

Highlights of
The Work of WHO
in the South-East Asia Region

Report of the Regional Director
1 July 1999 - 30 June 2000



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This short report on the work of WHO in the South-East Asia Region gives the highlights of the activities carried out during the period 1 July 1999 to 30 June 2000. It only describes some of the projects and programmes, highlighting matters of major interest. However, the many activities not mentioned here are of no less importance than the ones described. A more detailed account of WHO's activities in the Region during 1999-2001 will be given in the Regional Director's report to be presented to the fifty-fourth session of the Regional Committee in 2001.

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Introduction

This report is truly unique, covering as it does, the end of one century and the beginning of another. In highlighting the collaborative efforts of WHO, the report presents a brief overview of the health situation in a Region that is home not only to a fourth of humankind, but also to a host of communicable and noncommunicable diseases.

Conscious of the fact that the South-East Asia Region accounts for 40 per cent of the global disease burden, Member States are making determined efforts to strengthen their health and surveillance systems. The ultimate objective is to ensure equitable accessibility of health care to all their people. Particular attention is being paid to the vulnerable and marginalized groups. It is well recognized that any breakthrough in health in the Region would have a global impact.

Since the larger picture of health is adequately discussed under various sections in the Report, I shall draw attention to a few noteworthy developments.

In the area of prevention and control of communicable diseases, the Roll Back Malaria initiative, the thrust and emphasis on expanding the DOTS (directly observed treatment, short course) strategy, the Stop TB initiative to combat tuberculosis, and the synchronized national immunization days to help eradicate poliomyelitis are making good progress. Similarly, since the Region accounts for 78 per cent of the registered cases of leprosy globally, the twin strategies of leprosy elimination campaigns (LEC) and special action projects (SAPEL) are being pursued vigorously in high-endemic countries.

A landmark in public health was reached when the International Commission for Certification of Dracunculiasis Eradication certified, in February 2000, that guineaworm disease (dracunculiasis) had been

eradicated from India, DPR Korea and Thailand. Thus, the South-East Asia Region became the first WHO region to eradicate this disease.

Though HIV/AIDS came relatively late to the Region, it is estimated that 5.5 million people are already infected with HIV in the Region. This is nearly 18 per cent of the global burden. Apart from the health implications, this is bound to have a serious socioeconomic impact in the years ahead. The emphasis of WHO support is, therefore, on prevention and control of STDs, ensuring blood safety, clinical care and counselling, as well as epidemiological surveillance and research.

As for noncommunicable diseases, an integrated preventive approach, addressing the common risk factors, and promoting healthy lifestyles is being pursued in the Region.

In keeping with its leadership role in international health development, and in order to focus attention on priority health issues, WHO has initiated several international meetings and conferences. These, among others, included the WHO Framework Convention on Tobacco Control, Vision 2020 focusing on the prevention of blindness in the Region, and the Regional Conference on Public Health in the 21st Century.

Maternal and child health, women's health, and integrated management of childhood illness have continued to receive priority attention. Considering that environmental health risks account for one-fifth of the total disease burden in the developing world, greater emphasis is being placed on sustainable development and a healthy environment.

In supporting Member States in their health development efforts, WHO has continued its initiative in organizing meetings of Health Ministers and Health Secretaries, as well as Health Parliamentarians in the Region. Necessary guidance to the countries in their respective health policies and plans of action continue to be provided by the Regional Health Declaration of 1997.

The common thread running through all of WHO's collaborative efforts in the Region has been, and continues to be, better health for the people. In the period under review, the Director-General has sought to give a new direction to the way in which WHO works. Again, the bottom line is to improve overall efficiency and to make the Organization's work meaningful in keeping with the needs of the Member States.

As with the rest of the world, WHO too must learn to do more with less. We have to do better with what we have, and, forever, to strive to make the world a happier and healthier place to live in. It is with these thoughts that I present this report to the fifty-third session of the Regional Committee.

Dr Uton Muchtar Rafei
Regional Director

