Section II
Health System Infrastructure
Epidemiological services and surveillance systems are in varying stages of development in the countries of the Region. The outbreak of plague in certain parts of India in September 1994 highlighted the importance of having an effective epidemiological "early warning" system.

Thailand has a well-developed system of surveillance and is in the process of extending the computerization of surveillance activities to the provinces. Nepal is developing a new health management information system which will incorporate epidemiological surveillance. Technical support to develop and strengthen epidemiological services was provided by the Regional Office. With WHO support, field epidemiology training was conducted at the National Institute of Communicable Diseases in Delhi, India, in December 1994. Six participants from Myanmar, Nepal and Sri Lanka attended this course. Training of epidemiologists was sustained by continued support to the field epidemiology training programmes conducted in the Region. Though some progress has been achieved, constraints such as rapid turnover of trained staff, inadequate laboratory support and lack of an attractive career structure have hampered the development of epidemiological services to a satisfactory level in several countries of the Region.

The Third Monitoring of the implementation of strategies for health for all was completed by all Member Countries between September 1993 and April 1994. The country reports were prepared
by multisectoral working groups and coordinating committees, with ministries of health playing a leading role. The Regional Summary of Progress, Impediments and Further Action Needed in Implementing National HFA Strategies was prepared and endorsed by the forty-seventh session of the Regional Committee.

The results confirmed the existence of political will in Member Countries to achieve HFA goals and to develop primary health care further. Significant improvements have been observed in life expectancy at birth, infant mortality and in other mortality indicators, except for maternal mortality. Due to high immunization coverage, the incidence of EPI-target diseases has decreased. However, other infectious diseases now dominate the health situation in the Region. Some SEAR countries have entered the advanced stage of epidemiological transition with chronic non-infectious diseases emerging as important causes of morbidity and mortality.

The population growth rates of some countries remain unchanged, and continue to affect economic growth and standards of living. There is a need to review and expand health education programmes and to address the weaknesses of health system management and health management information systems (HMIS) in some countries. There is also a need for better coordination of international support for health development in some of the countries.

The eighth issue of the "Health Situation in the South-East Asia Region", previously titled the "Bulletin of Regional Health Information", has been brought out. This publication provides an overview of the regional health situation and trends as well as a summary of the health programmes in the South-East Asia Region during 1991-1993.

The countries continued their efforts to strengthen health information systems by improving the coverage and quality of data reported and recorded at the operational level. The generation and use of desegregated data and rational reduction of the information load in HMIS have been promoted. Technical support was provided to all countries except one with the general objective of assisting them in building up a decentralized, user-oriented and integrated HMIS, with emphasis on the collection and use of critical and valid information. A National Health Survey was successfully completed in Bhutan in 1994 with assistance from SEARO.
WHO collaborated in the development and implementation of health policy in several countries. Nepal was assisted in prioritizing elements of its health policy for implementation within the overall context of the restructuring and reorganization of health services.

WHO collaborated in the formulation, implementation and review of national health plans. In Indonesia, a series of workshops/seminars was supported for the formulation of the health sector component of the Second Long-Term Development Plan (1994-2019) and development of the Sixth Five-Year Health Development Plan (1994-1999). Support was provided to Myanmar in the formulation of the national health plan (1993-96). In Sri Lanka, the formulation of a ten-year perspective plan (1994-2003) received support, while the preparation of a draft medium-term national health plan (1992-1996) in Thailand was also supported. National expertise in the formulation of country health plans requires further development.

WHO supported health planning and management, decentralized planning and project formulation and budgeting in Bangladesh. Training of health personnel in the management of hospitals in India through distance learning was also assisted. In Indonesia, support was given to the review of existing organizational/managerial problems and to accounting and auditing procedures for integrated budget at local level. Training in health management for various categories of health worker at the central, amak and somon levels has been supported in Mongolia. In Sri Lanka, a series of educational activities in the management of health education and an M.Sc. course in health administration were supported.

Support was provided to DPR Korea in computer application in hospital management, and to Myanmar in system analysis and operational research.

Besides training activities, studies were supported in Bangladesh, India, Indonesia, Nepal, Sri Lanka and Thailand in such areas as organization and management of hospitals and district-level health care delivery, decentralized health planning and programme budgeting. In Indonesia, a study for the restructuring
of the Ministry of Health and measures to rationalize and strengthen coordination and monitoring of foreign assistance were supported.

Nepal was assisted in studying the coordination mechanism with NGOs and also in developing procedures and methods for decentralized planning. A health status and health care delivery indicators survey, with special reference to district level, was also supported. Sri Lanka received support for the development and formulation of programmes and projects based on the national health policy.

**Health Economics**

Most Member Countries have shown an interest in health economics and health care financing against a backdrop of shrinking financial resources for health development activities.

WHO helped Bangladesh, India, Indonesia and Nepal in training personnel in health economics and financial management. Besides, in-country training, seminars, workshops and the conduct of relevant studies were financed by WHO in several countries.

To assist in the development of a critical mass of health economists, the Centre for Health Economics, Chulalongkorn University, Thailand, which is the WHO Collaborating Centre on Health Economics, has been conducting M.Sc. and short-term courses in health economics with WHO support. Personnel from Bangladesh, India, Myanmar, Nepal, Sri Lanka and Thailand have been trained at this centre.

**Intensified WHO Support**

The number of participating countries in this initiative remains at six. These are: Bangladesh, Bhutan, Maldives, Mongolia, Myanmar and Nepal. Technical support has been provided to these countries in health policy development, health manpower development, health care financing, health management information systems, health infrastructure management and aid coordination and management.

Support was continued to Bangladesh to improve coordination and implementation of 21 sub-projects under the Fourth Population and Health Project funded by the World Bank and its co-financiers. A study of the organization and administration of hospitals to improve management at different levels was completed.
In Bhutan, field training activities in the Punakha project and a study of the feasibility of setting up a radio communication network linking basic health units (BHUs) with hospitals for referral purposes received support.

Assistance was given to Maldives in the designing of management procedures for the Indira Gandhi Memorial Hospital. Preparation for a donors' meeting for mobilization of additional resources for health was also supported.

Mongolia received support in three critical areas: training of medical and health personnel in health management at the central, aimak and somon levels in technical collaboration with the ASEAN Institute for Health Development, Mahidol University; health insurance to augment public sector financing, and health system reform. A national seminar on Aid Coordination and Management was also supported.

In Nepal, the areas of health economics and health care financing, preparation of an HRH master plan, strengthening of the district health system and aid coordination and management received WHO support.

In the revised research strategies for the Region, adopted in 1993, it was recommended that 'Research related to the promotive and preventive aspects of health and health care and to health systems research (HSR) should continue to receive the main thrust'.

In view of this and in the light of the epidemiological transition taking place, a Task Force on HSR met in October 1993 to review the situation and recommend revisions/modifications in the current strategies and programmes pertaining to HSR that would strengthen regional and national activities in this field.

The Task Force, while observing that the strategies currently pursued by the Regional Office for the promotion of HSR were sound and the extent of their implementation commendable, made several recommendations which, inter alia, emphasized the need to focus regional HSR activities on research capability strengthening; training of trainers; development of innovative research designs and appropriate methodologies, especially of the social sciences type in the light of the demographic and epidemiological transition.
mobilizing resources, including extrabudgetary funds, and promoting the dissemination and exchange of information at national and regional levels.

As a follow-up of these recommendations, an interregional Training of Trainers Workshop on HSR was held in Bangkok in 1993 in which officials from Member Countries were trained in the planning and conduct of HSR training programmes.

The Regional Office, through its intercountry programme, supported a workshop for training of trainers in HSR, and one on HSR methodology in Mongolia in 1994. Plans of action for HSR have been worked out for the country, and are useful tools for improving health system performance. Additionally, Mongolia was provided with an institutional strengthening grant through which an HSR unit was established in the Directorate of Public Health, Ministry of Health.

Technical and financial assistance was provided for a workshop on HSR in leprosy in India in 1994 in which participants from Myanmar and India were trained and research proposals pertaining to leprosy were developed.

In Myanmar, training of trainers' courses in HSR were conducted at the central, state and divisional levels and an institutional strengthening grant was provided for health systems research infrastructure.

Training courses on HSR methodology were conducted in Member Countries using country RPD funds. During these workshops research proposals were developed. This approach proved very effective in promoting research in the countries.

A publication entitled The Appraisal of Health Systems Research was brought out as a WHO/SEARO Technical Publication. This publication will be useful for medical research councils and researchers.

Health Legislation

The role of health legislation in providing support to health policy formulation is undisputed. Recent technological advances such as organ transplantation, in vitro fertilization and genetic manipulation have underlined the need for effective and vigilant regulatory
mechanisms. Realizing this, many countries have been encouraged to formulate and strengthen health legislation.

WHO provided support to Bangladesh to review and update its health legislation. Existing public health laws were also reviewed in India and technical support was provided during the passage of the Organ Transplantation Bill. Indonesian health officials were provided with an opportunity by WHO to examine comparative health legislation. In-country training activities to strengthen networking in health law documentation and workshops on disseminating health legislation information to medical practitioners and the public as well as on the rights and liabilities of patients, physicians and hospitals were also supported. Nepal undertook the development of appropriate legislation to improve the implementation of its health policy, while Thailand extensively reviewed its legislation on AIDS. WHO collaborated in both these undertakings. The health legislation activities in most countries remain piecemeal. Systematic re-examination and updating are necessary to meet the changing needs of public health.