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REPORTS OF THE REGIONAL DIRECTORS ON SIGNIFICANT REGIONAL DEVELOPMENTS, INCLUDING REGIONAL COMMITTEE MATTERS

Report by the Regional Director for South-East Asia

The Director-General has the honour to present to the Executive Board a report by the Regional Director for South-East Asia, which highlights significant developments in the Region in 1991, including matters arising from discussions at the forty-fourth session of the Regional Committee. Should members wish to see the full report of the Regional Committee, it is available in the Executive Board room.

REPORT OF THE REGIONAL DIRECTOR FOR SOUTH-EAST ASIA ON SIGNIFICANT REGIONAL DEVELOPMENTS, INCLUDING REGIONAL COMMITTEE MATTERS

FORTY-FOURTH SESSION OF THE REGIONAL COMMITTEE

1. The forty-fourth session of the Regional Committee for South-East Asia was held in Kurumba Village Resort, Maldives, from 22 to 28 September 1991, under the chairmanship of His Excellency Dr Abdul Sattar Yoosuf, Deputy Minister of Health and Welfare, Government of the Republic of Maldives. It was attended by the representatives of the 11 Member States of the Region. Representatives of UNDP and UNICEF and of five nongovernmental organizations in official relations with WHO, together with an observer from a voluntary agency, also attended. The Director-General of WHO, Dr Hiroshi Nakajima, addressed the Regional Committee on the last day of the session.

2. The Committee dealt notably with the prevention and control of AIDS, the second evaluation of implementation of the regional health-for-all strategies, disaster preparedness, evaluation of the International Drinking Water Supply and Sanitation Decade, and WHO's contribution to international efforts to promote sustainable development.

3. The Committee noted with concern that the problem of HIV infection and AIDS in the South-East Asia Region had become very much worse, with some countries, which had reported zero or low prevalence of AIDS a few years ago, now reporting a large number of HIV- infected people and of cases of AIDS. The Committee stressed the importance of a sound epidemiological approach with proper monitoring, passive surveillance in hospitals, active surveillance in high-risk groups, and sentinel surveillance. It adopted resolution SEA/RC44/R8, urging Member States, *inter alia*, to make all possible efforts to include in their programmes all aspects of prevention and control activities, with a view to strengthening national health systems and capabilities, and to build up intercountry collaboration to control the transmission of HIV infection.

4. Regarding the provision of unserved urban and rural populations with safe water and sanitation facilities, the Committee noted that the existing gap between the served and the unserved segments of the population was widening, particularly in the urban population. While appreciating the various novel approaches being adopted by countries in their efforts to meet the needs of the poor, through government subsidies, involvement of nongovernmental organizations, community mobilization, etc., the Committee cautioned that attainment of targets should be viewed not from a purely technological and health engineering standpoint, but with due regard for its socioeconomic and human aspects, bearing in mind the need for effective control of diseases associated with water and sanitation. It also expressed its concern at the increasing use of pesticides and chemical fertilizers to increase agricultural production; these substances polluted underground water resources, thereby posing chemical hazards to health. The Committee requested Member States, *inter alia*, to reaffirm the assignment of priority to the provision of the safe and reliable water supplies and sanitation that were essential for the prevention of waterborne and other diseases, to adopt programmes for achieving universal coverage by the year 2000, and to improve their information systems in order to effectively monitor and evaluate the progress made in the water supply and sanitation programme.

5. Reviewing WHO's contribution to the international efforts towards sustainable development, the Committee felt that economic and social development in the Region could not be achieved without some effect on the environment and that the countries must face up to the dilemma of improving human health and protecting the quality of the environment while striving for faster and sustainable economic development. In almost all countries, it was mandatory for the environmental impact of development plans to be taken into account, and the long-term effects of man-made disasters must be considered. In that context, steps should be taken to ensure that the country delegations to the forthcoming United Nations Conference on Environment and Development in Brazil in 1992 were adequately briefed on the health aspects of the environment and that those aspects were adequately emphasized. In resolution SEA/RC44/R7, the Committee urged Member States, *inter alia*, to establish, evaluate and update their health policies and strategies for preventing adverse effects of development on human health and environment.

6. Reviewing the Regional Director's annual report, the Committee observed that the question of international collaboration and coordination among agencies in the field of health system development needed

fresh consideration in the context of health policy and planning. Areas such as health systems research, health economic research, financing of health services and alternate financing required WHO support.

7. The Committee noted that development of human resources for health was one of the important factors in health development. Some countries had undertaken studies to assess their requirements in that respect, others were engaged in developing training courses to impart the required skills and technology. The Committee also noted that the optimum mix of categories of health manpower together with sound managerial process and manpower planning should be studied to make implementation more effective.

8. The Committee noted the keen interest of Member States in the development of nutrition programmes to reduce malnutrition. Studies were needed to identify problems and issues as a basis for such programmes, and overdependence on imported food supplements, iron and vitamin pills etc. to combat malnutrition, must be avoided.

9. Noting that maternal mortality continued to be unacceptably high in some countries, the Committee appreciated the steps being taken by countries to improve maternal health care. There was keen interest in the safe motherhood programme, supported by WHO, UNICEF, UNFPA, and the World Bank. Most of the countries had formulated strategies and action plans for functional integration of the Expanded Programme on Immunization, the diarrhoeal disease control programme and the programme for the control of acute respiratory infections with maternal and child health programmes in order to achieve better child health and development.

10. The Committee noted that the drug abuse programmes had been progressing well in a few countries with WHO support, and felt that even if a health ministry was not coordinating the programme, it should play an active role in planning and implementing its health aspects and coordinate with other departments.

11. In the field of communicable disease prevention and control, the Committee felt that concerted action was necessary to control the malaria situation. Apart from lack of manpower and financial resources drug-resistant malaria parasites and insecticide resistance in vectors were the main technical obstacles and needed to be dealt with on a solid scientific basis. Acute respiratory infections coupled with diarrhoeal diseases and malnutrition were still responsible for significant mortality among children. The Regional Committee felt that better epidemiological studies and surveillance were needed to control and prevent Japanese encephalitis, which constituted a major problem in some countries.

12. In the area of noncommunicable diseases prevention and control, the Committee noted that cardiovascular diseases, cancer, and blindness and deafness were becoming major public health problems. Since a large investment of resources would be needed for the effective control and prevention of these diseases, the Committee recommended that primary prevention through the primary health care approach and early detection should be the strategy of choice.

13. Following the technical discussions on the subject of "Disaster preparedness", the Committee adopted resolution SEA/RC44/R5, which called upon Member States, *inter alia*, to formulate national plans for health emergency preparedness as an integral component of overall national plans for disaster preparedness, to designate and strengthen national centres for disaster preparedness and response to health emergencies, and to create mechanisms for the establishment of national and regional networks.

14. At earlier sessions the Regional Committee had decided that the Regional Office would (a) submit a single programme budget in alternate years, and (b) prepare a short annual report by the Regional Director, covering a 12-month period in even (budget) years, and a long report covering a 24-month period in odd (non-budget) years. Following these decisions of the Regional Committee, the Consultative Committee for Programme Development and Management (CCPDM), at its nineteenth meeting in April 1991, considered and approved a composite workplan for the preparation and documentation of the governing bodies and their associated meetings. At its forty-fourth session, the Regional Committee decided that the *status quo* would be maintained with regard to the period to be covered by the Regional Director's long and short annual reports, i.e., from 1 July to 30 June.

15. In pursuance of the recommendation of the Regional Committee to discontinue the detailed programme budget, and instead develop annual detailed plans of action, by country, as a basis of implementation of the

WHO collaborative programme, commencing with the 1992-1993 biennium, the Member States have prepared their annual detailed plans of action in accordance with the guidelines issued by the Regional Office. These plans of action will be put into final form in November 1991 and a formal exchange of letters with the individual Member States will take place.

SIGNIFICANT REGIONAL DEVELOPMENTS

Health trends in the South-East Asia Region

16. The second evaluation of the regional health-for-all strategies showed, *inter alia*, that the health situation of the South-East Asia Region is characterized by a slow decline of crude mortality rates and in infant and child mortality. Respiratory diseases, diseases of the digestive system, malnutrition and nutritional deficiency disorders, vectorborne diseases (such as malaria), tuberculosis, tetanus, diphtheria, and leprosy are the main causes of illness and death in the Region. Cardiovascular diseases and neoplasms have more recently become a major public health problem. Cardiovascular diseases are the first cause of death in the Democratic People's Republic of Korea, Sri Lanka and Thailand and the second cause of death in Indonesia and Mongolia. Neoplasms are among the leading causes of death in Mongolia and Thailand.

17. The infant mortality rate is a comprehensive indicator of the standard of living, level of health education and the effectiveness of the health care system. In all the Member States, the rates reported are lower in 1991 than in 1985. At present, the reported infant mortality is higher than 100 per 1000 live births in only one country; in three, the rate is less than 50 per 1000, and in two it is lower than 20 per 1000. But the lack of disaggregated data masks differences between different population groups and regions within countries. There had been a marked improvement in life expectancy at birth. Despite the economic constraints and restricted growth of health budgets, some countries had earmarked more than half of the national health budget for primary health care.

18. The evaluation also underscored the need for sustained efforts by countries to improve their capacities for health policy development, optimum resource allocation and mobilization of additional resources.

19. It is vital that Member States should continue to assess their health-for-all policies and strategies in the light of the results of the evaluation, modifying or strengthening them as necessary, and to improve their health information systems, with particular reference to the underserved and disadvantaged sections of the population, in a spirit of equity and social justice.

Health planning

20. The first and second evaluations of the implementation of national health-for-all strategies by the countries revealed, *inter alia*, shortcomings in the formulation of health policies and strategies, insufficient financial, material and human resources and inadequate management of implementation, especially at the intermediate and lower levels. In this context, a regional consultation on health planning was organized in Bangkok in June 1991 to review the current situation in health policy formulation and national health planning in Member States and formulate a regional plan of action for the further development and strengthening of health planning mechanisms. The participants reached a consensus on the need for restructuring human and material resources and on the methods of health planning that could be used in the changing economic, political and social conditions in the Region.

21. To achieve these objectives, WHO collaborated in the preparation of the health sector component of the Seventh Five-Year Development Plan in Bhutan. Bangladesh was given support in assessing the relevance, progress and achievements of the health infrastructure and services with a view to determining health sector needs for that country's Fourth Five-Year Plan (1990-1995). In Indonesia, health situation and trend analysis was carried out which will form the basis for the formulation of the Second Long-Term Development Plan (1993-2018) and the Sixth Five-Year Plan (1993-1997). In Myanmar an interim two-year national health plan (1991-1992) was developed. Support was provided in Thailand for the preparation of the Seventh Five-Year Health Plan (1992-1997) and in Nepal for a comprehensive study on the reorganization of the national health system.

22. In the field of health economics and the financing of health care, WHO support was provided to India for research studies on household surveys of consumer expenditure on health care and on health economics and health care financing, and for the preparation of an annotated bibliography of research on health economics in India (1986-1990). Indonesia was provided with support for various operational activities designed to improve financial management. A research study on health economics in Mongolia, workshops on programme budgeting at regional level in Nepal, and training programmes in planning, budgeting and monitoring at provincial level in Sri Lanka received support. The Organization collaborated with Thailand in the continuing cost analysis of the production of different categories of health workers at Khonkaen Paramedical College and in planning research on the flow of funds from medical benefit and insurance schemes to private care providers in Bangkok and on the socioeconomic characteristics of users of private hospitals in Thailand.

Intensified cooperation initiative

23. Countries of South-East Asia participated in the WHO initiative for intensified cooperation with countries and peoples in greatest need. Extensive discussions in five countries led to several priority actions being selected to accelerate national health development plans. Preparations are in hand to mobilize and coordinate WHO's own and external resources in support of the participating countries. A high-level mission visited Bangladesh in September 1991 to plan technical cooperation in the World Bank's fourth population and health project, covering the period 1992-1996. The unique feature of that project is that a group of donors have agreed to tackle the problems faced by the country jointly under the aegis of the World Bank, instead of working on a bilateral basis. Based on project concept papers, the proposals put forward include, *inter alia*, a management information system; human resources development including medical education; maternal and child care; and the assignment of a health education role to women and the underprivileged in community health development; and they are highly relevant to WHO collaborative action. The intensified cooperation initiative made an important contribution to Mongolia's restructuring of its health care system in line with recent political developments. WHO participated in the donors' meeting held in October 1991. Myanmar had identified priority actions to be carried out within the framework of the WHO initiative for the benefit of underserved populations. In Nepal, support was provided to complete a health resource priority study, to update an earlier country resource utilization review and to hold a seminar on health economics and health care financing. WHO also cooperated with Bhutan in the formulation of a national health manpower policy and strategy and in the preparation of the health sector component of the Seventh Five-Year National Development Plan as an input to the country's presentation at the round table conference to be held in 1992.

Health of the underprivileged

24. Following the Technical Discussions at the forty-third Regional Committee on the health of the underprivileged, efforts have been made in the Member States of the Region to address this problem. An intercountry consultation on the health of the underprivileged was held at Suraj Kund, India, from 19 to 22 August 1991. This consultation made a thorough analysis of the process of health development that has taken place since the Health Assembly's health-for-all resolution WHA30.43 in 1977 and the successes so far achieved. While reiterating that the primary health care approach continues to be valid, the consultation concluded that a new approach to implementation was needed. It was felt that health-for-all activities should correspond to the requirements of a human development strategy, sensitive to people's needs in which economic and social development policies at the various levels are interlinked and mutually reinforcing, forming a coherent whole. This can be achieved only if social mobilization, calling on the energy, inventiveness and capacity of the people themselves, is the basis of the strategy. Recognizing that there are still some sections of the population in every country that are below acceptable health standards, the consultation urged all Member States to adopt a new approach to the implementation of the health-for-all strategy and also specifically to monitor progress in improving the health of such underprivileged populations by using sensitive indicators.

Nutrition

25. Nutrition in the Region is changing in response to demographic, environmental and socioeconomic changes. The South-East Asia "nutrition-cum-action" network has already initiated several activities, some with WHO support, in order to meet some of the problems. Four important areas in which action is required are

weaning foods to overcome protein energy malnutrition in young children; anaemia in pregnant women; reduction in the prevalence of vitamin A deficiency; and nutritional monitoring.

26. There is renewed confidence that iodine deficiency disorders can be eliminated as a major public health problem, mainly through universal iodization of salt, in all countries by the year 2000. To achieve the Region's overall nutrition goals will need concerted action on the part of families, supported by service providers. This has been clearly demonstrated by the Joint WHO/UNICEF Nutrition Support Programme in Myanmar. The report of this programme is to become a Regional Health Paper, as the lessons it contains are of interest to other countries.

Human resources for health

27. Support was provided for strengthening the planning of human resources for health in all countries of the Region. With WHO's collaboration, the network of community-oriented educational institutions organized in Indonesia the second international conference on problem-based learning. Problem-based learning programmes have already been introduced experimentally in some institutions in India, Indonesia, Myanmar, Nepal and Thailand.

28. Under a regional project for an intercountry network of institutions for the development of health learning materials, an intercountry workshop was organized in Indonesia in February 1991. National work plans have been formulated and a "needs and resources" survey conducted.

Disease control

29. Leprosy is a major public health problem in the South-East Asia Region; the bulk of registered cases (approximately 72%) and new cases are from this Region. However, the number of registered cases of leprosy declined sharply from 3.7 million in 1985 to 2.7 million in 1990, primarily as a result of the acceptability and effectiveness of multidrug therapy. Integration of leprosy control into the general health services is also progressing satisfactorily, although the degree and level of integration varies from country to country. The high degree of political commitment and priority accorded to leprosy control by Member States has been instrumental in achieving the goals of the national leprosy control programmes. The programme for elimination of leprosy is progressing well in the Maldives and its elimination in more countries, including Bhutan, Sri Lanka and Thailand is being planned.

30. The problem of guinea-worm disease (dracunculiasis) is confined to India, where the national guinea-worm eradication programme was launched with WHO support in 1984. Tamil Nadu was free of guinea-worm disease by 1985 and Gujarat is on the verge of being a "zero-incidence" state, but in five other states the disease is still endemic. Central and state public health, environment and engineering departments have actively cooperated in intensive surveillance in the guinea-worm eradication programme. "Zero-incidence" status is expected to be achieved in India by 1994.

The Expanded Programme on Immunization and steps towards eradicating poliomyelitis

31. Most of the countries in the Region achieved immunization coverage of 80% or more during the year 1990, indicating the substantial progress made by the Expanded Programme. Coverage in 1990 was 86% for the third dose of diphtheria-pertussis-tetanus vaccine, 87% for the third dose of oral poliomyelitis vaccine, 80% for measles vaccine and 95% for BCG vaccine against tuberculosis. Tetanus toxoid coverage in pregnant women was reported as 68%.

32. During the 1990s stress is being laid on an epidemiological approach to the control of the diseases covered by the Programme. The success of this approach depends on implementation and improvement of surveillance. WHO is supporting self-sufficiency in the vaccines required through indigenous production. While viral vaccines are mostly imported, Bangladesh, the Democratic People's Republic of Korea, India, Indonesia, Mongolia and Thailand all produce bacterial vaccines. Efforts are being made to develop national vaccine quality control systems to ensure that the indigenously produced vaccines conform to the WHO standards. Schemes for producing measles and poliomyelitis vaccines are in operation in India and Indonesia. The Edmonston-Zagreb strain of measles vaccine is being produced at the Serum Institute, Pune, India, and is the subject of a pilot study at the National Institute of Virology, Pune.

33. The regional incidence of poliomyelitis decreased significantly, even making allowance for under-reporting. In Bhutan, the Democratic People's Republic of Korea, Maldives, Mongolia, Sri Lanka and Thailand, where coverage is high and sustained, the trend in incidence suggests that poliomyelitis could be eradicated before 2000. Currently there are poliomyelitis-free zones in parts of Indonesia, Maldives, Mongolia, Sri Lanka and Thailand.

34. The strategy for eradicating poliomyelitis will be based on an epidemiological approach with special attention to high-risk areas. The strengthening of basic health services management, improvement of surveillance and laboratory services, and enhancement of public awareness are a few of the approaches to be used. A plan is being drawn up for a regional poliomyelitis laboratory network.

The AIDS pandemic and the South-East Asia Region

35. The incidence of HIV/AIDS is now increasing in some countries of the South-East Asia Region, notably in India, Thailand, and recently Myanmar, which had reported low prevalence a few years ago. In Thailand, where the epidemic is considered to be still in its early stages, it is estimated that about 200 000 to 300 000 people have already become HIV infected. In India, the estimate ranges from one million to four million. In the countries of South-East Asia, the major mode of transmission is sexual. Injecting drug users are also posing a problem in India, Myanmar and Thailand, and rapid transmission is taking place among this group with the risk of sequential infection of their spouses and offspring. It is estimated that by the year 2000, nearly 90% of HIV/AIDS in this Region will be transmitted through sexual intercourse. Unless significant behavioural changes occur, the South-East Asia Region may be facing in a couple of years a situation such as that in sub-Saharan Africa today which will have a devastating demographic, health and socioeconomic impact in many countries.

36. All the countries of the South-East Asia Region, except the Maldives, have formulated medium-term plans of action for the prevention and control of AIDS. Such plans are being implemented in Nepal and Thailand with funding from national and external sources. In other countries of the Region, however, activities are under way with only provisional financial support, as external resources have yet to be mobilized. Every year the national AIDS programmes are reviewed by the governments in collaboration with WHO. A detailed review of Thailand's AIDS programme is to be undertaken from 4 to 15 November 1991, with the participation of national officials, WHO and donors. An external review of India's and Thailand's AIDS programmes was conducted by a team appointed by the Management Committee of the Global Programme on AIDS during 1991. The Government of India has developed a project document to seek World Bank support, with a budget of US$ 55 million. An appraisal team visited India in October-November 1991.

37. Efforts were being made to develop a nucleus of leaders in medical education in the countries in order to prepare medical undergraduates for meeting the challenges posed by the emerging problem of AIDS in the Region.

Research

38. The seventeenth session of the South-East Asia Advisory Committee on Health Research, which was held in Yangon in April 1991, reviewed the regional research programme and the report of the Regional Director on the broad range of activities undertaken to provide information support for research. WHO will cooperate with the countries in developing national plans of action in response to resolution WHA43.19 of the Forty-third World Health Assembly on the role of health research in the strategy for health for all by the year 2000. A consultative meeting outlined a framework and criteria for the appraisal of health systems research, which will be useful for promotion, support and evaluation as well as for individual researchers.

39. The Seventh Meeting of the Directors of Medical Research Councils and Analogous Bodies in the Region, which was held in Kathmandu in November 1990, reviewed WHO collaboration with medical research councils and stressed the need for countries to generate a climate conducive to the development of a research culture and to establish the infrastructure necessary for implementation of medical research council recommendations at the national level.

40. WHO has in the past supported multicentre inter-country projects to study the epidemiology and prevention of non-A non-B hepatitis, extensive outbreaks of which have occurred in several countries, with high

mortality in pregnant women. These studies and the accompanying institution-strengthening have encouraged countries to undertake further research in collaboration with scientists in developed countries to identify the agent responsible for the outbreaks, which is now recognized to be hepato-encephalomyelitis virus (HEV) and to develop methods for easily identifying it. WHO has also promoted and partially supported studies on perinatal transmission of hepatitis B virus, and efficacy trials for various hepatitis B vaccines. Some support has also been given to the transfer of technology for the production of hepatitis B vaccine. The prevalence and significance of hepatitis C virus in countries are now being studied by means of a WHO-supported multicentre collaborative research project.

41. WHO has been supporting a dengue vaccine development project for several years. Dengue I, II and IV monovalent vaccines as well as bivalent and trivalent combinations of the individual vaccines have been shown to be effective and safe. Dengue III monovalent vaccine has been prepared and is undergoing clinical trials, and it is envisaged that by 1993 or 1994 a tetravalent vaccine against all four strains will have been produced for the first time. The scientific and practical significance of this vaccine goes without saying, especially in view of the continuing toll of children's lives exacted by dengue haemorrhagic fever in South-East Asia, the Western Pacific, and recently in the Americas too.

42. WHO is implementing a scheme to strengthen the capability of institutions in five selected countries of the Region to undertake health systems research. Jointly with other funding agencies, it has also strengthened the Asian Institute of Health Development, Mahidol University, Thailand, so that it can provide technical assistance and small grants to district health managers to undertake health-systems research as a basis for rational decision-making. This will be used as a model for similar schemes elsewhere.

Ninth Meeting of the Health Ministers of South-East Asia

43. The Ninth Meeting of Ministers of Health of the countries of the WHO South-East Asia Region was held at Male, from 29 September to 1 October 1991. The Meeting was inaugurated by His Excellency Mr Maumoon Abdul Gayoom, President of the Republic of Maldives, who suggested that health care should be used as an entry point for total development in the community by adopting a social mobilization approach. The Meeting was attended by the Ministers of Health of all 11 Member countries of the Region. The Director-General, Dr Hiroshi Nakajima, addressed the meeting and took part in the discussions.

44. The substantive items considered at the Meeting, in addition to a review of the progress made in implementing the decisions of the Eighth Meeting, were health of the underprivileged; AIDS - present situation and control; ecology, environment and health; and the epidemiological situation and its implications. The Ministers endorsed the conclusions of the intercountry consultation on the health of the underprivileged, held in August 1991, and felt that health efforts should be socially oriented. In regard to AIDS, the Ministers exchanged information and discussed the various suggestions of the Organization in regard to the handling of this delicate, sensitive, yet important problem which can seriously affect the health situation in all Member States unless preventive steps are taken now. In regard to ecology, environment and health, the Ministers took note of the present situation and were apprised of the broad conclusions of the high-level Commission set up by the Director-General. The Ministers were firmly of the opinion that the health sector should be involved in assessing the health impact of development activities undertaken by the other sectors. They also felt that research is needed to demonstrate "at the micro and macro levels" the effects of environment on health and economic growth.

45. The Ministers took note of the epidemiological changes that are taking place in the countries of South-East Asia and agreed that there was a need to study those changes in all their aspects so that measures can be taken at the proper time to mitigate the effects of adverse epidemiological trends and to handle the problem in a humane and economical manner. The Ministers suggested continuous monitoring of the trends as a basis for national health plans to restructure and reorient health systems and resource allocation.

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