

Activities pertaining to research capability strengthening included the improvement of national mechanisms for research coordination; support for the development of infrastructure facilities; and provision of Visiting Scientists Grants, Research Training Grants, etc. Currently medical research councils or analogous bodies function in nine out of the eleven countries of the Region, though at varying levels of efficiency. At present there are 77 WHO collaborating centres in the SEA Region representing a wide spectrum of specialities. During the period under review, new collaborating centres were designated in the fields of health economics and health communication.

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## 8 General Health Protection and Promotion

During the year, the Nutrition Research and Development Centre, Bogor, Indonesia, took over as the Secretariat of the South-East Asia Nutrition Research-cum-Action Network from the Institute of Nutrition, Mahidol University (INMU), Thailand. Behavioural research techniques were developed and a draft manual was under preparation. The projects in the four WHO collaborating centres progressed well and the staff supported national projects in Bangladesh, Nepal, Sri Lanka and Maldives. The Network Newsletter continued to be published and distributed widely by the Secretariat; feedback indicates that this journal helps in disseminating nutrition information to a group with no previous access to such information.

### **Nutrition**

In collaboration with the WHO Regional Office for the Western Pacific, a bi-regional meeting was organized in Manila to discuss the implementation of the International Code of Marketing of Breast-Milk Substitutes. Before the meeting, the participating countries reviewed their respective national situations according to a common format. Most countries are, after more than a decade

of delays and hesitation, progressing seriously with legislation, implementation and monitoring of national codes, and the meeting helped resolve a number of issues.

**Oral Health** WHO's technical collaboration was mainly focused on the collection of baseline data with the aims of developing and/or improving national plans for oral health services and preparing and training different types and categories of oral health personnel. Efforts were made to optimize the use of PHC and other health personnel for oral health education and primary oral health services through appropriate orientation and training, both abroad and within a country.

**Accident Prevention** Injuries of all types, both accidental and intentional, continue to be one of the top five causes of death and disability in most countries of the Region. However, the scope and dimension of the preventive measures taken at country level in collaboration with WHO are found to be not commensurate in terms of either the funds allocated or the objectives set up for the programme. Nevertheless, some concerted efforts have been made for the development and management of emergency services, strengthening of safety measures, creation of awareness among the general population, and the training of national personnel in injury prevention through study tours and fellowships.

**Tobacco or Health** WHO continued to support Member Countries in the development and implementation of tobacco control activities. In Thailand, these have taken the form of a comprehensive national tobacco control programme; in other countries such as Bangladesh, they are mainly a part of cancer control activities. In Sri Lanka, the highly effective and innovative tobacco control campaign is a part of prevention of substance abuse, implemented by an NGO, the Alcohol and Drug Information Centre. This approach of 'demystification' of substances of abuse, including tobacco, is probably at least partly responsible for the rather dramatic decrease in tobacco consumption over the last few years. In India and Mongolia, too, a steady decrease in tobacco consumption has been observed.