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REVIEW OF REGION-SPECIFIC (PART II) PROPOSED PROGRAMME BUDGET 2004-2005

Programme Budget 2004-2005 is a key instrument in advancing the reform process in WHO. It represents a strategic "business plan" for the entire Organization which focuses on the responsibilities of the WHO Secretariat, as distinct from those of Member States. The programme budget (PB) ensures greater transparency and accountability emphasizing what will be delivered (expected results) and indicators for measuring their achievement. In a significant departure from the previous biennia, PB 2004-2005 gives indicative estimates of planned country expenditures for all areas of work providing a sharper focus on WHO's country programmes.

Extensive consultations have taken place between the staff of the regional offices and WHO headquarters in the formulation of the Proposed Programme Budget 2004-2005 (Part I). Applying results-based budgeting principles, what should be delivered and how, were first defined and on that basis decisions were made as to the required resources.

The present document, to be read in conjunction with the WHO Proposed Programme Budget 2004-2005 (Part I), responds to the need to clearly spell out the regional perspective and the proposed areas for priority action. It outlines, in the light of the overall strategic framework for PB 2004-2005, the issues and challenges facing the South-East Asia Region in the ensuing biennium, the specific priority areas and programme strategies for the countries and the Region as a whole.

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1. REGIONAL SITUATION

1.1 Health Development

The WHO South-East Asia Region bears a significant share of the global burden of disease. This is due in part to the sheer size of the population expected to exceed 1.6 billion by the end of 2005 and the low economic status of a large proportion of the population. The Region, which represents nearly half of the world's poor, is still experiencing the aftereffects of the economic crisis of the late 1990s.

Nonetheless, the Region has made significant progress in increasing life expectancy, reducing infant and child mortality as well as combating many endemic communicable diseases. Most of the vaccine-preventable diseases are under control as the result of increased immunization coverage and improved disease surveillance. Poliomyelitis and leprosy are on the verge of elimination and there has been considerable reduction in morbidity and mortality of other vaccine-preventable diseases such as measles, tetanus, whooping cough, diphtheria and hepatitis B. National filariasis elimination campaigns are being undertaken in six of the eight endemic countries of the Region.

Health issues are being addressed more holistically through a life-span approach, particularly covering the health of children, adolescents, women and the elderly. Most countries have initiated reforms of their health system in order to ensure universal access to quality health care. Such initiatives include the expansion of health infrastructure, introduction of alternative health care financing schemes, decentralized decision-making and improvement in governance, promoting private sector participation and increased involvement of the nongovernmental sector.

Despite these impressive achievements, the Region still accounts for nearly 40% of all maternal deaths worldwide, 41% of all deaths due to infectious diseases including diarrhoeal diseases and malaria, 40% of tuberculosis cases, and almost all poliomyelitis cases. Similarly, 25% of the hepatitis B cases, over 15% of HIV/AIDS infections and approximately 35% of blindness worldwide occur in the Region. Infant mortality rates in some countries are still high, ranging between 70 and 90 per 1000 live births. Analyses of under-five mortality rates show a similar pattern. Protein-energy malnutrition and micronutrient deficiencies such as iodine, vitamin A and iron are major public health problems. Due to a rapid epidemiological transition in the Region, the burden attributable to noncommunicable diseases now outweighs communicable diseases, especially among the disadvantaged and poor segments of the population.

The rapid liberalization of international trade has affected health care in the Region, especially in countries with weaker trade practices and legislation. While quality essential drugs and vaccines are not accessible to a large proportion of the population, there is the challenge of irrational and indiscriminate prescribing practices, often leading to multidrug resistance and adverse drug reactions.

The increasing trend of tobacco and alcohol use, especially among younger age groups in the adult population, with its adverse affect on overall morbidity and mortality, is a serious concern. Mental disorders and substance abuse continue to be major problems accounting for nearly one-fourth of the burden from noncommunicable diseases.

1.2 Lessons Learnt from WHO Collaboration with Member States

WHO collaborative programmes during the previous biennia have made significant contributions in supporting health development efforts in the countries of the Region. With close consultation and follow-up between the Regional/country offices and Member Countries, the quality of programme planning and implementation has improved at the regional and country levels.

The following are among the major lessons derived from these efforts that would guide the formulation and implementation of future collaborative programmes in the Member Countries:

- High-level health advocacy is necessary for supporting the development of sound national policies and strategies.
- Intercountry collaboration, especially cross-border collaboration, and promotion of intercountry responsibility and technical cooperation among countries including the use of national centres of excellence and WHO collaborating centres, are effective mechanisms for addressing problems that affect two or more countries.
- Partnerships with regional organizations such as ASEAN and SAARC can strengthen intercountry health development efforts, especially in combating major endemic diseases, provide access to essential drugs and facilitate human resource development.
- Enhanced partnerships with nongovernmental, community-based organizations and the private sector can effectively move the national health development agenda forward.
- Mobilized communities can play an effective role in major disease control or elimination programmes.
- WHO can effectively support Member Countries in mobilizing bilateral and multilateral funding for national health development.
- Continuity in programme direction across the biennium is essential for addressing health development issues in an effective and sustainable manner.
- Joint planning and management of WHO collaborative programmes by the Member Countries and the WHO Secretariat, through the Regional Committee and the Consultative Committee on Programme Development and Management (CCPDM), can have a significant effect on improving programme implementation.
- The availability and strengthening of government/WHO coordination mechanisms at the country level play a key role in guiding the planning, implementation and evaluation of WHO programmes; and effectively blending the WHO Collaborative programmes with programmes supported by other development partners, in national health development efforts.

2. REGIONAL STRATEGIES AND PRIORITY ACTION

2.1 Regional Framework

The regional framework is derived in part from the "Declaration on Health Development in the South-East Asia Region in the 21st Century," and reflects the decisions and recommendations of the governing bodies.

The "Declaration on Health Development," issued by the Ministers of Health and subsequently endorsed by the Regional Committee, reaffirms the unwavering commitment of the Member Countries to: ensure universal access to quality health care; accord the highest priority to alleviate the burdens of disease, disability, premature death and suffering afflicting people, especially the poor; invest in women's health and development; eliminate gender disparities and discrimination; strengthen partnerships for health development; and develop regional self-reliance.

The regional framework focusing on the above strategic approaches will provide continuity with the 2002-2003 biennium and reflect the WHO corporate strategy and core functions. WHO will continue to contribute, through its technical expertise, in those areas where it has a comparative advantage and can respond meaningfully to support health development efforts of the Member Countries.

2.2 Issues and Challenges

The broad issues and challenges for WHO collaboration with Member Countries during the 2004-2005 biennium remain substantially unchanged despite significant achievements in the previous biennium.

- ***Articulate and advocate evidence-based policies and strategies:*** It is essential that policy and decision-makers have access to evidence-based information for formulating national strategies and implementing policies for enhancing health systems performance. Steps need to be taken to further develop WHO's capacity to critically analyze, organize and disseminate information on health policy initiatives, epidemiological surveillance and other health information to support decision-making.
- ***Maintain high-level of technical expertise for catalyzing change:*** The existing issues and emerging challenges in improving health status demand a high level of technical expertise and support to Member Countries. To address these challenges will require WHO to: strengthen its collaboration with the regional network of national centres of excellence and WHO collaborating centres; advocate greater cooperation among Member Countries; and facilitate support from other development partners. Through this collaboration the Regional Office needs to provide technical solutions suited to the needs of the Member Countries. Action to exchange experts among countries and facilitate rotation and mobility of staff between the WHO country offices, the Regional Office and WHO headquarters must be promoted.
- ***Enhance national and regional partnerships:*** Recognizing that the determinants of ill-health cover multisectoral concerns, there is a need to enhance partnerships with all development partners and forge new ones. Efforts are required to foster interaction among other government sectors, the nongovernmental organizations, community-based organizations and the private sector in the areas of policy development, health planning and programme implementation.
- ***Sustain national and regional health development capability***: Strategies are needed for strengthening the development of health and medical sciences, medical technology and health care services in the Member Countries. Regional solidarity and

intercountry cooperation must be promoted as a means of achieving regional self-reliance in health development.

- ***Identify appropriate interventions for prevention and control of disease:*** The major determinants and appropriate interventions for the prevention and control of communicable and noncommunicable diseases need to be identified and widely implemented.
- ***Mobilize resources***: Efforts of countries to mobilize resources for health development internally and from existing and potential development partners, must receive enhanced support from WHO.
- ***Pursue WHO's comparative advantage:*** In formulating the WHO collaborative programme, WHO's comparative advantage must be pursued, particularly in relation to the production of public goods; building consensus around policies, strategies, norms and standards; initiating and managing negotiations; and sustaining national, regional and global partnerships.

2.3 Specific priority areas for 2004-2005[1]

The specific priorities, as outlined below, integrate the eleven organization-wide priorities for 2004-2005 with priorities reflecting the particular disease burden faced by the countries of the Region.[2] They are consistent with the WHO "Core Functions" and "Strategic Directions".

The specific priorities are derived from the regional input into the Organization-wide priorities for 2004-2005, as recommended by the 19th Meeting of Health Ministers of SEAR and noted by the 38th CCPDM and 54th session of the Regional Committee (2001). The specific priorities build upon those which guided the development of the 2002-2003 programme budget, ensuring continuity in addressing the issues and challenges confronting the Region.

The order of appearance in listing the specific priorities does not reflect the relative priority of the area vis-à-vis others.

Malaria, tuberculosis, HIV/AIDS

In regard to malaria, priority will be given to address the problem of multidrug resistance through the Mekong delta project and through partnerships. Using intercountry mechanisms, the problems relating to border malaria will be tackled. Biological control of vectors and comprehensive control of vector-borne diseases will be intensified.

In terms of tuberculosis, WHO support will be provided to sustain political commitment to achieve the global targets through expansion of DOTS. Capacity building through in-depth

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[1] Discussion of the specific issues and challenges and details of the strategies to be pursued are noted in the section Areas of Work – Issues and Challenges and Broad Strategies.

[2] The priorities that reflect the Region's particular disease burden and are not among the 11 Organization-wide priorities are: Dengue and Dengue Hemorrhagic Fever; Kala-zar; Other Communicable Diseases; Oral Health, Blindness and Deafness, Injuries and Suicide; Adolescent and Child health; Nutrition; Arsenic Poisoning; Essential Drugs and Drug Safety; Health Education, Health Promotion and Sports; and Human Resources for Health.

country reviews, improvement of laboratory diagnosis and strengthening of programme management will enhance the quality of DOTS implementation. Specific attention will be paid to the problem of HIV/TB co-infection. Monitoring of drug resistance will be strengthened. Partnerships with NGOs, community-based organizations and the private sector will be further enhanced. Operational research will be promoted and the findings used through development of linkages between researchers and the programme.

The regional priority for addressing HIV/AIDS will include emphasis on surveillance, especially of behaviour surveillance and STI. This will help refine the plans of action and monitor the epidemic. Operational research will be promoted to focus on priority areas, including behavioural and social interventions. Partnerships will be developed to encourage the private sector to participate in syndromic management of STI. The HIV/AIDS control programme will develop partnerships with other programmes to address related social and medical problems. Partnerships with ASEAN and SAARC countries also will be developed for addressing HIV/AIDS.

Dengue fever and dengue hemorrhagic fever (DF/DHF)

Efforts to control the increasing epidemics of dengue/DHF will be intensified with the emphasizes on regional and national capacity to reduce case fatality. The use of the intercountry mechanism to address the cross-border problem of dengue will be further promoted, including an affirmation of the right of patients to receive essential drugs and health education regardless of citizenship or place of residence; developing joint strategies and programmes including a cross-border referral mechanism and preparing standardized training materials; and establishing regular communication between two sides of the border.

Dengue does not appear as a separate area of work within the WHO programme classification. It will be addressed under AoW 1.2 Communicable Disease Prevention, Eradication and Control.

Kala-azar

Control efforts will be intensified and treatment schedules based on research findings promoted. The intercountry mechanism to address the cross-border problem of kala-azar will be utilized, including an affirmation of the right of patients to receive essential drug and health education regardless of citizenship or place of residence; developing joint strategies and programmes, including a cross-border referral mechanism, and preparing standardized training materials; and establishing regular communication between two sides of the border.

Kala-azar does not appear as a separate area of work within the WHO programme classification. It will be addressed under AoW 1.2 Communicable Disease Prevention, Eradication and Control.

Other Communicable Diseases (filariasis, poliomyelitis, Japanese encephalitis, and leprosy)

Efforts to control the outbreak of filariasis will be intensified, taking forward the recommendations of the Global Filariasis Meeting held in New Delhi in May 2002. Enhancing

the national and regional capacity to reduce case-fatality will be emphasized. Poliomyelitis will continue to remain a priority as countries are committed to achieving certification of eradication of this disease by 2005. Cross-border initiatives will be undertaken to address Japanese encephalitis, including development joint strategies and programmes incorporating cross-border referral mechanisms. Leprosy elimination efforts in a few highly-endemic countries will be intensified, to reach the global target.

"Other communicable diseases" does not appear as a separate area of work within the WHO Programme classification. It will be addressed under AoW 1.1 Communicable Disease Surveillance and 1.2 Communicable Disease Prevention, Eradication and Control.

Cancer, cardiovascular diseases, diabetes, oral health, blindness and deafness, injuries, and suicide

Member Countries will be supported in developing national noncommunicable disease control programmes. Emphasis will be given to the establishment/strengthening of surveillance of cardiovascular diseases, cancer, diabetes mellitus, blindness and their risk factors. Surveillance mechanisms for accidents and injuries will also be established. Initiation of integrated community-based prevention projects will be supported. Existing regional networks of NCD prevention will be strengthened and new ones established for sharing experience and improving strategies. The networks will later be expanded to cover more areas and countries. National plans of action to reduce traffic and occupational injuries will be supported.

The priority will be addressed under AoWs 2.1 Surveillance, Prevention and Management of Noncommunicable Diseases, and 2.4 Disability/Injury Prevention and Rehabilitation.

Tobacco in all its forms

Technical support will be provided to strengthen national capacity for comprehensive tobacco control programme management, including involvement in the Framework Convention for Tobacco Control (FCTC) process. Tobacco Free Initiative (TFI) advocacy activities, both at the country and regional levels, will be further enhanced. Priority areas for operational research will be identified and supported for the improvement of programme implementation. Community-based anti-tobacco and cessation intervention programmes will be expanded.

Maternal, adolescent and child health

Health of children, adolescents and women will be addressed more holistically through a life-span approach. High maternal mortality rates will continue to be tackled through national, regional and global Making Pregnancy Safer (MPS) programmes. As part of the MPS programme, efforts will be undertaken to institutionalize the regular review and monitoring of maternal health programmes to improve the coverage and quality of care. Standards of midwifery practices for safe motherhood will be refined for wider application. Operations research will be supported as a basis for implementing cost-effective interventions for improving maternal and newborn health. An integrated approach in child and adolescent

health will be promoted within the Framework of the Convention on the Rights of the Child. Specific strategies to promote adolescent health and development will be introduced.

Maternal health appears under AoWs 3.2 Research and Programme Development in Reproductive Health, and 3.3 Making Pregnancy Safer.

Food safety

Efforts will be directed towards the development of an effective food safety system that harmonizes the efforts of all stakeholders in the food chain. Advocacy will be undertaken to have food safety integrated as one of the essential public health and public nutrition functions. Advocacy efforts will also be directed to provide adequate resources to establish and strengthen systematic and sustainable food safety programmes at all levels of the food chain. These efforts will be carried out in close collaboration with national applied nutrition and epidemiological surveillance programmes.

Nutrition

Consistent with WHO's commitments to the goals and strategies of the 1992 World Declaration and Plans of Action for Nutrition (NPAN), support will continue to be provided to: promote and support breastfeeding and appropriate and safe complementary feeding for infants and young children; assess and monitor the reduction and prevention of under-nutrition; assess and monitor the reduction, prevention and elimination of micronutrient (iron, vitamin A, iodine) malnutrition; nutrition in emergencies; nutritional support to sick children; and planning and policy development.

Mental health and substance abuse

Support will be provided to develop strategies for implementing community-based approaches (CBAs) for mental health problems accessible to all segments of the population. Support also will be provided for implementing CBAs to control alcohol abuse in the general population and substance dependence, particularly among adolescents.

Safe blood

Support will be provided in formulating and implementing national policies on blood safety for safe blood transfusion. Strengthening of blood transfusion services and promoting quality assurance in public and private sectors for prevention of HIV/AIDS and other transmissible infections also will be supported. Efforts will be directed towards promoting the rational utilization of blood and blood products, quality assurance programmes in health laboratory services, and advocacy for accreditation of laboratories.

Environmental health risks

Support will be provided to countries in their efforts to promote and strengthen sanitation and hygiene programmes and achieve sustainability of water, sanitation and hygiene

interventions. National capacity to assess the health impact of air pollution and provide sound management of chemicals/chemical safety will also be supported. Efforts will be undertaken to develop new poison control centres and strengthen existing ones.

Environmental Health Risks are addressed under AoW 4.3 Health and Environment.

Arsenic poisoning

Priority will be given to epidemiological studies and activities related to arsenic poisoning, including the development and use of WHO standardized guidelines and training modules for clinical recognition and management of arsenicosis, surveillance and reporting of exposure to arsenic, studies on pathways for arsenic contamination; arsenic testing; and treatment technologies.

Arsenic poisoning does not appear as a separate area of work within the WHO programme classification. It will be addressed under AoW 4.3 Health and Environment.

Essential drugs and drug safety

Collaboration will focus on increasing access to affordable essential drugs, including developing self-sufficiency through local production conforming to "Good Manufacturing Practices" or establishing national funds; and strengthening national regulatory agencies in order that they may effectively perform all WHO recommended functions. Improvement in rational drug use will also be supported.

Essential drugs and drug safety are addressed under AoW 5.1 Essential Medicines: Access, Quality and Rational Use.

Health systems

WHO's support will be aimed at strengthening national capacity in health policy formulation, health planning and management for the provision of effective and efficient health services responsive to the community's needs, particularly the poor and vulnerable. Strengthening national capacity for health sector reform that leads to equity in health care will also be supported. Emphasis will be placed on developing capacity to plan, produce and manage a cost-effective mix of human resources for health to provide equitable, integrated and quality health care.

Health system does not appear as a separate area of work within the WHO programme classification. It will be addressed under AoW 6.1 Evidence for Health Policy and 6.4 Organization of Health Services.

Health education, health promotion and sports

Member Countries will be supported to advocate placing health promotion on the public health and health development agenda. Emphasis will be given to building partnerships with sectors other than health, community-based organizations and the private sector to promote healthy public policy, particularly in relation to WHO priority areas. Operational research on

behavioural pathways, strengthening of existing health education infrastructure and health promotion networks will be supported.

Human resources for health

Emphasis will be placed on alleviating imbalances in the composition and distribution of human resources for public health, including nursing and midwifery work. Efforts will be undertaken to ensure the effective management and utilization of health workers. Support will also be provided for implementing quality assurance and accreditation policies for public health-related training institutions; regional exchange mechanisms for health-related training institutions and specialists; regional faculty exchange; and adopting a common regional curriculum in various speciality fields.

Human resources for health does not appear as a separate area of work within the WHO programme classification. It will be addressed under AoW 6.4 Organization of Health Services.

3. RESOURCE INDICATION

Programme Budget 2004-2005 is presented below with the total Country and Regional Office/Intercountry (RO/ICP) allocations for the Regular Budget.

Organizational Level	2002-2003		2004-2005		% change from one biennium to the next
	Allocation of RB funds (US$)	%	Proposed Allocation of RB funds (US$)	%	
Country	69,766,000	75	68,376,000	75	-1.99
RO/ICP	23,256,000	25	22,793,000	25	-1.99
Total	**93,022,000**		**91,169,000**		**-1.99**

In a change from the present biennium, allocations for countries will be presented under the following 35 Areas of Work, as appearing in the global Proposed Programme Budget 2004-2005 (Part I):

Areas of Work	Countries	RO/ICP
Communicable Disease Surveillance	2,080,000	797,000
Communicable Disease Prevention, Eradication and Control	1,315,000	333,000
Research and Product Development for Communicable Diseases	107,000	25,000
Malaria	2,088,000	707,000
Tuberculosis	1,602,000	383,000
Surveillance, Prevention and Management of Noncommunicable Diseases	3,057,000	383,000
Tobacco	1,508,000	434,000
Health Promotion	1,545,000	336,000
Disability/Injury Prevention and Rehabilitation	976,000	356,000
Mental Health and Substance Abuse	996,000	393,000
Child and Adolescent Health	1,441,000	797,000
Research and Programme Development in Reproductive Health	636,000	50,000
Making Pregnancy Safer	2,198,000	523,000
Women's Health	360,000	333,000
HIV/AIDS	1,858,000	708,000
Sustainable Development	1,165,000	757,000
Nutrition	569,000	333,000
Health and Environment	3,502,000	1,024,000
Food Safety	903,000	298,000
Emergency Preparedness and Response	1,066,000	333,000
Essential Medicines: Access, Quality and Rational Use	2,630,000	433,000
Immunization and Vaccine Development	1,325,000	445,000
Blood Safety and Clinical Technology	891,000	469,000
Evidence for Health Policy	1,627,000	846,000
Health Information Management and Dissemination	94,000	888,000
Research Policy and Promotion	801,000	483,000
Organization of Health Services	12,256,000	2,578,000
Governing Bodies	-	250,000
Resource Mobilization, and External Cooperation and Partnerships	792,000	361,000
Programme Planning, Monitoring and Evaluation	380,000	836,000
Human Resources Development	-	718,000
Financial Management	-	859,000
Informatics and Infrastructure Services	-	2,928,000
Director-General's and Regional Directors' Offices and Development Programme	-	1,396,000
WHO’s Presence in Countries	18,608,000	
Total	**68,376,000**	**22,793,000**

4. AREAS OF WORK – ISSUES AND CHALLENGES AND BROAD STRATEGIES

1.1 Communicable Disease Surveillance

Issues and challenges

Regional health security is repeatedly threatened by the emergence of new or newly-recognized pathogens, the resurgence of known epidemic threats, and the possible deliberate or accidental release of either of these. Although biological weapons represent the most direct security threat, emerging and epidemic-prone communicable diseases also threaten global health security because they frequently and unexpectedly challenge national health services and disrupt routine control programmes, diverting attention and funds.

The majority of outbreaks and epidemics are caused by known pathogens. Some of these are re-emerging due to poverty, civil strife and environmental change; others have been neglected over recent decades. The increasing resistance of micro-organisms to antimicrobial drugs is undermining available therapy, reducing treatment opportunities and increasing the costs of health care.

In addition to known epidemic threats, new infectious diseases continue to emerge, many of which appear to originate as diseases of animals. Unverified and inaccurate information on disease outbreaks often results in excessive reactions by both the media and politicians, leading to panic and inappropriate responses. These may in turn result in significant interruptions of trade, travel and tourism, thereby placing further economic burden on affected countries. Outbreaks and epidemics do not recognize national boundaries and, if not contained, can rapidly spread to become international problems.

For Regional health security preparedness is critical. There is a need to improve preparedness through national surveillance and response systems which provide ongoing surveillance of priority diseases, and also function effectively to provide information for alert and response to outbreaks and epidemics (whether these are natural or deliberate in origin). To be sustainable, such systems require trained staff, good communications, appropriate infrastructure, reliable provision of good quality supplies and links to international networks, needs which for too long have been underestimated and under-funded.

The International Health Regulations continue to provide a powerful tool for harmonizing public health action among Member States. In their revised form they will provide a framework for the notification, identification and response to public health emergencies of international concern.

Broad regional strategies

- Advocacy for sustained political will in support of disease surveillance and response, establishment of national task forces to help strengthen disease surveillance and monitoring of antimicrobial drug resistance. Revised International Health Regulations will be increasingly used to cover major international concerns.

- Capacity building at national and regional levels through training courses (FETP short courses and two-year course, epidemic preparedness and response training), strengthening of laboratories and WHO collaborating centres and information-sharing using information technology.

- Adoption of multi-disease surveillance using an integrated approach. The response component will be stressed with reference to poor and vulnerable populations, including women and children, migrants and refugees.

- Establish networks of institutions comprising laboratories, WHO collaborating centres and others to collaborate in disease surveillance, including emerging diseases, zoonoses and antimicrobial drug resistance.

- Increase the use of databases on priority communicable diseases and adoption of GIS for better preparedness to predict, recognize and respond to epidemics.

1.2 Communicable Disease Prevention, Eradication and Control

Issues and challenges

Communicable diseases continue to contribute a heavy toll of deaths in the countries of the SEA Region. They are estimated to account for up to 45% of mortality in developing countries, which includes a large number of children and young adults. Besides high mortality associated with communicable diseases, the burden of disability is also increasing. These factors affect human development and worsen poverty, which affects about one-third of the population. The threat of antimicrobial drug resistance and insecticide resistance is posing new problems, making communicable disease control operationally and financially more difficult. In addition, there are major constraints like insufficient political commitment, inadequate resources, inadequate and/or poor quality of services and poor accessibility to diagnosis, treatment, prevention and control of communicable diseases.

Apart from global threats like HIV/AIDS, TB and Malaria, some of the countries in the Region are also heavily burdened with leprosy, kala-azar, lymphatic filariasis, soil-transmitted helminthiasis, rabies and increasing epidemics of dengue/DHF and japanese encephalitis. The experience gained in the Region in combating these diseases can be useful in other regions facing similar problems.

The Region has eradicated guineaworm disease and has achieved considerable gains with regard to the elimination of leprosy. A record number of leprosy patients have been successfully treated. Yet, the elimination targets are likely to be achieved only by Myanmar and Nepal by 2003 and by India by 2005.

Broad regional strategies

- Advocacy for sustained political commitment in the eradication/elimination of leprosy, lymphatic filariasis and rabies. Advocacy will be enhanced to support an integrated approach to selected priority communicable diseases with the focus on increasing access to the poor and vulnerable population groups.

- Elimination of leprosy in India, Myanmar, and Nepal, sustaining elimination levels and progress towards sub-national district level) elimination in the six countries

which have attained elimination at the national level and the integration of leprosy services into the general health services in all countries of the Region.

- Expansion of lymphatic filariasis elimination efforts through mass drug administration in a phased manner in endemic countries, with close monitoring to document the coverage and lessons learnt so that the experience gained can be used in other areas targeted for elimination.
- Control of soil-transmitted helminthiasis, mainly through a school-based approach, and integration with the lymphatic filariasis programme
- Integrated control of priority communicable diseases of public health importance to be implemented in districts with poor access and capacity building of the primary health care staff in epidemic preparedness and response. This approach will increase the access to health care for poor and vulnerable populations and will result in quicker containment of epidemics and reduced case-fatality rates.
- Focus on control of dengue/DHF, Japanese encephalitis, and kala-azar infections. Utilization of available technologies with close monitoring of outcomes to be ensured. The experience will be shared with countries in other regions afflicted with these problems. Comprehensive control of vector-borne diseases using an integrated approach through capacity building, creating community awareness on personal protection measures such as the use of impregnated bednets and biological control of vectors.

1.3 Research and Product Development for Communicable Diseases

Issues and challenges

All Member Countries are implementing nation wide programmes for control of vector-borne diseases, tuberculosis, HIV/AIDS, and leprosy. Despite significant inputs of resources over the last three decades by governments, WHO and other organizations, communicable diseases remain a major burden. The Special Programme for Research and Training in Tropical Diseases (TDR) has made important contributions in the control of communicable diseases and has now expanded its mandate to include dengue and tuberculosis, in addition to the previously identified eight diseases.

New technology and concepts in health care are not finding significant application since they are expensive, and therefore poor countries cannot afford to use them widely. Transfer of technology requires enormous resources and trained manpower, which are scarce. As a consequence, very useful findings have not been utilized optimally.

Public health is facing the challenge of developing synergy between researchers, policy makers and those responsible for disease control programmes. Expertise in public health, which includes researchers, public health specialists and health policy planners, is scattered in the Region and lacks functional linkages. These linkages need to be established in a cost-effective manner.

Broad regional strategies

- Strengthen national institutions through capacity building, training, increased use of information technology, and identification of problems and research priorities.
- Support operational research, including field testing of new products and technologies for cost-effective and sustainable control measures. Collaboration will be established with TDR and other funding agencies for field operational research. Technical support will be provided with the goal of serving the poor and marginalized.
- Establish network of researchers, institutions at national and regional levels. Database of researchers, technical resource groups and institutions will be established to facilitate information exchange and transfer of technology.
- Promote linkage of research activities with policy makers and disease control programmes. Periodical reviews of research priorities to determine how and to what extent the research is impacting the control programmes.

1.4 Malaria

Issues and challenges

- Malaria continues to be responsible for more than 20 million episodes of acute illness every year. Many of these illness episodes are severe and lead to significant loss of household earnings resulting from loss of productivity and the high cost of treatment.
- Malaria in the Region is partly related to unplanned development and increased cross-border migration. The emergence and spread of multidrug resistance malaria across international borders is an additional burden to malaria control that has become a serious concern of Member Countries in the SEA region.
- The capacity to implement effective malaria control is limited by poor access to available cost-effective interventions, and insufficient human and financial resources, particularly in countries affected by the economic crisis.

Broad regional strategies

- Reduce excess of mortality and morbidity in poor and marginalised population by focusing on high risk and vulnerable groups like pregnant women and children, migrants and refugees, and those with limited access to health care.
- Increase access to early diagnosis and treatment and community protection by maximizing the use of available technology and deploying newly-developed technology and products to address the problems in the countries and the region. Continue to utilize existing Technical Resource Network to strengthen country malaria control programme.
- Increase the national and regional capacity through training, provision of updated diagnostic facilities and tools for community protection, update “Roll Back Malaria” guidelines on programme planning and implementation, monitoring and evaluation

of progress; and follow up using the network of institutions and WHO collaborating centres.

- Sustain political advocacy to obtain the required resources and solicit commitment from academia, the private sectors, NGOs, industry, and intersectoral partners.

1.5 Tuberculosis

Issues and challenges

The Region accounts for 38% of the global burden of tuberculosis. It is one of the main causes of death in the Region and is a serious impediment to human development. The disease afflicts people mainly in the 20-45 year age group and is estimated to result in an annual loss in excess of US $ 6 billion. This despite the availability of DOTS, a cost-effective strategy recommended by WHO. The main concerns in TB control are its association with HIV/AIDS, and the development of multidrug resistance.

All the countries in the Region have adopted the DOTS strategy. The coverage with DOTS in the countries increased remarkably from 14% in 1998 to 56% by December 2001, despite resource constraints and the countries' weak health infrastructure. Over 1.5 million patients have been treated with cure rates exceeding 80%. The WHO targets of 85% cure rate and 70% case detection in newly-infected persons are likely to be reached by or before 2006. Nonetheless, sustaining and intensifying implementation while continuing to expand simultaneously, remain the greatest challenges for the programme.

Broad regional strategies

- Enhance technical support to countries with high rates of TB through regular monitoring missions and in-depth country reviews; organize programme managers' meetings for exchange of information and promote operational research.
- Strengthen national capacity by supporting intercountry and national training courses on TB control, leadership and strategic management training, improving laboratory microscopy and setting up laboratories to monitor multidrug resistance.
- Promote advocacy for enhancing and sustaining political commitment and, mobilization of resources through partnerships with the private sector, medical teaching institutes, civil society, NGOs through global partnerships such as the Global Fund for AIDs Tuberculosis and Malaria (GFATM).
- Ensure regular drug supplies and drug management by facilitating intercountry cooperation for bulk purchase and/or import of raw material for local production and assist in resource mobilization, making use of the "Global Drug Facility."
- Enhance coordination with key programmes, including disease surveillance, laboratory support, essential drugs, health education, women's health and HIV/AIDS control.
- Promote and support intercountry and regional initiatives to establish cross border control of priority communicable diseases through a coordinated and integrated approach, including DOTS, for control of TB in cross-border areas.

2.1 Surveillance, Prevention and Management of Noncommunicable Diseases

Issues and challenges

Most countries in the Region are undergoing significant social, demographic and health transition. There is rapid urbanization, expanding industrialization, rising income and improved health care. Seven out of ten countries have a life expectancy at birth of over 60 years. Cardiovascular diseases, cancer, diabetes mellitus and accidents are becoming leading causes of morbidity and mortality.

Unfortunately, noncommunicable diseases (NCDs) have so far been addressed with tertiary care, which is expensive and often only palliative. There is very little awareness that NCDs are amenable to effective primary prevention. Political commitment for NCD prevention and control is still inadequate. Control measures and clinical management of these diseases in most countries of the Region are also inadequate.

The need for strengthening NCD programmes as part of national health development was emphasized at the 50th session of the Regional Committee in September 1997. During the two biennia 2000-2001 and 2002-2003, The Regional Office has laid the foundation for the development of a comprehensive NCD surveillance system. Region-wide collection of information on major NCDs has been completed and Member Countries have been supported to set up national NCD surveillance networks. Capacity building in the areas of incorporation of standardized WHO methodology for NCD risk factor surveillance and developing community-based integrated NCD prevention projects has been initiated.

Broad regional strategies

- Advocacy for strengthening political commitment for NCD prevention and control.
- Strengthen and expand interventions based on an integrated approach of health promotion in the prevention of major NCDs and introducing them into the national primary health care services.
- Improve the knowledge and skills of health professionals in health promotion and prevention of NCDs and, simultaneously, improving the knowledge of communities, family members and caretakers on NCD risk factors and their modification.
- Strengthen surveillance of NCDs and their risk factors within the framework of a national surveillance system.
- Promote research on cost-effectiveness of prevention and management of noncommunicable diseases.
- Establish partnerships with other supporting agencies and NGOs for the promotion of noncommunicable disease prevention and control in the Region.
- Establish networks among countries, WHO collaborating centres, professional organizations (regional network), among WHO regional offices and WHO headquarters (Global Forum) in sharing information, exchanging expertise and coordinating planning and implementation activities.

2.2 Tobacco

Issues and challenges

Currently, tobacco kills 4 million people a year globally. Tobacco-related morbidity and mortality in the Region is unacceptably high. The tar and nicotine contents of tobacco products in the Region (e.g. bidis, kreteks and white cigarettes) are comparatively high and consequently cause more damage to smokers.

Two countries in the Region have adopted comprehensive national tobacco control policies. There are many measures currently implemented in other countries of the Region such as warning labels, restriction on advertising in specific media and at specific locations, bans on sponsorships, prohibition of smoking in public places and public transport, public education and the declaration of specific tobacco-free islands and districts. However, the impact of these measures has so far been limited.

Tobacco is a socioeconomic and developmental issue. Multisectoral collaborative efforts are urgently needed to address the problem. A wide range of measures addressing a broad array of issues related to tobacco control need to be taken together to reduce tobacco consumption.

Broad regional strategy

- Develop regional consensus for tobacco control. WHO will advocate, at the highest level, to develop, strengthen and maintain regional consensus and concerted efforts on tobacco control. Individual governments should initiate action to achieve consensus within the countries on tobacco control.

2.3 Health Promotion

Issues and challenges

Health promotion has emerged as a viable approach and a tool for comprehensive and equitable health development. The shift of focus from health education to health promotion was catalyzed by the Ottawa Conference and sustained by the outcomes of the subsequent international conferences on health promotion. The four policy orientations of the Ninth GPW, namely, integrating health and human development in public policies, ensuring equitable access to health services, promoting and protecting health and preventing and controlling specific health problems, further strengthened the focus and expected outcomes of health promotion.

An increasing number of health personnel are being exposed to health promotion concepts and practices. Health promotion strategies have been integrated into many health and development programmes. Intensified focus on the “healthy settings approach” has paved the way for partnerships with government sectors other than health, NGOs and the private sector.

Further advocacy to put health promotion on the public health and health development agendas is urgently needed. Partnerships with sectors other than health, the private sector

and NGOs need to be built to promote healthy public policies, particularly in relation to WHO priority areas.

Broad regional strategies

- Advocacy aimed at obtaining political commitment and creating a supportive environment will be strengthened.
- Sustainable partnerships revolving around priority health programmes and health development issues will be built.
- Operational research and research on behavioural pathways will be given special attention.
- The existing health education infrastructure in the Region will be strengthened through training and resource mobilization.
- Tapping different means of resource will be actively explored through intensified advocacy.
- Partnership building will be used as a platform for capacity building.
- Existing alliances and networks for health promotion, both at national and international levels, will be mobilized.
- New approaches will be piloted as an integral part of community-based projects.
- The overall programme will be evaluated in terms of the extent to which implementation in the Region has catalyzed action.

2.4 Disability/Injury Prevention and Rehabilitation

Issues and challenges

Significant social changes have influenced people's health globally as well as in the SEA Region. Increased life expectancy has contributed to a growing population of older persons and, as a result, there is an increasing number of persons with disabilities due to degeneration process and chronic diseases. Injuries due to violence, conflict and traffic accidents have also been increasing.

Injuries and violence kill 5.1 million people worldwide, of which more than a quarter are from the SEA Region. The Region bears about one-third of the global burden of disease if the disabilities and loss of premature lives are included. Injuries and violence typically affect young and productive population, and thus are a major hurdle in the development of the Region. In particular, road traffic injuries are a major cause of death in the 5-44 year age group.

It is estimated that, currently, there are approximately 15 million blind people in the Region or one-third of the blind population of the world. The number is expected to double by 2020 at the present level of intervention. In 1995, there were 120 million people in the world with impaired hearing. This number is already reported to have doubled according to a recent WHO estimate. A substantial proportion of these people live in countries of the Region. The Region also has an estimated one million leprosy cases, which represent 72%

of the world's total. The prevalence of severe mental disorders has been estimated to be 5 -10 per 1 000 population in various countries of the Region. The number of elderly population in the Region will increase to about 250 million by the year 2025.

WHO, in collaboration with other UN agencies and INGO partners, has drawn up global strategies for addressing the above problems. In the SEA Region, regional strategies for prevention and control of blindness (Vision 2020), deafness, disability and rehabilitation have been developed as a framework for the development of national plans of action. Regional strategies for prevention of deafness are being developed to guide formulation of national POA.

Broad regional strategies

- Injury and violence prevention: (1) implementation of a regional strategy and national programmes on prevention of injuries; (2) strengthening advocacy and awareness; (3) strengthening inter-agency collaboration; (4) establishing and strengthening regional and national surveillance on injuries and violence; (5) supporting the development of legislation in preventing injuries and violence; (6) strengthening national capacity and infrastructure for injury and violence prevention programmes, and research.

- Community-based rehabilitation (CBR): (1) establishment of critical links between development partners and implementing agencies active in disability issues and rehabilitation; (2) establishment and promotion of regional networking between WHO, international developmental organizations, UN agencies, institutions, centres of excellence, collaborating centres, international experts, professional societies, and INGOs; (3) promoting research, evaluation and education on CBR and appropriate technology to identify key concepts, approaches and models for practice; (4) production of education/training materials on relevant issues pertaining to the detection, treatment and rehabilitation of disabilities, as well as on the management of CBR by national health personnel; and (5) coordination with WHO headquarters and country offices for information-sharing on policy and priority issues.

- Prevention of blindness: (1) advocacy; (2) Implementation of the regional strategy and continued development of plans of action; (3) strengthening human resources in the area of eye health with particular emphasis on improving management capacity and capacity to deal with blindness in children; (4) strengthening infrastructure development and technology; (5) supporting collaborative efforts in reducing avoidable blindness cases; (6) resource mobilization, and (7) strengthening evidence for information and policy.

- Prevention of deafness: (1) improving evidence on deafness and hearing impairment, particularly on epidemiological, economic and social aspects; (2) developing a regional strategy for prevention of deafness and hearing impairment. (3) development of primary ear care as part of PHC, and (4) support development of national prevention of deafness programme.

- Ageing and health: (1) support Member Countries in the formulation of a national policy on ageing and health; (2) strengthen collection and analysis of ageing-related information for advocacy, policy/programme development and for decision-making;

(3) disseminate health-related ageing information to ageing individuals, all disciplines of all health care professionals and policy-makers to promote appropriate services, advice and practices on healthy ageing; (4) develop an advocacy strategy with close collaboration among government agencies, NGOs and the media, aiming at influencing public opinion and encouraging support for community-based programmes for healthy ageing; (5) promote research in the areas of epidemiology, pattern of ageing population and determinants of healthy ageing; and (6) improve capabilities of health care providers on the care of the elderly.

2.5 Mental Health and Substance Abuse

Issues and challenges

In the Member Countries of the Region, mental health activities have generally concentrated on hospital-based psychiatry. However, there is increasing awareness of the need to shift the emphasis to community-based mental health programmes.

The Region is particularly affected by the problem of substance abuse. A part of the notorious “Golden Triangle” (Myanmar, Laos, Thailand) falls within the Region. India has become a major transshipment point for hard drugs from Pakistan.

The ill-effects of excessive consumption of alcohol have become a major public health problem in the Region. There is an urgent need to sensitize governments on the importance of mental health and to clearly define the goals and objectives of a community-based mental health programme. Mental health services should be integrated into the overall primary health care system along with innovative community-based programmes. There is also an urgent need to sensitize governments on the importance of substance dependence, including the ill-effects of alcohol, and to clearly define the goals and objectives to control substance dependence.

Broad regional strategies

- Community mental health: (1) development/implementation of mental health policy; (2) development of a regional profile of burden from and surveillance for mental disorders; (3) innovative community-based management programmes for epilepsy and psychosis. These programmes will reach out to all communities, including rural and marginalized communities; (4) launching of advocacy and awareness campaigns; (5) support for research on indigenous practices and medications; (6) support community-based rehabilitation of patients, and (7) promotion of mental health among adolescents.
- Control of substance dependence: (1) facilitation of collaboration between Member Countries and Substance Abuse (SAB) WHO/HQ; (2) development of a regional profile of burden from substance dependence; (3) regional capacity building, advocacy and awareness campaigns; (4) innovative community-based management programmes and development of training material; (5) support for research on unique local issues related to substance dependence; and (6) support for research on indigenous practices and herbs.

- Control of excessive alcohol consumption: achieve a sustained reduction in per capita consumption of alcohol, based on national multisectoral approaches and mobilization of civil society.

3.1 Child and Adolescent Health

Issues and challenges

Globally, nearly 11.6 million children die before reaching five years of age and 70% of these deaths occur due to diarrhoea, pneumonia, measles, malaria and malnutrition. About 40% of the deaths attributable to those diseases occur in the countries of the SEA Region. Many adolescents die through violence, complications of pregnancy and illnesses that are either preventable or treatable. Adolescent health has not received adequate attention until recently in many developing countries, including those of the South-East Asia Region. It is obvious that neither maternal and child health programmes nor school health services adequately address the special needs of adolescents.

For improving survival among children under five years of age, the Integrated Management of Childhood Illness (IMCI) was adopted the Forty-eighth World Health Assembly (resolution WHA48.12) in May 1995. IMCI strategy is considered a cost-effective approach for redressing the unacceptably high burden of disease in this age group. In the SEA Region, this strategy has been implemented in target countries with high under-five mortality rates.

For older children, school is an important entry point for preventive, promotive and curative health care. The major problems to be addressed during this period include malnutrition, malaria, chronic otitis media and visual/auditory disorders. Life skills promoted at this age enable adolescents to deal with different issues later.

Adolescents in the Region face problems due to early marriage and childbearing. Other risky behaviours include smoking, alcohol use, substance abuse and violence. Therefore, the need for a safe and supportive environment for children and adolescents cannot be overemphasized.

Broad regional strategies

- Develop an integrated approach to child and adolescent health and encourage its inclusion in the national policies of Member Countries.
- Enhance national capacity in IMCI through training, institutional strengthening and promoting strategic management skills.
- Improve family knowledge and practices on the home care of childhood diseases and on the promotion of child and adolescent health and development. This will be done through the involvement of community support groups, basic health workers and doctors.
- Incorporate the IMCI approach into the curricula of medical schools and training institutions for health personnel.

- Expand the integrated package of child and adolescent-friendly health services through mobilization of resources from donors including multilateral and bilateral agencies.

3.2 Research and Programme Development in Reproductive Health

Issues and challenges

According to WHO estimates, reproductive ill-health accounts for 33% of the total disease burden in women as compared to 12.3% for males of the same age. It is known that malnutrition and anemia, adolescent fertility and pregnancies with associated risks, the rising incidence of STDs and HIV/AIDS as well as malaria in pregnant women, reproductive tract infections, and deaths due to abortion contribute significantly to maternal morbidity and mortality in countries of the Region. Maternal mortality is still high in all countries, except in Sri Lanka and Thailand.

Many countries have identified reproductive health as a priority issue. Further, based on their major health problems and country situation, they have selected priority reproductive health issues to be addressed. Specific need-based technical support to each Member Country in improving the reproductive health status of their people is needed.

There are many partners supporting activities related to reproductive health, both in programme development and in research. Collaboration with partners will result in better achievement if activities are conducted in a coordinated manner. Such collaboration with partners needs to be facilitated.

Broad regional strategies

- Place reproductive health high among the programmes of national governments, international organizations as well as NGOs; emphasizing the need for empowerment of women and involvement of young people in the development and implementation of reproductive health programmes and services reaching out to the poor and marginalized groups.
- Advocacy and technical support to countries, research and normative functions in support of ICPD's Programme of Action.
- Assist countries in implementing their national reproductive health strategies and facilitate collaboration with partners working in various areas of reproductive health.

3.3 Making Pregnancy Safer

Issues and challenges

Though maternal and child health programmes have existed since the 1960s in most countries, the emphasis was on child survival activities; maternal health was neglected. The Safe Motherhood initiative was launched in 1987 in Nairobi to draw the world's attention to a largely neglected but extremely serious public health problem of maternal death and disability.

Of the estimated global annual total of 584 000 maternal deaths, all but 6000, i.e., 98%, take place in the developing world. In the countries of the South-East Asia Region, the

maternal mortality rate (MMR) is extremely high, except in Sri Lanka and Thailand. The Region accounts for 40% of the global total of maternal deaths. Women die from haemorrhage, infection, hypertensive disorder of pregnancy, obstructed labour, unsafe abortion and a range of diseases that are aggravated by pregnancy - such as malaria, hepatitis, rheumatic heart disease and diabetes. These have contributed to high toll deaths and morbidity of newborns as well. Underlying the medical causes, there are socioeconomic factors as well, including women's status. These factors lead to delays in deciding to seek care and in reaching appropriate facilities.

Broad regional strategies

- Renew the commitment for reduction of maternal and newborn morbidity and mortality through trained attendants, strengthening health system and promoting and widening partnerships at various levels - with families, communities, donors, civil societies, etc.
- Work with high MMR countries to carry out operational research to generate evidence-based information involving interventions to strengthen the health system as well as improving and expanding family and community practices.
- Implement cost-effective interventions for improving maternal and newborn health based on the results of operational research.

3.4 Women's Health

Issues and challenges

Although there is a growing awareness of equal rights for women, girls and women still have less than equal status compared to men in the countries of the Region. Gender discrimination is still a major public health problem with the health consequences of gender discrimination reflected in every aspect of life.

Girls and women constitute 48.8 per cent of the Region's population, making it the only Region in the world where men outnumber women, indicating a deep-rooted cultural practice of son preference. Over one-third of all deaths among adult women in the Region are due to problems related to reproductive health. Over 70% of pregnant women in the Region suffer from nutritional anaemia. In some countries, 40- 50% girls are married and become pregnant before they reach 20 years of age.

These statistics reflect the continued neglect of women's health, which is a serious impediment to socioeconomic development and poverty reduction in the countries of the Region. This issue is being realized in the Region by all levels of decision-making within the public and private sectors including civil society. The regional health ministers, in the 1997 Regional Declaration for Health Development in the 21st Century, have reaffirmed their commitment to invest in women's health and development to eliminate gender disparities in health.

Health interventions alone do not have a lasting impact on women's empowerment, unless backed by socio-cultural, economic and political empowerment, particularly in ensuring equal access to and use of other determinants of health. One of the basic

prerequisites of a gender approach to health is information, particularly, data disaggregated by sex, age and other relevant variables.

Broad regional strategies

- Focus on gender mainstreaming in priority health programme using materials for policy-makers, programme managers and health professionals to facilitate the process in Member Countries.
- Develop tools and guidelines for assessing the implications for women and men of any planned actions, including legislation, policies or programmes in the health sector at all levels.
- Make women's concerns and experiences an integral dimension in the design, implementation, monitoring and evaluation of health sector policies and programmes within and outside WHO programmes so that women and men benefit equally and inequality is not perpetuated.
- Collect disaggregated data by sex, age and other relevant variables from routine demographic, health and socio-economic surveys in Member Countries.

3.5 HIV/AIDS

Issues and challenges

The HIV epidemic continues to spread unabatedly in the countries of the SEA Region. Currently, nearly 5.5 million people are estimated to be living with HIV/AIDS. India, Myanmar and Thailand are the worst affected. The AIDS cases in the Region are expected to continue to increase. Moreover, the close association between HIV and TB will lead to a parallel epidemic of TB thereby threatening human development through adverse socioeconomic impact.

Most countries in the Region are implementing national AIDS prevention and care programmes. Emphasis is being placed on bringing about behavioural change, STI prevention, blood safety, HIV/STI surveillance and care of people living with HIV/AIDS. The challenge is to encourage behavioural change and ensure that HIV/AIDS care is accessible to the affected persons. For this, sustained political commitment and resources will be required. At the same time, the partnerships with UNAIDS and its co-sponsors, donors, NGOs and the private sector will need to be strengthened.

Broad regional strategies

- Take a lead role in health sector response to HIV/AIDS.
- Collaborate with UNAIDS and its co-sponsors to sustain political commitment. Enhance advocacy in order to mobilize the required resources, including through GFATM,
- Provide policy support for HIV/AIDS control programmes in the Member Countries.
- Provide technical support to strengthen STI management, ensure blood safety with emphasis on quality, prevent mother-to-child transmission, enhance disease

surveillance and provide credible care and support for HIV/AIDS patients, including voluntary testing and counseling.

- Strengthen HIV/AIDS surveillance and research with emphasis on behavioural surveillance and surveillance of STI. Monitoring of the control programme will be intensified and country reviews will be organized to provide a feedback and improve country plans of action.

- Build capacity through training, increased use of information technology, and regular meetings of programme managers to foster exchange of experience. Information technology will be utilized to disseminate the publications widely through effective use of the internet. To raise the profile of the HIV/AIDS control programmes, advocacy will be undertaken with elected representatives, professional associations and regional fora.

- Stimulate/enhance intersectoral collaboration and solicit partnerships with the private sector, NGOs and industry.

- Document and scale up cross-border control of priority communicable diseases, namely AIDS, TB, malaria and kala-azar through a coordinated and integrated approach.

4.1 Sustainable Development

Issues and challenges

The approach to sustainable health development in the SEA Region is beset with daunting challenges. The linkages between environment and health are being increasingly recognized by all concerned. At the same time, there is a growing realization that the environmental conditions in most countries are rapidly deteriorating. This may be attributed to the unmindful exploitation of natural resources, and inadequate attention to the provision of safe drinking water, basic sanitation and clean air etc. Further, traditional environmental health concerns relating to air, water and air pollution are being compounded by increasing amounts of harmful chemicals and toxic wastes - a by-product of growing industrialization. Unplanned rapid urbanization is also aggravating the situation.

Above all, widespread poverty in many countries is responsible for the very high incidence of malnutrition and ill-health and diseases. Anaemia among girls and women in the reproductive age group perpetuates ill-health and disease. Poverty is also linked with environmental degradation and pollution.

Notwithstanding the formidable challenges, countries in the Region have made notable advances in health development, as reflected by the steadily growing life expectancy at birth, declining infant and child mortality and relative control over malaria and other diseases. Guineaworm disease has been eradicated from the Region, which is now at the threshold of eradicating poliomyelitis and eliminating leprosy. Growing attention towards environmental concerns and policies and programmes for poverty reduction are, no doubt, making sustainable health development possible within the existing constraints.

Broad regional strategies

- Enable Member Countries to properly evaluate and address problems relating to health and environment - water supply and sanitation, outdoor and indoor air pollution, solid and hazardous waste disposal, food safety, chemical safety and housing-related concerns.
- Revise broad country and intercountry strategies for Health and Environment.
- Stimulate debate on health and poverty reduction issues involved at the country level and assist in the development of relevant national strategies.
- Advocate implementation of the recommendations of the report of the Commission on Macroeconomics and Health.

4.2 Nutrition

Issues and challenges

The WHO South-East Asia Region is among the most populated regions in the world. It is home to over 1.4 billion people or one-fourth of the global population. Providing adequate and appropriate food and nutrition to the people is one of the most formidable challenges. The major nutritional disorders in the Region include child, adolescent and maternal malnutrition and deficiencies of micronutrients such as iron, iodine and vitamin A.

Low birthweight continues to cause concern in most countries of the Region, especially affecting undernourished and adolescent mothers. Undernutrition continues to be a major problem with unacceptably high levels of moderate to severe stunting. Iron deficiency anaemia is also a major problem, particularly in women of childbearing age and children under five years. Vitamin A deficiency, while generally on the decline, is still a major public health problem as are iron deficiency disorders.

Other nutritional deficiencies of emerging global public health importance include zinc deficiency associated with growth retardation and impaired immune function, folate deficiency, which causes widespread megaloblastic anaemia of pregnancy and is associated with neural tube defects in high-risk groups, and calcium deficiency associated with osteoporosis. Noncommunicable diseases related to diet and life-style are also becoming major causes of concern in some countries of the Region.

A future concern is the epidemiological transition taking place in the countries and the need to develop multi-faceted nutrition programmes that address undernutrition and infectious diseases as well as diet-related chronic diseases like diabetes, obesity, cardiovascular diseases and certain diet-related cancers.

Broad regional strategies

In consonance with WHO's commitments to the goals and strategies of the World Declaration and Plans of Action for Nutrition (NPAN) in 1992, seven priority areas have been identified by Member Countries. These are:

- Protection, promotion and support for breastfeeding and appropriate and safe complementary feeding for infants and young children
- Assessment, monitoring, prevention and reduction of protein-energy malnutrition
- Assessment, monitoring, prevention and elimination of micronutrient malnutrition
- Nutrition in emergencies
- Nutritional support to sick children
- Programme support in planning, policy formulation and implementation in regard to adolescent girls and maternal nutrition
- Capacity building in community-based nutrition action research for better health, in collaboration with four collaborating centres and the members of the South-East Asia Nutrition Research-cum-action Network.

4.3 Health and Environment

Issues and challenges

While there is a need to continue the analyses of disease burden begun in the 2000-2001 biennium, convincing information already exists that environmental risk factors are among the greatest causes of disease in the South-East Asia Region.

Worldwide, water-related illnesses cause about 3 million deaths per year. In the Region, over 200 billion diarrhoea episodes per year occur in children under five years of age, caused by inadequate water, sanitation and hygiene, and food safety, with malnutrition being an underlying cause. A global evaluation of water supply and sanitation conducted by WHO and UNICEF in 1999, concluded that Asia has the lowest coverage of sanitation services among all regions of the world. Only Africa has a lower water supply coverage.

An estimated 30 million persons are consuming ground water containing arsenic in excess of WHO guidelines, values or prevailing national standards in five countries. The absence of harmonized case definition, management and reporting makes it difficult to assess the true extent of the problem or the impact of intervention measures. There is a need to identify risk factors for arsenicosis and reduce the excess burden of mortality and morbidity related to arsenic.

It is estimated that indoor air pollution in India alone is responsible for 500 000 deaths per year, and urban air pollution some 85 000. Extrapolated to all of the Region, the total number of deaths due to indoor and urban air pollution may be of the order of 1 million annually.

Unsafe workplaces, especially in small-scale industries, are very common. Rag-pickers are a high-risk group for concerns from hazardous wastes. Accidents are rarely reported thus reliable data is too difficult to obtain.

The inadequate management of industrial, agricultural and household chemicals is the main reason for chemical incidents. Globally, the number of pesticide victims is estimated to

be 3 million injured and 20 000 deaths. There is a lack of knowledge and managerial capacity for rational use of pesticides in industries, especially small-scale ones. Insufficient collaboration with other stake-holders such as NGOs, industry associations and academia does not allow putting these concerns on the higher political agenda.

Broad regional strategies

- Promotion of sanitation and hygiene programmes targeted at high risk communities and populations exposed to natural disasters.
- Support for the preparation of country-level water supply and sanitation assessments aimed at supporting policy reform initiatives and resource mobilization efforts.
- Research aimed at identifying ways and means of increasing the demand for sanitation services and achieving sustainability of water, sanitation and hygiene interventions will be supported.
- National capacities will be strengthened to assess the health impact of both ambient and indoor air pollution as well as the proposed intervention strategies.
- Risk assessment studies on air pollution will concentrate on priority groups such as: young children, rural women, traffic police, rickshaw and bus drivers, for blood lead levels, mine workers for silicosis, mercury and other heavy metal poisoning.
- Regional capacities for sound management of chemicals will be strengthened through support to the development and implementation of national chemical profiles, and by bringing chemical safety issues to the attention of decision-makers.
- Mitigation of work and environment-related diseases and injuries through exposure assessment, risk characterization and risk mitigation using standardized tools, technologies and guidelines for exposure due to chemical, physical, biological and occupational exposure, including arsenic exposure.
- The development of new poison centres will be promoted and existing ones will obtain support for implementation of harmonized protocols to collect data on pesticide poisoning
- Integrated vector management pilot initiatives will be implemented in close collaboration with the agricultural sector to reduce pesticide use.
- Cross-sectoral approaches will be implemented to enhance commitment and active participation of NGOs, industry associations and academia.
- Common strategies, which will cut across all areas of environmental health, will include the furtherance of evidence-based research, building of partnerships through traditional and innovative alliances, and mobilization of extrabudgetary resources. Specific strategies also will be pursued for specific environmental risk factors.

4.4 Food Safety

Issues and challenges

Foodborne diseases are common in most countries of the Region. A large percentage of mortality and morbidity due to diarrhoea can be prevented if microbial contamination of food and water is controlled. The increasing use of chemicals in agriculture and food processing industries have added new health concerns from chemical contamination of food. A number of countries have entered the international food trade and are exporting and/or importing food. While several countries in the Region have food legislation, well-defined national food safety policies and strategies have yet to be developed in many countries.

Broad regional strategies

- Assist Member Countries in developing national policies and programmes in food safety and improve the national capacity for monitoring, assessing and controlling food safety.
- Provide training in foodborne disease surveillance and control as well as in analytical methods for food contamination; consumer education and information dissemination.
- Promote operational research for understanding gaps in knowledge and testing interventions.
- Collaborate with other international organizations to work towards including food safety as one of the essential public health components. The goal is to develop sustainable integrated food safety systems for health risk reduction.

4.5 Emergency Preparedness and Response

Issues and challenges

Estimates suggest that 38% of the people affected and 57% of the people killed by natural disasters during the last decade were from South-East Asia. Natural disasters and complex emergencies will continue to adversely affect the health of the people in the South-East Asia Region.

Disasters may not be preventable, but their impact can be reduced by appropriate measures. While disaster preparedness is seen as a challenge, an important key to disaster management lies in vulnerability reduction.

Rapid industrialization and urbanization are taking place in the Region while large groups of people still live in poverty. Armed conflicts continue to affect several countries in the Region. The result is a complex environment with the potential of severe public health consequences of emergencies and natural disasters.

Increased capacity, technical expertise and self-reliance of Member Countries in the Region are needed to prevent and prepare for disasters and mitigating their health consequences.

Broad regional strategies

- Advocate placing disaster preparedness and vulnerability reduction high on the development agenda.

- Provide effective support to Member Countries and WHO country offices to institutionalize local capacity to reduce vulnerability of people and health facilities as well as prepare for and act in emergencies.
- Disseminate the best public health practices in emergencies and training material on vulnerability reduction and humanitarian assistance to government authorities and collaborating agencies.
- Support the use of "emergencies, hazard and vulnerability" mapping. Ensure that response is based on adequate health assessment.
- Promote operational research on disaster and emergency response.
- Improve administrative mechanisms within the Regional Office to respond more effectively to requests for assistance in emergencies.
- Promote active partnership with bilateral agencies, organizations of the UN system, other international organizations and NGOs on disaster prevention, mitigation and response.
- Mobilize extrabudgetary resources for disaster preparedness and mitigation activities.
- Standardize "rapid epidemiological assessment methodology" and reporting.
- Develop and promote regional surveillance standards for epidemic-prone diseases in complex emergencies.

5.1 Essential Medicines: Access, Quality and Rational Use

Issues and challenges

WHO is collaborating with all countries of the Region in developing their national drug programmes. The availability and accessibility of essential drugs for primary health care are improving as the economic aspects of drug supply and management are being strengthened in the Region. The formulation of the dosage forms of essential drugs and their manufacture according to good manufacturing practices have facilitated the availability of essential drugs. The WHO Certification Scheme for the quality of pharmaceutical products moving in international commerce is being used more frequently as a means to ensure the quality of drugs. Exchange of information through electronic mail in regard to registered drugs has become functional between and among countries of the South-East Asia and Western Pacific Regions, such as Indonesia, Malaysia, Philippines, Singapore and Thailand.

The major challenge is to ensure that essential drugs of good quality, safety and efficacy are available, accessible and affordable in all countries of the Region, especially at the PHC level. Additionally, medicines, including essential drugs, must be used rationally. With the emergence of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), access to patented drugs against emerging and re-emerging diseases, such as HIV/AIDS, malaria, tuberculosis, and noncommunicable diseases like cardiovascular diseases, diabetes mellitus and geriatric conditions, needs to be provided through appropriate policy and guidelines, intersectoral collaboration and further development of human resources.

Broad regional strategies

- Increasing access to essential drugs in PHC for most countries of the Region with improvement in cost-sharing for drugs.
- Strengthening of quality assurance of drugs, especially essential drugs, including regulatory control. Strengthening of GMP in the production of essential drugs will be pursued.
- Improvement in the rational use of drugs through training of human resources and development and dissemination of authentic information on drugs to health care professionals will be carried out. The latter would include the development or revision of standard treatment guidelines and national formularies, revision of essential drugs lists and development of ADR monitoring centres.
- Strengthening of national drug policies and their monitoring in the countries will be carried out. Quality assurance, with the focus on laboratory quality control and post-marketing surveillance, promotion of the WHO Certification Scheme and essential drugs management and supply will also be promoted.

5.2 Immunization and Vaccine Development

Issues and challenges

WHO is collaborating with countries in the Region in further developing their immunization programmes and reducing the burden of vaccine-preventable disease. The primary challenge in 2004-2005 will be to continue polio campaigns and surveillance as necessary to reach and sustain regional eradication status. The specific challenge will be to continue the quality of national immunization days or sub-national immunization days and to continue certification standard AFP surveillance. Additional emphasis will be needed on implementing containment plans in the laboratories of each country. For all these polio-related activities, continued advocacy and resources will be essential until the final post-eradication strategy can be implemented globally.

Although polio remains a clear priority, a further challenge in the Region is to simultaneously achieve measles control goals, improve routine immunization programmes, and even add new vaccines where appropriate. WHO must provide guidance in setting vaccine priorities and insuring the sustainable supply of quality vaccines that are delivered safely. Additional effort must be made to monitor and evaluate immunization programmes funded through the Global Alliance on Vaccines and Immunizations (GAVI) and to develop methods to sustain this initiative. The availability of new auto-disable syringes will pose new challenges for developing and implementation of appropriate safety, financial and disposal strategies.

Broad regional strategies

- Provide necessary support for countries to continue supplementary polio immunization activities.

- Provide technical support for countries to reach and sustain certification status, (including high quality AFP integrated surveillance), and develop appropriate laboratory containment policies.
- Strengthen accelerated disease control for measles and neonatal tetanus through provision of technical assistance for expanded immunization activities, improved surveillance and expanded virological laboratory capacities as necessary.
- Assure the quality and safety of all immunizations by building NRA (National Regulatory Authority) capacity in each country, development of national safe injection policies, and implementation of a comprehensive surveillance system for adverse events following immunization.
- Ensure high routine coverage for basic vaccine preventable disease (VPD) in all districts of the Region by providing training/re-training for all national and mid-level EPI managers, expanding effective VPD surveillance reporting, and providing technical inputs for efficient vaccine procurement and management.
- Develop a regional vaccine policy to assist in setting regional and national vaccine priorities, determining appropriate financing mechanisms, and developing national vaccine policies that provide sustainable quality vaccines.
- Provide technical assistance to countries to determine the burden of VPDs and assist with the introduction of new vaccines, as appropriate.

5.3 Blood Safety and Clinical Technology

Issues and challenges

Millions of lives are saved each year through blood transfusions. However, in many developing countries, people die due to lack of blood and blood products while many millions more are at risk of being infected by untested blood transfusions. In many countries, the lack of adequate blood donor recruitment services, combined with the epidemiological status of certain, diseases leads to high prevalence rates of infections in donated blood. Overuse and misuse of blood are also factors to be addressed. Regionally, there is still a need to address issues of blood and blood products to ensure that they are of the desired quality, safe, accessible, available at reasonable cost, used appropriately and are provided within the context of a sustainable health care system. Equitable and safe blood transfusion are not readily available, which impacts mostly on women, children and trauma victims, especially the poor.

In most developing countries, the lack of adequate, quality and safe blood and blood products, diagnostic imaging, clinical and laboratory technology services adversely affects the quality of care to patients and support to public health activities.

Antimicrobial resistance has also emerged as a serious problem throughout the Region. Rational use of antimicrobial agents requires to be accorded priority.

Diagnostic imaging, clinical laboratory services, analytical toxicology and clinical technologies in most developing countries suffer from a lack of finance, skilled manpower, inappropriate equipment and poor quality management. Medical equipment and devices are not correctly functioning or used. There are also insufficient quantities of consumables and reagents, a lack of infection control and waste management systems.

Broad regional strategies

- Formulate and implement policies and plans for the establishment and sustenance of nationally-coordinated blood transfusion services that can provide adequate and timely supplies of safe and quality blood for all patients in need.
- Support safety of blood by collecting it only from the low-risk voluntary, non-remunerative donors and use stringent donor selection procedures.
- Screen all donated blood for transfusion transmissible infections, including HIV, hepatitis B and C viruses, syphilis and other infectious agents and perform blood grouping, compatibility testing and process blood with stringent quality assurance parameters to ensure quality of blood and blood products.
- Reduce unnecessary transfusions and ensure rational utilization of blood and blood products through appropriate clinical use of blood and by promoting alternatives to blood, wherever possible.
- Integrate quality management in blood transfusion services.
- Develop a regional strategy for accreditation of hospitals and independent clinical as well as public health laboratories.
- Promote adherence to internationally accepted laboratory standards as a component of quality system in health laboratories.
- Strengthen management and infrastructure of public health laboratories and their networking at national and regional levels to handle endemic and epidemic-prone infections as well as exotic microbes and potential agents of bioterrorism.
- Build capacity and strengthen antimicrobial resistance monitoring network in the Region.
- Strengthen radio-imaging and radiotherapy services at intermediate and peripheral levels.
- Build capacity in analytical toxicology at the national level.
- Support telemedicine in selected countries.

6.1 Evidence for Health Policy

Issues and challenges

The direction and performance of health systems are invariably linked to evidence-based decision-making derived from information generated by the country's health information system. In this context, the key challenges are to improve the performance of HIS so that the data generated can be transformed into information for evidence-based decision-making; promote health policy and health systems analysis; and encourage evidence-based decision-making at all levels of the system. To achieve this, the performance of HIS should be monitored and evaluated regularly, mechanisms for coordinating the collection and management of data need to be improved and policy analysis and evidence-based decision-making process made more appropriate.

Assessing the overall health needs of the population, which will also encompass the inequity in the distribution of health care services, needs attention. This requires the application of appropriate methods and tools for determining cost-effectiveness and efficiency of interventions targeting the poor.

Broad regional strategies

- Strengthen national health information systems for providing evidence-based information to policy-makers.
- Promote and build capacity for health policy analysis.
- Provide technical support to the countries in using appropriate tools and methods for evidence-based decision-making in activities relating to enhancing health systems performance.
- Promote an organizational culture which encourages analytical thinking, and the use of reliable information emanating out of the dynamic and responsive health information system.
- Increase the knowledge base on health systems.
- Increase the capacity of Member Countries on different aspects of health system performance assessment.
- Expand WHO intercountry health systems networks.

6.2 Health Information Management and Dissemination

Issues and challenges

There is a need for proper management of health information materials including formal publications, reports, documents and unpublished materials, in terms of their sources, collection, processing, storage, dissemination and retrieval.

The fast growing area of information technology needs to be harnessed and exploited to the fullest potential and advantage, with appropriately trained human resources, in the management of health information.

There is a need for marketing and dissemination of WHO publications, production and translation of WHO books and documents conforming to the identified needs of the Region.

Broad regional strategies

- Develop databases of information resources, especially in WHO priority subject areas with national and regional scope.
- Develop and maintain a virtual HELLIS Library through integration of WHO Library with HELLIS member libraries in the Region.

- Develop standards, guidelines, prototypes and modules to promote concerted information management activities for Member Countries in the Region, including organization of "product-oriented' national and regional training workshops to facilitate action plans.
- Enhance national capacity in terms of medical writing and editing in all countries of the Region.
- Enhance the marketing and dissemination of WHO publications by appointing more distributors, awarding reproduction rights and fostering translation of WHO publications into local languages of the countries of the Region.
- Make WHO reports and information in Regional Health Forum widely available electronically, by putting them on the SEARO web site.

6.3 Research Policy and Promotion

Issues and challenges

The WHO regional research programme will continue to face the challenges imposed by the dramatic impact on human health and diseases and the unprecedented advances in biological, medical, social sciences, information and technology. Regional research efforts will continue to bridge the gap between the current state of knowledge derived from research and the information relied on by policy-makers so that the fruits of research benefit everyone, including the poor, in a sustainable and equitable manner. As knowledge is a major vehicle for improving the health of poor people in particular, research in the SEA Region focuses on the following issues: improving national health research systems; building up and strengthening research capacity; ensuring correct and ethical practices in health and health research; and ensuring the utilization of research.

Broad research strategies

- Advocate and facilitate research promotion and development in the Member Countries providing support to formulate health research policy and implement health research agenda.
- Strengthen analytical tools and devise common approaches to analytical reporting.
- Foster and promote scientific debate on the implications of science and health development in social, economic, cultural and medical environments.
- Further develop and maintain health research information systems.
- Close gaps between researchers, programme managers, health care providers and policy-makers by enhancing the role of SEA-ACHR, and promoting research within countries through linkage of research policies and strategies among health and medical research councils and analogous bodies.
- Promote health research for soliciting evidence-based information on inequities, taking into account the geographical, socioeconomic and gender differences.

- Promote networking and increasing utilization of national experts; WHO collaborating centres, national research institutes and analogous bodies.
- Promote partnerships with regional and global research networks and fora to address areas of health research and management.
- Strengthen national capacity for ethical review mechanisms and assist in the development of national ethical guidelines.

6.4 Organization of Health Services

Issues and challenges

A well-organized health service should be affordable, easily accessible, acceptable and effective and of good quality. The provision of appropriate manpower and effective policies of the government are other important needs.

Since the Declaration of Alma-Ata and the widespread adoption of the goal of Health-For-All through the primary health care approach, there has been much improvement in key health indicators such as life expectancy, MMR and IMR in the countries of the Region. Violence, accidents and injuries and the increasing number of elderly are problems in almost all countries of the Region.

During the last decade, many countries of the Region have reorganized their public sectors while some have done so only in the health sector. Decentralization and health care financing are critical issues faced by many countries. The positive and negative impact of globalization through WTO, TRIPS and GATS will have repercussions on health sector reform.

In spite of best efforts, many countries will continue to face significant challenges in the organization and delivery of health services. The capacity of governments is limited to undertaking a stewardship role in critical areas such as ensuring quality of providers. Health care delivery systems remain fragmented leading to insufficient coverage and inequitable access. There are inefficiencies in the allocation of resources and the management of services. Reliable data on human resources for monitoring, improvement of plans and policies is often lacking; quality assurance and accreditation mechanisms are not widely implemented; and there are imbalances in the composition and distribution of human resources for health. Finally, the increasing knowledge in health and medical technologies and the emergence of sophisticated private health facilities challenge the efforts to provide services to poor, marginalized and unserved or underserved people.

Broad regional strategies

- Build management capacity and develop tools to strengthen the performance of health systems, including the effective management and utilization of health workers.
- Promote the “healthy district concept” – a means of integrating the health care delivery system.
- Improve evidence-based information for increasing the cost-effectiveness, quality and equity of health systems within a limited resource base.

- Implement alternative financing schemes that take into account an appropriate public/private mix which ensures the poor, marginalized and vulnerable groups have access to quality services.
- Alleviate imbalances in the composition and distribution of human resources for public health including the nursing and midwifery work force in the countries of the Region
- Implement quality assurance and accreditation policies for public health-related training institutions; regional exchange mechanisms for health-related training institutions and specialists; regional faculty exchange and adopting common regional curriculum in various specialty fields.

7.1 Governing Bodies

Issues and challenges

The Regional Committee for South-East Asia is entrusted with important responsibilities through Article 50 of the Constitution. Foremost among them is the formulation of policies and strategies of an exclusively regional character within the framework of the policy and programme orientations of the General Programme of Work (GPW) and other guidelines provided by the World Health Assembly (WHA) related to WHO priorities. In formulating such policies and strategies, the Committee is also guided by the resolutions and decisions of the World Health Assembly and the Executive Board.

The Consultative Committee on Programme Development and Management (CCPDM), an advisory body to the Regional Director, considers issues relevant to programme development and management at country, intercountry and regional levels, and also discusses certain issues on request by the Regional Committee or the Regional Director.

Broad regional strategies

- The Regional Committee supervises the activities of the Organization in the Region; reviews and endorses the proposed Programme budget of the Region; provides guidance to the Regional Director on issues that are considered critical to health development in the Region; and, most importantly, the Committee gives direction to Member States for coordinated action on issues that may affect the regional character of the Organization as a result of the reforms being implemented.
- The CCPDM reviews the implementation of the collaborative programmes in the Member Countries and the regional intercountry programme in the context of the policy orientations and strategic priorities of the Regional Committee. It critically examines the Programme budget of the ensuing biennium; reviews the regional health situation paying particular attention to specific health issues affecting the Region; as also the World Health Assembly and Executive Board resolutions having regional implications.

7.2 Resource Mobilization and External Cooperation and Partnerships

Issues and challenges

Sweeping socioeconomic changes taking place in the world pose new challenges to the health sector in the Region, which has the greatest share of the global disease burden. In order to deal with these ever-increasing multisectoral health concerns, cooperation and coordination with external partners at all levels - intergovernmental, governmental and nongovernmental, are of paramount importance to health development in the Region. The operational linkages with these partners, especially, with the UN system and other intergovernmental organizations, multilateral financial institutions, regional intergovernmental agencies, and civil society organizations including NGOs need to be developed, sustained and further strengthened to promote integration of health dimension in social, economic, environmental development.

Extrabudgetary funds are becoming a more essential component of WHO resources for collaboration with Member Countries due to the sustained zero growth in the WHO's regular budget. These funds form an integral part of the main resource base to the Organization. External resources have always been a matter of concern for the South-East Asia Region which does not have any donor country within the Region. Countries of the Region rely increasingly on extrabudgetary resources, given that the shortage of resources continues to be a major constraint in the pursuit of national health development goals.

Broad regional strategies

- Develop and improve operational linkages at regional and country levels with the UN system agencies, other intergovernmental organizations, multilateral financial institutions and regional intergovernmental agencies.
- Initiate, develop and sustain partnership for health development with civil society organizations, including NGOs and private sectors.
- Initiate and maintain dialogue with donors and UN system agencies at regional and country levels to mobilize resources necessary for the WHO country and intercountry collaborative programmes and national health development.
- Strengthen coordination at country, regional and HQ levels for external resource mobilization and management; and enhance capacity of national authorities and WHO country offices in the areas of skill development for project formulation for aid-worthy programmes, organization of donor meetings and aid negotiations and management.

8.1 Budget and Management Reform

Issues and challenges

Within the framework of results-based management, the cornerstone of the WHO reform agenda, greater emphasis must be placed on improved processes for and capacity building in strategic planning, programme budgeting, operational planning, monitoring and reporting, and programme evaluation.

Linked to this is the need for a change in the organizational culture so that information and results emanating from improved systems, practices and procedures are actually used

in the day-to-day work of programme managers and decision-makers at country and regional levels.

These changes will require a comprehensive training and coaching programme of staff at country and regional levels.

Broad regional strategies

- Improve processes for strategic planning, programme budgeting, operational planning, monitoring and reporting, and programme evaluation based on Organization-wide guidelines at country and regional levels.
- Capacity development of WHO and relevant national staff at country and regional levels in strategic planning, programme budgeting, operational planning, monitoring and reporting, and programme evaluation based on Organization-wide guidelines at country and regional levels.
- Orient all WHO staff, country and regional levels, as well as relevant national staff, to results-based management and to implement the WHO corporate strategy and country cooperation strategies.

8.2 Human Resources Development

Issues and challenges

In the achievement of its objectives, WHO's functions depend in large part on the quality of technical assistance to the Member Countries. To attain this, it is important to have an efficient team of professionals reflecting the highest standards of technical competence and integrity. This has to be accomplished by continuing to improve recruitment procedures. At the same time, the mandates of the governing bodies have to be kept in mind to meet the targets on geographical distribution of staff and gender equity. These present major challenges.

Broad regional strategies

- *Greater use of field staff on sub-regional basis:* The role of WHO field staff is mainly confined to assisting the Member Countries to which they are assigned. Their contribution can be enhanced by mutual exchange of technical expertise between Member Countries and Regions, especially in areas where common problems relating to the health sector are experienced.
- *Decentralization of intercountry staff to the field:* Staff working in intercountry projects can play a better role by directly involving themselves with the problems of the countries and visiting the field to provide additional technical support required to meet emergencies and priorities of the countries.
- *Continuing reorientation of staff profiles* now in demand: The emergence of new diseases and the constant evolution of scientific knowledge should be recognized and staff profiles updated accordingly. Public health background should be stressed.

- *Recruitment of more generalists with broad technical expertise:* Recruiting more generalists, as opposed to specialists, will facilitate better inter-programme and intersectoral cooperation.
- *Improvement of staff accountability:* Realizing that individual action in the right direction is the collective strength of the Organization, strategic decisions need to be evolved and checks and balances introduced to determine accountability for the decisions taken.
- *Introduction of more flexible contracting arrangements:* The 'contract reforms' approved by EB109 present an opportunity for renewing staff dispositions and contractual arrangements. Once implemented, it is hoped that this would be cost-effective and attract well-qualified staff.
- *Enhanced staff development and training*: Staff Development and Training (SDT) play an important role in improving skills and directing the actions of all staff. Updating of knowledge, job-specific training, team building and training on leadership skills are essential components.

8.3 Financial Management

Issues and challenges

During the 2000-2001 biennium, ambitious financial implementation targets were set in order to limit reserves and prevent the surrender of unused Regular Budget funds. These goals have been partially achieved as reserves were reduced by 20% from 1998-1999. The Region's surrenders won't become known before the end of 2002. Until that time the Regional Office will actively monitor the status of unliquidated obligations to ensure that the work remaining from the last biennium is completed and funds are fully utilized.

The Region also generated $5.2 million in efficiency savings in 2000-2001 by limiting expenditures on travel, study tours, fellowships and procurement. The savings were necessary to absorb budget cuts and make additional funds available to priority programmes. These savings will have to be sustained in the 2004–2005 and subsequent biennia.

The Region has experienced an explosive growth in extra-budgetary (EB) funds in 2000-2001; EB surpassed Regular Budget funds for the first time. Nearly two-thirds of EB funds raised to date have been for polio eradication activities. There is a need to expand the range of activities funded by EB.

The internal auditors reviewed polio operations early in 2002 and recommended that the Regional Office, WR India and the National Polio Surveillance Project strengthen the financial oversight and controls of the programme. The challenge will be to do this in a way that improves financial accountability without weakening programme delivery.

Broad regional strategies

- Monitor budget implementation to further reduce reserves and prevent surrenders.
- Support technical staff with timely and accurate financial information to facilitate successful attainment of WHO objectives.

- Ensure adequate funding for staff and core activities despite a declining Regular Budget allocation for the Region.
- Improve the Region's capacity to mobilize EB resources locally.
- Enable programme staff in the countries and the Regional Office to increase their ownership and control of budgets by providing them with on-line financial information and ongoing financial training.
- Implement recommendations made by the auditors in order to improve the cost-effectiveness of WHO activities.

8.4 Informatics and Infrastructure Services

Issues and challenges

Much work has been done to standardize information and communication technology (ICT) resources, upgrade infrastructure and enhance connectivity and development of user-friendly information systems. Development of a policy framework to further strengthen links between the centralized ICT support unit and the programmes is required. This will enhance product quality, improve technical support, ensure better use of resources and render economies of scale by helping identify synergies between various programmes. In the absence of an Organization-wide medium-term ICT strategy, it is a challenge to ensure that those technology standards and policies evolve to meet new organizational needs and reflect new technology directions.

More commitment from the user community in adopting technological solutions is essential to ensure extensive use of an integrated information system in day-to-day work. This would help in automating processes, strengthen productivity, enhance analytical capabilities and move the Regional Office to a "less paper" environment by utilizing an electronic documents management system.

Sharing of knowledge and information among various offices is a key step to achieving the Organization's mandates and realizing the concept of "One WHO". Communications have greatly improved by providing reliable secure inter-office connectivity between the Regional Office and some country offices using Global/Virtual Private Network (GPN or VPN), online access to regional information sources and reliable email facility. As a next step, secure inter-office connectivity will be extended to the remaining country offices.

The global Activity Management System (AMS), a tool for monitoring the WHO collaborative programme, should have the capability to be customized to meet region-specific essential requirements.

WHO has been supporting the Member States in aspects of Health Telematics including Tele-medicine, Tele-education, electronic records, Geographical Information System (GIS), and computer-based databases/systems. More work is required in the expansion of pilots projects, success stories and best practices in all aspects of health and medical informatics. Partnerships with ministries of telecommunications, other UN agencies, ITU etc. in planning joint programme initiatives involving ICT would help achieve better cost-benefit ratios.

Provision of supplies and equipment has been one area of WHO operations where close monitoring is being undertaken, especially in terms of what is supplied. The global review of WHO's supply services has emphasized the need for systematically adopting the latest technology and E-procurement tools with a view to establishing a more cost-effective transparent and quicker procurement process.

Broad regional strategy

Efforts will continue to be made to identify, adapt and implement relevant information systems used by WHO headquarters and other regions that meet the needs of the Region. New information systems will be developed only if adaptations of existing applications are not feasible or do not fully meet the requirements of the Region. Before venturing into new development, the cost-effectiveness of customizing off-the-shelf software will be explored. The document management system currently used by some units in the Regional Office will be implemented as an office-wide standard for document archival.

Existing regional IT standards will be updated.

Reviewing and reorganizing the supply set-up, both at regional and country levels, and training the staff concerned in quick implementation of new procurement systems and procedures. Devising mechanisms to monitor the nature of supplies provided to Member Countries.

9.1 Director-General's and Regional Director's Office and Development Programmes (Including Audit, Oversight and Legal)

Issues and challenges

The introduction of the WHO corporate strategy poses an important challenge in the ensuing biennium to the development of a corporate approach to manage WHO's collaboration with its Member Countries in the Region focusing on priorities while fostering regional solidarity and cooperation. Such an approach will also draw upon the complementary strengths of WHO headquarters, other regional offices and country offices.

Further, in order to respond effectively and promptly to the needs of Member Countries in the Region, the Regional Director will be called upon to provide political and technical leadership in the Region in order to plan, execute and effectively evaluate WHO's collaborative programmes at regional and country levels as well as to manage and support administrative services.

Some of the important issues and challenges being addressed by the Regional Diector's Office are responding effectively and promptly to the needs of Member Countries; making WHO collaborative programmes more effective; developing decentralized ways of working with country offices, in keeping with local specificity as well as the regional perspective; strengthening the country offices; enhancing the level and scope of liaison with country offices by crystallizing critical information with regard to country needs and requirements, especially in emergencies, and coordinating responses to all emergency situations involving disasters and epidemics, as well as the resultant health needs of displaced populations.

There are occasions when some special needs of the Member Countries, in areas not covered by specific programme activities such as situations arising from a health emergency, or those with a potential for further development, will have to be met. The Regional Director's Development Programme is used to provide assistance to the Member Countries during and following such unforeseen emergencies and also to support innovative initiatives in Member Countries.

Broad regional strategies

- Ensuring that the strategic directions, positions and values encapsulated in WHO's corporate and regional strategies are duly respected.
- Using the WHO country cooperation strategy (CCS) as a means of critically reviewing and refining WHO's work in countries by identifying key issues with regard to working in and with countries.
- Analyzing country-specific developmental challenges and health needs, the activities and approaches of other developmental partners, and WHO's relative strengths and weaknesses in the countries concerned.
- Realizing that one-fourth of the world's population lives in the SEA Region, accompanied by a heavy burden of communicable and noncommunicable diseases and low literacy levels, provide ongoing information to the media about health issues, and optimally utilize the information and advocacy potential of the media.
- Playing a coordinating role between the media and the technical experts.
- Providing support to innovative programmes or initiating technical cooperation activities having a high degree of relevance for the implementation of their HFA strategies, including those activities which are likely to attract substantial external resources.
- Providing support to meet emergency situations created by natural calamities such as floods, cyclones, fire, volcanic eruptions, large-scale accidents, and epidemic outbreaks.
- Supporting advocacy efforts for health.