

Joint United Nations Programme on HIV/AIDS; coordination of polio eradication activities, and health sector reforms. The discussions took place against the backdrop of an analysis of the health situation and trends in the countries of the Region provided by the Regional Director.

The Health Secretaries deliberated upon various aspects of their meeting and decided that they should meet annually to discuss a limited and focused agenda.

3 Health, Science and Public Policy

The leadership role of health was significantly advanced at the four global-level meetings convened by the United Nations in the recent past. Agenda 21, adopted by the Rio Conference (1992), acknowledged that health, technological development and economic growth were mutually related within the overall development process. Most significantly, by calling for the inclusion of health concerns in all future international cooperation programmes, Agenda 21 identified health as an essential component and a meaningful indicator of the quality achieved in the development and management of the environment.

The International Conference on Population and Development (Cairo, 1994) turned the spotlight onto the quality of life of all individuals, especially women and children. The Conference endorsed WHO's stand that the ultimate objective of the reproductive health programmes and interventions must be the improvement of women's and children's health. This aspect of health was also highlighted at the UN Fourth World Conference on Women (Beijing, 1995), where it was emphasized that women should be empowered to enjoy equal opportunities for personal and social development, and that health was a prerequisite for them to be able to take advantage of such opportunities. Most

Leadership for health, health policy analysis update and follow-up, and health aspects of sustainable human development

importantly, the World Summit for Social Development (Copenhagen, 1995), marked a watershed when it recognized that economic growth cannot take place in isolation without social development. Much concern was expressed about the gaps in terms of access to health, education and employment, which were likely to foster social unrest and disintegration. It was realized that investing in health went far beyond achieving a higher productivity of the labour force: it demonstrated to the people that they were a part of the community.

Thus, it is now recognized that health is the cornerstone of social development and provision of health care and security by the State is an essential element of political unity. These themes have been disseminated through the meetings of Ministers of Health and Health Secretaries held during the year.

**Women's
health and
development**

Following the Fourth World Conference on Women (Beijing, September 1995), activities were initiated in the Region for the development of a national policy on women, creation or strengthening of national machineries for the advancement of women, and gender sensitization of health programmes, which are affording opportunities for advocacy and policy formulation to ensure women's right to health throughout the life cycle.

The Regional Office is undertaking the preparation of country profiles on women's health and development (WHD) in an effort to fill the gaps in the availability of reliable data and information about prevailing and emerging WHD issues.

**Health
legislation,
ethical
dimensions of
health care
and bioethics**

WHO collaborated with Bangladesh, India, Indonesia, Myanmar, Nepal and Thailand in the review and updating of their health legislations. The changes in health services due to paucity of financial and other resources, a greater awareness for cost-effective and cost-efficient services, and a concern for equity and quality assurance have stimulated many countries to look for various options in their health delivery systems. Indonesia has been looking into the various aspects of health legislation, including the ethical dimension of health care and bioethics. WHO collaborated with

India in the area of organ transplantation and brain death, which resulted in the enactment of legislation in human organ transplantation. Information support was provided to Member States in the area of health legislation, including bioethics.

A number of mechanisms were used in which the Regional Office promoted and facilitated the conduct of health research by countries, and coordinated regional collaborative research efforts in consonance with the objectives and strategies of health research.

During the reporting period, 25 research proposals submitted by researchers from Member Countries were financially supported. The research areas covered were: communicable diseases (malaria, dengue, tuberculosis); health economics; human resources for health; reproductive health; adolescent health, and maternal health. Some of the projects were investigator-initiated, while the rest were commissioned.

In an effort to strengthen national research capabilities, institutional strengthening grants were given to Myanmar and Bhutan to promote the knowledge and methodological skills for HSR of health personnel working at different levels of health care delivery systems. In order to broaden their experience in research or research techniques and enable them to undertake more advanced research in institutions in their own countries, 12 research training grants and 10 visiting scientist grants were given to research scientists.

As regards promotion of research development and good research management in the countries of the Region, 15 consultants were assigned for various purposes. An intercountry Technical Consultation was held in SEARO in September 1995 which developed and finalized a regional protocol for commissioned research on adolescent health.

A WHO intercountry meeting on Health Policy Research (HPR) was organized in SEARO in November 1995 where the current status of HPR in the Region was reviewed while strategies and activities relating to the promotion of HPR were formulated.

Research policy and strategy coordination

Supporting and collaborating mechanisms for the promotion and conduct of HPR activities were also identified. The Regional Office has developed detailed guidelines and plans for follow-up activities.

The 22nd session of the South-East Asia Advisory Committee on Health Research (SEA/ACHR) was held in April 1996 in Dharan, Nepal, in which technical discussions on research in occupational health, ethical issues in health and promotion of research in health sector reforms were held.

The Jacques Parisot Foundation Prize was awarded this year to Dr K.A.K. Wijewardene, Department of Community Medicine, Faculty of Medicine, University of Kelaniya, Sri Lanka, for his research proposal on 'The Role of Women's Organizations in Promoting and Protecting Specific Aspects of Reproductive Health'.

4 National Health Policies and Programme Development and Management

**Support to
development,
management
and
coordination
of country
programmes**

In strengthening the national managerial process, WHO has laid emphasis on capacity building in Member Countries. A good example is the active involvement of national officials in the preparation of the medium-term health plan (1996-2000) in Myanmar. National officials in some other countries are preparing their own plans. Technical support was provided in the development of the health sector component of Bhutan's Eighth Five-Year Plan (1997-2002).

WHO has been playing a catalytic role by collaborating in the Fourth Population and Health Project funded by the World Bank and other donors in Bangladesh. Various meetings and workshops in public health financing, health planning, project formulation, etc., have been supported in India as well as an