medicine." The congress also stressed the need to "continue promoting the planned parenthood campaign."

In recent years, we have encountered very many difficulties in public health work: the aftermath of the war, which has yet to be completely overcome, has adversely affected the health situation; the many difficulties facing the economy prevent us from making appropriate investments in public health work; and we must constantly deal with the wide-ranging war of sabotage being waged by the Beijing expansionists and hegemonists in collaboration with the U.S. imperialists and other international reactionaries. Despite these problems and as a result of the leadership provided by the various party committees, from the central to the local and basic levels, and their determination to implement the resolution of the 5th Party Congress, public health work has been maintained and developed and noteworthy achievements have been recorded in a number of fields. On 2 April 1984, the Council of Ministers issued Resolution number 55-HDBT on "public health work in the immediate future." This resolution evaluated the strengths and weaknesses of public health work in the recent past and set forth guidelines, tasks, targets, policies and measures designed to insure the continued effective implementation of the resolution of the 5th Party Congress. The Ministry of Public Health issued detailed instructions to the localities concerning the implementation of this resolution and is now initiating the various jobs that must be performed for the resolution to be implemented. Recently, the Council of State also heard a report from the Ministry of Public Health and issued important supplementary instructions. At this conference, in order to assist the various party committee echelons in gaining a better understanding and providing better leadership of public health work with a view toward insuring the successful implementation of the resolution of the party congress, the resolution of the party plenum and resolution number 55-HDBT of the Council of Ministers, we will discuss and shed additional light on the following several matters:

1. The current health situation of the people;
2. A number of matters concerning the socialist approach to public health;
3. Some preliminary thoughts on the guidelines for public health work in the years ahead;
4. A number of proposals.

I. The Current Health Situation of Our People

The current health situation of our people reflects the characteristic features of a socialist country that is one of the developing countries, a country that has been facing the serious consequences of a long war and the vestiges of colonialism, both old and new. These characteristic features are:

1. The most common diseases found among our people continue to be mainly bacterial diseases:

According to data compiled through basic investigations, 24.42 percent of the population is afflicted with bacterial or parasitic diseases, such as dysentery, malaria and so forth (thus making this the group of diseases that has the highest morbidity rate). Respiratory diseases, such as inflammation of the throat, pneumonia, asthma and so forth, afflict 16.9 percent of the population and are the second most common diseases. Fecal examinations have revealed that 92.5 percent of the persons tested have worms; in children, this rate is 95.9 percent.

At medical treatment facilities, patients afflicted with bacterial or parasitic diseases are the most numerous, accounting for anywhere from 20.8 to 22.3 percent of the patients arriving for examination and treatment. The second most common diseases are respiratory diseases, which account for 15.2 to 17.8 percent of the patient load. Intestinal tract disorders are the third most common ailments, accounting for 10.3 to 12 percent. Among children, bacterial and respiratory disease morbidity is much higher: 33.2 to 35.9 percent for bacterial diseases and 27 to 29.3 percent for respiratory illnesses.

To date, we have only succeeded in wiping out smallpox. The other epidemics and communicable diseases have yet to be brought under control and the morbidity and mortality rates associated with these diseases remain high. Epidemics have broken out in every year since 1980. These epidemics have varied from minor to major in scope depending upon the nature of each disease and the preventive measures taken by our cadres and people, such as the maintenance of good hygiene, vaccinations, close observation of the spread of an epidemic, etc. More often than not, epidemics start in the provinces of the Mekong Delta, the Central Highlands, Eastern Nam Bo and southern Trung Bo and then spread by human contact to the other provinces. Plague generally breaks out in the provinces of Eastern Nam Bo, the Mekong Delta and Ho Chi Minh City. In 1983, hemorrhagic fever spread to many provinces and municipalities. Deserving of more concern is the rise in the malaria morbidity rate. The percentage of the population afflicted with malaria is high, especially in the provinces along the Vietnam-Laos border, the Central Highlands, central Trung Bo and the northern border provinces. DDT resistant mosquitoes, drug resistant parasites and an unstable public health network on the basic level are posing many difficulties to efforts to prevent and control malaria.

According to basic investigations, cardio-vascular diseases and cancers, although not widespread, have been increasing in recent years. This is proof that the pattern of disease associated with the developing countries has begun to appear in our country.

There are many reasons why epidemics, why bacterial, viral and parasitic diseases have not been brought under control. However, the main reason is that the environment is still being very seriously polluted. The transportation and use of human wastes in agriculture in the North and the cultivation of fish in the South are still unsanitary. There is still a

serious shortage of clean water for supply to the people, especially at many places in the mountains and the Mekong Delta. Waste water exceeds the capacity of drainage systems. Garbage is not being handled well in the cities. The populations of disease carrying pests, such as flies, mosquitoes, rats and fleas, have reached dangerous levels. In addition, the habits of drinking untreated water, eating uncooked food, sleeping without mosquito netting and so forth are still widespread at many places, especially in the Mekong Delta and a number of mountain provinces, thereby creating favorable conditions for intestinal tract diseases and malaria to break out and develop into major epidemics.

Many social diseases are still rather widespread. Tuberculosis continues to be a matter of major concern, with a morbidity rate of roughly 1 percent of the population (1976: 1.7 percent). Deserving of attention is the increase in meningitis associated with pulmonary or secondary pulmonary tuberculosis among children in recent years.

Venereal disease has also increased significantly compared to 1976, especially in the major cities.

Goiter was once only seen in the mountains, where the morbidity rate ranges from 20 to 40 percent; however, recent basic investigations have shown that a rather large number of persons in the provinces of the Red River Delta and the Mekong Delta is also afflicted with this disorder.

Dental diseases are still widespread, especially the following two: dental caries, which is found in 57 to 72.9 percent of the people and 49.2 percent of the children between the ages of 10 and 12, and trench mouth and periodontis (38.1 percent).

2. The health of our people, although improved, has been improved slowly.

The average life expectancy of our people today is 63 years of age (62 for men, 66 for women). In 1945, average life expectancy was 38.

There are approximately 6 million elderly persons (men over 60, women over 55) in our country. They constitute 10 percent of the population.

The national death rate is 7.4 percent (one of the lowest in the world).

We are very excited and proud over the achievements and advances mentioned above; however, in the field of our people's health today, there are still very many problems that we must continue to resolve. Basic investigations have shown that as many as 92 percent of the persons examined in many different localities are afflicted with one or more diseases. All together, only about 48 to 60 percent of the population (depending upon the area) are persons who are in good health or only afflicted with a mild disease that does not affect their ability to work. Persons who are seriously ill, are in poor physical condition and whose illness seriously affects their ability to work or makes it impossible for them to work represent 10 to 12 percent of the population.

In particular, a look at the health of cadres, manual workers and civil servants and of mothers and children shows:

Among 1.8 million manual workers and cadres whose health is being observed and managed, the number that meets category 1 health standards has been declining while the number that only meets category 4-5 health standards has been rising sharply. The number of cadres and workers forced into early retirement by disabilities has also been rising.

The health of mothers and children poses many problems that must be resolved.

While the morbidity rate for women's diseases has declined, it is still high (40 percent in the northern provinces and 60 percent in the southern provinces).

As regards the health of children, an investigation of more than 600 newborns showed that 45.8 percent weighed 2.8 kilograms or less (14.3 percent of whom weighed less than 2.5 kilograms). According to health management data compiled by 20 districts and cities and data compiled through basic investigations conducted at 22 different population centers, the health situation of children from the age of infancy to 15 is as follows:

- Good and above average health: 25.2 to 25.8 percent;
- Average health: 51.7 to 52.5 percent;
- Poor health: 20.1 to 22.7 percent.

Among the very basic causes of the situation described above are the facts that many women still do not plan the birth of children, the rate of population growth in our country is still high (approximately 2.3 percent in 1983) and we do not have all that we need to properly care for the young generation. Approximately 1.7 million children are born each year, more than 50 percent of whom are at least the mother's third child. Many women begin bearing children when they are still very young (in 1981, nearly 40,000 mothers were below the age of 19, nearly 500 of whom were below the age of 18 but had already given birth to their second or third child).

Because of this situation, there are about 10 million children between the ages of newborn and six in our country each year (18 percent of the population), 95.9 percent of whom have worms, 10 to 20 percent have rickets and 7.7 to 15.6 percent are malnourished. Childhood diseases, such as gastroenteritis, diphtheria, whooping cough and so forth, impose a heavy burden upon many families each year and account for as much as 34.47 percent of mortality among children.

To correct the situation described above, every locality must adopt comprehensive plans for providing good schools, intensifying efforts to prevent and control epidemics, improving the quality of medical examinations and treatment, promoting planned parenthood, etc. Only in this way is it possible to gradually improve the health of our people and support the requirements involved in building and defending the fatherland.

II. A Number of Matters Concerning the Socialist Approach to Public Health

On the basis of the principles of socialist public health work combined with the realities of our country's revolution, our party has expressed many views concerning the approach to be taken in the field of public health. In the course of applying the party's views, many matters have been clarified and thoroughly implemented. Here, we will only present some thoughts concerning the following matters:

1. The struggle between the two paths within the field of public health.

In the initial stage of the period of transition, as is the case in many other fields of work, the struggle between the two paths on this front is a sharp struggle, especially in the provinces and municipalities of the South, where the economy still consists of five different segments and the developing socialist public health network is constantly being infiltrated by remnants of the old public health system, remnants that assume a wide variety of forms. At present, the most serious manifestations of these remnants are the shortcomings that exist in the relationship between physician and patient, the epitome of which are those persons who have regressed and are using their title as physician to exploit patients in both medical examinations and treatment and the production and sale of medicine.

At many times and places, we have failed to give our best efforts to the struggle between the two paths within the field of public health. As a result, in a number of localities, private public health services have proliferated and the free market in drugs has encroached upon domestically produced drugs, thereby reducing the prestige of the state public health system and corrupting a number of doctors and pharmacists who had been supporters of the revolution for many years by causing them to pursue vulgar material interests, forsake the ideals of the communist and disregard the standards of a people's public health cadre.

At many medical care facilities, negative practices are still evident in all areas of operation, a spirit of responsibility is lacking, bribes are demanded of patients, drugs are being stolen...

This situation has reached the point where a number of public health activities have become ineffective, thereby affecting the confidence the people have in the superiority of socialist public health care and our system.

We cannot allow money to subvert the proper relationship that should exist between physician and patient, cannot allow the free market in drugs to develop.

It has always been the policy of the public health sector that public health cadres not provide private medical examinations or treatment and that the free market in medicine be abolished. Council of Ministers' Resolution 55 also pointed out the need to put a stop to private examinations and treatment and tightly manage the production and distribution of drugs. This is an issue of key importance, an extremely urgent issue in the struggle to determine "who triumphs over whom" within the field of public health. We urge the various

party committee echelons to give this issue their close attention and take immediate, thorough steps to resolve this problem within each locality.

2. Preventive medicine is the fundamental approach in socialist public health care. Only under the socialist system is preventive medicine practiced as fully, as completely as possible. For many years, whenever we talked about preventive medicine, we usually only gave thought to epidemiological hygiene and the activities of the public health sector. Of course, this is a very important health care field; however, under the socialist system, preventive medicine is extremely broad in scope. It consists of a combination of economic, social and political measures taken to prevent illness and infirmity, have a positive impact upon efforts to eliminate those factors that are detrimental to man's health and create for man a life that is well balanced both spiritually and physically. In keeping with this spirit, preventive medicine must be the approach that we take in all areas: the protection and improvement of the environment; the improvement of the eating and housing standards of the people and the conditions under which they study, work and relax; the protection of the health of mothers and children; the prompt detection and treatment of illness and infirmity, etc. This is a very large task and is a responsibility that must be fulfilled by many different sectors and levels under the leadership of the party.

We cannot prevent communicable diseases and improve the physical well being of our citizens when the environment is still being seriously polluted, sewage and garbage are not being handled well, women continue to bear many children, children continue to be malnourished, etc.

As regards the public health sector itself, this approach must be its consistent approach in every area of work. It must propose measures to prevent disease among each segment of the population and within each region of the country. The medical treatment it provides must be characterized by early detection, prompt treatment and the rehabilitation of patients. The training of cadres, scientific research and the production of drugs must fully reflect this approach. Building a widespread public health network within the districts, wards and precincts, a network tasked with providing an education in public health and managing the public health of each citizen, protecting the environment in which each family lives, implementing a good vaccination program, caring for the health of mothers and children, implementing planned parenthood and providing early detection and prompt treatment of disease by simple methods and through the use of locally available medicinal herbs is the most correct way to give expression to the preventive medicine approach within the districts and at basic units, is a measure that will yield very large returns in our country's public health work in the years ahead.

The public health sector has the task of serving as the staff of the party committees and developing specific programs in each area of its work (the prevention and control of environmental pollution, the prevention and control of bacterial diseases, the prevention and control of social diseases, health management programs, the program to combat gastro-enteritis, the potable water program, etc.). The sectors and mass organizations on all levels have the responsibility of coordinating their efforts in this area under the leadership of the party committee.

By thoroughly practicing preventive medicine in a way that is scientific, systematic and planned, we will surely make rapid inroads against the diseases and disorders associated with a developing country.

3. Combining traditional folk medicine with modern medical science and building the medical science and public health system of socialist Vietnam.

Before they came in contact with modern medical science, our people, over the course of the thousands of years spent building and defending the country, had developed a medical science of their own that served them well in the prevention and treatment of disease. It is the traditional folk medicine of our nation. The famous herbal physicians in our country's history, such as Tue Tinh, Hai Thuong Lan Ong and so forth, learned from experience and developed their fragments of information into knowledge in the nature of theory. Besides what they left behind in books, highly efficacious prescriptions and methods of treatment have been handed down among the people, prescriptions and methods of treatment that require no medicine at all or are based on our country's very rich sources of drugs. For this reason, the party adopted at an early date the policy of incorporating, enhancing and developing upon the nation's traditional folk medicine and combining it with modern medical science with a view toward building a system of Vietnamese medical science that is both modern and national in keeping with the teaching of the esteemed Uncle Ho.

In recent years, although we have made many efforts and much progress in this field, traditional folk medicine has still not been developed in a manner consistent with the line and views of the party, the medical needs of the people or the capabilities of folk medicine. The measures being taken at many places are still all form and no substance. Many public health cadres have yet to fully adopt this approach in the sector's activities.

To continue to practice this approach more thoroughly, we feel that it is necessary to focus efforts on resolving the following several problems of primary importance:

a) We must continue to promote the effort to incorporate traditional folk medicine. This is work of a very urgent nature. We must successfully incorporate the medical theory of our famous physicians in history and the valuable experiences of the skilled physicians of today as well as the good remedies, folk medicines and simple but efficacious methods of treatment of the various nationalities within our country.

b) We must expand and improve the effort to combine traditional medicine with modern medicine. Recently, we have made some progress and recorded some achievements in this area but the overall level of success and the returns from our efforts remain low. We must eventually combine folk medicine and modern medicine in all fields of disease prevention and treatment, cadre training, scientific research and the production and use of drugs. We must gradually raise traditional folk medicine to the level of modern development; at the same time, we must insure that our public health cadres are skilled in preventing and treating disease by means of both modern medicine and traditional folk medicine.

c) The problem of medicine produced from domestic sources of drugs must be resolved better. This is an extremely important problem, one that is of decisive significance in insuring success in our effort to incorporate traditional folk medicine and combine it with modern medicine. By resolving the problem of providing the drugs needed for traditional medicine, we will also be making a positive contribution to resolving the present shortage of drugs. To our country, this is a matter of urgent economic and social significance.

d) We must improve the elementary and advanced training of medical and pharmaceutical cadres. The colleges, academies and middle schools must re-examine their programs of instruction, plans and the subject matter being taught with a view toward training public health cadres who know how to utilize the efficacious methods of treatment of traditional folk medicine. An effort must be made to quickly train public health cadres for the villages and basic units who are skilled in the use of medicinal herbs and in acupuncture.

e) The public health sector and the Folk Medicine Associations on the various levels must coordinate more closely in this field in order to discover, select and utilize the skilled physicians within the various localities and create favorable conditions for incorporating folk medicine and combining it with modern medicine.

Combining traditional folk medicine with modern medicine is an extremely complex scientific endeavor. Therefore, it is very necessary that this matter be given the concern and close leadership of the various party committee echelons as this is the only way that its proper implementation can be insured.

4. The role of the masses and society in the process of building the socialist public health system.

Public health work is work of a scientific and technical nature as well as work of a very broad mass and social nature. As a result, the specialized, technical activities of the public health sector cannot be separated from the day to day activities of the masses or the various sectors and mass organizations within society.

In recent years, when discussing the role played by the masses in building the public health sector, we have usually only emphasized material contributions made by the masses under the guideline "the state and the people working together." In view of our circumstances, it is correct to raise the matter in this way. In many localities, as a result of knowing how to successfully mobilize contributions by the people, we have managed to build some rather good material bases for the public health sector. However, another issue of importance is that the socialist public health network demands that every member of society possess the necessary knowledge of health care so that everyone can consciously and actively participate in public health work, because, this issue is related to each and every one of us, to everyone's daily activities and not only has an impact upon one's own health, but also upon the health of the people around us.

In public health work, the movement among the masses to care for their own health and the health of the social community is a factor of very decisive importance.

On the other hand, public health work is related to all sectors of the state and all mass organizations. The public health sector cannot perform its task well if the related sectors do not fully recognize their responsibility and actively participate in protecting and improving the environment, which cannot be achieved if agriculture does not change the practices involved in the fertilization and irrigation of fields and the cultivation of fish, the industrial sectors do not find good solutions to the problems of industrial waste (waste water, dust, toxic gases, etc.), forestry does not restore the forests that have been destroyed, etc. Good hospital services cannot be provided if there is a shortage of funds for inpatients, outpatients and examination clinics, if there is a shortage of electricity, water, soap, blankets, mosquito nets, mats, grain, food and so forth. All of these are necessary conditions that the public health sector cannot provide on its own. In order to gradually meet the need for medicine, the sector must also receive contributions from many other sectors in the form of energy and secondary materials (such as glass, sugar, alcohol, wood, paper, etc.).

In summary, in a field as large as this one, the public health sector can only serve as the staff of the party committees and governments on the various levels concerning the knowledge that every citizen, every sector and mass organization must possess and practice. The various party committee echelons and levels of government must organize and lead the propaganda and educational effort to show each person and sector what their responsibility is so that they closely coordinate with the public health sector and exercise ownership together. Only by developing upon the collective ownership role played by the masses and the sectors in this way is it possible to establish stable conditions for effectively resolving the basic problems being faced now, such as protecting and cleaning up the environment, improving the quality of medical treatment, producing and distributing drugs, reducing the rate of population growth to a rational level and so forth, as set forth in the resolution of the 5th Congress.

[5 February 85, pp 2, 7]

[Text] III. Some Preliminary Thoughts on the Guidelines for Public Health Work in the Years Ahead

1. Some observations on public health work in recent years.

Under the resolution of the 5th Party Congress, the public health sector has overcome many difficulties in order to detect, stop and combat epidemics, provide medical examinations and treatment, develop pharmaceuticals, produce and distribute drugs, step up the planned parenthood campaign, strengthen the public health network, especially the lines on the district and village levels, participate in export activities and assist the public health sectors of Laos, Cambodia and a number of other developing countries. Many efforts have been made to provide cadres with elementary and supplementary training; to propose and implement new regulations and policies; to guide the emulation

movement and establish advanced model units; to conduct routine inspections, promptly correct mistakes and resolve difficulties in many localities and basic units. The network of advanced public health units (villages, subwards, districts, precincts, wards, cities, hospitals, pharmacies, public health schools and so forth) has continued to be expanded.

These accomplishments have been due to the line and policies of the Party Central Committee and the Council of Ministers, to the leadership, guidance and concern of the various party committee echelons and the people's committees on the various levels. As a result, public health cadres and personnel have been motivated to make every effort to perform the task assigned to them and the masses have been mobilized to actively participate in many health care activities within each locality and basic unit.

Since the 5th Congress of the Party, many party committees and people's committees on the local level have promulgated many directives and resolutions concerning public health work, in general, or a specific aspect of public health work. These directives and resolutions have helped public health cadres gain a deeper understanding of the party's line and views concerning public health work; at the same time, they give direction to each public health activity within the localities. These directives and resolutions also reflect guidance provided by the Department of Science and Education of the Party Central Committee and the very important staff work performed by the science and education sections of the provincial, municipal and special zone party committees.

We are very happy that the provincial, municipal and special zone party committees have concerned themselves with providing the leadership needed to develop public health work in the localities. Many localities have made extremely important contributions and progress. Consider the following few typical examples:

Ha Nam Ninh is a province that has held the rotating banner of the Council of Ministers for 3 consecutive years and is the country's leader in public health work. The country now has 11 districts that have completed the "five thorough jobs." Three of these districts are in Ha Nam Ninh and the province is now working to add one or two more districts to this list in the immediate future.

Quang Nam-Da Nang, a newly liberated province, has developed its public health services in a relatively comprehensive manner and now has a relatively large corps of cadres and a comparatively strong network and system of organizations and quickly launched the "five thorough jobs" movement, achieving results on a par with those achieved in the northern provinces.

Tien Giang, a province in the Nam Bo Delta, has made rapid progress and is now carrying out a plan to eventually complete the construction of sanitation projects throughout the province, do away with the privies that stand along the rivers, canals and fish ponds and improve the environment.

Vinh Phu and Ha Bac, provinces that have a tradition of maintaining good disease prevention sanitation, are working to complete the three sanitation projects on a province-wide scale.

The leaders in the planned parenthood campaign are Ho Chi Minh City, Haiphong, Hanoi and the provinces of Thai Binh and Quang Nam-Da Nang.

Binh Tri Thien, a province that has been hit hard by one natural disaster after another over a period of many years, has taken positive steps to guard against and combat natural disasters by mobilizing large numbers of local public health cadres to devote their efforts to providing emergency medical care, providing assistance in childbirth and preventing and controlling epidemics, thereby quickly overcoming the aftermath of typhoons and flooding.

Cuu Long Province, which has rapidly developed the production of drugs from local raw materials, is meeting the common drug needs of the people well, managing the drug market well and not allowing it to be controlled by the free market.

The provinces of Long An and An Giang, which have achieved much success in their efforts to strengthen and build the public health sector, have mobilized the people to build village and district public health facilities under the guideline "the state and the people working together."

The northern border provinces have mostly coordinated civilian and military medical forces in order to provide good combat support.

The provinces of the Central Highlands have also made much progress and established a number of relatively good model units.

In summary, in recent years, all localities have made efforts and innovations, have achieved success in overcoming their difficulties and promoting public health activities within the locality.

Besides the achievements and progress mentioned above, public health work is still marked by a rather large number of shortcomings and weaknesses.

1. As is the case in many other fields of work, we are not fully aware of the intense nature of the struggle between the two paths in the period of transition or of the cunning schemes being employed by the enemy in the field of public health in their wide-ranging war of sabotage. Therefore, appropriate importance has not been attached to mounting a widespread propaganda and educational effort to provide information on the line and views of the party concerning public health work. The political and ideological education of public health cadres and personnel is being given light attention and even neglected, as a result of which their morale and attitude toward patients have declined and negative phenomena have developed in examinations, medical treatment and the production and distribution of drugs at many places. Within some localities, appropriate attention is not being given to resolving the problem of private public health activities. The above situation has affected the quality of public health work as well as the confidence that the people have in this field of the party's work.

2. The disease prevention hygiene movement has been developing slowly. Unsanitary ways of living have not been corrected, the environment has not been improved and, at some places, especially in the cities and industrial

zones, the environment is deteriorating more with each passing day. In this situation, prolonged epidemics have occurred in a number of localities. And, we have generally had to deal with epidemics in a passive manner, which has had a considerable effect upon labor and the movement of materials and even had adverse political effects at some times and places. This is an exceedingly important and complex problem, one that can only be resolved through the close coordination of many different sectors with the public health sector under the leadership and guidance of the various party committee echelons and levels of government.

3. Very many difficulties are still being encountered with regard to medical examinations and medical treatment. Negative practices persist at many examination and treatment facilities. Attention is not being given to developing folk medicine in a manner consistent with the medical care requirements of the people and the capabilities of traditional medicine. Many localities have not taken practical or concrete steps to incorporate folk medicine and combine it with modern medicine and have not concerned themselves with harvesting, processing and supplying pharmaceuticals for folk medicine. Appropriate attention is also not being given to training cadres, building the folk medicine network and adopting policies for the development of folk medicine.

4. Our country's population growth rate is still high (2.3 percent). Each year, about 1.7 million children are born, a figure that is very much out of balance with economic and social development. At present, there are still 35 provinces and municipalities in which the rate of population growth remains somewhere between 2 and 3 percent. The immediate causes of this situation are the following: our country's population is relatively young (children less than 15 years of age make up 42 percent of the population; in 1983, women of child bearing age, that is, from 19 to 45 years of age, numbered 11.6 million). The number of married couples of child bearing age who practice birth control is still very low (only 22.5 percent). Bearing children early in life, bearing children close together and bearing many children are still rather widespread practices (of the total number of women who give birth, 50 percent are giving birth to at least their third child).

In the face of this situation, there are still many localities, sectors and basic units that are not sufficiently aware of the revolutionary significance and humane nature of the population policy and planned parenthood, consequently, they have not given the planned parenthood campaign their concern or direct attention, are not truly leading and guiding this campaign and have not closely coordinated their leadership and guidance of population growth with their leadership and guidance of socio-economic development. Many cadres, party members, Youth Union members and members of the Women's Union, including leaders on the various levels, are still not setting good examples from the standpoint of planned parenthood. Also for these reasons, we have been unable to mobilize a combined force and unable to make well coordinated use of the various measures at our disposal (propaganda-education, scientific-technical, administrative and economic) to support the campaign.

5. At a time when our ability to import drugs from foreign countries has been steadily declining, we have not been tightly managing the production,

distribution or use of drugs, as a result of which the quality of medicine has declined and medicine has become lost and not reached the hands of patients. The free market in medicine is developing and profiteering, hoarding, black marketing and the manufacture of fake drugs have not been stopped. Because of many different difficulties, the antibiotics and chemical pharmaceutical industry is being built slowly. The cultivation of medicinal herbs is not being given appropriate attention and is not well planned. The returns from the use of many medicinal herb gardens in the villages are still very low.

6. The public health network on the district level, especially on the village level, is encountering major difficulties because we have not provided the corps of cadres with good elementary and advanced training, have not provided village public health cadres with adequate living conditions and have not created the conditions that they need to go about their work with peace of mind. Although the state has promulgated various documents that establish benefits for village public health personnel, such as Council of Ministers' Decision number 11, Joint Ministry of Public Health-Ministry of Agriculture-Ministry of Food Circular Number 33 and Joint Ministry of Public Health-Ministry of Finance Circular Number 17, many localities have not implemented them correctly. Also on the district level, numerous district hospitals are encountering difficulties because of a shortage of funds (they are receiving only 60 to 70 percent of their funding), consequently, they do not have money to buy drugs or supplies for use in medical examinations and treatment and cannot repair their dilapidated buildings.

The bureaucratic, subsidization style of management within the public health sector is still widely prevalent, especially within medical examination and treatment units. Hospitals continue to operate in the same old way and never stop to calculate economic efficiency. We feel that it is necessary to quickly correct this situation by conducting studies for the purposes of establishing funding and labor force levels, implementing a bonus system and a system of working in pairs within hospitals, researching the possibility of charging certain patients hospital fees and instituting accounting procedures at the basic production units within the sector as well as within the production jobs performed within hospitals.

2. The guidelines for public health work in the years ahead.

Below, we have presented some preliminary thoughts concerning a number of main guidelines. Specifically:

--We must promote a widespread patriotic hygiene movement in all localities of the country, especially within the movement to build and improve sanitation projects, the "three exterminations" movement (exterminate flies, exterminate mosquitoes, exterminate rats) and the "three cleans" movement (clean food, clean water, clean living conditions). We must keep a close watch on epidemics and quickly extinguish epidemics as soon as they break out so that they do not spread or become prolonged. Efforts must be made to reduce the morbidity and mortality rates associated with malaria and bacterial diseases.

--We must improve the quality of all aspects of public health work, especially medical examinations, medical treatment and emergency care. Efforts must be made to reduce the morbidity rate associated with social diseases.

--We must promote the incorporation of traditional folk medicine, build the folk medicine network, develop the use of methods of treatment that do not involve the use of drugs and improve the program of folk medicine study at public health cadre training schools. Efforts must be made to quickly provide each village with one cadre who is skilled in the use of medicinal herbs and acupuncture.

--We must try to meet the medicine needs of the people, promote the cultivation and use of medicinal herbs within the villages and begin the production of pharmaceutical chemicals and antibiotics.

--We must promote planned parenthood and make an effort to reduce the rate of population growth to a rational level throughout the country.

--Importance must be attached to the quality of the "five thorough jobs" movement in both the countryside and the cities. We must build and strengthen the public health network, with primary emphasis upon strengthening this network, especially within the districts and at basic units.

--On the basis of periodically reviewing our experiences, we must continue to expand the "five thorough jobs" movement within the districts, wards and precincts.

In the years ahead, we feel that it is necessary to focus efforts on such key areas as the mountains, the Central Highlands, the Mekong Delta and industrial crop growing areas, with primary emphasis on building the public health network within the key districts, beginning with the 42 key districts of the central and local levels, and on serving children, women, cadres, manual workers and civil servants, especially those within hazardous, strenuous occupations.

IV. A Number of Proposals

To insure the party's leadership of public health work, we first propose that the various party committee echelons concern themselves with the following several matters of general importance:

1. Gaining a thorough understanding of the line and views of the party so that they can set guidelines and targets, decide policies and measures and plan the development of public health services within the locality;
2. Concerning themselves with building the locality's corps of public health cadres, especially politically, ideologically and in terms of their living conditions;
3. Appointing the right persons as key cadres, especially leadership and management cadres and specialized technical cadres at the head of the sector on the provincial and district levels; planning the elementary training,

utilization and advanced training of cadres in exact accordance with the party's cadre policy;

4. Concerning themselves with building the party and building the mass organizations throughout the public health sector, especially at treatment and epidemic prevention facilities, cadre training facilities and basic units that produce and distribute drugs;

5. Regularly inspecting the work of the public health sector, periodically receiving reports on public health and promptly resolving major problems that arise within the field of public health in the locality.

6. Guiding the various sectors and mass organizations, especially the Red Cross and the Folk Medicine Association, in closely coordinating with the public health sector in the performance of public health work within the locality.

In the immediate future, between now and the 6th National Congress of the Party, we suggest that all party committees familiarize themselves with and closely lead the following tasks of primary importance:

1. Successfully launching patriotic hygiene movements to protect and gradually clean up the environment and making inroads against the various diseases and disorders, especially epidemics and bacterial diseases:

Protecting and gradually cleaning up the environment while improving the quality and effectiveness of our efforts to prevent and combat epidemics are the first task set by the 5th National Congress in the field of public health. To perform these jobs well, we first suggest that the concerned party committees assign the related sectors the task of properly fulfilling their function of protecting the environment. On the other hand, it is necessary to mount a widespread propaganda and educational effort to provide the people with basic knowledge concerning disease prevention hygiene, the prevention and control of epidemics and environmental protection, including common medical knowledge that every citizen must apply. On the basis of performing good propaganda and educational work, we must continue mobilizing the people to build, improve and utilize sanitation projects in a manner consistent with the conditions that exist within each area with a view toward effectively resolving the problems of sewage, water and garbage. At the same time, the masses can, depending upon the situation within each locality, be mobilized to participate in patriotic hygiene movements designed to clean up and protect the environment and establish a civilized way of life. Every citizen must be made fully aware of the significance and impact of vaccination programs. The people must be encouraged to actively comply with the vaccination requirements of the public health sector. Measures must be adopted to provide for routine inspections and harsh action in cases involving violations of sanitation regulations.

In order for it to properly serve as the staff of the party committees in the maintenance and development of movements and insure that specialized, technical measures are implemented well, it is necessary to strengthen the

epidemic prevention hygiene system in every respect and insure that these organizations operate effectively.

2. Maintaining and improving the quality of medical examinations and treatment.

To constantly improve the quality of medical examinations and treatment, the public health sector has issued specific regulations concerning examination clinics and hospitals. Here, we are only suggesting that the various party committee echelons concern themselves with the following several matters:

--Adopting policies and plans for continuing to improve and enlarge examination and treatment facilities (including folk medicine facilities and the public health stations on the basic level) while insuring that these facilities are adequately funded, receive the necessary supplies and have the other conditions that the public health sector cannot provide on its own.

--Adopting measures and policies that develop the role played by traditional folk medicine and the practitioners of folk medicine in medical examinations and treatment.

--Providing stronger leadership of the political and ideological education of the corps of public health cadres at basic medical examination and treatment units; doing a better job of building the party, the Trade Union and the Communist Youth Union; and insuring that the corps of public health cadres and personnel always has a clear understanding of its glorious task and steadfastly maintains and cultivates the virtues of the socialist physician.

3. Promoting the planned parenthood campaign.

To properly comply with the resolution of the 5th National Congress of the Party as regards the population growth issue, it is necessary to bring about a strong and widespread change in the immediate future, from the various party committee echelons to the different levels of government and the mass organizations, in the leadership and guidance of the planned parenthood campaign. Well coordinated use must be made of the various measures at our disposal and the combined forces of all sectors and mass organizations must be mobilized to participate in the campaign. To achieve this end, it is necessary to resolve the following several problems:

--We must intensify our propaganda and educational efforts concerning the population issue and planned parenthood, correct backward attitudes and habits and launch a widespread movement among the masses to participate in this campaign. Beginning now, every married couple must make an effort to have no more than two children; families that already have two children or more must be determined to not have any more children. We must teach cadres and party members to truly set a good example with regard to planned parenthood.

--In their socio-economic development plans, the various localities must assign population growth norms to each district, ward, precinct, village and subward and manage the number of births each year as closely as they manage economic norms.

--Depending upon their specific situation, the localities must promulgate new regulations and policies or supplement those that exist with a view toward creating favorable conditions for the planned parenthood campaign.

--The provinces and municipalities must soon establish population and planned parenthood committees (if they have not already done so), strengthen the planned parenthood campaign sections on the district and basic levels and insure that these organizations conduct truly effective activities.

--Attention must be given to guiding the public health sector in strengthening and developing the basic public health network, in general, especially the network of units and cadres engaged in planned parenthood work on the various levels and lines. We must provide the guidance needed to establish close coordination between the public health sector and the other sectors and the mass organizations in this campaign.

4. Resolving the medicine problem well.

In recent years, the shortage of medicine has been extremely acute at many places. In the years ahead, if we simply rely upon the sources of the central level, it will be impossible to satisfy the medicine needs of the people. Therefore, every locality must develop each of its potentials and contribute along with the central level to gradually eliminating the present shortage of medicine.

Most importantly, every locality must adopt a plan for strongly developing the cultivation of medicinal plants on all three lines, the provincial, district and village lines, and establish a number of areas devoted to the production of these plants; at the same time, the movement to grow and use medicinal herbs must be promoted within the villages. Plans must be adopted for taking the initiative in producing the common drugs needed by the locality and providing an increasingly large supply of raw materials to the central enterprises, thereby making increasingly large contributions to the exportation of products to earn foreign currency with which to import antibiotics, chemicals used in testing and public health implements that the Ministry of Public Health is not yet able to supply to the public health facilities of the localities.

We must provide even better management within the pharmaceutical field, in every area from production to the distribution and use of drugs, to insure that drugs are of high quality, are efficacious, insure that the distribution and use of drugs are convenient, sensible and economical and quickly correct the problem of drugs becoming spoiled and lost and eradicate the free market in drugs.

5. We must continue to strengthen and expand the public health network, especially on the district, ward, precinct, village and subward lines.

Within socialist society, every citizen has the right to health care. Therefore, the public health network, especially the district, ward, precinct and basic lines within this network, must continue to be strengthened and expanded, primarily strengthened, to insure that all potentials that exist in

terms of cadres and material bases are fully developed and that this network is eventually fully capable of providing good health care to the masses beginning on the basic level.

To perform this task well, we suggest that the various party committee echelons concern themselves with the following several matters:

--Planning the network's organization; adopting plans for training, assigning and utilizing management cadres and specialized public health cadres, including cadres who practice folk medicine; and, at the same time, closely guiding the recruiting of students for colleges in accordance with the district priority list in order to train college educated doctors and pharmacists for the districts.

--Insuring the full implementation of the policies that have been promulgated by the state concerning public health cadres, especially village public health cadres, public health cadres who work in the mountains, on the islands or in the new economic zones and roving cadres who work in the field of epidemiological hygiene and malaria control; giving attention to improving the living conditions of public health cadres and creating the conditions needed for them to go about their work with peace of mind.

--Adopting plans, under the guideline of "coordinating the state and the people," for continuing to mobilize the people to build and repair material bases for public health facilities.

6. Maintaining and properly leading the campaign to perform the "five thorough jobs" in public health work.

On the basis of the instructions received from the Ministry of Public Health, every locality must establish specific requirements concerning these five jobs, requirements that are consistent with the locality, and continue to guide the efforts to build and increase the number of advanced model units. With the district as their base, the localities must provide the leadership needed to thoroughly perform each job and eventually complete many jobs and gradually improve the quality of and the returns from the "five thorough jobs" movement.

7. Conducting a good review of public health work in the recent past and formulating plans for public health work in the years ahead, beginning with the locality's 1986-1990 Five Year Plan

To help the party committees lead public health work, in general, and solve the problems being faced, we suggest that the science and education sections or the propaganda and education sections on the various levels include persons who are deeply involved in this field of work. We are prepared to provide cadres for this purpose as required by the party committees.

Dear comrades,

Ever since the victory of the August Revolution, our party has had the tradition of leading public health work. The public health sector has had the

tradition of always following the leadership of the various party committee echelons.

We are very glad that this conference is being held and feel confident that following this conference, the leadership provided in the field of science and education, in general, and public health work, in particular, by the various party committee echelons will be stronger, as a result of which greater progress and achievements will be recorded in all areas of science and education, including public health work.

I wish your conference fine success.

7809

CSO: 4209/272

VIETNAM

HEALTH FACILITIES EXPANDED NATIONWIDE

Hanoi LAO DONG in Vietnamese No 8, 21 Feb 85 p 2

[Text] As of February 1985, the whole country has 10,649 basic public health stations in villages, urban subwards, state organs, enterprises, work sites and state farms and forests to provide medical treatment and obstetric service and to protect the people's health. This figure shows an increase of 5,649 stations over 1974.

At the district, ward, precinct and municipal levels, there are enough hospitals, hygiene and disease- and malaria-prevention teams, drugstores and their agencies, and public health offices. In addition, nearly 600 more polyclinic examination rooms have been set up in various zones and nearly 300 more offices providing diagnosis and treatment based on traditional medicine have been founded in districts, wards and precincts.

At the provincial and municipal levels, there are polyclinics, specialized hospitals, traditional medicine hospitals, sanatoriums, hygiene stations for the prevention of epidemics, malaria, tuberculosis, dermatologic, venereal and ophthalmologic diseases, public health middle schools and joint pharmaceutical enterprises.

At the central level, there were only 10 research institutes in 1974; today, their number has risen to 28 institutes and departments including 8 disease prevention, vaccine, labor hygiene and nutrition institutes; 3 malaria, entomology and parasitology institutes and departments; 2 traditional medicine institutes; 1 acupuncture institute and various research institutes dedicated to the protection of mothers and babies and to pediatrics and geriatrics. There are also more than 10 polyclinics and specialized hospitals, pharmacy and pharmaceutical enterprises' federations, pharmaceutical and material corporations and 6 medicine and pharmacy colleges. These organizations are focusing on promoting the public health sector and expanding it throughout the country.

9332
CSO: 5400/4371

VIETNAM

BRIEFS

HA NAM NINH PUBLIC HEALTH STATISTICS--In 1985: After 30 years of implementing Uncle Ho's teachings, Ha Nam Ninh Province has now a solid and extensive public health network consisting of 12 general and specialized hospitals at the province level, 2 hospitals supporting the production sector, and 60 area general clinics (a ratio of one clinic per 50,000 people). Under the Health Department, there are 10 medical and pharmaceutical general stations, a pharmaceutical integrated enterprise, and a medical high school. Each of the 20 districts, towns and cities in the province possesses a general hospital with from 100 to 150 beds, a pharmacy, and an anti-epidemic and anti-malaria prevention group. The whole province has nearly 8,000 hospital beds with over 1,000 doctors and pharmacists graduating from universities, including over 30 of them having post-graduate degrees. [Text] . [Nam Dinh HA NAM NINH in Vietnamese 26 Feb 85 p 3] 9458

CSO: 5400/4382

ZAMBIA

BRIEFS

TYPHOID HITS SCHOOL--Chizongwe Secondary School has been hit by an outbreak of typhoid and several pupils and teachers have been quarantined while several others are admitted in Chipata General Hospital. Chipata General Hospital medical superintendent, Dr Denish Pandya confirmed the outbreak but said the situation is under control and that those who were admitted are recovering. Dr Pandya said by Monday 57 were admitted in the Isolation Ward though the number could have been reduced by yesterday as many more were being discharged and put in isolation at the school. The outbreak has spread to a nearby primary school where several teachers have also been quarantined at Chizongwe while others are admitted in the general hospital. A spokesman for the school said out of the 31 teachers only seven were not affected by the disease and said the situation at the school was getting tense. He said pupils who have not been affected were attending classes but without teachers. [Excerpt] [Lusaka ZAMBIA DAILY MAIL in English 27 Mar 85 p 5]

CSO: 5400/121

ZIMBABWE

AID TO ERADICATE TSETSE FLY SOUGHT

Harare THE HERALD in English 5 Apr 85 p 3

[Text] The Minister of Agriculture, Senator Denis Norman, yesterday appealed to the international community for funds to fight tsetse fly which he said was crippling rural development programmes.

The tsetse fly which causes sleeping sickness, had been found to be responsible for the deaths of 20 000 people in Africa. Zimbabwe was fortunate that only six cases of the disease were being reported each year.

Senator Norman was addressing a field day in Mount Darwin organised by the European Community to assess the effects of the fly on livestock along the Zambezi Valley.

Participants went to Chesa small-scale commercial farming area where they saw weakened cattle on well managed grazing schemes with excellent grazing.

The EC organised the field day to secure support for the regional project designed to eliminate tsetse fly in Zimbabwe, and much of Zambia, Malawi and Mozambique.

"The rural development programme's success hinges on the well-being of the oxen," said Senator Norman. "We can develop this country only with the availability of livestock; it is an important ingredient to the well-being of this country."

He assured environmentalists that the use of chemicals to control tsetse would not endanger their interests.

The meeting was attended by the Minister of Health, Dr Sydney Sekeramayi, members of the diplomatic corps and environmentalists--who were outspoken about the need to take into account the importance of protecting natural resources.

In his summary Senator Norman said that while such issues should be taken into account, any talk about rural development would be meaningless unless both natural and human resources were planned in a complementary way.

Failure to keep peasants in their rural setting was bound to encourage slums in urban areas of Zimbabwe which had so far been free of the problem, he said.

"The poor in Zimbabwe are the rural poor," he said. "If we fail to keep them there there will be far greater problems than that of tsetse fly.

"A workable system between the animal and human needs should be devised. We are looking at land usage systems to have a balance between wildlife and people."

Zimbabwe, he said, was proud of its achievement in the last 30 years and agriculture in the country was the success story of Africa.

"But somewhere along the line we do not receive praise for our achievements," he said. "It would appear there is some deliberate policy to destabilise what we have achieved.

"The foreign Press should be free to check their facts. We have problems; but the answer to them is to tackle them."

CSO: 5400/126

ZIMBABWE

BRIEFS

CONGO FEVER VICTIM--Durban--Relatives of Natal's first Congo Fever victim, Vincent Nthalane, claimed yesterday that they had still not been examined by the health authorities to see if they have contracted the highly infectious killer disease. The 30-year-old former Pietermaritzburg construction worker died of the disease 12 days ago and was buried about seven metres from his front door yesterday afternoon. About 200 wailing mourners attended the funeral. His distraught relatives said that his body was released to them from the Edendale Hospital and taken by hearse to his mud hut in the Mpumuza Township five km from the hospital. According to Dr Murray Short, senior medical officer in charge of communicable diseases in the KwaZulu Department of Health and Welfare, Mr Nthalane's body had been sealed in two heavy-duty plastic bags ever since he died. "There was absolutely no danger of a spread of the disease. Two senior health inspectors and a community health nurse were present at the burial to ensure that the bag was not opened," said Dr Short. "Ideally, the body should have been cremated, but according to Zulu tradition this was not possible. Hospital staff and Mr Nthalane's relatives have been checked and will be monitored until the danger period is over, on Tuesday." Gloved health inspectors lined the grave with powdered chlorine-of-lime and then sprinkled layers of the powder in the sand as the grave was filled. Mr Nthalane's foreman, Rafik Kahn, said that neither he nor anyone else at the construction site had been medically examined. [Text] [Johannesburg THE SUNDAY STAR in English 14 Apr 85 p 11]

CSO: 5400/126

BANGLADESH

BRIEFS

CATTLE DISEASE OUTBREAK--Kishoreganj, March 24--Cattle disease has broken out in an epidemic form at different places in Nikli upazila. It is reported that the worst affected areas in the upazila are Guroi and Jareitola unions where the disease has been raging menacingly. In these two unions alone, the disease took a toll of about 15 cattleheads in a fortnight. Besides this, many more have been attacked and if immediate measures are not taken to contain the disease, a major disaster may result. It has been alleged that hundreds of cattleheads fall prey to different diseases in the vast Haor areas for want of necessary medicines and equipment in the veterinary hospitals. As a result, cultivators are hard faced with problems in tilling their lands for want of adequate number of bullocks. This, among other things, contributes to reducing production in the vast haors which form part of areas in the country. [Text] [Dhaka THE BANGLADESH TIMES in English 25 Mar 85 p 2]

CSO: 5450/0019

BELGIUM

AFRICAN SWINE FEVER IN WEST FLANDERS

Rotterdam NRC HANDELSLAD in Dutch 13 Mar 85 pp 1, 13

[Article: "Swine Fever Threatens to Spread from Flanders to Brabant"]

[Text] Rotterdam, 13 Mar--The African swine fever has been discovered at six pig breeding farms in the Belgian province of West Flanders. Thus far thousands of animals have been slaughtered. The Belgian farmers association calls it a "disaster."

Pig breeders in the parts of this country that border on Belgium fear that the disease will spread to the Netherlands.

Agriculture Minister Eraks has so far only forbidden the import of pigs and pork from the infected area. A spokesman from the NCB [North Brabant Christian Farmers Association] said this morning that given the importance of pig and pork exports to Belgium, the minister is presumably being cautious about taking further-reaching measures. As of yesterday countries including Italy, Denmark, and Britain have closed their borders to imports from Belgium.

Until now the African swine fever had only been found in southern European countries. No vaccine has been developed against the disease. P. Rambags, a veterinarian with the animal health service in Boxtel, says that it will be an incalculable disaster if the African swine fever spreads to the Netherlands. "That would be the end of our pig breeding for a while," says Rambags.

After cases of the African swine fever were discovered in West Flanders, Belgian State Secretary for Agriculture Paul de Keersmaeker decided to hermetically seal the entire area between the Ghent-Terneuzen canal and the French border. No pigs can be transported in that area. Dutch Minister of Agriculture Eraks feels that for the time being Belgium is doing enough, which is why he still has not decided to ban all imports from Belgium, according to one of his spokesmen.

The African swine fever has been found in such countries as Italy, Spain, Portugal, and on Sardinia since the 1960's. Over the years many hundreds of thousands of pigs have been slaughtered there.

The symptoms of the African swine fever do not vary in any important way from those of the ordinary swine fever, although it is more likely to attack older

animals. The symptoms include diarrhea, high temperature, and subcutaneous hemorrhaging. The animals always die. Infected pigs are slaughtered and the bodies destroyed.

It is not yet known how the virus reached Belgium. It can be carried by imports of infected pigs, or the virus can be carried by people, and even by vaccines, according to Rambags.

Another possibility is that Belgian pigs had feed from Spain that was infected with the virus.

If the fever spreads to the pig breeding farms of the southern Netherlands in particular, it could have disastrous results. More than half of all pig breeding farms are in Brabant and Limburg. Brabant is 70 percent dependent on exports of pigs and pork.

12593

CSC: 5400/2529

BELGIUM

AFRICAN SWINE FEVER CAUSES SOVIET BAN ON GRAIN IMPORTS

Brussels LE SOIR in French 29 Mar 85 pp 1,5

[Article by Guy Depas: "African Swine Fever is Costing us 10 Billion"]

[Text] Butter and its derivatives, after malt and wheat; Moscow has just extended to dairy products the embargo it officially ordered in the middle of last week against importation into the Soviet Union of cereals passing through the ports of Anvers and Gand, under the pretext that it is guarding against the risks of contaminating its swine population. There is very little doubt that this attitude is dictated more by political considerations than health reasons, says a source in Belgian veterinary circles.

But in any case this Soviet embargo is merely a nearly-negligible facet of the problem posed by the African swine fever epidemic which has just struck the entire area West of the Gand-Terneuzen Canal, the Escaut and the Espierre Canal.

According to early estimates, this disaster, which today is in the process of becoming technically controlled, since there remains only a single possible source of infection, could cost the Belgian economy 10 billion. Besides the breeding farms, the meat industry is being seriously threatened by the consequences of the problem. And the Belgian export trade, Flemish as well as Walloon, is in danger of suffering from it for a minimum of one year.

An aggravation, because: the international health agreements require that for 12 months after the disappearance of the last symptom of the disease, all of the hog production of the country--not just the production of the regions infected with African swine fever--would be hit with interdiction in the other countries, especially in the United States, Latin America, the Far East, etc. Important contracts have already been, or will soon be terminated by Chile, Argentina, the Philippines, Singapore, Malaysia and Thailand.

On 2 and 3 April the Belgians are going to plead their cause before the European Veterinary Commission. Although export licenses for products coming from uncontaminated areas and destined for the EEC are again being granted by Belgium as of 23 March, there is little hope that exports intended for the EEC will be released from the suspect zone before 7 April. Also, where the sources

of infection have actually been determined, it will probably be necessary to wait 3 or 4 months before intra-European trade can be resumed. And, we were told, meat that presents no danger for the human consumer will undoubtedly have to be consumed on the premises or stored in a very cold place--even though there may be enough refrigeration--whereas the local consumption potential does not exceed 10 percent of production.

Six Million Animals

To give an idea of the economic consequences of the disaster, apart from any immediate repercussion and ultimate effect on the export trade in fresh meat or basic meat products, it is no doubt useful to recall that the production of hog meat for the entire country is on the order of 6 million beasts.

With regard to the suspect zone, the swine population amounts to about 3.2 million units and 2.85 million for West Flanders alone. For the regions that are directly infected, the swine "population" is on the order of 1.2 to 1.4 million animals. Knowing that the average price of a hog is 6,000 francs, it is easy to imagine the size of the problem.

As far as the breeders are concerned, they will be fully compensated for the debilitated hogs, it seems, half by the European Community--which gave its agreement yesterday afternoon--and half by the Belgian Agriculture Fund. The meat that has not set off for the stockyard, however, will have to be stored. The EEC would agree to subsidize the refrigeration up to several dozen francs per kilo. Belgium would provide a similar contribution from its budget. But the operation would absolutely prove unprofitable at the promised price.

Under those circumstances, several processing firms--whose stocks are already high and approaching the limit--could quickly go broke, we were told. Even by checking production at the breeders' level as much as possible, it is obvious that their economic and social problem will not be solved if the EEC, and especially the other countries, does not agree, after a reasonable deadline has passed, to recontract with Belgium within the framework of the bilateral accords. Some destinations, in any case, will remain closed, notably the United States, where health regulations are extremely severe.

Because of Missiles?

But to return to the Soviet embargo on cereals and milk products being transported through Gand. Russian vessels have been diverted, as we pointed out in our Tuesday editions, to Rotterdam and Dunkirk. Now it would seem that others are being diverted to St Nazaire. Attempts at intervention by Belgian veterinarian inspection teams with Russian health services were still without effect as of Wednesday. The Soviet International Trade Ministry, for its part, had still not officially notified Belgian authorities of anything, we were told. The trade embargo is thus apparently accompanied by a diplomatic embargo. So much so that this curious affair is naturally being connected here--unofficially, of course--with the cooling of Belgo-Soviet relations that caused the Pégard incident, if not with the government's decision to welcome the American Cruise missiles in Belgium. That hypothesis was dismissed yesterday by the deputy burgomaster of the port of Anvers, Jan Huygebaert, as a result of his contact with Soviet trade circles.

He said, "There is no reason to think that the embargo on the loading of cereals by Soviet ships in the ports of Anvers and Gand is a measure of reprisal for the installation of the first 16 Euromissiles at Florennes."

8946
CSO: 5400/2533

COLOMBIA

BRIEFS

BLACKLEG EPIDEMIC DETECTED--Tunja, 19 March (by Gustavo Nunez Valero)
Civic leaders of the province of Lengupa, located in the south east of this department, were said to be alarmed yesterday by the ravages which an epidemic of blackleg has been causing since last November. "At least 30 head of cattle are dying every month from this disease," a regional spokesman asserted, adding that "the ones who have been harmed most by this problem are the peasants with limited economic resources, because, since they lack money, they are not able to obtain the proper vaccine, and as a result have lost their livestock." Blackleg--a disease which is characterized by high fevers in the animals which suffer from it--has been detected specifically in the towns of Campohermoso, 122 kilometers from Tunja, and in Paez, 115 kilometers from the same city. In view of the seriousness of the situation, the civic leaders of the region requested the acting governor, Camilo Villareal Marquez, to arrange for the Secretariat of Agriculture and Cattle Production to send in experts to monitor the situation. In statements to EL ESPECTADOR the secretary of agriculture, Jose del Carmen Cuevas, reported that several veterinarians have already arrived in the towns mentioned. [Text] [Bogota EL ESPECTADOR in Spanish 20 Mar 85 p 12-A] 8131

PORK CANCER DETECTED--A new illness, unknown in the nation and which attacks the porcine species, has just been detected in a herd in the Bogota Savannah by the Colombian Agricultural-Livestock Institute (ICA) through the Pathology Program of the Veterinary Medical Research Laboratory (LIMV). Fernando Villafane Arevalo, director of the Livestock Studies Division of the institute, reported that it is the illness known as porcine lymphosarcoma, a cancer that primarily affects hogs under 1 year of age and that is invariably fatal, sometimes suddenly. The official indicated that this illness, reported for the first time in this nation, was identified through the ICA's continuous tracking of countryside problems. This action, he maintained, reinforces the governmental decision to establish in Colombia an exotic diseases unit to detect alien health problems of greatest danger to the nation, in order to establish control and/or eradication measures. [Excerpt] [Bogota EL SIGLO in Spanish 6 May 85 p 11]

CSO: 5400/2055

INDIA

OUTBREAK OF RINDERPEST IN BOMBAY AREA

Bombay THE TIMES OF INDIA in English 26 Mar 85 p 1

[Text] THANE, March 25--AS many as 82 milch buffaloes have died in and around Thane because of an infectious disease known as rinderpest or cattle plague during the last three weeks. While seven died in Thane, 21 deaths were reported near Deonar abattoir in Greater Bombay.

Inquiries showed that 53 milch buffaloes in a stable known as Munnar estate near the Kopri railway bridge, Thane, were affected by the disease from March 4. Among these, 34 have been recovered and seven are under treatment, Dr. R. G. Kaganole, livestock development officer in charge of the veterinary dispensary at Thane, told this reporter today.

The stable is managed by one person and there are four units with about 365 milch buffaloes.

The veterinary dispensary is under the Thane zilla parishad and run by the state government. The veterinary officer stated that there were no reports of any other cattle suffering from this disease. However, as a precautionary measure, the Thane unit has vaccinated nearly 8,000 cattle during the last two weeks.

The latest outbreak, it was learnt, was because buffaloes, brought from upcountry, including Haryana, Gujarat and Delhi, for sale at Kalyan market were either not vaccinated or though vaccinated had not been immunised.

After getting reports that some buffaloes had suffered from rinderpest near Mumbra and Shil-phata on the Thane-Pune highway, Mr. V. D. Huilgol, deputy director, animal husbandry, Thane having his office at Mulund had issued a circular to his office to take up mass vaccination work and also cautioned the owners of the cattle in this area to get their cattle vaccinated in the first week of March.

Inquiries further showed that the infection originated in a stable near Shil-phata, which had 1,100 milch buffaloes recently brought from upcountry. These buffaloes were not vaccinated and when the rinderpest erupted, the owners tried to get their animals treated privately. In all, about 266 buffaloes suffered and 70 of them died.

The regional director of animal husbandry in Greater Bombay has issued orders for mass vaccination of all cattle and a close vigil is being maintained over the entry of cattle from other states.

Inspection of Sheds

The controller of cattle, through his licensing officers and inspectors, has intensified the inspection of cattlesheds and cattle markets to ensure that all milch cattle are vaccinated against rinderpest before allowed entry into Greater Bombay or Thane. All cattle owners have also been advised to have their cattle vaccinated.

In Bombay and Thane, there are about 79,000 licensed milch cattle, owned by 2,850 licensees.

A permanent squad at Jogeshwari railway yard regularly vaccinates cattle arriving on rail from neighbouring Gujarat and Haryana. However there is a trend to transport cattle from Gujarat by trucks. Some of these cattle go unvaccinated. They could turn out to be carriers or themselves become victims of the virus.

The Maharashtra government through its animal husbandry department, offers the vaccine against rinderpest free to the cattle owners. The Indian Veterinary Research Institute, the Indian Veterinary Biological Products and the Bharatiya Agro-industries Foundation manufacture the vaccine.

The virus, rinderpest, attacks cattle, buffaloes and wild animals too. Known for ages, it is a disease well-understood. The viral attack manifests itself first in the form of fever and later in the form diarrhoea, dysentery, toxemia, renal failure and so on.

Earlier, the vaccine against rinderpest was produced from live goats. This vaccine was costly as the goats had to be sacrificed. This vaccine also caused side-reactions. It was not fit for cross-bred cattle.

CSO: 5450/0111

KENYA

BRIEFS

CATTLE DROUGHT COUNT GIVEN--Three million of the country's 10 million cattle died in last year's drought, an Assistant Minister for Agriculture and Livestock Development, Mr George Mwicigi, has said. Mr Mwicigi disclosed this when he presented certificates to 58 graduates who qualified as dairy assistants and rural managers at the Dairy Training School in Naivasha. He said 80 percent of Kenya's land could be classified as range land with rain and terrain that is unsuitable for crop production. The Assistant Minister stressed that such land was favourable for livestock rearing. He encouraged the graduates to advise farmers on zero grazing, artificial insemination services and improved feeds in a bid to increase production. Mr Mwicigi told the graduates to be patriotic and be willing to work anywhere in the country. Said Mr Mwicigi: "There have been instances of graduates coming to the headquarters seeking favours and even writing so that they are taken to places of their own choice." Warning that such a trend would not be tolerated, the Assistant Minister told the graduates they were expected to accept the postings readily and willingly. He said as agricultural and livestock products were Kenya's major income earners, "our farmers must be properly backed up to produce enough for our consumption and export." (KNA) [Text] [Nairobi DAILY NATION in English 10 Apr 85 p 24]

CSO: 5400/129

MEXICO

BRIEFS

DURANGO CATTLE TUBERCULOSIS, BRUCELLOSIS--Durango, 4 Feb--A large percentage of the dairy cattle in this region are afflicted with tuberculosis and brucellosis, said Juan Jose Nevares, head of the State Federation of Small Proprietors. He pointed out that cattle bought in the Lagunera Comarca and in the State of Mexico are the ones who suffer from a chronic form of these diseases. [Excerpt] [Mexico City EXCELSIOR in Spanish 5 Feb 85 p 28-A] 8131

CSO: 5400/2037

NIGERIA

COUNTRY WIDE, CONTINENT WIDE SITUATION NOTED

Enugu DAILY STAR in English 28 Feb 85 p 5

[Article by Muhammed Adamu]

[Excerpts] The UN Food and Agriculture Organisation, (FAO), traced the appearance of rinderpest on Africa's soil to 1889 when it was first noticed in the Horn of Africa, having arrived from Asia. Eight years later, it was believed to have spread throughout the continent.

Since then, there have been numerous campaigns to eradicate the disease, but as the FAO noted, "it has never been completely eradicated, even though many areas have been kept free of it".

One such area believed to have been rinderpest-free between 1974-80 was Nigeria, until 1980 and later 1983 when 1,000 outbreaks were recorded. These involved half of the nation's herd of six million cattle, with 1.6 m infected and 0.38 million which died.

The director of the National Veterinary Research Institute (NVRI) at Vom, in Plateau, Dr. Abubakar Lamorda estimates that direct loss to date is No 5 billion, with total losses, both direct and indirect, amounting to ₦1.5 billion. He noted that: "animal diseases, rinderpest inclusive per se in Nigeria are responsible for 30 to 46 per cent economic losses, or twice what obtains in the developed world".

If the economic loss is staggering, human cost through frustration and loss of livelihood is no less high, as several thousand herdsmen, frustrated and forced out of a livelihood, find themselves migrating to the urban centres where they work as "night watchmen".

Dr. Lamorde also said that the recent outbreak of rinderpest in the country showed that Nigeria could only remain free of the disease if its neighbours were free. This view reinforces the opinion of many experts that the outbreak in 1983 would have been less severe if Nigeria's borders were less porous to infected cattle from neighbouring countries. In 1982, for instance, the Sokoto Ministry of Agriculture claimed that about 39,000 heads of cattle crossed Nigerian borders illegally from the neighbouring Niger Republic.

The pre-eminence of the theory of the spread of rinderpest from outside, has some credence with even the FAO, which traced the 1980-83 outbreak to Sudan and Tanzania and later to Egypt and Chad, Niger and Nigeria.

FAO representative in Nigeria, Mr. J. L. Lijodi, said during the signing of a technical co-operation agreement with Nigeria on rinderpest control that the outbreak of the disease was attributable largely to the migration of cattle from countries with the disease to those which did not have effective preventive measures. This idea has thus emphasised the need for a continental rinderpest control campaign.

As part of the overall programme of action, the FAO is keen on multilateral and bilateral efforts such as the on-the-spot study already undertaken on rinderpest as a prelude to launching a joint Nigeria-Cameroun campaign. This was followed last December by an OAU/FAO Pan-African campaign against rinderpest.

Officials say that preliminary work for the East and West African zones of the campaign has been completed. Because of Nigeria's position in the "intensive campaign zone", it has been nominated to co-ordinate the campaign for the Central African zone, which covers Chad, Niger, Cameroun and the Central African Republic.

The campaign, which is to span a ten year period is expected to cover 23 countries and will extend to two phases from Senegal to Somalia. During the first phase of four years, massive vaccination of cattle will be undertaken in countries where rinderpest exists, while the remaining six years, known as "the consolidation phase", will witness an attack on the remaining pockets of the disease and the mass vaccination of calves.

More than 400 million dose of vaccines, of which NVRI is to provide 18 million, will be required for the programme, which is to be executed through the Inter-African Bureau of Animal Resources (IBAR).

CSO: 5400/99

PORTUGAL

BRIEFS

AFRICAN SWINE FEVER CAMPAIGN--Spain and Portugal decided to intensify their joint activities to combat African swine fever at the conclusion of the 28th meeting on animal health and protection between Spain and Portugal which was held in Salamanca. The two delegations will meet again in July in order to coordinate plans to eradicate African swine fever, once informed of the Spanish Government's approval of the program. The delegations also decided to maintain a rapid and fluid information exchange between the two countries, especially in connection with the swine fever focal points which are found along the 20-kilometer border. A census of the animals, which will be identified by means of official cattle brands, and cattle examinations will also be the object of dialogue. The sanitary operation is related to agreements adopted to safeguard Iberian swine (in this area, the decisions approved state that the protection of Iberian swine is considered necessary for economic, social and ecological reasons as well as the preservation of the cynegetic patrimony). [Text] [Lisbon DIARIO DE NOTICIAS in Portuguese 2 Apr 85 p 11] 8870

CSO: 5400/2535

JPRS-TEP-85-009
29 May 1985

TANZANIA

BRIEFS

QUARANTINE IN MBEYA--Mbeya municipality, Utengule and Songwe divisions have been quarantined following an outbreak of foot and mouth diseases, the Mbeya district Livestock Development Officer Dr Godfrey Kipuyo, has said. Under the quarantine, it is illegal to move cattle, goats, sheep, pigs or their products such as meat, hides and milk in and out of the areas without a permission from an authorised veterinary officer. [Text] [Dar es Salaam DAILY NEWS in English 12 Apr 85 p 3]

CSO: 5400/128

SWAZILAND

BRIEFS

RED WATER DISEASE OUTBREAK--Swaziland is losing more than E100,000 each year as a result of cattle dying of Red Water--a tick transmitted disease. According to Mr. Paul Zulu, an Assistant Animal Health Inspector from Mbabane, the outbreak of the disease may affect the consumption of meat and the economy of the country, as meat is one of the products exported to other countries. He stated that the outbreak of the disease is because cattle owners are reluctant to buy dipping chemicals even though government is running short of funds to buy the chemicals. Mr. Zulu said it started three years ago. He also said that the other cause of the outbreak is that the Bont tick, which is the tick that carries red water, has become resistant to arsenite of soda which was used in dipping tanks for killing ticks. He said a new chemical has been used to replace it and the cattle owners are reluctant to buy the chemical due to the fact that it is expensive. [Text] [Mbabane THE TIMES OF SWAZILAND in English 4 Apr 85 p 1]

CSO: 5400/124

ZIMBABWE

DECISION ON TSETSE CLEARANCE AWAITED

Harare THE FINANCIAL GAZETTE in English 4 Apr 85 p 21

[Text] The decision to go ahead with a major new offensive against tsetse fly will be taken next week, against a backdrop of strong opposition from environmentalists.

Zimbabwe, Zambia, Malawi and Mozambique would benefit from an EEC-funded project to clear thousands of square kilometres of land of tsetse to open up for cattle ranching.

The scheme, to be decided upon next week, will cost \$21 million.

The environmentalists argue against the move, saying tsetse protects the target areas from exploitation and running cattle on land of this marginal nature will lead to gross desertification through overgrazing which destroys vegetation and promotes erosion.

Trees Felled

Trees in the newly opened areas will also be felled for emergency grazing, say the environmentalists.

But last week Zimbabwe's deputy director of veterinary services, Dr Stuart Hargreaves, defended the scheme, saying the authorities were aware of the risks and were "very, very concerned" about circumventing them.

He added that the Zimbabwean target area was already inhabited by people and cattle, so spraying against tsetse there would benefit an area already being used, not open vast new areas for exploitation.

But a report issued in 1982 by the Tsetse and Trypanosomiasis Control Branch warns of "severe degradation of pastures and woodlands which will follow tsetse eradication in areas of low rainfall and poor soil."

Criticism

It further admits that "our operations have been severely criticised by an informed public for exposing the land first to pollution and then to devastation by the uncontrolled introduction of cattle."

Further, the chemicals to be used in the programme are extremely controversial. Endosulfan, used in spraying, should not be used anywhere near rivers, swamps, streams or lake shores, say its manufacturers.

The second chemical, dieldrin, to be used in a baited traps, is banned in the West.

The Sunday Times of London quotes a tropical medicine expert Dr Walter Omerod, as saying the tsetse programme is not guaranteed to stamp out trypanosomiasis.

Other Carriers

The trypanosome parasite responsible for the disease could be carried by other insects not affected by the spraying, he says, and is found in Asia and Latin American countries where there is no tsetse fly.

Dr Hargreaves added that the tsetse control service sprayed 10 000 square kilometres a year, 2 000 aerially. But the new emphasis was on aerial spraying.

Fears that new infestations of tsetse breeding in Mozambique and Zambia could spread to Zimbabwe were allayed by Dr Hargreaves who said they were under control.

CSO: 5400/126

ZIMBABWE

CONCERN OVER CUTTING OF FOOT-AND-MOUTH FENCE

Harare THE HERALD in English 9 Mar 85 p 5

[Text]

VILLAGERS around Chitara in the Ndanga communal lands, Zaka, are cutting the fence erected by the Government to control the spread of foot and mouth disease, a veterinary spokesman has said.

The fence forms the boundary between the communal lands and the commercial farms east of Manjirenji Dam.

Cde Enock Chikwadze said the peasants continued cutting the fence and grazing their cattle in the commercial farms although several appeals had been made through party officials and councillors in the area.

However, some villagers

recently denied cutting the fence. They said it was falling on its own and cattle were straying into the commercial farms without their knowledge.

They complained that the Department of Veterinary Services was branding their stray cattle.

Cde Amon Ndumani, who had 12 of his cattle branded after straying into the commercial farms, said the branded cattle could not be sold at any cattle sales.

"It is better for the Government to fine offenders than declare our cattle useless," Cde Ndumani said.

Meanwhile, the Department of Veterinary Services has given police in Nyanga permission to impound stray livestock and fine their owners.

Stray cattle and donkeys had become a menace in the town and residents have welcomed the new measures.

The cattle were destroying vegetable gardens and maize plots for residents as well as interfering with traffic.

Two weeks ago the local community court ordered Cde Robert Mapani to pay \$100 compensation to Troutbeck Inn for the damage done to the hotel's golf course by his cattle. — ZIS.

CSO: 5400/106

29 May 1985

INTER-AMERICAN AFFAIRS

WINDWARD ISLANDS JOIN IN WAR ON COCONUT MITE DISEASE

Bridgetown BARBADOS ADVOCATE in English 27 Feb 85 p 9

[Text]

ROSEAU, Dominica, Tuesday, (AP) — Agriculture officials from the four Windward Islands are seeking ways to eradicate the coconut mite disease, affecting both fruit and copra production in the important industry.

Dominica Agriculture Minister Hesketh Alexander said today that positive identification of the insect had been confirmed here.

"This means that the Windwards are now all infected with this pest, although in varying degrees of severity," Alexander said.

Agriculture Ministers from Dominica, Grenada, St. Lucia and St. Vincent and the Grenadines held a two-day meeting here to seek joint action in controlling the plant disease. The coconut industry accounts for some 30 per cent of the foreign exchange earnings of the four islands.

Mr. Alexander said Dominica was currently implementing a coconut rehabilitation and expansion programme under a nearly \$4 million Canadian International Development Agency grant.

He said some 2 500 acres of coconut groves had been replanted and another 2 400 acres newly established.

Mr. Alexander also said Dominica had already asked for assistance in fighting the coconut mite from the United Nation's food and agriculture organisation and the Inter American Institute for Cooperation on Agriculture.

"We look forward to our joint action in finding solutions for eradicating, if not controlling this pest," the Agriculture Minister said.

CSO: 5440/054

BANGLADESH

BRIEFS

PEST-DAMAGED CROPS--Brahmanbaria, Mar 18--The prospect of Irri-Boro crops has become bleak in Brahmanbaria district. Pests like Pamri Poka attack crop plants in vast areas according to reports reaching here from 7 upazilas of the district. The reports stated that the Irri Boro crops in vast tracts of land in Chatalpar and Volakut union under Nasirnagar upazila Awail Pakishimul, Chunta, Shahbazpur, Noagaon and Kalikacha unions under Sarail Upazila, Ujanchar and Bancharampur unions under Bancharampur Upazila, Akhaura and Mogra unions under Akhaura Upazila, Kutu Bayek and Kaimpur unions under Kasba Upazila, Kaitala Union under Nabinagar Upazila, Basudeb Sultanpur and Sarifpur unions under Brahmanbaria, Sadar Upazila have been damaged by 'Pamri Poka.' The Agriculture officials it is learnt, are not taking tangible actions to combat the attack of pests. A spokesman of the District Agricultural Department told me that several committees have been formed in the affected areas to control the pests attack. [Text] [Dhaka THE BANGLADESH OBSERVER in English 22 Mar 85 p 5]

MORE CROP PESTS--Jhenidah, March 23--Extensive damage to Irri Boro fields by pest attack has been causing serious inconveniences to the local farmers. It is learnt that the farmers of the Harinakunda upazila have been facing troubles as there is no adequate quantity of insecticides in the upazila. It is apprehended that the entire area may be attacked by pests in no time if immediate steps are not taken to eradicate the pests. The most affected areas are Joradah, Vaina, Kapasati and Chandpur Unions of the Harinakunda upazila. The farmers of the area have urged upon the government to take necessary measures to combat the pest menace as early as possible. [Text] [Dhaka THE BANGLADESH TIMES in English 24 Mar 85 p 2]

KISHOREGANJ PEST ATTACK--Kishoreganj, Mar 18--Irri-Boro crops on vast tracts of land mostly in the haor areas in Kishoreganj district have been damaged following attack of Pamri Poka, a kind of insect. The affected unions are Dhanpur, Itna, Alongjuri, Rajtuti and Joyshiddi under Itna upazila, Bhaki, Kewarjuri, Ghagra, Mitamoin and Gopdighai under Mitamoin upazila, Karpasha, Danpara, Gurai, Singpur and Nikli under Nikli upazila, Abdullapur, Adapur, Banglapara, Kastul, Austagram and Kalmain under Austagram upazila. On the other hand, the price of insecticides has gone up in the local markets and most of the farmers cannot afford to purchase the same to combat the pest attack. Moreover, with the increase of price adulteration of insecticides has become rampant here resulting in ineffectiveness of insecticides. When

contacted the Deputy Director of Agriculture, Kishoreganj, confirmed the massive attack of Pamri Poka and said measures are being taken to spray pesticides to combat the widespread attack of insects. [Text] [Dhaka THE NEW NATION in English 20 Mar 85 p 2]

PESTS IN CHANDPUR--Faridganj (Chandpur) Mar 25--Pest (Pamri Poka) attack has started afresh in the Boro paddy fields at some villages of greater Matlab upazila under Chandpur district for the last few days. When contacted, a top agriculture official confirmed this report adding that necessary steps to combat the pest attack are being taken up by the department. The affected villages include Badarpur, Ashwinpur, Torkey, Baishpur and Nabalosh under Matlab upazila. It has been estimated that total area of Boro paddy fields attacked by pests is over 1000 acres. The farmers are extremely worried about the prospect of the harvest. Lack of spray machines and high price of insecticide etc are learnt to be hindering anti-pest measures. Reports of sporadic pest attack from the interior of Faridganj, Shahrasti, Hajiganj, Haimchar and Kachua upazila are also pouring in. The farmers have urged the authorities concerned to gear up steps so as to save the crops from the pest menace. [Text] [Dhaka THE NEW NATION in English 28 Mar 85 p 2]

CSO: 5450/0120

COLOMBIA

BRIEFS

COFFEE BLIGHT CONFIRMED IN CUNDINAMARCA--The government and the Federation of Coffee Growers discovered the presence of blight in the townships of San Juan de Rioseco and Viota in Cundinamarca and discounted rumors to the effect the disease had also reached Yacopi. It was learned unofficially that the most hard-hit township is Viota where it has been established that there are 8,000 contaminated trees over an area of 20 hectares on the La Victoria trail. The investigation was handled by the ICA (Colombian Agriculture and Livestock Institute). Simultaneously, experts from the Departmental Committee of Coffee Growers, who visited San Juan de Rioseco, found that 300 trees of the caturra variety and 50 trees of the Arabica variety had been stricken by the disease. It was also announced that the plantation is located on the El Chorrillo trail, in the Santa Rita estate. The alarm about the blight had been sounded since the end of last week. The townships in the department where the blight was detected are located in the western part and are considered as the biggest coffee producers. It was announced that the Committee of Coffee Growers was ordered to take steps to cope with this problem. The committee is now distributing agricultural inputs, equipment, and work materials and is helping the owners of the stricken estates. [Text] [Bogota EL TIEMPO in Spanish 23 Feb 85 p 4-C] 5058

CSO: 5400/2036

GUYANA

BRIEFS

SURINAME BORDER QUARANTINE UNIT--New Amsterdam, (GNA)--A quarantine unit will be established at the Springlands Ferry Stelling, Regional Vice-Chairman Joseph Scott said yesterday. Cde. Scott, together with Regional Agriculture Officer Hector Armogan and Specialist Agriculture Officer Ramnarine and the Regional Agriculture Coordinator Winston Samuels visited the border port recently and held talks with Customs and other officials. They also examined the type of trafficking engaged on the Corentyne between Guyanese and neighbouring Suriname. The Regional Vice-Chairman noted that for Guyana to protect its agriculture development, there must be greater vigilance to prevent the importation of harmful diseases which may be carried by animals, including pets--and plants. [Text] [Georgetown GUYANA CHRONICLE in English 8 Apr 85 p 5]

CSO: 5440/66

MALAYSIA

LEAF HOPPER INFESTS KEDAH, PERLIS RICE

Kuala Lumpur NEW STRAITS TIMES in English 18 Feb 85 p 10

[Article by P. Parameswaran]

[Excerpt]

AN insect, hardly the size of a rice grain, is wreaking havoc on the lives of padi farmers in Malaysia's rice bowl.

It was partly responsible for the Sultan of Kedah ordering moderate-scale celebrations for his birthday last year. The Sultan was touched by the plight of the farmers who had been asked to skip planting for a season to prevent the insect from breeding.

The devastating effect of the insect was also a topic of discussion for the nation's leaders at a Cabinet meeting recently.

The pest is no other than the green leaf hopper -- carrier of the *penyakit merah* viral disease that has ravaged \$130 million worth of padi on 96,000 hectares in the Muda Agriculture Development Authority (Mada) area, covering Kedah and Perlis, since 1981.

The *penyakit merah* also attacks padi crops in all rice-producing countries in Southeast Asia but agricultural scientists say Malaysia is the worst affected.

The disease was found to occur in five-year cycles since it was detected in Krian, Perak, in 1933, but has now entrenched itself in the country's rice bowl where it takes a heavy toll on the basically subsistence farmers who toil in their small farms for their daily livelihood.

All year through, the green leaf hopper feeds continuously on padi plants or within three days it loses its infectiousness, explains a spokesman for the Malaysian Agriculture Research and Development Institute (Mardi).

"By feeding on the plants, it transmits the virus which stunts their growth and turns them into a yellowish and, later, rusty-red colour. The padi husks will be blackish and empty," he says.

The smaller the plants, the more susceptible they are to the *penyakit merah*.

"If it is the seedlings which are attacked, then it is a 100 per cent loss," he says.

An entomologist warns that the green leaf hopper will be a permanent feature in Malaysia unless "something dramatic" occurs. No one doubts this. Even other scientists and the Government.

'Danced'

For one thing, enormous amounts of money have been poured into measures by the Agriculture Department to wipe out the vector but these efforts have succeeded only to the extent of reducing the population of the pest.

Agriculture director-general Datuk Abu Bakar Mahmud dwells at length on the department's multi-pronged approach to combat the disease.

He speaks of the use of insecticides to control the green leaf hopper, training of extension staff to explain to the farmers

the dangers of the disease and ways to keep the fields vector-free, publicity campaigns, devising a fixed planting schedule, planting varieties of padi resistant to *penyakit merah* ...

These were the massive efforts undertaken over the last couple of years to arrest the disease. But one thing is clear: success was achieved only to a certain extent, and partly due to some of the farmers themselves.

Last year, Mada decided that the best way to fight the disease was to kill the virus by drying up padi land. Farmers were not to plant padi from Oct 31 the previous year because Mada would stop the supply of water to the padi fields for a month from Jan 15.

CSO: 5400/4370

TRINIDAD AND TOBAGO

LOCUST PLAGUE SPARKS FARMER OUTCRY, GOVERNMENT ACTION

Destruction of Produce

Port-of-Spain TRINIDAD GUARDIAN in English 17 Apr 85 p 7

[Text] San Fernando--Farmers of the Amalgamated Agricultural Societies-Erin, Santa Flora, Thick Village and Edward Trace, Moruga, are planning to protest the lack of action by the authorities over the locust invasion by going to Whitehall in Port-of-Spain.

The action stems from the "utter frustration and grave disappointment" which farmers said yesterday they had suffered as a result of the "unfulfilled promises" made since March by the Ministry of Agriculture, Lands and Food Production that every effort would be made to stem the invasion of locusts that has been affecting them.

Although farmers took samples of the locusts which they said were eating up everything from vegetables to small trees to the ministry earlier this year, and had got assurances from the Minister, Mr. Kamaluddin Mohammed himself when they met him in Port of Spain in mid-March, they claimed "nothing has been done to eradicate the pests."

They said that Mr. Ian Lawrie, manager of agricultural division of Caroni Limited had confirmed that arrangements were being negotiated for the Caroni spraying contractors to undertake the assignment. But farmers said yesterday "absolutely nothing has been done."

Present Outbreak

Farmers added that the locusts were spreading, destroying agricultural produce.

Said a spokesman for the Amalgamated Societies: "It has now become apparent to the 1,861 farmers of the Amalgamated Societies that the ministry's concern for agricultural development is centred only in certain areas."

He said that two maxi taxis were moving out of Erin to join others at Edward Trace, Moruga, for the trip to Whitehall. They will collect locusts to be taken to Port of Spain.

Meanwhile, a statement issued by the ministry late yesterday said a vigorous spraying programme will start today in the Moruga and surrounding districts, to control the present outbreak of locusts in these areas. The Research and Extension Divisions of this ministry have teamed up to work steadily on an action programme for alleviating the problem which is affecting farmers in these areas.

Aerial surveys have been completed and the ministry is now in a position to start ground spraying in areas severely affected.

Spread to North

Port-of-Spain EXPRESS in English 18 Apr 85 p 5

[Text] **GROUND** spraying operations began yesterday at Moruga in an attempt to eradicate the problems posed by swarms of locusts.

This decision was taken after a delegation of southern farmers, headed by Dr Raymond Noel, came to Port of Spain and met at the Ministry of Agriculture, Lands and Food Production with permanent secretary Dr Patrick Alleyne, acting Chief Technical Officer Dr Edmund Jones, and acting Director of Extension Horatio Nelson on Tuesday.

The delegation came out of the meeting with an agreement for farmers to provide the bulk of the manpower in the ground-spraying operations. The ministry supplied three men, equipment and chemicals.

Jones said the spraying would continue until the problem was brought under control.

Locust-stricken farmers in south Trinidad collected thousands of the insects to distribute in plantations in northern farming communities, signalling the start of their campaign aimed at highlighting a problem which has reached "crisis proportions."

The decision to spread the "plague" to northern and eastern farming districts was taken at a stormy meeting of the Amalgamated District Agricultural Societies of Erin, Santa Flora, Thick Village and Edwards Trace Moruga.

The three-hour meeting, which was attended by some 131 farmers, was held at the Erin community centre. Originally it was expected to be an executive meeting but a large contingent of Moruga farmers turned up to raise the locust problem.

"We intend to show this up as a national crisis and not portray it as an isolated case as the Ministry of Agriculture is treating it," Wilfred Hall told the EXPRESS San Fernando Desk. Hall charged that the ministry had favoured farmers in the East-West Corridor, adding that it would have acted on the problem if the locusts had struck those districts.

Asked if he felt that it would be unfair to the northern farmers if the locusts were placed in their fields, Hall said: "Our livelihood is being taken away and you cannot say what is fair or what is unfair in trying to protect your livelihood."

So far in the Moruga district the locusts had devastated approximately 500 acres of cocoa, coffee and citrus plantations.

He said just recently the ministry had promised to send a technical team to the area. After the team's visit was announced, Moruga farmers vacated a building to give way to the ministry's personnel. But he said the farmers were thoroughly dissatisfied with the ministry's "inactivity."

When the EXPRESS San Fernando Desk contacted Agriculture Minister Kamaluddin Mohammed, he said he was very sympathetic to the farmers. Mohammed recalled that he had met a delegation of the affected Moruga farmers, adding that he had also pointed out that it would be very costly to carry out an aerial spraying programme to eradicate the locusts.

CSO: 5440/062

VIETNAM

CROP PROTECTION DEPARTMENT WARNS OF PESTS

OW220601 Hanoi Domestic Service in Vietnamese 1100 GMT 20 Apr 85

[Text] A vegetation protection department's notice says, in the recent past, rice blast in the northern delta provinces has developed more slowly than before. So far, only about 16,000 hectares of rice have been affected.

In Thanh Hoa and Nghe Tinh, rice blast affecting rice leaves has been somewhat checked. In Binh Tri Thien, rice blast is still ravaging the pedicles of rice blossoms: the same ravages have also been found in patches of the late winter-spring rice in central Vietnam's coastal areas. In addition, young stem borers are proliferating in the coastal provinces of central Vietnam, and young insect ravages are prevalent in many areas. Leaf rollers and late blight are proliferating and affecting soybeans; *Cirphis salebrosa* is ravaging corn; common scab and *Alteraria oryzae* are ravaging jute.

In the south, rice thrips are ravaging the summer-fall rice; in addition, rice gall flies, rice planthoppers, brown planthoppers, and leaf folders are affecting the late winter-spring in the Mekong Delta provinces.

It is forecast that, in the coming period, in the northern provinces, rice blast may continue its ravages over larger areas; rice leaf beetles, leaf folders, and brown planthoppers will cause localized damage in fifth month-spring rice; later blight and leaf folders will proliferate on soybeans; *Hemerophila atrineatia* and leaf-eating caterpillars will begin their ravages. In the southern provinces, stem borers, rice thrips, and rice armyworms will affect rice plants, notably of the summer-fall and spring-summer rice. Therefore, all localities should continue to tend the rice and protect it from rice pests in order to achieve high yields.

CSO: 5400/4379

REPORT ON CROP PESTS NATIONWIDE ISSUED

OW131847 Hanoi Domestic Service in Vietnamese 1100 GMT 12 Apr 85

[Text] The Vegetation Protection Department recently issued a notice on the current status of damage caused by rice blast, rice leaf beetles, and stem borers to the winter-spring rice crop.

More than 40,000 hectares of rice have been affected by rice blast which must be eradicated. Rice leaf beetles are continuing to cause damage in many provinces, including Hai Hung and Ha Nam Ninh. Moreover, rice planthoppers and root suffocation disease have appeared in some areas of northern Vietnam. Leaf-eating caterpillars are damaging the winter-spring rice in the Mekong Delta provinces. Rice armyworms are causing damage in some areas of the central coastal provinces. Other crop pests include soybean leafminer flies, erannis tiliera, heliothis zea, and tobacco cut worms.

It is forecast that rice blast will continue to develop in the future while rice leaf beetles will continue to cause damage in low-lying rice fields. Late blight, stem borers, leaf-eating caterpillars, erannis tiliera, and bugs will continue to damage soybeans and peanuts in particular.

It is suggested that localities intensively inspect ricefields and rationally zone the rice blast-affected areas while actively eradicating stem borers, rice leaf beetles, and other crop pests.

The southern provinces should promptly eradicate harmful insects in the winter-spring rice lands to prevent them from spreading and damaging the summer-fall rice crop.

CSO: 5400/4378

VIETNAM

RICE BLAST, PESTS DAMAGE CROPS IN PROVINCES

BK020550 Hanoi Domestic Service in Vietnamese 0500 GMT 1 May 85

[Text] The Plant Protection Department of the Ministry of Agriculture has reported that rice blast, leaf folders, leaf beetles, stem borers, other types of rice bugs, green jute measuring worms, and corn bugs are still affecting the winter-spring crops at present. Rice blast is now ravaging approximately 100,000 hectares chiefly in Nghe Tinh, Thai Binh, and Haiphong. In Nghe Tinh Province alone, rice plants on more than 5,000 hectares have wilted; and scattered, localized damage to the rice crop has been reported in some central coastal provinces.

Leaf folders are developing rapidly in the northern provinces. Larvae of the second litter have hatched en masse since late April. Leaf beetles and stem borers have continued to cause damage to the rice crop in many northern provinces.

Meanwhile, brown and white-backed rice planthoppers have appeared in Tay Ninh and Dong Thap. Green measuring worms are starting to harm the jute crop, and bugs are harming the corn crop.

It is forecast that in the coming period, blast will continue to damage the spring rice; leaf beetles, leaf folders, and stem folders will increase the intensity of their damage; and green measuring worms will cause more harm to the jute crop. Therefore, all localities are requested to concentrate on controlling rice blast before the rice plants blossom, exterminating leaf beetles and leaf rollers by spraying insecticides and employing manual methods, and controlling jute worms and corn beetles in an effort to prevent harmful insects and diseases from spreading and causing extensive damage as in the previous winter-spring crop season.

CSO: 5400/4384

VIETNAM

RICE BLAST REPORTED IN NORTH

Hanoi NHAN DAN in Vietnamese 31 Mar 85 p 1

[Article: "In the North, Winter-Spring Rice Grows Well but over 84,000 Hectares Affected by Insects and Diseases; In the South, Intensive Preparation for Summer-Fall Crop and Plowing of 130,000 Hectares of Land"]

[Text] As reported by the Directorate General of Statistics and the Directorate of Vegetative Protection (Ministry of Agriculture), as of 25 March over 735,000 hectares of winter-spring rice were transplanted, reaching 99.1 percent of the national plan. Winter-spring rice developed well, but in the northern provinces, there were 84,295 hectares affected by insects and diseases, mostly by rice blast. Over 33,000 hectares in the provinces of Nghe Tinh and nearly 18,000 hectares in Binh Tri Thien were hit by diseases. Since after the lunar new year, an overcast sky lingered and made it easy for insects to hatch and grow. Most noteworthy was the fact that rice blast struck early in a widespread area and increased from two to threefold compared with the same period last year. In a certain number of provinces such as Thai Binh, Hai Hung and Ha Son Binh, rice blast which was nonexistent or appeared only in small areas in the same period of previous years, struck thousands of hectares this year. Rice hispa eggs and stem borer moths also appeared in those localities with a pretty high density of from 300 to 500 nests per sq meter, or as high as from 600 to 800 nests per sq meter in certain areas.

The Directorate General of Material Supplies (Ministry of Agriculture) has promptly transferred nearly 100 tons of insecticides to localities to assist insect eradication units. Meanwhile, it has also transferred over 40 tons of raw materials to insecticide manufacturing plants for further distribution of insecticides. Localities intensified eradication activities such as thorough planning, insect alert and integrated measures: discontinuance of nitrogenous fertilizers and maintenance of a proper water level in areas affected by rice blast, economical use of fertilizers, and heavy insecticide treatment of severely affected lands.

In the south, winter-spring rice has all ripened. As of 25 March, provinces harvested 35 percent of the planted area. Output was satisfactory in An Giang with 52.9, Tien Giang with 41.8, Phu Khanh with 41.5, Kien Giang with 40, and Long An with 33.3 quintals per hectare. In parallel with the harvest of winter-spring rice, localities assigned adequate labor forces for the intensive

preparation for the summer-fall rice crop. They have plowed over 130,000 hectares of land and transplanted over 10,000 hectares. The agricultural material supplies sector has also hauled to localities fertilizers for the summer-fall crop, reaching over 30 percent of its plan.

9458

CSO: 5400/3380

VIETNAM

BRIEFS

CROP PROTECTION DEPARTMENT REMINDER--The Ministry of Agriculture's Vegetation Protection Department recently sent a message to the northern provincial agricultural services. The message reads: Brom Binh Tri Thien Province northward, up to 130,000 hectares of the 5th month-spring rice has been ravaged by insects and rice blast. In the delta provinces, tens of thousands of hectares of rice paddies have been affected by rice leaf beetles. In some areas stem borers are beginning to cause rice stalks to wilt. In the recent past, rice-pest prevention and control has not been done well. In order to properly protect the rice and minimize pest ravages, the Vegetation Protection Department reminds all localities to regularly check rice paddies, remove withering rice stalks to eliminate stem borers, strip young rice leaf beetles from rice leaves, scoop-net fully grown insects, and spray the rice paddies heavily ravaged by rice blast with (khinosan) or (kitazin) insecticides. Nitrogenous fertilizer should be used with caution in pest-affected padding. [Text] [Hanoi Domestic Service in Vietnamese 1100 GMT 13 Apr 85 OW]

HAIPHONG RICE BLAST--More than 25 percent of the 5th-month spring rice of suburban areas of Haiphong municipality has been ravaged by rice blast and cotton leaf rollers. The municipal vegetation protection service is supplying various districts with insecticide and spray equipment to cope with these harmful insects. So far, Vinh Bao District has saved almost 3,000 hectares of ricefield, while Do Son District is eliminating rice blast on 20 percent of its cultivated area. [Summary] [Hanoi Domestic Service in Vietnamese 2300 GMT 5 May 85 BK]

CSO; 5400/4389

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