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Management of Common Health Problems of Drug Users

Primary health care for drug users aims to promote health by providing a comprehensive harm-reduction package including outreach; peer-led interventions; information, education and communication; condoms; sterile injection equipment; and effective drug treatment including opioid substitution therapy. It also aims to reduce morbidity and mortality among all drug users by early identification and treatment of infections and other drug use-related illnesses; and provide care, treatment and support for HIV-infected drug users.

These clinical guidelines are intended for use by doctors, nurses and other health-care workers who work in community outreach, drop-in centres, community clinics, drug treatment centres, prison clinics, and primary- and secondary-level hospitals. They offer guidance on the provision of primary health care to drug users and focus on the clinical management of common medical problems associated with drug use, in particular, injecting drug use in the presence or absence of HIV infection.

Operational Guidelines for the Management of Opioid Dependence in the South-East Asia Region

The South-East Asia Region is home to between 3.4 and 5.6 million injecting drug users. A large proportion of them resort to unsafe injecting practices such as sharing of needles and syringes. This has led to the rapid and large-scale transmission of HIV and hepatitis C in this population and their partners.

In order to prevent new infections, countries need to urgently expand the implementation of evidence-based drug treatment interventions. Opioid substitution therapy (OST) is the most useful and cost-effective intervention for managing opioid dependence and reducing the harms associated with it.

OST is now available in India, Thailand, Indonesia, the Maldives and Nepal, and will soon be introduced in Bangladesh. These practical guidelines aim to assist physicians and drug treatment professionals in establishing and delivering evidence-based, good quality, effective OST services in South-East Asia.

HIV/AIDS Prevention, Care and Treatment in the South-East Asia Region - Report on the 19th Meeting of the National AIDS Programme Managers, Bali, Indonesia, 29-31 October, 2007

The 19th Meeting of National AIDS Programme Managers brought together senior representatives from the Ministry of Health, programme managers from national AIDS programme, representatives from partner agencies to review the overall HIV situation in the region, to discuss the scaling up of HIV/STI prevention, care and treatment, and to build consensus on key indicators on HIV prevention, care and treatment in the South-East Asia Region.

HIV/AIDS Care and Treatment for People who Inject Drugs in Asia and the Pacific: An Essential Practice Guide

This guide is meant to be complementary to the global ART guidelines and are designed for physicians,
and adequacy. It helps countries to assess the achievements of the NAP in the health sector, and provides recommendations for improving strategies and interventions. It also helps to develop multisectoral partnerships in planning and coordinating the response to HIV/AIDS. These guidelines will help review teams to carry out the different components of a programme review. They can be used as a stand-alone instrument to evaluation / review the health sector in particular, or for broader multisectoral reviews.

Technical Consultation to Review HIV Surveillance in India, New Delhi, 23-25 April 2008

In support of the National AIDS Control Organisation of India, WHO SEARO convened a technical consultation from 23 to 25 April 2008 in New Delhi to review the HIV surveillance system in India. The meeting was attended by 54 national and international experts who critiqued the current system and made recommendations to strengthen various components of the surveillance system. The report summarizes the discussions and recommendations of the technical consultation to review HIV surveillance in India in the following areas: (i) surveillance in populations with high-risk behaviours; (ii) surveillance in the general population; (iii) surveillance for sexually transmitted infections; (iv) HIV/AIDS case reporting; and (v) laboratory services for surveillance (vi) cross-cutting areas.

Guidelines for Conducting a Review of the Health Sector Resonse to HIV/AIDS

A programme review is a systematic assessment of the National AIDS Programme, including its relevant

Treatment and Care for HIV-positive Injecting Drug Users

The “Treatment and Care for HIV-Positive Injecting Drug Users” training curriculum is designed for clinicians who provide treatment and care, including ART, for HIV-positive injecting drug users. The training curriculum consists of a trainer manual, 12 participant manuals, and a CD-ROM with PowerPoint presentations and reference articles. Topics covered in the curriculum include:

Module 1: Drug use and HIV in Asia
Module 2: Comprehensive services for injecting drug users
Module 3: Initial patient assessment
Module 4: Managing opioid dependence
Module 5: Managing non-opioid drug dependence
Module 6: Managing ART in injecting drug users
Module 7: Adherence counselling for injecting drug users
Module 8: Drug interactions
Module 9: Management of coinfections in HIV-positive injecting drug users
Module 10: Managing pain in HIV-infected injecting drug users
Module 11: Psychiatric illness, psychosocial care and sexual health
Module 12: Continuing medical education
Trainer manual
HIV Prevention, Care and Treatment in Prisons in the South-East Asia Region

At any given time, there are over nine million people in prison, with an annual turnover of 30 million moving from prison to the community and back again. The role of HIV transmission in prison as a key factor for the spread of HIV in the community has largely been ignored. Despite national and international legislation to protect prisoner health, they are often seen as less deserving of health care or other assistance, particularly when resources are scarce.

This review of four countries in the South-East Asia Region shows that very few interventions have been implemented in prisons for the prevention, care and treatment of HIV and other sexually transmitted infections, despite a higher prevalence of HIV among those incarcerated. However, it highlights that such services are not only feasible in resource-poor settings, but also provides some excellent examples of innovative and positive action that can be taken to arrest the spread of HIV in prisons. Recommendations to strengthen and expand services are provided, as failure to address the transmission of HIV in prisons may jeopardize the success of HIV prevention efforts in the Region.

Management of HIV Infection and Antiretroviral Therapy in Adults and Adolescents - A Clinical Manual

Successful scaling-up of antiretroviral therapy requires the rational use of antiretroviral drugs. This manual provides guidance and information in a practical and user-friendly format, using tables and figures, accompanied by limited text and provides recommendations based on evidence from clinical trials, observational cohort data and expert opinion. It comprises eight main sections:

- Laboratory diagnosis of HIV infection in adults and adolescents;
- Assessment of adults and adolescents with HIV infection;
- Prevention of opportunistic infections;
- Management of antiretroviral therapy;
- Management of opportunistic infections;
- Management of nutrition and palliative care;
- Management of post-exposure prophylaxis, and related
- Annexes.


This is the report of a workshop organized by the International Health Policy Programme, MOPH, Thailand and WHO SEARO. It explores the rationale and options for developing a model to assess the economic impact of TRIPS-plus provisions in the pharmaceutical sector.
National AIDS Programme Management: A Set of Training Modules

The WHO Regional Office for South-East Asia has developed a training course for strengthening AIDS programme management. The curriculum and teaching methods are based on similar training courses conducted by the WHO Global Programme on AIDS in the early 1990s. The revised modules take into account the current epidemiology of HIV and sexually transmitted infections (STIs), effective interventions, the lessons learned from programme responses in scaling up HIV and STI prevention, care and treatment interventions in the South-East Asia Region. The training is primarily meant for programme managers and senior staff of AIDS programmes at the national and subnational levels.

The purpose of the National AIDS Programme Management training course is to strengthen the management of national AIDS programme by:

- Presenting a systematic process of developing and managing comprehensive national AIDS prevention and care programmes; and
- Providing an opportunity to enhance the knowledge and practice skills needed to implement such a process.

Review of the National Response to Sexually Transmitted Infection and HIV/AIDS in Sri Lanka, 16-28 October 2006

Almost twenty years after the emergence of HIV and AIDS in Sri Lanka, the third review of the national response to sexually transmitted infections (STIs) and HIV/AIDS was carried out by a team composed of members drawn from national programmes and sectors external to the National STI/AIDS Control Programme and staff of international organizations, overseas HIV initiatives and universities, the World Health Organization, the United Nations Children Fund, the World Bank and the United Nations Programme on HIV/AIDS. The objectives of the review were to identify the achievements of the national response to HIV by reviewing the activities of the National STI/AIDS Control Programme as well as those of other government and nongovernmental organizations, especially in areas related to STI/HIV prevention, care and treatment for the period 2000-2006, and to provide recommendations for the revision of strategies and interventions for the development of a new strategic plan for 2007-2011. This document describes the findings of the review team, the conclusions it arrived at and recommendations.
HIV Surveillance Training Modules: Module 1: Overview of the HIV/AIDS Epidemic with an Introduction to Public Health Surveillance

This training module presents an introduction to the HIV epidemic and gives an overview of public health surveillance measures to combat the infection. After completing this course, participants should:

- know the three HIV epidemic states and be able to characterize the HIV/AIDS epidemic in their country
- be familiar with the predominant routes of HIV transmission and the key risk factors of transmission
- be able to describe the components of an effective HIV surveillance system and the elements of second generation HIV surveillance
- understand the ethics involved in HIV surveillance and be aware of potential harm to individuals and to populations
- be able to develop a plan for evaluating their own country’s surveillance system.

This course is meant primarily for district-level surveillance officers. This module can also be used for self-study.

HIV Surveillance Training Modules: Module 2: HIV Clinical Staging and Case Reporting

This training module introduces HIV case surveillance with an emphasis on WHO clinical staging and surveillance case definitions, ethical and confidentiality considerations, analysis and presentation of surveillance data and operationalizing an HIV case reporting system. After completing this course, participants will learn how to:

- set up an HIV case reporting system
- analyse reported HIV and AIDS data
- use surveillance data for planning of prevention, care and treatment services
- monitor the HIV case reporting system
- prepare national guidelines on HIV/AIDS case reporting.

This course is meant primarily for district-level surveillance officers. This module can also be used for self-study.

HIV Surveillance Training Modules: Module 3: HIV Serosurveillance

This training module provides key issues in HIV sentinel surveillance and complementary surveillance techniques for tracking the epidemic, focusing on the steps to conduct unlinked anonymous HIV seroprevalence surveys at antenatal clinics. After completing this course, participants should:
HIV Surveillance Training Modules:
Module 5: Surveillance of HIV Risk Behaviours

This module introduces behavioural surveillance with an emphasis on pre-surveillance activities, measures and indicators, survey methods, sampling approaches, data use and ethical considerations. After completing this course, participants should:

- identify the uses of behavioural surveillance
- understand the methodological difficulties with indicators for behavioural surveillance and select indicators most suited to particular situations
- understand sampling issues and options for behavioural surveillance and understand the criteria for choosing a sampling approach
- describe the types of data analysis commonly used in behavioural surveillance and understand the steps in ensuring appropriate data analysis and use
- be able to discuss the ethical consideration unique to behavioural surveillance.

This course is meant primarily for district-level surveillance officers. This module can also be used for self-study.

HIV Surveillance Training Modules:
Module 4: Surveillance for Sexually-Transmitted Infections

This training module describes the interaction between HIV infection and sexually transmitted infections (STIs) and describes how to develop and operate systems for STI surveillance. After completing this course, participants should:

- understand the inter-relationship between HIV and STIs
- be able to explain the difference between aetiologic and syndromic case reporting
- understand the advantages and disadvantages of STI universal case reporting and sentinel surveillance and when each should be implemented
- know how to ensure confidentiality when collecting, archiving and reporting STI data
- understand the criteria for selecting sentinel populations and be able to identify specific groups and sites in their district that are suitable for sentinel surveillance
- be able to identify appropriate sampling schemes depending on the situation and the target population and create a sampling frame
- understand the considerations that determine which HIV testing approach is suited for HIV surveillance in their country and describe the advantages and disadvantages of different HIV testing options
- be able to describe the staffing, training and supervising requirements of HIV sentinel surveillance
- analyse, document and use HIV sentinel surveillance data.

This course is meant primarily for district-level surveillance officers. This module can also be used for self-study.

HIV Surveillance Training Modules:
Module 3: Surveillance of HIV Infections

This module introduces HIV infection surveillance with an emphasis on pre-surveillance activities, measures and indicators, survey methods, sampling approaches, data use and ethical considerations. After completing this course, participants should:

- identify the STIs most suitable for inclusion in combined STI/HIV biological and behavioural surveillance.

This course is meant primarily for state/national-level surveillance officers. This module can also be used for self-study.
HIV Surveillance Training Modules: Module 6: Surveillance of Populations at High Risk for HIV Transmission

Module 6 introduces HIV surveillance among high-risk populations. Eight high-risk populations are described in-depth with recommended surveillance techniques. Detailed case studies are provided for each population to help participants think through implementation. After completing this course, participants should:

- be able to discuss the importance of surveillance in high-risk populations
- understand the purpose of pre-surveillance assessments and the role of qualitative and quantitative research in these assessments
- be able to discuss the advantages and disadvantages of various sampling approaches
- be able to discuss how to choose the most effective biological and behavioural measures in surveys of high-risk groups
- understand the special ethical consideration of conducting behavioural and biological surveillance among high-risk groups.

This course is meant primarily for state/national-level surveillance officers. This module can also be used for self-study.

Module 5 is a prerequisite for this module.

HIV Surveillance Training Modules: Facilitator Training Guide for HIV Surveillance

The training guide provides useful information about planning and organizing training activities for surveillance of HIV, AIDS, STI and risk behaviours. This training guide also describes steps for adapting the surveillance curriculum for staff working at district, regional/provincial and national levels. The guide will be useful for training directors and facilitators. It includes:

- a description of the surveillance curriculum that is developed and ready for adaptation in the country
- scheduling suggestions
- ideas for what to include in the training
- planning tips and checklists
- adult education training and presentation tips.


Sexually transmitted infections (STIs) are a major cause of preventable illness, disability and premature mortality in the South-East Asia Region. However, despite their overall high incidence and prevalence, several countries in the Region have managed to reduce the spread and even eliminate some STIs altogether. Where this has been successful, countries have also made progress in slowing or reversing HIV epidemics.
This publication describes the diversity of STI epidemics in the Region, and highlights opportunities for strengthening control efforts. It builds on regional successes and introduces new approaches endorsed in WHO’s global STI strategy. It describes how countries can take concrete steps to:

- Reduce the incidence of STIs in high-risk networks where most transmissions take place;
- Improve STI services to further reduce morbidity and mortality, and
- Strengthen STI surveillance to provide reliable data to guide the response.

The publication also introduces several initiatives with targets for control or elimination of specific STIs including syphilis and chancroid. Other sections address strengthening of HIV-related services, roll-out of effective vaccines, access to drugs and appropriate technology, and planning for scale. Milestones are proposed for countries and for the Region.

The strategy put forth in the publication is intended for programme managers and others contributing to the national response. The potential benefits of STI control are many, including contribution to reaching the Millennium Development Goals (MDGs) for improving maternal and child health (MDGs 4 and 5), and for halting and reversing HIV epidemics (MDG 6).

Scaling up Antiretroviral Treatment: Lessons learnt from Thailand: Report of an External Evaluation

This report summarizes the key findings of the third joint review of the antiretroviral treatment programme in Thailand since it started in 1992. Expansion of antiretroviral treatment coverage has been achieved rapidly through strong political commitment and harnessing the full potential of a strong public health system. The challenge is to maintain the synergistic relationship between preventing HIV transmission, comprehensive HIV care and support as well as antiretroviral treatment and within the latter ensuring access to second-line treatment regimens.

HIV/AIDS in the South-East Asia Region, March 2007

This report presents HIV surveillance and programme monitoring data from Member countries of the WHO South-East Asia Region. The latest data available from each country are used to describe the scale, diversity and evolution of the HIV epidemic. The report also discusses the progress made by Member countries in combating the HIV epidemic and outlines future strategies for a successful response.
Antiretrovirals for HIV: A Compilation of Facts and Product Information

The document is a compilation of current facts and product information about antiretroviral drugs that are commonly used for the treatment of HIV infection in resource-constrained settings.

Review of the Myanmar National AIDS Programme 2006

The National AIDS Programme, with support from WHO and participation by UNAIDS and United Nations Children Fund (UNICEF), conducted an external review of the national health response to HIV/AIDS from 27 March to 7 April 2006 as part of the process of development of the National Strategic Plan 2006-2010.

A general finding of the review was that significant progress had been made in the prevention and control of HIV and sexually-transmitted infections. The magnitude of the epidemic had been recognized and efforts to respond to it had indicated strong commitments of many partners to focus prevention, care and support efforts on the most vulnerable populations. Approximately, 1.3% of the adult population in Myanmar is infected with HIV. As in other Asian countries, HIV is highest in groups with high-risk behaviour; these include sex workers, injecting drug users and men who have sex with men. An analysis of trends in surveillance data among pregnant women and military recruits indicates that the HIV epidemic peaked in 2000 and began to decline thereafter.


WHO/SEARO and UNICEF/ROSA developed these guidelines in recognition of the need for physicians, programme planners, other health care workers and people living with HIV to have one simple, user-friendly reference manual for national adaptation. It covers the diagnosis of HIV infection in infants and children, followed by patient evaluation, prevention and management of opportunistic infections (OIs), pre-enrolment information and counseling process for ART, and ensuring treatment adherence. The guidelines are meant to be complementary to the global WHO guidelines on antiretroviral therapy (ART) of HIV infection in infants and children in resource-limited settings: towards universal access. For further details readers may refer to these.

These simplified and standardized guidelines on the appropriate and rational use of ART in resource-limited settings for South and South-East Asia are intended as a resource for:

- Physicians and other health care providers caring for children with known exposure to the human immunodeficiency virus (HIV), HIV-infected children and sick children with unknown HIV exposure but suspected to have HIV infection.
- National AIDS programme managers, maternal and child health programme managers, and other health planners as a reference for developing national guidelines on the management of HIV infection and ART in infants and children; and
- NGOs and other civil society organizations supporting people living with and affected by HIV.

As the field of HIV/AIDS and, in particular, ART is changing rapidly, these guidelines will be updated as and when significant new data emerge.
Universal Access to Prevention, Care and Treatment in the Health Sector - Report of the 18th National AIDS Programme Managers’ Meeting Kathmandu, Nepal, 5-7 December 2005

In response to the need to rapidly scale up HIV prevention, care and treatment in the health sector, the World Health Organization (WHO) organized a meeting of National AIDS Programme Managers in Kathmandu, Nepal from 5-7 December 2005. National Tuberculosis Programme Managers also reviewed and discussed TB/HIV collaborative activities. The meeting reinforced the call for urgent action to implement collaborative TB/HIV activities including development of national strategies, technical and operational guidelines and TB/HIV surveillance. The meeting also recommended that in view of scaling up of HIV interventions, efforts should be made to decentralize health services. Particular attention should also be paid to interventions targeting populations at high risk for HIV such as injecting drug users, sex workers and men having sex with men.

HIV Surveillance Among Tuberculosis Patients: Report of an Informal Consultation, New Delhi, 17-18 November 2005

The rapid growth of the HIV epidemic in many countries has resulted in an equally dramatic rise in TB, even in countries with well-organized national TB control programmes, that are successfully implementing the DOTS strategy. The importance of surveillance of HIV among TB patients is increasingly being recognized. In many countries HIV prevalence in TB patients is a sensitive indicator of the spread of HIV into the general population. Information on HIV level in TB patients is essential to respond to the increasing commitment to provide comprehensive HIV/AIDS care and support, including ART, to HIV-positive TB patients.


The highest numbers of curable STIs are known to occur in South-Asia and South-East Asia. Prevention and management of STIs are important measures to reduce the acquisition and transmission of HIV/AIDS. Training private practitioners to provide STI care is an important strategy to expand the coverage of good quality STI services. In response to the need of Member countries, WHO organized an informal consultation to develop a self-learning module on STI management for private practitioners in Colombo, Sri Lanka, in November 2005. The meeting recommended that the revised draft of the WHO/SEARO flowcharts on STI management should be further modified to suit the needs of private practitioners. The meeting also recommended that national STI programmes of Member countries should actively collaborate with selected private practitioners to report STIs on a syndromic basis every quarter as part of a pilot project to assess the feasibility of such a system.
Scaling up Towards Universal Access to HIV Prevention, Treatment and Care: Report of the WHO-UNAIDS Joint Regional Technical, Briefing on Universal Access, Kathmandu, Nepal, 8 December 2005

Universal access is an important initiative to scale up coverage and quality of HIV/AIDS interventions, particularly for the poor and marginalized populations. The meeting discussed the conceptual framework and process for achieving universal access as well as opportunities, obstacles, and suggestions from Member countries. It was concluded that though the main components of universal access had been developed in the past years, these interventions now needed to be scaled up. Universal access should be a country-driven process with countries setting their own realistic but challenging targets. Countries would set up short- and medium-term milestones to be achieved by 2010 with guiding principles and lessons.

Expanding Access to HIV/AIDS Treatment: Mission Report, India, 8-12 December 2003

This report was prepared by a WHO team comprising members from WHO headquarters, the Regional Office for South-East Asia (SEARO), and the WHO Representative’s Office (WRO) in collaboration with representatives from UNICEF and UNAIDS. The mission consulted development partners, stakeholders, nongovernmental organizations (NGOs) and civil society representatives. The dialogue on behalf of the Government of India was led by Mr JVR Prasada Rao, Secretary, Department of Health, and Mrs Meenakshi Datta Ghosh, Additional Secretary and Project Director, National AIDS Control Organization (NACO). The mission consulted Mr Ajay Seth, Director, Department of Economic Affairs, Ministry of Finance. The mission is grateful to the officials, partners and colleagues (see Annex 1) who participated or provided support and advice.


Recently, Indonesia adopted an ambitious target of providing antiretroviral treatment (ART) to at least 10 000 people by the end of 2005. As of January 2004, of an estimated 15 000 people who were in need of ART, only 1300 persons were receiving the treatment. The intermediate target for 2005 is in line with the global WHO and UNAIDS “3 by 5” initiative. The initiative aims to provide three million people in developing countries (out of six million in need globally) access to ART by the end of 2005. The ultimate goal of the initiative is to provide universal access.
External Review of the Health Sector Response to HIV/AIDS in Thailand

A joint programme review of the Thailand National AIDS Programme was conducted by the Ministry of Public Health in collaboration with the World Health Organization’s Regional Office for South-East Asia from 7 to 19 August 2005 by a team of national and international experts and partner organizations.

Biregional Strategy for Harm Reduction – 2005-2009 HIV and Injecting Drug Use

Injecting drug use is rising worldwide. Of an estimated 13.2 million people now injecting drugs, 78% are in developing and transitional countries, with as many as half in Asia. HIV can spread explosively amid circumstances that create risk situations or facilitate unsafe behaviour among those who inject drugs. In order to accelerate action against the rapidly increasing and high prevalence of HIV among people who inject drugs in Asia, the WHO Regional Offices for South-East Asia and the Western Pacific and the bi-regional contact group on HIV and drug use have prepared the Bi-regional Strategy for Harm Reduction 2005-2009.


In response to the need to revise the staging and surveillance definitions for HIV/AIDS the World Health Organization (WHO) organized a bi-regional meeting in Delhi, India in June 2005. The meeting proposed a revised WHO clinical staging system for HIV infection in adults and children, recommended changes in HIV/AIDS case definitions for surveillance purposes, and sought to harmonize HIV clinical staging definitions with that for HIV/AIDS surveillance. The meeting also recommended that the current HIV testing and counseling policies, strategies and HIV testing algorithms be reviewed, and that revisions be made that reflect regional and country concerns.

Training Toolkit - HIV Care and ART Recording and Reporting System (this includes Participant Manual, Exercise Book, Answers to Exercises, Facilitator manual & Forms)

Accurate recording and reporting is very important for care and antiretroviral treatment monitoring and programme evaluation. This HIV Care and Antiretroviral Treatment Recording and Reporting System training toolkit provides guidelines on how various forms used in treatment programmes at the national/provincial/districts/state levels are to be completed. This toolkit has been prepared with the purpose that countries will adapt the sample forms as well as training methods to suit their needs. An electronic version of this manual is available for adaptation.
The report concludes with recommendations regarding (i) importance of identifying most-at-risk adolescents, monitoring their use of services and ensuring that service providers are adequately trained and sensitized; (ii) Integrating supportive policies into the health sector’s response to HIV/AIDS; governments of Member countries of the Region need to prioritize young people and their needs into their national response to HIV/AIDS; (iii) Generation of evidence-based information for policy-makers on the diverse needs and protective measures for young people; (iv) Support and mobilization of other sectors; (v) Each country to identify a specific area for attention such as strengthening HIV testing for young people in Bangladesh, including linkages to prevention and care; training service providers in India; strengthening the response to young IDUs in Nepal; and developing standards for adolescent-friendly health services in Sri Lanka.

The report provides a brief description of WHO’s 4S strategic approach to health sector’s contribution to achieving global goals. It provides an insight into the existing scenario of HIV/AIDS and young people in Bangladesh, India, Nepal and Sri Lanka, Adolescent Sexual and Reproductive Health (ASRH) problems and the countries response to the pandemic in addition to their initiatives in the development of national standards for health services delivery and major gaps in training. The report provides an overview of the ongoing regional initiatives being taken by WHO and the United Nations Fund for Population Activities (UNFPA) on youth-friendly health services in countries and exposes readers to the innovative approaches being adopted by these programmes to reach out to young people. It also provides an introduction to the Mapping Adolescent Programmes and Measurement (MAPM) framework and the UNAIDS, monitoring and evaluation guide indicators and methods for measurement in planning and monitoring HIV prevention programmes for young people. The report provides the core components of the guidance document that would be developed for United Nations Country Team (UNCT) based on the outcome of the workshop.

HIV and Young People: Report of a Regional Consultation, Chiang Mai, Thailand, 11-14 October 2005

Young people (10-24 years) are at the centre of the HIV/AIDS pandemic in terms of transmission, impact, vulnerability and potential for change. WHO is working to strengthen and accelerate country-level health sector action in relation to young people (YP) and HIV/AIDS, and thereby enable a range of actors to maximize their contributions to an expanded response for achieving global goals. This includes a focus on the 4 “S” strategies comprising Strategic information; Services and supplies; Supportive policy environment, and Strengthening action in other sectors.

The publication is a report of a regional consultation held to review and obtain feedback on the draft Regional Strategy on HIV and young people; to develop and agree on a common framework for implementing activities related to HIV among Young People; to orient participants to the use of the monitoring and evaluation guide for national HIV/AIDS prevention programmes for young people and share evidence-based technical updates on Adolescent Health and Development (AHD) and HIV/Young People. The report provides an overview of regional scenarios on HIV/AIDS and young people, country experiences on provision of Youth
Friendly Health Services (YFHS) and experiences in Bangladesh and India on the development of national standards and orientation programme package for health-care providers. It also gives a brief description on programme development tool, and Mapping Adolescent Programming and Measurement (MAPM), and provides an understanding on its use to review selected national HIV/AIDS plans to improve adolescent health development. A brief description on the draft regional strategic framework on control of HIV in young people is also provided in addition to description of the plan for future actions at country level, during the next six months as a follow-up of the consultation and areas for which technical assistance or capacity development will be required.

The report concludes with recommendations regarding (i) Promotion of adolescent needs and development of national policy and strategy for adolescent health in Member countries; (ii) Initiation of age-and-sex disaggregated data on young people as an evidence base; (iii) Strengthening of support by countries to other sectors to contribute to HIV prevention and care in young people; (iv) Analysis of the innovative and successful initiatives taken on HIV/AIDS and young people, and utilization and sharing of information in this regard; (v) Improving the quality of health services and their utilization; Developing of guidelines, tools and standards by countries and expanding the coverage of quality services, (vi) Capacity development, technical assistance and networking for youth-friendly health services (YFHS) and related activities in countries of the Region.

HIV counselling handbook for the Asia-Pacific

The HIV Counselling Handbook is intended to provide counsellors with a quick reference to the essential elements and procedures of HIV counselling. It provides an orientation on the background information, roles, and ethics important to those engaged in HIV counselling, as well as step-by-step guidance on counselling individuals, couples, and groups. Additionally, it offers more focused guidance on marginalized populations, to reduce HIV transmission and improve the quality of life of intravenous drug users, men who have sex with men, sex workers, and other groups. Ethical strategies, treatment adherence, occupational exposure, and the establishment of support networks are also covered. The handbook is designed as an essential complement to the trainer’s manual and tools. For training purposes, the trainer’s manual and tools must be used in conjunction with the handbook.

HIV counselling trainer’s manual for the Asia-Pacific

The HIV Counselling Trainer’s Manual contains essential information intended for those conducting or facilitating the training of HIV counsellors. It is composed of 16 modules with clearly stated objectives, session plans, and activities. These focus on topics from “what counsellors need to know” through “bereavement and loss counselling”. Each module section consists of a session plan, trainee activity sheets, and counselling tools. These are detailed in the Training Resources Outline section of the manual. The appendix also includes sample training evaluation materials.
Toolkit for monitoring and evaluation of interventions for sex workers

This toolkit aims to demonstrate how a small number of recommended indicators can provide critical information to guide interventions. These tools can be used at different levels of management to track the progress of a programme and focus efforts on achieving targets. Special attention is paid to how data can be used by on-site managers to help them make periodic decisions.

The intended audience for this toolkit includes project directors or project managers of sites, monitoring and evaluation (M&E) officers from nongovernmental organizations, state/provincial health officers and national M&E officers.

Towards universal access: need to do more

In the South-East Asia Region, the majority of people living with HIV do not know that they are infected. Expanding access to HIV testing and counselling is a priority, so that HIV-infected persons can have early access to treatment.

HIV testing and counselling is also the gateway to prevention of mother-to-child transmission of HIV. In the South-East Asia Region, only 28% of HIV-infected women receive treatment to prevent transmission of HIV infection to their child.

The World Health Organization pledges its support to help countries meet the challenge of expanding and improving HIV-related services, so that universal access to HIV prevention, care, treatment and support becomes a reality.

Regional strategy for the elimination of congenital syphilis

Worldwide, syphilis accounts for an estimated 12 million cases, 2 million of them among pregnant women. Syphilis in pregnant women can result in adverse outcomes of pregnancy in up to 80% of cases, such as stillbirth and spontaneous abortion, perinatal death, and serious neonatal infections and low-birth-weight babies. The annual global number of cases of congenital syphilis is estimated to be between 713 600 and 1 575 000. More newborn infants are affected by congenital syphilis than any other infection including human immunodeficiency virus (HIV) and tetanus. The morbidity and mortality due to congenital syphilis is much higher than that due to mother-to-child transmission (MTCT) of HIV, yet syphilis has not received the same attention as HIV. This is mainly due to inadequate political commitment and insufficient national and international awareness of the burden of congenital syphilis. This Regional strategy for the elimination of congenital syphilis (ECS) is aimed at various stakeholders concerned with ECS including national policy-makers, programme officials, nongovernmental organizations, international nongovernmental organizations, community based organizations, multilateral and bilateral donor agencies, and United Nations agencies.
Report on people who inject drugs in the South-East Asia Region

“Over 500,000 people inject drugs in South-East Asia. Many are involved in high-risk injecting behaviour, and this has contributed towards the overall HIV epidemic in several countries of the Region. People who inject drugs have some of the highest rates of HIV prevalence among any of the high-risk population groups in the Region. The focus of this document is on countries with a high and medium burden of illicit drug injecting. In most of these countries, people who inject drugs are either HIV infected or have the potential for being infected. The countries reviewed are Bangladesh, India, Indonesia, Maldives, Myanmar, Nepal and Thailand.

National responses to reduce the HIV prevalence among people who inject drugs vary. Some countries offer both needle and syringe programmes and opioid substitution therapy, which are critically important harm reduction interventions. Despite the fact that most countries have harm reduction interventions in place, current data show that such measures have a limited reach and are not sufficiently scaled up to match the size of the problem.

This report provides the latest information on people who inject drugs, the associated links with the HIV epidemic and the national responses. It highlights the need to advocate for greater efforts and resources to be channelled into harm reduction interventions in the South-East Asia Region.”

A Field Guide: Detection, Management and Surveillance of Arsenicosis in South-East Asia Region, Edited by Deoraj Caussy

Globally, arsenicosis, also referred to as arsenism, is an important noncommunicable disease resulting from the ingestion of groundwater containing an unsafe level of arsenic. Groundwater contamination, in excess of the WHO guideline value, has been observed in some countries of the South-East Asia Region. The affected countries are Bangladesh, India, Myanmar, Nepal and Thailand. Over 10 million tubewells are in use in the Region, potentially exposing between 40 and 50 million persons to unsafe levels of arsenic.

To mitigate the health effects of arsenic in the South-East Asia Region, in 2003, WHO prepared this Field Guide for Detection, Management and Surveillance of Arsenicosis Cases. The materials were developed and field-tested in regional and national workshops in Bangladesh, India and Thailand.

This guide is primarily for human resource development in the area of arsenic mitigation in the Region.
Facilitator Guide: Detection, Management and Surveillance of Arsenicosis in South-East Asia Region, Edited by Deoraj Caussy

Globally, arsenicosis, also referred to as arsenism, is an important noncommunicable disease resulting from the ingestion of groundwater containing unsafe level of arsenic. Groundwater contamination, in excess of the WHO guideline value, has been observed in some countries of WHO’s South-East Asia Region. The affected countries are: Bangladesh, India, Myanmar, Nepal and Thailand. Over 10 million tube wells are in use in the Region, potentially exposing between 40 to 50 million people to unsafe levels of arsenic.

To mitigate the health effects of arsenic in the South-East Asia Region, WHO published a Field Guide for the Detection, Management and Surveillance of Arsenicosis in 2003 (WHO Technical Publication No. 30; ISBN 92 9022 2405). The Facilitator’s Guide and Participants Course Handout were developed to complement the WHO Field Guide for the Detection, Management and Surveillance of Arsenicosis. The materials were developed and field-tested in regional and national workshops in Bangladesh, India and Thailand.

This publication is primarily to facilitate human resource development in the area of arsenic mitigation in the Region.

Participant Handbook: Detection, Management and Surveillance of Arsenicosis in South-East Asia Region, Edited by Deoraj Caussy

Globally, arsenicosis, also referred to as arsenism, is an important noncommunicable disease resulting from the ingestion of groundwater containing unsafe level of arsenic. Groundwater contamination, in excess of the WHO guideline value, has been observed in some countries of WHO’s South-East Asia Region. The affected countries are: Bangladesh, India, Myanmar, Nepal and Thailand. Over 10 million tube wells are in use in the Region, potentially exposing between 40 to 50 million people to unsafe levels of arsenic.

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This publication is primarily to facilitate human resource development in the area of arsenic mitigation in the Region.
Regional production of pandemic influenza vaccine

A meeting on the regional production of pandemic influenza vaccine was organized by the WHO Regional Office for South-East Asia in New Delhi on 29-30 October 2009. The purpose of the meeting was to review regional vaccine production capacity and discuss the role of regulatory agencies. Vaccine production capacity currently exists in India, Indonesia and Thailand while Bangladesh has expressed an interest in producing it. The meeting highlighted the need for augmenting vaccine production within the Region to overcome the current shortages and to meet the requirements of countries in this Region.

It was emphasized that the issue is not one of production capacity alone, but also ensuring access to all those who need it. This Region could make a huge difference to public health by enhancing production capacity, bringing costs down globally and reducing morbidity and mortality.

Pandemic H1N1 2009

An outbreak of febrile respiratory infection was detected in Mexico in March 2009, and later identified to be due to Pandemic H1N1 2009. The World Health Organization declared the Pandemic H1N1 2009 to be a public health emergency of international concern in April 2009. Since then the pandemic has spread far and wide and reached all continents of the globe within a short period of time. In response to requests from Member States of the South-East Asia Region of WHO, a regional consultation on Pandemic H1N1 2009 was organized on 9-11 July 2009 in Bangkok, Thailand. This report provides a summary of the proceedings of the consultative meeting, including situation updates, experiences and lessons learnt, and the strategic actions recommended therein to enhance national capacities in response to the evolving pandemic.

Intensified community directed prevention and control of acute diarrhoeal diseases and respiratory infections

Acute respiratory infections and diarrhoea have been the two leading causes of mortality in children worldwide. The public health burden caused by acute respiratory infections (ARI), especially pneumonias, and acute diarrhoeal diseases still remains a major challenge. Both ARI and diarrhoeal diseases also cause high morbidity across all age groups.

To address these important public health issues and suggest concrete recommendations for their prevention and control, the Regional Director in the South-East Asia Regional Office of WHO, Dr. Samlee Plianbangchang established in 2008 a Regional Technical Advisory Group on acute diarrhoeal diseases and respiratory infections (RTAG-ICDR) comprising of regional and international experts on the subject. The first meeting of the Regional Technical Advisory Group on Integrated Control of Acute Diarrhoea and Respiratory Infection (RTAG-ICDR) was convened during 23-24 April 2009 at the National Institute of Cholera and Enteric Diseases (NICED) in Kolkata, India.

This report elaborates on the deliberations made by the RTAG members on the subject and their recommendations. The critical recommendation is a regional strategic framework for intensified, community-based programme comprising key preventive interventions, case management and social mobilization.
Implementation of the CIDS APSED project in Indonesia and Timor-Leste

The Asia Pacific Strategy for Emerging Diseases (APSED) has been used as a regional strategic framework for the core capacity building required under the International Health Regulations (2005). The goal of the APSED workplan is for all countries and areas of the Asia-Pacific Region to have the minimum capacity for epidemic alert and response by 2010 in the five programme areas of work. These five programme areas are: surveillance and response, laboratory strengthening, infection control, zoonoses and risk communication.

The South-East Asia Region as a whole is making good progress towards achieving the strategy’s stated objectives. The Canadian International Development Agency (CIDA) agreed to fund the implementation of APSED in Indonesia and Timor-Leste in the South-East Asia Region for a four-year period from 2007-2010. This meeting was held to monitor progress in implementation of the project and to agree follow up actions.

Research Priorities in Communicable Diseases: Report of a Regional Meeting

WHO/SEARO, New Delhi, 4–6 March 2009

Research in communicable diseases can lead to better understanding of the epidemiology of the diseases as well as the social, economic, cultural, environmental, ecological and political factors that influence their propagation. Research is essential for the development of new tools and interventions, and need to be geared towards the development of evidence-based policies and interventions. The need for research as a part of strategic information and evidence base for developing effective and efficient disease interventions is also well recognized. Besides old challenges, research should address new challenges such as climate change and its impact on health. Given the multifaceted dimension of communicable diseases, it is imperative to identify priority research areas so that effective solutions can be developed to mitigate the impact of communicable diseases in South-East Asia Region.

Guidelines for Establishment of Accreditation of Health Laboratories

In many countries of the World Health Organization’s South-East Asia Region, laboratory accreditation, especially in the areas of medicine and health, is either not available or has not been implemented. This document provides guidelines on the facilities and personnel needed and directions on how to initiate the establishment of an accreditation process in a system. Beginning with national standards, the goal should be to achieve an internationally acceptable
Establishment of Quality Systems and Accreditation in Health Laboratories

The role of health laboratories in providing critical information to enable physicians and public health programme managers to make informed decisions has increased manifold. Expectations regarding quality laboratory results have also multiplied. Integration of a quality system into health laboratories has therefore become essential. Accreditation of health laboratories is equally important so that the quality of laboratories can be regularly certified by the designated authority.

To orient those concerned about the quality system and process of accreditation, an intercountry workshop on Establishment of Quality Systems and Accreditation in Health Laboratories was organized at the Bureau of Laboratory Quality and Standards, a WHO Collaborating Centre on Strengthening Quality Systems in Health Laboratories (BLQS), Department of Medical Sciences, Ministry of Public Health, Bangkok, Thailand from 9 to 13 October 2006. The workshop focused on the principles of quality systems, their implementation and ensuring a sustainable mechanism of assessment of quality. The elements of organization and participation in an external quality assessment scheme (EQAS) were also elaborated. A generic model for implementation of the national accreditation and EQAS mechanism was developed. The report describes the mechanism for establishing of accreditation and for instituting quality systems.

Guidelines for implementation of quality standards for health laboratories

Description: The importance of quality in the functioning of health care laboratories in developing countries has been universally recognized. Laboratories with functional quality systems generate relevant, reliable and cost-effective results. The mainstay of quality assurance is the result of implementation of quality standards. This document provides a roadmap to implement these quality standards in a logical and step by step approach.

Laboratory Guidelines for Enumeration CD4 T Lymphocytes in the Context of HIV/AIDS

Enumeration of CD4 T lymphocytes is essential for initiation of antiretroviral therapy for a person with HIV as well as for monitoring the response to treatment. The techniques for enumeration of CD4 T lymphocytes are evolving. The flow cytometry continues to be the gold standard of CD4 T lymphocytes enumeration in spite of the fact that the technology is expensive both in terms of initial investment in sophisticated equipment and running cost. The newer techniques may be economical to procure and maintain. The latter are particularly intended for countries with limited resources.

WHO conducted a workshop to orient the nationals about these technologies and integration of a quality system into routine testing, at Siriraj Hospital Bangkok. The report describes the status of CD4 testing in these countries. While Indonesia, India and Thailand have...
developed a good infrastructure for enumeration of CD4 T lymphocytes, Bangladesh, Myanmar, Nepal and Sri Lanka have made a beginning in this direction.

The workshop focused on principles of various techniques and imparted a hands-on training for performing the same. The issues regarding selection of technology, procurement of equipment and their maintenance; ensuring continuous supply and economical use of reagents and biosafety in laboratory were discussed and have been presented in this Report.

**Surveillance of HIV-drug Resistance: Report of a Workshop, Pune, India, 7-11 August 2006**

The antiretroviral therapy (ART) for people living with HIV has become a priority with countries and efforts being made to scale these up. The number of people receiving ART is likely to increase manifold. This will also enhance the probability of development of resistance in HIV against antiretroviral drugs. Nationals will need reliable data on resistance to plan or modify their regimen of ART to derive maximum benefit from this intervention.

The determination of resistance is possible only through laboratory-based analysis of viral isolates. Both genetic-based and virological methods are available. Establishment of infrastructure, performance of tests, quality systems and mechanism of validation of results are issues which require serious consideration. Firm linkages between laboratories and national programmes need to be developed so that National AIDS Programmes can benefit from laboratory-based surveillance.

To address these issues an intercountry workshop was conducted at the National AIDS Research Institute (NARI), Pune, India. The report describes the status of resistance-testing in the Region, the protocol for collection of statistically significant number of specimens for testing and overview of laboratory techniques.

**Laboratory manual for diagnosis of fungal opportunistic infections in HIV/AIDS patients**

The human immunodeficiency virus per se does not kill the infected individuals. Instead, it weakens the body's ability to fight disease. Infections which are rarely seen in those with normal immune systems can be deadly to those with HIV. People with HIV can get many infections (known as opportunistic infections, or OIs). Many of these illnesses are very serious and require treatment. Some can be prevented. Of the several OIs that cause morbidity and mortality in HIV infected individuals those belonging to various genera of fungi have assumed great importance in recent past. Since these OIs were earlier considered as nonpathogenic, the diagnostic services for confirmation of their causative role need to be strengthened. This document is an endeavor in this direction and hopefully shall be useful in establishing early diagnosis of fungal OIs in HIV infected people thus assuring rapid institution of specific treatment.

**Biosafety and Biosecurity in Health Laboratories**

Handling infectious micro-organisms remains a source of infection, and even mortality, among laboratory workers. Incidents of secondary transmission of disease to the public at large, which may be due to possible contamination of the environment or personnel, are also possible. This report describes in brief proceedings of a Regional Workshop on Biosafety and Biosecurity
in Health Laboratories which was held in Pune, India in July 2008.

The workshop was aimed to advocate for and introduce the concept and approach to minimize or prevent the occurrence and consequences of human error within the laboratory environment, as well as the bio-risk management approach, composed of biosafety, laboratory biosecurity and ethical responsibility by:

1. Reducing the risk of unintentional exposure to pathogens and toxins or their accidental release (biosafety), and reducing the risk of unauthorized access, loss, theft, misuse, diversion or intentional release of micro-organisms (laboratory biosecurity);
2. Providing assurance, internally and externally (facility, local area, government, global community, etc.), that suitable measures have been adopted and effectively implemented; and
3. Providing a framework for continuous awareness-raising for biosafety, laboratory biosecurity an ethical code of conduct, and training within the facility.

WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation

Transplantation of various human solid organs, tissues and cells to prolong and improve the quality of life has increased worldwide in the recent past. Globally, more than 100 000 solid organs are transplanted annually. Yet, there is a huge gap between supply and demand especially in developing countries. To assist national authorities in developing robust national programmes, WHO updated its Guiding Principles on Human Organ Transplantation in 2008 through an extensive consultation process. These guiding principles address the issues on access, quality, safety and ethics in transplantation. A regional meeting was organized at Jaipur India from 2-5 February 2009 to disseminate these revised guiding principles in the South-East Asia Region to help improve the legislation, ethical practices and technologies on organ transplantation. This report highlights the status of organ transplantation in the Region and covers various other issues related to transplantation.”

Guidelines on establishment of virology laboratory in developing countries

Laboratories play a critical role in the surveillance, diagnosis and monitoring of viral disease. Establishment of a reliable viral laboratory is a prerequisite for a strong public health response to emerging viral diseases. These guidelines provide the minimum requirements for establishing a national virology laboratory and cover key aspects of physical infrastructure, human resources, technologies and quality systems. The guidelines should be of use to policy-makers and laboratory directors in the developing countries in establishing virology laboratories in their respective countries, thus enhancing national self-reliance in this area.

Guidelines for HIV diagnosis and monitoring of antiretroviral therapy, Rev.2

Laboratory support is critical in all the areas of HIV diagnosis and management. Diagnosis of HIV infection cannot be established by any means other than blood tests by the laboratory. CD4 lymphocyte count is a prerequisite for the initiation of antiretroviral therapy and for monitoring treatment outcome. Both immunological and microbiological monitoring of antiretroviral therapy is therefore exclusively dependent on an efficient laboratory service. While laboratory support to HIV/AIDS programmes is very important, the infrastructure, expertise and networking require strengthening in most countries of our Region. These Guidelines aim to assist Member Countries in scaling up ART and responding to the rapidly evolving HIV/AIDS epidemic.
Regional strategy on prevention and containment of antimicrobial resistance, 2010-2015

Antimicrobial resistance has been an unrecognized and neglected problem which is not only cross cutting but also has far reaching implications as an emerging public health problem with huge risk to international health security. The consequences of resistance are severe and several. Resistance in microorganisms costs money, livelihood and lives and threatens to undermine the effectiveness of health delivery programmes. The emergence and spread of antimicrobial resistance are complex problems fuelled by the knowledge, expectations, and interactions of prescribes and patients, and regulatory environment. A strategic approach has been described in this document to combat this burgeoning problem.

Guidelines for the management of snake-bites

Snake-bites are well-known medical emergencies in many parts of the world, especially in rural areas. Agricultural workers and children are the most affected. The incidence of snake-bite mortality is particularly high in South-East Asia. Rational use of snake anti-venom can substantially reduce mortality and morbidity due to snake bites. These Guidelines are a revised and updated version of similar guidelines published by the WHO Regional Office in South-East Asia in 1999. These guidelines aim to promote the rational management of snake-bite cases in various health facilities where trained health functionaries and quality snake antivenom are available.
Guidelines for prevention and control of chikungunya fever

Chikungunya is an emerging, epidemic-prone vector-borne disease of considerable significance in the WHO South-East Asia Region. Massive outbreaks of chikungunya fever have occurred in recent years in India and in the island countries of the Indian Ocean. Socioeconomic factors and public health inadequacies that facilitated the spread of this infection in the past continue to exist. Environmental factors and community behaviours plays a significant role in chikungunya outbreak and spread.

Specific treatment is not available and there is no vaccine to prevent chikungunya. The socioeconomic burden of the disease can be devastating in the outbreak areas due to very high attach rate affecting a large proportion of the population. Vector control is the only public health strategy to prevent and control the outbreaks. Strategy of integrated vector management is necessary to tackle the vector. The guideline elaborates on the prevention and control strategy developed by the South-East Asia Regional Office of WHO, which consists of six key components including integrated vector management (IVM).

Adolescent Health at a Glance in the South-East Asia Region, 2007

The WHO Regional Office for South-East Asia has produced factsheets on adolescent health in all 11 Member countries of the Region. These factsheets have been prepared by undertaking a review of available published national data obtained from national demographic health surveys, reproductive health surveys, behavioural surveys and large studies, wherever available. The factsheets focus on demographic information, adolescent sexual and reproductive health issues, nutritional status, HIV/AIDS, substance abuse, violence, injuries and accidents. The information in the factsheets will be useful for programme managers, policy-makers and researchers, and help in advocating for investing in adolescent health as part of public health programme for national development. In addition to adolescents (10-19 years), important information on young people (10-24 years) is also included. There are gaps related to availability of age-and -ex disaggregated data. In view of the importance of adolescent health, the national surveys should focus on desegregations of data by age, sex and marital status and include key indicators on coverage of health services for adolescents.

Adolescent Sexual and Reproductive Health and HIV/AIDS among Young People: Compendium of Institutions in India

This publication was developed under the strategic partnership Project (SPP) funded by UNFPA/HQ. It is a compendium of institutions working on Adolescent Sexual and Reproductive Health and HIV/AIDS among young people in India.

The problems in the area of Adolescent Reproductive and Sexual Health (ARSH) and the global increase in HIV infection in young people pose a challenge to policymakers. As such, the health system deserves an urgent and appropriate response. Policies vary in countries and health care providers lack clarity on the application of the legal provisions while providing services to adolescents. Consent and confidentiality issues are a constraint in access to health services for adolescents.

The publication is a report of an intercountry consultation held to review existing laws and current policy and practices relating to consent and confidentiality for adolescents in five countries (Bangladesh, India, Nepal, Sri Lanka and Thailand) to identify priorities for action, develop draft guidelines and prepare action plans. It provides a brief description of issues including consent, assent and confidentiality in relation to prevention and care of HIV/AIDS, provision of services for STIs, family planning interventions, and abortion services in addition to information on draft guidelines developed by WHO/HQ. It also records case studies that illustrate the numerous lessons learnt relating to inadequate capacity of health care providers and actions that programme managers need to take.

The report concludes by recommending that (i) The outline of guidelines developed during the consultation should be finalized by WHO/HQ in collaboration with WHO/SEARO with support of IPA, IPPF and IAAH; (ii) These guidelines should be used to strengthen the capacity of health care providers and of programme managers in increasing access to health services to adolescents; (iii) The country teams should advocate with policy-makers and decision-makers to develop effective policies for access to services relating to HIV prevention and care and ASRH.

Health Sector Response to the Prevention and Care of HIV and AIDS among Young People: Report of the Meeting of UN Country Focal Points, WHO/SEARO, New Delhi, 6-10 March 2006

The publication is a report on strengthening consensus on Health Sector Response between UN partners to the Prevention and Care of HIV and AIDS among Young People in four countries under focus namely Bangladesh, India, Nepal and Sri Lanka under the aegis of the WHO-UNFPA Strategic Partnership Programme (SPP). The meeting brought together focal persons from the United Nations Population Fund (UNFPA), United Nations Children’s Fund (UNICEF) and WHO in the countries under focus and representatives of select organizations who would be able to contribute to the ongoing technical support being provided to the countries in relation to programming for HIV and young people.

The report provides a brief description of WHO’s 4S strategic approach to health sector’s contribution to achieving global goals. It provides an insight into the existing scenario of HIV/AIDS and young people in Bangladesh, India, Nepal and Sri Lanka, Adolescent Sexual and Reproductive Health (ASRH) problems and the country’s response to the pandemic in addition to their initiatives in the development of national standards for health services delivery and major gaps in training. The report provides an overview of the ongoing regional initiatives being taken by WHO and the United Nations Fund for Population Activities (UBW and RHIYA) on youth-friendly health services in countries and exposes readers to the innovative approaches being adopted by these programmes to reach out to young people. It also provides an introduction to the Mapping Adolescent Programmes and Measurement (MAPM) framework and the UNAIDS, monitoring and evaluation guide indicators and methods for measurement in planning and monitoring HIV prevention programmes for young people. The report provides the core components of the guidance document that would be developed for United Nations Country Team (UNCT) based on the outcome of the workshop.

The report concludes with recommendations regarding (i) importance of identifying most-at-risk
adolescents, monitoring their use of services and ensuring that service providers are adequately trained and sensitized; (ii) Integrating supportive policies into the health sector’s response to HIV/AIDS; governments of Member countries of the Region need to prioritize young people and their needs into their national response to HIV/AIDS; (iii) Generation of evidence-based information for policy-makers on the diverse needs and protective measures for young people; (iv) Support and mobilization of other sectors; (v) Each country to identify a specific area for attention such as strengthening HIV testing for young people in Bangladesh, including linkages to prevention and care; training service providers in India; strengthening the response to young IDUs in Nepal; and developing standards for adolescent-friendly health services in Sri Lanka.

HIV and Young People: Report of a Regional Consultation, Chiang Mai, Thailand, 11-14 October 2005

Young people (10-24 years) are at the centre of the HIV/AIDS pandemic in terms of transmission, impact, vulnerability and potential for change. WHO is working to strengthen and accelerate country-level health sector action in relation to young people (YP) and HIV/AIDS, and thereby enable a range of actors to maximize their contributions to an expanded response for achieving global goals. This includes a focus on the 4 “S” strategies comprising Strategic information; Services and supplies; Supportive policy environment, and Strengthening action in other sectors.

The publication is a report of a regional consultation held to review and obtain feedback on the draft Regional Strategy on HIV and young people; to develop and agree on a common framework for implementing activities related to HIV among Young People; to orient participants to the use of the monitoring and evaluation guide for national HIV/AIDS prevention programmes for young people and share evidence-based technical updates on Adolescent Health and Development (AHD) and HIV/Young People. The report provides an overview of regional scenarios on HIV/AIDS and young people, country experiences on provision of Youth Friendly Health Services (YFHS) and experiences in Bangladesh and India on the development of national standards and orientation programme package for health-care providers. It also gives a brief description on programme development tool, and Mapping Adolescent Programming and Measurement (MAPM), and provides an understanding on its use to review selected national HIV/AIDS plans to improve adolescent health development. A brief description on the draft regional strategic framework on control of HIV in young people is also provided in addition to description of the plan for future actions at country level, during the next six months as a follow-up of the consultation and areas for which technical assistance or capacity development will be required.

The report concludes with recommendations regarding (i) Promotion of adolescent needs and development of national policy and strategy for adolescent health in Member countries; (ii) Initiation of age-and-sex disaggregated data on young people as an evidence base; (iii) Strengthening of support by countries to other sectors to contribute to HIV prevention and care in young people; (iv) Analysis of the innovative and successful initiatives taken on HIV/AIDS and young people, and utilization and sharing of information in this regard; (v) Improving the quality of health services and their utilization; Developing of guidelines, tools and standards by countries and expanding the coverage of quality services; (vi) Capacity development, technical assistance and networking for youth-friendly health services (YFHS) and related activities in countries of the Region.
Antiretrovirals for HIV: A Compilation of Facts and Product Information

The document is a compilation of current facts and product information about antiretroviral drugs that are commonly used for the treatment of HIV infection in resource-constrained settings.

Young People and HIV/AIDS - Situation in South-East Asia

The publication is a compilation by WHO’s Regional Office for South-East Asia of factsheets on Young people and HIV/AIDS in all 11 Member countries of the Region. It has been prepared by undertaking a review of available published national data obtained from national demographic health surveys, reproductive health surveys, behavioural surveys and large studies wherever available. It is a report of Young people’s vulnerability to HIV and STIs and programmes and initiatives being undertaken in Member countries to halt the spread of HIV/AIDS.

The information in the factsheets will be useful for programme managers, policy-makers and researchers, and help in advocating for investing in young people as part of the HIV/AIDS programme.

Management of HIV Infection and Antiretroviral Therapy in Infants and Children

WHO/SEARO and UNICEF/ROSA developed these guidelines in recognition of the need for physicians, programme planners, other health care workers and people living with HIV to have one simple, user-friendly reference manual for national adaptation. It covers the diagnosis of HIV infection in infants and children, followed by patient evaluation, prevention and management of opportunistic infections (OIs), pre-enrolment information and counselling process for ART, and ensuring treatment adherence. The guidelines are meant to be complementary to the global WHO guidelines on antiretroviral therapy (ART) of HIV infection in infants and children in resource-limited settings: towards universal access. For further details readers may refer to these.

These simplified and standardized guidelines on the appropriate and rational use of ART in resource-limited settings for South and South-East Asia are intended as a resource for:

- Physicians and other health care providers caring for children with known exposure to the human immunodeficiency virus (HIV), HIV-infected children and sick children with unknown HIV exposure but suspected to have HIV infection.
- National AIDS programme managers, maternal and child health programme managers, and other health planners as a reference for developing national guidelines on the management of HIV infection and ART in infants and children; and
- NGOs and other civil society organizations supporting people living with and affected by HIV.

As the field of HIV/AIDS and, in particular, ART is changing rapidly, these guidelines will be updated as and when significant new data emerge.
Strategic Consideration for Scaling up Antiretroviral Therapy for Children Living with HIV/AIDS in South-East Asia: Guidelines for Programme Managers

While there has been significant progress in recent years in increasing access for children to antiretroviral therapy (ART) around the world, a huge gap still remains between the need and the actual response. This is as true for most of the South-East Asia Region as for the rest of the world. Based on global and regional experiences, this publication is designed to provide practical guidance to national programme managers and implementing partners in South-East Asia for developing and scaling up HIV care and treatment for children.

Accelerating Progress Towards Achieving Maternal and Child Health Millennium Development Goals (MDGs) 4 and 5 in South-East Asia

The Member States of the WHO South-East Asia Region account for more than 3 million deaths of children under the age of five years and about 174,000 maternal deaths every year. This is about one-third of the annual global maternal and child deaths. Maternal and child mortality has many causes, including not only biomedical causes but social, cultural and economic factors that impact the status of maternal and child health.

Member States of the WHO South-East Asia Region are committed to achieving the Millennium Development Goals (MDGs). A High Level Consultation was organized by the WHO South-East Asia Regional Office in October 2008 to review the progress and barriers to achieving the child and maternal health MDGs in South-East Asia; to share evidence-based interventions and best practices on maternal, newborn and child health; and to agree on a multisectoral framework to accelerate and sustain progress in achievement of MDGs 4 and 5.

The consultation brought together policy-makers, programme managers from health and health-related sectors, health-care providers, academicians, professional organizations and donors from South-East Asia to deliberate upon the best ways to promote maternal, newborn and child health in South-East Asia. This report is an account of the proceedings of the consultation and recommendations for accelerating progress in the achievement of MDGs 4 and 5 in a sustainable manner by strengthening health systems using the primary health care approach.
Accelerating Implementation of Adolescent Friendly Health Service in the South-East Asia Region

Adolescence (10-19 years) is a period of transition from childhood to adulthood, during which enormous physical and psychological changes occur. Significant progress has been made in recent years in Member countries of the WHO South-East Asia Region in the response to specific health needs of adolescents, though sustainable and broad-based actions continue to remain a priority. In this context, a meeting of the National Adolescent Health Programme Managers of Member countries of the Region was organized at Bali, Indonesia, from 12-15 February 2008. The objectives of the meeting included the sharing of experiences with implementation; obtaining technical updates on evidence-based interventions; preparing new tools and guidelines; receiving inputs of Member countries in the draft regional strategic directions; and implementing the workplans for 2008-2009.

The 4 ‘S’ strategic approach (Strategic information, Supportive evidence-based policies, Services and supplies, and Strengthening other sectors) suggested by WHO was accepted by Member countries and select country experiences were shared by programme managers for each component of the approach. Participants concluded that Member countries of the SEA Region have made commendable progress in addressing the health and other needs of adolescents. Access and coverage of health services is being implemented through the Adolescent Friendly Health Services (AFHS). Participants also recommended that while actively contributing to a multisectoral approach it is vital that health ministries of countries bolster the role of the health sector in collating and disseminating strategic information; developing evidence-informed policies; improving the provision of health services; and forming critical partnerships with other sectors.

Regional workshop to improve inpatient hospital care of children in South-East Asia

About 10%-15 % per cent of children who seek medical care at primary level facilities need referral care at higher facilities. Anecdotal evidence and experience suggests that sick children are either not taken to nearby hospitals or taken to tertiary care facilities straightaway. One of the reasons for this is the lack of or poor quality of child care in small peripheral hospitals. Participants of the Regional Workshop to Improve Inpatient Hospital Care of Children in South-East Asia , held in Dhaka, Bangladesh, from 21 to 24 June 2008, examined various aspects related to the care of children in hospitals and reached an agreement on a framework of action to improve the quality of hospital care for children.
With the understanding that health action must primarily occur at the country level, WHO initiatives in communicable diseases control, elimination and eradication are in support of, and guided by, national priorities and needs. These include technical support for formulation of national policy and strategy as well as in programme planning, implementation and monitoring/evaluation.

**Anopheline Species Complexes in South and South-East Asia**

Vector-borne diseases are a major health problem in the South-East Asia Region and in other parts of the world. There are about 4500 mosquito species in existence; species belonging to the Anopheles genus transmit malaria. Combating malaria is part of the Millennium Development Goals, and vector control is a key strategy both regionally and globally. Therefore, the review and dissemination of information on vector species is critically important.

Most of the anophelines that are involved in the transmission of malaria that are involved in the transmission of malaria in South and South-East Asia have been identified as species complexes. Members of a species complex are reproductively isolated evolutionary units with distinct gene pools and, hence, they differ in their biological characteristics. In 1988, WHO published Anopheline species complexes in South-East Asia. New identification tools have been developed since then, and therefore this undated edition is being published. It summarizes work that has been done on anopheline cryptic species and will be highly valuable to researchers, field entomologists and malaria-control programme managers.

**Priority areas for research in communicable diseases**

Developing countries in Asia are at high risk for new and emerging infectious diseases and have become hotspot for many zoonoses, drug-resistant pathogens and vectorborne diseases. Better understanding of the epidemiology of and the broader social, economic, cultural, environmental, ecological and political dimensions are some of the challenges for today’s research in communicable diseases. Research is essential for the development of new tools and interventions, and should be geared towards the development of evidence-based policies and interventions to increase efficiency and effectiveness of programme development and management of health promotion and diseases prevention and control.

The need for research as a part of strategic information and evidence base for scaling up and sustaining of interventions that work, cannot be underestimated. Besides old challenges, research should address new challenges such as climate change and its impact on health.

This document is a compilation of views of several leading experts on research priorities in field of communicable diseases.

Ten of the 11 Member countries in the WHO South-East Asia Region have access to Global Fund (GF) grants. From Round 1-7, the total approved grant to the Region is over US$850 million and the total lifetime budget is about US$1.7 billion. Countries of the Region are doing steadily better in proposal development with each passing Round of the Global Fund. However, some countries are still facing problems in grant negotiation and implementation. Grants need to be negotiated and signed after approval by the Board before disbursements for implementation can be made. Signing of grants after approval often get delayed because of the negotiation processes that need to be followed. Further, some countries are still facing problems in grant implementation. To fill these gaps, the Regional Office organized this workshop in collaboration with GF South-West Asia Cluster to address capacity development in grant negotiation and implementation.
Epidemiology and its application in programme development and management: A concept note

Epidemiology is a fundamental science, essential for the study of disease occurrence, distribution and determinants, and the application of this study in disease prevention and control. Given the disease burden in the South-East Asia Region, strengthening of epidemiological services and promotion of epidemiological thinking as an integral part of programme development and management is particularly important. This concept note articulates the relevance of and the need for this approach in the Region, identifies a few key initial steps to be taken in this context and outlines certain expected outcomes.

Research priorities in communicable diseases

Research in communicable diseases can lead to better understanding of the epidemiology of the diseases as well as the social, economic, cultural, environmental, ecological and political factors that influence their propagation. Research is essential for the development of new tools and interventions, and need to be geared towards the development of evidence-based policies and interventions. The need for research as a part of strategic information and evidence base for developing effective and efficient disease interventions is also well recognized. Besides old challenges, research should address new challenges such as climate change and its impact on health. Given the multifaceted dimension of communicable diseases, it is imperative to identify priority research areas so that effective solutions can be developed to mitigate the impact of communicable diseases in South-East Asia Region.

Research to assess the impact of climate change on communicable diseases: report of an informal consultation. Kolkata, India, 24-26 August 2009

Global climate change is expected to have a long-term effect on the ecosystem, thereby increasing the risk of various infectious diseases, specifically diarrhoeal and vector-borne ailments. Global warming is of particular concern as it creates warmer and wetter conditions which are conducive for disease transmission and propagation.

The WHO Regional Office for South-East Asia organized an informal consultation in August 2009 in Kolkata to identify priority areas for research on the impact of climate change on communicable diseases. Generic protocols for research on such impact were reviewed at the consultation.

Prevention and containment of antimicrobial resistance: report of a regional meeting, Chiang Mai, Thailand, 8 June - 11 June 2010.

Antimicrobial resistance has been recognized as one of the most important problems being faced in the area of communicable diseases. To assist countries in developing national plans, a regional strategy for prevention and containment of antimicrobial resistance has been developed by WHO. This report briefly describes the strategy as well as the implementation steps debated by participants at the regional meeting held at Chiang Mai, Thailand from 8 to 11 June 2010.
Avian Influenza: Report of Regional Consultation Bangkok, Thailand, 1-2 August 2005

Several countries in Asia have reported avian influenza (AI) outbreaks in birds due to the H5N1 subtype of the influenza virus. It is likely that H5N1 infection among birds has become endemic to the Region and that human infections will continue to occur. As long as the AI outbreak among poultry persists in Asia, there is a public health threat and potential danger of a pandemic in the near future. Oseltamivir is considered effective against all the strains of influenza virus including H5N1 subtype. An informal consultation was convened by WHO’s Regional Office for South-East Asia to address these issues.

A Guide for Conducting Table-Top Exercises for National Influenza Pandemic Preparedness

The purpose of this Guide is to set out a simple, user-friendly, step-by-step approach for conducting table-top exercises for use in countries. These are generic guidelines which may be adapted for use at all levels in a country.

Avian Influenza Control and Pandemic Preparedness in Asia: Report of the Conference of Ministers of Health, Agriculture/Livestock, New Delhi, 28 July 2006

The outbreaks of avian influenza reported in Asia, Europe and Africa in 2006 have been unprecedented in terms of their geographical scope, spread and consequences. In view of the evolving epidemiological situation, all countries of Asia are vulnerable to the influenza pandemic. The conference of Ministers of Health and Agriculture/Livestock was organized in New Delhi to review the avian influenza situation and develop a common strategy for combating avian influenza and preventing pandemic influenza. Eleven Asian countries participated in the conference and adopted the “Delhi Declaration on prevention and control of avian influenza and pandemic preparedness in Asia”. The Delhi Declaration urged Asian countries and international partners to develop a common framework within which countries could build specific strategies for prevention and control of avian influenza and to be prepared for pandemic influenza threat. The commitments made require considerable cooperation within and between countries and also between international organizations.

Avian Influenza and Pandemic Preparedness: Report of Regional Consultation Bangkok, Thailand, 1-2 August 2005

Several countries in Asia have reported avian influenza (AI) outbreaks in birds due to the H5N1 subtype of the influenza virus. It is likely that H5N1 infection among birds has become endemic to the Region and that human infections will continue to occur. As long as the AI outbreak among poultry persists in Asia, there is a public health threat and potential danger of a pandemic in the near future. Oseltamivir is considered effective against all the strains of influenza virus including H5N1 subtype. An informal consultation was convened by WHO’s Regional Office for South-East Asia to address these issues.

Avian Influenza and Pandemic Preparedness: Report of a Regional Meeting, Bangkok, Thailand, 21-24 November 2005

The Regional Office organized this workshop to increase the capacity of Member countries to assess their preparedness for responding to a potential pandemic. Some countries of the Region have already undertaken exercises to test their plans and it is envisaged that all countries in the Region will undertake at least one such exercise by December 2007.
Avian Influenza in South-East Asia Region: Priority Areas for Research

The current knowledge on AI available from studies, and the gaps in knowledge that need to be filled have been reviewed and further steps recommended.

Cross-border Collaboration on Emerging Infectious Diseases

There have been several multilateral and regional meetings on avian influenza but little has been done on bilateral issues such as border health planning and management. An initiative has been taken to plan border health cooperation for emergency preparedness and response which will result in building consensus among participating countries for successful introduction of the health information exchange mechanism. A bi-regional meeting on Emerging Infectious Diseases was organized by the World Health Organization in Bangkok from 26-28 February 2007 to review the status of cross-border disease control activities and develop a strategic framework for cross-border collaboration. The meeting provided a platform to discuss the development of core capacities for the implementation of the International Health Regulations (IHR) 2005.

Cross-border issues being sensitive require greater political commitment. The need to involve regional political and economic institutions such as SAARC and ASEAN was emphasized to ensure the right degree of political commitment, regional cooperation and sustainable development in cross-border activities.

Guidelines on Laboratory Diagnosis of Avian Influenza

Accurate diagnosis becomes an essential first step for case management and also to apply other public health measures aimed at preventing and controlling a communicable disease such as avian influenza. When dealing with a condition that exhibits a pandemic potential, extra stringent care is needed in handling patients and materials used in making the laboratory diagnosis. This publication outlines in a concise manner the type of laboratory to use for making the diagnosis; specimen of choice; collecting and handling of specimens and clinico-epidemiological data for use by the laboratory and their safe transportation, appropriate laboratory tests and its interpretation.

Interim Guidelines for Avian Influenza Case Management

Highly pathogenic avian influenza caused by H5N1 strain has been associated with a high case fatality rate and poses an increasing pandemic threat. The primary health-care infrastructure has an increasing role in preventing and controlling human cases of avian influenza through early case detection and initiation of antiviral treatment and preventive measures. Its success depends on the strength of national commitment, logistics arrangements and the existing infrastructure and skills of health-care workers. This publication provides guidance to the medical officers in the primary care setting in appropriate case management and application of public health measures so as to achieve a maximum possible cure rate and minimize the spread of infection from the patient to others.

A revision of the International Health Regulations (IHR) 2005, referred to as IHR (2005), was unanimously adopted on 23 May 2005 by the World Health Assembly. These Regulations entered into force on 15 June 2007.

The broad purpose and scope of the IHR (2005) is to “prevent, protect against, control and provide a public health response to the international spread of disease while avoiding unnecessary interference with international traffic and trade.”

Preparing Influenza Pandemic Preparedness Plans: A Step by Step Approach

The situation of avian influenza is rapidly evolving in Asia, including in countries in the South-East Asia Region. There is a growing concern regarding the potential and imminent threat of an influenza pandemic which could have most devastating consequences. There is, therefore, an urgent need for countries to develop comprehensive, multisectoral influenza preparedness plans covering both animal and human health. Recognizing that the formulation of plans should be a country-led process, WHO stands ready to assist Member States in the preparation or finalization of national plans. In order to facilitate this exercise, WHO has prepared a generic outline of a national plan in terms of the content of format, in addition to a pandemic preparedness check-list, which can help Member States prepare a comprehensive and good quality plan.


This manual has been prepared to help strengthen the capacity of Member States in implementing effective public health interventions to prevent and control the spread of avian influenza (AI) at source. The manual attempts to provide simple yet valuable public health related measures that will not only improve and enhance biosecurity at critical stages of the food supply chain (production, transportation, marketing and consumption) but also ensure that the potential transmission of avian influenza virus from animals to humans is considerably reduced. Biosecurity includes the management of all biological and environmental health risks associated with food. In the context of this manual, biosecurity includes a set of management practices which, when followed, collectively reduces the potential for the transmission/spread of disease-causing organisms such as the avian influenza virus onto and between sites, animals and humans.

Effective implementation of these simple public health measures would mean that the concept of healthy food markets could be out in place in practice and potential heavy loss of human lives could be avoided. This manual is addressed specifically to people who handle poultry and its products, whether at its stages of production transportation, handling and processing at live animal markets, or closer to homes, while preparing the food. The document, therefore, seeks to draw the attention of all those handling poultry and its by products all along the food supply chain. That includes but is not restricted to managers of poultry production units, transporters, marketplace managers, municipal authorities, health workers, food inspectors, veterinarians, vendors, food handlers and consumers.
Regional Meeting on Preparedness and Response to Emerging Diseases: Bangkok, Thailand, 27-29 November 2006

Asia is increasingly being identified as the focus of diseases such as the influenza epidemic. In the past few years, it has faced the brunt of epidemics of Severe Acute Respiratory Syndrome (SARS), Nipah virus, avian influenza and chikungunya, among others.

Efficient management of such outbreaks can be enhanced through early detection and response. The regional meeting, held at Bangkok, Thailand in the last week of November, aimed to enhance the national capacity to respond to emerging diseases. In this regard, the Asia-Pacific Strategy for Emerging Diseases (APSED) framework would be employed. The core capacities of Member countries for implementation of the International Health Regulations were also assessed.

Regional Production of Oseltamivir: Review of the Current Situation: Report of an Informal Meeting, New Delhi, India, 30-31 March 2006

Oseltamivir is currently seen as the most efficacious drug which can be taken orally for treatment of human avian influenza. Since avian influenza has become endemic in poultry in some countries of Asia, there is a constant threat of human infection. It is therefore important to have adequate stockpiles of antiviral at both regional and national levels. Against this background, a meeting was organized to discuss the prospects of regional production of oseltamivir as part of pandemic preparedness and response. Fortunately, the Region has many pharmaceutical companies which can manufacture the drug, thus increasing the likelihood of its availability. What needs to be done is to foster and strengthen partnerships, i.e. public-private partnerships. WHO will have to take the lead for regional stockpiling and implement the guidelines for stockpiling of oseltamivir at the regional level.

Regional Meeting on Zoonotic Diseases: A Report of the Meeting

The Regional Meeting on Zoonotic Diseases took place in Jakarta, Indonesia from 6 to 8 November 2007. Recent outbreaks of SARS, avian influenza and Nipah virus disease in the South-East Asia Region have demonstrated the vulnerability of the countries of the Region to emerging and re-emerging infectious diseases. Controlling some of these diseases requires functional systems for early detection and response to zoonotic diseases. The meeting discussed and arrived at a consensus on a regional strategic framework for prevention and control of zoonoses and the need to identify mechanisms for its implementation at the regional and country levels. The publication elaborates on the deliberations at the meeting and outlines the recommendations made with a request to WHO to take a lead role in the implementation of the regional strategic framework in coordination with other partners.
Early Warning and Response to Outbreaks and other Public Health Events: A Guide

Routine surveillance systems that report cases of diseases or syndromes often fail to provide timely information to detect outbreaks and other important public health events. By ensuring that Early Warning and Response functions are an integral part of the routine surveillance systems countries will be able to detect any abnormal/unusual occurrence or event and if applicable implement control measures in a timely manner.

These guidelines will provide health policy-makers, epidemiologists and rapid response teams with the technical information needed to establish an early warning component as part of their existing surveillance systems.

Role of Village Health Volunteers in Avian Influenza Surveillance in Thailand

The importance of community-based surveillance is the detection and reporting of diseases from within the community usually by local people or leaders who have received basic instruction on how to recognize certain conditions.

In addition the immediate reporting of a disease with epidemic potential should be followed by an equally immediate response. In this book, one can identify the success achieved through the innovative use of Village Health Volunteers(VHVs). This document describes the VHVs system in Thailand in general and also provides an insight into the role of VHVs in early warning, surveillance and rapid response for avian/pandemic influenza.

Second Meeting of the Asia-Pacific Technical Advisory Group on Emerging Infectious Diseases

The second meeting of the Asia-Pacific Technical Advisory Group on Emerging Infectious Diseases held in New Delhi on 18-19 July 2007 was the second meeting of the TAG. It was also attended by temporary advisers and WHO officials to assess the existing alert and response capacity in the Asia-Pacific Region as laid down in the Asia-Pacific Strategy for Emerging Diseases (APSED). Pandemic preparedness, IHR and APSED workplan implementation and progress made towards implementing the recommendations of the First Meeting were also discussed. The publication elaborates on a number of general and specific recommendations made on the subjects of avian and pandemic influenza, APSED workplan implementation and compliance with IHR (2005).

Review of Recent Publications on Avian and Pandemic Influenza: A Selected Annotated Bibliography

The annotated bibliography is intended as a resource for policy-makers, programme managers and other personnel working on influenza control in developing countries. The aim of this bibliography is to provide representative examples of recently published reviews and research articles on various aspects of avian and seasonal influenza which may have the potential to cause a pandemic. The publications included here are in areas of programme and policy, epidemiology, clinical, antivirals and vaccine, non-pharmaceutical interventions and risk communication.
Regional Task Force Meeting on Avian Influenza

The first meeting of the Regional Task Force for Research on Avian Influenza was convened 3-5 March 2008 in Bali, Indonesia. The establishment of the Task Force followed recommendations of the Advisory Committee on Health Research (ACHR) in March 2007. It was attended by nine Task Force members. During the consultation, the regional AI situation was reviewed and an overview of selected research topics presented. The Task Force members discussed gaps in knowledge in the following areas: surveillance in clinical and community settings, clinical management, virology, socio-behavioral change, socioeconomic impact, the animal - human interface and vaccine development. Systematically addressing these knowledge gaps would have implications for capacity building in countries of the SEA Region, especially since research capacity is not balanced between Member countries. Prioritization of specific research areas should also be undertaken at a country level according to the context.

Table-top Exercise for Pandemic Preparedness: Report of a Workshop, Bangkok, Thailand, 30 November – 1 December 2006

The importance of better preparing the world community to outbreaks of communicable disease has been recognized by individual countries and international organizations. It has led to a renewed push for the revision of the International Health Regulations (IHR) and for the widening of their scope to deal not only with a limited number of diseases as before, but to include any other disease that can be defined as a Public Health Event of International Concern (PHEIC). In recent years, several outbreaks of communicable diseases that constitute such PHEICs have emerged in South-East Asia, most recently the Severe Acute Respiratory Syndrome (SARS) and Highly Pathogenic Avian Influenza (HPAI), both of which triggered the concerns of the international community and both of which had significant economic consequences for the Region. National Influenza Pandemic Preparedness Plans (NIPPs), in all countries of the SEA Region, are at various stages of implementation. The best way to know whether or not those plans would stand up during the real event is through the table-top exercises. The Regional Office organized this workshop to increase the capacity of Member countries to access their NIPP for responding to a potential pandemic.

National Consultation on Avian Influenza: Report of the Meeting, Jakarta, Indonesia, 8-9 November 2007

A national consultation on avian influenza (AI) was held in Jakarta, Indonesia from 8 to 9 November 2007 and attended by experts from WHO, FAO and UNICEF, donor agencies and from Bangladesh, Indonesia, Myanmar and Thailand. During the consultation AI situation, particularly in Indonesia, was reviewed with respect to human risk and determinants of high mortality. Experts also discussed to identify gaps in knowledge and strategic approaches and outlined activities required to fill these gaps. This publication elaborates on the reviews and recommendations made by these experts. As a priority, the consultation proposed strengthening of AI surveillance and response at all levels; enhancing early recognition of human cases in low-care settings; conducting a study to understand the role of environmental contamination in human infection; developing community-based risk communication strategies based on the result of socio-behavioural study; and conducting data analysis of recorded human cases and share best practices related to clinical case management.
Epidemiology and Related Training Capacity in Selected Countries of the South-East Asia Region: A Rapid Review

Several epidemiology and related training institutions exist in Member States of the WHO South-East Asia Region. There is, however, continued need to further strengthen networking and collaboration among countries and institutions to share experiences and best practices. This publication provides an overview of epidemiology and related training in the Region, including enrolment capacity and contact information, and suggests actions to promote networking and collaboration among training institutions.

Guidelines on Clinical Management of Chikungunya Fever

As Chikungunya Fever is a new and emerging disease, it has not received sufficient coverage yet in the medical curricula of Member States. Specific treatment is not available, and there is no vaccine for the prevention of chikungunya fever. It has therefore become imperative to develop guidelines based on the limited clinical experience gathered from managing patients so far, for appropriate management of patients in communities and in health facilities. Experts engaged in managing patients with chikungunya fever in the Region were brought together by the WHO Regional Office for South-East Asia to outline guidelines for managing various situations and stages of the disease. This publication is the end result of that exercise and is intended to assist health-care providers in planning and implementing appropriate care to patients with chikungunya fever according to their actual clinical conditions.

Guidelines for Prevention and Control of Chikungunya Fever

Chikungunya is an emerging, epidemic-prone vector-borne disease of considerable significance in the WHO South-East Asia Region. Massive outbreaks of chikungunya fever have occurred in recent years in India and in the island countries of the Indian Ocean. Socioeconomic factors and public health inadequacies that facilitated the spread of this infection in the past continue to exist. Environmental factors and community behaviours play a significant role in chikungunya outbreak and spread.

Specific treatment is not available and there is no vaccine to prevent chikungunya. The socioeconomic burden of the disease can be devastating in the outbreak areas due to very high attack rate affecting a large proportion of the population. Vector control is the only public health strategy to prevent and control the outbreaks. Strategy of integrated vector management is necessary to tackle the vector. The guideline elaborates on the prevention and control strategy developed by the South-East Asia Regional Office of WHO, which consists of six key components including integrated vector management (IVM).

Zoonotic Diseases: A Guide to Establishing Collaboration between Animal and Human Health Sectors at the Country Level

This is a joint publication between WHO/WPRO, WHO/SEARO, FAO and OIE. The purpose of the guide is to assist countries and areas in achieving sustainable and functional collaboration between animal and human health sectors, which is crucial to addressing the challenges posed by endemic, emerging and re-emerging zoonoses.
Implementation of International Health Regulations, 2005

In accordance with International Health Regulations (2005), Member States have committed to develop and maintain public health core capacities as defined by the Regulations. Recognizing the contribution of sharing experiences and lessons among Member States, WHO organized the first Regional Workshop on Implementation of IHR in April 2007. This report is a compilation of the Second Workshop organized by WHO in collaboration with the Ministry of Healthcare and Nutrition of Sri Lanka during 23-25 July 2008.

Application of epidemiological principles for public health action

The application of epidemiological methods have contributed substantially to the understanding of disease causation, and therefore to the control and prevention of many conditions of great public health importance. Under the present scenario of economic crisis, climate change, emergence of new infectious diseases, rising burden of noncommunicable diseases, and the continuing problems of high child and maternal mortality, this document provides a roadmap to strengthen the culture of epidemiology in the South-East Asia (SEA) Region.

Avian Influenza in Bangladesh and India

To strengthen cooperation for combating avian and pandemic influenza a “High-level Consultation on Avian Influenza in Bangladesh and India” was held at Dhaka, Bangladesh on 27-28 August 2008. The situation in the Region and in both countries was presented at the consultation. The response strategies of Thailand and Indonesia with health care facility preparedness in Thailand were shared. A round table discussion was held on: Cross-border issues, ‘Surveillance capacity and response’, and Rapid containment at border areas. Joint recommendations were issued at the concluding session of the consultation.
Assessing the relationship between climatic factors and diarrhoeal and vector-borne diseases - a retrospective study generic research protocol

Human activities are known to alter the global climate. Climate change can impact health significantly; in particular more frequent floods and other events can increase diarrhoeal diseases and vector-borne diseases among others. WHO-SEARO has developed generic research protocols to assess the relationship between climate change and human health, with particular reference to diarrhoeal diseases and vector-borne diseases like malaria and dengue. This document describes the methodology that can be used to explore such associations, both retrospectively and prospectively. This methodology can be used in various countries to obtain results that can form the basis for inter-country comparisons.

Dengue vaccine development: the role of the WHO South-East Asia Regional Office

Core Group for Asia-Pacific Dengue Partnership, Report of the Meeting, Singapore, 8-10 February 2007

A meeting of the core group supported by the United States Agency for International Development (USAID) was organized in Singapore from 8 to 10 February 2007 by Regional Office to review and refine the draft strategic framework of Asia-Pacific Dengue Partnership (APDP) and discuss the governance of the partnership. The Core Group meeting was hosted by the National Environmental Agency, Ministry of Environment and Water Resources, Singapore. Participants at the meeting included members of the Core Group representing countries of the Asia-Pacific region, partners and WHO.

The draft strategic framework for APDP was discussed extensively during the meeting and suggestions made to refine the framework. Important issues relating to the governance and functioning of the partnerships were discussed. The core group agreed on the formation of working groups on advocacy, resource mobilization, support to technical programme (case management and integrated vector management), strategic information, and intercountry and intersectoral collaboration.
Efforts to collectively prevent and control dengue have been constrained due to inadequate resources and lack of coordinated efforts. In order to review the dengue situation and strengthen partnerships in the Asia-Pacific, a Meeting of Partners on Dengue Prevention and Control in Asia-Pacific, in Chiang Mai, Thailand was held from 23 to 24 March 2007. This activity was supported by the Government of Japan. There was broad consensus on the way forward through the establishment of the Asia-Pacific Dengue Partnership to more effectively mobilize resources and implement measures of prevention and control in accordance with the global strategy. The Asia-Pacific Dengue Partnership was formally established with a core group and technical working groups to increase public and political commitment to achieve financial and programmatic targets to prevent and control dengue in the Asia-Pacific region. A Strategic Framework for Asia-Pacific Dengue Partnership (2007-2015) was prepared.

Programme Managers on Dengue, Report of the Meeting, Club Andaman Beach Resort, Phuket, Thailand, 19-21 September 2007

An intercountry meeting of programme managers was held in Phuket, Thailand, from 19 to 21 September 2007 to: review the dengue situation; discuss the draft Asia-Pacific Strategic Plan for Prevention and Control (2008-2015); initiate the development of national operational plans and discuss the strengthening of partnerships for advocacy on prevention and control of dengue. Programme Managers from the South-East Asia (SEA) Region and selected countries in the Western Pacific Region, temporary advisers and staff from WHO headquarters, Tropical Diseases Research, WHO staff from the two regional offices and country offices participated in the meeting. The global and regional dengue situations were reviewed and country situations were shared as poster presentations. The meeting was also briefed about the progress made with regard to the Asia-Pacific Dengue Partnership (APDP). Participants worked in six groups to discuss each objective and its associated expected results of the draft strategic plan for prevention and control of dengue in Asia-Pacific (2008-2015), and to provide inputs for further refinement. Programme managers from both regions agreed to prepare a harmonized Asia-Pacific Strategic Plan for the prevention and control of dengue (2008-2015). It was proposed to call it the Asia-Pacific Dengue Strategic Plan (APDSP).


The First Meeting of the Regional Technical Advisory Group on Dengue (RTAG-Dengue) was held at the Club Andaman Beach Resort, Phuket, Thailand from 17 to 18 September 2007. The meeting was organized to provide technical guidance to the Regional Director, South-East Asia Region, on prevention and control of dengue. The meeting was attended by TAG members and staff from Tropical Disease Research, WHO/HQ, the Regional Offices for the South-East Asia and Western Pacific regions, and country offices of Member countries. The meeting reviewed the global dengue situation and the state of the disease in the South-East Asia and the Western Pacific; the draft Regional Strategic Plan for Prevention and Control of Dengue (2007-2015), prepared by the Regional Office for South-East Asia and the draft logframe prepared by the Regional Office for the Western Pacific. Each element of the strategy has been reviewed and endorsed. There were also discussions on newly developed technology and approaches.

Consensus was also achieved on a single harmonized Asia-Pacific Strategic Plan for Dengue Control (2008-2015).
Prospective study of the impact of climate change on vector-borne diseases: a generic research protocol

Many diseases related to environmental factors have recently emerged worldwide and are of serious concern. To find early evidence of impact of climate change on vector-borne disease required studies. The outcome of retrospective studies elicits some climatic factors associated with increased incidence of vector-borne diseases. Validation of identified indicators is necessary to ascertain their role in disease transmission. Prospective studies may help for developing preparedness plan to address the negative impacts. The various models for impact assessment studies can be considered the countries to assess the scenarios.

Asia Pacific Strategy for Emerging Diseases

Asia has been at the epicenter of some recent emerging infectious diseases. The outbreaks of SARS and avian influenza make it clear that communicable diseases, especially emerging infectious diseases, continue to pose serious public health threats in the Asia-Pacific Region and to the world at large. Countries and areas in the Asia-Pacific Region must be better prepared to meet these challenges if they hope to minimize their impact on health and economic development and prevent the international spread of disease.

The Asia-Pacific Strategy for Emerging Diseases is comprehensive, seeking to improve the ability to respond to infectious disease threats throughout the Region. Its goal is far-reaching, easily stated but difficult to achieve. We present this document as a launching pad and roadmap on the journey to that goal.
**Bi-regional consultation on emerging diseases**

The Asia Pacific Strategy for Emerging Diseases (APSED) was endorsed by the Regional Committees of the South-East Asia and Western Pacific Regions in September 2005. The strategy was developed to provide a framework for the countries and areas of the Asia Pacific Region to strengthen their capacities for prevention, early detection, alert, verification and response. The strategy is also used as a regional tool for delivering the surveillance and response core capacity requirements under the IHR (2005).

There have been annual meetings since 2006 to review progress with implementation and to obtain technical advice and inputs from designated technical advisory group members. The fourth such meeting was held in July 2009 in Bangkok, Thailand to review progress with implementation and to make recommendations for the remaining 18 months of the APSED workplan which ends in December 2010.

**Developing guidelines for water, sanitation and hygiene promotion in schools**

Most Member countries of the WHO South-East Asia Region do not have in place comprehensive guidelines on establishing and maintaining water supply and sanitation facilities, and for the promotion of hygiene in schools. There are also no fixed standards on water quality, sanitation and hygiene education. While some countries have taken the initiative to provide such education through the school health programme, lack of guidance and preset standards on initiating water, sanitation and hygiene promotion in schools retards the progress of school health promotion activities in most countries.

A Regional Consultation on Developing Water, Sanitation and Hygiene Guidelines for Schools was organized during 28-30 September 2009 jointly by the Ministry of Public Health, Thailand, and WHO/SEARO in Chiang Mai, Thailand. Thirty three participants, including school health programme managers, sanitary engineers and public health officers from 10 Member States of the WHO SEA Region - Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste - attended the consultation along with regional representatives from UNESCO and the International Federation for Red Cross and Red Crescent.

This is the report of the said consultation, a key recommendation of which was to develop a regional guidance document which would be useful in developing country-level operational guidelines.
Healthy settings: coordinator training

The practice of promoting “healthy settings” in Member States of the WHO South-East Asia Region began over a decade ago as an approach to encourage community-level health development. A range of practices spanning different degrees of success is in place in almost every country in the Region. The hallmark of the “settings” idea is the active engagement of local communities in creating optimum conditions for their health. They do so by improving the quality of their physical and social environment that is often the source of ill-health. Progress is indicated by how fledgling community health efforts generate successes that snowball into confidence for more complex tasks.

Quality local action needs quality local capacity. Recent assessment reveals a lack of this in many localities. This short training package focuses on the importance of local leadership for program success and sustainability. Its six modules provide the basic awareness, management and leadership content needed to understand health as a development concept and to lead a “healthy settings” local team to success. This document is a report of the conduct of this short course in Yogyakarta, Indonesia from 25 to 27 February 2009.

How is climate change affecting our health? A manual for students and their families

Climate change is often associated with ecosystem destruction and disappearing species. This is all true, but climate change affects our lives in a more direct way: our health. Unfortunately, the impact of climate change on human health isn’t generally acknowledged. The fact that human-made changes in climate affect human health, in an indirect or direct way, needs to be disseminated among our communities, particularly among the youth who hold in their hands the power to change the future. This manual is an attempt to sensitize growing adults about the importance of the linkages between climate change and human health. The students will learn the reasons behind the changes going on, how they affect each one of us in one way or other, the current and future effects and how we can respond to them. The complete resource material consists of two manuals: one for teachers and one for students. The teachers’ manual is a training resource to support spreading the information via interactive classroom activities. The student’s manual is for them to take home, study and share information about climate change and its impact on human health with their families. The manuals were field tested with 300 children and 15 teachers in several schools before printing of the final version.
A framework for action to protect human health from the effects of climate change in the Asia-Pacific region was developed. This framework provided a series of recommendations for governments as well as WHO pertaining to awareness creation and strengthening the health system capacity to reduce the impact of climate change.

Casual-Web Analysis: A Model Approach to Joint Programme Planning

A plan is a roadmap on how to negotiate an issue for knowing the way forward, the resources needed, and the achievements that may be targeted, and what time frames may be applied. Planning is an orderly process of defining a problem through the analysis of its root causes, identifying unmet needs and demands that constitute the problem, finding the most adequate solutions with establishing realistic and feasible goals, deciding on their priority, surveying the resources needed to achieve them and projecting administrative actions. It is the first of the four elements in the health managerial process in WHO. The document provides a model of how to carry out this first stage of planning in a participative manner together with the key stakeholders relevant to the issues at hand. The causal-web analysis helps to see the broad picture of causal elements and their linkages. It brings key players to the planning table to work together and promote sustainable health programmes.


An evaluation mission was organized by the WHO South-East Asia Regional Office on the effectiveness, sustainability and replicability of the project to assist in the implementation of the World Health Organization’s new strategy on integrated vector management (IVM). Integrated pest and vector management (IPVM) builds upon the successful experience in Integrated Pest Management (IPM), which is based on the practical, field-based education imposed to groups of rice farmers during weekly sessions at the Farmer Field Schools (FFS). Farmers learn the skills of observation-based crop management to grow better crops in healthier environments and reduce dependence on the use of insecticides. The wetland rice environment, while providing food and fodder also supports the breeding of the vectors of human diseases. The IPVM project with support from FAO and UNEP was initiated in Sri Lanka in 2002 has been unique in connecting vector management with agricultural activities, involving farming communities in observation-based decision-making on vector management.

The mission team observed that farmers will able to analyse their agricultural and pen-domestic environments and make sound decisions on the management of not only vectors in a sustained manner, but also pests and crops. The IPVM-FFS alumni reported a sharp drop in insecticide use which was attributable to training. Vector management activities are being practised following the FFS training, including small-scale local rearing of fish, clearing of coconut shells and containers, covering water containers at regular time intervals, and group action on household and village sanitation, and preventive measures such as bed net use. The mission found that convergence between activities of the health and agriculture sectors has come a long way, producing effective cross-sector learning and a joint process of curriculum development.

Climate Change and Human Health in Asia and the Pacific: From Evidence to Action: Report of the Regional Workshop, Bali, Indonesia, 10-12 December 2007

The objectives of the workshop were to share the latest evidence on climate change and health, to define the key elements of a strategy for health protection from climate change and to develop a regional framework for action. Participants were briefed on the latest evidence on climate change and health by international experts.
The World Health Organization, the World Meteorological Organization, the United Nations Environment Programme and the United Nations Development Programme organized an inter-regional workshop on Human Health Impacts from Climate Variability and Change in the Hindu Kush-Himalaya Region held in Mukteshwar, India, from 3 to 7 October 2005, the objectives of the workshop were to:

- Inform participants about the impacts of climate variability and long-term climate change in the Hindu Kush-Himalaya Region in particular;
- Identify specific human health risks linked to climate variability and change in the Himalayan mountain regions;
- Propose strategies for integrating health with relevant sectors, interdisciplinary research and projects oriented towards action, and intercountry cooperation; and
- Achieve consensus on a draft framework for national action in the Hindu Kush-Himalaya mountain region.

National health and environment authorities from Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan and China discussed the rapid and profound changes in the Hindu Kush-Himalaya Region over the coming decades.

It is likely that vector-borne pathogens could take advantage of new habitats in altitudes that were formerly unsuitable, and that diarrheal diseases could become more prevalent with changes in freshwater quality and availability. Excessive rainfall is likely to increase the number of floods and landslides. A risk unique to mountain regions is glacier lake outburst floods or GLOF, which are projected to increase as the rate of glacier melting increases. GLOFs are associated with high morbidity and mortality. The long-term reduction in annual glacier snowmelt is expected to result in water insecurity in the region. The extent of the impacts will depend on the effectiveness of public health interventions.

The participants agreed that the basic issues that need to be addressed include:

- Identifying the current distribution of climate-sensitive health determinants and outcomes in the region, and calculating the burden of these health determinants and outcomes on the most vulnerable populations;
- Identifying and evaluating the effectiveness of existing policies and raising awareness;
- Reviewing the implications for human health of the potential impacts of climate variability and change on other sectors;
- Estimating future health impacts under different climate change and socioeconomic scenarios;
- Identifying additional adaptation measures needed to reduce the estimated future negative health effects; and
- Identifying approaches to mitigate the emission of greenhouse gases by ensuring a stronger engagement of the health sector in the national, regional and global climate change negotiations.

The workshop participants noted that while adaptive measures and interventions to protect human health from the consequences of climate change require immediate attention, countries that have contributed the majority of greenhouse gas emissions should acknowledge their responsibility towards climate change and its consequent health impacts, reduce their emissions and support mountain regions in adapting to climate change to help ensure their long-term sustainability.

Human Rights-based Approach to Health and Environment

Human rights present a new and unique way to approach development questions. The human rights-based approach aims to ensure that development programmes and projects are designed to improve human well-being. Within the UN system, the human rights-based approach to development has been defined...
by a common understanding between UN agencies, which makes human rights the guiding principles of “all development cooperation and programming in all sectors and in all phases of the programming process.” This holistic approach helps overcome the specialization that has made it difficult to respond to problems that do not fall neatly into one jurisdiction. Public health, for instance, has been considered the exclusive concern of ministries of health, whereas environmental affairs have fallen into the jurisdiction of the ministries of environment. Environmental health is one significant cross-cutting issue that is in danger of falling through the gaps between administrative and disciplinary boundaries.

Report of the Regional Workshop to Implement Integrated Vector Management (IVM), Puducherry and Tiruchirapalli, Tamil Nadu, India

Stronger and more active community participation is called for to ensure increased success in preventing and controlling vector-borne diseases. The IVM approach aims at integrating the domains of environmental management and adult education. Community members could learn to improve their knowledge and their intuitive abilities to make joint, sound decisions on vector management. Successful regional experiences in Integrated Pest Management (IPM) schemes can be a source of inspiration for IVM implementation.

Such an initiative (IPVM pilot project) is being implemented in Sri Lanka since 2003 using the synergies between IPM and IVM. Against this background, a regional workshop was organized by the Vector Control Research Centre (VCRC), Puducherry, Tamil Nadu, India, to obtain consensus from countries in the SEA Region to implement a regional strategy for community-based, integrated vector management (IVM) using participatory approaches. This state of affairs has been widely recognized, and led WHO to develop in 2004 a new Integrated Vector Management (IVM) strategy as a multisectoral participatory approach. The present report gives an overview of the results obtained, mainly in the form of conclusions and recommendations. The report also includes a follow-up plan of action and important annexes concerning policy, capacity building and selection of IVM pilot projects in the Region.

Manual for the Educational PC Game on Children’s Environmental Health

The Manual for the Educational PC Game on Children’s Environmental Health is a CD game to sensitize children about the environment. It is an information pack on various environmental issues presented in an enjoyable and challenging way that follows the play-way principle of learning. The game intends to make children understand various environmental problems and also to make them aware of possible solutions. It addresses the main environmental factors that affect health in the three settings where children live, learn and play: home, school and the community. In most game settings, the player needs to identify wrongdoings and by clicking on them obtains the correct response either in shape of a written comment on the screen, or a printable factsheet. The latter also allows teachers to use this resource as teaching material. The following pages will show some of the screens used in the game, along with parts of the texts that are linked to the different settings. ENVIRO was developed in 2004 for WHO by Hriday Shan, an Indian NGO working with schoolchildren in 220 schools in New Delhi, India (http://www.hriday-shan.org/).

Environmental Health in Emergencies, 2007

This is a compilation of the technical notes prepared jointly by the WHO Regional Office for South-East Asia and the Water, Engineering and Development Centre at Loughborough University, UK. The notes are part of an initiative to enhance the capacity of emergency and relief staff working immediately or shortly after an emergency to plan and execute appropriate responses
to the urgent and medium-term water and sanitation needs of those affected. The notes are relevant to a wide range of geographical and topographic settings, and to various types of natural disasters and complex emergencies.

Institutional Collaboration for Arsenic Mitigation in Affected Countries in South-East Asia

Arsenic in water has been recognized in the Region as a serious threat to health since the 1990s. Initially, West Bengal and Bangladesh were found to be seriously exposed due to their location in the delta of the Ganga-Brahmaputra; it was gradually found that Myanmar, Nepal and Thailand also had several districts that had arsenic-contaminated groundwater. More recently, arsenic has been found in Assam, Bihar and Uttar Pradesh.

The regional attention to water and health aspects of arsenicosis has led many government agencies, academic institutions and sector support agencies to develop capacity to address the arsenic scourge. To capitalize on all these diverse regional activities, WHO has held an Intercountry Workshop in Kolkata, India from 11 to 13 September 2007, which aimed at achieving prevention and mitigation of arsenicosis through strengthening institutional collaboration at the regional and national levels. Twenty-eight participants representing various stakeholder segments including representatives from water supply, health, academic institutions and laboratories from Bangladesh, India, Nepal, Myanmar and Thailand attended the workshop.

The workshop provided an opportunity for the participants to exchange experience and identify issues and possible solutions in addressing the challenges. The workshop came up with four key recommendations in terms of strengthening collaboration between various stakeholders, the need for capacity building at all levels (especially at the local level), research and development and regular interaction among the affected countries.


Sharps are one of the most hazardous categories of waste generated in healthcare facilities. Injections are responsible for the generation of the largest quantity of infectious sharps generated during both immunization and curative practices. Due to the risks associated with sharps it is very important to manage them properly and ensure they remain safe for the healthcare workers and the community at large. The present study documents successful sharps management systems in urban areas and evaluates non-burn treatment and disposal technologies. The study evaluated the coherence of these technologies with the current regulatory healthcare waste management (HCWM) framework in India. Due to the nationwide introduction of auto disable (AD) syringes for immunization programmes, the study also analyses the implications linked to their use and the possibilities of material recovery of these syringes. The findings of the study indicate that it is of paramount importance to contain the infectious sharps in puncture-resistant containers, and disinfect and mutilate them at the point of generation to ensure the safety of the health care workers and the community at large. The use of alternative treatment and disposal technologies covered in the 13 success stories include needle-cutters, chemical disinfection, autoclaving, microwaving, advanced autoclave like Hydroclave™, cement encapsulation and sharps pit. The healthcare institutions were satisfied with the technologies and felt that mutilation after disinfection was the most effective technique to ensure that infectious sharps are not re-used. Currently, the methods used for final disposal of sharps were not found to be sustainable. The healthcare workers felt that it was important to look into the option of material recovery from the injection units. The concept of AD syringes was new to many healthcare workers. They felt that such syringes would be very useful during immunization programmes, as these ensure that the sharps cannot be reused. However, the healthcare workers felt that more research needs to be carried out in identifying the treatment of and sustainable final disposal options for AD syringes before these are introduced throughout the country. Recommendations for the future in the field of sharps management are also presented.
Regional Workshop on Ecological Sanitation

According to the WHO/UNICEF Joint Monitoring Programme Report of 2006, about 60% of the population of the South-East Asia Region has access to improved sanitation. However, some Member countries will miss the sanitation MDG target if implementation is not accelerated. Urban-rural disparities in sanitation coverage, the pressure on scarce water resources on account of rapid population growth and economic development, and the indiscriminate disposal of domestic, agricultural and industrial waste and solid waste into water bodies remain significant challenges. WHO/SEARO organized a regional meeting in Kathmandu from 22-25 September 2008 to highlight the potential of ecological sanitation in the overall spectrum of sustainable sanitation solutions, and to inform national delegations about the guidelines developed by it on the safe use of waste water, excreta and aquaculture. This report features the proceedings of the meeting, which highlighted sanitation approaches and technologies which are sustainable, environmentally friendly, culturally acceptable and appropriate.

Healthy Villingili Island

Villingili Island in Gaaf Alif Atoll is the first venue for the Healthy Atolls programme of action (healthy settings) in Maldives. The Villingili Healthy Island Plan of Action was prepared at a workshop held on Villingili Island on 17 October 2002 with participation of major community groups: representatives of the atoll and island development committees, the assistant atoll chief, the women's development committee members, the business community leaders, teachers, youth and fishermen’s group representatives. Representatives of the Ministries of Atolls Administration, Planning, Environment and Health also participated. WHO’s input to the workshop was as technical facilitator.

Manual on Water and Environmental Sanitation for Disaster Management

More and more people are exposed to environmental hazards. While humanitarian action to mitigate the impact of disasters will always be vitally important, the community is facing a critical challenge in ascertaining how to better anticipate, manage and reduce disaster risks by integrating the potential threat into its planning and policies at the community level. This manual aims to improve the capacity of the Panchayati Raj Institutions. The local self-government and communities that face hazards due to environmental reasons to cope with such situations. To help such capacity development efforts, learning material needs to be focused on key areas such as water supply, and environmental sanitation for better disaster management and preparedness.
Food for Thought: Summaries of Lunchtime Seminars (2004-2006)

The “Thursday Lunchtime Seminars” held in the Goa Room of the Regional Office for South-East Asia began in June 2004 and are meant to provide an informal forum for staff to share vignettes from their experiences through the informal presentations. Presenters were both external and internal, with SEARO staff comprising the majority. This informal setting offered SEARO’s busy staff an opportunity to participate in current-issue-related presentations while enjoying lunch. This arrangement saved on work time and helped reap the benefit of morsels of practical wisdom shared in the discussions. Thus, it was a chance to share each other’s lessons from real life experiences that have staff appeal across SEARO’s several technical units. The informal nature of the forum setting, elicits lively discussion and debate.

This internal publication includes presentations from the first two years of the seminars, with short textual synopses or abstracts on each of these presentations and discussion points. The document is accompanied by a CD-ROM which includes the relevant Power Point presentations made during these seminars.

Health Implications from Monocrotophos Use: A Review of the Evidence in India

The Food and Agriculture Organization (FAO) and the World Health Organization (WHO) have encouraged countries to phase out highly hazardous pesticides. Leading Asian countries have banned the use of monocrotophos because of unacceptable health risks. In India, however, monocrotophos continues to be produced, used and exported. This publication is designed to provide health policy-makers with technical information needed for urgent action to reduce the availability of and the demand for highly hazardous pesticides, as recommended by WHO and FAO.

Sound Management of Hazardous Wastes from Health Care and from Agriculture

WHO’s Global Policy for Sound Health Care Wastes Management (HCWM) and the activities of the Programme on the Prevention and Disposal of Obsolete Pesticides of the Food and Agriculture Organization of the United Nations were presented and discussed.

Poor management systems are responsible for the build-up of hazardous wastes in the agricultural and health sectors. Poor data, low enforcement of already outdated legislation, porosity of national borders, scarce quality control and lack of coordination among concerned authorities also add to the building up. The inadequacy between demand and supply - notably in the case of large imports of pesticides and of drug donations – lead to the unnecessary build-up of obsolete chemical stocks.

Medical wastes in most countries of the Region are often ill-managed. More capacity building and awareness is needed. Accumulated pharmaceutical wastes from post-tsunami donations created huge challenges in Indonesia including the illegal sale and consumption of substandard drugs and stocks and potential environmental pollution from either leakage or unmonitored destruction.

Obsolete pesticide stockpiles pose serious threats to health and the environment. To avoid high removal costs and technically complex operations, countries should prevent the accumulation of obsolete pesticides. Implementing the principles of integrated pest and vector management is the key to achieve this aim.

The participants identified priorities for action and elaborated a set of 20 recommendations and called for stronger proactive regional collaboration, making the best use of the existing human and technical capacities in the Region.
Joint monitoring programme for water supply and sanitation: Report on intercountry workshop, Jakarta, Indonesia, 27-29 April 2009

Since 1990, WHO and UNICEF have collaborated to track progress on global water and sanitation goals through the Joint Monitoring Programme (JMP) for Water Supply and Sanitation. The JMP is the official UN mechanism charged with monitoring progress towards the Millennium Development Goals’ drinking water and sanitation targets. The first JMP workshop was organized in Nepal in August 2008 jointly by WHO and UNICEF. The second workshop was organized by the WHO Regional Office for South-East Asia, and was supported by UNICEF, the WHO Indonesia Country Office and WHO Headquarters and was held from 27-29 April 2009 in Jakarta, Indonesia. The objective was to support countries in the Region to develop a harmonized and timely data collection and reporting system on water supply and sanitation. Some 40 participants from the water and sanitation sector, the health sector and national statistics offices from India, Indonesia, Maldives, Myanmar, Sri Lanka, Thailand and Timor-Leste attended the three-day workshop.

Water safety plans

Water Safety Plans (WSP) offer the most cost-effective and protective means of assuring a consistent supply of safe drinking water from source to user.

The World Health Organization is providing assistance to Member countries of the South-East Asia Region to develop Water Safety Plans according to their needs. Most Member countries have initiated action and are determined to improve the quality of drinking water and thereby reduce the burden of water-borne illnesses.

The Ministry of Health, Timor-Leste, in collaboration with the WHO Country Office in Timor-Leste and the South-East Asia Regional Office organized a National Workshop on Water Safety Plans on 13-14 October 2009 in Delta Nova, Dili, Timor-Leste. It was attended by about 60 participants. This is a report of the proceedings of the workshop, and includes the discussion and recommendations.

Drinking water quality in the South-East Asia Region

Water is the elixir of life. Of the 70% of earth’s surface that is covered with water, only 2.5% is fresh water. Of this, less than 1% is accessible for direct human use and is available on a sustainable basis.

The information booklet “Drinking water quality in the South-East Asia Region”, seeks to give a bird’s eye view of the various forms of contamination which this limited supply of fresh water is subjected to, and the measures which can be taken to prevent this.

The booklet further seeks to elucidate common water- and sanitation-related diseases. Finally, some measures to prevent contamination of drinking water supply systems have been discussed, including water safety plans, house-hold water treatment and safe storage, etc.
Health financing strategy for the Asia Pacific Region (2010-2015)

This volume informs policy-makers on health financing alternatives for universal coverage, including experiences from 12 countries in Asia and the Pacific, it consolidates the evidence on social health insurance through a comparative analysis around three key policy areas: the importance of mandatory mechanisms for universal coverage; voluntary and community-based health insurance in reaching universal coverage; and the significance of provider payment mechanisms. Using this information, it highlights the role of social insurance as a major financing mechanism for universal coverage and provides recommendations for extending the coverage.

Social Health Insurance: Selected Case Studies from Asia and the Pacific

This volume informs policy-makers on health financing alternatives for universal coverage, including experiences from 12 countries in Asia and the Pacific, it consolidates the evidence on social health insurance through a comparative analysis around three key policy areas: the importance of mandatory mechanisms for universal coverage; voluntary and community-based health insurance in reaching universal coverage; and the significance of provider payment mechanisms. Using this information, it highlights the role of social insurance as a major financing mechanism for universal coverage and provides recommendations for extending the coverage.

Strategy on Health Care Financing for Countries of the Western Pacific and South-East Asia Regions, 2006-2010

The World Health Assembly endorsed a resolution on Sustainable health financing, universal coverage and social health insurance in 2005. This volume translates this overarching policy direction into strategic actions for countries in the Western Pacific and South-East Asia Regions of WHO. It provides detailed analysis of issues and challenges in increasing resources, effectiveness and equity in health financing and develops a framework to assist health financing reform in Member countries.
Guidelines for Developing Behavioural Change Interventions in the Context of Avian Influenza

As reported cases of avian influenza (AI) among humans continue to rise, the threat to human health becomes increasingly real, leading to greater public concern. It is evident that public awareness initiatives alone are not producing the desired results. To influence behavior change effectively, the interrelations between poultry and humans that have been established over a long period needs to be acknowledged. AI prevention and control efforts should therefore be mindful of the social, cultural and behavioural factors that are likely to hinder or promote prevention efforts at the community level. The guidelines identify strategic actions and tools required to address predisposing, enabling and reinforcing factors related behavioural change. The actions required to facilitate behavioural change at national and community levels include situational analysis on social and behavioural aspects, communication for behavior change, policy coherence and monitoring and evaluation. The guidelines emphasize collective intersectoral action through public-private partnerships, the involvement of all government sectors and civil society, individuals and communities. Ultimately, the success of BCI depends on the implementation of multifaceted actions at multiple levels by various players and with the community as a major player.

Health Inequities in the South-East Asia Region: Selected Country Case Studies

Poor people encounter high rates of illness and premature deaths from preventable causes and are thus more vulnerable to disease. In the WHO South-East Asia Region, many Member countries carry a significant proportion of the total burden of disease in the Region. Available evidence indicates that inequalities in social and economic determinants of health exist both within and across countries in the Region. The less educated, marginalized, women, children and the elderly living in rural areas and urban slums carry a conspicuous burden of disease. The report is a compilation of data analysis from seven countries of the SEA Region; namely, Bangladesh, India, Indonesia, Maldives, Nepal, Sri Lanka and Thailand. The analysis has been conducted concurrently with the work of the Commission on Social Determinants of Health (CSDH). The analysis reveals a strong association between a wide gamut of social and economic inequalities and health inequities. It shows how health inequities relate not only to immediate material or psychosocial circumstances of the individual but also to structural factors, including government social welfare policies, quality of governance and other issues such as the power and clout that an individual wields in society. Ultimately, addressing inequities in health requires a social justice approach to improve the circumstances of the poor. The work of the WHO Commission on Social Determinants of Health (CSDH) including the Knowledge Networks complements publication Health inequities in the South-East Asia Region: selected country case studies.
maternal and child health agenda. The Draft Regional Strategy was endorsed by participants. The need to make health promotion a core responsibility for the entire government; a key focus of communities and civil society, and a requirement for good corporate practice by the private sector was also expressed. WHO’s role in assisting Member countries to achieve the desired results was deemed essential.

Tackling Social and Economic Determinants of Health through Women’s Empowerment

The self-Employed Women’s Association (SEWA) has always placed emphasis on building a movement to improve and sustain the economic condition of women within the unorganized sector. SEWA recognizes the utility of the strength of collective action in individual and community development initiatives that ultimately improve health outcomes. As various strategies to improve the status of women in the unorganized sector showed limited success, it was realized in the early 1980s that structural changes in the distribution of wealth and power can provide women empowerment and the means to control their own lives. Empowerment of individuals also gives them the ability to influence those people and organizations that affect their lives and the lives of those they care about. The powerless gain power by coming together, and are thus collectively able to increase control over events that determine their lives. The SEWA case study on women’s empowerment in matters related to social determinants of health clearly demonstrates that the marginalized are capable of tackling the recurring obstacles in their daily life. These determinants include, among others, financial resources, education, access to health services, housing and clean water. Addressing these social determinants of health provides an opportunity to examine the root causes of inequality and inequity among vulnerable groups such as women and children. Thus, empowerment of women leads to better health outcomes for families and entire communities.

Psychosocial Issues and Ethics in Medical Education: Report of the Asia-Pacific Meeting, Bangkok, Thailand, 6-8 June 2005

The meeting was designed with the objective of improving the quality and relevance of psychosocial and ethical dimensions of medical education and develop a framework to strengthen the psychosocial and ethics components of medical education. This meeting builds on the current work in both regions with respect to reorientation of health profession education from biomedical/disease focus to respond better to health care needs of individuals and communities and to improve the quality and standards of education. This report captures the conclusions of the consultation and provides recommendations for WHO.

Regional consultation on social determinants of health: addressing health inequities

The report of the consultation acknowledges the existence of inequities and inequalities in health among and within countries of the WHO South-East Asia (SEA) Region. Evidence presented showed that health inequities could be reduced if a social justice approach to health was adopted. The report makes it clear that improving living conditions; tackling unequal distribution of power, money and resources; and improving routine monitoring of health inequity are central to closing the health equity gap. Countries of the
SEA Region have taken a wide range of actions to close this equity gap by addressing the social determinants of health such as, the contributory social security system for self-employed women, subsidized microcredit to the poorest, abolition of bonded (child) labour, provision of universal health, introduction of health insurance for the poor, and a progressive pattern of health financing. It was agreed that health inequities needed to be tackled within and across countries through political commitment. The consultation unanimously endorsed adoption of the “Colombo Call for Action” urging countries to mainstream health equity in all policies, empower individuals and communities, and advocate good governance and corporate social responsibilities.

Addressing social determinants of health in Maldives

The first national workshop organized by the Ministry of Health and Family, Maldives, in collaboration with the World Health Organization to examine the role of different sectors in addressing social determinants of health in Maldives was held in Male’, Maldives, from 23 to 25 November 2009. The workshop provided a platform for an exchange of experiences on reducing the health equity gap; linking salient elements of the “Colombo Call for Action” to national strategies and policies for reducing the health equity gap; and delineating necessary actions for the Ministry of Health and Family and other sectors to reduce health inequities. This meeting agreed to advocate for integrating health in all policies and legislation promoting redistribution of power, money and resources to disadvantaged groups; sustain and expand public-sector financing of health services in order to reduce disparities; and to promote multisectoral alliances among the public and private sectors, civil society and community groups. Further, participants recommended establishing a sustainable institutional mechanism at the Ministry of Health and Family with adequate funding and mandate to coordinate and manage intersectoral action to reduce the health equity gap by addressing social determinants of health. The stewardship role of the Ministry of Health and Family was also thoroughly discussed and specific actions identified.

Expert group meeting on regional guidelines on institutional quality assurance mechanism for undergraduate medical education

Quality assurance in medical education is intended to ensure quality care with professionalism by the medical practitioners after attaining adequate competencies through proper educational processes.

An expert group consisting of senior experts in the field of medical education reviewed existing educational processes in the institutes in countries of the South-East Asia Region and developed regional guidelines to ensure quality assurance in undergraduate medical education. Tools were also developed for assessment and audit for institutional quality assurance mechanisms.

The regional guideline is meant to standardize the mechanism in the regional institutions, and was endorsed by the Network of Medical Councils of the South-East Asia Region. It is recommended that countries will develop strategic plans to implement the regional guidelines in their institutions.

Regional guidelines for continuing medical education (CME)/continuing professional development (CPD) activities

Continuing Medical Education (CME) is a process of continuous learning by which medical professionals keep themselves updated through acquisition of new knowledge, skills and attitudes to maintain professional competency, in-patient management, health services
management (including organizing teaching) and their own professional development. Over the years, the scope of CME has broadened from mere clinical updates to a wide-ranging “continuing professional development” that includes behavioural change, social and managerial skills and the multidisciplinary context of patient care.

Designing good-quality CME and continuing professional development programmes appropriate to the needs of different types and categories of health and allied professionals will, however, remain a big challenge and would need to be addressed through national mechanisms.

There is therefore a need to develop comprehensive guidelines for countries in the South-East Asia Region on CME/CPD activities that would look at (i) processes and operational mechanisms; (ii) identifying accreditation bodies for CME programmes and credit allocation; and (iii) identifying appropriate institutes in developing and conducting need-based CME/CPD programmes. These guidelines, after adaptation, should help countries in the Region in strengthening their CME/CPD activities.

Regional Strategy for Health Promotion for South-East Asia

The Regional Strategy for Health Promotion for South-East Asia features strategic directions for strengthening health promotion across sectors, arising from commitments and actions arrived at during regional and global conferences and high-level meetings on health promotion. The regional strategy delineates the mechanisms for promoting, supporting and protecting the desired health outcomes using interdisciplinary and multisectoral approaches that involve individuals, communities, civil society, private sector and all governments ministries. It endeavours to tackle the broad social, economic, environmental and political determinants of health that lie outside the health sector and are associated with ill-health and premature deaths. The need for strengthening the capacity of health and non-health sectors to plan, implement and evaluate health promotion activities, including gathering and dissemination of evidence; establishing partnerships and alliances; setting up innovative financing mechanisms; and the management and coordination of health promotion activities, remains the nucleus for effective implementation and sustainability.

Financing health promotion: policy options

This report presents the background information, record of deliberations and outcomes of the regional workshop organized to examine potential innovative financing options for health promotion in countries of the WHO South-East Asia (SEA) Region. The meeting was held in Jakarta, Indonesia from 15-17 December 2008. It is evident that empowerment of people and communities to reduce ill-health and/or premature deaths cannot occur unless adequate resources are made available. A regional and global overview on health financing shows that countries in the SEA Region experience the highest out-of-pocket payments for accessing health services. To reverse or halt this trend, it was concluded that prudent efficiency in allocation of resources, and accountability were essential in the context of health services. The agreed actions include but are not limited to establishing and enforcement of policies and regulations; ensuring adequate allocation from government revenue; introducing various types of insurance (health, social, community or private); earmarking resources from dedicated taxes on alcohol, tobacco, gasoline or road-use fees; and promoting transparency and accountability, and improving the efficiency of financial management.
10-Point Regional Strategy for Strengthening Health Information Systems

The Regional Strategy for Strengthening Health Information Systems is based on the results of a series of regional/country meetings and consultations. It was drafted and finalized in collaboration with all Member countries of the Region. Rich experience and vast expertise of representatives from the Ministries of Health, National Statistical Offices, as well as several renowned experts, resource persons, partners and colleagues have gone into the preparation of this document. It includes 10 strategic areas with generic guidelines in each which could be addressed in accordance with country-specific situation and priority. It proposes actions and initiatives countries may opt for in drafting their strategies and action plans, lists possible assistance from WHO and partners and selects indicators for monitoring the progress in strengthening health information systems.

Regional Workshop on Strengthening the Management Capacity of Health Managers at Sub-National/District Level

The Regional Workshop on Strengthening Management Capacity of Health Managers at Sub-National/District Level was held to assess the progress made by countries in the Region and to identify the challenges, opportunities and actions that need to be taken in the near future for scaling up the management capacity of health managers at sub-national/district level. The workshop highlighted and deliberated that country workplans have management strengthening programme as part of national development programme; countries undergoing decentralization of health management to be strengthened for better output and outcome; training of trainers on management development for Member countries and evaluation of progress including analysis of the implications of service approach to the organization and management of health service system.

11 Health Questions about the 11 SEAR Countries

The health status of the population in Member countries of WHO’s South-East Asia Region and the stage of health system development varies from country to country. This book provides, in a user-friendly way, the essential features of health and health systems in the Member countries of the Region. Each chapter shows key indicators of each country, comparing some of them to global and regional figures. The book also summarizes the main features of the countries’ health system development. It is an information document providing at a glance, the health profile of the countries for those interested in health developments in the South-East Asia Region.

National Health Accounts: Report of Bi-regional Workshop on National Health Accounts, New Delhi, 28 November – 1 December 2006

This activity which was initiated as a multi-country activity for countries of the SEA Region, was organized by the WCO India with the technical assistance of SEARO. With the enthusiasm shown by the some of the countries of the WHO Western Pacific Region this activity was concluded as a bi-regional activity. The objective of this workshop was to strengthen the national financial management mechanisms in health. The publication describes the process, technical sessions, countries presentations. Overview of sub-accounts, and how SEARO would propose that NHA agenda is taken forward.

This report describes the proceedings and the discussion held on the progress of implementation and future activities pertaining to initiatives in the area of macroeconomics and health in the South-East Asia Region. The progress made has been summarized to highlight the achievement, both at global and country levels, of advocacy on the importance of health being placed at the centre of the development agenda. Issues of Millennium Development Goals (MDGs), poverty reduction strategy paper (PRSP) and the common acceptance of the need for a pro-poor focus in health policy have also been discussed. Initiatives for developing and strengthening the Macroeconomics and Health work in the Region can be best supported by capacity building at the country level to support key activities in this area, with attention also being paid to follow-up activities, exchange and dissemination of information, and encouragement to regularly monitor and evaluate the activities.

National Health Prevention and Treatment Protocols/Guidelines/Algorithms/Standards/Manuals, 2005

This CD-ROM includes a collection of publications on national health protocols, guidelines, algorithms, standards and manuals assisting health response during an emergency. It has been produced through a collaborative process between Nepal’s Ministry of Health and Population / Department of Health Services /Epidemiology and Disease Control Division, Nepal Public Health Association and the WHO Country Office in Nepal. The primary objective of this compilation is to ensure that standardized tools would be used by different stakeholders during a crisis situation.
Promoting Patient Safety at Health Care Institutions: Report and Documentation of the Technical Discussions held in conjunction with the 43rd Meeting of CCPDM, WHO/SEARO, New Delhi, 14-16 June 2006

This publication includes a report of the Technical Discussions on Patient Safety held in New Delhi on 16 June 2006 in conjunction with the 43rd Meeting of the Consultative Committee for Programme Development and Management. It includes A Working Paper which describes the magnitude of the patient safety problem in the Region, WHO’s response to the problem, and key concepts in patient safety including: a focus on systems rather than on blaming individuals; learning systematically from similar mistakes and minimizing risks in the future; involving patients and their communities, and translating evidence into sustainable health systems-oriented solutions. The publication delineates five priority areas of work and a set of recommendations which form the basis of a resolution adopted by the Fifty-ninth session of the Regional Committee for South-East Asia, held in Dhaka, 22-25 August 2006.

WHO Regional Patient Safety Workshop on Clean Care is Safer Care

This Report reviews the status of health care-associated infections (HAI) in the Region, introduces WHO strategies and tools to reduce HAI, and outlines a set of action points that countries can adopt as part of an integrated strategy to reduce HAI at the facility level.

Strengthening Health Systems Based on Primary Health-care Approach

The Regional Consultation on Strengthening Health Systems through PHC approach was convened as a follow-up to the discussion of 54th World Health Assembly A54/12 on Strengthening Health Systems in Developing Countries and Resolution SEAR/C55/R3 on Management of Decentralization of Health Care. Major common issues emerged out of the consultation are: limited coverage of quality health services, inadequate health financing, shortage and inequitable distribution of health workforce and weak health management,

The publication describes the outcomes of the discussion on strengthening health information systems (HIS) held between national focal and representatives of national statistical offices. Recent initiatives and developments like the Health Metrics Network, Millennium Development Goals, Health Mapping and Integrated Disease Surveillance etc., as well as country-specific issues and challenges related to national and sub-national level health information were identified. The Regional Strategic Framework 2006-2015, comprising generic guidelines for countries to develop their country specific action plans was finalized.


This Report summarizes the proceedings of a three-day event, the first of its kind for the Region, that brought together patients, family members, health care professionals, lawyers, media and policy makers to build partnerships to make health care safer in the Region. The meeting culminated in the drafting of the ‘Jakarta Declaration on Patients for Patient Safety in Countries of the South-East Asia Region’ which was endorsed as an amendment to Resolution SEA/RC59/R3 on ‘Promoting Patient Safety in Health Care’ by the Regional Committee at their 60th Session in Thimpu, Bhutan, in December 2007.


The South-East Asia Public Health Initiative (PHI): 2004-2008 was launched in 2004 with the aim of long-term strengthening of the overall public health infrastructure, services and management within the broader context of health system development. In an effort to gain high-level political commitment, the issue was placed on the agenda of the Twenty-third Meeting of Ministers of Health in September 2005. This resulted in the important recommendation that: “A National Public Health Task Force should be set up to oversee the developments in ‘public good’ functions.”
Another meeting was held from 1-3 November 2006, in Bangkok, to follow up on the recommendation. This meeting agreed that the “task force” should be renamed to reflect its high priority and long-term nature. The situation in individual countries also needed to be taken into account, for example, whether an existing entity could be strengthened, or whether a new one would be required. The main conclusion was that this entity should be placed at the highest national level, making public health development a key national priority. Further recommendations were made on its nature, membership, functions and terms of reference. Particular attention was devoted to the issue of accountability, and possible indicators were also explored.


The Report describes proceedings of the training of trainers and recommends follow-up activities related to training on Service Availability Mapping (SAM) in countries of the South-East Asia Region. Health information system programme managers, and data managers from Ministries of Health and research institutes participated at the training. Sessions included reviews of SAM questionnaires, introduction to Global Positioning System (GPS) and Personal Digital Assistant (PDA) use, and the use of applications such as Health Mapper and Pendragon, for application of the SAM tool at district level to map the health infrastructure and services offered by the district. Further actions in countries and possible WHO assistance have also been elaborated.


This publication describes the outcomes of the discussion on health systems strengthening (HSS) in the South-East Asia Region, with special emphasis on exploring the new window at opportunities of GAVI support. The main constraints identified in health systems strengthening by most countries are: lack of financial resources, shortage of human resources, lack of management capacity, need for improving the quality of primary health care, problems related to accessibility of health care services leading to their low utilization, inadequate infrastructure, drugs and equipment. WHO laid the ground for health systems strengthening in the Region by providing support to countries on the utilization of the GAVI HSS funding window by clarifying the process and implementation strategies.

Health in Asia and the Pacific

Countries and areas of WHO’s South-East Asia and Western Pacific regions share many problems, including inadequate resources for health and a high burden of disease. The differences and similarities that exist among the 37 countries and areas of the WHO Western Pacific Region and the 11 countries of the South-East Asia Region are more meaningful when viewed in the context of the larger Asia Pacific Region. This WHO publication is a response to requests from Member States for an information resource covering the entire Asia Pacific Region and containing up-to-date reports on health trends and health systems.
The Asia Pacific Region covers 21% of the world’s land area and is home to 53% of the global population. The challenges in many areas of public health, such as equity, human resources, health promotion, health service delivery and the social determinants of health, cannot be adequately described by numbers alone. To tell these stories, this publication provides a narrative of many aspects of the current health situation in the Region, supported by the statistical data. Efforts to achieve better health for all, as well as the successes and the failures encountered, are covered in detail. Where possible, a comparative approach has been taken to underscore differences as well as similarities. This publication is aimed at a wide audience with the belief that national health authorities, policy-makers, scholars, researchers, health workers and others dedicated to the advancement of public health in the Asia Pacific Region will find it to be an invaluable resource, which provides evidence crucial for sound policies and decisions.

Health Situation in the South-East Asia Region, 2001-2007

The health situation in Member States of WHO’s South-East Asia Region varies within and across countries. The Region accounts for around 25% of the world population yet incurs 30% of the global disease burden. The Health Situation in the South-East Asia Region was first published in 1980 and the present volume is the eleventh in the series. This publication presents covering the period 2001-2007. It is presented with a regional perspective and, where appropriate, comparisons have been made with other regions of WHO and with world averages. It described the progress in health development and reflects the impact of health programmes, highlighting the need for concerted action to improve the health of the population of the region. Various professionals, policymakers, authorities, researchers, health personnel and those committed to the advancement of public health in the Region will find this publication a valuable resource.

Utilization of Health Information for Decision-making

The WHO Regional Office for South-East Asia developed a 10-point Regional Strategy for Strengthening Health Information Systems in Member Countries in 2006. WHO SEARO has since conducted three intercountry workshops to assist countries to streamline their national health information systems in accordance with regional strategies. The regional consultation on mortality statistics conducted in April 2007 focused on vital registration, and the Regional Workshop of Trainers on the International Classification of Disease (ICD) in September 2007 on the use of ICD-10 in morbidity and mortality coding in the Region. The third workshop conducted in September 2007 addressed the issues of health statistics reporting. This Regional Consultation on Utilization of Health Information for Decision-Making held at Colombo, Sri Lanka, from 16-18 June 2008 discussed five of the 10 strategies in relation to utilization of information for decision-making and has made recommendations for Member countries as well as for the Regional Office.

Regional Workshop for Trainers on Sub-national/District Health Management Development

In 2007, SEARO conducted a Regional Workshop on Strengthening Management Capacity of Health Managers at Sub-national/district Level in Jakarta, Indonesia and published “Regional strategic plan for strengthening health service management”. The Regional workshop focused on finalizing the draft modules on strengthening health service management...
with a participatory process. The workshop concluded within the following recommendations: (a) to have a better link for the regional strategy implementation, the management concept and WHO “Everybody’s Business” (strengthening health systems to improve health outcomes, WHO’s framework for action); (b) to combine the four modules to one guidelines; and (c) to review and revise the modules to be more operational for country level implementation.

Regional Conference on Revitalizing Primary Health Care

At the Sixtieth session of the WHO Regional Committee for South-East Asia held in Thimphu, Bhutan in 2007, “Revitalizing Primary Health Care” was selected as the subject of Technical Discussions to be held prior to the Sixty-first session.

The Regional Conference on Revitalizing Primary Health Care was held from 6 to 8 August 2008 in Jakarta, Indonesia. The objective of the conference was to revitalize PHC in the changing context of health development and, its factors and social determinants to achieve the Millennium Development Goals (MDGs) and health for all. The conference concluded with the following recommendations: For Member States: (1) to reaffirm their political commitment to PHC; (2) to review health financing and expenditure; (3) to strengthen human resources and the service delivery system to support PHC; (4) to develop a strategy for improving health information systems; (5) to establish mechanisms as well as strengthen capacity for health system research; (6) to empower communities, especially women, to take an active role; and (7) to strengthen the capacity of ministries of health; and for WHO: (1) to assist in direct capacity development; (2) to provide normative support for country capacity; (3) to advocate with national governments on the need for multisectoral action for PHC; and (4) to provide global leadership in orienting other development partners towards PHC.

The conference has come up with a road map that assist Member States to strengthen their health systems using the primary health care approach to achieve the health goals as well as health-related MDGs taking into account the Social Determinants of Health.
Self-care in the context of primary health care

Member States in the South-East Asia Region agree that primary health care is the right approach to strengthen the health systems, taking into account the social determinants of health for achieving the MDGs, and ultimately to achieve equitable health for all. The PHC approach encompasses four principles: universal coverage; community participation; multi-sectoral collaboration; and use of appropriate technology. Self-care embraces all of these principles and translates community participation through community empowerment that necessitates involvement of other sectors beyond health. Use of appropriate information and communication technology is essential in empowering the community. Finally, self-care will ease the burden of the overstretched health systems, reduce cost and increase its effectiveness, all of which facilitate efforts in achieving universal coverage.

The regional consultation on “Self-care in the context of PHC” was held from 7-9 January 2009 in Bangkok, Thailand. The objectives were to determine the way forward in strengthening self-care for revitalizing PHC in countries of the Region, specifically to review the regional and countries’ current policy and practices on self-care, to identify best practices and challenges for self-care and to identify key strategies for self-care. The regional consultation concluded with the following recommendations: For Member States - (1) Give serious consideration to including strengthening of self-care as a programme in their efforts to revitalize PHC; (2) Re-examine national health policies and strategies to strengthen support structures, legislation and financing for self-care; (3) Document existing local self-care best practices and conduct operational research to develop evidence-based, effective self-care practices; and (4) Establish a network of individuals and institutions for self-care promotion. For WHO - (1) Advocate for strengthening self-care in the context of revitalizing PHC; (2) Provide technical support to Member States in their efforts to promote effective self-care; (3) Provide support to Member States in documentation, assessment and evaluation and research on self-care practices; and (4) To develop common tools and guidelines.

The consultation also suggested the way forward to enhance community participation and self reliance in health, with the improved role of the health work force to empower the community in a comprehensive understanding of health to improve social and economic productivity.
Regional Strategic Plan for Health Workforce Development in the South-East Asia Region

The Regional Strategic Plan on Health Workforce Development, which specifically identifies priority activities to be initiated by the WHO and Member Countries will guide and facilitate country initiatives on health workforce development. WHO is totally committed to play the lead role in catalyzing the implementation of this strategic plan.

The challenges related to health workforce in countries of the South-East Asia Region (SEAR) include overcoming shortages, geographical and skill mix imbalances, keeping pace with advancing knowledge and competencies and improving skills of health workforce management.

Realizing the increasing negative impacts of these issues and challenges, Member Countries of the WHO SEAR adopted a resolution on Strengthening the health workforce in South-East Asia (SEA/RC59/R6) while the Dhaka Declaration was endorsed at the 24th Health Ministers’ Meeting in 2006. The Regional Strategic Plan is the outcome of intense discussions and deliberations with the Member countries which was finalized at a consultation held in Bali, Indonesia, in 2006.

Preparation of Project Proposals for GAVI Health Systems Strengthening

The workshop on “Preparation of Project Proposals for GAVI-HSS” was conducted in Beruwala, Sri Lanka, from 29-31 August 2007. The main objective of this workshop was to provide technical advice/support to GAVI-eligible countries in SEAR to develop their project proposals on Health Systems Strengthening for submission to GAVI for funding. Bangladesh, India, Indonesia, Myanmar, Nepal, Sri Lanka and Timor-Leste participated while DPRK had already developed and submitted their respective proposals to GAVI. The workshop brought these countries together and afforded them an opportunity to share their own country experiences on proposal development activities which helped them fine-tune their respective proposals. As a result of this workshop, all the countries were able to accelerate the process of proposal development enabling them to submit the proposals by the deadline.

Regional guidelines for development of health workforce strategic plans in countries of the South-East Asia Region

It is an established fact that the 11 Member States of the South-East Asia Region are home to approximately 25% of the world’s population and bear almost 30% of the global disease burden.

In this context, the World Health Report 2006 highlighted the main role to be played by the health workforce (HWF). Countries need to overcome the shortage of HWF that has been identified as the most significant constraint for efforts to reach the health-related MDGs. Every country is unique in its needs and capacities. As a result, the whole process of strategic planning and implementation should be based on evidence generated through HWF situation analysis that is flexible and interactive.

These guidelines have been developed based on the WHO/SEARO “Regional Strategic Plan for HWF Development” and are designed to serve as a tool in developing country-specific HWF strategic planning.
Development of a Regional Strategy on Comprehensive Health Promotion: Report of an Intercountry Workshop, Bangkok, Thailand, 7-11 December 2004

The report contains proceedings from the first intercountry workshop on the development of a Regional Strategy for Health Promotion for South-East Asia (SEA). The specific objectives for the intercountry consultation were to (a) exchange country experiences; (b) develop a regional strategy for Health Promotion framework; (c) draft a Regional Workplan for 2006-2007 to implement the recent World Health Assembly resolutions; and (d) to plan for the Sixth Global Conference on Health Promotion in Bangkok, Thailand. Thirty-one (31) participants were drawn from nine countries of the SEA Region. The intercountry consultation developed and adopted a Strategy Framework for the Region. Several challenges were identified during country presentations and the need stressed for Member countries and WHO to support multisectoral approaches in order to build capacity, advocacy and alternative financial mechanism to promote health. Participants were briefed by the representative from WHO headquarters regarding the upcoming Sixth Global Conference on Health Promotion, to be held in Bangkok, Thailand and its expected outcomes.

Regional Strategy for Health Promotion for South-East Asia

The Regional Strategy for Health Promotion for South-East Asia features strategic directions for strengthening health promotion across sectors, arising from commitments and actions arrived at during regional and global conferences and high-level meetings on health promotion. The regional strategy delineates the mechanisms for promoting, supporting and protecting the desired health outcomes using interdisciplinary and multisectoral approaches that involve individuals, communities, civil society, private sector and all governments ministries. It endeavours to tackle the broad social, economic, environmental and political determinants of health that lie outside the health sector and are associated with ill-health and premature deaths. The need for strengthening the capacity of health and non-health sectors to plan, implement and evaluate health promotion activities, including gathering and dissemination of evidence; establishing partnerships and alliances; setting up innovative financing mechanisms; and the management and coordination of health promotion activities, remains the nucleus for effective implementation and sustainability.

Developing health promotion competencies and standards for countries in WHO South-East Asia Region

In order to build capacity for health promotion practice across sectors, establishing competencies is as critical as the content to be delivered. The academic institutions in the WHO South-East Asia (SEA) Region that offer health promotion courses are best placed to deliver the content and build the competency skills. The Regional Strategy for Health Promotion and the Bangkok Charter for Health Promotion guided the discussions held during the meeting to identify the core and desired competencies for health promotion practice among countries of the SEA Region. Technical experts from academic institutions and practitioners deliberated before reaching consensus on 15 core competencies, each having a specific performance criteria. The meeting of expert was organized as a response to the need to build a health promotion workforce equipped with knowledge, practice skills, values and attitudes appropriate to the promotion of health in a globalized world.
Regional Workshop on Health Statistics Reporting

Overall objective of the workshop was to improve existing country annual health reports, bulletins and profiles and to agree on the user-friendly and standardized method of health statistics reporting. The specific objectives were: (a) To review contents and formats of existing health statistics reporting in countries of the SEA Region; (b) To elaborate a consultative process for data validation between the WHO, Member countries and other development partners; and (c) To recommend common standards, format, and content and process of reporting health statistics.

Department of Health Systems Development – Profile and Vision

The vision of the Department of Health Systems Development is for Member countries in the South-East Asia Region to have efficient and effective health systems that are responsive, affordable and accessible to all and at all places, at all times. Such health systems must be based on evidence from quality health information and research, serviced by a competent, motivated health workforce, and supported by the availability of appropriate medical products and technologies. Such health systems will facilitate people’s participation in their own health.

Regional Strategic Plan for Strengthening Health Service Management in the South-East Asia Region

The Regional Strategic Plan for Strengthening Health Service Management in the South-East Asia Region is the outcome of intense discussions and deliberations with Member countries at the Regional Workshop on Strengthening Management Capacity of Health Managers at Sub-national/district levels” held in Jakarta in 2007. This Regional strategic plan maps out current management gaps, such as shortage of managers, inadequate competencies, lack of a functional support system and inadequate working environment to support good management.

Six strategic areas of actions, including several strategic activities have been identified. WHO’s role in strengthening health service management in the Region
has also been listed. Roles of national governments in implementing country activities are critical as they collectively contribute to regional actions. In this effort, the Regional Office, in collaboration with country offices, will play a facilitating and catalytic role in extending support to Member countries whenever necessary.

The Regional Six-point Strategy for Health Systems Strengthening based on the Primary Health Care Approach

The Regional Six-point Strategy for Health Systems Strengthening based on the Primary Health Care (PHC) Approach has mainly been derived from the working paper prepared for the Regional Consultation on Strengthening Health Systems, held in Pyongyang, DPR Korea from 18 to 20 April 2007. This document is intended to provide an insight into the current challenges being faced by health systems in the South-East Asia Region and PHC-based strategies formulated to strengthen them.

Consultation on Establishing a Regional Network of Medical Councils in SEAR Countries, SEARO, New Delhi, 15-16 February 2007

The need to establish a Network of Medical Councils of countries to the South-East Asia Region was first realized on October 2006 at a Regional Consultation of Medical Councils which was held in Thimpu, Bhutan. The Regional Office took the initiative to establish the proposed Network of Medical Councils in Member Countries of the Region by organizing a consultation from 17 to 18 February 2007 in New Delhi. This report highlights the process followed, and the Terms of Reference, functions, membership, secretariat and the workplan of the Network of Medical Councils that was agreed upon by participants who attended the consultation.

Regional Consultation on Strategic Plan for Health Workforce, Bali, Indonesia, 18-20 December 2007

The Fifty-ninth session of the Regional Committee endorsed the resolution SEA /RC59/R6 on strengthening the health workforce in the South-East Asia Region and the draft Regional Strategic Plan for Health Workforce Development, and requested the Regional Office to finalize the Regional Strategic Plan. This publication describes the process and the outcome of the consultative meeting which was organized from 18 to 20 December 2007 in Bali, Indonesia to finalize the Regional Health Workforce Development Strategic Plan. It outlines the country presentations highlighting the existing health workforce situation, programmes
and projects affected, and country-specific causes of health workforce related problems. Major initiatives taken by countries to overcome these problems are also outlined.

**Regional Strategic Plan for Health Workforce Development in the South-East Asia Region**

The Regional Strategic Plan on Health Workforce Development, which specifically identifies priority activities to be initiated by the WHO and Member Countries will guide and facilitate country initiatives on health workforce development. WHO is totally committed to play the lead role in catalyzing the implementation of this strategic plan. The challenges related to health workforce in countries of the South-East Asia Region (SEAR) include overcoming shortages, geographical and skill mix imbalances, keeping pace with advancing knowledge and competencies and improving skills of health workforce management. Realizing the increasing negative impacts of these issues and challenges, Member Countries of the WHO SEAR adopted a resolution on Strengthening the health workforce in South-East Asia (SEA/RC59/R6) while the Dhaka Declaration was endorsed at the 24th Health Ministers’ Meeting in 2006. The Regional Strategic Plan is the outcome of intense discussions and deliberations with the Member countries which was finalized at a consultation held in Bali, Indonesia, in 2006.

**Strategic Directions for Strengthening Community-Based Health Workers and Community Health Volunteers in the South-East Asia Region**

Strengthening community-based health workers (CBHWs) and community-health volunteers (CHVs) is one of the key strategies for health workforce development identified in the Dhaka Declaration in 2006 and in the Regional Committee resolution SEA/RC59/R6 on health workforce strengthening. This document presents a framework and nine strategic areas with actions for WHO and Member States for the development and sustaining of CBHWs and CHVs in promoting the health of the people. The nine strategic actions are grouped under three pillars, namely renew political commitment and recognize the importance of CBHWs and CHVs, strengthen the corps of CBHWs and CHVs and ensure a supportive environment for their effective functioning. The strategic directions were adopted in principle at the Regional Meeting on Revisiting Community-based Health Workers and Community Health Volunteers held on 3-5 October 2007 in Chiang Mai, Thailand, and were finalized at the peer review meeting in February 2008.
Module for teaching medical ethics to undergraduates

It is expected that doctors are professionally sound with all required competencies. It is also expected that while they are practicing medicines and are dealing with patients, attendants, relatives of patients, they practice ethical behaviour with relevant competencies. With the changes in complexities in medical practice the doctors are now encountering increased number of litigations against them most of which are related to ethical issues.

Hence there was a need to train doctors on ethics with a comprehensive teaching module on ethics. The modules of Medical Ethics for Medical Undergraduates is to help medical students to recognize the importance of being sensitive to ethical issues within everyday clinical practice and develop in them the ability to effectively address ethical concerns of patients as well as in clinical research involving patients and human beings. The module will also help the students to develop skills and attitudes necessary to guide their conduct on the ethical perspective through the teaching/learning exercises in the medical schools in their undergraduate course.

It is also expected that this module will help a future doctor to (i) practice according to statutory requirements and codes of conduct for medical practice; (ii) demonstrate sensitivity to ethical issues and ethical behaviour in professional practice (iii) identify and apply ethical principles in conducting research; and (iv) to analyze ethical issues and make ethical decisions in medical practice.

Introduction of Japanese Encephalitis Vaccine in the South-East Asia Region (with focus on SA 14-14-2 JE Vaccine: Operational Guidelines)

Japanese encephalitis (JE) is a serious public health concern in several countries of the Asia-Pacific region. There is now a consensus that vaccination and the use of vaccine as part of the routine immunization programme is the only certain and sustainable way to effectively control JE. Unfortunately, the inactivated mouse brain-derived JE vaccine is neither available in sufficient quantity nor at affordable prices. The live attenuated SA-14-14-2 JE vaccine is an effective and affordable alternative. Hundreds of millions of doses of this vaccine have been used in China with remarkable impact on the epidemiology of JE and with very high safety record. Several countries in the SEA Region recently began using this vaccine on a very large scale. This guideline was developed to assist countries in the introduction of the SA-14-14-2 JE vaccine. It outlines the practical steps needed in the planning, implementation and the monitoring of the use of this vaccine for the control of JE. The guideline has been developed in consultation with JE experts, national EPI Program Managers, and other public health experts, using the most recent available evidence to support specific strategic decisions. It is aimed for use primarily by national programme managers for JE control, medical officers working in JE-endemic areas, and field workers who may be involved in conducting mass campaigns or in routine administration of this vaccine in their routine practices.
EPI Review in Maldives

The Government of Maldives has initiated several reforms in the Ministry of Health (MoH), including transfer of some departments and units within the MoH and also to other ministries. New vaccines are becoming increasingly available in the market at costs affordable to developing countries. In Maldives measles, mumps and rubella (MMR) vaccine has been introduced in the routine immunization programme in 2007; new equipment was purchased with tsunami relief funds and new policies are being developed by the Ministry of Environment, Water and Sanitation on the way healthcare waste is managed. These changes may have an impact on the immunization programme. In this changing environment, the Ministry of Health requested WHO’s assistance to conduct a national EPI review to identify problems and prepare an activity plan to implement solutions to improve and maintain the performance of the immunization programme in Maldives.

Teams constituting of international EPI experts from the IVD section of the WHO Regional Office for South-East Asia, UNICEF, Centre for Disease Control and Prevention (CDC), Atlanta, USA, and the Ministry of Health, Sri Lanka, along with national EPI experts conducted the EPI review from 11 to 19 December 2006. Using questionnaires to guide the interviews, the teams collected data in six areas of the EPI programme: a) planning and management of immunization; b) immunization policies and vaccination schedule; c) immunization coverage, including reporting procedures; d) vaccine preventable diseases surveillance; e) immunization safety, vaccine management and immunization waste disposal; f) advocacy and communication.

The samples for data collection concerned four regional hospitals, six atoll hospitals, 18 health centres and several health posts which represented health facilities at each level of the health infrastructure: islands, sub-atoll, atoll, regional and central. Three teams were constituted to visit health facilities, including regional and atoll hospitals and health centres and health posts.

The findings of the review teams confirmed that Maldives has been successful in providing immunization services to the population with a high level of coverage being maintained. In most facilities visited the health staff was found to be well informed about planning, budgeting and safe vaccine handling and injection practices. The issues of top priority to be addressed in the Maldivian immunization programme are the following:

- Establish an expert group to develop national EPI guidelines that outline policies and procedures for planning and budgeting within the decentralization of health services;
- Review the current immunization schedule to:
  - reduce number of contacts,
  - introduce fourth dose of diphtheria-containing vaccine,
  - replace tetanus toxoid (TT) with tetanus diphtheria (Td).
- Develop a systematic standard procedure for collection, transport and testing for suspect measles cases need to be developed along with appropriate guidelines to help health workers;
- Develop a national in-service training programme with implementation plans and budgets; and
- Ensure vitamin A is administered every six months to children aged nine months to five years old;

An Expert Committee Consultation to Develop a Fast-Track Mechanism for Licensing of Vaccines Procured through UN Agencies, New Delhi, 13-15 September 2005

Registration and licensing procedures in countries that procure their vaccines mainly through UN agencies may follow a fast-track procedure. The aim of this is to comply with national regulations and international standards of product registration/licensing and to continue to provide timely access to EPI vaccines that meet assured quality standards. This report captures the conclusions of the expert committee consultation and provides recommendations on the way forward.
Joint National/International AFP Surveillance Review, Bhutan

The very basis of regional certification of polio-free status is high quality acute flaccid paralysis (AFP) surveillance. The Regional Office has been assisting Member countries to strengthen AFP and vaccine-preventable disease (VPD) surveillance. As an integral component of this process, countries are encouraged to conduct periodic internal reviews of disease surveillance systems. This is complemented by periodic joint national/international reviews of AFP and VPD surveillance systems. To verify Bhutan’s polio-free status and as a requirement for regional certification, a joint national/international surveillance review was conducted to identify strengths and limitations in AFP and VPD surveillance. Bhutan borders the polio-endemic country of India and also shares its border with China. There is significant population movement across borders which poses a risk of importation of wild poliovirus and other vaccine-preventable diseases. This report describes the background, methodology and findings from the Review.

Planning for Immunization Programme Sustainability in the South-East Asia and Western Pacific Regions: Report of a Bi-regional Workshop, Bangkok, Thailand, 12-14 September 2005

This meeting compared experiences on planning and financing and identified gaps in technical assistance for countries. This was the first time that regional institutes, consultants, global partners, and country representatives met together on this issue. In addition to providing the details of the discussions, the Report also outlines a plan of action for 2006-2007 for technical assistance to countries for the development of their multi-year immunization plans and identifies institutional assistance and support for this.
Report of Second Regional National Control Laboratory Network Meeting: Barog, Dist. Solan, Himachal Pradesh, India, 14-16 November 2005

The World Health Organization (WHO) provides international reference standards (IRS) for vaccines and other biologicals; IRS are not always available in sufficient quantities. The first regional National Control Laboratories (NCL), meeting of three vaccine-producing Member countries (India, Indonesia and Thailand) in the WHO South-East Asia (SEA) Region was held in 2004 to establish an NCL network to develop regional working reference standards (RWRS) for vaccines. The meeting agreed that the candidate reference vaccine for the JE (RWRS) should be freeze-dried inactivated mouse brain vaccine using the Beijing virus strain. The Department of Biological Products (DBP), Thailand will lead the JE RWRS project with five laboratories participating in the collaborative study: NIID, Japan, Central Drug Laboratory (CDL) Kasauli, India and three laboratories in Thailand. Further, the CDL, Kasauli will lead the Pertussis RWRS project.

Report of the Meeting with Vaccine Manufacturers Regarding Influenza Vaccine Production in the South-East Asia Region

The WHO Meeting with Vaccine Manufacturers regarding Influenza Vaccine Production in the South-East Asia Region, held in New Delhi from 6 to 8 June 2006 brought together policy-makers, national regulators, and public and private vaccine manufacturers from the SEA Region. The meeting’s objective was to assess the current policies and practices on the use of seasonal influenza vaccine and to explore the potential for production of influenza vaccine. The meeting was facilitated by international experts as well as staff from WHO headquarters. It recommended that countries should reexamine their policies with regard to seasonal influenza vaccine use, and encouraged governments and vaccine manufacturers to invest in influenza vaccine production capacity to prepare the SEA Region better for a potential future pandemic influenza.
The SEAR Technical Consultative Group advises the Regional Director and immunization partners, including national government, on matters of policy and strategy regarding immunization, vaccine development and control/elimination/eradication of vaccine-preventable diseases in the Region. It meets annually. This report of the TCG meeting in 2005 provides details of the conclusions and recommendations of the TCG following review of the status and progress in countries of the Region in the areas of polio eradication, including laboratory surveillance and containment, accelerated measles mortality reduction, and strengthening of immunization systems. The report of the meeting of the virologists of the SEAR polio laboratory network is also included.

In 2005, the SEA Region developed a Regional Immunization and Vaccine Development (IVD) Strategic Plan for 2006-2009 in keeping with the WHO/UNICEF Global Immunization Vision and Strategy (GIVS) that confirmed the global commitment to immunization as a tool for achieving the Millennium Development Goals (MDGs). The Plan set specific regional goals and described relevant regional strategies that reflect the immunization challenges, progress and aspirations of Member States. At its meeting in 2005, the TCG endorsed the Plan and made recommendations for achieving its goals and for completing polio eradication in the Region.

At its twelfth meeting in 2007, the TCG reviewed the current progress towards regional goals and provided comments and recommendations to facilitate continued immunization progress. This report further highlights the need for action in the polio eradication initiative and makes recommendations for its urgent completion.
Workshop on Good Clinical Practices in Clinical Trials and Post-marketing Surveillance

The WHO South-East Asia Region (SEAR) is emerging as a major producer and supplier of vaccines to the global and regional markets. India, Indonesia and to some extent Thailand, the three South-East Asia vaccine producing countries, are expected to increasingly take over the supply of traditional EPI vaccines and new combination vaccines to meet the regional and global vaccine demands. At the same time, these countries are investing in the research and development of new vaccines. Vaccine production requires a strong regulatory system to monitor safety, quality and efficacy, and clinical trials during the different phases of vaccine development are important and critical activities.

Furthermore, vaccine manufacturers in industrialized countries are increasingly looking at developing countries to conduct clinical trials, to produce or finalize vaccines (filling, packaging) and to distribute vaccines worldwide. Different approaches are taken such as joint ventures and installation of facilities by such manufacturers in developing countries. Joint ventures have already been established in India, Thailand, Indonesia and in Myanmar.

In this context, national regulatory authorities (NRAs) in developing countries are faced with the challenge of fully regulating vaccines to ensure their safety, quality and efficacy, including the oversight of clinical trials that may be conducted. Developing countries are expected to establish accredited scientific and technical review committees as well as research ethics committees to ensure compliance with principles of Good Clinical Practice (GCP) consistent with international ethics norms and a monitoring system for Adverse Events Following Immunization (AEFI) in the post-licensing era of vaccine. While some Member Countries in the Region have developed capacity, most either do not have such regulatory processes in place or there are not often implemented adequately. Therefore, assisting Member Countries in strengthening capacity in this area is a priority activity for IVD.

First South-East Asia Regional Technical Advisory Group on Immunization (SEAR ITAG) Meeting

The WHO/SESAR Technical Consultative Group (TCG) on Polio Eradication and Vaccine Preventable Diseases was established in 1994. The TCG was an advisory body providing guidance to WHO on immunization matters. In 2008 the terms of reference for the TCG, as well as memberships, were revised and became the South-East Asia Regional Technical Advisory Group (SEAR ITAG). The ITAG consists of experts from various technical areas related to immunization and vaccine development.

This publication is the report of the First Meeting of the South-East Asia Regional Technical Advisory Group on Immunization held on 14-15 July 2008 in Bangkok, Thailand. This report includes a review of the progress made in strengthening routine immunization, polio eradication, measles control, introduction of new vaccines, injection safety etc. It provides recommendations for other consideration of Member countries of the WHO South-East Asia Region in their efforts to achieve the World Health Assembly Global Immunization Vision and Strategy (GIVS) goals.
Observations on Vaccine Production Technologies and Factors Potentially Influencing Pandemic Influenza Vaccine Choices in Developing Countries

This paper presents an overview of technologies currently available for the production of influenza vaccine, as well as others that are under development. It draws attention to pertinent issues and challenges that policy-makers in developing countries may need to consider when reviewing their options for accessing influenza vaccine production technologies. It is intended as a contribution to the debate on the sharing of influenza viruses and access to vaccines and other benefits arising from their commercial exploitation.

Planning for the deployment of pandemic influenza vaccine

The severity of the pandemic H1N1 is currently considered to be moderate, with most patients experiencing uncomplicated, self-limited illness. Nevertheless, some groups appear to be at increased risk for severe disease and death. Vaccination would be important for protecting the integrity of the health-care system and the country’s critical infrastructure; reducing and morbidity and mortality; and reducing transmission of the pandemic virus within communities. The Regional Workshop on Planning for the Deployment of Pandemic Influenza Vaccine was conducted from 14-18 September in New Delhi, India. This report summarizes the important considerations in deployment of pandemic influenza vaccine, including management of deployment efforts, addressing legal and regulatory requirements, injection safety, information and communications, logistics management and waste management and follow up action for Member-States of the South-East Asia Region.

Report of the South-East Asia regional vaccine prioritization workshop

The Regional Workshop on Vaccine Prioritization for the South-East Asia Region was held in Bangkok from 11-13 May 2009. The meeting provided an important forum in the Region to share experiences, agree on common policies and chalk out strategies to prioritize the introduction of new vaccines and technologies in Member States. It also provided an opportunity for experts from the Member States, region and outside the region to interact with each other for discussions on common issues.

This report contains the essence of the key topics discussed, the criteria to be used for prioritizing vaccines, a decision making frame work and a list of new and underutilized vaccines as "immediate", "in the near future", and "in the distant future" categories for consideration in prioritizing vaccines by the Member States in the Region.
Measles & Rubella surveillance and outbreak investigation guidelines

The WHO/UNICEF comprehensive strategy to reduce measles deaths was endorsed by the World Health Assembly in 2003. The four components of the strategy are: strong routine immunization; providing a ‘second opportunity’ for measles immunization; effective measles surveillance; and improved case management.

The overall goal of the South-East Asia regional strategic plan for 2007-2010 is to reduce the number of measles deaths by 90% in 2010 relative to 2000 estimates. Two important objectives outlined in the plan are: to conduct case-based measles surveillance within an integrated vaccine preventable disease surveillance system in countries that have conducted measles catch-up campaigns; and to achieve full investigation and appropriate clinical case management for all measles outbreaks.

Although the current regional goal is sustainable measles mortality reduction, several countries that have achieved a low incidence of measles are accelerating efforts with a view towards measles elimination.

Additionally, Member countries are integrating measles mortality reduction with rubella/ congenital rubella syndrome (CRS) control whenever possible. These guidelines are intended to provide a framework for measles and rubella surveillance for national and sub-national level programme managers who could adapt them to local needs.

Report of the regional consultation on measles

In 2005, the World Health Assembly endorsed a goal of reducing measles mortality by 90% in 2010 as compared to 2000. By 2008, measles mortality had been reduced globally by 78% as compared to 2000. The progress has generated interest in the possibility of setting a global measles eradication goal. The Regional Consultation on Measles was held on 25-27 August 2009 with the overall objective of developing a consensus on establishing a measles elimination goal in the South-East Asia Region. The report summarizes progress towards achieving the regional measles mortality reduction goal, immunization and surveillance targets that must be achieved to reach a measles elimination goal. Other issues discussed include injection safety, adverse events following immunization (AEFI), vaccine supply, cold chain, funding, and a roadmap to reach the measles elimination goal.
Fourth biregional meeting on the control of Japanese Encephalitis (JE)

In 2003, several countries of the WHO South-East Asia Region had routine JE reporting and vector control measures, but immunization programmes were not prioritized. Only two countries of the Region had successful JE immunization programmes (Sri Lanka and Thailand). In the last six years, the SEA Region has seen significant activity and progress towards JE control, with sustained long-term immunization programmes and ever more countries considering vaccine introduction. In recent years, India and Nepal introduced the live, attenuated SA 14-14-2JE vaccine, increasing to four the number of countries in the Region with sustained JE immunization programmes. Broad-based laboratory surveillance in the Region is supported and enhanced through a regional laboratory network, which has helped identify JE in many countries with previously limited information on the JE disease burden.

In WHO’s Western Pacific Region, 11 countries with a total population of 1.74 billion are at risk for JE infection. Progress over the last two decades shows inequities in control, with human disease almost eliminated in the developed countries—namely, Australia, Japan, Singapore and the Republic of Korea. China, a lower middle-income country, has made significant advancements in JE control but still needs further improvement in immunization coverage.

Despite these successes, JE remains a significant public health problem in countries of both regions. The biregional meeting on JE control (7-8 June 2009) focused on the progress made since the last biregional meeting held in 2007 in expanding surveillance activity, measures towards JE control, including establishing routine JE immunization. The report summarizes the proceedings of the meeting, and updates on progress in JE control, defining disease burden, assessing outcome after JE infection, JE laboratory network and diagnostic initiatives, JE vaccine clinical trials, planning for expansion of introduction of vaccine in JE endemic countries, and future goals and challenges in JE control.

This meeting report outlines the progress achieved in elimination of kala-azar. The meeting was held as a side-meeting during the Fifty-ninth session of the Regional Committee for South-East Asia in Dhaka, Bangladesh, on 23 August 2006. Thirty delegates from Bangladesh, Bhutan, India, Maldives and Nepal, along with representatives from the World Bank, JICA, other partners, and the WHO Secretariat, which included the Special Programme for Research and Training in Tropical Diseases (TDR/HQ), attended. The Regional Office offered to extend all possible technical support encourage commitment and promote joint collaborative efforts by building effective partnerships, and through social mobilization to Bangladesh, India and Nepal, in their kala-azar elimination programme initiative. The report also outlines the World Bank’s commitment to support kala-azar elimination in India and also in expanding partnerships with TDR, World Bank, GTZ, JICA and other stakeholders.

Elimination of kala-azar is a priority for the Region. The Regional Director has constituted a Regional Technical Advisory Group (RTAG) on the subject. The first meeting of RTAG was held in 2004 where the regional strategic framework for the elimination of kala-azar was discussed and endorsed. The RTAG also recommended formation of a partners’ forum. A technical consultation with partners was organized by the Regional Office in collaboration with the Division of Control, Prevention and Eradication (CPE/WHO/HQ), and Special Programme for Research and Training in Tropical Diseases (TDR/WHO/HQ) at Behror Rajasthan, India, from 29 to 31 August 2005. The participants included representatives from UNICEF, the World Bank, the Bill and Melinda Gates Foundation, the GTZ (the German aid agency), and Drugs for Neglected Diseases Initiative (DNDI), selected members of RTAG, programme managers from Bangladesh, India and Nepal, TDR, WHO/SEARO and WHO staff from the three endemic countries. Partners attending the meeting endorsed the Regional Strategic Framework to Eliminate Kala-azar, 2005-2015.

Technical Consultation with Partners for Elimination of Kala-azar in Endemic Countries of WHO South-East Asia Region

The political commitment for the elimination of kala-azar in the three endemic countries in the South-East Asia Region is strong. A memorandum of understanding was signed by the Ministers of Health of Bangladesh, India and Nepal to eliminate kala-azar through intercountry cooperation at an event organized during the World Health Assembly in May 2005.

Kala-azar Elimination in the South-East Asia Region: Training Module for Participants

The module contents include standard operating procedures for kala-azar elimination in South-East Asia countries which are basically important guidelines that familiarize doctors and health professionals about the technical contents, norms and standards for diagnosis, treatment and prevention of kala-azar in the Indian subcontinent. These modules are consistent with the regional strategic plan for elimination of kala-azar, which has been endorsed by the WHO Regional Technical Advisory Group (RTAG) on Kala-azar.

This module include informal, interactive and participatory methods to train both medical and public health professionals working in the area of kala-azar. The teaching methods includes clear explanations, ANSWER questions, talk with participants about their answers and exercises, role playing, group discussions, visual inspection of participatory programme sessions, encouraging the participants to help to learn and give short presentations. The module is supplemented by
the other document, titled Kala-azar elimination in the South-East Asia Region: Training module for Facilitator Guide and together it forms a good training package for interactive and participatory adult learning. However, this module package does not deal with micro-planning and management.

Kala-azar Elimination in the South-East Asia Region: Training Module for Facilitator Guide

The Kala-azar elimination in the South-East Asia Region Training module for Facilitator Guide would impart knowledge and enhance competence of national participants on various technical and programmatic aspects of kala-azar elimination; familiarize the participants on the use of WHO guidelines and standard operating procedures on clinical diagnosis and treatment of kala-azar, which could be adapted to local requirements; share experience and exchange views on implementation aspects of kala-azar elimination and help in identifying the next steps for national-level training and training methodologies to be used for Kala-azar elimination.

Programme manager’s meeting on elimination of Kala-azar in the South-East Asia Region

A meeting of the Programme Managers of Bangladesh, India and Nepal on Elimination of Kala-azar in the South-East Asia Region was held in Faridabad, Haryana, India, 17-19 February 2009. The meeting was convened to discuss the Kala-azar situation in South-East Asia Region, identify the gaps and constraints, finalize indicators to be used for monitoring and evaluation and review existing and new evidence on treatment and vector control. This document describes the detailed deliberation of the meeting.
Global Strategy for Further Reducing the Leprosy Burden and Sustaining Leprosy Control Activities (2006-2010)

The main principles of leprosy control, based on timely detection of new cases and their treatment with effective chemotherapy in the form of multidrug therapy, will not change over the coming years. The emphasis will remain on providing quality patient care that is equitably distributed, affordable and easily accessible. At the moment, there are no new technical tools or information that warrant any drastic changes in the strategy for leprosy control.

However, there is an urgent need to make decisive changes in the organization of leprosy control, in the attitude of health care providers and beneficiaries, and in the working arrangements between all partners. The main elements of the strategy are as follows:

- Sustain leprosy control activities in all endemic countries;
- Use case detection as the main indicator to monitor progress;
- Ensure high-quality diagnosis, case management, recording and reporting in all endemic communities;
- Strengthen routine and referral services;
- Discontinue the campaign approach, and
- Develop tools and procedures that are home/community-based, integrated and locally appropriate for prevention of disabilities/impairments and for provision of rehabilitation services;
- Promote operational research in order to improve implementation of a sustainable strategy, and
- Encourage supportive working arrangements with partners at all levels.

This strategy will require endorsement and commitment from everyone working towards the common goal of controlling leprosy, to ensure that the physical and social burden of the disease continues to decline throughout the world.

I can do it myself! Tips for People Affected by Leprosy who want to Prevent Disability

The longer the delay between the appearance of the first symptoms of leprosy and the start of treatment, the more likely it is for nerve damage to occur. For this reason, every effort should be made to inform the public that early diagnosis and treatment of leprosy prevents the occurrence of long-term complications.

Prevention of disability (POD) is an important component of ‘quality leprosy services’ emphasized in the WHO’s Global Strategy. There are many ways in which complications of leprosy can be minimized by practising good self-care at home. People need to be informed clearly about the actions they can take at home that are appropriate for their particular situation.

The booklet is intended for persons affected by leprosy, their close family members and friends who can help them practice self-care at home.

This prototype version has an English text and hand drawn figures to assist in better understanding of the steps for prevention of disabilities. In order to make it useful for those who need it, it is recommended that the book be adopted and translated to suit local conditions.

In order to make it useful for those who need it, it is recommended that the book be adapted and translated to suit local conditions.

Presentations made during the Information Consultation on Rifampicin Resistance in Leprosy, JALMA, Agra, India, 30 November – 1 December 2006

The emergence of drug resistance is a cause for concern and a threat for any infectious disease intervention programme. For leprosy, a chronic disease with social stigma, drug resistance poses a serious impediment at a stage when there is a dramatic decline in prevalence
due to intensive and concerted chemotherapy intervention made by the global community. To effectively meet the challenge of containing the disease and sustaining the declining leprosy trend, it is essential to keep a vigil on the drug resistance scenario at many vulnerable settings. This can be done by drug resistance surveillance through an appropriate clinical, field and laboratory support system.

An Informal Consultation on rifampicin resistance in leprosy was hosted by JALMA at Agra in India. The consultation discussed in detail the methods to detect resistance to anti-leprosy drugs, recent findings in assessing rifampicin resistance and the methods and tools for surveillance. The use of standardized field and laboratory methods in surveillance of drug resistance in leprosy is essential for effective surveillance, interpretation of findings, and comparability of results.


This is an annual meeting of the National Leprosy Programme Managers of the Member States of the Region. The general objective of the meeting was to undertake an overview of the progress of leprosy elimination in the Region and plan for the future. The specific objectives included a review of the progress of implementation of leprosy activities in Member States during the biennium 2003-2004, discuss implementation of the country plans for the biennium 2004-2005 and to identify country-specific constraints and make appropriate recommendations for intensification of activities. There were a total of 40 participants which included representatives from eight leprosy-endemic countries of the Region, and representatives from seven partners supporting leprosy activities in the Region. The publication includes current global/regional progress, country reports, state/provincial reports from India and Nepal, and a special presentation on “Role of partners”. The recommendations of the meeting are divided into those for countries which are yet to achieve elimination and those which have achieved elimination at national level.


The South-East Asia (SEA) Region, which traditionally accounted for the highest burden of leprosy worldwide, achieved the goal of elimination of leprosy as a public health problem in December 2005. India, which accounted for the highest burden of leprosy globally and regionally, also achieved the goal in December 2005. The annual intercountry meeting of national programme managers has been useful in reviewing the progress, sharing experiences, identifying constraints and evolving measures to deal with the remaining challenges. With this background, an Intercountry Meeting of National Programme Managers for Leprosy Elimination was organized in Bangkok, Thailand, from 15 to 17 May 2006. This report describes the progress of the leprosy elimination programme in Member countries during 2005-2006 and the national plans of action for the 2006-2007 biennium.

Report of the Seventh Meeting of the WHO Technical Advisory Group of the Elimination of Leprosy

The seventh meeting of the WHO Technical Advisory Group on the Elimination of Leprosy (TAG) was held in Geneva, Switzerland, on 4-5 April 2005. The meeting’s main objective was to review and finalise the draft Global Strategy for Further Reducing the Leprosy Burden and Sustaining Leprosy Control Activities: 2006-2010. The large-scale implementation of the
Strategic Plan 2000-2005 increased the coverage of leprosy control activities and brought many previously undetected cases to health facilities for treatment. The Global Strategy 2006-2010 addresses the remaining challenges to further reduce the global leprosy disease burden.

Presentations were made on the long-term follow-up study that was conducted in India which adds to the evidence that the risk of relapse is low among highly bacillary patients who receive adequate and regular treatment with MDT. The complex relationship between social stigma and integration was discussed. Integration may result in reducing stigma, increase accessibility, ensure sustainability and promote equitable health care for all members of the community. The need for practical methods for checking the accuracy of diagnosis of newly-detected cases under programme conditions was also discussed. One approach would be for supervisors within the health services to review the diagnosis of newly-detected cases with their staff as a routine and to continually upgrade staff performance through on-the-job training.

Progress with ongoing multicentre clinical trial for treatment of PB leprosy patients with single dose of rifampicin, ofloxacin and minocycline and the Uniform-MDT regimen for all leprosy patients was shared. The TAG recommends that the draft Global Strategy for 2006-2010 be reviewed taking into consideration comments from all participants and that an editorial group be formed to carry out the necessary revisions.
Workshop for Health Service Managers in Charge of Leprosy Control Programmes: From Global Strategy to National Action – Facilitator Guide and Participant Guide

These workshops entitled, From Global Strategy to National Action, developed for health service managers in charge of leprosy control programmes, are an attempt by the World Health Organization and its partners, including ILEP, to ensure that communities will continue to have access to quality leprosy services even in low endemic countries. It consists of guides for both participants and facilitators. The workshops enable managers of integrated programmes to implement the WHO’s leprosy control strategy in their countries based on informed decisions. The managers targeted are those with responsibility for leprosy control but for whom leprosy is only a part of their responsibility or who have little leprosy background and time to attend long leprosy training schedules.

Following a pilot workshop at ALERT, Ethiopia, in December 2007, further workshops are being carried out during 2008 and 2009. Two have already been held in Trinidad, April 2008 (for the American Region) and at Addis Ababa in Ethiopia, May 2008 (for the African Region). Further workshops are planned to take place in Dhaka, Bangladesh, and Ho Chi Minh City, Vietnam, later in 2008 for both the South East Asia and Western Pacific Regions.

The workshops, with their mix of innovative training methods and hands-on training, have been extremely well received by national programme managers and it is hoped that similar adapted workshops can be held at country and provincial levels. The development of the training manuals and the rolling out of these workshops is an encouraging indicator of the increasingly important and successful collaboration between WHO and partners.

Informal Consultation on Innovative Approaches to further Reduce Leprosy Burden in Countries

The report highlights the outcome of an informal consultation that was held by the Global Leprosy Programme on 17-18 September 2008 at New Delhi, India. Experts were invited to discuss various issues related to leprosy control and to explore innovative ideas that will improve current leprosy control activities. The recommendations made during this consultation will be considered for the development of the World Health Organization’s “Enhanced Strategy for Reducing the Leprosy Burden in Endemic Countries 2011-2015”.

Report of the Workshop on Sentinel Surveillance for Drug Resistance in Leprosy

The WHO strategy for reducing the leprosy burden in endemic countries based on timely detection of new cases and their treatment with effective chemotherapy in the form of multidrug therapy (MDT) has been very successful. However, recent evidence on the emergency of Mycobacterium leprae strain resistant to the most important component of the standard MDT, i.e. rifampicin, has been a cause for great concern among experts and programme managers. The situation, if left unchecked, is likely to lead to a significant setback in the efforts at controlling the disease in the coming years. The report summarizes outcomes of the Workshop on Sentinel Surveillance for Drug Resistance in Leprosy at Hanoi, Viet Nam on 20-22 October 2008.
Guidelines for Global Surveillance of Drug Resistance in Leprosy

The eventual emergence of drug resistance is a significant cause for concern and threat to many infectious disease control programmes, especially when secondary prevention (chemotherapy) is the main component of the control strategy. For leprosy, a chronic disease accompanied by social stigma, drug resistance poses a serious impediment to its control. This is particularly worrying at the stage where a dramatic decline in prevalence and new case detection has been achieved after to intensive and concerted chemotherapy interventions made by the national programmes and its global partners.

In order to meet the challenges of containing the disease and to sustain the ongoing declining trend in leprosy cases in endemic countries, it is essential to keep a vigil on drug sensitivity patterns in vulnerable settings. WHO has developed a simple guideline that outlines the standard tools and procedures for key components of laboratory and field protocols to be followed for surveillance of drug resistance in leprosy.

Monitoring grade-2 disability rate and applicability of chemoprophylaxis in leprosy control

The Informal Consultation on Monitoring Grade-2 Disability Rate and Applicability of Chemoprophylaxis in Leprosy Control was held in London, United Kingdom on 12-13 November 2009. The objectives were to review current trends of Grade-2 disabilities.
among new cases, to project future scenarios, explore ways to validate reports, and to develop models to see the association between Grade-2 disabilities and delay in detection. In addition, past and current studies on use of anti-leprosy drugs for chemoprophylaxis were to be reviewed and recommendations made on possible areas for research.

The meeting concluded that uniformity in the collection of Grade-2 disability is important and that WHO Grade-2 disability grading is to be used. Pilot projects on implementing chemoprophylaxis under routine programme conditions and using standard definition of “contacts” were recommended to better understand the operational issues.

This report presents the proceedings of the Consultation, including the deliberations and recommendations made.

Enhanced global strategy for further reducing the disease burden due to leprosy (2011-2015): operational guidelines (updated)

The Enhanced Global Strategy for Further Reducing the Disease Burden due to Leprosy: 2011-2015 is formulated as a natural extension of earlier strategies of the World Health Organization. It offers opportunities to refine joint action and enhance global efforts to address the remaining challenges to reduce the disease burden due to leprosy and mitigate its harmful impact on persons affected by leprosy and their families.

This document presents an overview of the concepts, ethics and guiding principles of the Enhanced Global Strategy. This is accompanied by the Updated Operational Guidelines describing practical suggestions for the implementation of leprosy control activities based on current evidence, professional knowledge and best practices. It is expected that these documents will assist leprosy-endemic countries in developing their own country-specific strategies and plans of action in order to sustain and provide high-quality services to individuals and communities that need them.
Intercountry Meeting of Lymphatic Filariasis Programme Managers in South-East Asia Region: Report of the Meeting, New Delhi, 5-7 May 2005

This is an annual meeting of National Lymphatic Filariasis Programme Managers of the lymphatic filariasis (LF)-endemic Member States of the Region. The objectives of the meeting included the sharing of experiences and exchanging of information on the progress of LF elimination in the Region, identification of operational/technical constraints and research needs and reviewing of the follow-up actions on the recommendations of the Regional Programme Review Group (RPRG) for LF elimination. There were 38 participants which included representatives from all the nine LF-endemic countries, members of RPRG and representatives from four partner agencies. The publication includes overview of the global/regional progress, country reports, special presentations on monitoring/evaluation and Brugia rapid antibody test and conclusions/recommendations.

South-East Asia Regional Programme Review Group for Elimination of Lymphatic Filariasis, Report of the First Meeting, New Delhi, 3-4 May 2005

This was the first meeting of the reconstituted South-East Asia Regional Programme Review Group (RPRG) for Elimination of Lymphatic Filariasis (LF) with all nine endemic countries brought into one group. Apart from six RPRG members, the meeting was attended by three special invitees and five WHO staff. The objectives of the meeting included reviewing of the progress of LF elimination in the Region in relation to mapping, mass drug administration and disability alleviation activities, identification of constraints, identification of resource gaps, suggestions for resource mobilization and reviewing/approving of applications from Member States for the drug-albendazole. The publication includes an overview of the global/regional progress, summary of the annual reports from Member States, RPRG views on technical issues and a set of general and country-specific recommendations.

Meeting of Partners on Tropical Diseases Targeted for Elimination/Eradication: Report of the Meeting, Bangalore, India, 17-18 November 2005

The meeting discussed four tropical diseases targeted for elimination/eradication, namely, leprosy, lymphatic filariasis, leishmaniasis (kala-azar) and yaws and also soil-transmitted helminthiasis (intestinal parasites) which are targeted for intensified control. The five diseases are major public health problems in the South-East Asia Region and are considered regional priorities. The objectives of the meeting included review of the current situation and strategies and to identify and discuss the role of partners in joint efforts towards elimination/eradication of the targeted diseases. There were 39 participants from 22 agencies which included health policy-makers, national/international development agencies, NGOs, private sector and WHO. The publication includes a summary of the technical overview on each of the targeted diseases, statements by partner agencies, two special presentations, one on the “Role of Industry in Health” and the other on “Human Rights and Health.” The meeting culminated in the adoption of the “Bangalore Declaration” which calls upon Member States and development partners to accord high priority and adequate resources to these diseases.
Fifth Meeting of the WHO South-East Asia Regional Programme Review Group for Elimination of Lymphatic Filariasis

Lymphatic filariasis (LF) is one of the most debilitating and disfiguring scourges among all diseases and a leading cause of permanent disability, as well as a major impediment to socioeconomic development. More than 1 billion people worldwide are at risk of LF, and about 120 million are infected with it in more than 83 countries. In 1997, the World Health Assembly called for the global elimination of LF as a public health problem.

The disease is a major public health problem in the South-East Asia Region, which accounts for the highest burden of LF; 9 of the 11 Member countries are endemic, with an estimated 851.3 million people at risk of infection. This Region accounts for nearly 50% of the 120 million diagnosed clinical cases worldwide. The LF-Regional Programme Review Group is a team of individual experts appointed by the WHO Regional Director for South-East Asia. They meet annually to review the progress of LF elimination and make recommendations on operational and technical issues, including research needs. The group also reviews the annual reports and re-applications submitted by endemic countries for free supply of albendazole and make recommendations to WHO on the quantity of supply of albendazole for mass drug administration (MDA).

The Fifth Meeting of the WHO South-East Asia Regional Programme Review Group for Elimination of Lymphatic Filariasis (SEA-RPRG) was held in Kathmandu, Nepal, 10-11 July 2008. It made a number of country-specific recommendations, which included scaling-up MDA in endemic implementation units to achieve the goal of elimination of LF as a public health problem, and the improvement of social mobilization to prepare for the expansion of the MDA.

Malaria in the greater Mekong subregion: regional and country profiles

This report provides an overview of the epidemiological patterns of malaria in the Greater Mekong Subregion (GMS) from 1998 to 2007, and highlights critical challenges facing National Malaria Control Programmes and partners as they move towards malaria elimination as a programmatic goal.

Epidemiological data provided by malaria programmes show a drastic decline in malaria deaths and confirmed malaria cases over the last 10 years in the GMS. More than half of confirmed malaria cases and deaths in the GMS occur in Myanmar. However, reporting methods and data management are not comparable between countries despite the effort made by WHO to harmonize data collection, analysis and reporting among Member States.

Malaria is concentrated in forested/forest-fringe areas of the Region, mainly along international borders. This providing a strong rationale to develop harmonized cross-border elimination programmes in conjunction with national efforts. Across the Mekong Region, the declining efficacy of recommended first-line antimalarials, e.g. artemisinin-based combination therapies (ACTs) against falciparum malaria on the Cambodia-Thailand border; the prevalence of counterfeit and substandard antimalarial drugs; the lack of health services in general and malaria services in particular in remote settings; and the lack of information and services targeting migrants and mobile population present important barriers to reach or maintain malaria elimination programmatic goals.

Strengthening the networking between research institutions, nongovernmental organizations and national malaria programmes, perhaps through a supranational body like the ASEAN, will facilitate knowledge-based decision and action.
Anopheline Species Complexes in South and South-East Asia

Vector-borne diseases are a major health problem in the South-East Asia Region and in other parts of the world. There are about 4500 mosquito species in existence; species belonging to the Anopheles genus transmit malaria. Combating malaria is part of the Millenium Development Goals, and vector control is a key strategy both regionally and globally. Therefore, the review and dissemination of information on vector species is critically important.

Most of the anophelines that are involved in the transmission of malaria in South and South-East Asia have been identified as species complexes. Members of a species complex are reproductively isolated evolutionary units with distinct gene pools and, hence, they differ in their biological characteristics. In 1998, WHO published Anopheline species complexes in South-East Asia. New identification tools have been developed since then, and therefore this updated edition is being published. It summarizes work that has been done on anopheline cryptic species and will be highly valuable to researchers, field entomologists and malaria-control programme managers.

Bhutan Malaria Control Programme

The review of the malaria control programme was carried out by a team of local and external reviewers during 12–16 February 2007. The general objective of the review was to make an external assessment of the country’s malaria situation and to make recommendations for scaling up the prevention and control programme. The methodology consisted of document review, interviewing key informants, field visit to various health institutes and malaria endemic areas, discussions and report writing.

Overall, the control programme has been successful in gradually controlling the disease over the last seven years. Although the total number of cases and deaths were low, outbreaks were frequently reported. The malaria control strategy was generally appropriate. The programme successfully revised national treatment guidelines and implemented artemisinin-based combination therapy (ACT) and introduced insecticide treated nets (ITN) as well as long-lasting insecticidal nets (LLIN) with a satisfactorily high coverage.


This publication is a report of consultation meeting organized by two WHO Regional Offices (Western Pacific and South-East Asia) and WHO Geneva with coordination of Mekong Malaria Programme – a bi-regional initiative combating malaria in Greater Mekong Sub-Region. The consultation was organized as a rapid response to an unusual decline of therapeutic efficacy of malaria treatment at the Cambodia-Thailand border which is well known as an epicenter of multi-drug resistance malaria world-wide. It was suspected that resistance to the most powerful drugs – artemisinin derivatives might be emerging and this was a global threat. The publication includes analytical review of current treatment practices in both countries, current drug efficacy data and scientific evidence gathered from all related research institutes. Practical recommendations were made for further actions to be taken in order to contain spread of resistant parasites from this Region.
First Meeting of the Regional Technical Advisory Group on Malaria: Manesar, Haryana, India, 15-17 December 2004

This publication is basically a meeting report of the Regional Technical Advisory Group (RTAG) on Malaria that included a wide range of technical areas on malaria: review of the global and regional situation of malaria; an update on diagnosis and malaria vaccine, drug-resistance issues and progress in Member Countries on combating drug resistance, update on clinical management of malaria cases, malaria information system, new technology such as Geographic Information System (GIS), social mobilization, training and capacity development. The highlighted sessions are integrated vector management (IVM) and healthy public policy. The RTAG made several practical recommendations to WHO and Member Countries.

Joint Monitoring Mission: National Vector-borne Disease Control Programme of India

The Government of India’s national health policies and programmes have made remarkable progress since 1951. The government is striving to ensure that all citizens benefit from the programmes of the Ministry of Health and Family Welfare (MOH&FW). The National Rural Health Mission (NRHM) was launched in April, 2005 to provide affordable and effective health care to all citizens, particularly the poorer and vulnerable sections through an accountable and reliable health care system in order to achieve the Millennium Development Goals (MDGs) and the goals of the national and state policies stated in the National Health Policy, 2002 and the National Population Policy, 2000. Within this context the National Vector-Borne Disease Control Programme (NVBDCP) has made good progress in achieving integration and decentralization of disease control programmes and in reducing the burden of vector-borne diseases (VBDs). VBDs particularly malaria, lymphatic filariasis (LF), kala-azar, Japanese Encephalitis (JE), dengue, and Chikungunya (CHIK) are of major public health concern in India. The NVBDCP aims to achieve the following targets: (1) reduce malaria mortality by 50% by 2010 compared to 2002; (2) reduce dengue and JE mortality by 50% by 2010 compared to 2002; (3) eliminate kala-azar by 2010; (4) eliminate LF by 2015. The NVBDCP is making significant progress towards achieving these targets. However, the NVBDCP directorate recognizes that there are technical and operational challenges and therefore commissioned a joint monitoring mission (JMM) consisting of national and international VBD experts to review the performance, policies and operations of the NVBDCP.

Regional Guidelines for the Management of Severe Falciparum Malaria in Large Hospitals

These are two parallel guidelines, one for small hospitals and another one for large hospitals. In view of heavy burden of malaria and prevalence of drug resistant falciparum malaria in the South-East Asia Region, the guidelines were developed for use by medical personnel who treat severe malaria patients, referred from lower-level health facilities. The guidelines were developed by the WHO Regional Office for South-East Asia and the WHO Collaborating Centre for the Clinical Management of Malaria, Faculty of Tropical Medicine, Mahidol University, Thailand. The guidelines are based on a review of current evidence, existing WHO guidelines and experience in the management of malaria in the Region.
Regional Guidelines for the Management of Severe Falciparum Malaria in Small Hospitals

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The Revised Malaria Control Strategy: South-East Asia Region 2006-2010

In order to achieve effective and sustainable control in Asia, there needs to be a clearer understanding of malaria epidemiology and dynamics that are affected by rapid socio-economic and environmental changes. New tools are available for malaria control. Epidemiology of malaria in SEA is different from other Regions, in particular, Africa. Some of the global strategies are not relevant to SEA. This publication is the result of a series of consultations between Malaria Programme Managers in SEA Region, developmental partners and experts reviewed malaria situation and problems in South-East Asia as well as Western Pacific Regions. It was concluded that current strategies should be revised and some of the global strategies are not relevant to Asia. The draft Revised Malaria Control Strategy proposed for 2006-2010 was reviewed extensively. Five key elements were identified: (1) Reform approaches to programme planning and management; (2) Revamp surveillance and strengthen monitoring and evaluation; (3) Scale up coverage and proper use of insecticide-treated mosquito nets; (4) Target interventions to risk groups, and (5) Scale up control of P. vivax malaria. It was also suggested that the Revised Strategy document be finalized and be placed at political level for official endorsement and implementation by countries.
Framework for Implementing Integrated Vector Management at District Level in the South-East Asia Region: A Step-by-step Approach

Integrated vector management (IVM) is one of the key elements of the Revised Malaria Control Strategy of the SEA Region, which was endorsed at the 2007 Regional Committee Meeting in Thimphu, Bhutan. The technical, managerial and operational capacities of district-level managers are inadequate or weak to understand, plan, and implement components of an IVM approach at district and sub-district levels. Intersectoral partners are usually not aware of their roles in vector management, as well as operational and managerial mechanisms for taking synergistic actions. This framework for implementing IVM at the district level provides step-by-step guidance to develop and implement the IVM approach at district or equivalent levels, as well as to monitor and evaluate its impacts. It is designed mainly for use by the vector-borne disease control programme managers and other concerned stakeholders at the district level and below, but also for reference of state and national policy- and decision-makers.

Revised Malaria Control Strategy and its Implementation

The World Health Organization’s (WHO) South-East Asia (SEA) Region, in collaboration with malaria programme managers in the Member countries, the partners involved and experts in the Region, revised the malaria control strategy for the Region for 2006–2010 in 2005. The strategy was discussed and finalized during the workshop attended by programme managers during 30 January–2 February 2006. The revised strategy was endorsed during the Health Ministers’ meeting in August 2006. To initiate and accelerate the implementation of the revised strategy, another meeting was organized during 12–14 March 2007, so that the Member countries could gain a full understanding of the strategy and support could be garnered from the partner agencies.

Estimation of Malaria Disease Burden in India

There is a huge gap between the reported incidence of malaria cases and malaria-attributable deaths and the actual burden of the disease in the SEA Region. Various efforts made so far to estimate the malaria disease burden by researchers failed to deliver the consensus estimates on malaria morbidity and mortality due to procedural deficiencies in methodology.

India accounts for 73% of the reported cases and 28% of total reported deaths in the Region. Better information on the burden of malaria in India would therefore greatly enhance our understanding of the disease in the region as a whole. Accordingly, an informal consultative meeting on estimation of malaria disease burden in India was held during 21-23 November 2007 in New Delhi, India, to review the available research information on the subject and to discuss and develop a consensual methodology to estimate malaria disease burden in India.
Development of a Strategy towards Elimination of Plasmodium Falciparum Parasites with Altered Response to Artemisinins

Recent studies have revealed the border area between Cambodia and Thailand to be the epicentre of emerging resistance of *Plasmodium falciparum* to artemisinins. Common cross-border strategies are, therefore urgently needed to address this global threat. At an informal consultation held in Bangkok, Thailand, in February 2008, national and international experts elaborated the main technical elements of a cross-border multisectoral containment strategy. The strategy is expected to improve the situation in the coming years by preventing the artemisinin-tolerant parasites from growing further, both in the Mekong region and outside. The report of this consultation consolidates the technical views of experts. However, the proposed technical approaches have not yet been validated. This has triggered the urgent need of operational research that is required to formulate appropriate strategies and interventions. Recommendations of this consultation were considered as the basis to finalize the proposal on cross-border strategy to contain the tolerant parasites, for submission to governments, partners and donors for short- and long-term funding.

Monitoring Resistance of *P. falciparum* and *P. vivax* to Anti-Malarial Drugs in the Greater Mekong Sub-region

Despite improvements in the malaria situation across the Greater Mekong Sub-region, parasite resistance to antimalarial drugs continues to be a serious issue. Harmonized approaches to drug efficacy monitoring in the region are essential to limit the emergence and spread of drug-resistant malaria. To strengthen inter-country coordination and cooperation on monitoring resistance to antimalarial drugs a technical consultation was organized by the WHO Mekong Malaria Programme from 3-5 September 2007 in Phuket, Thailand. The situation of drug resistant malaria and ongoing surveillance activities and new WHO guidelines for monitoring malaria parasite resistance/efficacy to antimalaria drugs were presented and discussed. National malaria programmes developed their draft country plans for conducting in vivo studies to monitor *P. falciparum* and *P. vivax* efficacy to selected antimalarial drugs in 2008 and 2009.

Inter-regional meeting on vivax malaria in Asia

Malaria caused by *Plasmodium vivax* is prevalent in several countries in Asia. Though the principle in prevention and control of the disease is similar to that of the *Plasmodium falciparum* there are several issues that are totally different and unique for this parasite especially the treatment and chemoprophylaxis. The meeting was organized to discuss achievements and problems in controlling vivax malaria in some selected countries in the Western Pacific and South-East Asia Regions. The meeting identified knowledge gaps especially in the use of primaquine as anti-relapse therapy and other operational issues.
Population Situation and Policies in the South-East Asia Region

The publication attempts to reflect the regional situation by examining the views and policies from 1975 to 2005 of each Member country of the South-East Asia Region with respect to population size and growth, population age structure, fertility and family planning, health and mortality, spatial distribution and international migration in the context of demographic, social and economic change. The material is amply illustrated with graphs demonstrating trends in the countries of the Region.

Improving Maternal, Newborn and Child Health in the South-East Asia Region

This publication provides an overview of the current maternal, newborn and under-five child health in the 11 Member States of the WHO South-East Asia Region. It also highlights some of the efforts currently under-way to improve the maternal and child health indicators in countries of the Region. While documenting the lessons learnt, the publication shows not only the rich diversity, but also the different challenges faced by Member countries, and the innovative ways to overcome them. Each of the country profiles is based on reports specifically on World Health Day 2005 with the theme of Maternal and Child Health and the slogan: Make Every Mother and Child Count. As is well recognized, making reproduction and childbirth safer, benefits not only women, but also newborns, children, families and ultimately the communities and nations. To enable women to contribute to national development and for children to achieve their full potential, the health of women and children and family-friendly policies must receive higher priority. Member countries have committed themselves to reach the Millennium Development Goals. These include targets not only for maternal and child health, but also for other critical areas including nutrition, communicable diseases, access to essential drugs and safe water and improved sanitation. Improving access to education and empowerment of women, are also necessary to improve maternal and child health. Intensified collaboration among partners and efficient use of resources is needed to realize these goals.

Increasing Medical Awareness on Maternal and Child Health Issues: Report of a Regional Workshop, Bangkok, 17-18 February 2005

The well-being of societies is directly linked to the health and survival of mothers and children. When mothers survive and thrive, their children survive and thrive. When both mothers and children survive and thrive, societies in which they live prosper. Motherhood thus should be a time of expectation and joy for a woman, her family, and her community. For women in developing countries, however, the reality of motherhood is often grim. For these women, motherhood is often marred by unforeseen complications of pregnancy and childbirth. A majority of them die in the prime period of their lives and in great distress. A mother’s death carries profound consequences not only for her family, especially her surviving children, but also for her community and country. In some developing countries, if the mother dies, the risk of death for her children under age five is doubled or tripled. In addition, because a woman dies during her most productive years, her death has strong social and economic impact as her family and community lose a productive worker and a primary care-giver.

The global Reproductive Health Strategy was adopted through the World Health Assembly resolution WHA57.12 in May 2004. A framework for implementing the WHO Global Reproductive Health Strategy published in 2006 outlines the areas of action and partnership for attaining international RH goals. The Regional Workshop on Implementing the WHO Reproductive Health Strategy was aimed at promoting the implementation of the Strategy in the countries of the South-East Asia Region. The objectives of the workshop were to share and analyze the existing reproductive health situation in Member countries to identify the key issues, gaps and needs; and to review the current country level initiatives and facilitate development of country-specific approaches using the Global RH Strategy and the Regional Framework for Implementation of the RH Strategy. At the workshop the country teams identified key reproductive health issues to be addressed, developed action plans and proposed possible areas of support from WHO.

Intercountry Workshop to Accelerate Integration of IMCI in Pre-service Training of Health Professionals in the South-East Asia Region: Report of the Workshop held in Mumbai, India, 29 November - 1 December 2005

The Integrated Management of Childhood Illness (IMCI) strategy is an evidence-based and effective strategy for managing common childhood illnesses. Introduction of IMCI in pre-service education of doctors, nurses and paramedical workers will help introduce the practice of standardized protocol-based management of the most common conditions that cause disease in children. Pre-service IMCI will contribute to improvement of quality of care provided to children and is a sustainable means for introducing IMCI in public health systems. The publication is a report of a workshop which reviews the status of pre-service IMCI training in the Region and plans for its expansion in selected Member States. The report gives a brief overview of experiences with pre-service IMCI in Bangladesh, India, Indonesia, Myanmar and Nepal. It also records the on-site observations of participants about pre-service IMCI implementation in one large teaching hospital in Mumbai, India. A brief description of an evaluation of pre-service IMCI in medical schools in India is provided in addition to information about available tools for teachers and students, and tools for monitoring of pre-service IMCI. The report concludes with recommendations regarding (i) organization of pre-service training in IMCI; (ii) training of faculty; (iii) curriculum-related issues, and (iv) monitoring and evaluation of pre-service IMCI.

Regional Workshop on Improving Performance of Community-based Skilled Birth Attendants, Dhaka, Bangladesh, 23-26 October, 2007

Ensuring skilled attendants at every birth is crucial for achieving the Millennium Development Goals 4 and 5. Skilled birth attendants (SBAs) play a pivotal role in increasing access to and improving the quality of maternal and newborn health services. The general
Strengthening Capacity for Facility Based Maternal Death Reviews, Report of the Regional Workshop, Bangkok, Thailand, 10-12 September 2007

The World Health Organization is promoting different methods of maternal death review using its guideline Beyond the Numbers: Reviewing maternal deaths and complications to make pregnancy safer. The guideline promotes efforts to understand the background of each instance of maternal death. The basic problems are identified from these reviews and assimilated to prepare follow-up action and address the gaps in order to prevent maternal deaths in future.

The overall objective of the workshop was to strengthen capacity for analysis and facilitate the use of information obtained from facility-based maternal death reviews. The workshop served as a platform for analysis of and discussions on facility-based maternal death review practices. It also identified success stories and common pitfalls as well as make recommendations for action at various levels.
assist Member countries in informed decision-making on the prevention of cervical cancer.

Experts presented the epidemiology of cervical cancer and human papillomavirus (HPV) approaches to screening and treatment, and outlines how cervical cancer prevention programmes are operating at the country level. Participants shared experiences and lessons learned in implementing cervical cancer prevention programmes with representatives from other countries and developed action steps. At the conclusion of the meeting, country teams observed that they were better prepared to identify priorities and work on implementing some of the proposed actions leading towards a comprehensive national approach to preventing cervical cancer.


Member States of the WHO South-East Asia Region in their efforts to achieve the targets outlined in the Millennium Development Goals 4 and 5 have set in motion many strategies and activities based on country contexts and needs. The Regional Workshop on Strengthening the Maternal and Newborn Health Programme provided a platform for functionaries to learn from the countries how effective this strategy has been and what more is needed to be done to strengthen the programme. The general objective of the meeting was to strengthen country capacities in managing maternal and newborn health programme and improving the quality of maternal and newborn health service.

The workshop provided a platform to countries to share country situations and experiences on different aspects of maternal and newborn health programme and discuss relevant guidelines, standards and tools for improving maternal and newborn health programme management and quality of care. At the end of the workshop, country participants drafted a country framework for strengthening the maternal and newborn health programme.


The World Health Organization has developed a Course on Essential Newborn Care (ENCC) with the aim to improve the newborn health-care skills of health-care providers, especially those who work at the primary health-care level. The Regional Office for South-East Asia has been promoting the implementation of the course by providing technical assistance for training at the national and sub-national level and adaptation of the reference manuals since 2006.

The workshop was to assist Member countries in their efforts to improve newborn health by means of providing a platform for sharing country experiences in promoting newborn health and, in particular, implementing the essential newborn care course and developing country proposals for improving newborn health with the particular focus on the expansion of training on essential newborn care.

Experiences from countries in implementing the ENCC were shared at the workshop. The country teams also prepared draft proposals on improving essential newborn health services. The Regional Office will assist countries in the provision of technical and financial support to implement the 2007 short-term proposals and for their follow-up during 2008-2009.
Training of Trainers in WHO Essential Newborn Care Course

The Essential Newborn Care Course has been developed by the Making Pregnancy Safer (MPS) Department at WHO Headquarters and is based on the “WHO Pregnancy, Childbirth, Postpartum and Newborn care - A Guide for Essential Practice”. It aims to train health-care providers at the community level to take care of the newborn baby during birth and thereafter. The first Intercountry Training of Trainers on Essential Newborn Care was held at the Central Women’s Hospital in Yangon with 16 experienced trainers and newborn care specialists from six countries - India, Indonesia, Maldives, Myanmar, Sri Lanka and Thailand. The report gives a brief overview of the 5-day training course which is skills-based and conducted in line with the adult participatory learning techniques using a variety of teaching aids such as demonstrations, presentations, clinical practice, role play and discussions, etc. The course covered main areas of neonatal care including care at birth, initiating and supporting early breastfeeding, thermal control, examination of the normal newborn, neonatal resuscitation, Kangaroo mother care, communication skills and special care for the low birth-weight baby. At the end of the course participants discussed and shared the follow-up action plans that they would do in their respective countries.

Multi-sectoral Approach for Gender, Women and Health

The gender, women and health network promotes partnership to increase capacity to tackle gender inequities and achieving health equity. It will address health issues that are linked to gender inequality and strategic objectives for women’s health, including women’s access to high-quality health care, meeting their sexual and reproductive health needs and taking action against gender-based violence.

Report of the Workshop for the Global Fund Proposal Writing in Maternal and Newborn Health Services Delivery Area

WHO’s Regional Office for South East Asia (SEARO) hosted a Workshop for the Global Fund Proposal Writing in Maternal and Newborn Health Service Delivery Area in August 2009. It was organized by SEARO in collaboration with the Regional Office for the Western Pacific (WPRO) and WHO headquarters departments.

The workshop aimed at building country capacity to develop proposals for the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) on prevention of mother-to-child transmission and elimination of congenital syphilis and malaria in pregnancy using a maternal and newborn health (MNH) service delivery framework. As an outcome, the country teams developed country plans for short-term action to facilitate the proposal development for Round 9 of GFATM. It was emphasized that the development of such a proposal will use the existing mechanism (i.e. the country coordination mechanisms) and involvement of the relevant stakeholders.
Improving postnatal care and prevention and treatment of postpartum haemorrhage

This publication is a report of the proceedings of the Regional Consultation on Improving Postnatal Care and Prevention and Treatment of Postpartum Haemorrhage organized by the WHO Regional Office for South-East Asia at New Delhi, 6-8 July 2009. This consultation was attended by the participants from health ministries and professional organizations from the countries of the Region and representatives from international organizations. The meeting provided a platform to discuss the quality of maternal and newborn care, focusing on the review of the existing guidelines related to postnatal care and prevention and treatment of postpartum haemorrhage. It recommended to review and develop country strategies for improving postnatal care and prevention and treatment of postpartum haemorrhage in order to attain Millennium Development Goals 4 and 5 for reducing child mortality and improving maternal health.

Country analysis of data from the global survey on maternal and perinatal health

WHO SEARO in collaboration with WHO HQs organized a technical group meeting to facilitate the countries for further analysis of the data arising from the Global Survey of mode of delivery and maternal and perinatal outcomes conducted in 9 countries of the Western-Pacific and South-East Asia regions in 2007-2008. The meeting was attended by the survey team members and programme managers from Sri Lanka, India, Thailand and Nepal.

The meeting provided a forum to review country data collected through the Global Survey and plan possible follow-up quantitative or qualitative studies and secondary data analysis, including identifying specific activities in consideration with the WHO-supported work plans. In addition, the participants reviewed the protocol of a multi-country study opposed by the Department of Reproductive Health and Research, WHO-HQs on global data system to evaluate the quality of care and the burden of severe maternal complications and preterm birth.

Combating gender-based violence in the South-East Asia Region

Combating gender-based violence (GBV) needs a country-specific multisectoral approach to implement primary prevention and promote gender equality and human rights. Women still face persistent barriers to the achievement of equality. GBV is a public health concern and impacts the entire family, not only the victims.
Programme on reducing harm from alcohol use in the community

The WHO Regional Office for South-East Asia (SEARO) initiated a programme to acquire and synthesize information relevant to developing and implementing interventions on the use and harm from alcohol through community action in six Member States (India, Indonesia, Myanmar, Nepal, Sri Lanka and Thailand). Community-based surveys were conducted in Myanmar, Nepal and Sri Lanka by country experts with technical support from SEARO. Data from India, Indonesia and Thailand were obtained from national surveys conducted in these countries.

Within the South-East Asia (SEA) Region, different contexts and circumstances of alcohol use exist among countries as well as within different population groups within countries. Thus, information on alcohol use and harm from use in different locations and population groups was obtained. Information related to the types of alcohol, frequency and contexts of use, age of initiation, quantity of use and social and other problems related to use was collected.

Following the analysis of data, a meeting of experts identified the issues for addressing harm related to alcohol use through community empowerment projects were identified. These include alcohol use among youth, violence and antisocial behaviour following alcohol use, use of alcohol at special occasions, and pay-day use.

Development and implementation of pilot interventions have commenced in five sites in India (Uttar Pradesh, Assam, Madhya Pradesh, Chattisgarh and Karnataka), two sites in Sri Lanka (in the Galle and Matara districts) and two sites in Thailand (in Pattananicom District and Songkla). Each site will design its own community action programme based on the factors identified, the cultural background and the requirements of the community.

This document describes some of the activities undertaken by MHS Unit in the programme to reduce harm from alcohol use in Member States of the South-East Asia Region. It should be noted that SEARO is the only Regional Office that has begun testing various models of community action through community empowerment to reduce harm from alcohol use.”

Current Information on Use and Harm from Alcohol in the South-East Asia Region

This document is a compilation of currently available information on alcohol-related issues in Member States and will form the basis for the development of policies and programmes to prevent alcohol-related harm in the WHO South-East Asia Region. It includes information on alcohol-related issues taken from publications of the World Health Organization including the WHO Global Status Report on Alcohol, the WHO Global InfoBase, documents published by the WHO South-East Asia Regional Office and reports from individual offices of WHO Representatives’. Information from peer-reviewed journals was obtained from the Library of Medicine of the National Institutes of Health of the United States (PubMed), and this has also been summarized and included in a country-wise, chronological order.

Reducing Harm from Use of Alcohol: Community Responses

Harm from alcohol use has a significantly adverse impact on the lives and most notably, on the health of affected persons and their families. Simultaneously, there is a substantial socio-economic impact on the communities. This publication is a self-learning material for community volunteers on prevention of harm from alcohol use. It contains simple instructions which can be used by a motivated community activist to initiate programmes within his/her community for prevention of harm from alcohol use.
Alcohol ... Use and Abuse .. What you should know

Among the youth, alcohol use usually begins as ‘experimentation’ often initiated in peer groups. School friends often form the first group in which alcohol consumption is initiated. It may also occur within the family, at social gatherings on special occasions such as birthdays or marriages, where alcohol is served. This document provides adolescents with brief and clear information on harm from alcohol use and abuse. It also addresses some myths and facts about alcohol consumption. The information is based on extensive feedback received from adolescents.

Public Health Problems Caused by Harmful Use of Alcohol: Gaining Less or Losing More?

Some countries comprising the South-East Asia Region of the World Health Organization, are steadily moving towards a higher level of alcohol use in the last decade. It is well established that an increase in alcohol consumption by a community or a nation leads to a higher proportion of persons with what can be considered problem use (abuse/harmful use) and addiction (dependence). This publication has documented the regional experience on public health problems caused by harmful use of alcohol in South-East Asia Region. It reviews the currently available information on the supply, demand and use of alcohol in the population. Some suggestions are also provided on what can be done to prevent harm from alcohol use in the community. It supplements the WHO Global Report on Alcohol by adding region-specific information. Sustained commitment by all stakeholders is crucial for preventing public health problems from alcohol.

Alcohol Control Policies in the South-East Asia Region: Selected Issues

The effects of alcohol use depend on a number of internal and external influences. At the societal level, availability, accessibility, affordability and acceptability have a major influence on alcohol use. The visual and print media play a major role in terms of informing, highlighting and influencing people’s values and thinking processes. The systems of law, judiciary and welfare determine what is acceptable and what is not acceptable in every society. Socio-cultural attributes of peer group influences, the status symbol attached to alcohol use and liberalized attitudes of society all have a major impact on the entry and spread of alcohol use in society. This document is intended to inform policy-makers about the status of existing alcohol control policies in the Region and to provide a baseline for monitoring progress in prevention of harm from alcohol use. It could also serve as an advocacy tool for identifying existing gaps and raising awareness about the need for additional alcohol control policies.

Burden and Socio-economic Impact of Alcohol: the Bangalore Study

This publication is a report of the comprehensive study of 28,507 individuals from four population groups (rural, town, slum and urban areas) in Bangalore, India. The effect and impact of alcohol consumption was examined in a cross-sectional manner with the combined use of quantitative and qualitative research methods. The
study shows the phenomenal burden and impact among individuals and families of alcohol-users in the areas studied. Despite limitations, it attempts to extrapolate the findings to the whole of India. The conclusions can be very informative for policy-makers. If all costs are comprehensively examined and calculated for all events, the economic impact would be much higher than the conservative estimates noted in the study. In the final analysis, Indian society might be losing more than it is reportedly gaining.

Prevention of Drug Use in Schools

This document attempts to provide a simple, evidence-based guide for implementing drug-use prevention interventions in schools. It is in two parts. The first deals with the current evidence related to various aspects of programme planning and implementation, the second part outlines how the best practices can be implemented in a school.

The information outlined in this document was collected from a review of published English language literature through the Medline database. Best practices guidelines published by national institutions involved in drug-use prevention were also reviewed.

This guide can be used by programme planners, implementers and evaluators of drug-use prevention programmes in schools. Those working outside the school system should also find it useful.

Intellecual Disability: A Manual for CBR Workers

This manual was prepared to train CBR workers in managing persons with intellectual disability (mental retardation) in the community. It is well known that the main focus in training persons with intellectual disability is on reducing their dependence on caregivers and lead them towards independent living to the extent possible. The focus, therefore, is creating awareness on the potentials of persons with intellectual disability and training them in a systematic manner. This will also help in reducing stress among caregivers. This manual aims at training the middle level functionaries who in turn will train the grass-roots level workers, parents, family members and other caregivers to manage and train persons with intellectual disability.

A Systematic Approach to Developing and Implementing Mental Health Legislation:
Report of a Regional Meeting of Experts, New Delhi, India, 6-8 December 2004

Mental health legislation is essential for protecting the rights and dignity of persons with mental disorders, and for developing accessible and effective mental health services. Effective mental health legislation can provide a legal framework to integrate mental health services into the community and to overcome stigma, discrimination and exclusion of mentally-ill persons. An expert meeting on developing and implementing mental health legislation for selected South-East Asia countries was held in New Delhi, India, from 6 to 8 December 2004. Member States that participated in
this expert meeting were India, Indonesia, Sri Lanka and Thailand. Development of effective mental health legislation involves the participation of multiple stakeholders within each country. This meeting was a first step to enable leaders and catalysts of any such effort to identify the current status of their mental health legislation, the priorities and problems with developing mental health legislation, and potential activities which could be pursued over the next few years with WHO’s assistance and participation. This report compiles the discussions held during the meeting which emphasized international human rights standards, national laws and policies relating to human rights and mental health, the content of mental health law and the process for developing, reviewing and implementing mental health legislation.

Mental Health and Psychosocial Relief Efforts after the Tsunami in South-East Asia

The mental health and psychosocial needs of the affected population emerged as a major concern after the tsunami. Each and every person in the disaster-struck areas was to some extent, psychologically affected. Providing psychosocial support to communities affected by the tsunami was a key component of WHO’s strategy. Such support was crucial, but to be effective, the support had to be appropriate and culturally sensitive. To back up the community-level action, affected countries enhanced their mental health services. One of the important recommendations of WHO is to have a strong community mental health system which would serve the immediate as well as the long-term needs of the community, provided it is sustainable and can become a part of the routine health care delivery system. This publication, compiling the experiences of the five most-affected countries in the South-East Asia Region, provides valuable insights on how best to meet the mental health and psychosocial needs of disaster-affected communities. There are many lessons which have been learnt, and which should help us to be better prepared for any future disasters.

Developing Community Mental Health Services

To meet the mental health needs of the community, the Mental Health and Substance Abuse Unit (MHS) of the WHO Regional Office for South-East Asia (WHO/SEARO) has concentrated on a two-pronged strategy: is to promote the mental well-being of the population by taking a positive approach to mental health promotion and prevention of mental illnesses; and the other is to assist Member States in developing community mental health services which reach out to the community.

The MHS Unit is making efforts to develop programmes capable of delivering at least the basic...
minimum level of services for neuropsychiatric conditions to everyone everywhere. Ideally, such services should be delivered within the community rather than expecting people to travel long distances to tertiary-care hospitals. The primary health care system should be utilized for this purpose. Those delivering health care in the community should be trained to identify and manage these conditions. In addition, affordable and appropriate medications should be made available in the community. Finally, the programmes should address psychosocial issues such as stigma and rehabilitation.

Meeting of regional experts on promotion of mental well-being

WHO defines health as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. The definition clearly emphasizes mental well-being. Since its establishment, WHO has focused on addressing the major causes of morbidity and mortality, and has emphasized health promotion and prevention of disease. However, the concept of well-being (including mental well-being), even though included in the original definition of health, has not been implemented as a public health strategy. There is no generally accepted “definition” of mental well-being. However, the concept is generally recognized and was described by WHO as a state in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. This expert meeting concluded that there are several approaches for promotion of mental well-being which can be implemented in the Region through individual, family, group and community approaches, supported by healthy public policies. Each of the approaches has been operationalized in the Region and shown to be beneficial. The need for intersectoral partnerships to promote mental well-being in the community was recognized.
Regional workshop on promotion of mental well-being

WHO defines health as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. WHO has made substantial progress in addressing mental illnesses in the past several decades. In this context, WHO’s efforts to address mental illnesses in the South-East Asia Region focus on strengthening the primary health care system to deliver essential mental health care. But promotion of mental well-being is distinct from programmes on mental illness. Whereas mental illness affects certain individuals, every person in the community benefits from effective programmes on promotion of mental well-being.

Though WHO’s definition of health clearly emphasizes well-being, the concept of well-being, including mental well-being, has not been operationalized widely as a public health strategy. To address this, a stepwise process for development of programmes on promotion of mental well-being has been initiated by the Mental Health and substance Abuse Unit in WHO’s Regional Office for South-East Asia.

In a review of ongoing work, several models for the promotion of mental well-being which can be implemented in the Region through individual, family, group and community approaches, supported by healthy public policies have been identified.

The regional workshop held in Colombo in October 2009 was the next in the further development of the programme on promotion of mental well-being. The four-day workshop was attended by over 100 participants from a diverse range of disciplines including anthropology, sociology, music and arts, spirituality, public health, psychology and psychiatry, health promotion, education and national planning.

The general objective of the workshop was to promote mental well-being through multi-disciplinary approaches. Participants discussed various aspects of promotion of mental well-being and recommended ways of moving forward. This information provides guidance to WHO on the next steps in taking forward the programme on promotion of mental well-being.

Community action to reduce harm from alcohol use

This meeting of experts was convened to develop community-level programmes to address harm related to alcohol use. Experts from India, Sri Lanka and Thailand participated. The delegates were experts in community action to reduce harm from alcohol use through community empowerment. Theoretical and practical aspects of implementing such interventions were presented and discussed. Proposals for the implementation of specific projects in selected communities were presented and modified to improve the quality of the outcomes. These initiatives are now being implemented. The summaries of presentations made and a paper on concepts of community intervention are included in this document.
Benchmarking Emergency Preparedness

The tsunami and earthquake on 26 December 2004 and the many recurring natural disasters in the South-East Asia Region in the recent past continuously highlight the importance of improving national emergency preparedness levels. In recognition of this and the 11 Member states of the SEA Region had formulated twelve benchmarks on emergency preparedness and response during a regional consultation in November 2005. The benchmarks integrate multisectoral concerns at the community, subnational and national levels and the framework has been elaborated with corresponding standards and indicators to facilitate planning, monitoring and evaluation. In the coming years, the gradual achievement of the benchmarks at various levels will serve to build capacity, secure intersectoral linkages, improve planning and legislation and ultimately reduce the vulnerability of communities and systems.


The Regional Consultation focused on how to act on and incorporate the lessons learnt from the tsunami into disaster management policies and plans of every nation, so that they could be implemented to strengthen emergency preparedness and response at every level in every country in the Region. Member countries of the South-East Asia Region had developed 12 benchmarks for emergency preparedness and response in a meeting in Bangkok in November 2005. At the Bali consultation, participants analysed the progress of benchmarks in relation to community empowerment, multisectoral coordination, capacity building and standards and guidelines.


This trainers’ manual has been drafted to capture the experiences of Mass Casualty Management (MCM) trainings conducted in Nepal by the Ministry of Health and Population and the Epidemiology and Disease Control Division in collaboration with WHO, National Society for Earthquake Technology – Nepal and Nepal Red Cross Society. The manual provides information on mass casualty management systems and basic principles of triage and logistic management, hospital emergency planning and guidance on how to organize training programmes for such activities.

Emergency and Humanitarian Action Focal Points Meeting

The Emergency and Humanitarian Action (EHA) unit works to address the potential impact of natural and man-made disasters in Member countries throughout the Region. The Member countries differ in terms of risks faced, level of vulnerability and capacity to cope. A two-day consultative meeting of EHA Focal Points was held to discuss how best to strengthen the EHA network to respond effectively to the dynamic nature of the challenges faced. This report provides the summary of the meeting.
From Relief to Recovery: The WHO Tsunami Operation

Six countries of the WHO South-East Asia Region bore the brunt of the tsunami. WHO coordinated global efforts to address post-disaster health consequences. The relief and recovery operations that followed have set the benchmark for emergency preparedness and response in the Region. This publication documents the WHO operations in the six countries, and highlights issues of coordination, capacity building and gap-filling.

From Vulnerability to Preparedness

During 1996-2005 Asia had the highest number of natural and technological disasters (44%) worldwide. In 2005, three countries of the South-East Asia Region (India, Bangladesh and Indonesia) featured among the top 10 countries most affected by natural disasters. The tsunami of 2004 and the earthquake in Yogyakarta, the floods in Sulawesi, India and Thailand between 2005 and 2007, and regular monsoon and cyclonic events in countries such as Bangladesh and Myanmar emphasize that there are risks and hazards that have to be regularly contended with.

This document traces the path towards disaster preparedness and response of Member States in all phases of the disaster cycle. While some countries have forged ahead and put disaster management systems in place, in others laws, policies and plans have yet to be developed or are in a nascent stage. Member States of the Region differ widely in terms of issues and challenges for emergency preparedness and response. Resource constraints have to be addressed, country capacities enhanced, complex emergencies tackled and systems put in place. The ongoing support provided by partners in addressing the individual needs of countries through plugging in funding needs, offering technical guidance, advocating for political commitment, and developing plans and policies to build disaster management systems in countries of the Region is outlined in the context of the status of disaster preparedness in each Member State.


The report outlines the discussion and agreements reached at a regional meeting called to identify the gaps in addressing response, preparedness and recovery for health needs of affected and vulnerable populations in Member countries of the SEA Region. Following the response to the Asian Tsunami on December 2004, it became clear that a number of gaps existed in the capacity of Member countries to respond to public health needs during emergencies. The meeting identified some key issues and benchmarks to be addressed in order to successfully establish a disaster preparedness mechanism.

Manual on Water and Environmental Sanitation for Disaster Management

Today more people are exposed to hazards. While humanitarian action to mitigate the impact of disasters will always be vitally important, the community is facing critical challenges- how to better anticipate, manage and reduce - disaster risks by integrating the potential threat into its planning and policies at the community level. This manual aims to improve the capacity of the Panchayati Raj Institutions - the local self government and communities that face hazards due to environmental reasons. To help such capacity development efforts, we need learning materials focusing on key areas - water supply, environmental sanitation for better disaster management and preparedness.
Moving Beyond the Tsunami. The WHO Story

The tsunami of 2004, one of the worst natural disasters in recent times, hit six countries of the WHO South-East Asia Region. This publication narrates the story of how WHO responded, the tremendous challenges faced, and how they were overcome. Dramatic, poignant photographs, as well as boxes and anecdotes of individuals involved, highlight the very human face of the health sector response to the tragedy.

Responding to Communicable Diseases following the Tsunami in South-East Asia

The Department of Communicable Diseases (CDS) in the Regional Office has played an instrumental role in responding to the tsunami crisis of 26 December 2004. Communicable diseases, especially those that are epidemic-prone, are the most significant health threat to the internally displaced population after a catastrophe of this nature. A document has been prepared by CDS which highlights the challenges faced and describes the key technical activities that were carried out by WHO and national counterparts in all the six tsunami-affected countries. The book documents all the work that was done and challenges that were faced, and acknowledges those who were involved in the response to prevent and control communicable diseases after the tsunami. This book would serve as a useful guide for others involved in responding to future disasters and emergencies in the area of communicable diseases.

Rebuilding Health Systems: WHO’s Efforts through Partnership: The Tsunami Experience

This document attempts to record the work of WHO in the relief and recovery phases of the disaster. WHO undertook a detailed multi-sectoral assessment of the existing health system and planned interventions to ensure long-term health benefits. The driving principle in all interventions has been to equip the community at the grass-roots level and build the system to make it sustainable.

WHO India’s work in tsunami-affected regions covers wide areas of public health such as diseases surveillance, psychosocial support, health promotion through environmental sanitation, setting up resource centres and information hubs and strengthening services to mothers, newborns and children. These activities were carried out in collaboration with various WHO collaborating centres, academic institutions and nongovernmental organizations.

Responding to the Tsunami... The Tamil Nadu Experience

This document attempts to reflect the responses of the Government of Tamil Nadu (India) at state, district and village levels, particularly the contribution of the public health system. Besides recording facts it contains views expressed by health personnel, NGOs, civil society agencies and affected persons; measures adopted, their timeliness and lessons to be learnt from the experiences in three worst-affected districts of Cuddalore, Nagapattinam and Kanyakumari and the city of Chennai.
Strategic Plan for Emergency Communicable Diseases Response to the Tsunami Disaster

This report sets out the objectives and the strategic elements for the response to communicable diseases which may arise as a result of the tsunami. The CDS department provides the technical lead for disease surveillance and early warning, preparedness and response. The objective broadly includes monitoring public health to provide early warning of emerging health threats and to enable the timely organization of the required response. The report highlights that the initial phase of an emergency is crucial for survival of victims. The immediate risks to the population in terms of communicable diseases include the waterborne diseases such as cholera and dysentery as well as diseases which may arise as a result of overcrowding of displaced populations such as measles, meningitis and acute respiratory infections. The strategy sets out a framework and a three-month action plan for health response which includes establishing/strengthening early warning systems, human resource mobilization and deployment, guideline development and dissemination, procurement and distribution of necessary medicines and vaccines. However it is recognized that health effects of the disaster can last a long time and that it would be essential to support longer-term efforts to rebuild health facilities including the disease surveillance system, and ensure that basic water and sanitation services are available. The strategy also makes provision for monitoring the implementation in affected countries.


Emergencies in the SEA Region such as the tsunami of 2004 highlighted the need for flexible, readily available funds for rapid action in the critical hours immediately after the occurrence. A Regional Emergency Fund was therefore proposed to explicitly respond to the public health challenges faced in the immediate aftermath of disasters. This report provides a summary of the regional consultation held to discuss this proposal.


The booklet profiles the work of the Emergency and Humanitarian Action programme in the last three years. It highlights emergency response projects of the period, outlines efforts made to build operational readiness, and covers the concerted approach applied to improving regional emergency preparedness.
The Tsunami and Health: The Media Perspective: A Review of Selected Media Coverage in the South-East Asia Region

The tsunami attracted unprecedented media coverage, dominating the news for more than 60 days. This publication reviews how health issues were covered by the media following the tsunami, and how WHO initiatives were reflected in the different media.

Working Group for Governance of the South-East Asia Regional Health Emergency Fund (SEARHEF)

The South-East Asia Regional Health Emergency Fund (SEARHEF) was established by resolution SEA/RC60/R7 following requests and advice to that effect from Member States to formalize a mechanism of providing assistance during and facilitating rapid response to natural and man-made disasters in the Region.

In keeping with its policies and guidelines and in conformity with the terms of the resolution SEA/RC60/R7, a Working Group comprising representatives from Member States of the Region will oversee the management of the fund. The first meeting of the Working Group reviewed the progress in the fund’s implementation in the aftermath of Cyclone Nargis in Myanmar in 2008 and flash floods in Sri Lanka in 2008, considered the policies on replenishment, reporting and monitoring of disasters as well as evaluated the next steps in mobilizing more resources for SEARHEF.

Tsunami and After: WHO’s Role

This publication describes WHO’s role and the health sector’s actions and achievements in the South-East Asia Region in the first three months following the tsunami. It provides an overview of the Regional Office’s role, followed by a country-by-country description of health sector-related activities in the six tsunami-affected countries of this Region i.e. Indonesia, India, Maldives, Myanmar, Sri Lanka and Thailand. It also highlights the human tragedy of the tsunami, through the stories of individuals affected by the tsunami.

Report on the Regional Consultation of SEA Region Member Countries on Keeping Health Facilities Safe from Disasters

The Hyogo Framework for Action (HFA), endorsed by 168 countries at the World Conference on Disaster Reduction in Kobe, Japan (2005), provides a global blueprint for disaster risk reduction and calls on nations to “promote the goal of hospitals safe from disasters” by ensuring that all new hospitals are built with a level of resilience that strengthens their capacity to remain...
functional in disaster situations, and to implement mitigation measures to reinforce existing health facilities, particularly those providing primary health care. The HFA suggested that this initiative be adopted as one of the priority actions to be implemented by 2015.

The secretariat of the UN International Strategy for Disaster Reduction (UN/ISDR) and the World Health Organization (WHO) together with the World Bank are partnering with governments, international and regional organizations, nongovernmental organizations, and individuals worldwide to raise awareness about how and why we must redouble efforts to protect health facilities and ensure they can function during and in the aftermath of disasters. The theme of the World Disaster Reduction Campaign 2008-09 is “Hospitals safe from disasters: reduce risks, protect health facilities, save lives”.

The regional and the global focus on this issue offer an important opportunity to bring about meaningful change. In light of the above, a regional consultation on keeping health facilities safe from disasters was organized at the WHO Regional Office for South-East Asia to discuss the issue with Member countries to consider solutions to the challenges related to this topic.

The publication describes the proceedings of the WHO intercountry workshop on NCD Risk Factor Data Management, Analysis and Reporting held in Kathmandu, Nepal, from 18-22 July 2006. The workshop aimed to strengthen national capacity to manage, analyze and report data of NCD risk factor surveys implemented in the Member countries of the South-East Asia Region. It was attended by representatives from the ministries of health of 10 countries of the Region, nominees from nongovernmental organizations, and WHO and external resource persons. The report documents the various sessions that were held, conclusions reached and recommendations made for Member countries and WHO for more focused implementation of NCD risk factor surveillance in the Region.

The SEA Regional Network for Prevention and Control of Noncommunicable Diseases (SEANET-NCD) that in Chandigarh, India, in June 2009 to strengthen partnerships in formulating and implementing national policies, strategies and programmes for integrated prevention and control of NCDs. The Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, which is a WHO Collaborating Centre
Implementing Global Strategy on Diet, Physical Activity and Health in the South-East Asia Region: Report of WHO Meeting, Yangon, Myanmar, 16-20 October 2006

The publication describes the proceedings of the WHO Meeting on Implementing Global Strategy on Diet, Physical Activity and Health in the South-East Asia Region, held in Yangon, Myanmar, from 16-20 October 2006. The meeting was held to review the progress made in developing, implementing and evaluating actions recommended by the Global Strategy on Diet, Physical Activity and Health at the global, regional and national levels to provide guidance, share experiences, and facilitate the process of implementing the Strategy. The meeting was attended by representatives from ministries of health and other related government sectors from 10 countries of the SEA Region, and nominees from nongovernmental organizations, experts and staff from WHO. The document chronicles the various sessions that were held, conclusions reached and recommendations made for WHO and Member countries for improved implementation of the strategy in the Region.

Formulating oral health strategy for South-East Asia

The WHO Regional Office for South-East Asia (SEA) organized this Consultation in Chiang Mai, Thailand, with the objective to promote public oral health approaches in the SEA Region. The consultation reviewed the national oral health situation, programmes and plans in Member States of the Region, and reviewed the draft of the Regional Oral Health Strategy that was developed in 2007 in close collaboration with the WHO Collaborating Centre on Promoting Community-based Oral Health, Chiang Mai, Thailand. Participants from 10 Member States - Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste attended the meeting. In addition, oral health experts and WHO staff from its headquarters, the Regional Office, and country offices also attended. The participants recommended that oral health programmes be strengthened in Member States to facilitate finalization of the Regional Oral Health Strategy.

The number and role of Community-based Health Workers (CBHWs) and Community Health Volunteers (CHVs) has expanded following the Declaration on Health for All through Primary Health Care. Today they remain important change agents in promoting health and prevention of disease at the community level in most countries of South-East Asia. However, recognition of and investment in this workforce has slowed down in many countries. The Regional Office, therefore, organized a Regional Meeting on Revisiting Community-based Health Workers and Community Health Volunteers during 3-5 October 2007 in Chiang Mai, Thailand, with the aim to advocate for CBHWs and CHVs particularly at a time when we are grappling with high disease burden, workforce shortage and the revitalization of primary health care. The meeting report highlights the significance of social equity and health development. The report also provides information on the development, categories, role and function of CBHWs and CHVs in the SEA Region, country experiences as well as the way forward for countries. The nine key strategic directions for strengthening CBHWs and CHVs which were adopted in principle at the meeting are also included.

Networking of Nursing and Midwifery Education Institution for Nursing and Midwifery Development: Report of an Intercountry Workshop, Cha-am, Thailand, 6-7 July 2006

An intercountry workshop on Networking of Nursing and Midwifery Educational Institutions for Nursing and Midwifery Development was conducted on 6-7 July 2006 at Cha-am, Thailand to strengthen the capacity of WHO collaborating centres for nursing and midwifery development in the Region and to strengthen other nursing and midwifery educational institutions. The main objectives of the workshop were: to develop the South-East Asia Nursing and Midwifery Educational Institutions Network (SEANMEIN); to adopt the South-East Asia Strategic Framework of Nursing and Midwifery, 2006-2010; review the achievements and challenges of five WHO Collaborating Centres for Nursing and Midwifery Development in the SEA Region; identify nodal nursing and midwifery education institutions in member countries in the Region; determine ways and means of sustaining the Network, and make recommendations to strengthen nursing and midwifery in the Region. During the technical sessions, the workshop deliberated on issues and challenges of human resources for health in the Region, presented two 59th World Health Assembly resolutions on Nursing and Midwifery and rapid scaling up in production of public health workforce, discussed the importance of having nursing and midwifery minimal database for planning, monitoring, managing, regulating, benchmarking and payroll, discussed the role and functions of a WHO collaborating centre for nursing and midwifery development and established the South-East Asia Nursing and Midwifery Educational Institutions Network. The report of the workshop documents the issues that were addressed, identifies future course of action and makes recommendations for the Network, WHO and country offices to strengthen nursing and midwifery in the Region.
Strategic Directions for Strengthening Community-based Health Workers and Community Health Volunteers in the South-East Asia Region

Description: Strengthening community-based health workers (CBHWs) and community-health volunteer (CHVs) is one of the key strategies for health workforce development identified in the Dhaka Declaration in 2006 and in the Regional Committee Resolution SEA/RC59/R6 on health workforce strengthening. This document presents a framework and nine strategic areas with actions for WHO and Member States for development and sustaining of CBHWs and CHVs in promoting health of the people. The nine strategic actions are grouped under three pillars, namely, renew political commitment and recognize importance of CBHWs and CHVs, strengthening the CBHWs and CHVs and ensure supportive environment of effective functioning of CBHWs and CHVs. The Strategic Directions were adopted in principle in the Regional Meeting on Revisiting Community-based Health Workers and Community Health Volunteers held during 3-5 October 2007 in Chiang Mai, Thailand and were finalized in the Peer Review Meeting in February 2008.

Quality Assurance and Accreditation of Nursing and Midwifery Educational Institutions, Inter-country Workshop, 9-11 July 2007

Quality of education is fundamental for producing a quality nursing and midwifery workforce. The intercountry Workshop on Quality Assurance and Accreditation of Nursing and Midwifery Educational Institutions was held in Male, Maldives, during 9-11 July 2007. The objectives were to improve the quality of nursing and midwifery education in countries of South-East Asia Region and to agree upon the draft guidelines on quality assurance and accreditation of nursing and midwifery educational institutions.

The report presents the two key mechanisms of ensuring quality of education, namely quality assurance and accreditation. The components and processes of quality assurance and accreditation, the relationship between the two mechanisms as well as the role of nursing and midwifery educational institutions and regulatory body or council in quality assurance and accreditation are highlighted. The country actions in improving the quality of nursing and midwifery education are also included.
Teaching of public health in medical schools

In responding to the revitalizing primary health care and health care reform, health workforce particular medical doctors should be aware of and appreciate the significance of public health in wellness of people and use public health measures more in their interventions. The Regional Meeting on Teaching of Public Health in Medical Schools, held in December 2009 in Bangkok, Thailand to review the situation of public health teaching in undergraduate medical schools, if need, to propose actions to be taken to strengthen the teaching of public health in undergraduate medical schools in South-East Asia Region.

The report provides the review of the situation of teaching public health globally and in South-East Asia and Regional perspectives on public health and teaching of public health in undergraduate medical schools. Various aspects of public health teaching based on the ‘Strategic framework for strengthening teaching of public health in undergraduate medical schools’ are included. These are the curriculum/contents; teaching-learning process including community practice and assessment and evaluation; teacher’s qualification and continuing development; enabling environment including school policy, administrative support and community partnership.

South-East Asia nursing and midwifery educational institutions network

The South-East Asia Nursing and Midwifery Educational Institutional Network (SEANMEIN) was established to enhance information and experience sharing among nursing and midwifery schools in the Region to promote the development of nursing and midwifery education, service, research and workforce. The second meeting of the network, held on 28-30 April 2009 in Yangon, Myanmar, focused on three areas: Millennium Development Goals (MDGs) and primary health care (PHC); improving the quality of nursing and midwifery education; and strengthening nursing and midwifery workforce planning and development.

The capacity of nurses and midwives in responding to MDGs and PHC, as well as in emergencies and disasters needs to be strengthened, but evidence in these areas is limited. The meeting agreed that the global standard on initial nursing and midwifery pre-service education could be applied in the Region. The meeting also recommended the adoption of the WHO guidelines for nursing and midwifery workforce planning and the guidelines for management of nursing and midwifery laboratory. It was recommended that WHO should support and promote evidence-based nursing and midwifery development in the area of MDGs and PHC, experience-sharing in the areas of quality and workforce planning and the use of WHO policies, standards and guidelines in the educational institutions, and strengthening of the capacity of educational institutions.
Adolescent Nutrition: A Review of the Situation in Selected South-East Asian Countries

Approximately 20% population of WHO’s South-East Asia (SEA) Region consists of adolescents. The foundation of adequate growth and development is laid before birth, during childhood, and is followed during adolescence. In the SEA Region, a large number of adolescents suffer from chronic malnutrition and anaemia, which adversely impact their health and development. The high rate of malnutrition in girls not only contributes to increased morbidity and mortality associated with pregnancy and delivery, but also to increased risk of delivering low-birth-weight babies. This contributes to the inter-generational cycle of malnutrition. The publication reviews the demographic profile of adolescents in the Region, and their nutritional status and programmes that address adolescent nutrition. It suggests strategies for improving the nutrition status of adolescents and proposes actions at country and regional levels.


Iodine deficiency disorders are a major challenge to the development of the health of the people in the South-East Asia Region. Despite several actions undertaken in the Region, the achievements among Member countries vary significantly. An expert consultative meeting was organized to assess the status of IDD control and prevention in countries of the South-East Asia Region.

The meeting reviewed the IDD situation in the Member countries and recommended action towards the sustainable elimination of IDDs. A summary of the meeting report was also presented to the joint meeting of the Health Secretaries and the Consultative Committee for Programme Development and Management (CCPDM) held in July 2007. An important part of the report is the compilation of all relevant information pertaining to the progress registered between 2004 and 2006 in the control and prevention of IDDs in the South-East Asia Region.

The meeting report has also identified the need for guidance to Member countries on iodine requirements; quality assurance and monitoring of the IDD programme; importance of appropriate technology transfer; and cross-border issues in salt trade.


Countries of the South-East Asia Region are at different stages of development and implementation of national nutrition policies and plans. The experience of WHO and FAO in supporting countries to develop and implement food and nutrition plans indicates that policy-makers of various sectors need the capacity to critically analyze the existing food and nutrition responses so as to fully understand the increasing complexity of food and nutrition policy development. In continuation of these efforts a workshop was organized to facilitate four Member countries to establish and update national intersectoral food and nutrition policies and action plans. The six sessions of the workshop dealt with identifying ongoing trends in food and nutrition, including food news, clarifying the four pillars of good health and nutrition which encompasses food and nutrition plans and policies, forging partnerships, and putting plans into practice.

The workshop identified several action lines that attending Member countries would pursue over the coming months.
The workshop clarified why the introduction of a new child growth standard is required; dispelled certain myths/misconceptions regarding trajectory of growth; and showed how global standards are relevant for the Region. In addition the workshop provided the opportunity for countries to share experiences of growth-monitoring practices and formulate the framework for action plans for adapting the new WHO child growth standards in individual countries.

First Meeting of the Regional Working Group for IDD Elimination: A Report. New Delhi, India, 29-30 September 2005

The publication gives an account of the discussions during the “First Meeting of the Regional Working Group for IDD Elimination” held in New Delhi, India, from 29-30 September 2005. The document details experiences in IDD elimination from regional countries and gives an account of the priority constraints, identified by the participants. Priority areas of work by countries and partner agencies were identified in the areas of advocacy, quality assurance, communication, and issues related to small producers.


Around 68 million under-five children in the South East Asia region are suffering from being underweight, as a result of growth failure. The assessment and monitoring of the growth of children is important for addressing the problem. The new WHO growth standard defines how children should grow, and identify the deviations from the pattern it describes as evidence of abnormal growth, while the previous NCHS reference, on the other hand, does not provide as sound a basis for such value judgments. The new WHO child growth standard more widely represents the breastfed children of the developing countries.


Malnutrition during infancy and early childhood is a serious problem in the South-East Asia Region. Adequate and appropriate nutrition is not only a child rights issue, but is also an important determinant of the high infant and under-five mortality rates in the Region. Breastfeeding alone could prevent 13%, and complementary feeding 6% of all child deaths. Though positive trends in indicators like exclusive breastfeeding rates and appropriate complementary feeding practices are discernible, the progress in most countries is not optimal and the achievements are relatively modest.

The Fifty-fifth World Health Assembly (WHA) adopted the Global Strategy on Infant and Young Child Feeding (GSIYCF) in April 2002. Some countries have accordingly developed their own national strategies, whereas others have not taken specific steps to do so. Programme managers for child health, particularly those responsible for the Integrated Management of Childhood Illnesses (IMCI), Nutrition, and HIV/AIDS need to be involved in the implementation of these strategies, which should be updated accordingly.

This workshop shared the progress regarding implementation of the Global Strategy, and identified areas which needed to be emphasized for further action in Member countries of the SEA Region.
Nutrition-related Care and Support for People Living with HIV-AIDS: Report of an Intercountry Workshop on Training of Trainers, Jakarta, Indonesia, 3-7 October 2005

HIV infection results in complicated nutritional issues for patients. There is growing evidence that nutritional interventions influence health outcomes in HIV-infected patients. Also food insecurity leading to malnutrition heightens the susceptibility to HIV exposure and infection, while HIV/AIDS in turn heightens the vulnerability to food insecurity and malnutrition. The South-East Asia Region had six million people estimated to be infected with HIV in the year 2005. On the other hand, prevalence of malnutrition is very high. More than half of the world’s malnourished children still live in our Region. WHO initiated a collaborative effort to develop approaches based on the latest available scientific evidence with respect to the macronutrient and micronutrient needs of HIV-infected people, the special nutritional needs of HIV-infected pregnant and lactating women and their children, and the nutritional needs of HIV-infected adults and children receiving antiretroviral treatment. Based on evidence, WHO headquarters developed a training package. This workshop training utilized the contents of this package. The facilitators’ guide consists of 11 sessions that are operationalized, using a variety of interactive and androgogical teaching methods, including brainstorming, case studies, demonstrations, role playing and exercises. The training also envisaged sharpening of caregivers’ communication skills to enable them to provide appropriate guidance to HIV-infected and affected people.

Optimizing Foetal Growth and Development: Report of a Bi-regional Meeting, Bangkok, Thailand, 7-9 December 2004

Experts in nutrition and reproductive health from 16 countries in WHO’s South-East Asia and Western Pacific Regions participated in a consultation in Bangkok in December 2004 to identify region-specific issues related to the proposed strategy for optimizing foetal growth and development. The objective of the consultation was to inform the participants about the strategy, gather comments on its purpose, direction and contents for its development and to seek guidance on implementation issues in the context of other related strategies. The publication gives an account of the deliberations.

In summary, the experts concluded that an integrated strategy was needed to promote a broader characterization of pregnancy outcomes of ‘mother-foetus dyad’ than birth size alone. The strategy recognizes two types of interventions: (a) public health interventions to make the environment optimal for the potential mother to nurture her foetus, and (b) clinical interventions aimed at maximizing the role of an individual woman as an environment for the foetus. Because the causes of sub-optimal foetal development are multiple, it is unlikely that interventions focused on addressing only one aspect, for example, single nutrient deficiencies, will have a large impact on foetal development, whereas packages of interventions are likely to have synergistic effects.

The document gives an account of region-specific issues related to the protection of foetal development, mainly

- Nutrition and Reproductive Health issues regarding strategy, barriers to implementation and suggestions for further programme improvement;
- preparing the woman nutritionally for the first pregnancy;
- preventing pregnancy among adolescents;
- birth-spacing and family planning;
- shortcomings in the safe motherhood programme;
- shortcomings in the nutrition programme; and
- social consideration and measures. Priority areas for action identified and feasible ways defined to implement the strategy are described.
Regional Consultation on Nutrition and HIV/AIDS: Evidence, lessons and recommendations for action in South-East Asia

An estimated four million people were living with HIV/AIDS in South-East Asia at the end of 2006. HIV and nutrition are strongly related to each other; immune deficiency as a result of HIV infection leads to malnutrition which in turn leads to further immune deficiency, worsens the effect of HIV and contributes to a more rapid progression to AIDS. Malnutrition rates in several South-East Asia Member countries are high. Good nutrition for people living with HIV - increased resistance to infection, maintains weight, improves the quality of life as well as drug compliance and efficacy. The joint regional consultation sponsored by WHO, US National Institute of Health, FAO, UNICEF and WFP was proposed as a direct response to the 2006 World Health Assembly resolution WHA 59.11 on nutrition and HIV/AIDS. Whereby Member countries through the resolution requested the Director-General to strengthen technical guidance to Member States for incorporating HIV/AIDS issues in national nutrition policies and programmes and to support the development and dissemination of science-based recommendations, guidelines and tools on nutritional care and support for people living with HIV/AIDS.

Although some Member countries of the South-East Asia Region have initiated efforts in integrating nutrition into HIV control-related activities, such efforts have been insufficient. The consultation identified the need to strengthen the efforts of Member countries towards implementing adequate nutrition programmes for the care, support and treatment of persons living with HIV/AIDS while also paying heed to generate strong political interest and commitment.

Rapid Appraisal of Recent Progress Towards Sustainable Elimination of Iodine Deficiency Disorders (IDD) in Countries of the South-East Asia Region

Iodine deficiency disorders (IDD) pose a significant public health challenge in the South-East Asia (SEA) Region. In addition, they have an impact on social and economic development. Elimination of iodine deficiency and its devastating consequences is achievable. The Thirty-ninth World Health Assembly, in 1986, called for prevention and control of IDD. The Forty-third World Health Assembly, in 1990, adopted a resolution to eliminate iodine deficiency as a public health problem. Universal salt iodization (USI) was identified as the main intervention for achieving this goal. Concerned that iodine deficiency remains a major challenge in the Region. Fifty-seventh session of the Regional Committee, held in 2004, adopted a resolution to reaffirm the commitment for elimination of IDD in the Region. The rapid appraisal undertaken in 2005 assessed the progress made by Member countries of the SEA Region regarding IDD elimination programmes, identified key constraints and determined critical actions.

Training of Master Trainers on the New WHO Child Growth Stanards in the WHO South-East Asia Region

Growth charts are an essential component of the toolkit used by health professionals to assess the growth and nutritional status of children. Government and international organizations also rely on growth charts for assessing the general well-being of children and for monitoring the progress in improving their nutritional status. The WHO Multi-centre Growth Reference
Study (MGRS) undertaken between 1997 and 2003 has produced international growth standards describing how children grow when their needs are met rather than outlining how some children grew at a particular time and place. The new growth standards make breastfeeding the biological norm and establish the breastfeeding infant as the normative growth model.

The report provides information on a training workshop that was organized with the purpose of creating a pool of master trainers in the South-East Asia Region who would subsequently impart training at the regional and national levels in the use and interpretation of the new growth standards. The report also refers to some relevant issues related to the new WHO Child Growth Standards that have programmatic implications for Member countries of the South-East Asia Region.

WHO Regional Office for South-East Asia
2005, 35 pages
Document SEA-NUT-164

**Ninth meeting of the WHO South-East Asia nutrition research-cum-action network**

The ninth meeting of the South-East Asia Nutrition Research-cum-Action Network was organized by the WHO Regional Office for South East Asia at the National Institute of Nutrition, Hyderabad, India from 24-26 September 2008. The three-day meeting was an endeavour to promote effective exchange of information among Member States of the Region, partner organizations and institutions. Participants from all the 11 Member States of the Region as well as representatives from academic institutions, WHO Collaborating Centres and international and bilateral partner organizations attended the meeting.

While discussing the ways and means to revitalize the Network, the meeting also focused on the rising food prices in the Region and its impact on household food insecurity. The participants also shared successful programmes and experiences in the management of mild, moderate and severe malnutrition using community-based approaches. There were sessions on the control and prevention of micronutrient deficiencies and what would be the future research needs, behaviour change communication and evidence-based interventions for addressing a wide range of malnutrition.

The meeting made a number of recommendations dealing with the need to upgrade / strengthen national nutrition surveillance systems, behaviour change communication for nutrition problems and the need for integration of community-based and clinic-based facilities for the management of malnutrition in children.

WHO Regional Office for South-East Asia
2009, 24 pages
Document SEA-NUT-176
Regional Strategy on Occupational Health and Safety in SEAR Countries

Occupational health is a significant concern for over 500 million workers in countries of the South-East Asia Region. However, there is no systematic planning or implementation of occupational health services. To overcome this impediment, a Regional Strategy was developed to serve as a blueprint for the development and implementation of national strategies and plan of action on occupational health by Member countries in the Region. This regional strategy evolved out of a regional consultation and a situational analysis of occupational health in the Region. Eighteen participants from seven countries including experts from WHO headquarters and the South-East Asia Regional Office and staff from three WHO country offices, participated in the consultation. As a result of group work and plenary discussions, the participants developed a regional strategy consisting of three goals with related actions. In developing the regional strategy, the guiding principles were obtained from the WHO Strategic Directions and ILO Conventions. The regional priorities were based on the evidence of the situation analysis conducted by the Regional Office.

Operational guidelines on plague surveillance, diagnosis, prevention and control

Plague is one of the oldest identifiable diseases known to man which remains endemic in many natural foci around the world, including some countries of the WHO South-East Asia Region. Plague, a vector-borne zoonotic disease, remains a significant public health threat in affected countries and of major concern to the World Health Organization because of its inherent communicability, rapid spread, rapid clinical course, and high mortality if left untreated. The revised International Health Regulations (IHR) 2005, which came into effect in June 2007, require notification to WHO of the occurrence of a suspected case of plague in an area not known to be endemic.

The Operational Guidelines on Plague Surveillance, Diagnosis, Prevention and Control were first published by the WHO South-East Asia Region in 2004. These were revised and updated in the context of new case definitions adopted in 2006 and the enforcement of the IHR (2005). These revised and updated guidelines of 2009 provide comprehensive knowledge and information on plague epidemiology, surveillance, diagnosis, case management and prevention and control, and can be adapted by Member States to suit their technical requirements.
Rabies Elimination in South-East Asia Region: Report of a Workshop, Colombo, Sri Lanka, 10-12 November 2005

The South-East Asia Region contributes 60% of global rabies mortality which can be prevented. The meeting brought together national focal points from human health and animal health sectors from countries of the Region where rabies is a major problem. The meeting reviewed the status of rabies and formulated mechanisms for implementation of the strategy for elimination of rabies. It was recommended that Member Countries establish national rabies control programmes and make modern tissue-culture rabies vaccine accessible to people. WHO was requested to undertake advocacy at the highest level to elicit political commitment from national governments and provide technical support for execution of national rabies control programmes.

Regional Consultation on Social Determinants of Health: A Report. New Delhi, India, 15-16 September 2005

This report contains proceedings from a regional consultation organized by the Commission on Social Determinants of Health (CSDH) held at the WHO South-East Asia Regional Office, September 15-16, 2005. The meeting was attended by WHO regional and country staff, and Commissioners and members of the Commission Secretariat. The aim was to brief participants regarding the work of the CSDH as well as exchange views regarding challenges and possible solutions related to reducing the negative impact due to inequality and inequity. The Regional Director, Dr Samlee Plianbangchang officially opened the consultation and the Deputy Regional Director, Dr Poonam Khetrapal Singh chaired the “Question and Answer Session.” Several Commissioners made presentations and the closing remarks were made by Dr Bill Foege on behalf of the Commissioners. The recommendations centred on the establishment of Knowledge Networks and the envisaged role for the South-East Asia Region in supporting the work of the Commission.
Regional report on status of road safety: the South-East Asia Region

Road traffic injury is one of the fastest growing epidemics in the WHO South-East Asia Region. The Regional Report on Status of Road Safety: the South-East Asia Region provides an opportunity to depict the extent and scale of the particular problem. All Member countries of the WHO SEA Region except DPR Korea participated in the survey. The data used in the report were endorsed by the relevant government authorities of each country.

An estimated 288,768 people were killed on the roads of the South-East Asia Region in 2007. Almost three-quarters of all these deaths occur among the most vulnerable road-users, i.e. motorcyclists, pedestrians, and cyclists. This report also reaffirms our understanding of the rapid proliferation of two- and three-wheelers in the Region, which is a major risk factor for road traffic injuries. All Member countries in the Region have lead agencies in place to address road traffic injuries. All Member countries in the Region have lead agencies in place to address road traffic injuries but need more political commitment and support to reduce the huge toll of road traffic injuries.

Convention on the rights of persons with disabilities, role and responsibilities of the health sector, information for policy makers


Information regarding the key direct and indirect responsibilities of various responsible players in the health sector, especially policy-makers, in accordance with the Articles of the Convention, and compiled into an easy-to-read format.
Asia-Pacific Workshop on Continuum Care for Maternal and Newborn Health

This meeting was a collaborative effort between the WHO Regional Office for South-East Asia (WHO/SEARO) and Access to Clinical and Community Maternal, Neonatal and Women’s Health Services (ACCESS Programme) in promoting evidence-based actions for maternal and neonatal health within the continuum of care that results in the best possible care at all levels from the household to the first-service level to the first referral level, as appropriate for each woman or newborn’s needs spanning through the life’s beginnings from before conception to childhood through pregnancy, childbirth and infancy. The report highlights the proceedings of the workshop that define the scope of a continuum of care for maternal and newborn health; the importance of paying special attention to childbirth and the immediate postpartum period, and countries’ experiences in promoting maternal and newborn health.

Assessment and Evaluation of Essential Newborn Care Programme in Ayeyarwady and Magway Divisions

The Essential Newborn Care Programme was launched in Myanmar in 2006 with a grant received from the Italian Government. The Department of Health worked in collaboration with WHO for promoting essential newborn care. The programme focused on essential newborn care practices, which, combined with the identification and appropriate management of newborn complications, were necessary to ensure optimal neonatal health outcomes. These practices included: (a) ensuring warmth and cleanliness (cord, skin and eye care) of the newborn; (b) immediate initiation of exclusive breastfeeding; (c) neonatal resuscitation; (d) early detection and treatment of complications of the newborn; and (e) special care for premature and low birth weight neonates.

Provincial Reproductive Health & MPS Profile of Indonesia

The National Reproductive Health Profile for Indonesia consists of 38 chapters containing maps and tables complemented with the narration based on the indicators of minimal service standards, health initiatives, human resources and health status. The data sources were taken from the provincial monthly report and Indonesian Health Demography Survey (SDKI) for Family Planning and Newborn Data. This document is expected to provide the description of health initiatives, resources and their status in order to achieve the goal of National Mid-Term Development Plan (RPJMN) 2009 and the Millennium Development Goals 2015.

Five-Year Strategic Plan for Reproductive Health in Myanmar, 2004-2008

The five-year strategic plan for reproductive health has been developed to ensure that there is a logical and coordinated response to the reproductive health needs of the population in Myanmar. Development was initiated by the Ministry of Health (MoH) in discussion with the World Health Organization (WHO) and United Nations Population Fund (UNFPA). In order to develop the strategic plan, a Working Group was formed with members from various departments within the MoH, WHO, UNFPA, and other collaborating partners. This group undertook a review of the available information regarding reproductive health in Myanmar, and prepared the background documentation for the
development of the strategic plan. An initial process of identification of key interventions and prioritization of these interventions was then conducted, in preparation for a retreat held in Mandalay with the participation of a range of stakeholders. Following from these efforts, the working group drafted and finalized this strategic plan. The following section of the strategic plan provides background information on the socio-demographic situation and an overview of health and the health system in Myanmar. The third section presents information on the status, ongoing activities, opportunities, and challenges in relation to specific areas of reproductive health. This is followed by a discussion of the policy environment. Section 5 presents the goal, objectives, and strategic directions of the plan. Section 6 discusses programme approaches and key activities. The annexes provide detailed logical framework and planning matrices for implementers.

Reducing Unsafe Abortion: Report of an Intercountry Workshop, Bangkok, Thailand, 30 May - 2 June 2005

Unsafe abortion accounts for 13% of all maternal deaths. The report highlights the proceedings of the workshop that addressed the issues related to the clinical, health systems and policy considerations and recommendations contained in the WHO guidance document and related materials; discussions on the legal and policy factors that facilitate or constrain access to safe abortion and post-abortion care; and strategies at national level for integrating safe abortion - in circumstances where it is legally permitted - and addressing/responding to unsafe abortion within national and local initiatives.


Malnutrition during infancy and early childhood is a serious problem in the South-East Asia Region. Adequate and appropriate nutrition is not only a child rights issue, but is also an important determinant of the high infant and under-five mortality rates in the Region. Breastfeeding alone could prevent 13%, and complementary feeding 6% of all child deaths. Though positive trends in indicators like exclusive breastfeeding rates and appropriate complementary feeding practices are discernible, the progress in most countries is not optimal and the achievements are relatively modest.
Reproductive Health Stakeholder Analysis in Myanmar 2006

Reproductive Health Stakeholder Analysis in Myanmar was done in 2001. More than 50 agencies and organizations were identified. However, many agencies and organizations were working with the primary focus on HIV/AIDS. Primary data collection focused on four areas of reproductive health: birth spacing; maternal and obstetric care, RTI/STI programmes and ARH activities.

This is the second attempt, after five years, to update the information on reproductive health stakeholders in Myanmar. In this analysis only those organizations that have activities related to the primary objectives of addressing the reproductive health issues have been included. This analysis is undertaken with the objective of updating the information on reproductive health activities - the Minimum Essential Package of Reproductive Health Interventions according to the Life Cycle Approach - implemented by stakeholders.
Skilled Care at Every Birth: Report and Documentation of the Technical Discussions held in conjunction with the 42nd meeting of CCPDM, Dhaka, 5-7 July 2005

The MDG 5 calls for a reduction of the maternal mortality ratio by three quarters between 1990 and 2015 and MDG 4 for a reduction in the under-five mortality by two thirds during the same period. Skilled care at birth is an important input for improving maternal health and reducing child mortality. The report highlights the discussions and commitments made by the Member States during the course of the technical discussions.

Training of Trainers in WHO Essential Newborn Care Course

The Essential Newborn Care Course has been developed by the Making Pregnancy Safer (MPS) Department at WHO Headquarters and is based on the “WHO Pregnancy, Childbirth, Postpartum and Newborn care - A Guide for Essential Practice”. It aims to train health-care providers at the community level to take care of the newborn baby during birth and thereafter. The first Intercountry Training of Trainers on Essential Newborn Care was held at the Central Women’s Hospital in Yangon with 16 experienced trainers and newborn care specialists from six countries - India, Indonesia, Maldives, Myanmar, Sri Lanka and Thailand. The report gives a brief overview of the 5-day training course which is skills-based and conducted in line with the adult participatory learning techniques using a variety of teaching aids such as demonstrations, presentations, clinical practice, role play and discussions, etc. The course covered main areas of neonatal care including care at birth, initiating and supporting early breastfeeding, thermal control, examination of the normal newborn, neonatal resuscitation, Kangaroo mother care, communication skills and special care for the low birth-weight baby. At the end of the course participants discussed and shared the follow-up action plans that they would do in their respective countries.
Training of Trainers in WHO Essential Newborn Care Course

The second inter-country training on Essential Newborn Care Course was organized at the Institute for Child and Mother Health (ICMH), Mutuail, Dhaka. Seventeen health care professionals engaged in newborn health from five Member States: Bangladesh, Bhutan, DPRK, Nepal and Timor-Leste participated. The report gives a brief overview of the 5-day training course which is skills-based and conducted in line with the adult participatory learning techniques using a variety of teaching aids, such as demonstrations, presentations, clinical practice, role play and discussions, etc. The course covered main areas of neonatal care including care at birth, initiating and supporting early breastfeeding, thermal control, examination of the normal newborn, neonatal resuscitation, Kangaroo mother care, communication skills and special care for the low birth-weight baby. At the end of the course participants discussed and shared the follow-up action plans that they would do in their respective countries.

A Framework for Implementing the Reproductive Health Strategy in the South-East Asia Region

This publication is adapted from WHO’s Accelerating progress towards the attainment of international reproductive health goals: A framework for implementing the WHO Global Reproductive Health Strategy. It provides guidance to countries in the South-East Asia Region in implementing the Global Reproductive Health Strategy considering the regional context, country situations and needs. The publication also provides country reproductive health data sheets, which would be useful in understanding the reproductive health challenges in each country of the Region.

Safer pregnancy in Tamil Nadu: from vision to reality

This monograph documents the path pursued by Tamil Nadu in making pregnancy safer and the lessons learnt about improved maternal and neonatal health (MNH) outcomes. The Tamil Nadu experience, and the lessons learnt, can serve as useful pointers for designing and implementing similar programmes in other places.

Section 2, which follows, profiles the sociodemographic and economic features of the State of Tamil Nadu. Section 3 examines the environment in the state that enabled it to move toward achieving its vision. Section 4 focuses on how the state transformed rhetoric into reality in MNH interventions. Chapter 5 details the strengthening of public health systems in the state that supported improvements in MNH care. The last chapter looks to current challenges and future initiatives.
Guidelines for accreditation of medical schools in countries of the South-East Asia Region

To safeguard the quality of healthcare there is a felt need that it is necessary to produce quality health workforce who are competent and well motivated too.

The institutions producing health workforce plays the vital role in ensuring proper training to them. The quality of the institute with quality faculty, quality program and good teaching-learning environment are prerequisites towards ensuring developing quality health work force.

The accreditation of institutes by professional councils / bodies with standard criteria helps identify quality institutes like medical schools. A regional guideline for accreditation was overdue for the medical schools of this region. The present guidelines will guide and assist the countries and their professional bodies to set their own criteria of accreditation.

Health Ethics in South-East Asia, Volume 4: Teaching Health Ethics, Resource Materials from the WHO SEA Region

Welcome to Teaching Health Ethics: Resource Materials from the World Health Organization’s South-East Asia Region. These materials have been developed by the WHO, South-East Asia Regional Office, in consultation with a number of experts with a background in a range of medical disciplines, anthropology and philosophy. The resource materials are primarily intended for the training in clinical health ethics of medical students and continued education of physicians in the South-East Asia Region. The overall purpose of the resource materials is to stimulate teaching and discussions on health ethics among physicians and students in Member countries of the Region by providing scenario-based education materials that are based in South and South-East Asia.

Thirtieth Session of the WHO South-East Asia Advisory Committee on Health Research

The main role of the WHO Advisory Committee on Health Research (ACHR) is to advise the Organization on matters relating to research policies, strategies and programmes. The Thirtieth Session of the ACHR discussed, inter alia, research on avian influenza; the work of WHO on health research at the global and regional levels; issues on health research and key regional strategies; and health research capacity strengthening in countries of the SEA Region. The Committee recommended establishment of a Technical Advisory Group on AI, strengthening of research management in Member countries, promotion of ethical standards in conducting research through different mechanisms, among others.
The Task Force on Health Research Management and Capacity Building was created in pursuance of a recommendation of the Thirtieth Session of the WHO South-East Asia Advisory Committee on Health Research (ACHR) held in Jakarta, Indonesia, in March 2007. The ACHR has consistently underlined the importance of research management as a mechanism for ensuring the relevance, quality and effectiveness of health research programmes. It was revealed that the research management modules should be finalized as suggested by the Task Force as soon as possible for the countries applications and to be developed in the form of “self-learning packages”. A new additional module on “research ethics” is proposed to be developed.

The need to strengthen medical councils of the Region with a view to improve the standards of medical education and regulations for practicing health-care providers has been highlighted in many forums. In order to strategize the way forward, a Regional Consultation was held from 17-19 October 2006 in Thimphu, Bhutan on Medical Councils in Countries of the World Health Organization’s, South-East Asia Region. The general objective of the consultation was to promote collaboration among medical councils in improving medical education and practices in the Region.

Many technical issues were discussed during this meeting by participants representing medical councils of nine countries. The discussions led to a range of recommendations for the future action. One of the important outcomes of the consultation was an acknowledgement of the need to establish a Regional Network of Medical Councils to facilitate exchange of information and resources; agree upon solutions on common issues facing medical councils; and strengthen the capacity of such councils in each country. This report highlights the proceedings of the consultation and the recommendations made by which will shape the strategic directions for further action.

It is important that the agenda on research management is taken to new heights to enable health research institutions in Member countries to practice good research management systematically in the years to come.

Strong linkages between universities, research institutions and the ministries of health is necessary, and a definite mechanism for this must be put in place, to encourage collaboration among Member countries of the South-East Asia Region in multicountry activities.
Managerial Guidelines for Designation and Redesignation of WHO Collaborating Centres

A WHO collaborating centre (CC) is an institution designated by the organization to be part of an international collaborative network carrying out activities in support of the Organization’s programmes at all levels. These guidelines help us to know the functions and criteria of a WHO CC and provide a step-by-step procedure for designation and redesignation of such an institution.

Facilitators’ guide for teaching medical ethics to undergraduate students in medical colleges in the South-East Asia Region

An expert group meeting to review and finalize the Handbook and Facilitators’ Guide on Medical Ethics was organized by the WHO Regional Office for South-East Asia (WHO/SEARO) in Dhaka, Bangladesh, on 27-30 October 2009. Experts in teaching of ethics from Bangladesh, India, Indonesia, Myanmar, Nepal, Thailand and Sri Lanka participated in the meeting and reviewed the two documents namely, the Handbook and the Facilitators’ Guide. These two documents have been developed at the recommendation of the Second Meeting of the Network of Medical Councils of the South-East Asia Region held in Chiang Mai, Thailand, in November 2008. The Facilitators’ Guide has been prepared to help in teaching medical ethics to undergraduate medical students according to the curriculum developed by WHO/SEARO and endorsed by the network of medical councils of the Region.

Regional guidelines and instruments for institutional quality assurance in medical education

Quality Assurance in medical education is defined as a mechanism to maintain and improve the quality and standards of teaching and learning to guarantee that the set standards are met by the institutions.

A teaching and learning exercise through a quality educational process contributes to better learning and thereby improved competencies among medical graduates. Institutes with a quality assurance mechanism are always in a better position to defend their graduates and training programmes.

In order to meet the present challenges of acquiring the standards of quality in undergraduate medical education, an expert group meeting of senior experts in this field was organized by HRH, WHO/SEARO. The experts reviewed the existing curriculum implementation process in countries of the Region and developed regional guidelines and instruments for ensuring quality in medical education.

It is expected that the guidelines, if followed, will help standardize the teaching in medical schools while ensuring the quality of teaching learning process in regional institutions.
Review of preventive and social medicine/community medicine/community health curriculum for undergraduate medical education

Preventive and social medicine (PSM)/community medicine (CM)/community health (CH) is the study of health and disease among the population in countries in order to identify their health needs, and plan, implement and evaluate health programmes.

A Regional Conference on “Public Health in South-East Asia in the 21st Century” was conducted by WHO in November 1999. This led to the “Calcutta Declaration on Public Health” which highlighted the need to strengthen and reform public health education, training and research. Subsequently, a network of public health institutes was established and public health competencies identified with accreditation of guidelines of training programmes. Public health courses are imparted to undergraduate students in medical schools of the Region by the departments of PSM/CM/CH.

An expert group on PSM/CM/CH and education reviewed the existing curricula in countries of the Region and developed regional guidelines on the teaching of PSM/CM/CH. It is expected that this will standardize the teaching of PSM/CM/CH in regional institutions.
WHO South-East Asia advisory committee on health research, thirty-first session

This document contains the follow-up actions on the recommendations of the 30th Session of WHO South-East Asia Advisory Committee on Health Research (SEA-ACHR) and the deliberations on research management in the WHO South-East Asia Region, review of global work of WHO on health research, research priorities in communicable diseases, research priorities in non-communicable disease, review of regional strategy on research for health during the 31st session of WHO ACHR in Kathmandu, Nepal on 21-23 July 2009.

It also covers the recommendations pertaining to the area of avian influenza, promotion of research and development in the area of drugs and vaccines, research management in the countries and WHO/SEARO, global work of WHO on health research and the overall four recommendations of 31st ACHR.

Expert group meeting to review and finalize the handbook and the facilitators’ guide on medical ethics

An expert group meeting to review and finalize the Handbook and Facilitators’ Guide on Medical Ethics was organized by the WHO Regional Office for South-East Asia (WHO/SEARO) in Dhaka, Bangladesh, from 27-30 October 2009. Experts from Bangladesh, India, Indonesia, Myanmar, Nepal, Thailand and Sri Lanka participated in the meeting and reviewed the two documents. These two documents were developed on the recommendation of the second meeting of the Network of Medical Councils of the South-East Asia Region held in Chiang Mai, Thailand, in November 2008. These documents are expected to facilitate effective implementation of the module for the teaching of medical ethics developed by WHO/SEARO. The documents have been developed to equip young doctors with the basics of medical ethics so that they can discharge their duties effectively, efficiently and compassionately with decision making skills particularly ethical issues. The handbook provides a general overview of the ethical issues in different spheres of medical practice so that undergraduate medical students know the basis and are stimulated to search for more questions and seek more answers in the field of medical ethics. The facilitators’ guide will assist teachers of medical colleges in the South-East Asia Region to teach medical ethics to undergraduate medical students according to the curriculum developed by WHO/SEARO and endorsed by the network of medical councils of the Region.
Report of the regional consultation on the draft WHO code of practice for the international recruitment of health personnel

In 2004, the World Health Assembly adopted resolution WHA57.19, which requested the Director-General to “develop a code of practice on the international recruitment of health personnel, in consultation with Member States and all relevant partners”.

WHO headquarters, after a comprehensive consultative process involving multistakeholders, developed a draft WHO Code of Practice. This was discussed in national consultations in countries of the South-East Asia (SEA) Region, and was followed by a regional consultation. The regional consultation was attended by representatives from Member States and WHO headquarters. The objective was to share and discuss inputs/country reports received from Member States on the WHO draft code of practice; recommend changes in the text; and build a regional perspective on the WHO draft code of practice.

The changes suggested by SEA countries were conveyed to WHO Headquarters along with other recommendations. The outcome of the regional consultation was also communicated to the representatives of the three SEA Region Member States attending the 126th Session of Executive Board in January 2010.

This report summarizes presentations from SEA Region Member States on the outcome of national consultations in their respective countries, and includes specific recommendations of the regional consultation on the WHO Draft Code of Practice for the international recruitment of health personnel.

Expert group meeting to review the guidelines and tools for continuing medical education

Continuing Medical Education (CME) is a process of continuous learning by which medical professionals keep themselves updated through acquisition of new knowledge, skills and attitudes to maintain professional competency, in-patient management, health services management including organizing teaching and their own professional development. Over the years, the scope of CME has broadened from mere clinical updates to a wide-ranging ‘continuing professional development’ that includes behaviour change, social and managerial skills and the multidisciplinary context of patient care.

Designing quality CME and continuing professional development programmes appropriate to the needs of different categories of health and allied professionals will, however, remain a big challenge and would need to be addressed through national mechanisms.

There is a need to develop comprehensive guidelines for countries in the Region on CME/CPD activities that would look into i) processes and operational mechanisms ii) identifying accreditation bodies for CME programmes and credit allocation and iii) identifying appropriate institutes in developing and conducting need-based CME/CPD programmes. The guidelines, after adaptation, should help countries in the South-East Asia Region in strengthening their CME/CPD activities.
Health-care reform for the twenty-first century in the South-East Asia Region

Recognizing that health systems need to respond better and faster to people’s demands in a changing world and continuing relevance of primary health care (PHC) and the values of Alma-Ata Declaration, a Regional Meeting on Health-Care Reform for the Twenty-first Century was held in Bangkok, Thailand, on 20-22 October 2009.

There are many notions of health-care reform. In general, health-care reform is an effort to increase effectiveness, efficiency, accessibility and responsiveness of the health system in order to improve health equity. However, most of the reforms undertaken in general and in developing countries in particular, focus on medical care. Thus, reform in financing of the health-care is directed mostly for achieving universal coverage of the population for curative and rehabilitative care i.e. medical care whereas very little, if any, reforms devoted to improve preventive and promotive care.

The regional meeting aimed at to develop consensus on strategies for health-care reform for the South-East Asia Region; to review and build consensus on a strategic framework for health-care reform; to identify the role of public health institutions and networks in education, training and research for health-care reform, and to identify ways to take forward the strategic framework for health-care reform.

The meeting made recommendations for Member States regarding administrative review to ensure improvement in governance and leadership, health infrastructure development, improvement of service delivery, multidisciplinary team and other factors. WHO was asked to support healthy public policy, such as health impact assessments, share health workforce management information, develop a forum to discuss task shifting and develop guidelines, and to support Member States to include NGO/ SEAPHEIN in PHC capacity building.

How to conduct patent searches for medicines: a step-by-step guide

Agencies that procure medicines are increasingly faced with questions about the patent status of pharmaceutical products. This is important because these agencies have a responsibility to use their budgets efficiently (for example by procuring generic medicines), but do not want to infringe on intellectual property rights.

Many organizations involved in medicines procurement have limited knowledge of and little experience in establishing whether a particular medicine is under patent in a particular country. This guide describes a step-by-step approach to locating information about patents on medicines, which, though not easily found, is often available on the Internet. Concrete examples are given of how to trace, through the various online databases, whether a patent has been applied for, granted, refused or revoked. Suggestions are also provided for using Internet sources to obtain data (such as priority dates) that can facilitate efforts to identify relevant patents through more traditional means, such as patent office gazettes.

Since 2007 the Bloomberg Global Initiative to Reduce Tobacco Use (BGI) is being implemented in the South-East Asia Region. Four countries from the Region - Bangladesh, India, Indonesia and Thailand - were selected as priority countries under the Initiative. In 2007 both human and financial support was provided to these countries to strengthen their capacity for tobacco control. The WHO South-East Asia Region was the first and only Region to have organized an orientation workshop for all BGI staff. The workshop was found to be useful for the implementation of the Initiative in the Region. It has also enhanced the knowledge and team spirit of the whole BGI team and provided a unique opportunity to discuss and share the challenges that the Initiative is facing in terms of coordination for effective implementation. The workshop provided the platform to discuss and decide on a common approach to take the Initiative to its logical fruition.


This document contains information on proceedings of the meeting and country updates on implementation of tobacco control programmes and the Framework Convention on Tobacco Control (FCTC). For implementation of the Framework Convention, the focus was on specific areas of: building national capacity; public advocacy and political commitment; education and training; communication and public awareness against tobacco; research and surveillance; development of tobacco control measures and their enforcement, and partnership development. Various research studies and surveys were also discussed. The main recommendation was that the Regional Office and the Secretariat of the Conference of Parties should assist Member countries of the Region to undertake a need-based assessment study, and that the Regional Office should convene a regional consultation on resource mobilization for sustainable development of implementation of the Framework Convention provisions.

Impact of Tobacco-related Illness in Bangladesh

Use of tobacco and exposure to second-hand smoke are major contributors to the chronic disease and economic burden of citizens. They also have a negative impact on the national economy of Bangladesh. Scientific research has revealed that tobacco control actually brings significant health and economic benefits without harming the economy.

The present study on the impact of tobacco-related illnesses in Bangladesh presents scientific evidence for strengthening tobacco control measures in the country for consequent economic gain at both individual and national levels, and for an overall reduction of morbidity and mortality due to tobacco use.
Profile on Smoke-free Environments in the South-East Asia Region

Smoking and exposure to second-hand smoke (SHS) are major contributors to the chronic disease burden in the South-East Asia Region. Due to weak tobacco control measures, especially inadequate measures in the area of SHS, a very large population in the Region is exposed to SHS.

The regional profile on Smoke-free Environments depicts the situation with respect to exposure to SHS in the Region. It also describes briefly the existing measures in the Region for protecting people from SHS exposure.

Making environments completely smoke-free is the most effective way to protect the population from exposure to SHS everywhere, including public places and workplaces. This can only be done by developing and strengthening smoke-free policies and legislation, and enforcing the same.

Brief Profile on Tobacco and Youth in the South-East Asia Region

This brief profile on tobacco use and youth in the South-East Asia Region depicts the situation with respect to tobacco use prevalence among youth as well as accessibility to tobacco products, exposure to second-hand smoke and to advertising, promotion and marketing tactics of the tobacco industry. It also describes the tobacco control measures in place to protect youth from exposure to the diverse marketing tactics used by the tobacco industry. Finally, it presents the best practices from South-East Asian countries that have successfully implemented tobacco control measures to protect youth from tobacco use.

Manual on Tobacco Control in Schools

This Manual is designed for teachers who work with 13-15-year-old students in Member countries of the World Health Organization (WHO)’s South-East Asia (SEA) Region. The Manual uses skill-based health education through curricular and co-curricular activities. Skill-based health education is designed to help students acquire the knowledge, attitude and skills that are needed to make informed choices and decisions, understand the consequences of tobacco use and tobacco advertising, adopt and practise healthy behaviours to avoid risks and create conditions that are conducive to health. This approach also empowers students to contribute to the creation of tobacco-free environment in which they learn and live. The Manual provides young people with an opportunity to participate in an environmental approach to tobacco control. The decision that young people make about tobacco use are heavily influenced by the physical, social, economic and legal environments in which they live. The activities in the Manual represent a departure from the traditional approach of simply educating students not to use tobacco, which is often considered an ineffective strategy. The progressive vision helps young people move beyond a reliance on awareness education to embrace a comprehensive and science-based approach. The focus in the Manual is on what young people can do to create tobacco-free norms and environments and to thwart manipulative efforts of the tobacco industry to create tobacco addictions. The Manual includes classroom activities which a school can adopt either in the form of a regular or optional curriculum. It uses a series of activities which can be carried out as interactive/participatory activities in classrooms (curricular), or as field activities in the community (co-curricular activities). A participatory approach gives students the opportunity to observe and actively practice skills, thus being engaged in “learning by doing.” In order to make these activities interactive, the class is split into small working groups and discussions are held in bigger groups based on inputs from the smaller groups. Schools that would use this Manual may adopt a similar pattern or can modify it according to their situations and needs. Teaching posters, handouts, worksheets, and answer sheets, are provided in this Manual to be used in any combination by the teacher or simply as a guide for teaching. Additionally, clippings from newspapers, a few sets of graph paper, pencils, a black board, and chalk may be used as supplementary materials by the teacher.
Regional Plan of Action for Tobacco Control

As part of the General Obligations under Article 5 of the WHO Framework Convention on Tobacco Control (FCTC), each Party shall develop, implement and periodically update and review multisectoral national tobacco control strategies, plans of action and programmes in order to fully comply with the provisions of the Convention. In order to provide some general guidelines on how to develop these strategies and plans of action, the Regional Strategy for Tobacco Control and Regional Plan of Action for Tobacco Control were developed by the Regional Office. The Regional Strategy contains the vision and strategic plan for tobacco control in the WHO South-East Asia Region for the next five years (2006-2010). The Plan of Action was based on the Regional Strategy for Tobacco Control (2006-2010). While the Convention provides guidelines to reduce the harm from tobacco, definitive actions to control tobacco have to take place at the country level. The successful implementation of the FCTC provisions depends almost entirely on the ability of the countries. Some countries in the Region have already developed their national strategies and plans of action and others are in the process of doing so. These two documents would be helpful in revising the existing national strategies and plans of action in countries that have already developed the same to make them fully compatible with the WHO FCTC. The documents would also be helpful developing national strategies and plans of action by countries which have not yet done so.

Regional Strategy for Tobacco Control

As part of the General Obligations under Article 5 of the WHO Framework Convention on Tobacco Control (FCTC), each Party shall develop, implement and periodically update and review multisectoral national tobacco control strategies, plans of action and programmes in order to fully comply with the provisions of the Convention. In order to provide some general guidelines on how to develop these strategies and plans of action, the Regional Strategy for Tobacco Control and Regional Plan of Action for Tobacco Control were developed by the Regional Office. The Regional Strategy contains the vision and strategic plan for tobacco control in the WHO South-East Asia Region for the next five years (2006-2010). The Plan of Action was based on the Regional Strategy for Tobacco Control (2006-2010). While the Convention provides guidelines to reduce the harm from tobacco, definitive actions to control tobacco have to take place at the country level. The successful implementation of the FCTC provisions depends almost entirely on the ability of the countries. Some countries in the Region have already developed their national strategies and plans of action and others are in the process of doing so. These two documents would be helpful in revising the existing national strategies and plans of action in countries that have already developed the same to make them fully compatible with the WHO FCTC. The documents would also be helpful developing national strategies and plans of action by countries which have not yet done so.
Implications of the Agreement on South Asian Free Trade Area on Tobacco Trade and Public Health in the SAARC Region

Trade liberalization programme has become operational through the introduction of the South Asian Free Trade Area (SAFTA) among South Asian nations. The agreement includes tobacco and tobacco products under the “Sensitive List”. This document lists ways in which trade in tobacco products can be managed under SAFTA in the context of the WHO Framework Convention on Tobacco Control.

Brief profile on tobacco health warnings in the South-East Asia Region

This brief profile on tobacco health warnings in the South-East Asia Region emphasizes the need for health warnings to ensure tobacco control. It also depicts the situation with respect to tobacco health warnings in the Region. It gives an overview of the status of implementation of Article 11 of the WHO framework convention on tobacco control on packaging and labelling of tobacco products and highlights the main hurdles encountered by Member States in this area.

Communication strategy for tobacco control in South-East Asia

Reducing the use of tobacco is a complex task as it involves enormous socio-cultural and health dimensions. It requires a multi-sectoral and integrated approach that includes consistent and continuous communication for behavioural and social change. Communication as such, is a strategic process to influence individual and group behaviour that needs systematic planning and implementation.

This document tends to define the framework and the key elements of communication for tobacco control to be used in the Member States of the South-East Asia Region. It focuses on the major approaches of communication and guiding principles for planning and using the communication components for designing the effective communication for tobacco control programme. It suggests a model for communication planning based on communication objectives, target groups and potential barriers which determines the communication approach, message development and selection of media. It emphasizes on the importance of using media mix, partnership, capacity building and regular evaluation of communication activities.
Progress of implementation of the Bloomberg Initiative to reduce tobacco use in the South-East Asia Region

The Bloomberg Initiative Report 2008 provides an overview of activities undertaken during 2008 by the WHO Regional Office for South-East Asia and the four Bloomberg focus countries - Bangladesh, India, Indonesia and Thailand - in the Region. It highlights the activities under the Initiative that have strengthened the efforts being made in the Region in the area of tobacco control as well as the activities that helped implement the WHO Framework Convention on Tobacco Control.

Global adult tobacco survey: Thailand country report

This publication, global adult tobacco survey: Thailand country report, summarizes the findings of the global adult tobacco survey: Thailand. The survey contains information on key indicators of tobacco control in Thailand such as tobacco use, cessation, second-hand smoke, economics of tobacco consumption, media issues focusing on tobacco and knowledge, and attitudes and perceptions related to tobacco use and its harmful effects. It will also assist the country to fulfill its obligations under the World Health Organization Framework Convention on Tobacco Control (FCTC) and MPOWER policy package to generate comparable data within and across countries.

Illicit Trade in Tobacco Products

This report provides concise and key discussion points and recommendations of the Regional Workshop on illicit Trade in Tobacco Products, organized in New Delhi, India, from 15-16 September 2008. The workshop intended to raise awareness among policymakers and nongovernmental organizations from the South-East Asia Region about illicit trade in tobacco products and its ramified implications and to build support for the Protocol to the Framework Convention on Tobacco Control.
International Trade and Health: a Reference Guide

SPS, TRIPS, trade-distorting subsidies, Doha Paragraph Six.... The language of trade and health is specialized and may seem obscure. But though the language may be daunting, international trade agreements now being negotiated affect all of us, and health professionals in particular need to master the terminology if they are to participate in the national debate on trade and health. This reference guide consists of a basic dictionary of selected terms and several briefing notes that elaborate some of the issues.

Trade and health: Compilation of Presentations made at the Inter-regional Workshop, New Delhi, October 2004

By providing its Member States a legal and institutional foundation, with regard to multilateral trading, the World Trade Organization (WTO) has facilitated expansion of international trade in goods and services. Various health issues may arise from WTO agreements and also from regional and bilateral trade agreements. There is a need for a clear understanding of the relevant agreements and the way they may influence health and health policies. At the Inter-regional workshop on Trade and Health, organized by the WHO Regional Office for South-East Asia, in New Delhi on 12 and 13 October 2004, senior officials from the health and trade ministries from selected Member States in the Eastern Mediterranean, South-East Asia and Western Pacific regions exchanged views on trade and trade agreements and public health. They shared experiences on the Accession to WTO and on the WTO Agreements relating to Trade-related Intellectual Property Rights (TRIPS), Application of Sanitary and Phytosanitary Measures (SPS), and the General Agreement on Trade in Services (GATS). The present publication, with updated versions of various presentations made at the workshop, is aimed at disseminating the information to a wider audience and help in promoting greater awareness of trade and health policies among policy-makers and practitioners in the trade and health sectors.

Intellectual Property Rights and Access to Medicines: a South-East Asia Perspective on Global Issues

Drawing on the debates at a workshop on intellectual property rights and access to medicines in South-East Asia, held in Dhaka, Bangladesh, this report provides an overview of recent developments related to intellectual property rights/patients and access to essential medicines in various international forums. It also touches on concerns related to traditional medicines and questions regarding pharmaceutical innovation. It tries to put these various concerns and developments in a broad context, and discusses them from a regional perspective. The report seeks to capture and summarize the issues explored and discussed during the workshop, rather than to promote a particular view. It is intended as a contribution to the debate on intellectual property and access to medicines.
Development of Traditional Medicine in the South-East Asia Regions: Report of a Regional Consultative Meeting, 22-24 June 2005

The Regional Consultation on Development of Traditional Medicine (TM) in the South-East Asia Region (SEA) was convened in Pyongyang, DPR Korea from 22-24 June 2005 at the invitation of the Ministry of Public Health, DPR Korea. The developmental objective of the meeting was to strengthen the development of traditional medicine as a part of the national health system in countries of the WHO South-East Asia Region. The specific objectives were to: (1) Strengthen development of traditional medicine as part of the national health system; (2) Prepare an outline of workplan for intercountry collaboration where assistance from the Regional Office is needed; and, (3) Prepare a generic outline for writing monographs on the Use of Traditional Medicine in Primary Health Care. The Report describes country presentations on five themes; namely, (1) the use of TM in national health systems; (2) Roles of the public and the private sectors in traditional medicine development; (3) Production of traditional medicine; (4) Capacity building in traditional medicine: education and research, and (5) Traditional medicine and health for all. An account of one-day field trip programme focusing on the use of traditional medicine in primary, secondary and tertiary levels of health care is also provided. Up to 70% of TM was being used at the primary health care level while the reverse is the case at the tertiary level of health care. The report has six conclusions covering the rich heritage of TM in countries of the SEA Region, increased utilization of TM, the need for databases in TM, and scarcity of resources for programmes and research. It also contains 13 recommendations covering the following areas: (1) the use of TM in national health system; (2) Increase in financial resources for implementation of TM; (3) Preservation of TM knowledge; (4) Exchange of information; (5) Regulation and control; (6) Cultivation, collection and protection of endangered species, and (7) Development of evidence-based information.


The Intergovernmental Working Group (IGWG) on Public Health, Innovation and Intellectual Property was set up by WHO at the request of the World Health Assembly in May 2006 to address the issue of lack of relevant research related to health care needs of developing countries. An example of this was the lack of medicines for diseases of tropical countries. This report of the regional meeting held prior to the first IGWG meeting in December 2006 and discusses the issues from a regional perspective.

The Role of Ethics in the Rational Use of Medicines

The Constitution of the World Health Organization states that, “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being….” Access to essential medicines and their rational use are crucial elements in the delivery of health services and health care and can be seen as part of the fundamental right to health. This publication highlights the need to observe ethics and codes of conduct by four entities associated with medicines. The researcher who is concerned with the development and discovery of drugs; the pharmaceutical manufacturer who is involved in the development, production and promotion of medicines; the medical and allied professionals who prescribe, and
dispense them, and the government which is responsible for other regulatory control of medicines. Strategies to improve the use of medicines have also been delineated. These are: (i) Institution of regulations based on ethics, equity and transparency; (ii) Research based on Good Clinical Practice; (iii) Drug development based on needs of countries including orphan drugs, antimalarials and anti-tuberculosis medicines; (iv) Marketing to be coupled with post- marketing surveillance for regulation of medicines, and (v) Ethical principles observed by all stakeholders in the medicines chain which includes research and development, clinical trials, registration, manufacturing, patents, prices, distribution, donations and promotion. Ethics should form an indispensable component of the strategy to promote the rational use of medicines.

The Role of Education in the Rational Use of Medicines

A vital component in promoting the rational use of medicines is awareness of the need for educating all concerned in the correct use of medicines. This publication provides an overview of activities in this area in the WHO South-East Asia Region and the challenges that need to be overcome. Comprehensive and informative, the publication aims to create awareness on the need for improvement in the rational use of medicines through public education, programmes for health professionals, and by integrating the teaching of this topic into general and specialized education programmes. The importance of educating policy-makers, political leaders, planners and bureaucrats is also highlighted. The publication provides a clear roadmap for the future. It includes: (1) General measures such as establishment of a knowledge centre on rational use of medicines, greater use of electronic media and resources for providing education and information. (2) Empowerment of the general public/consumers in the correct use of medicines. (3) Involvement of professional societies and other categories of health personnel such as physiotherapists, occupational health personnel and medical laboratory technologists in addition to doctors, pharmacists and nurses to improve the rational use of medicines, and (4) Involving policy-makers, political leaders, planners and bureaucrats in guiding strategic planning and initiating activities in the rational use of medicines.

First Intercountry Workshop on National Drug Information Services, Chennai, India 8-11 May 2007

This report contains information on development drug information services in some countries of the SEA Region. It reviewed functioning of drug information services in BHU, IND, MAV, NEP and SRL. It also reviewed drug information services developed in Australia and United Kingdom. Future challenges in developing drug information services in countries were presented. They include lack of awareness of the necessity for drug information, absence of trained human resources, lack of budget for drug information service, inadequate intersectoral collaboration and strengthening of legislation and regulation. Issues for regional collaboration such as internet-based drug information, exchange of information, common regional discussion forum and training of human resources were identified. It gives a comprehensive list of drug information websites.

Intercountry Consultation on Combating Counterfeit Medicines

This consultation was convened to provide information to Member countries on various issues such as definition, terminology and other factors relating to counterfeit medicines/medical products. It was widely perceived that counterfeit medicines is a problem in countries of the South-East Asia Region but the magnitude is unknown. The meeting shared country experiences on counterfeit medicines; reviewed the work of International Medical Products Anti-Counterfeiting Taskforce (IMPACT) in which WHO is the Secretariat, in
Herbal medicines (HM) form an essential and major component of traditional medicines (TM). HM are commonly used in countries of the South-East Asia Region. This regional meeting was held to exchange information and to promote the development of herbal medicine for use in primary health care (PHC).

Technical presentations covered the role of WHO in promoting the use of herbal medicines in PHC; research strategy to ensure efficacy, safety and quality of herbal remedies; and conservation of medicinal plants through sustainable harvesting practices. Development of a generic framework on the sharing of information on the use of herbal medicines in PHC, a generic framework on quality, safety and efficacy of herbal remedies and a generic framework on intercountry cooperation in HM for use in PHC were developed through group work. Countries presented the use of herbal medicines in their respective countries, thereby providing the baseline status for development of HM in countries of the Region.

The meeting made a number of conclusions and recommendations on sharing of information on the use of HM/TM in PHC; research to improve quality, efficacy, and safety of herbal medicines; and for intercountry cooperation. Conservation and sustainable utilization of medicinal plants were also recommended, which would further facilitate the use of herbal medicines in countries of the SEA Region.
Generic Guidelines for the Estimation of the Annual Risk of Tuberculosis Infection

Successful implementation of all interventions as envisaged in the new Stop TB strategy is expected to reduce the transmission of TB infection. The Generic Guidelines for the Estimation of the Annual Risk of Tuberculosis Infection is a tool to assist countries in designing and conducting tuberculin surveys. The publication gives a complete overview of all steps required for setting up a representative survey, starting from planning to the publishing at the final survey report. Periodic direct measurements of ARTI will help in obtaining more reliable estimates on the burden of TB and in measuring the impact of TB control interventions. This document is intended for use by national TB control programmes to more objectively report on progress towards the Millennium Development Goals.

HIV Surveillance Among Tuberculosis Patients

The rapid growth of the HIV epidemic in many countries has resulted in an equally dramatic rise in TB, even in countries with well-organized national TB control programmes, that are successfully implementing the DOTs strategy. The importance of surveillance of HIV among TB patients is increasingly being recognized. In many countries HIV prevalence in TB patients is a sensitive indicator of the spread of HIV into the general population. Information on HIV level in TB patients is essential to respond to the increasing commitment to provide comprehensive HIV/AIDS care and support, including ART, to HIV-positive TB patients.

Leadership and Strategic Management for TB Control Managers, Module 1 to 8

This set of modules on Leadership and Strategic Management was developed by the World Health Organization’s Regional Office for South-East Asia in response to a felt need to enhance management and leadership skills within national TB control programmes in the Region. Each module covers a specific aspect of effective leadership and management, namely managerial styles, leadership and leadership styles, personal effectiveness, role efficacy, communication skills, team-building and building partnerships. The modules are designed to allow for self development and learning through interactive training methodologies. The modules may be used independently of one another or as a complete package. While the primary purpose is to embellish the managerial skills of staff working at national and intermediate levels of TB control programmes, the concepts and approaches could well be more widely applied to other public health programmes.

HIV Surveillance Among Tuberculosis Patients
approach to PPM DOTS, the need to document the contribution of TB services to health systems strengthening and their impact on the burden of disease in the Region.

The key messages were that there was an overwhelming burden of the disease in Asia that this needed to be effectively addressed and, that investments made at this time to strengthen TB control and prevent any further increase in TB/HIV and MDR-TB in the Region would not only be cost-effective but are essential to achieving the TB targets under the MDGs. “A Call to Stop TB in Asia” was endorsed by the Stop TB Coordinating Board at this meeting.

National Tuberculosis Control Programmes in the South-East Asia 2006

This booklet provides an overview of the posters displayed in the Meeting in the South-East Asia Region which was held from 27 November to 1 December, Indonesia. It complies all contribution made by the TB control program Member countries. Most recent country updates are provided at a glance. The documents has successes achieved in countries. It also describes the disease burden, k plans.

TB Anywhere is TB Everywhere

The World TB Day is observed every year on 24 March all over the world. The 2007 theme “TB anywhere is TB everywhere” underscores the fact that successful TB control is dependent on universal access to diagnoses and treatment, follow-up and cure. Prevention of TB consists primarily in early detection and full treatment until cure of a maximum number of patients. “The Region’s sub-theme and only people can stop TB” focuses on the role that health-care providers, supported by their governments and communities, have to play. This World TB day kit contains a message from the Regional Director, regional goals and objectives, achievements, and a handy Tuberculosis Planner for 2007.

Towards a World Free of Tuberculosis

This short advocacy brochure has been prepared to provide in an illustrative manner, a brief overview of the situation and progress made in TB control until 2005 using the DOTS strategy. The booklet also outlines the key strategies and approaches proposed to be implemented under the Regional Strategic Plan for TB control in the SEA Region between 2006 and 2015. The major challenges and opportunities for TB control in the Region and examples of successful interventions that have been undertaken in countries are highlighted. The overall costs of implementing TB control interventions in the Region until 2010 and the support TB control programmes in the Region receive presently, are also covered.

Tuberculosis in the South-East Asia Region - The Regional Report 2008

This annual report on tuberculosis highlights the progress being made by national TB programmes in the South-East Asia Region, which are regularly detecting and successfully treating more TB cases. As a result, both the occurrence of new cases of TB and deaths due to TB continue to show a slow but steady decline. National TB programmes are increasingly reaching out to the private sector, teaching and tertiary care facilities to ensure that patients now accessing these sectors are also registered within the national programmes to achieve similar high cure rates. Diagnosis and treatment services for TB patients co-infected with HIV and those with multi-drug resistant TB (MDR-TB) are also being
expanded in several countries in the Region. WHO support focuses on the following broad areas: advocacy and planning, coordination and collaboration, technical support, capacity building, resource mobilization and operational research. A country profile for each Member country is also provided in this publication.

The Regional Strategic Plan for TB Control, 2006-2015

The Regional Strategic Plan for TB Control 2006-2015 incorporates the additional interventions defined under the new Stop TB strategy and included in the Global Plan to Stop TB. Focusing on priorities for TB control in the South-East Asia Region, it highlights the four key strategic approaches towards achieving the TB-related Millennium Development Goals: (i) Sustaining and enhancing DOTS to reach all TB patients, improve case detection and treatment success; (ii) Establishing interventions to address HIV-associated TB and multidrug-resistant TB; (iii) Forging partnerships to ensure equitable access to an essential standard of care to all TB patients; and (iv) Contributing to health systems strengthening.

Tuberculosis Control in South-East Asia and Western Pacific Regions

A Bi-Regional Report This publication is the first combined bi-regional report on tuberculosis control in the South-East Asia and the Western Pacific regions. It presents data on TB epidemiology and gauges the enormous progress being made by national TB control programmes in both regions. It presents the overall success with the strategies adopted to control TB and highlights the similarities and differences between individual countries.

Tuberculosis Control in the South-East Asia Region, 2006

This annual publication provides an overview of activities conducted over the last year by WHO to support national TB control programmes in Member countries in the Region. It describes the regional TB burden. It also highlights the achievements in light of the targets set by the World Health Assembly as well as progress towards reaching the Millennium Development Goals. Implications of HIV on TB and drug resistance are also discussed. WHO’s support focuses on the following broad areas: advocacy and planning, coordination and collaboration, technical support, capacity building, resource mobilization and operational research. A country profile for each country is also provided.
Tuberculosis Control in the South-East Asia Region, 2009

Countries in the South East Asia Region have continued to make steady progress with TB control during the past year. During the year 2007, more than 2 million TB patients were initiated on treatment in the Region. Based on data from the annual reports from National TB programmes in Member countries in 2008, six countries in the Region have now achieved both the 70% case detection and 85% treatment success rates. As a result, the overall case detection rate in the Region is now 69%. The treatment success rate for the cohort of new smear positive TB patient initiated on treatment during 2006 was 87.5%. Major achievements during the year were the establishment and scaling up of interventions for TB/HIV, multidrug-resistant TB and further expansion of private and public partnerships for the provision of TB care in Member countries.

TB control in the context of health systems strengthening

Effective control of tuberculosis (TB) depends on strong health systems. A Regional Workshop on TB Control in the Context of Health System Strengthening was held in response to a felt need to identify ways for TB control programmes to both benefit from and contribute to ongoing health systems development. This report reflects the deliberations, main issues, challenges, and next steps that were identified for national TB programmes, other departments within ministries of health, the international community and other partners, to strengthen the delivery of TB services through national health-care systems, while at the same time enhancing the contribution of the TB control services themselves to the strengthening of health systems.

The thirteenth meeting of the national tuberculosis programme managers

The Thirteenth Meeting of National TB Programme Managers from the WHO South-East Asia Region was held in Male, Maldives, in December 2008. Participants at the meeting included representatives of national TB programmes, technical agencies and staff from WHO headquarters, the Regional Office for South-East Asia and country offices. The meeting was organized concurrently with the Eighteenth Meeting of the National HIV/AIDS Programme Managers to allow for a day for both programmes to jointly review the progress and challenges and discuss next steps to scale up a comprehensive package of interventions for HIV-associated TB in Member States of the Region. Achievements in countries towards meeting the global targets set for TB control were presented. Key technical and programmatic issues, including interventions required to effectively respond to multi-drug resistant and HIV-associated tuberculosis were discussed and country experiences shared. Member States also presented their plans for the coming year and the technical assistance and resource requirements to effectively carry out all planned interventions were identified.
The work of WHO in the South-East Asia Region: biennial report of the Regional Report, 1 January 2008 - 31 December 2009

As the lead UN agency in international health development, WHO has been collaborating with its Member States in the South-East Asia Region to strengthen national capacity in several areas of priority interest. Accounting for nearly one fourth of the global population the Region also carries a heavy burden of communicable and noncommunicable diseases. These factors are further compounded by inadequate resources and pose a unique challenge, which are being addressed by policy makers in the Region.

This biennial report on the Work of WHO in the South-East Asia Region for the period 1 January 2008 – 31 December 2009, covers the major areas of WHO collaboration, highlighting the achievements, challenges and the way forward. This report will be found most useful for all those interested in health development in the Region.

The Work of WHO in the South-East Asia Region, 2009

Over the years, WHO’s collaborative activities with its Member States in the South-East Asia Region have addressed priority issues in health development. The main objective has been to ensure equity and social justice in the provision of health care, particularly for marginalized and vulnerable groups.

As Highlights of the work of WHO in the South-East Asia Region, 1 July 2008-31 August 2009, shows, significant progress has been made on several fronts but there are many challenges that need to be overcome. The report also serves as a useful information product for all those interested in health development and in WHO’s work in the South-East Asia Region.


Looking back at WHO’s work in the South-East Asia Region in the 60th anniversary of WHO’s existence, remarkable achievements in the area of disease control, family and community health, healthy environments and health system development are observed. These achievements could not have been made without close collaboration with Member countries and all partners in health at the country, regional and global levels.

This Report describes and analyses the outcomes of WHO’s work and its impact on countries’ capacity, and underscores key challenges and priorities for each area of work. In each area, it briefly describes the current health situation, and key strategy/policy changes that occurred during the review period and which address challenges in health.

The Report also serves as a useful information product, for our partners and others interested in health development, on WHO’s work and future priorities in the Region. Although the Report covers a period of one year, the principles of continuity, sustainability and follow-up of important outcomes have been emphasized.


It is generally believed that WHO’s South-East Asia Region, with nearly a fourth of the world’s population, and carrying a heavy burden of disease and poverty, can make or mar global health.
Conscious of this grave responsibility, Member countries and WHO are making concerted efforts to address existing and emerging health challenges facing the Region. The highlights of these efforts, in the broad areas of communicable diseases; noncommunicable diseases and mental health; family and community health; sustainable development and healthy environments; health systems development; policy, programme planning and partnerships, and general management are covered in this Report. The main objective of these endeavours is to reach the marginalized and vulnerable groups through well-functioning and effective health systems.

In order to strengthen health development activities and to cope with the increasing volume and complexity of work in the Region, WHO has launched several initiatives and mobilized resources through a broad range of stakeholders. Here again, the emphasis is on priority areas of concern identified jointly by WHO and the Member countries. As this Report clearly states, Member countries in the Region have made significant progress particularly with regard to achieving some targets set in the Millennium Development Goals.

Sixty Years of WHO in South-East Asia

This publication brought out on the occasion of the completion of 60 years of the World Health Organization in the South-East Asia Region, is a compilation of some highlights of WHO’s work in the Region over the last six decades. Covering a broad canvas of activities, the publication attempts to follow the evolution of the health priorities in Member countries of the Region.

Despite its large population, poverty and heavy diseases burden the Region has achieved some remarkable breakthroughs in health development and successfully addressed formidable challenges.

Visually driven, the publication gives readers a glimpse of the diversity of health challenges and the innovative actions initiated in collaboration with Member countries to address them.

Working Towards Better Health in South-East Asia

This second volume of selected speeches by Dr Samlee Pliangbangchang, WHO Regional Director, South-East Asia Region, covers the period of March 2006 – February 2008. The first volume, ‘A Vision for Health Development in South-East Asia,’ covered a two-year period form 1 March 2004 when Dr Samlee assumed office as Regional Director.

The speeches included in this volume were delivered by Dr Samlee at various fora and cover a wide range of subjects of priority interest to WHO and its Member countries in the Region.

For ease of reference, the speeches have been grouped under five areas and are presented chronologically. The title, venue and period of the event are indicated in the footnotes.

A Vision for Health Development in South-East Asia: Selected Speeches.

This first volume of selected speeches by Dr Samlee Pliangbangchang covers a two-year period from 1 March 2004, when he assumed office as the WHO Regional Director, South-East Asia Region. The speeches, covering a wide range of priority health development issues were delivered at various national, regional and global-level meetings and conferences. While reflecting the broad areas of WHO’s collaborative efforts, they also present Dr Samlee’s vision for health development in the Region. The speeches are broadly classified into five areas and are presented chronologically for ease of reference. The title, name and period of the event are indicated in the footnotes.
Sixty Years of WHO in South-East Asia, Highlights: 1948-2008

This publication commemorates 60 years of the work of the World Health Organization in the South-East Asia Region. While depicting the highlights of WHO’s collaborative activities in health development, the publication also carries the personal reflections of eminent health leaders from the Region on several areas of vital concern. Carrying a disproportionately heavy burden of communicable and noncommunicable diseases, the Region has, nevertheless, made significant progress in tackling these formidable challenges. The publication provides useful insights into the past, the present, as well as the future role of WHO as it strives, with its Member countries, to improve the quality of life of the people in the South-East Asia Region.

Regional Strategy on Eradication of Yaws, 2006-2010

Yaws is a contagious disease caused by bacteria and affects mainly children below 15 years. It occurs primarily in poor, rural and marginalized populations where conditions of overcrowding, poor water supply and lack of sanitation and hygiene prevail. In the South-East Asia Region, yaws remains a focalized problem in only three countries – India, Indonesia and Timor-Leste. With the availability of a simple, safe and cost-effective intervention, the strategy outlines the efforts towards eradication of the disease in the Region by 2010.

Yaws Eradication in the South-East Asia Region: Report of an Intercountry Workshop, Bali, Indonesia, 19-21 July 2006

In the South-East Asia Region, yaws remains a focalized problem in only three countries – India, Indonesia and Timor-Leste.

The WHO Regional Office organized a meeting which was attended by representatives of these three countries and the partners to draft a framework for regional strategy. The booklet contains the proceedings of the meeting.
WHO Country Cooperation Strategy, 2008-2013, Bangladesh

WHO Country Cooperation Strategy is an important technical tool for facilitating collaboration between individual Member States and WHO. It is the tool to help ensure the effective implementation of WHO country focus and WHO county specific approach. This approach is to ensure that WHO's work is really responsive to the needs and requirements for health development in the country concerned - the needs and requirements that are determined within the country’s socio-cultural, economic and political context.

WHO Country Cooperation Strategy is country specific; it is developed to guide the implementation of WHO collaborative activities in the individual Member States. This technical tool is implemented through the use of WHO resources - knowledge, know-how, information and expertise; with necessary catalytic financial support.

The priority concern in the development of WHO CCS is the local health problems, issues and needs. At the same time, WHO CCS is developed, by taking into account the global health policies and strategies, as mutually agreed by all Member States in the Governing Bodies. These are particularly those policies and strategies as reflected in the WHO General Programme of Work and the Medium-Term Strategic Plan.

WHO Country Cooperation Strategy, 2006-2011, India

The purpose of this country cooperation strategy document (CCS) is to reflect the medium-term vision of the World Health Organization for its cooperation with India and to elucidate the strategic framework for such cooperation. The CCS represents a balance between evidence-based country priorities with Organization-wide strategic orientations and priorities in order to contribute optimally to national health development. It is the result of extensive cumulative consultations, both internal and external.

While India is being propelled to a position of international eminence, it faces the challenge of dealing effectively with unfinished agendas as well as with new emerging challenges, including those related to globalization. While the WHO India Country Office (WCO) will maintain its technical collaboration in various important areas of work in the health sector, it intends to scale up its efforts aimed at four strategic objectives, major components of which are central to the pursuit of the Millennium Development Goals. The four strategic objectives address the following: (a) communicable and emerging diseases; (b) maternal and child health; (c) noncommunicable diseases and the formidable rising burden of preventable premature morbidity and mortality, and (e) health systems development within the national and global environment. Since India has a lot to offer in contributing to the management and shaping of the policy environment for health, both inward and outward-looking perspectives have been taken into consideration.

The CCS elucidates the areas of technical support, including cross-cutting priorities, such as promoting equity. The Country Office will support ethical and evidence-based policy and advocacy positions; monitor health information and database for appropriate decisions; and support operational studies with special reference to gender, children and vulnerable populations. The private sector accounts for more than 70% of health expenditures. The Country Office will support the forging of public-private partnerships and will increase its outsourcing with centres of excellence, collaborating centres and professional associations.

It also aims to interact more closely with the states, in coordination with the Union Ministry, and in support
of ongoing decentralization efforts of the Government of India. It will pursue its CCS guided by the mandate, functions and governance of WHO, and will fulfill its technical support role with passion to serve health development efforts in India.


This Country Cooperation Strategy (CCS) Indonesia is a medium-term vision of the World Health Organization’s efforts to support health development in Indonesia in the next five years. It is based on analysis of the current health situation in the country, health policies and programmes of the Ministry of Health, the work of other health development partners in Indonesia and the previous work of WHO in the country. The CCS was developed through close consultations with the Ministry of Health and key health development partners in Indonesia. The strategic agenda outlined in the document presents the strategic directions and actions that WHO can most effectively carry out to support health development. This strategic agenda will be used to guide the work of WHO in Indonesia at all levels of the organization.

The six strategic directions that are outlined here are to: (1) Support national efforts to promote policies and strengthen the health system to improve access to quality health services; (2) provide technical and management support to help sustain and strengthen key programmes to prevent and control communicable diseases; (3) promote policies and strengthen programmes to improve child, adolescent and reproductive health; (4) promote public health approaches to prevention and control of noncommunicable diseases, mental health and environmental health; (5) strengthen emergency preparedness and response; and (6) promote partnerships, coordination and WHO’s presence in the country. The final section of the CCS discusses the requirements for WHO to implement this strategic agenda in Indonesia. These include key constraints, issues requiring special attention, support needed from the WHO Regional Office and headquarters and financing requirements.


The WHO Country Cooperation Strategy for the Republic of the Maldives analyzes the current health situation in the country, looks at the work of other health development partners, reviews the past work of WHO and sets out the strategic agenda for WHO in the Maldives for the period of 2007 through 2011. With a population of about 300,000 spread over almost 200 islands, providing health services presents special challenges. Despite this, the country has substantially reduced maternal and child mortality, eliminated malaria and reduced other communicable diseases. The Ministry of Health’s Health Master Plan (2006-2015) gives priority to continued improvements in these areas with new emphasis on noncommunicable diseases, health promotion, the quality of health services and strengthening the health workforce to meet the additional demand for services. In order to assist the Government in achieving these objectives, the Country Cooperation Strategy 2007-2011 sets out a strategic agenda involving the following: (1) health system development including the health workforce; (2) integrated disease surveillance and control; (3) noncommunicable diseases, mental health and health promotion; (4) newborn health; (5) emergency preparedness and response; (6) food safety; (7) environmental health; and (8) information and research. Although the WHO Country Office will remain small, the strategic agenda will be achieved through the support of the regional office and short-term technical assistance to the country.
WHO Country Cooperation Strategy, 2008-2011, Myanmar

This Country Cooperation Strategy (CCS) for Myanmar is a medium-term vision of the World Health Organization’s efforts to support health development in Myanmar in the next four years. It is based on analysis of the current health situation in the country, health policies and programmes of the Ministry of Health, the work of other health development partners in Myanmar and the previous work of WHO in the country. The CCS was developed through close consultations with the Ministry of Health and key health development partners in Myanmar. The strategic agenda outlined in the document presents the priorities and actions that WHO can most effectively carry out to support health development, guiding the work of WHO in Myanmar at all levels of the Organization. The strategic agenda for WHO’s work in Myanmar will center around three priorities: (1) improve the performance of health system; (2) Bring down the burden of disease; and (3) Improve health conditions for mothers, children and adolescents. Work to improve health systems will concentrate on the local level and aim towards improving the utilization and quality of services in health facilities, especially in remote areas. WHO will continue emphasizing the reduction of HIV/AIDS, tuberculosis and malaria, while advocating for increased attention to noncommunicable diseases, a growing cause of mortality in the country. The Organization will work closely with the Ministry of Health and key partners to help Myanmar achieve the Millennium Development Goals (MDGs), especially those involving the health of mothers, infants and children. WHO Country Office staff will be strengthened and reorganized in teams working on these three priority areas. In addition, the office will expand its cooperation with other health development partners working in Myanmar.


The collaborative activities of the World Health Organization in the South-East Asia (SEA) Region are aimed to improve the health status of the population in its Member countries. To achieve this objective, WHO works closely with the Ministry of Health and other health development partners in respective Member countries. Considering WHO’s limited resources in terms of funding and staff, there is a need for a thorough analysis and discussion of how WHO can maximize its contribution to health in each Member countries.

The SEA Region was the first WHO region to promote Country Cooperation Strategies (CCS) as a process to identify how best the Organization could support health development in our Member countries. Over the past six years, all 11 Member countries in the Region have prepared their CCS. In the case of Nepal, the previous CCS covered the period 2002-2005. Since it was prepared, many changes have taken place in Nepal, both in terms of the health situation, the government’s own health development efforts and those of key partners. Keeping these changes in mind, WHO has developed a new CCS for the country covering the period 2006-2011. An analysis of the current health situation and the likely scenario up to 2011 has formed the basis for the priorities outlined in this CCS. Inputs and suggestions were provided by the Ministry of Health and Population, other health-related ministries, key health experts and WHO’s partners in health development in the country. This consultative process helped ensure that WHO’s inputs provide the maximum support to health development efforts in Nepal.

To help achieve the objectives of this CCS we recognize the importance of a strong WHO Country Office to work closely with key counterparts keeping in mind local conditions. Nonetheless, the whole Organization is committed to the work of the CCS. The staff of the Regional Office will use the CCS in determining country priorities and in supporting collaborative activities in Nepal. Furthermore, we will also work together, as necessary, with WHO headquarters to strengthen these efforts.

WHO’s mission in Sri Lanka is to assist the Government and other health partners to address the changing health needs of the country during demographic and epidemiological transition, supporting the adoption of a wider approach to health and promoting equitable access to health care.

WHO Country Cooperation Strategy in Sri Lanka is a medium-term strategic framework for cooperation between the Government and WHO, focusing on six strategic areas of intervention which are consistent with the needs of the country and will support the Government to adapt and strengthen the health system. The 6 priority areas of work are:

- **Health System.** Enhance fairness and financial risk protection in health care and optimal use of resources; enhance management and quality in delivery of services and interventions.
- **Human resources for health.** Rationalize the development and management of human resources; support pre service and continuing education in clinical, public health and management competencies; strengthen the regulatory framework to ensure quality of performance of health staff.
- **Communicable diseases.** Strengthen surveillance system for existing, emerging and re-emerging diseases; address priority communicable disease programmes; coordinate action for pandemic preparedness.
- **Non-communicable diseases and mental health.** Support prevention and control of major Non Communicable Diseases (NCD), mental health disorders and related priorities; promote integrated and cost effective approaches for prevention and management of major NCDs; support surveillance of NCD risk factors and their determinants.
- **Child, adolescent and reproductive health.** Reorient the existing maternal and child health services by inclusion of a package of services and interventions for child, adolescent and reproductive health and nutrition using a lifecycle approach.
- **Emergency preparedness and response.** Strengthen and communicate information for emergency preparedness, response and dissemination.


The WHO Country Cooperation Strategy for Thailand outlines the strategic agenda for WHO’s work in the country for the period of 2008 to 2011. This agenda was developed after a review of the current health situation in Thailand, close consultation with the Ministry of Public Health, an analysis of the current work of WHO and discussions with other health development partners in Thailand. Thailand has made impressive progress in both economic and social development including health. The country has reached almost all of the Millennium Development Goals (MDGs) and most of the population has access to health services. However, important communicable diseases remain a problem and noncommunicable diseases are a growing cause of morbidity and mortality. Thailand’s experience in public health, especially with health promotion and universal health care, serves as model for other countries in the region. The country’s Tenth National Health Development Plan (2007-2011) and the United Nations Partnership Framework (2007-2011) have provided the basis for WHO strategic agenda for 2008 to 2008 emphasizing the following: (1) Enhancing primary prevention, surveillance and control of communicable diseases and epidemics; (2) Integrating measures to reduce risks of noncommunicable disease, injuries and mental illness; (3) Building capacity and partnerships for health promotion and healthy public policy; (4) Strengthening capacity for monitoring and contribute to networks for coordinated preparedness and crisis management; continue to address health and rehabilitation in post-tsunami and post-conflict areas; institutionalize the Emergency Preparedness and Response programme within the health sector. Over the next six years and with particular focus on the above six priority areas WHO will aim at catalyzing change through provision of technical support and at stimulating partnership in health programmes where joint action is needed.

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evaluating, and for health system development; (5) Multi-sectoral approach to address health services for the poor and at-risk populations, including in border and conflict areas; (6) Promoting environmental health and surveillance of environmental hazards; and (7) Strengthening the development of human resources for health through existing networks within and outside the country.

WHO country cooperation strategy, DPR Korea, 2009-2013

The WHO Country Cooperation Strategy is a medium-term vision for technical cooperation with a Member State in support of national health strategies. It is also an instrument for harmonizing WHO cooperation in a Member State with that of other UN agencies and development partners.

The WHO CCS 2009-2013 for the Democratic People’s Republic of Korea outlines five strategic priorities on which WHO will focus its technical cooperation and identifies their implications in terms of technical, human, financial and logistic resources on the work of the Organization at the country, regional and global levels.

The strategic priorities are based upon WHO’s core functions and its comparative advantage; the analysis of health and development challenges, development cooperation and partnerships; and a review of WHO cooperation over the last CCS cycle.

It also takes into account the challenges and actions outlined in the current United Nations Strategic Framework and the Millennium Development Goals. Consistent with the principles of harmonization and alignment, this provides for more opportunities to ensure better coordination and effective implementation of programmes at the country level.

WHO and the Government are confident that this Country Cooperation Strategy will contribute towards ensuring significant improvements in the health and well-being of the people of the Democratic People’s Republic of Korea.

WHO country cooperation strategy, Timor-Leste, 2009-2013

The first WHO Country Cooperation Strategy document for Timor-Leste was published in 2004 and during the last three bienniums WHO has developed its workplans according to the priorities identified in the first CCS.

Timor-Leste is a post-crisis country, which is now in development stage. It is the time to revisit and revise the Country Cooperation Strategy of WHO in Timor-Leste for us to align our programmes in order to assist the Government to address those challenges.

The Ministry of Health of Timor-Leste has developed a Health Sector Strategic Plan 2008-2012. The key focus of this plan is on the needs of mothers and children and the poor, and on strengthening of health services, with emphasis on implementing a revised Basic Services Package for primary health care and for hospitals. In addition, for involving the community in health activities, the Government has focused on strengthening SISCa (integrated Community Health system) activities.

This second Country Cooperation Strategy has prioritized the approaches of WHO under six major areas and will closely align with the goals, working principles and strategies of the Ministry of Health.

The WHO CCS 2009-2013 was prepared through a participatory and interactive process of consultations and dialogue with major stakeholders from the government, UN agencies, development partners and WHO staff from the Country Office, the Regional Office and WHO headquarters.
The WHO Regional Office for South-East Asia, in collaboration with the Western Pacific Region, has been jointly publishing the annual Dengue Bulletin. The objective of the Bulletin is to disseminate updated information on the current status of DF/DHF infection, changing epidemiological patterns, new attempted control strategies, clinical management, information about circulating DENV strains and all other related aspects. The Bulletin also accepts review articles, short notes, book reviews and letters to the editor on DF/DHF-related subjects. Proceedings of national/international meetings for information of research workers and programme managers are also published.

All manuscripts received for publication are subjected to in-house review by professional experts and are peer-reviewed by international experts in the respective disciplines.

The WHO South-East Asia Regional Office, in collaboration with the Western Pacific Regional Office, has been jointly publishing the annual Dengue Bulletin. The Dengue Bulletin accepts research papers on aspects related to DF, DHF, viz. epidemiology, dengue viruses and vector relationships, transmission dynamics, clinical diagnosis and management, molecular epidemiology, pathogenesis, prevention and control including vaccines and community-based approaches for vector control. The Bulletin also includes “reviews” of DF/DHF-related books and proceedings of national/international meetings. The subject matter has been dealt with very effectively in a style which can be most useful to graduate students, research scientists, public health officials and physicians. It contains a wealth of information, which is exciting and provoking for researchers. It will be most useful for the libraries of research institutions, medical colleges, teaching institutions and public health departments. The current Volume 30 (2006) of Dengue Bulletin includes contributions from the WHO South-East Asia Region (15), the Western Pacific Region (9), the American Region (7) and the European Region (2).

The endemicity of dengue fever and dengue haemorrhagic fever (DHF) in countries of the South-East Asia (SEA) and the Western Pacific regions continues to rise. During 2007, in the SEA Region, Indonesia, Thailand and Myanmar contributed 62.89%, 25.14% and 6.10% dengue cases respectively, both in morbidity and mortality. When compared with 2006, the number of case in all three countries showed an increasing trend. Nepal which reported 25 cases for the first time in 2006
reported only three cases in 2007. DENV-2 was found to be circulating in Nepal. In view of this scenario, WHO developed the biregional Asia-Pacific Strategic Plan (2008-2015) for Prevention and Control of Dengue in 2007. The thrust of this plan will be to strengthen systems in countries to predict and prevent epidemics, improve early recognition and management of cases, support prevention of dengue through integrated vector management and on community participation and research.

The WHO South-East Asia Regional Office, in collaboration with the Western Pacific Regional Office, jointly publish the annual Dengue Bulletin. The current Volume 31 (2007) of Dengue Bulletin includes contributions from WHO’s SEA Region (5); the Western Pacific Region (8); and the American Region (4).

The first of a biannual advocacy publication from the Emergency and Humanitarian Action (EHA) unit focuses on floods in the Region. It provides information on the health risks from floods, highlights WHO’s role in floods in the Region, and adds a human touch through ‘notes from the field’ — the personal experiences of EHA staff in the field.

The theme of the second issue of focus, the advocacy publication of the EHA unit, is ‘Safe Hospitals’. It highlights how critical it is to make health facilities disaster resilient. It includes features on this theme by EHA staff as well as guest experts.
Today, half the world’s people live in cities, and it has been estimated that the urban population of Asia will double by 2030. Urbanization, development and health are inextricably linked. Jobs, education and new opportunities draw people to cities, where water systems, sanitation, housing and infrastructure struggle to keep up with rising populations; the poor and the marginalized often find themselves victims of an urban equity gap. Globally, one billion people live in urban slums.

Without urgent attention to urban planning, improving access to safe drinking water and sanitation, bringing health services to all and encouraging healthy lifestyles, the gap between the urban rich and poor will widen. This year’s World Health Day focuses on “Urbanization and Health” to draw attention to the need for action by all sectors and people—both public and private, from the individual level to the national level—to address the issues of urban health.

This issue of the Regional Health Forum looks at urbanization in several countries of the South-East Asia Region, as well as issues faced by the Region as a whole. All cities struggle with transportation and water issues; all will be affected by climate change to a greater or lesser degree; and all must address the health issues and needs of the most vulnerable populations, such as youth.

The city is remarkable for its vitality and also for its fragility. Its very growth, if unregulated and uncontrolled, can lead to problems of pollution, degradation of the environment, overwhelming of health systems, erosion of infrastructure, and the decline in health that these factors in turn produce. Cities seem to grow by themselves, due to demographic and economic forces; but it is people who build them and live in them. Their health is the true measure of the city’s health.

The first five articles in this edition of the Regional Health Forum are based on the theme of World Health Day 2009: Health Facilities in Emergencies. The articles discuss the theme and its various aspects such as: methodologies for assessing structural and non-structural vulnerability of health facilities; community involvement and multi-stakeholder participation; health workforce preparedness; and the critical role of primary health care in disaster risk reduction.

The theme being multifaceted, the articles based on it represent the variety of issues surrounding efforts to keep health facilities safe from disasters. The Sustainable Environment and Ecological Development Society (SEEDS), India presents its experience with a comprehensive pilot project for public health hospitals undertaken in Gujarat state, with the key focus on its inclusive approach for various stakeholders. This is a key strategy for sustainability.

“How do we measure safety?” has always been a question for all practitioners of disaster risk management. The WHO Regional Office for the Americas (AMRO)/
The Pan American Health Organization (PAHO) and the National Society for Earthquake Technology (NSET), Nepal present tools and discuss the methodologies for addressing this question. PAHO describes the development of the Hospital Safety Index while NSET explains in detail the creation and testing of a country-appropriate methodology for structural and non-structural assessments.

Of course, a health facility is more about people, the ones who work to serve the ones who need them. From the perspective of a community-based organization in Nepal, the health workforce at various levels of care needs several skills and competencies. In this context, therefore, the article discusses aspects of preparedness, training, planning and organization.

The last article elaborates the link between disaster risk reduction and primary health care. It discusses the impact that disasters and emergencies have on the health systems. It also provides examples to show that investments made in primary health care help provide better response and thereby protect the health of people during disasters.
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