Progress in Health Development in the WHO South-East Asia Region

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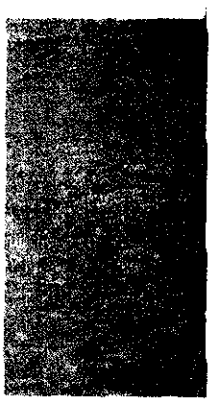
1994-1999



As we enter the 21st Century...

"How can we best – through our own efforts, and that of others with whom we work – make the biggest impact and difference in peoples' health?"

Gro Harlem Brundtland
Address to the 52nd World Health Assembly, 17 May 1999

"Universal health coverage is no utopian illusion at all, even for very poor economies"

Amartya Sen
Address to the 52nd World Health Assembly, 17 May 1999

FOREWORD

Over two decades ago, the Alma-Ata Declaration focused world attention on health for all, and together, nations set health targets for the year 2000. Today, on the threshold of the 21st century, it is appropriate to measure how far countries of the WHO South-East Asia Region have reached in this endeavour. It is also an opportune moment to assess the challenges ahead. In this process, the five years leading up to the new millennium can be seen as the period when the foundations were laid to meet the health challenges in the Region in the 21st century.

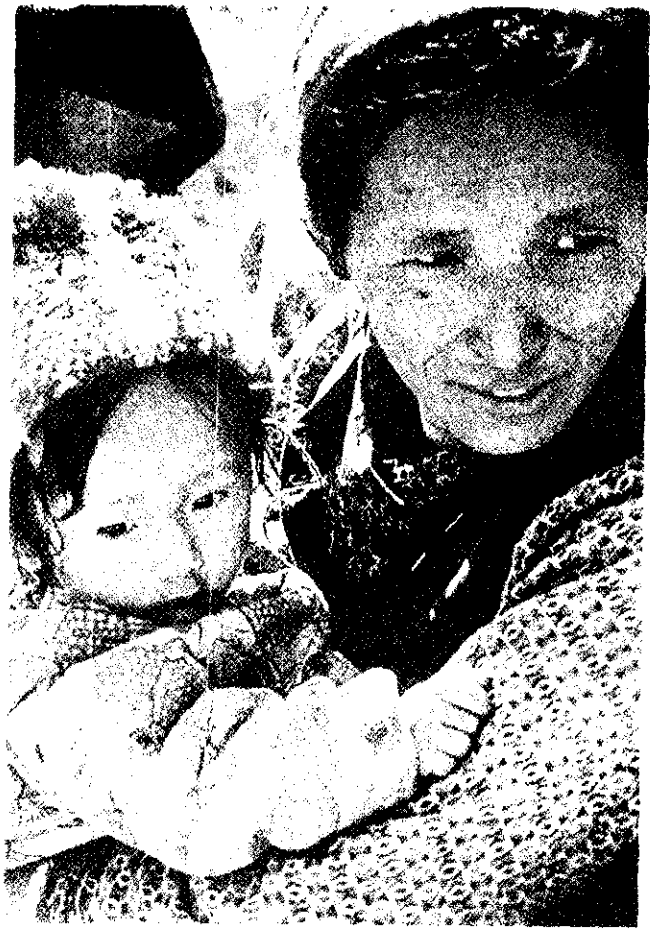
The South-East Asia Region faces formidable and complex health challenges. Its ten Member States carry a double burden of disease. Communicable diseases like tuberculosis and malaria are resurging, while emerging diseases like HIV/AIDS are assuming epidemic proportions. At the same time, noncommunicable diseases like cardiovascular diseases, malignant neoplasms, mental illnesses and diabetes mellitus are on the rise, affecting large numbers of people. The countries thus have an ongoing fight on several fronts.

Since its inception, WHO has worked closely with its Member States to meet their health challenges. As described in this publication, much has been achieved in countries of the Region. In the process, we have realized that the key determinants of health often lie outside the health sector.We know that the health sector alone cannot meet the health needs of all people.

Health can only be achieved through a new vision based on partnerships with other sectors, institutions and communities. We have already made many new partners. We must now continue to form more strategic alliances, and to ensure accessibility to health services, particularly for the vulnerable and marginalized groups who most need our support.

This document provides a brief overview – a balance sheet of health as it were – of the WHO South-East Asia Region from 1994 through 1999. I hope that the publication will be found useful by all those interested in health development in the Region.

Dr Uton Muchtar Rafei
Regional Director



Progress in Health Development...

The world of science and technology has made tremendous strides in recent years. Scientists have broken the genetic code, and today cloning of a life form is a reality. With the birth of Dolly the sheep, the frontiers of science have been extended as never before. Scientific endeavour continues to find solutions to age-old diseases, but new and mutated forms of pathogenic microbes are posing grave challenges. Even as the world is geared to eradicate poliomyelitis, HIV/AIDS threatens to negate the health gains made so far.

With rapid advances in communication technology, people around the world can access information, experience global events, and share emotions as one global family. But, increasingly, they also face threats to their health that cross national borders through trade, tourism and transport.

Running the Last Mile of the Marathon

The WHO South-East Asia Region has made significant strides in health development. There has been a notable decline in infant mortality and an increase in life expectancy. Guineaworm disease has been eradicated from the Region, the end of poliomyelitis is in sight, and the elimination of leprosy as a public health problem is an achievable goal.

At the same time, however, there has been a resurgence of diseases believed to have been brought under control, some reappearing in even more virulent forms. While many more people have access to health services in terms of absolute numbers, it is apparent that large numbers of the poor and marginalized are still beyond the reach of basic health care. Reductions in health inequalities, both within and between countries of the Region, remains a persistent challenge, as does ecologically-sound economic growth.

Dr Gro Harlem Brundtland, the Director-General of WHO since July 1998, has given a new direction to the Organization. WHO is now revitalizing its role as the leader in international health development. Its policies and programmes are being more firmly based on sound evidence and information. While all important communicable and noncommunicable diseases continue to receive attention, an urgent focus is also being given to three

projects: Roll Back Malaria, the "Stop TB" Initiative, and the Tobacco Free Initiative.

The South-East Asia Region of WHO, too, has geared itself to tackle these and other problems facing its Member States. The last five years have seen many developments, and these will provide the necessary impetus to lead the Region into a healthier future.

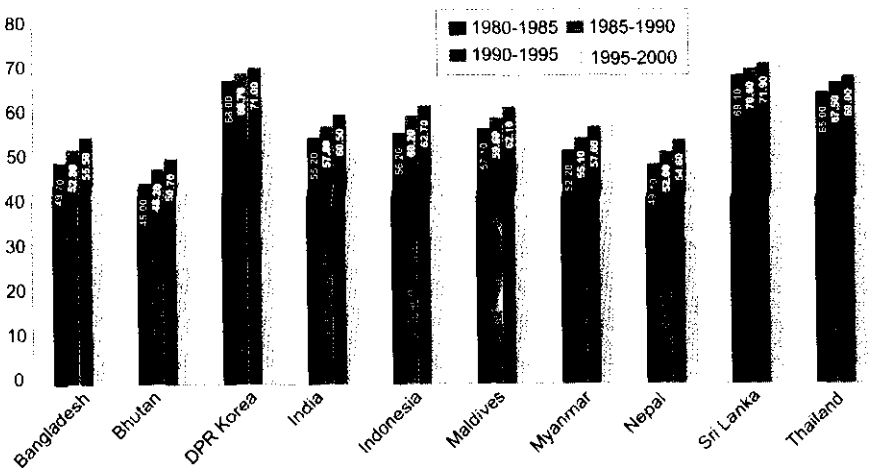
The WHO South-East Asia Region

The ten countries of the WHO South-East Asia Region provide a kaleidoscope of health challenges. Bangladesh, Bhutan, the Democratic People's Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka and Thailand together constitute one-fourth of the world's population. All of these ten countries are developing, and five of them are among the least developed countries.

Two countries, Indonesia and Thailand, which previously had strong economies, were recently hit by a severe financial crisis. Both countries took a series of measures to protect the health of their people, particularly the poor and vulnerable. In 1997, Indonesia witnessed unprecedented forest fires, which inflicted extensive damage to natural habitats, wildlife and ecosystems, in Indonesia as well as in neighbouring countries.

Despite overall improvements in the socio-economic situation, wide disparities still exist, both between and within countries. Rapid urbanization, migration and changes in land and water use are putting immense pressure on already strained civic and health facilities in most countries.

Life expectancy at birth (Years)

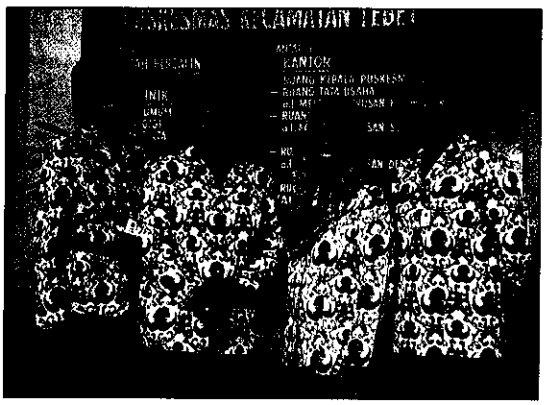


Source: UN, World Population Prospects, The 1996 Revision

Overall life expectancy in the Region has risen steadily. As a result, the increase in the proportion of elderly people is also accelerating rapidly. For example, the number of persons 60 years of age or more in the Region was 98 million in 1995, and was projected to be 114 million by the year 2000 – an increase of 16 million elderly people over a five-year period. Hence, more people than ever in the Region are now at an age where risks to their health are increasing considerably.

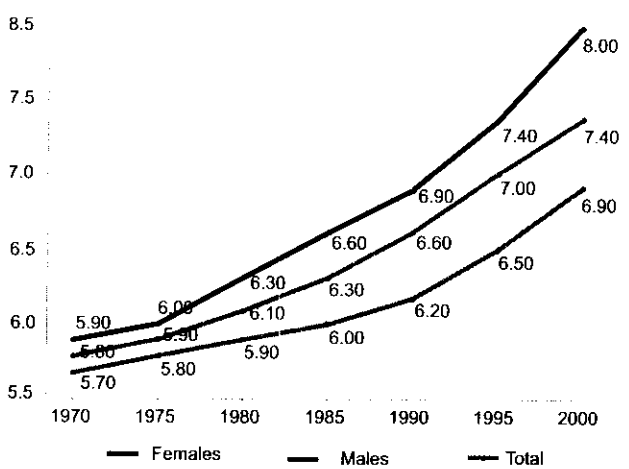
Although the challenge from some communicable diseases is greatly reduced, infectious diseases are still the leading causes of morbidity and mortality in many countries. Diseases such as tuberculosis and malaria still take a heavy toll of lives. New and emerging diseases like HIV/AIDS and new strains of cholera pose a serious threat. At the same time, changing lifestyles are affecting the social fabric, exposing many more people to cardiovascular diseases, diabetes mellitus, some cancers, mental illnesses and substance abuse.

Much has been achieved by countries of the Region over the last few years. Yet there is a growing realization that the health sector alone cannot meet the health needs of all the people. Partnerships have to be forged with other sectors. WHO has played a leading role in



placing health at the centre of the development agenda. It has stressed the role of health as a major contributor to development efforts with health ministers and top political leaders, as well as with ministers of finance – those who apportion national budgets.

Proportion of the regional population aged 60 years and above



The area of technical cooperation among countries has received considerable emphasis, not only in developing joint disease control operations, but also in general health development and training programmes. The cohesiveness of countries of the Region has been strengthened – common problems are being looked at from a regional perspective. For example, joint action is being taken along the borders between countries affected by such diseases as malaria and kala-azar.

In the last few years, several high level forums have been established to facilitate greater dialogue between those who make and those who implement national health policies. The Health Ministers' Forum, which was established in the Region in 1995, has enabled direct contact among ministers, helping to strengthen technical cooperation among countries. This has made it easier to plan and implement joint action for disease control along border areas, to hold synchronized national immunization days for polio, and to exchange experiences and information.

The Health Secretaries' meetings, initiated in 1996, have proved to be an extremely useful bridge between the WHO Governing Bodies and national functionaries. A number of Parliamentarians' meetings, organized in collaboration with the International Medical Parliamentarians Organization (IMPO), have helped to obtain greater commitment to important public health issues. Increasingly, the media are being used as partners to advocate for health development.

The Health Ministers in the Region renewed their commitment to the principles of health for all in 1997 when they adopted the Declaration on Health Development in the South-East Asia Region in the 21st Century. Based on the principles of equity, social justice and human rights, the Declaration provides the basis for future health development in Member States. The Declaration focuses on addressing inequities in health and ensuring basic services, particularly to marginalized and vulnerable groups, including the poor and women.

International partnerships with associations such as Association of South-East Asian Nations (ASEAN) and South Asian Association for Regional Cooperation (SAARC) have provided new arenas for health development work. WHO signed a Memorandum of Understanding with ASEAN in 1997, and a similar agreement with SAARC is being processed. The health development efforts being carried out by these associations cover areas like communicable disease control, nutrition, and essential drugs. Such endeavours provide additional opportunities to strengthen technical cooperation among countries.

The Region's achievements in the field of health over the past five years can be illustrated

Notable achievements

- Considerable progress has been made in bringing health into the centre of development activities.
- Partnerships in health development have been fostered and strengthened with governments, non governmental organizations, and leading technical institutes.
- Most children in the Region are being immunized against the vaccine-preventable diseases.
- The eradication of poliomyelitis is in sight.
- India and the Region have been certified to have eradicated guineaworm disease. This is the first WHO region to have achieved eradication.

- An attenuated live vaccine for dengue virus, developed in Thailand with WHO support, is now at an advanced stage of clinical trials.
- The elimination of leprosy as a public health problem by the year 2000 is achievable.
- All countries of the Region have accepted the WHO-recommended DOTS (directly observed treatment, short course) strategy for tuberculosis control.

by highlighting developments in two main areas. The first area includes achievements in reducing the disease burden and improving the health of the people. The second area covers achievements in health sector development, including human resources and the quality of services. Areas in which substantial progress in the Region has been made over the last five years through partnerships between WHO and its Member States are highlighted in the box on Notable Achievements.

Coming to grips with communicable diseases

While the ongoing battle to control communicable diseases is far from over, major gains have recently been made. These have been achieved despite natural disasters, political uncertainties, and the economic crises faced by a number of countries in the Region.

The water-borne **guineaworm disease**, dracunculiasis, has been eradicated from the

The end of guineaworm

Not too long ago, residents of most villages in the Dungarpur district of Rajasthan, in India, felt they were cursed. In almost every home there was a victim of dracunculiasis, better known as guineaworm disease.

The young Narbada, in Kawza village of Dungarpur, would have been a good choice for the colourful state's tourism posters. She was tall and graceful with sharply chiselled features, but tragically, she was confined to bed. She was a *victim of guineaworm disease, and the pain in her legs* made it difficult to walk.

Narbada did not know that the worm blisters were the outcome of the water she drank, water she herself had fetched from the village stepwell. That was not too long ago – yet today, she and others in her village do not need to worry about guineaworm disease.

Region. India, the only country of the Region where the disease had persisted, reported no new case since June 1996. Yet in the 1970s, guineaworm was one of the most dreaded water-borne diseases in the country.

With support from WHO, India launched its guineaworm eradication programme in 1979. At that time there were about 1.3 million cases, and eradication seemed a distant dream. But by 1984, the cases had fallen to 40,000 in 12,840 villages spread across 89 districts of seven states. In Rajasthan, guineaworm disease affected 23 of its 27 districts.

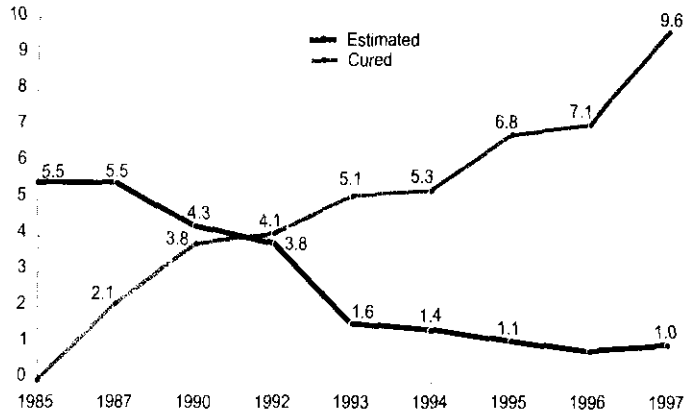
WHO supported the government's efforts in surveillance of the disease. The combined strategy of stepwell conversion, provision of safe water sources, close monitoring, and massive social mobilization and education have helped eradicate this painful disease.

The global target for the elimination of **leprosy** as a public health problem has been set for the year 2000. This means that there would be no more than one leprosy patient in a population of 10,000. Five countries of the *Region have already achieved this target, and* two more are expected to do so within the targeted time frame.

"God-given magic"

Rashida was 14 years old when *doctors told her she had leprosy. Her* small world collapsed. No one would marry her, and she feared that her neighbourhood in Dhaka would soon ostracize her. Two months later, however, thanks to multi-drug therapy (MDT), she was well on the road to recovery. Today, Rashida says she has a new life, and describes the drugs that cured her as "God-given magic". Rashida was treated with a therapy developed by WHO that combines three drugs. This therapy is truly an amazing drug combination which kills over 95 per cent of the bacilli with only the first dose.

Cumulative leprosy cases in the Region



Source: WHO/SEARO Leprosy Unit

This has been accomplished through intensified technical support to countries and by launching national leprosy elimination campaigns. These campaigns in endemic countries have helped detect new patients. Since the disease is completely curable, an early start of treatment helps to prevent disabilities.

WHO has continued its assistance to obtain a free supply of leprosy drugs for every patient through the Sasakawa Memorial Health and the Nippon Foundations. The news media are playing a vital role by providing the public with correct information about thedisease, thus, helping to dispel misconceptions.

Leprosy: No room for complacency

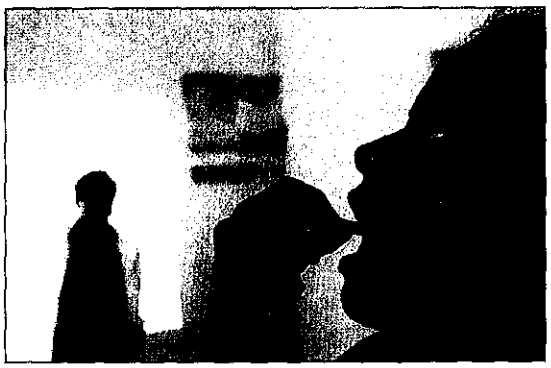
Decades ago, Mahatma Gandhi declined an invitation to inaugurate a leprosy hospital in Tamil Nadu, India. He knew that hospitals only treated people who already had the disease, and thus would serve to isolate patients from their communities.

The challenge was for communities to accept the patients, and for the patients to receive early treatment. He felt a much greater effort was needed to eradicate the disease. The Mahatma said he would be happy to come if he were invited to close down the hospital, once leprosy had been eradicated.

With determination to eliminate the disease, the closure of many such hospitals will soon become a reality. It needs to be remembered, however, that often the last stretch of the road is the most difficult. Hence, more determined efforts than ever are needed–there is no room for complacency.

With better surveillance and by ensuring an early start of patient treatment, India and Nepal, which still have a large burden of the disease, are likely to reach the elimination goal by 2002. Leprosy has been considered a scourge even before Biblical times – its end will be a public health achievement of enormous magnitude.

Tuberculosis continues to be a serious problem, killing about 2000 people in the Region every day. Two factors have made its control even more urgent: the rapid spread of



HIV and the emergence of multi-drug resistance. To combat tuberculosis, all countries of the Region have adopted the WHO-recommended DOTS (directly observed treatment, short course) strategy.

As countries have geared up to implement and expand DOTS to larger populations, the coverage has increased dramatically. The proportion of the population with access to the DOTS strategy rose from 10 per cent in January 1998 to 30 per cent by the end of 1999. The number of patients treated under DOTS in the Region increased from less than 15,000 in 1994 to more than 150,000 in 1998. It is expected that nation-wide coverage with DOTS will be achieved in Bhutan, Nepal and Sri Lanka by the year 2000. Maldives has already achieved nation-wide coverage and has met the global target for tuberculosis control. The five high-burden countries of the Region, including India and Indonesia, are set to achieve nation-wide coverage before the year 2005. India already has the second largest programme in the world, with a population of 140 million having access to DOTS, up from only 18 million in 1998.

WHO has enlisted bilateral and multilateral funding for tuberculosis control. It also provides technical, financial and logistical support to all its Member States. A sense of optimism in controlling tuberculosis is emerging, despite many hurdles.

Although **HIV/AIDS** appeared relatively late in South-East Asia, it is estimated that more than five million people are already infected with HIV in the Region. HIV/AIDS is not only a major public health problem, but given its serious social and economic implications, it is a development problem as well. The best-known method of prevention is to bring about behaviour change. This can be done through massive education programmes, integrated with the provision of services such as condom promotion and treatment of sexually transmitted infections.

WHO has produced several technical publications and advocacy materials on HIV/AIDS prevention and control. Given the association between HIV and sexually transmitted diseases (STDs), the Regional Office for South-East Asia has promoted the

Towards a polio-free world

In 1988 the World Health Assembly resolved to eradicate poliomyelitis by the year 2000. The Member States of WHO called it "an appropriate gift" to the children of the 21st Century. A decade later, most parts of the world are polio-free. Today, the polio virus is found only in parts of Africa and South Asia.

In the last five years, the countries of the South-East Asia Region have undertaken a massive effort to achieve the global goal of polio eradication. Given the large numbers of children and the many difficult-to-reach areas, like the high Himalayas, remote islands, jungles, deserts, and often-flood-prone plains, the achievements of the last few years have been truly remarkable.

WHO has continued to extend technical support to countries in strengthening their immunization networks. It has helped countries to improve their laboratories and to improve surveillance for cases of acute flaccid paralysis, which could be due to polio. WHO regards surveillance as the intelligence network that underpins the entire eradication initiative.

Another effective strategy is that of national immunization days (NIDs), coordinated among adjoining countries of the South-East Asia and neighbouring Regions. During these mass campaigns, all children below five years of age are given supplemental doses of oral polio virus vaccine. The first of these synchronized NIDs in the Region was undertaken in 1996, and many more have been carried out since that time. In the winter of 1998-99, Bangladesh, India, Pakistan, Myanmar, Nepal and Thailand simultaneously immunized a record number of 420 million children.

Six countries in the Region – Bhutan, Indonesia, Maldives, Myanmar, Sri Lanka and Thailand – have interrupted the transmission of the disease. The other four countries are on course to meet the December 2000 deadline.

With 25 per cent of the world's population living in the ten countries of the South-East Asia Region, the global target can only be achieved if this Region is successful. Efforts to eradicate polio have resulted in the mobilization of massive resources, both human and financial. Once eradication is achieved, the world will see a saving of 1.5 billion US dollars per year.

The role of WHO has been critical in mobilizing partners for this last battle against polio. National health sectors have worked closely with UN agencies such as WHO and UNICEF, with major donors who provided the necessary funds, and with key non governmental organizations such as Rotary International. Political will has been well demonstrated, as heads of government led NID drives. By gifting a polio-free world to the next generation, the adults of today do much more – they gift the hope for a healthier future.

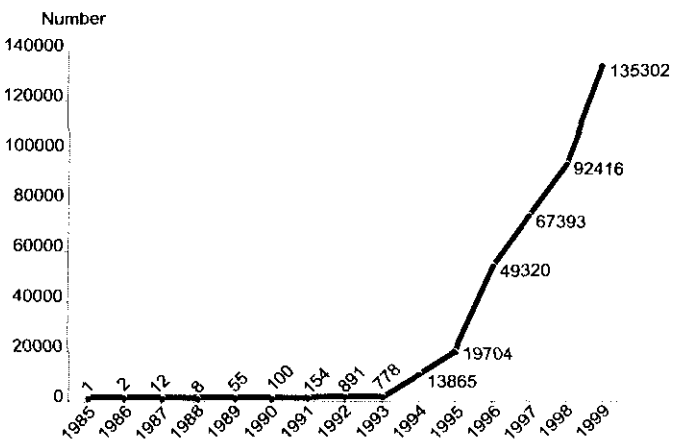
need to strengthen STD services. It also promotes the concept that HIV/AIDS care should be strengthened at all levels and integrated into primary health care. Other areas of focus for WHO include health education, blood transfusion safety, strengthening diagnosis and treatment of HIV-associated opportunistic infections including tuberculosis, and supporting HIV/AIDS surveillance and research in countries.

The Region has a number of success stories. These include Thailand's 100 per cent condom use programme aimed at commercial sex workers, and education for youth, referred to as social vaccines; the Sonagachi sex workers' peer education project in Calcutta, India, which has contributed to continuing low HIV prevalence rates; the successful interventions using the "harm reduction" approach for injecting drug users in Nepal; and the community-based treatment and counselling activities in Myanmar. All of these efforts have shown positive results. But the road ahead is long and hard, especially in the absence of a safe, effective vaccine, and in light of the prohibitive cost of combination drugs for anti-retroviral therapy.

The Region fully supports the global call given by the WHO Director-General, Dr Gro Harlem Brundtland, to *Roll Back Malaria* through broad-based support for **malaria** control. It is estimated that there are over 20 million cases of malaria in countries of the Region each year. Some of the border areas between countries are epicentres of multi-drug resistant malaria. All countries of the Region have revised and elaborated their strategies for malaria control.

The WHO Regional Office has spearheaded the move for intercountry collaboration to combat multi-drug resistant malaria. Such collaboration is particularly important along international borders, where district level meetings are regularly held to promote locally-relevant action. The rational use of insecticides and alternative vector-control strategies to prevent transmission are

Reported AIDS cases in the Region



Note: *Data for1999 upto end of September only
Source: WHO/SEARO, STD/AIDS and Tuberculosis Unit

recommended. The Organization has developed training modules for health staff in malarious areas to learn more about the treatment of severe malaria, about the management of malaria control programmes, and about epidemic preparedness. WHO has also been supporting the Asian Collaborative Training Network on Malaria (ACT Malaria) since 1996.

Six countries from the WHO South-East Asia and Western Pacific Regions (Cambodia, China-Yaman Province, Laos, Myanmar, Thailand and Vietnam) are participating in the Mekong *Roll Back Malaria* joint action project. In addition to active surveillance and early treatment, cost effective, user-friendly methods and bioenvironmental control methods for reducing man-mosquito contact are providing a new edge to malaria control. These include insecticide-treated mosquito nets, carnivorous fish, bio-larvicides and personal protection. **Dengue fever** is endemic in seven countries of the Region – Bangladesh, India, Indonesia, Maldives, Myanmar, Sri Lanka and Thailand. Approximately 1.3 billion people living in endemic areas are at risk of this viral infection.

In the affected countries, a large number of cases are reported in urban, suburban and rural areas. The incidence of **dengue haemorrhagic fever** is increasing and is spreading to new areas. Over the past 10-15 years, dengue has emerged as a leading cause of hospitalization and death among children in the Region.

A number of factors are responsible for the resurgence of dengue fever and dengue haemorrhagic fever in the Region. These include unprecedented population growth, unplanned and uncontrolled urbanization, and inadequate waste management and water supply. Lack of effective mosquito control measures and the increased spread of the four dengue viruses have also contributed to this resurgence.

Plague in India

The 1994 outbreak of human plague in Surat, India, created national panic and international concern. The lack of scientific information contributed to rumours, speculation and restrictions on trade and travel imposed by many countries. This led to a loss of more than one billion US dollars for the country. WHO experts visited the state to provide a situational assessment. The information that the problem was restricted to a small and contained area, and that the Government of India had the situation under control, provided the requisite damage control. Soon after, WHO convened an international meeting on prevention and control of plague, to review the lessons learned from the outbreak. This episode gave an impetus to further strengthen national surveillance and response systems and their linkages with WHO networks worldwide.

Disease surveillance

Epidemiological surveillance is a process of watchfulness over health events which may occur in a population. It has been defined as "the ongoing and systematic collection, analysis, and interpretation of health data in the process of describing and monitoring a health event with the objective of supporting the planning, implementation and evaluation of public health interventions". All countries of the Region have developed surveillance systems for specific diseases, such as the vaccine-preventable diseases, malaria, leprosy, tuberculosis and HIV/AIDS. However, only a few countries have disease surveillance data for other communicable diseases.

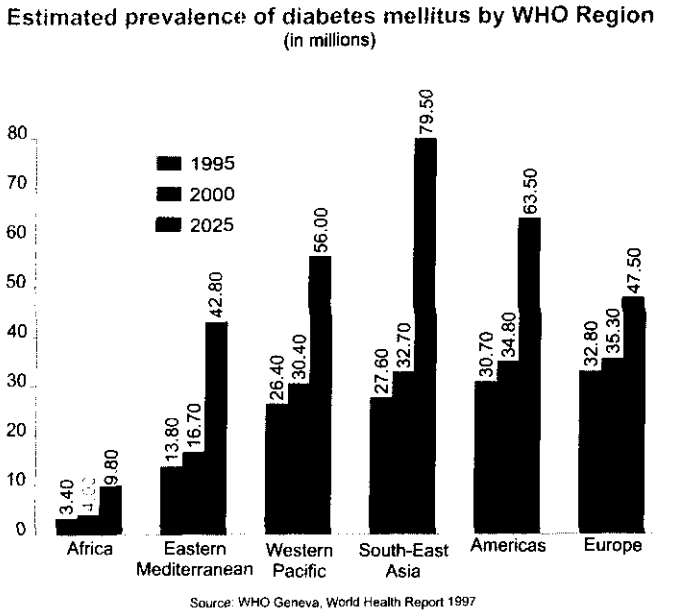
To improve national capacity in epidemiology and disease surveillance, three-month field epidemiology training programmes (FETPs) for medical officers and senior public health staff have been organized annually since 1996 at a WHO collaborating centre for epidemiology and training in New Delhi, India. Outbreak investigation training has been organized at a WHO collaborating centre in Jakarta, Indonesia. In addition to training efforts, other activities include the development of case definitions for 11 important communicable diseases with epidemic potential.

Coping with lifestyle changes and noncommunicable diseases

With more people living longer and with profound changes in lifestyles, there is a substantial increase in many non-communicable diseases (NCDs). These include cardiovascular diseases, malignant neoplasms, diabetes mellitus, and mental illnesses. The need for strengthening noncommunicable disease control programmes as part of national health development has been stressed by WHO. Technical support has been provided to several countries to develop pilot projects on the integrated control of NCDs.

One strategic approach to control NCDs is that of integrated prevention, which addresses common risk factors of cardiovascular diseases, diabetes mellitus and some cancers. WHO has provided a manual on this integrated prevention approach to its Member States, and India, Indonesia and Myanmar are already implementing the approach in selected areas.

Also related to lifestyle changes is the rise in tobacco consumption in the Region. At the time when developed countries are applying more stringent measures to curtail tobacco use, more and more youth and women in countries of the Region are using tobacco. Alerted to the health dangers, most countries are making significant progress in promoting tobacco control measures.



Even before the launch of the WHO *Tobacco Free Initiative* in 1998, a Regional policy framework and plan of action had been drawn up. The *World No Tobacco Days* have offered the opportunity to draw public attention to the dangers inherent in tobacco use, as well as to the vulnerability of the young who are targeted by tobacco advertising. Supported by the global focus on tobacco control, countries have intensified their media campaigns. Some have enacted legislation which bans smoking in public places, others have declared islands and districts as tobacco free. Non-smoking flights have been introduced by most airlines.

Elimination of avoidable blindness and deafness

The South-East Asia Region has one-third of the world's blind population. WHO has been instrumental in launching programmes for the prevention and control of blindness in several countries. As a result, preventable blindness is being substantially reduced. WHO supports the provision of technical expertise, training of primary health care workers, development of infrastructure, and procurement of essential supplies and equipment.

Countries are now providing inputs for the development of regional strategies in response to the international campaign – *Vision 2020 : the Right to Sight*. This 20-year programme is aimed at creating awareness and mobilizing additional resources for preventing and treating blindness. The first five-year phase will give priority to eliminating blindness due to cataract and trachoma, childhood blindness, and refractive errors.

The problem of hearing loss and deafness in the Region is beginning to be more concertedly addressed. In 1998, WHO supported a survey covering the aetiology of deafness and hearing impairments in India, Indonesia, Myanmar and Sri Lanka. The WHO Collaborating Centre for the Prevention of Deafness in Thailand produced a manual on primary ear care for physicians and primary health care staff with support from the Organization. Also in 1998, the Jakarta Centre of Otology was designated as a WHO Collaborating Centre on Communication Disorders.

Prevention and control of nutritional disorders

Sustained nutritional well-being is the goal of nutritional programmes around the world. Safe food and water, multisectoral action, and the participation of people are key to achieving this goal. Following the 1990 World Summit for Children and the 1992 International Conference on Nutrition, global targets were established to reduce, prevent or eliminate childhood protein-energy malnutrition and the micronutrient deficiencies of iodine, iron and Vitamin A, by the year 2000. WHO assists countries to formulate and implement national plans of action to reach these targets. Countries are also being supported to develop food safety policies and programmes, and to carry out research on food safety issues.

It is a sobering fact that more than half of the world's malnourished children live in this Region. Despite the enormity of the problem, the Region has registered a fair measure of success in dealing with malnutrition. Iodine deficiency, the world's and this Region's single most important and preventable cause of mental retardation, is well on the way to being controlled in several countries of the Region.

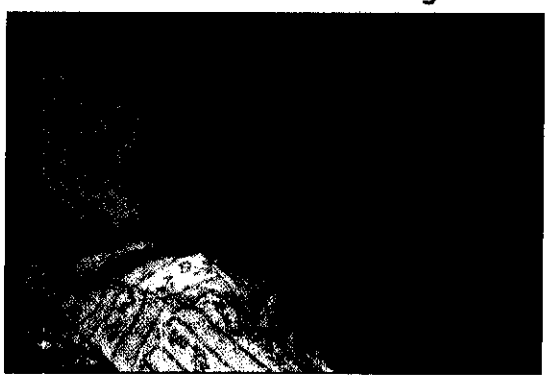
Remarkable progress has been made in making iodized salt more accessible to people. India, carrying the largest portion of the global burden of iodine deficiency disorders (IDDs), has been able to iodize 85 per cent of the salt it produces for human consumption. New knowledge of the role of Vitamin A, not only in preventing blindness, but also in increasing young children's resistance to infection, has provided an opportunity for more extensive and sustained efforts to control Vitamin A deficiency.

Another important area of concern is the nutritional status of adolescent girls and women of reproductive age. A large percentage of women in the Region are anaemic due to iron deficiency, which leads to poor health and contributes to high maternal mortality. It also contributes to low birth weight, which in turn can be life threatening to the infants of anaemic women. WHO provides support to countries for improving the quality of their national programmes which address these issues through the South-East Asia Nutrition Research-cum-Action Network.

Women's health: The need for a special focus

One area of continuing concern in the Region is the low status of women in some countries. The health consequences of women's low status are reflected in every aspect of their lives, and in their inadequate access to health promoting and life saving interventions. The unacceptably high maternal mortality ratios in the Region reflect this inequity.

in the WHO South-East Asia Region



There has been an increased emphasis, in the 1990s, on women's health. WHO set the pace by giving the subject an important place in the Organization's structure, and the Regional Office established a new unit for Women's Health and Development. At the highest level, every country in the Region recognizes the need for the advancement of women, and for providing them with equal rights and opportunities. This political commitment is being translated into policies and programmes.

WHO has supported national efforts to urgently address the high maternal mortality ratios in some countries through its *Safe Motherhood Initiative* and the regional reproductive health strategy. The most important goal of safe motherhood programmes is to ensure that each pregnant woman has access to a skilled attendant at birth as well as to essential obstetric care and life-saving skills when encountering obstetric complications and emergencies.

It is evident that the problem of maternal mortality and morbidity cannot be solved without adequate training of health workers in good midwifery practice and in dealing with life-threatening situations in pregnancy and childbirth. Within this context, *Standards of Midwifery Practice for Safe Motherhood* have been developed, field tested and implemented in several countries. These regional standards are being further refined for global application.

Within WHO and its Member States, the focus on women's health has been widened, taking it beyond reproductive health to encompass a life span approach. This approach emphasizes the health needs and concerns of women at every stage and in every aspect of their lives – from conception to old age. It also recognizes the impact on health of the multiple sociocultural and economic barriers to women's health, including gender inequities in access to and use of health services.

For the first time, country profiles on women's health and development issues, in their broadest context, were compiled and used by countries to set national priorities. These profiles formed the basis of the *Regional Health Report 1998: Focus on Women*.

The 51st session of the Regional Committee adopted a resolution urging Member States to integrate a gender perspective into health policies and programmes in order to effectively address women's health issues and their access to quality health care throughout their life span. Another issue recently emphasized in the work of the Organization is the problem of violence against women and the role of the health sector in responding to this area of concern.

A more concerted thrust for child health

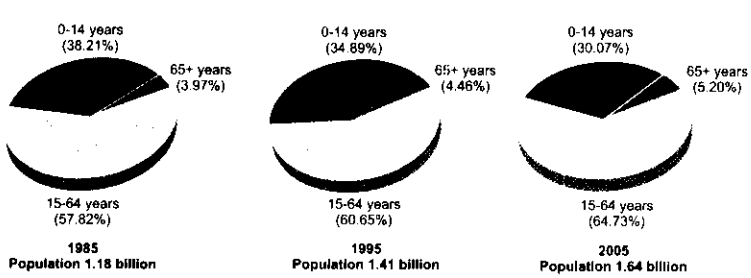
The integrated management of childhood illnesses (IMCI) is an approach recently initiated in the Region for the treatment of sick children. Every year approximately five million children in countries of the South-East Asia Region die before their fifth birthday. Nearly 70 per cent of these deaths are due to pneumonia, diarrhoea, measles, malaria and malnutrition. Frequently, a combination of these diseases is responsible. The IMCI approach not only helps provide effective treatment, but also facilitates the promotion of child health through preventive measures. The integrated approach to manage childhood diseases is proving to be a highly cost effective strategy. In this approach, mothers actively participate in health promotion work. WHO has played a key role in obtaining national consensus for the strategy and has helped to strengthen national capacity. The IMCI approach was introduced in two countries of the Region in 1995 and has since been extended to countries with high child mortality.

The South-East Asia Region has been actively involved in the promotion of this integrated approach. It has introduced a simple IMCI package for basic health workers, and this in turn has helped to bring the integrated approach closer to the community. This integrated management strategy has proven itself to be an effective package of care to combat childhood illnesses.

Providing health care for the elderly

Of the 580 million elderly people in the world, around 355 million live in developing countries. By the year 2000, every fifth elderly person in the world will reside in the South-East Asia Region. As the demographic transition continues, more people are living

Change in the age composition of the Region's population



Source: UN, World Population Prospects, The 1996 Revision

longer and are, therefore, at greater risk of acquiring many noncommunicable diseases. Traditionally, in most countries of the Region, the elderly have been taken care of by their families. But this is beginning to change, along with the changes in family structures precipitated by economic liberalization, urbanization and industrialization. Nuclear families are tending to replace the traditional joint family system, thus impacting on the care available to the elderly.

During the past five years, WHO has promoted and supported the development of health care strategies and programmes for the elderly. These include the assessment of the pattern and magnitude of their health problems and the need for training health workers in their care.

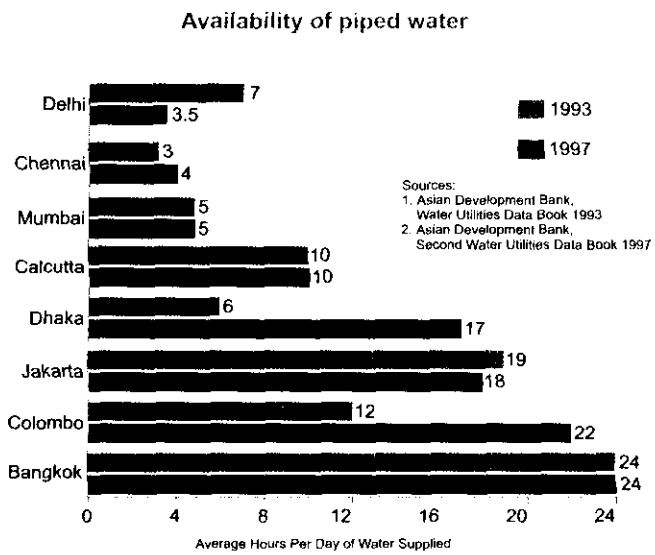
Environmental determinants of health: A holistic approach

It is important that policy makers and planners in all social and economic sectors appreciate the impact of the various determinants of health that lie outside the health sector. Over the past few years, through the *Health and Environment Initiative*, eight countries of the Region have been developing national health and environment plans of action. Five of the countries have already completed their plans, while the other three are including health in their national environment development plans.

Since 1992, the Regional Office has promoted the concept of healthy cities. This approach refers to a process of collectively organizing activities within a given setting (a city, town, island, neighbourhood, market place, school, hospital, etc.) to address priority health and well-being issues.

Environmental problems, resulting from rapid population growth and urbanization in the Region, are surpassing the ability of governments to provide adequate services to their increasing numbers of urban residents, posing a serious challenge to health development. The delivery of basic services such as water supply and sanitation are straining national resources. Perhaps the most serious threat to health in the future is the looming water crisis in some urban areas. The inability of governments to provide a 24 hour water supply renders efforts to maintain the safety of drinking water ineffective.

The WHO Regional Office supports countries in their efforts to strengthen institutional



capacity to assess and manage health hazards due to air, water and land pollution and to control the quality of drinking water. Other areas in which WHO has supported countries include the management of wastes from medical facilities and the promotion of chemical safety. This has led to the development of national legislation and national programmes for hospital waste management. The establishment of poison information and control centres in almost all countries of the Region has been another very successful development.

An area of grave concern in India (West Bengal) and Bangladesh is the high level of arsenic in drinking water. WHO has assisted both governments in their mitigation efforts. During a regional consultation on arsenic in drinking water and its resultant toxicity, organized by the Regional Office in New Delhi in 1997, an emergency response programme was formulated to deal with arsenic contamination and its health effects.

Preparing for emergencies and humanitarian action

The South-East Asia Region is extremely vulnerable to natural disasters. In the decade leading up to 1995, nearly 40 per cent of the world's people affected by natural disasters lived in the South-East Asia Region. Nearly 60 per cent of world's people killed by natural disasters also lived in this Region.

To assist its Member States, the WHO Regional Office established an Emergency and Humanitarian Action (EHA) Unit in 1995. Countries have been provided with technical expertise, as well as with funds especially mobilized from donor agencies, to support relief work in many types of emergencies, including floods, cyclones, earthquakes and forest fires. The EHA Unit helps countries in various technical activities, such as establishing information systems, incorporating emergency preparedness and management into development policy, and community-based training for emergency preparedness and response.

Over the past several years, the Regional Office has actively supported a number of countries in emergency situations. Relief operations and resource mobilization were supported for forest fires in Indonesia, floods in DPR Korea and the floods and cyclone in India. Humanitarian assistance was also provided to East Timor.

Helping to develop health systems

Strengthening primary health care (PHC) has remained a priority for the Region ever since its enunciation in the Alma-Ata Declaration in 1978. WHO has assisted Member States to restructure their health systems based on PHC. This has helped to achieve equitable, affordable, accessible, sustainable, and good quality health care. It also helps serve the needs of the most vulnerable groups.

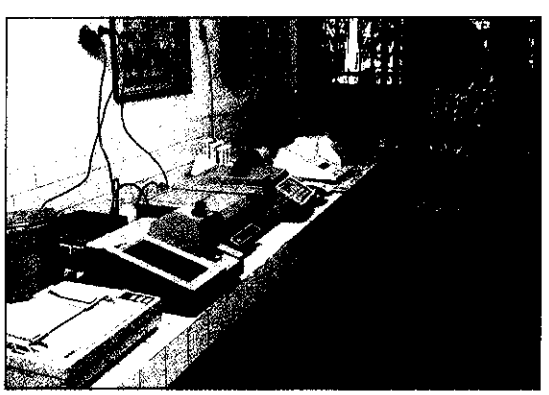
To commemorate the 50th anniversary of WHO, the Regional Office specially recognized one leading institution in each country for its significant contribution to the development of primary health care. Awards were given for outstanding primary health care work in a variety of areas, including research promotion and development, training of basic health service personnel, health management, and community development efforts. In 1997, the Sasakawa Health Prize was awarded by the World Health Assembly to the Mongar Health Services Development project in Bhutan, another reflection of the priority being given to PHC in countries of the Region.

Over the last few years, to help bring health closer to the people, greater decentralization has been introduced by countries. A conscious effort has been made to strengthen district health systems. In addition, active community participation has resulted in many community-based schemes in the Region. Volunteers play an important role in community organization, awareness building and mobilization. Recognizing that community partnerships are a key aspect of PHC, countries of the Region have selected and trained nearly three million health volunteers since 1995.

Recognizing also that disease knows no boundaries, the countries of the Region have found that working together achieves a synergetic outcome far greater than the sum of individual inputs. In the last five years, WHO has undertaken a number of efforts directed at strengthening intercountry cooperation and collaboration in the Region.

Over the years, WHO has also helped countries to assess their health situations through its health situation and trend assessment programme. Results of the latest evaluation of the health-for-all strategies and other health data were analyzed and disseminated in the publication *Health Situation in the South-East Asia Region, 1994-1997.*

Technical information on important health subjects has continued to be published in various forms, including newsletters. The



WHO Regional Office library has continued to share its resources through the Health Literature, Literacy and Information Services (HELLIS) network of libraries.

Another area of interest in the Region is the growing use of technology to bring the best medical knowledge possible to the people. Within this context, Bhutan is to be the testing ground for an innovative telemedicine project. At the same time, radio communication is also being used to provide health care guidance in remote areas of this Himalayan kingdom.

Strengthening resources for health

Perhaps the most recognizable face of the health care system for most people is that of the health care providers. WHO has continued to support the development of human resources across the health sector. This is done at various levels, through fellowships for advanced training of professionals, strengthening of medical education overall, and strengthening of national institutions.

There has been a special focus on the development of the paramedical work force and on the quality of education provided for health personnel. The Regional Office has developed standards of midwifery practice and demonstrated in four countries that the application of such standards can make a dramatic difference to the quality of midwifery services.

Another area receiving special attention is that of strengthening health laboratories. Laboratory personnel in eight of the ten countries of the Region have been trained to ensure quality in laboratory functioning. A standardized methodology for laboratories has also been provided. Some countries are moving towards accrediting all laboratories.

Given the risk of transmitting HIV/AIDS and other diseases through the use of unsafe blood, WHO has given high priority to ensuring safe blood transfusion services. Overall, countries have made considerable progress. Guidelines have been developed to enhance blood safety, and many countries have already taken action. In India for example, a ban on professional blood donors has been enforced. Thailand, by 100 per cent screening of all units of blood, has secured this avenue against HIV transmission.

Educating communities for better health

Health education is one of the most important ingredients in equipping people to improve their own health. The concept and practice of health education and promotion have been recognized as essential to health development in the Region. The Ottowa Charter of 1986 on health promotion was reinforced by the 1997 Jakarta Declaration on Leading Health Promotion into the 21st Century. This was

the first international conference on health promotion to be held in a developing country. It was also the first to involve the private sector.

The entire health promotion movement rests on the premise that there is health development potential in every institution, organization, and community. This vision of health promotion will obviously receive increased attention in the 21st Century.

The Regional Office supports health education training programmes for individual focal points and for larger groups in countries. Special attention has been paid to the development of health promotion in the three mega countries of the Region – India, Indonesia and Bangladesh. Strategic plans incorporating intercountry collaboration have also been outlined.

An interdepartmental health promotion working group has been established at the Regional Office to facilitate health promotion policy formulation and support its integration into health programmes. Regional guidelines have been developed for health promoting schools. School health was on the agenda of the 16th meeting of Health Ministers held in 1998.

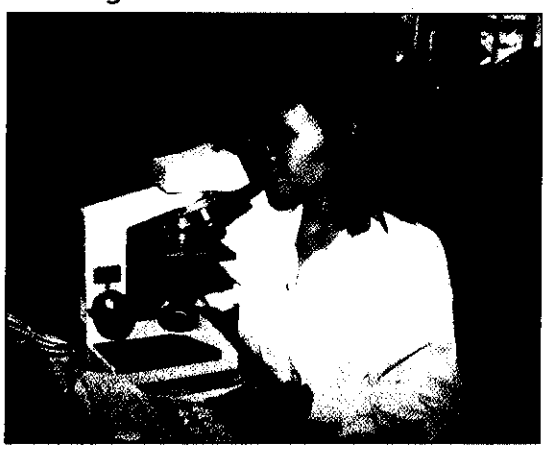
Future challenges

The world enters the 21st Century with a sense of uncertainty, but also with a sense of hope. Science has made possible a new dawn. Through knowledge and human endeavour, mankind has the key to controlling many diseases. For the WHO South-East Asia Region, the first and foremost need is to reduce the burden of morbidity and mortality among

the disadvantaged – the poor, women and children, and those living in tribal and remote areas. Only then can the goal of *health for all* be achieved.

The Region's people need to be protected from the adverse social consequences of economic liberalization. Governments will need to develop policies and guidelines to channel the private sector and to ensure it provides complementary and needed services. WHO is carefully studying the implications on health of international trade agreements to which its Member States are signatories. Information and guidance are being provided on how to take action and work within the given parameters.

Science and technology are making vast strides. The Region has to harness their potential, particularly to address current gaps



in health. But, in a "brave new world", governments will need to continue to play the major role in protecting the health of their people. Collectively, there is need to ensure that health ethics are upheld, and that new scientific discoveries and technological experiments do not exploit poor and underdeveloped nations and people.

Governments will need to strengthen their health systems, particularly for primary health care, and enhance the training of their health professionals to harness technology to detect and fight diseases. For the poor and the vulnerable, it is governments who will have to provide health services and other social safety nets. The forces of privatization and market orientation should not deflect governments from discharging their responsibility to protect the health of the underprivileged and vulnerable sections of their populations.

Maternal mortality in the Region continues to be unacceptably high. This is linked to the low status of women in many countries, as well as to inadequate facilities for maternal care in the villages where many women live. WHO will continue to support countries in planning approaches to women's health issues across the life cycle.

WHO has to redefine its mission, and to maintain and strengthen its leadership role in health. The challenge is to bring the many important partners who support health in its Member States towards a common vision of the health-for-all goals.

A vision for the new millennium

The start of the 21st Century is an opportunity to initiate new strategies for health. As the lead international agency in health, WHO will continue to support its Member States, and will forge a wider, more strategic network of partnerships.

WHO can make a difference. Together with countries, and with vision, commitment and leadership, major advances in health will be achieved. These will alleviate the burdens of disease, disability, premature death and suffering that afflict the people of the Region, especially the poor. Through health sector reforms, quality health care will be made universally accessible. WHO recognizes the link between women's health and the development process, and thus will encourage greater investment in women's health, as well as the elimination of gender discrimination and disparities.

The 21st Century will bring many scientific and technological advances. WHO will help harness these advances to lead people to better health. Through creative use of communication technologies, and strategic partnerships with the private sector, civil society and the media, people will have access

to the best knowledge on health care. In keeping with the spirit of the Regional Health Declaration, WHO will facilitate the flow of information and provide a forum for dialogue among all interested parties, to better understand and solve important health problems.

Many excellent institutes in the Region have been designated as WHO Collaborating Centres. In the greater spirit of partnership, WHO and countries need to bank on an even wider network of agencies and NGOs. Greater emphasis will be placed on bringing nongovernmental organizations and national centres of excellence into the mainstream of WHO collaborative activities.

Several countries in the Region have considerable research capability. This needs to be more fully harnessed to facilitate technology development and application. The Regional Office has established close links with national research agencies and institutions. It is taking steps to ensure the prioritization of researchable problems as well as the rapid transfer of research results into health policies and programmes.

In the past five years, the Regional Office has equipped itself to handle the rapidly changing needs of countries. In keeping with the times, WHO is bringing in expertise in areas outside the health sector which have a strong impact on health, for example in multilateral trade agreements.

The new corporate culture in WHO is both transparent and dynamic. There is greater delegation of work and greater independence. At the same time, technical staff are moving beyond vertically defined programmes and are providing expertise for a number of intersectoral teams working on defined themes.

The WHO Regional secretariat is interacting more closely with country planners. In 1999, for the first time, joint planning was undertaken between concerned national health officials and WHO staff to prepare both country and intercountry plans of action for the 2000-2001 biennium. This spirit of cooperation will enable the Region to accelerate its achievements in health.

Health is the most vital foundation for human development – it needs to become "everyone's business". Achievements in health are made gradually over time, and each new milestone builds on past achievements. So too, will the notable progress made over the past five years be further consolidated in the coming years. The momentum already achieved will provide the desired impetus towards the goal of health for all.

The Declaration on Health Development in the South-East Asia Region in the 21st Century was adopted by the Health Ministers at their 16th meeting in 1997. In the same year, it was endorsed by the Regional Committee for South-East Asia at its 50th session. Founded on the principles of human rights, equity, social justice and the centrality of health to sustainable development, the Declaration serves as the basis for future health development efforts in countries of the Region.