

countries, i.e., Bangladesh, Bhutan, Maldives and Mongolia, have joined the HLM network.

Fellowships have helped improve the knowledge and skills of health personnel. Some 23 per cent of the WHO country budget was allocated for training health personnel. With the introduction of yearly plans of action, the majority of the fellowship applications were received and processed in the first year of the biennium, considerably enhancing the implementation of the fellowships. Out of a total of 1 566 fellowship applications received against more than 2 500 fellowships planned, 1 505 (96 per cent) were awarded. Sixty-two awards had to be cancelled on account of unforeseen circumstances. The trend in the Region has been more towards study tours of short duration. Fellowships up to a duration of one month amounted to 58 per cent of the total number of fellowships awarded, and those of up to three months' duration amounted to 22 per cent. Fellowships of 12 months' duration and above constituted 9 per cent of the total fellowships awarded during the biennium.

The training fees charged by host institutions have been on the increase, even in the countries of this region, adversely affecting fellowships from some countries. To make short-term study tours, which constitute a major portion of the fellowship component, more effective, package study tours in different fields within the Region are being developed.

Fellowships

6

Public Information and Education for Health

Information and education for health (IEH) in support of primary health care was further strengthened in the Region through WHO collaboration. Member Countries have made their health education activities more effective through in-service training in skills pertaining to the production of materials, health communications, monitoring

and evaluation of health education services, and through other activities such as the production of audio-visual materials and training modules, and collaboration with the media. During the year, the Indian Institute of Mass Communication, New Delhi, was designated as a WHO Collaborating Centre for Health Communication.

Comprehensive school health education is being promoted in the countries through WHO/HQ-supported projects. The WHO/UNESCO/UNICEF guidelines for action with respect to comprehensive school health education adapted for the South-East Asia Region have been disseminated to the countries. In India, HQ support was obtained for promoting the mobilization of youth for health education and health promotion related to tobacco, alcohol and substance abuse.

The WHO/UNEP Inter-Regional Meeting on Education and Promotion for Supportive Environments for Health held in Bangkok, in which seven countries from this region participated, focused on the physical and socio-cultural aspects of the urban and rural environment in relation to their potential to be supportive of health. IEC and counselling activities in HIV/AIDS prevention and control included production of information materials and their dissemination. A Guide for HIV/AIDS Counselling for Trainers in the Region, which had been field-tested in India and Nepal, was finalized. Technical inputs were provided at a workshop to review curricular and training materials on AIDS education for schools in India. A strategy paper on AIDS IEC for the Region has been drafted following an intercountry consultation on the subject.

World Health Day, World No Tobacco Day and World AIDS Day were observed throughout the Region to inform and educate the public on the respective themes. Keen media interest resulted in wide coverage of the observances.

Information on WHO's collaborative activities was provided to an ever increasing number of individuals, organizations, groups of nursing and other students as well as health educators and other health workers. Regular contacts with the media were maintained in order to provide them with relevant background material and event-specific information.