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

1 July 1991 – 30 June 1992

Report of the Regional Director

WORLD HEALTH ORGANIZATION
Regional Office for South-East Asia
New Delhi
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This short report on the work of WHO in the South-East Asia Region gives the highlights of the activities carried out during the period 1 July 1991 to 30 June 1992. It only describes some of the activities, highlighting matters of major interest. However, the activities included here are of no greater importance than the many others not mentioned, including those which are in progress. A more detailed account of WHO's activities in the Region during 1991-1993 will be given in the Regional Director's report to be presented to the forty-sixth session of the Regional Committee in 1993.
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The Forty-fifth World Health Assembly was held in Geneva from 4 to 15 May 1992 under the presidency of Mr A. Al-Badi (UAE). The Assembly passed 35 resolutions. Technical discussions were held on the subject of “Women, Health and Development”. Dr M. Adhyatma (Indonesia) was elected as one of the Vice-Presidents from the South-East Asia Region. Mongolia was elected as a Member Country entitled to designate a person to serve on the Executive Board.

Following the Assembly, the ninetieth session of the Executive Board was held in Geneva from 18 to 19 May 1992. The Board selected “Community action for health” as the subject for Technical Discussions during the Forty-seventh World Health Assembly in 1994. Earlier, in January 1992, the eighty-ninth session of the Board was held in Geneva under the chairmanship of Prof. O. Ransome-Kuti. Besides reviewing several important technical subjects, the Board discussed the paper presented by the Director-General on “A paradigm for health: a framework for new public health action”. The Board recommended Dr Jandojo Tjandrakusuma (Indonesia) from the South-East Asia Region for the award of the Sasakawa Health Prize for 1992.

The forty-fourth session of the Regional Committee for South-East Asia was held in Maldives from 22 to 28 September 1991. It was attended by representatives from all the Member States of the Region, United Nations agencies, and nongovernmental organizations having official relations with WHO. The session was opened by the Regional Director, Dr U Ko Ko. H.E. Dr Abdul Sattar Yoosuf, Deputy Minister of Health and Welfare, Maldives, was elected Chairman and Dr Md. Khalilullah (Bangladesh) Vice-Chairman. Dr Gandung Hartono (Indonesia) was elected Chairman of the Technical Discussions, while Dr Narendra Bahadur Rana (Nepal) was elected Chairman of the Sub-committee on Programme Budget. The Regional Committee adopted nine resolutions.

The Regional Director presented the forty-third Annual Report covering the period 1 July 1990 to 30 June 1991. The Regional Committee appreciated the significant progress in health development, as reflected in a decline in the crude death rate and the infant mortality rate, accompanied by an overall improvement in the health status of the people. Unfortunately, a number of the countries in the Region were affected by natural disasters. WHO responded immediately by providing emergency supplies as well as support in developing national capabilities for disaster preparedness and emergency response. Provision of safe water and basic sanitation as part of the goal of HFA/2000 was another area of WHO support to Member States. The malaria situation had remained static over the last few years, while the spread of HIV infection and AIDS had assumed epidemic proportions in a few countries. The
The incidence of noncommunicable, chronic and degenerative diseases was rising due to changes in people's lifestyles and behaviour as well as perhaps due to increased life expectancy. While doing an in-depth review of the Report, the Committee made significant comments, some of which were reflected in its resolutions.

The Technical Discussions on the subject of "Disaster Preparedness" were very informative and useful. The Committee, in its resolution on the subject, urged the Member States to formulate their national plans for health emergency preparedness as an integral component of overall national disaster control plans. It also laid stress on effective internal coordination within the health sector, designation and strengthening of centres for emergency preparedness and response, and creation of mechanisms for the establishment of national and regional networks. It also recommended the decentralization of health emergency preparedness and response management with adequate resources and active community involvement.

Several other issues, such as AIDS, the problem of drinking water supply and sanitation, the Second Evaluation of the Regional Strategies for Health for All, and WHO's Contribution to the International Efforts Towards Sustainable Development were also dealt with.

The Sub-committee on Programme Budget reviewed the implementation of WHO's collaborative programme in the Region during the first 18 months of the 1992-1993 biennium, and the salient features of the guidelines for the preparation of the Programme Budget for 1994-95 as well as the recommendations of the Consultative Committee on Programme Development and Management (CCPDM).


Ministers' Meeting

The Ninth Meeting of Ministers of Health of the countries of WHO's South-East Asia Region was held at Kurumba Village Resort, Maldives, from 29 September to 1 October 1991. It was attended by the Ministers of Health from all the 11 Member Countries. The Director-General of WHO, Dr Hiroshi Nakajima, addressed the meeting and took part in the discussions. The substantive items considered at the meeting were: (1) health of the underprivileged; (2) AIDS - present situation and control; (3) ecology, environment and health, and (4) the epidemiological situation and its implications. The Ministers endorsed the conclusions of the Intercountry Consultation on Health of the Underprivileged, held at Suraj Kund (India) in August 1991, and felt that a social orientation needed to be given to the ongoing health activities. They agreed that AIDS was an important problem which could seriously affect the health situation in all countries unless preventive steps were taken early. With regard to ecology, environment and health, the Ministers were apprised of the broad conclusions reached by the WHO Commission on Health and Environment set up by the Director-General. The Ministers emphasized that the health sector should be involved in the assessment of the impact on health of the development activities undertaken by other sectors.
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WHO’S General Programme Development and Management

As a part of the global efforts, the strategies for Health for All were evaluated using the common framework and format. The outcome of this evaluation, which was reviewed by the Regional Committee at its forty-fourth Session in September 1991, had been used as a basis for the formulation of the proposed regional Programme Budget for the biennium 1994-1995.

The Consultative Committee for Programme Development and Management (CCPDM) reviewed the implementation of WHO’s collaborative programmes in the Member Countries during the 1990-1991 biennium. The Committee also reviewed the proposed intercountry Programme Budget for the 1994-1995 biennium at its meeting in April 1992.

In pursuance of the recommendation made by CCPDM, a Working Group Study on WHO Programme Management was launched in December 1991 to identify, inter alia, the factors affecting the implementation of WHO’s collaborative programmes in the Member Countries. The preliminary report of this study was reviewed by CCPDM at its twenty-first meeting in April 1992 which made various recommendations for consideration by CCPDM and the Regional Committee.

In line with the major themes of the UNDP Fifth Intercountry Programme (1992-1996), which were endorsed by MAC-5, held in Manila, the Regional Office submitted a concept paper identifying programme areas in the health sector for UNDP cooperation and funding. A joint WHO/UNDP health sector review was conducted in Myanmar in February 1992. WHO also participated in the preparations for the UNDP Round Table Meeting for Bhutan, held in Geneva in March 1992.

WHO continued to provide technical support to UNFPA-funded projects in the countries, and executed one intercountry and seven country projects. The Regional Office also supported the UNFPA programme review and strategy and project formulation missions in Bhutan, DPR Korea, Nepal and Sri Lanka.

A joint WHO/UNICEF review of the current collaborative programmes in Mongolia, conducted in March 1992, led to an agreement on the pooling of the two organizations’ country programme resources in ARI, CDD and nutrition for more productive complementarity in key components. WHO and UNICEF also participated in the Rural Cohort Study on Child Survival in India.

WHO participated in World Bank appraisal missions and made a significant technical contribution to the formulation of its fourth population and health project in Bangladesh. In Nepal, WHO collaborated with the World Bank and UNDP in formulating a project proposal on strengthening resource allocation, planning, formulation and implementation in the health sector. WHO also participated in the Donors’ Meeting, convened by Nepal in March 1992, and collaborated with the World Bank in India in health sector development programmes.
The Swedish International Development Authority (SIDA) continued its support to tuberculosis and leprosy control programmes in India with WHO as the executing agency. The Norwegian Agency for International Development (NORAD) funded the project "Family Planning Clinical Supervision Team" in Bangladesh under WHO execution. The Canadian International Development Agency (CIDA) supported the WHO-executed Vector-borne Disease Control Programme in Myanmar, and the Expanded Programme on Immunization in India. The programme of Essential Drugs in Bhutan was jointly funded by the Danish International Development Agency (DANIDA) and FINNIDA. The latter also supports the Essential Drugs Programme in Myanmar.

A new trend in WHO’s collaboration with NGOs - the use of youth organizations as effective agents of change in the health-for-all movement - was emerging. The role of NGOs in the prevention and control of HIV infection, where women’s organizations were in the forefront, was promoted and encouraged. The Regional Office assisted in the review of the projects under the NGO/AIDS Partnership Programme. A national workshop on NGOs’ involvement in the AIDS programme was held in New Delhi in November 1991.

During the period under review, emergency assistance was provided to countries affected by natural calamities. Support was also given for improving the emergency preparedness of countries and for formulating and implementing short-term plans.

Assistance was given for the strengthening of emergency preparedness in Bangladesh, Mongolia, Myanmar and Nepal. A joint WHO/Government of Italy mission visited Sri Lanka to determine the assistance needed by the country. WHO assisted Bangladesh materially and through technical support in the aftermath of the cyclone in April 1991; in early 1992, a WHO Consultant was assigned to the country to provide technical assistance in the implementation of the emergency preparedness plans. Work on the establishment of a network of emergency preparedness centres in the Region was initiated in India. The designation of the All India Institute of Hygiene and Public Health, Calcutta, as a WHO Collaborating Centre for Emergency Preparedness was proposed. In Indonesia, an inter-agency Disaster Management Team was established. Establishment of a WHO-sponsored Pan Asia-Pacific Centre for Emergency Preparedness and Response was under consideration.

An Intercountry Consultation on the Health of the Underprivileged was held at Suraj Kund, India, in August 1991. Reiterating that the primary health care approach continued to be valid, the Consultation concluded that there had to be a new approach to its implementation. The meeting felt that Health for All should be operationalized within a people-centered human development strategy.

District-level dialogues on HFA leadership development were organized in Bangladesh and Myanmar. India, Indonesia and Thailand developed tools for setting criteria for the monitoring and evaluation of leadership development. An Intercountry Consultative Meeting on Strengthening of Women’s Leadership for HFA was organized at the Regional Office in February 1992.
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Health System Development

The regional report on the Second Evaluation of the Strategies for Health for All was discussed and endorsed by the Regional Committee at its forty-fourth session. The report was sent to WHO headquarters as the South-East Asia Region's contribution to the Eighth World Health Situation Report.

The regional report reviewed the socioeconomic and health system developments, patterns and trends in health status, and evaluation and outlook for the future. The second evaluation confirmed that the political will for the achievement of the HFA goal was being sustained in all countries in the Region. A noteworthy feature was the decentralization of authority to the district and peripheral levels.

The seventh edition of the Bulletin of Regional Health Information was finalized. The Bulletin presents the Region's demographic features, socioeconomic conditions, health situation and health programmes as well as a profile of each Member Country covering the general, demographic and health situation with basic health indicators reported from 1980 to 1990.

The countries of the Region continued to strengthen their health information systems by utilizing data at the operational level and generating and using disaggregated information. Indonesia, Sri Lanka and Thailand initiated steps leading to early preparation of the 10th revision of the International Classification of Diseases which will come into use in 1993. In India, the Ministry of Health and Family Welfare decided to implement, in a phased manner, the previously field-tested Health Management Information System (HMIS) throughout the country.

WHO continued to support the Member Countries in strengthening their epidemiological surveillance and information systems. A consultant was assigned to assist the Government of Myanmar in this regard. Nationals of Bhutan and Nepal were trained in epidemiological surveillance through award of fellowships. Support was extended to countries for maintaining surveillance data on computers, for which nationals were trained through workshops and seminars. Assistance was also provided to representatives from the Member Countries to enable their participation in meetings organized by the International Epidemiological Association's Field Epidemiology Training Programme (FETP) and the International Clinical Epidemiology Network, sponsored by the Rockefeller Foundation, which were held in Bali, Indonesia, from 19 to 25 January 1992.

Support was provided to Nepal in the finalization of a new health policy, while Sri Lanka received assistance in the formulation of its health policy. A Presidential task force was established in Sri Lanka to review the current situation and make recommendations on the health policy in the context of the current resource constraint.

Studies were under way in India and Thailand in health economics and alternative financing. An Intercountry Workshop on Strengthening Management of Government/WHO Collaborative Programme for National Health Development was held in Colombo in which representatives from Maldives and Sri Lanka participated.
Six countries – Bangladesh, Bhutan, Maldives, Mongolia, Myanmar and Nepal – have been participants in the initiative for Intensified WHO Cooperation for Countries and Peoples in Greatest Need (IWC). The range of technical support included: measures for better coordination of the World Bank's and donor agencies' inputs in Bangladesh; preparation of a framework for national health development in Mongolia; resource utilization review in Myanmar; accelerated health information system and health economics and health care financing in Nepal, and studies to improve health systems and medical care in Maldives.

**Health systems research and development**

An institutional strengthening grant was given to Nepal to establish a Health Systems Research Unit under the aegis of the Nepal Health Research Council. The services of a consultant were provided to strengthen HSR Bangladesh, Myanmar and Nepal.

Technical assistance was provided to DPR Korea to develop research project proposals and to impart training in HSR methodologies, and to Sri Lanka to identify priority areas, and, within each area, specific topics for HSR, at a National Consultative Meeting for the Assessment of Needs in HSR. Technical support was provided to Sri Lanka in the preparation of a draft proposal for Phase II of the HSR Programme to be funded by the International Development Research Centre (IDRC), Canada. IDRC has since approved the proposal and a grant of approximately US$ one million will be provided over the next three years. At the WHO Interregional Workshop on HSR in Leprosy, held in Khon Kaen, Thailand, from 25 November to 6 December 1991, participants from four countries of the Region developed research protocols which would enable them to use HSR results to improve the effectiveness of leprosy control measures at the operational level.

As a follow-up to the Consultative Meeting to Develop Criteria for the Appraisal of HSR Project Proposals, held in April 1991, a document entitled "The Appraisal of Health Systems Research" was prepared for publication as a Regional Office Technical Report.

**Health legislation**

There has been increasing recognition of the fact that legislative support had an important role to play in improving policy formulation for guiding national health development and plans of action. Support was therefore provided to India to review existing public health laws and suggest a unified, comprehensive health legislation for nationwide enforcement. WHO's collaborative support in this area ranged from formulation of draft legislation on 'informed consent' to preparing regulations to provide a legal basis for in vitro fertilization in Indonesia. WHO also supported the preparation of a document in health-related laws and bye-laws in Nepal and in the review of draft legislation on AIDS in Thailand.

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**Organization of Health Systems Based on Primary Health Care**

There has been perceptible progress in health development in all the Member Countries. The health infrastructure has expanded and improved its coverage, including the quality of care, through training and deployment of a vast number of community
health volunteers and involvement of the community in the planning and management of local health activities. The recent HFA Strategies Evaluation identified some persisting problems and obstacles, and WHO continued to collaborate in the national efforts to overcome them in order to achieve the goal of HFA/2000.

Member Countries, in collaboration with WHO, organized national meetings, seminars, conferences and research studies to continuously review the role, functions and structure of ministries of health in relation to the changing socioeconomic and political situations. These activities have helped them to look for fresh alternative approaches in order to ensure an effective framework and support efforts directed towards HFA/2000 and beyond. It is envisaged that, in the coming decade, the focus and emphasis will be on reaching the underserved and underprivileged populations, both in rural and urban areas, for improving their health status, using the PHC approach based on community involvement, including leadership development for HFA, quality assurance and self-care, integrated comprehensive health services and intersectoral activities.

Member Countries, especially those faced with financial constraints, such as Bangladesh, Bhutan, Nepal, Maldives, Mongolia, Myanmar and Sri Lanka, were reviewing their current pattern of resource allocation and utilization in the health sector, and attempts were being made to revise their health and health-related policies and strategies. Indonesia had already undertaken a health system trends analysis as a basis for the study on the implications of health policies and strategies and will continue its further development. Mongolia was reviewing the structure and functions of the Ministry of Health. WHO will continue to support intensive reviews of health system infrastructures for further adjustments and for strengthening the capacity of ministries of health to capitalize on new opportunities and to contain major dangers.

Rapid urbanization and industrialization in the countries of the Region has been recognized as a major threat to urban health development, particularly in those countries where the public health services are unable even to cope with the resident population. Many steps have been taken by WHO, in collaboration with the Member Countries, in the area of urban health development. Various country case studies and research studies in Bangladesh, India, Indonesia and Thailand have been supported as well as a few intervention programmes of health care in slums. The most recent development was the Technical Discussions at the Forty-fourth World Health Assembly in May 1991, which focused on strategies for Health for All in the face of rapid urbanization.

Bangladesh, India and Indonesia participated in the WHO Study Group Meeting on Primary Health Care in Urban Areas: The Role of Reference Centres in the Development of Urban Health Systems, held in Geneva from 2 to 9 December 1991. The Meeting explored ways of enhancing the role of health centres in the development of urban health systems and of ensuring their effectiveness in contributing to the strategies for urban health development through the application of primary health care principles. The Study Group has made wide-ranging recommendations to national and municipal health administrators, as well as to WHO itself. With the available experience and guidance at global and regional levels, countries such as Bangladesh, India, Indonesia, Myanmar and Thailand have launched extensive urban
development programmes, including health development, for slum dwellers in a few mega-cities such as Dhaka, Bombay, Calcutta, Delhi, Madras, Jakarta, Yangon, Bangkok, etc. These programmes are being assisted by the World Bank and a few other donor agencies in addition to receiving support from WHO intercountry and country Regular Budgets.

WHO supported India in conducting pre-project studies on urban health development in four major cities (Bangalore, Calcutta, Delhi and Hyderabad). Health development programmes in this area will be financed through the World Bank. Similar work in Bangladesh was under way. Despite the activities focusing on the development of appropriate urban health systems, it was clear that in many places the situation had not improved and required urgent action and novel solutions. To address the threatening issue of rapid urbanization in the Member Countries, an Intercountry Consultative Meeting on Health Policies and Strategies for Urban Slums is proposed to be organized at the Regional Office in August 1992.

Some innovative approaches in the application of quality assessment and assurance have been pursued in the Member Countries, laying stress on assurance of quality rather than on assessment. A national workshop on quality assurance was organized in Indonesia in August 1991 and further WHO collaboration will be pursued to follow up on the outcome of this initiative. Bangladesh was preparing to launch a national programme on quality assurance supported by the World Bank and other bilateral donors, which WHO will coordinate besides providing the necessary technical assistance. National-level initiatives will be pursued in Myanmar, Sri Lanka and Thailand. Country support activities will be geared towards the strengthening of national capabilities for conducting health systems research studies and promoting the dissemination of information.

WHO continued to support the development of district health systems in the Member Countries, the focus for improvement being on the integration of programme delivery, coordination within and outside the health sector, and increasing population coverage aimed at reaching the unserved and the underserved. Support was provided to Bangladesh for improving operational management at the Upazilla level in eight districts, and the experience of this initial programme will be replicated in the country on a larger scale through external financial resources.

Model district health projects, such as the Mongar project in Bhutan, Anju in DPR Korea, Huvsgul aimak in Mongolia and Ayadaw in Myanmar, were showing success in achieving the targets. Mechanisms for self-assessment of district health development were progressing in Indonesia through the stratification of performance of health centres, and, in Thailand, through the Basic Minimum Needs movement. A review of the district health systems was initiated in 1991 in Bangladesh, DPR Korea, Mongolia, Nepal, and Thailand, which will be expanded to other countries in 1992. In Myanmar, the development of model townships was expanding progressively and intensive on-the-job training of medical officers and other supervisors of health centres on micro-planning was carried out in more than 100 townships. WHO will continue its support for these national efforts to improve and strengthen planning and management capabilities.

An integrated learning module, developed by the Regional Office under the UNDP-supported project, "Intensification of Action Programme on Primary Health Care", was used extensively by Member Countries in training health managers,
supervisors and workers at the district level and below. An intercountry programme review on the same project, held in the Regional Office in October 1991, revealed the application of the whole gamut of common approaches for planning, organization, implementation and evaluation of integrated health programmes at the district level, and identified the main issues, such as integration of disease control programmes, sustainability and replicability of many successful innovations, importance of micro-planning and decentralization, etc., for further follow-up action. The results of this review will be used to prepare strategies for strengthening the organization and management of health care at the district level.

Application of successful activities in other areas is an issue now receiving attention at all levels. Thailand's experience in the district-team problem solving (DTPS) approach will be introduced in two or three other countries during 1992.

The need for maintenance and strengthening of referral facilities at the first referral level is becoming increasingly apparent. The development of Upazilla (district) health complexes under the World Bank and other donor consortium support was a major aspect of PHC infrastructure development in Bangladesh. Mongolia, under its new restructuring scheme, was also trying to upgrade the facilities with external assistance. In Myanmar, hospital procedure manuals, including inspection guidelines, were developed. In Indonesia, the medical auditing system was tested in one region (Surabaya) and its expansion to other areas has been planned. Only Bangladesh, India and Myanmar have country programmes for expansion of maintenance of medical supplies and equipment. Such programmes need to be implemented in other countries as well.

The concept of voluntary health workers (VHWs) has increased the involvement of the community in health. WHO continued its collaboration in reviewing country experiences on the basic conceptual framework, selection, training, deployment, supervision, support and continuing education of these workers and in sharing these experiences within and outside the Region in order to help make necessary adjustments in national health policies. Support will be provided in respect of community involvement for health (CIH) by collecting and disseminating relevant experiences and information. The guidelines for D-HS/CIH assessment, developed by WHO headquarters, will be advocated in the orientation and training for increasing CIH at the district level and below. Consequent upon the Inter-country Consultative Meeting on Strengthening Self-care at Home, held in the Regional Office in July 1990, country and intercountry activities were initiated. A protocol for an intercountry study on self-medication as part of self-care at home has been developed and a few countries of the Region will be participating in this research study, while another protocol on the study of self-care practices was being developed.

5 Development of Human Resources for Health

Despite substantial progress, imbalances in human resources for health continue to plague most of the countries in the Region. The most significant of the problems affecting human resources for health was the wastage and redundancy created by
a combination of surpluses and shortages as a result of the geographical distribution and inappropriate and inefficient mix of health personnel. Since human resources for health took up to 70 per cent of the health budget, even minor improvements in the balanced production and deployment of health personnel could make a significant contribution to the achievement of HFA/2000.

Achievement of an appropriate balance in the distribution of health personnel can be mediated only through the development of HRH information data bases to support decision-making and development of appropriate policies, plans and legislations. Consequently, support was provided for the development of HRH information bases, and a Consultative Meeting on Legislation Affecting the Development of Human Resources for Health was held in Jakarta from 7 to 10 October 1991. Further, a Consultative Meeting on Human Resources for Health Planning Methodology was held in Bangkok from 23 to 27 March 1992.

Coordinated production and utilization

A further mechanism to create a balance in human resources for health is through the mechanism of functional integration between production and requirements of health personnel by health services. To this end, support was provided for coordinating the production and deployment of health personnel in DPR Korea, Sri Lanka and Thailand.

Although Member Countries were making serious attempts to improve the utilization of health personnel, deficiencies of a fundamental nature still prevailed. Leadership, supervision and ground-level support were inadequate, which led to low levels of motivation and job satisfaction, especially at district and primary health care levels, resulting in low productivity and inefficiency.

It was in this context that WHO developed a series of eight training modules on human resource management. At the Workshop on Management of Human Resources for Health, held in Bangkok from 14 to 23 August 1991, a revised and simplified set of modules was field-tested. It was found to be suitable for adaptation and use at the district level for the development of appropriate knowledge, skills and attitudes among health personnel so as to enhance their productivity and efficiency.

Training of health personnel

Member Countries of the Region have made further progress towards the achievement of the goal of reorientation of their systems of medical education. The emphasis by WHO as well as by the countries has been on consolidation of the initiatives taken earlier to make qualitative improvements and to accelerate the practical aspects of implementation.

Medical education

WHO collaboration included the promotion of innovative integrated strategies, such as problem-based learning for community orientation, introduction of newer, relevant content areas and educational processes, and strengthening of the resource infrastructure in medical schools, particularly for field education and teaching of basic sciences.

An intercountry Workshop on Research in Problem-based Learning was organized in Jakarta to develop protocols on problem-based learning (PBL) in order to evolve practical lessons to intensify the process of judicious introduction of PBL into the established medical school curricula. Institutions in India, Indonesia, Myanmar, Nepal and Sri Lanka have already introduced elements of PBL.
As an initiative to meet the newer problems of health care, a Regional Workshop on the Prevention and Control of HIV/AIDS for Family Physicians and General Practitioners was organized.

WHO collaboration has led to further progress in achieving quality assurance, national and regional self-reliance, economic efficiency and relevance in postgraduate medical education. WHO continued to support Bangladesh and Sri Lanka in improving their training programmes and examination systems through consultancy services and training activities.

As an integral part of the strengthening of national health care systems through the primary health care approach, support was provided for the training of basic health workers, including auxiliaries, paramedicals and volunteers, to improve their managerial and leadership skills as well as technical competence. Support was also provided for training multipurpose basic health workers and their supervisors and development of appropriate training manuals. For example, the Module on Continuing Education was printed and distributed in India.

Further progress has been achieved in Member Countries in increasing the production of nursing and midwifery personnel and developing educational programmes. Maldives initiated the diploma programme in nursing and midwifery. Myanmar was implementing a community-oriented diploma nursing course, and Sri Lanka was planning a curriculum revision. Indonesia had expanded midwifery training. Thailand was planning to increase the production of professional and technical nurses for the district-level health services as well as to develop an innovative graduate nursing education programme.

Countries were taking steps to use innovative strategies, such as distance education, to make post-basic and continuing educational opportunities more readily available to larger numbers of nursing personnel.

Member Countries have expanded in-service training for nursing/midwifery personnel to improve their managerial and clinical competencies and initiated activities aimed at developing nursing care standards and manuals, revising job descriptions, and conducting studies on nursing activities in order to improve the quality of nursing services.

Emphasis has been placed on the strengthening of nursing research in the countries. National nursing research bodies have been established in Indonesia and Thailand. Technical and financial support was provided to countries to develop and strengthen nursing research capability as well as to conduct research studies in nursing. In addition, the participation of selected nurse-researchers at research workshops at both regional and inter-regional levels was supported.

The countries participating in the UNDP-funded regional project on the Development of Health Learning Materials (HLM) - Indonesia, Myanmar, Nepal, Sri Lanka and Thailand - have strengthened their infrastructure and technical capacity for national self-reliance in HLM production. In accordance with the demand from all the countries to join the HLM programme, the second stage of the project envisages expansion to include four more countries - Bangladesh, Bhutan, Maldives and Mongolia.
Fellowships continued to be a major component of WHO assistance for strengthening the development of human resources for health. The importance of fellowships in the WHO collaborative programmes in SEAR countries can be appreciated from the fact that about 20 per cent of the total budget is allocated for training health personnel through fellowships. The question of optimum utilization of fellowships has been the subject of discussion at important fora such as the CCPDM and the Regional Committee, particularly since 1986. While all the countries have been making efforts to accelerate and optimize the use of fellowships, the ground realities have not made it possible to achieve a hundred per cent delivery level. Countries need to identify their requirements and select appropriate candidates expeditiously. At the same time, WHO is streamlining its management system and attempts are being made to establish closer relations with the receiving Regions.

For the biennium 1990-1991, the implementation of fellowships can be considered satisfactory with 97.06 per cent of the total budget utilized. The receipt of applications was slow in the beginning, but picked up during the latter half of the second year of the biennium. Out of a total of 1371 applications received against over 2000 fellowships planned, 1184 (86.36 per cent) were processed and awarded; 36 awards had to be cancelled for various reasons.

The Regional Office as well as Member States were seized of the problem of under-utilization. Efforts are on to formulate suitable guidelines so that the fellowships component is fully utilized.

6 Public Information and Education for Health

Information and Education for Health (IEH) in the Region was further strengthened in support of primary health care through WHO collaboration. With a health education infrastructure functioning from national down to the district level in most Member Countries, efforts were intensified to raise community awareness of the health problems and their prevention and control. Since IEH had been accepted by the Member Countries as an essential element of primary health care, and it had evolved over the years from a concern for individual behavioural change to a wider focus on action for health promotion, the technical capabilities of health education personnel for the planning, management, monitoring and evaluation of health education would need further attention.

As a follow-up to the Regional Consultation on Health Education Strategies, held in December 1990, health education strategies in Member Countries, particularly in the areas of health communications, school health education and strengthening of intrasectoral linkages with other health programmes, were being reviewed.

Orientation workshops and seminars held for health educators and the media in many Member Countries at national and district levels further contributed to the upgradation of knowledge and skills in health education theory and practice and in more effective health communications. Fellowships, both regional and extra-regional, were awarded to health professionals for receiving further training in health education.
School health education was receiving special attention. India and Sri Lanka participated in the WHO/UNESCO/UNICEF Consultation on Comprehensive School Health Education, held at WHO headquarters.

Intrasectoral linkages with other national health programmes, especially the Tobacco or Health Programme and AIDS, were intensified.

An Intercountry Workshop on Mobilizing Youth in the Prevention and Control of AIDS was held in collaboration with the World Assembly of Youth (WAY) in October 1991 in which youth from governmental and nongovernmental organizations in the Region participated.

Health continued to attract media attention, particularly with reference to the three special WHO-sponsored “days” – World Health Day, No-Tobacco Day and World AIDS Day. Information kits produced for these occasions were distributed, which were used extensively in the Region by the electronic and print media, educational institutions, NGOs and health activists.

The WHO briefing booklet, “Essence of Cooperation”, was reprinted and, to fulfil the need for appropriate information on the Organization’s activities in the Region, an illustrated booklet, “WHO in South-East Asia Region” was prepared. Information kits on acute respiratory infections and AIDS were also prepared. Information kits on selected health themes pertaining to the Region, produced since 1988, are now being compiled and adapted for the use of women’s organizations in the Region.

### Research Promotion and Development including Research on Health-promoting Behaviour

The Regional Office supported a series of inter-related activities aimed at the promotion and development of health research in the Member Countries.

The South-East Asia Advisory Committee on Health Research (SEA/ACHR), at its eighteenth session held in the Regional Office in April 1992, considered the progress of the regional Research Promotion and Development (RPD) programme. Topics such as Research on Maternal Mortality; Strengthening the Capability for Epidemiological Research in the Region; Research on Prevention of Cardiovascular Diseases; Children Vaccine Development Initiative, and Technology Development, Assessment and Transfer were discussed at length at this meeting. It was decided to take further steps to respond to the World Health Assembly resolution WHA43.19.

An Intercountry Consultation on Research in Nursing was organized in 1991 where high priority research was identified. Participants from India, Indonesia, Nepal and Thailand took part in an Interregional Workshop on Nursing Research in Primary Health Care held in the Regional Office in December 1991. The overall objective of the Workshop was to identify and develop research areas related to the delivery of nursing and midwifery services and the most efficient and effective use of nursing/midwifery resources towards the attainment of better health.

Several scientific meetings were also supported during the year. These included: the Consultative Meeting on Research on Problem-based Learning; a Meeting of the Principal Investigators of the Multi-country Epidemiological Study of the Elderly, and
the Intercountry Workshop on the Development of Tools and Methods for Vector Control in PHC.

Technical and financial support to the dengue vaccine development programme at Mahidol University, Thailand, was continued. The project has made very good progress. Monovalent candidate vaccines have now been produced against all four types of the dengue virus. All are immunogenic and essentially non-reactogenic; however, the vaccine against DEN-3 needs refinement. Bivalent, trivalent and tetravalent combinations of the four monovalent vaccines have undergone Phase I trials with satisfactory results. The second meeting on the Long-range Perspectives of the Dengue Vaccine Development Programme, held in the Regional Office in February 1992, reviewed the current status of the present project and discussed plans for future activities.

Following a consultative meeting, a protocol was developed to conduct a multicentre collaborative epidemiological study of sporadic NANB hepatitis in relation to hepatitis C virus in five countries. This study will also reveal the relationship between HCV and HEV in chronic liver diseases.

In the area of research on human resources for health, important activities were undertaken in respect of research in nursing, research in problem-based learning (PBL), and inquiry-driven strategies for curriculum innovation in medical schools.

Other activities were continued as usual. These included research capability strengthening through the award of visiting scientist grants and research training grants; the provision of direct financial support for investigator-initiated research projects; support for participation at scientific meetings, and collaboration with WHO headquarters, especially with the Special Programmes. Financial support was approved for 20 research projects covering such diverse areas as malaria, liver diseases, nursing research, drug utilization, development of health laboratory techniques, traditional medicine, entomology, and mental health.

During the period under review, nine projects were completed, while 20 new projects were supported. There were in all 44 ongoing research projects receiving WHO assistance. Volume 3 of "Research Abstracts: South-East Asia Region", containing abstracts of 38 research projects, was also published. These abstracts represent only those completed studies which were funded under the WHO Intercountry Regular Budget.

Sixty-nine WHO collaborating centres in the Region represent a wide spectrum of specialities and are a reflection of the increasing stature of the institutions in the Region.

8
General Health Protection and Promotion

Nutrition

The South-East Asia Regional Nutrition Research-cum-Action Network continued its activities during the period.

SEARO issued research contracts to four WHO collaborating centres of the Network for projects to investigate how to improve the taking of iron tablets during pregnancy,
how to improve the intake of vitamin A-rich foods by vulnerable children, and how to implement the amylase-rich weaning food technology.

Three issues of the Network Newsletter were issued with the objective of promoting information exchange between nutrition scientists and programme managers in the Member Countries.

The second Network meeting was held in Indonesia in June 1992, which brought together national focal points, directors of collaborating centres and principal investigators of the research projects. Emphasis was given to using behavioural research methods in the nutrition research-cum-action programme.

A SEARO/EMRO/WPRO Tri-Regional Seminar on Control of Iodine Deficiency Disorders was held in India/Nepal in November-December 1991. Participants were mostly IDD programme managers or salt technologists with responsibility for iodation programmes. The seminar provided “hands on” experience in programme implementation and an opportunity for the exchange of experience among the participants.

A detailed write up on the WHO/UNICEF-supported Joint Nutrition Support Programme in Myanmar entitled “Strengthening Nutrition through Primary Health Care” was published as a Regional Health Paper. It shows how, based on a situation analysis, a few activities can be chosen for careful implementation and monitoring. The Myanmar experience of implementing nutrition as a part of primary health care is discussed in relation to the theory and practice of nutrition policies and programmes elsewhere. JNSP in Myanmar demonstrated that, despite the lack of resources, improvement in child health and nutrition can be brought about in a large population over a short period of time and at low per capita cost.

In recognition of its outstanding achievements in the field of nutrition for child health, JNSP in Myanmar was awarded the prestigious “Liguria” International Technology Development Prize in 1991.

The Joint FAO/WHO Asia and Pacific Regional Meeting for the Preparation of the International Conference on Nutrition was held in Thailand in January 1992, which brought together delegates from the Western Pacific and South-East Asia Regions and two countries of the Eastern Mediterranean Region. Regional and national background papers on nutrition programmes and progress were presented and a regional strategy proposed at this meeting.

WHO’s collaboration with Member Countries having oral health programmes has been aimed at: promotion of planned and integrated approaches to oral health care; defining present and potential needs in oral health; training and human resource development through fellowships; award of study tours; holding of national seminars and workshops on important issues related to oral diseases, and oral health care delivery systems. The main thrust of WHO collaboration has been on prevention of oral diseases and provision of adequate treatment facilities based on long-term systematic and planned approaches supported by active involvement of the community.

Efforts were made for the strengthening of institutional capacities and their material basis in Mongolia, promotion and production of educational and learning materials in Bangladesh and Indonesia, training of various categories of oral health personnel in DPR Korea, Mongolia and Sri Lanka, and evaluation and setting up of monitoring systems for oral health programmes in Indonesia.
WHO’s technical collaboration with Member States focused on determining the existing epidemiological characteristics of accidents and injuries. Particular attention was paid to assessing the magnitude and causes of injuries in small-scale industries and agricultural sectors through surveys, situation analysis and literature reviews. Assistance was provided in the form of group educational activities and through the assignment of consultants for promoting resuscitation and disaster preparedness programmes and for creating awareness among populations about accident prevention. Establishment of national bodies for the prevention of accidents and strengthening of surveillance systems and institutional capacities of emergency medical services have been receiving a high priority in a majority of the countries.

After a preparatory consultation and two regional conferences, a national Conference on Tobacco or Health was held in India in July 1991. The recommendations of this Conference formed the basis for a comprehensive national action plan in India which can serve as a model for other countries in the Region. In Mongolia, a survey on smoking was conducted and comprehensive legislation relating to smoking was prepared with the help of a WHO consultant.

WHO supported a number of eminent health specialists and leaders in anti-tobacco movements to attend the 8th World Conference on Tobacco or Health - Building a Tobacco-free World, in Buenos Aires, Argentina, in March-April 1992. It is heartening to note that observance of World No-Tobacco Day with high public visibility has become a standing feature in almost all countries of the Region.

9 Protection and Promotion of Health of Specific Population Groups

Despite the severe economic constraints faced by most countries in the Region, the health needs of mothers and children continued to receive priority consideration. In this respect, governments have been supported in their efforts by WHO, UNICEF and UNFPA as well as by other international agencies, bilateral donors and nongovernmental organizations. The advantages of an integrated system of MCH/FP service delivery are now well accepted by all countries, while a holistic approach to child survival and development is being increasingly recognized.

Though considerable progress has been made in the delivery of MCH/FP services as a part of primary health care, infant and maternal mortality rates in the Region still remain unacceptably high with much diversity existing among the countries of the Region. It is encouraging that as a consequence of the global initiative on Safe Motherhood, all countries have made a firm commitment towards the reduction of maternal mortality and the provision of better maternal health care and action is being initiated in all the countries in this direction. In this context, mention needs to be made of a significant undertaking by Indonesia in conducting a national assessment of maternal health care in all its aspects, followed by the development of a national strategy and plan of action for Safe Motherhood. Bangladesh, too, formulated an extensive maternal and neonatal health care project, and Sri Lanka was in the process of establishing a maternal death audit.
The emphasis placed on fertility regulation and population growth differs from country to country, but all countries have accepted family planning and child-spacing as a means of achieving better health for mothers and children. It would be relevant to mention some country initiatives such as the first national Workshop on Family Planning and Maternal Health, including Training of Doctors in Contraceptive Methods, held in Mongolia, the recent emphasis given to birth-spacing within the national MCH services in Myanmar, and the efforts made to improve accessibility to birth-spacing methods in Maldives.

As a follow-up to the 1990 World Summit for Children, a Regional Consultation was organized by UNICEF in Bangkok in July 1991 in which WHO also participated. This Consultation reviewed activities required at the country level to set up national programmes of action based on the Summit Declaration. In this regard, countries of the Region were at varying stages in developing their own national programmes of action. Special mention should, however, be made of the progress made in Maldives, where a national conference has already endorsed a Declaration on the Survival, Protection and Development of the Maldivian Child, and formulated a draft programme of action.

WHO collaboration has been mainly directed at strengthening the MCH/FP services as an integrated approach, both in terms of coverage as well as quality. In this context, support has been provided to strengthen human resource development through consultancies, fellowships, in-service training, meetings and seminars. Specific mention needs to be made of the efforts which were under way in Bangladesh to train doctors in essential obstetric functions through special arrangements with Nepal and other developing countries outside the Region, thereby amply demonstrating the spirit of TCDC. Much attention has also been given in Myanmar to in-service training of various categories of MCH and school health personnel in both technical and service aspects, while Bhutan concentrated on the training of district-level MCH/FP health workers. Operational research studies to improve the services were emphasized in India and Thailand. The assessment and review of various aspects of programme management and service delivery also figured prominently in many countries.

Collaboration with the Global Special Programme of Human Reproduction (HRP) continued to be pursued with strong inputs from the Regional Office in promoting and supporting activities for strengthening research capabilities in countries such as Nepal, Myanmar and Sri Lanka. Support was given for the preparation of proposals for a long-term institutional development (LID) grant to Nepal and Sri Lanka and for establishing and running a Master’s degree course in Family Planning Research in Epidemiology in Thailand. Several other centres in the Region continued to receive WHO research grants.

The output of the multi-country study on the socioeconomic and health status of the elderly, conducted in five countries of the Region (DPR Korea, Indonesia, Myanmar, Sri Lanka and Thailand), was analysed at a meeting of the Principal Investigators held in Colombo, Sri Lanka, and a consolidated report was under preparation.

A number of group educational activities aimed at promoting and strengthening the health care system for the elderly within the framework of national health services were organized. These included: a Workshop on the Formulation of a National Policy of Health Care of the Elderly in Mongolia, a Seminar on Psychogeriatric Services.
for PHC in Indonesia, and a National Workshop on the Role of Primary Care Physicians in Medical and Health Care of the Elderly in India. A manual of health care management of the elderly was formulated and field-tested in Indonesia.

10
Protection and Promotion of Mental Health

The focus in this programme area has continued to be on disadvantaged and dysfunctional families. It has been shown that it is easy for the basic services of primary health care to identify such families reliably, and that such families are characterized by a mother with poor mental health, and by children with increased morbidity, cognitive delay, and increased risk of malnutrition.

It has also been shown that workers of primary care can support such families after brief training in special psychosocial skills of a supportive counselling nature.

Another priority has been families which have to care for a disabled or incurably-ill family member. The special needs of families with chronic psychotic or incurable cancer patients were being explored in order to develop interventions of effective support through primary health care workers.

In a related development, modules were being developed, in collaboration with WHO headquarters, to train physicians in psychosocial skills for improved health care.

A regional initiative was launched to study self-care practices in order to develop interventions to improve self-care and coping skills through primary health care.

The UNDP-supported project to establish a drug abuse monitoring system in Sri Lanka was successfully completed. Considerable epidemiological expertise has now been developed in the country which will permit quantitative as well as qualitative monitoring of drug abuse. This has special importance for the continuous monitoring of routes of drug ingestion in view of the risk of HIV infection following a change to drug injecting. This change has been observed in some parts of India. As a result, decontamination of injection equipment with liquid bleach had been initiated.

Master plans for drug abuse control, including strong demand reduction components, have been drafted by the United Nations Drug Control Programme (UNDCP) for Bangladesh and Nepal.

The UNDCP-supported drug abuse control programme in Myanmar was being completed.

In three centres in India, cohorts of the mentally ill, who were identified as suffering from schizophrenia about 15 years ago, were being followed up. This allowed not only an identification of the possible factors in relation to the long-term outcome of schizophrenia, but also an evaluation of the impact chronic psychosis had on the families and care-givers. It is hoped that this will permit the development of more effective mechanisms of social and psychological support to ease the burden which this disease places on families.
As a first step to specifically address neurological disorders beyond epilepsy, the control of which in most countries was part of mental health programmes, a registry of head injuries and epilepsies was established in Bangalore, India.

Pilot programmes for integrated and community-based control of mental disorders were initiated in Myanmar.

11

Promotion of Environmental Health

Community water supply and sanitation as an integral part of PHC continued to be the main thrust of WHO's programme on environmental health. A number of SEAR countries are now experiencing rapid urbanization and industrialization. They have, therefore, initiated programmes related to the prevention and control of pollution and to chemical safety.

The WHO Commission on Health and Environment, in its report published in December 1991, clarified the links that existed among health, environment, development and population growth and affluence and poverty. The Commission's report would be a useful input in the formulation of WHO's new global environmental health strategy.

A detailed evaluation of the International Drinking Water Supply and Sanitation Decade - IDWSSD (1981-1990) in the Region was completed and presented to the forty-fourth session of the Regional Committee. The evaluation indicated that, in urban areas, water supply could not keep pace with the rapid population increase as a result of which the gap between the served and the unserved/underserved had widened further. Sanitation coverage lagged far behind water supply in both urban and rural areas. Consequently, the Regional Committee adopted a resolution (SEA/RC44/R7) urging Member States to reaffirm their priority for safe water and sanitation, with particular emphasis on meeting the needs of the poor, and for improved information systems to effectively monitor and evaluate the sector's progress. A report on the end-of-the-Decade assessment and areas of emphasis of the regional programme on community water supply and sanitation in the 1990s was under preparation.

WHO supported the countries through consultancy services. For example, assistance was provided to Maldives to strengthen institutional aspects of the sector programme and to improve Male's water supply and sewerage, and to Bangladesh and Myanmar for national latrine programme evaluation as well as operation and maintenance of rural water supplies. WHO assisted national workshops and studies such as the one on sanitation in Nepal, the revolving fund programmes for sanitation in Bangladesh, and a seminar on community participation in Indonesia. In Nepal, consultancy services were also provided for setting up a national training institute for water supply and sanitation. The Regional Office also assisted Member Countries in the evaluation of their hygiene and sanitation promotion programmes. In addition, water quality surveillance and control and computerized information management were also supported in various countries.
Most countries in the Region are increasingly facing the problems of uncontrolled
topulation growth and unplanned urbanization which jeopardize the health of the
people, particularly those living in slums.

A Regional Consultation on Municipal Solid Waste Management was held in the
Regional Office in October 1991. One of the outcomes of this Consultation was the
publication of a report entitled "National Institutional Development for Solid Waste
Management - Goals and Actions". It focused attention on the urgent need to improve
municipal solid waste management services at all levels.

In an effort to increase awareness of the cross-sectoral issue of drainage, a joint
WHO/UNDP/World Bank regional workshop was held in New Delhi in October 1991.
The workshop highlighted the need for finding new solutions for community drainage
problems, and developed strategies and actions for the 1990s.

A 'Healthy City' project for six cities of the Region was prepared jointly with
ESCAP. Support was provided to promote intersectoral action approaches in Sri
Lanka to address environmental health problems in selected communities.

WHO's collaboration in this area with five of the Member Countries was mainly
focused on technical cooperation for human resource development through national
workshops, study tours and participation in international conferences as well as
dissemination of technical information on potentially toxic chemicals.

Training courses for trainers on the diagnosis, treatment and control of pesticide
poisoning were held in India, Indonesia and Thailand and involved the departments
of health, agriculture and industry, which reflected the intersectoral nature of the
problem. National poison centres were supported in India, Indonesia and Thailand
by holding workshops and supplying computer equipment and software. A survey
on the use of hazardous substances was initiated in Indonesia by establishing a
national database on the subject. Drafts of legislation and regulations on the use
of hazardous and toxic substances were completed in Indonesia. Legislation on
the use and control of hazardous chemicals in Thailand was reviewed and discussions
took place in an interministerial consultation on its updating. An intersectoral
environmental epidemiology course, sponsored by the International Programme of
Chemical Safety (IPCS), was held in Indonesia.

The UNDP-funded intercountry project on "Safety and Control of Pollutants and Toxic
Chemicals" terminated in December 1991. The project has identified activities for
follow-up in each of five countries of the Region.

The Regional Office organized study tours for senior officials of the Central
Hygiene and Anti-Epidemic Station in DPR Korea to visit environmental health
laboratories in India, Thailand and Sweden.

In India, WHO supported a study on the status of groundwater pollution, training
in noise pollution control, and a course in data base management to establish a
national information network among the State Pollution Control Boards. In Thailand,
research studies on contamination of drinking water and on the amount of lead in
urban environments were supported.

Under the Global Environmental Monitoring Systems (GEMS), water quality
monitoring was continued in Bangladesh, India, Indonesia and Thailand. As part of
GEMS air quality monitoring, special reports on the air quality in Bangkok, Bombay, Calcutta, Jakarta and New Delhi were prepared. In Bombay, the Human Exposure Assessment Location (HEAL) project continued to be implemented while a new HEAL study on lead exposure was initiated in Bangkok.

As an activity of the food safety programme, the Regional Office prepared a draft regional document giving an overview of the current country situations and future perspectives for strengthening the programme.

To support national institutional development, WHO assisted a Workshop on Surveillance, Prevention and Control of Food Adulteration in India. Assistance was also provided for the preparation of a manual on good manufacturing practices and for strengthening state food laboratories. A study on the microbiological status of ready-to-serve foods was completed in India, while draft guidelines for street food control in Indonesia were prepared. Selected Codex Alimentarius texts and guidelines were translated and published in Indonesia, while in India, the national food standards were reviewed to harmonize them with the Codex standards.

12 Diagnostic, Therapeutic and Rehabilitative Technology

The UNDP-funded intercountry project to strengthen health laboratories for effective delivery of primary health care continued its support to six countries of the Region, viz. Bhutan, India, Indonesia, Maldives, Mongolia and Myanmar. National workshops on the introduction of appropriate technology at the primary health care level were held in all these countries. National workshops for the establishment of external quality assurance programmes in microbiology, clinical chemistry, haematology and blood banking were also planned to be held in all the six countries after which an intercountry workshop would be organized later in 1992 to consolidate the recommendations and to develop a regional policy for health laboratory services.

WHO collaborating centres in the Region and the national laboratories remained active in developing regional capabilities in the production of reagents for rapid diagnostic techniques and for the surveillance of priority communicable diseases. In the field of quality control of health care technology, WHO continued to assist India, Indonesia, Maldives, Nepal, Sri Lanka and Thailand to take part in the global external quality assessment programmes in clinical chemistry, microbiology and haematology. WHO is also supporting an external assessment scheme for HIV testing in Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka and Thailand.

The remarkable progress achieved in the diagnosis of infectious diseases, cancers and metabolic diseases using electron microscopy due to advanced computer technology and ultra-high resolution analytical technology was recognized, and, as a consequence, a bi-regional (SEAR/WPR) Workshop on the Application of Electron Microscopy was held in Bangkok in October 1991.

WHO support to the basic radiological units in the countries of the Region, monitoring of the exposure to X-rays in radiology departments, and the safety of cobalt irradiation units in several countries is being continued. Bangladesh, Maldives
and Nepal are taking part in a personal dosimetry monitoring programme of the International Atomic Energy Agency.

Several aspects of the essential drugs programme in the Member Countries have been strengthened with the collaboration of WHO. Major emphasis has been placed on the availability of essential drugs for PHC, quality assurance, rational use, and the development of human resources.

In the context of acute shortage of medicines in some countries, WHO responded to the requests of the governments for supplying essential drugs and for mobilizing world resources for PHC. Drugs worth US$ 70,000 were supplied to DPR Korea in November 1991, while Mongolia received essential drugs to the tune of US$ 52,000 in September 1991. Assistance was given to Bhutan for the procurement of medicines, while drugs were being purchased for Myanmar on a regular basis for its national essential drugs programme. The international community also responded positively to WHO's appeal by providing essential medicines of a total value of US$ 3 million to Mongolia on a bilateral basis.

Logistic support, being a key to the supply and distribution of essential drugs, was reviewed and analysed in Mongolia in November 1991 in the context of the National Essential Drugs Programme. Similarly, WHO assisted Maldives in analysing its drug supply and distribution system in April 1992 and in the development of a national policy for the Essential Drugs Programme.

The Sixth International Conference of Drug Regulatory Authorities was held in Ottawa, Canada, in October 1991. WHO supported the participation of representatives from Bangladesh, India, Myanmar and Nepal in furtherance of developing national drug policies in regard to drug legislation, regulations and regulatory control mechanisms. WHO has placed a great deal of emphasis on review of the existing drug laws, and has encouraged and helped Member Countries, such as Nepal, in formulating simple and practical legislation which is easy to implement.

Technical and financial support is being provided to Indonesia in promoting rational use and effective management of drugs, while Myanmar received support for the development of a curriculum for a degree course in pharmacy. Two courses on effective drug management and rational use of drugs, held in Aberdeen, UK, in February 1992, and one on promoting rational drug use, held in Nepal in March 1992, were supported by providing trainers.

WHO provided technical assistance to countries to improve the manufacture of essential drugs by strengthening GMP. In this regard, assistance was provided to Bangladesh to improve GMP and quality control of drugs at the Essential Drugs Company Limited in Dhaka in July 1991. This included training, standard operating and testing procedures, improvement of equipment and production areas, and provision of literature references to promote GMP.

Technical cooperation amongst the countries of the South-East Asia Region forming part of ASEAN is being supported by WHO, technically as well as financially. UNDP supported the ASEAN countries up to the end of Phase III of the project on technical cooperation in pharmaceuticals which terminated on 31 December 1991. The programme will now continue with the support of WHO headquarters (DAP) as an interim measure. The activity plan will cover
GMP, quality assurance, drug evaluation, standardization, quality control, utilization of herbal medicines, and exchange of information on drug regulatory matters.

Drugs and vaccines quality control and assurance in several countries of the Region has been strengthened with support from WHO. Assistance was given to ASEAN field training on GMP inspection, microbiological assay on production, drug evaluation, production and utilization of reference substances, and drug management at the peripheral level.

The WHO Certification Scheme on the quality of pharmaceutical products moving in international commerce has been promoted in the Region, especially for Member Countries, such as Bhutan and Maldives, which do not have adequate drug quality control programmes.

The WHO Collaborating Centre for quality assurance of essential drugs in Thailand is testing drugs sent by the Essential Drugs Programme in Bhutan to check their quality and efficacy.

WHO has supported Member Countries in improving the quality of essential drugs and vaccines. Bangladesh was technically supported in the evaluation of existing analytical methods and the introduction of up-to-date methods at the Drug Testing Laboratory in Chittagong. WHO also assisted in the improvement of tetanus toxoid production at the Institute of Public Health, Dhaka.

In Thailand, the production of DPT vaccine was assisted through the provision of antisera for *B. pertussis* agglutinogens in January 1992.

WHO collaborated with Member Countries in the development of programmes for safety and efficacy of biological products as well as in promoting self-reliance in the production of vaccines. WHO strengthened the quality control capabilities for oral polio and measles vaccines produced by the newly-established facilities at Bio Farma, Indonesia. International harmonization of standards and quality of biopharmaceuticals were also promoted at Bio Farma and at the Serum Institute, Pune, India.

WHO supported the traditional medicine programme in its various aspects, which included the development of a medicinal plant garden and nursery in Sri Lanka, and supplies and equipment for strengthening good laboratory practices in DPR Korea. ASEAN countries of the Region were assisted in the development of manuals for standardization of monographs on herbal medicines in August 1991. Informative material and certain important equipment for pharmacognosy were provided to a few countries. Continuous support has been given to several countries such as India, Indonesia, Myanmar, Nepal and Thailand in the development of human resources.

Efforts to train personnel involved in rehabilitation work, to create public awareness about the magnitude and socioeconomic implications of disabilities, to assess disability situations and to further promote community-based rehabilitation (CBR) in the Region were continued. Due attention was also given to supporting and field-testing the IMPACT approaches of intervention in Member Countries.
In Mongolia, a project proposal was prepared by a joint mission of WHO and Associazione Italiana Amici Di Raoul Follereau (AIFO), a nongovernmental organization, for a CBR programme. Initial steps were taken to train CBR personnel in Poland and Vietnam. Similar efforts at resource mobilization were also made for supporting the existing and/or developing new programmes of CBR in Indonesia and Myanmar.

An intercountry Workshop on Disability Prevention and Rehabilitation with Particular Reference to CBR, held in September 1991, assessed the overall disability situation in the Region and made recommendations on the most important actions to be pursued in future at both country and regional levels.

13 Disease Prevention and Control

Immunization

The main achievement of the EPI programme in the Region during the period under review was the declaration of "Universal Child Immunization (UCI) 1990" by eight of the 11 Member Countries. The overall coverage for all childhood EPI antigens in the Region was reported to have exceeded 80 per cent.

The number of reported cases of EPI diseases, especially polio and neonatal tetanus, continued their downward trend. In Thailand, more than half of the provinces (43 out of 72) have reported zero polio cases during the past three years. In India, several districts in ten of the States which have a good surveillance system have reported less than ten cases of polio per year during the past two years, while DPR Korea and Maldives have not reported any case of polio during the past four years.

Since early 1992, India has promoted reporting of cases of acute flaccid paralysis (AFP). Sri Lanka reported only three cases of polio in 1991 out of several AFP cases reported since 1990. Though reporting and surveillance activities have shown improvement, more emphasis is now being placed on improving EPI disease surveillance in the context of integrated disease control and PHC as a whole. This includes accurate recording/reporting and use of the computerized EPI information system (CEIS), which was the main subject of an intercountry workshop held in the Regional Office in January 1992.

Regional polio reference laboratories have been established in India, Indonesia, Sri Lanka and Thailand, while national polio laboratories have been functioning in Bangladesh, India, Indonesia and Mongolia.

The delivery of EPI through the PHC approach has been practised but progress has been rather slow due to inadequate health system infrastructure in many instances. Initiatives on polio eradication, NNT elimination and measles reduction will need concerted efforts to reach the desired goals. Political commitment to EPI has somehow been reduced due to other global issues, such as pollution and environmental health, which received increased attention, and the post-UCI 1990 mass campaign "fatigue". This resulted in lower EPI coverage in some countries in 1991 as compared to 1990.

Cold chain activities during the period included testing of cold chain equipment produced in the Region at the recently established testing centre at the Asian Institute of Technology (AIT), Thailand. AIT was also the venue of the third in a series of workshops on solar refrigeration and repair and maintenance by which 23 technicians
from the Region have been trained during the past three years. Two workshops on the electric compression refrigerator were also held in Indonesia in September 1991.

Preparations were being made for the Global Advisory Group (GAG) Meeting on EPI, planned to be held later in 1992 in Indonesia, to assess the global efforts, which will include the programmes in South-East Asia.

The high incidence of falciparum malaria, including its resistant strains, continues to pose a major problem which is compounded by widespread vector resistance to different insecticides and the development of exophilic and exophagic behaviour by the principal malaria vectors. In Indonesia, Myanmar and Thailand, DHF continues to occur as an endemic disease. Sporadic cases of DHF were also reported from India, Maldives and Sri Lanka.

The WHO Dengue Newsletter (Vol. 17), brought out during the period under review, highlighted the latest information on the DHF situation and on control and prevention of the DHF vector Aedes aegypti.

Japanese encephalitis (JE) has become a major public health problem in India, Nepal, Sri Lanka and Thailand. The most important vector species are Culex tritaeniorynchus, Culex gelidus, Culex vishnui, Culex pseudovishnui and Culex fuscocephaia. It is difficult to forecast JE outbreaks because of limited knowledge of its epidemiology, and, therefore, control measures were generally initiated only after the outbreak had begun.

Lymphatic filariasis caused by Wuchereria bancrofti is endemic in Bangladesh, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka and Thailand. Filariasis control, using antilarval measures, has been practised in the Region but has not been very successful in reducing transmission. Clinical and field trials of "Invermectin" for lymphatic filariasis, supported by WHO headquarters (TDR), were still continuing in India.

WHO has continued its collaboration with the Member Countries to make increased efforts in operational research, technology development and its application, and training and public health education in the light of new strategies for the prevention and control of vector-borne diseases. An Intercountry Workshop on Development of Tools and Methods for Vector Control in PHC was held in the Regional Office from 14 to 18 October 1991 to review the various methods of vector control applicable at the community level in a cost-effective manner, the priority areas of research, and training needs for implementation of appropriate technology in vector control.

WHO collaboration in malaria control activities and in studies to find solutions for both technical and operational problems in the Member Countries was continued.

Overall, the malaria situation in the Region has remained somewhat static for the past 10 years, with the case incidence remaining between 2.5 and 2.9 million cases. During the period under review, the slide positivity rate (SPR) in the Region as a whole ranged between 2.3 per cent and 2.9 per cent, with the highest being in Bhutan at 27 per cent and the lowest in Maldives at 0.05 per cent. The proportion of \textit{P.falciparum} continued to be about 40 per cent - the highest being in Myanmar at 86 per cent and the lowest in Nepal at 8 per cent. However, the upward trend in the slide falciparum rate (SFR) in Bangladesh, Myanmar, and, of late, in Thailand,
may be indicative of the increasing extent of the problem of multidrug-resistant *P. falciparum* and the need to adjust national drug policies. *P. falciparum* resistance to various antimalarials, vector resistance to different insecticides, large-scale uncontrolled population movement, and increasing socioeconomic constraints continued to be the main problems faced by malaria control programmes in the Region.

WHO collaboration in the refinement of the malaria control methodology and diversification of vector control methods was continued, which resulted in a slight downward trend in the consumption of insecticides in all but one antimalaria programme where the overall malaria incidence had remained static.

Continuous support was provided by WHO through long-term staff and short-term consultants in external assessment of national malaria control programmes, organization of national workshops/seminars for various categories of personnel, planning, implementation and evaluation of control activities, carrying out of drug sensitivity tests, and in various types of field studies in Bangladesh, India, Indonesia, Myanmar, Nepal, Sri Lanka and Thailand. With the utilization of country allocations as well as intercountry budget for research promotion and development, increased emphasis is now being placed on the development of capabilities in applied research methodology with particular reference to stratification, epidemiology of severe and drug-resistant *P. falciparum* malaria and its control, clinical trials of new drugs, insecticide-impregnated bednets, evaluation/output parameters and indicators for measuring the dynamics of the disease in the populations, and early warning systems for impending epidemics/outbreaks.

An Interregional Meeting on Malaria in Asia and the Western Pacific was held in the Regional Office from 3 to 7 February 1992 to review the malaria situation, assess malaria control strategies, and develop inputs for the global strategy on malaria control. The Meeting was attended by over 130 participants representing 34 countries from the Eastern Mediterranean, the South-East Asia and the Western Pacific Regions of WHO, UN agencies, research and other institutions and concerned staff members from WHO headquarters. The main recommendations of the meeting included: critical review of the current malaria strategies; prompt diagnosis and effective treatment of malaria cases in all malarious areas with special emphasis on areas of multidrug resistance; development and strengthening of an information system to guide programme management; application of selective and cost-effective vector control measures based on local epidemiology, ecology and available resources; identification of areas prone to epidemics and carrying out of routine monitoring for prompt control; training of staff in the reoriented malaria control concept and strategies, and carrying out of programme-oriented operational research. Close collaboration was being maintained with national programmes in order to assist them to implement these recommendations to develop feasible, cost-effective and sustainable control measures.

**Parasitic diseases**

Intestinal parasitic infection (IPI) continues to be a public health problem in the Region. Anti-IPI mass treatment has been conducted in highly endemic areas in India, Indonesia, Nepal, Sri Lanka and Thailand. In India, WHO supported a national Workshop on Epidemiology and Control of Ascariasis, Hookworm and other IPI for District-level Health Programme Managers, held in New Delhi from 4 to 6 February 1992.
WHO supported national workshops/seminars on visceral leishmaniasis (Kala-azar) in Bangladesh, India and Nepal. House-to-house DDT spray was reintroduced in infected areas.

Lymphatic filariasis remains a public health problem in the Region, and WHO continued to encourage integrated control strategies.

Schistosomiasis is endemic in some areas of Indonesia and Thailand where control activities were continued. Research studies were also supported by TDR.

Considerable progress has been made in the guineaworm eradication programme in India, particularly in active searching, proper surveillance and community participation. As a result, the number of guineaworm cases decreased by 54 per cent - from 4,798 in 1990 to 2,185 in 1991. WHO supports surveillance activities and evaluation of the programme.

Collaboration with the Special Programme for TDR was continued with strong inputs from the Regional Office in promoting and supporting activities related to research capability strengthening in six countries of the Region. New projects were initiated in Indonesia, Myanmar, Nepal and Thailand. In addition, there were 12 centres in the Region with ongoing support. Emphasis on research capability strengthening has shifted to the least developed countries where one new project was being funded and another was being initiated.

TDR's FIELDLINGS Programme was implemented in the Member Countries, both at national and bi-regional levels. Eleven projects were submitted to the TDR Special Programme for funding support and another four were submitted to the Regional Office.

A joint TDR/Regional Office Small Grants Scheme was planned primarily to identify and promote research in the social sciences among young scientists in the Member Countries.

During 1991, a total of 19 new projects were supported by the Special Programme. R&D activities were mainly in the four target diseases: malaria, leprosy, filariasis and leishmaniasis.

From the RPD programme, support is also provided in the area of research capability strengthening (e.g. research training grants) as well as R&D projects relating to the TDR target diseases.

Diarrhoeal diseases continue to dominate the spectrum of childhood diseases in the Region. Hence, diarrhoeal diseases control (CDD) programmes receive a high priority in Member Countries. There is continuing WHO support to the countries to achieve the objectives of reducing diarrhoea-associated deaths in children under five years of age and prevention of diarrhoea morbidity through primary health care services.

Comprehensive programme reviews were carried out in Bangladesh and Nepal. Preparations were being made for programme reviews to be carried out in India, Mongolia and Sri Lanka in 1992.

Training receives a high priority in the CDD programme and is extended to all categories of health staff, health volunteers and mothers, the major emphasis being on clinical management, supervisory skills and programme management training courses.
Nine of the Member Countries have well-established diarrhoea training units (DTUs) which provide a unique opportunity for obtaining "hands on" training. WHO strongly supports this activity and the DTUs are evaluated by WHO staff through site visits.

Household surveys, which are supported by WHO, give a clear insight into the management of diarrhoea cases in the home. Though no survey was conducted in 1991, a survey was in progress in India in June 1992, and Bhutan and Mongolia were likely to conduct similar surveys in the third quarter of the year. The production capacity of ORS, based on the WHO formula, has steadily increased in the nine countries that produce ORS.

The indiscriminate use of anti-diarrhoeals and irrational antibiotic combinations in the management of childhood diarrhoeas are a continuing problem. Several countries, notably Indonesia, Thailand and Nepal, have taken steps to restrict and even ban the availability of these drugs.

Acute respiratory infections (ARI) in young children continue to be a serious public health problem in the Region. ARI control programmes were operational in eight Member Countries, where programme policies and technical guidelines had been prepared. Training of health workers and doctors was a substantial effort in India, Indonesia, Sri Lanka and Thailand.

In India, monitoring of the programme was carried out by the Government with the assistance of a voluntary organization, the Survival for Women and Children Foundation (SWACH), Chandigarh. The Indian Medical Association has produced an audio tape to help general practitioners (GPs) learn about WHO standard case management. A health facility survey was carried out in the country in two districts. In Thailand, paediatricians were oriented about the ARI programme in their annual meetings. The Myanmar Medical Association also informed GPs about the programme. Plans for the reporting of ARI as an integral part of health information were prepared in Indonesia and Nepal. Regular, quarterly monitoring of the programme was undertaken by the Member Countries. Focused Ethnographic Studies (FES) were completed in India, Indonesia and Thailand. The findings of FESs will be utilized in strengthening face-to-face communication.

Tuberculosis

Though recognized as a major health problem against which action has been taken since the inception of WHO in 1948, tuberculosis continues to be a serious health challenge in the countries of the Region.

WHO supported the Government of Bangladesh in preparing a national proposal on TB control within the Fourth Population Plan as well as in the formulation of a health project for assistance by the World Bank. Pending support by the World Bank, WHO provided financial assistance to Bangladesh for the development of training and educational materials and for the selection of four sites for initial implementation of the proposed World Bank-supported project. Support was also provided to Bhutan for training nationals in standard tuberculin testing and reading techniques.

With the emergence of HIV infection, it is feared that tuberculosis will become a major health problem. The large number of HIV-related TB cases in the Region would add to the usual load of tuberculosis. Therefore, emphasis is being given to activities which will help achieve a high rate of case detection, drug distribution and patient compliance.
The Forty-fourth World Health Assembly was concerned with the problem of tuberculosis which accounts for three million deaths and eight million new cases annually in the world. It strongly suggested that Member Countries strengthen their national programmes in order to improve case-finding and treatment to attain a global target of cure of 85 per cent of sputum-positive patients and detection of 70 per cent of cases by the year 2000. It also strongly suggested that Member Countries ensure that these programmes are integrated as far as possible into primary health care activities.

Many countries in the Region have already introduced short course chemotherapy in their tuberculosis control programmes. Considering the cost and other logistic problems, they are undertaking short course chemotherapy in a phased manner through integrated health services.

In accordance with the guidance given by the WHO/SEAR Task Force Meeting on Research in Tuberculosis, held in December 1990, some countries are developing operational research on case finding, treatment and prophylactic aspects of tuberculosis for better implementation of the control programme.

Following the historic resolution of the World Health Assembly (WHA44.9) calling for the elimination of leprosy as a public health problem by the year 2000, all the leprosy endemic countries of the Region have embarked on a process of further intensification of their leprosy control activities.

Having released about 2.6 million patients after completing multidrug therapy (MDT), the Region as a whole has made remarkable progress in leprosy control. However, the magnitude of the problem and MDT coverage of registered cases vary to a great extent from country to country and even from district to district within a country.

Following the WHO Intercountry Consultative Meeting of Leprosy Programme Managers where the leprosy control activities of each country were reviewed in detail, definite targets have been set. It is proposed to register at least 75 per cent of the estimated cases and bring at least 80 per cent of these cases under MDT. Many of the Member Countries are contemplating embarking on leprosy elimination, and, accordingly, Maldives has initiated a programme for the eradication of leprosy. To attain this, WHO will provide technical support in the formulation/modification, where necessary, of the National Plan of Action for leprosy control. WHO continues to support the countries in resource mobilization and coordination with other international, bilateral and funding agencies in the field of leprosy. WHO is also formulating a regional strategy for the elimination of leprosy to provide a basis for leprosy control in the Region.

Sexually transmitted diseases continue to persist in many countries of the Region. WHO assistance was provided to review STD control programmes in some countries in order to develop close collaboration with AIDS control activities. WHO supported seminars and provided fellowships for training in the control of STD.

WHO also helped Member Countries in assessing the magnitude of STD and the problem of congenital syphilis, in promoting health and sex education of the general public, and in strengthening research programmes at regional centres and reference laboratories.
WHO has strengthened facilities for the production of bacterial vaccines in Bangladesh, India, Indonesia, Myanmar and Thailand. In addition to bacterial vaccines, India has developed capabilities for the production of vaccines for rabies, measles and poliomyelitis. In Indonesia, excellent facilities have been established for the production of viral and bacterial vaccines.

A network of quality control laboratories for vaccines is being developed in Bangladesh, India, Indonesia and Thailand, and training of nationals in quality control procedures was under way.

Dengue vaccine and snake venom vaccine are now being developed in Thailand and Myanmar respectively. Plans for clinical trials of these vaccines were at various stages of implementation with support from WHO. Assistance is being provided to Mongolia and Myanmar for the production of hepatitis B vaccine.

WHO is assisting the transfer of technology for the development of newer vaccines, particularly viral vaccines, for hepatitis and rabies, and new bacterial vaccines, and will develop training programmes for the production and quality control of these vaccines.

The Children’s Vaccine Initiative (CVI), established this year under the aegis of WHO, UNICEF, UNDP, the World Bank and the Rockefeller Foundation, is dedicated to helping the world community in focusing, accelerating and applying advances in science to the development, manufacture and efficient delivery of new and better vaccines for the world’s children which would provide protection against a wide range of diseases, would be simple to administer and would be affordable. CVI is expected to have a salubrious impact on the EPI programme all over the world within a few years.

AIDS

As of 8 June 1992, a total of 353 cases of AIDS and 45 306 cases of HIV infection have been reported in the Region, contributed largely by three countries – Thailand, India and Myanmar (Table 1).

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of persons examined</th>
<th>Number of HIV positives</th>
<th>Number of AIDS cases</th>
<th>Month last reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>46 239</td>
<td>6</td>
<td>1</td>
<td>(08/91)</td>
</tr>
<tr>
<td>Bhutan</td>
<td>6 832</td>
<td>0</td>
<td>0</td>
<td>(08/91)</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>61 200</td>
<td>0*</td>
<td>0</td>
<td>(11/90)</td>
</tr>
<tr>
<td>India</td>
<td>1 398 006</td>
<td>7 572</td>
<td>125</td>
<td>(06/92)</td>
</tr>
<tr>
<td>Indonesia</td>
<td>198 235</td>
<td>55</td>
<td>21</td>
<td>(03/92)</td>
</tr>
<tr>
<td>Maldives</td>
<td>8 311</td>
<td>1</td>
<td>0</td>
<td>(11/91)</td>
</tr>
<tr>
<td>Mongolia</td>
<td>79 671</td>
<td>0</td>
<td>0</td>
<td>(02/92)</td>
</tr>
<tr>
<td>Myanmar</td>
<td>120 807</td>
<td>3 034</td>
<td>6</td>
<td>(03/92)</td>
</tr>
<tr>
<td>Nepal</td>
<td>39 905</td>
<td>37</td>
<td>5</td>
<td>(12/91)</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>286 006</td>
<td>56</td>
<td>16</td>
<td>(03/92)</td>
</tr>
<tr>
<td>Thailand</td>
<td>**</td>
<td>34 545</td>
<td>179</td>
<td>(10/91)</td>
</tr>
<tr>
<td>**Total</td>
<td></td>
<td>45 306</td>
<td>353</td>
<td></td>
</tr>
</tbody>
</table>

*23 foreigners found positive and left the country.
**Not reported
Seven of the 11 countries have reported less than ten cases of AIDS; five countries are yet to report a case. However, HIV seroprevalence has been increasing rapidly in certain population groups, e.g. intravenous drug users and prostitutes in parts of India, Myanmar and Thailand.

All countries in the Region are now extremely concerned about the health, social and economic implications of this expanding pandemic. Following approval by the Regional Committee of the Regional Plan of Action for implementation of the Global AIDS Strategy, medium-term plans were formulated for implementation in 1990-1991 in all countries except Maldives. Almost all the AIDS control programmes are conducted by national AIDS committees supported by WHO staff and consultants.

Health education activities directed at the general population and targeted intervention among those with high-risk behaviour are being implemented in all countries. In Thailand, these intervention strategies have resulted in a decline in the incidence of STD in many areas. Studies have further shown that condom usage has increased. Due to social and religious factors condom use has yet to be promoted widely in many countries.

Since sexually transmitted diseases are important co-factors in HIV transmission and the mode of transmission of these two conditions is similar, efforts were being made to strengthen STD programmes in the Region, particularly in India, Myanmar, Sri Lanka and Thailand.

While satisfactory progress has been achieved in many countries of the Region in preventing HIV transmission through blood, further efforts are continuing to ensure the safety of blood for blood transfusion in all countries.

Broad multisectoral programmes with the involvement of ministries other than health and of NGOs are now being promoted and it is expected that most countries would soon have multisectoral AIDS programmes.

Although overall progress has been achieved, AIDS control programmes in many countries still face considerable constraints. Prominent amongst them are: inadequate political commitment, lack of a multisectoral approach, and the problem of condom promotion in some countries. Nevertheless, implementation of AIDS control programmes is gaining momentum, which should not only be sustained but also accelerated in the future in order to contribute meaningfully to the global fight against AIDS.

It is very encouraging to see that AIDS control programmes are now being planned, implemented or monitored by high-level national administrators, committees or commissions in all the countries.

WHO continued its support to laboratory research for the production of hepatitis B vaccine in DPR Korea, Mongolia and Myanmar. Nationals of Thailand and Indonesia were trained in the production of hepatitis B vaccine through WHO fellowships.

WHO prepared a protocol to study the prevalence of hepatitis C virus (HCV) in selected countries of the Region. It also drafted protocols to study the prevalence of hepatitis B virus (HBV) in countries where the epidemiological situation was not known.
A Seminar on Specific Test for Hepatitis E Virus, supported by WHO, was held in New Delhi on 3-5 February 1992. WHO continued to support epidemiological research on viral hepatitis in Nepal, Mongolia and Myanmar.

Support was provided to the Malaria Eradication Programme in India for the evaluation of insecticidal spray for the control of Japanese encephalitis. Nationals were also trained in JE control in Japan, Korea and Thailand through WHO fellowships. A fellowship was also awarded to a Nepalese national for receiving training in the USA in laboratory diagnosis and entomology.

Concerted efforts are being made in the Member Countries to extend the screening programme for the diagnosis of blindness, particularly to the unreached and underserved populations, and for improvement in the quality of eye care together with the strengthening of training and education activities.

Support was provided for the participation of representatives from Bangladesh, India, Indonesia, Mongolia, Nepal, Sri Lanka and Thailand in the First Regional Assembly for South-East Asia of the International Agency for Prevention of Blindness (IAPB), held in New Delhi in March 1992. This Assembly made a number of recommendations on many important issues of prevention of blindness to be pursued at both regional and country levels in the short and long terms.

WHO actively participated in, and provided technical assistance to, the assessment of the problem of blindness and eye care facilities in India with a view to developing a project proposal for the prevention of blindness, to be funded by the World Bank.

As far as deafness is concerned, efforts were continued for promoting epidemiological assessment of the problems of deafness and hearing impairment, improving data collection and dissemination, and training national cadres. A Regional Workshop on Formulation of Guidelines for Management of Programmes for the Prevention of Deafness - the first of its kind - held in the Regional Office in September 1991, developed a framework for national programme formulation for the prevention of deafness.

Member Countries are increasingly becoming aware of the growing importance of the problem of cancer in the context of the changing demographic patterns and growing environmental pollution. A number of cancer control programmes have, therefore, been established in the countries with varying levels of comprehensiveness, technical sophistication, and evaluative monitoring in terms of cost-effectiveness.

Implementation of the National Cancer Control Programme in India was accelerated by the full coverage of six additional districts. WHO also assisted in preparations for local production of cobalt units in the country. Work at the National Cancer Registry and the Cytology Centre in New Delhi - a WHO Collaborating Centre - is progressing satisfactorily with continuing WHO support.

In Sri Lanka, the training of a further batch of radiotherapists was completed with WHO assistance. The country now has sufficient manpower trained in radiotherapy to give back-up support to early detection of oral cancer.
In Bangladesh, the World Bank's Fourth Population and Health Project, containing a substantial component of cancer control activities, will assist in the formulation of a NCCP, for which a good model exists in India.

Several countries in the Region have taken steps to participate in the global MONICA network which aims at monitoring cardiovascular risk factors and relating them with mortality from cardiovascular diseases.

Who continued to execute an AGFUND-supported project for the control of rheumatic fever/rheumatic heart disease (RF/RHD) in India, Sri Lanka and Thailand. After showing the feasibility of secondary prevention of RHD, efforts are now under way to move towards primary prevention after establishing the feasibility and validity of the Rapid Swan Technique for the detection of streptococcal infections.

The eighteenth session of the SEA/ACHR took up Research for Preventive Cardiology as a technical subject and recommended, inter alia, epidemiological studies of cardiovascular diseases to have a basis of preventive programmes and to focus research on secondary prevention of RF/RHD and ischaemic heart disease and hypertension, and, if feasible, primary prevention as well.

World Health Day this year, with the theme of "Heartbeat – The Rhythm of Health", was celebrated with active participation of the public and the media in most countries. This proved to be a welcome opportunity to underline the importance of prevention of heart diseases. Emphasis was given to the need for adopting healthy lifestyles, particularly regular physical exercise, and giving up the use of tobacco.

14

Health Information Support

The Regional Office Library continued to provide support for WHO programme delivery and for continuing professional education of the Region's WHO staff members by way of document delivery, reference and current awareness services, bibliographical and loan services, MEDLARS/MEDLINE demand search bibliographies, and, within the limits of its resources, reference services to WHO headquarters, other Regional Offices, UN agencies, etc.

The SEARO Library, being the Regional HEL LIS (Health Literature, Library and Information Services) Focal Point of HEL LIS Network, continued to plan, promote and monitor the Network's activities and maintain liaison with international agencies and other networks for establishing/strengthening linkages for improved accessibility to health literature information and document delivery to health teams in the Member Countries. It continued to provide necessary assistance to: develop appropriate manpower and enhance the skills of health science librarians, develop a mechanism of health/literature information collection, bring under bibliographical control regional health literature by the compilation of IMSEAR (Index Medicus for WHO South-East Asia Region), and provide MEDLINE data base on CD-ROM (Compact Disk Read Only Memory) for having easy access to international health sciences literature information. It also provided support for the publication of various tools of cooperation, holding of HEL LIS meetings, and responded to the recommendation of the SEA/ACHR by sending out guidelines regarding information support through HEL LIS and other sources available to researchers in the Member Countries.
Publications and documents

The Regional Office issued three new titles under the SEARO Publications Series: Strengthening Nutrition Through Primary Health Care - The Experience of JNSP in Myanmar (Regional Health Paper No. 20); Nutrition in Transitional Development in South-East Asia (Regional Health Paper No. 21), and Herbal Medicine for Human Health (Regional Publication No. 20). A revised edition of Essential Drugs for Primary Health Care - A Manual for Health Workers in South-East Asia (Regional Health Paper No. 16) was published. In addition, 'Approaches and Endeavours for Health', containing a collection of the speeches of the Regional Director (Vol.2), the Bulletin of Regional Health Information, 1988-1990, and the 17th volume of the Dengue Newsletter were brought out. The Handbook of Resolutions of the Regional Committee (Volume 2, eleventh edition) was updated and issued. Distributors for WHO publications for various territories of India have been identified and are under appointment. Reprint rights for over 90 books, including five SEARO titles, have so far been granted.

15 Support Services

Visitors

During the year, several important dignitaries, including Ministers, visited the Regional Office. They included the Deputy Minister of Health and Welfare, Maldives, the Vice-Minister of Public Health, DPR Korea, the Minister of State for Health, Nepal, the Deputy Minister of Health, Mongolia, the Executive Secretary of the International Civil Service Commission (ICSC), United Nations, New York, the Deputy Director-General of WHO, and the Chairman of the Global Advisory Committee on Health Research.

Personnel

As of 30 June 1992, the Regional Office had 131 established professional posts in the South-East Asia Region, of which four were frozen and 109 were filled by long-term staff/consultants/short-term professionals. 176 consultants were employed in the various projects for periods ranging from one week to 11 months.

A Plan of Action for SDT in 1992-1993 was developed by the Staff Development and Training Committee.

Efficiency and effectiveness of staff performance were promoted through group educational activities on a wide range of topics organized regularly in the Regional Office. Also, several professional and GS staff members were given training in various disciplines so as to develop their potential and enhance their skills for better performance.

Budget and finance

The total obligations for the biennium 1990-1991 as of 31 December 1991 under all sources of funds amounted to US$ 110 045 553 as compared to the total obligations of US$ 99 774 588 for the biennium 1988-1989, which reflect an increase of 10.3 per cent. (Table 2).
Table 2. Total Obligations

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<tr>
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<tbody>
<tr>
<td></td>
<td>Amount</td>
<td>Amount</td>
<td>Percentage</td>
</tr>
<tr>
<td></td>
<td>US $</td>
<td>US $</td>
<td>increase/</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(decrease)</td>
</tr>
<tr>
<td>Regular budget</td>
<td>60 970 500</td>
<td>69 704 600</td>
<td>14.3</td>
</tr>
<tr>
<td>UNDP</td>
<td>10 095 289</td>
<td>7 972 569</td>
<td>(20.3)</td>
</tr>
<tr>
<td>UNFPA</td>
<td>1 119 458</td>
<td>1 277 466</td>
<td>14.1</td>
</tr>
<tr>
<td>Other sources</td>
<td>19 336 052</td>
<td>20 819 953</td>
<td>7.7</td>
</tr>
<tr>
<td>Total</td>
<td>91 521 299</td>
<td>99 774 588</td>
<td>9.0</td>
</tr>
</tbody>
</table>


Medical supplies and equipment worth US$ 19 041 061 were procured during the period July 1991 to June 1992.

A large number of requests were processed during this period under the Global Programme on AIDS. These requests were mostly for items such as HIV test kits, laboratory and blood bank equipment, and infrastructural supplies. Equipment worth US$ 1 758 673 under the US AID funds was also procured for the AIDS Control Programme in India.

Local purchase is encouraged where cheaper alternatives of acceptable quality are available. A market survey of local manufacturers, especially for drugs and pharmaceuticals, computers and office equipment, and medical disposables was initiated during this period.

Substantial progress was made in the computerization of the supply operations with a view to increasing efficiency and providing more comprehensive information to the offices of the WHO Representatives.

The civil work for the installation of the Local Area Network (LAN) and the new EPABX (Electronic Private Automatic Branch Exchange) telephone system in the Regional Office, which was undertaken as an integrated endeavour, was completed during the first half of 1992. Some of the WHO Representatives' offices had already initiated the establishment of their own LAN systems. Computerized data bases, such as the Directory of Training Courses on Health Management, were distributed to the WHO offices in the countries, for use also by the national authorities.