Organization of Health Services

Despite best efforts of Member States, significant challenges in the organization and delivery of health services persist. The major challenges are lack of reliable data; inadequate human resources in some countries and uneven distribution in others; affordability and cost of health care for the poor and the marginalized; and the lack of public health infrastructure.

The broad strategies to counter the challenges include: building of management capacity; integration of health delivery system; increasing cost-effectiveness; promoting appropriate public-private mix ensuring equity and quality of services to the poor and the marginalized; alleviation of imbalances in the composition and distribution of human resources for public health, and implementation of quality assurance and accreditation.
Health systems

In order to lay a strategic roadmap, a bold initiative in the form of “South-East Asia Public Health Initiative: 2004-2008” was launched to position public health high on regional and national health agendas. An in-house technical working group and a strategic advisory group were constituted to devise the framework and oversee the implementation of activities. Accordingly, resources were realigned to achieve these goals.

Following the establishment of the South-East Asia Public Health Educational Institutes Network (SEAPHEIN) in April 2004, strategies and approaches for future country-specific action plans were formulated, and faculty exchanges within and between India, Indonesia, Nepal and Thailand facilitated. Preparation of a status paper on public health legislation and an assessment of public health functions in at least five countries of the Region were also undertaken. The draft Medical and Health Council Act, Rules and Regulations in Bhutan was finalized. In Sri Lanka, a draft document containing a synopsis of selected legislation has already been developed.

The Management Effectiveness Programme and Clinical Performance Development Management Systems, with the objective of ascertaining the interest of Member States and impressing upon them the importance of including management development and clinical performance of health workers in their country workplans, is being finalized.
Myanmar and Indonesia have shown good progress in this area while Sri Lanka and Timor-Leste are expected to initiate action soon. Expansion of the telemedicine programme to the district level in Bhutan is also being facilitated. The Policy and Planning Division in Bhutan has been strengthened with four staff supported to pursue the Master’s course in Health Policy, Health Information, Human Resource Management and Health Economics.

Technical guidance to address the growing concern for patient safety and quality assurance was provided to Member States. Research proposals received in this area from Myanmar and Thailand are under review. Decentralized planning and financing at district level have contributed greatly in bringing appropriate services closer to the community. Selective support was provided to Sri Lanka in this initiative. In addition, district health planning was strengthened and the outcome was a five-year district health plan with strategies to address the issues related to marginalized populations. A new health service delivery model was also successfully implemented in a hospital with plans of replication in several health institutions. In Indonesia, printing of a periodical, “Health Decentralization Bulletin”, and the development of effective referral services in a highly decentralized system was supported.

Human resources for health

Quantity and quality of human resources are issues that impact the health services in Member States. Lack of planning, training capacity for human resources for health (HRH), mismatch and imbalance in the ratio of health personnel are other related factors. In the area of health manpower mix, while the ratio of nursing and midwifery personnel is higher compared to physicians in countries such as Bhutan, DPR Korea, India, Indonesia, Maldives, Sri Lanka, Thailand and Timor-Leste, the reverse is seen in Bangladesh, Myanmar and Nepal.

Curriculum reform has been a continuous process in medical schools in Bangladesh, Sri Lanka and Thailand. The health promotion component in the health programme curricula in Thailand has been strengthened. Gender issues and women’s health have been addressed in India, Nepal and Thailand.
Efforts are being intensified to focus on the development of a core curriculum in public health education through a workshop approach. Selective efforts in India, Indonesia and Nepal have been made to develop the Master’s in Public Health (MPH) curriculum. Allied health education and training have come into focus due to the lack of training and courses in laboratory technology. A regional core curriculum for laboratory technicians is being developed. Efforts are also being made to develop training modules for health financing, health economics and health management for public health programmes. Establishment of a Public Health Institute in Myanmar is under process. Similarly, public health programmes are being developed and strengthened in India, Indonesia, Nepal and Timor-Leste through training etc.

WHO headquarters have launched health workforce studies and data collection and analysis focused on the World Health Report 2006, devoted to the theme of HRH, and the Human Resources Development decade. A survey to estimate the total public health workforce in the Region has also been initiated in conjunction with the above survey.

Education and training

During the period under review, 688 letters of award were issued against 769 fellowship applications received. Country-wise data are presented in Table 5.1. There has been an appreciable increase in the receipt of Fellowships Termination
of Study Reports (FTSRs) which is presently 53.8%. Despite intensive efforts to obtain Utilization of Fellows’ Services Report, the progress has not been satisfactory. Technical and managerial support services were offered to the Western Pacific (WPR), Eastern Mediterranean (EMR) and Africa (AFR) regions in the implementation of a total of 105 fellowships and study tour programmes, with the active support of WHO country offices.

Table 5.1: Implementation of fellowships in the South-East Asia Region, 1 July 2004 to 30 June 2005

<table>
<thead>
<tr>
<th>Member State</th>
<th>Applications received</th>
<th>Fellowships awarded</th>
<th>Fellowships Termination of Studies Report received</th>
<th>Utilization of Fellows’ Services Report received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>187</td>
<td>173</td>
<td>116</td>
<td>0</td>
</tr>
<tr>
<td>Bhutan</td>
<td>18</td>
<td>26</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>54</td>
<td>89</td>
<td>29</td>
<td>0</td>
</tr>
<tr>
<td>India</td>
<td>158</td>
<td>67</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Indonesia</td>
<td>19</td>
<td>21</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Maldives</td>
<td>23</td>
<td>22</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>Myanmar</td>
<td>138</td>
<td>142</td>
<td>90</td>
<td>0</td>
</tr>
<tr>
<td>Nepal</td>
<td>110</td>
<td>80</td>
<td>46</td>
<td>0</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>44</td>
<td>50</td>
<td>25</td>
<td>0</td>
</tr>
<tr>
<td>Thailand</td>
<td>11</td>
<td>11</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>769</strong></td>
<td><strong>688</strong></td>
<td><strong>370</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

Source: WHO/SEARO, ETS Unit - 2005

Applications for 110 study tours were processed for implementation by the technical units.

Seventy-three meetings/group educational activities (GEAs) were held. Of these, 8 were policy meetings, 24 were advisory meetings and 41 were intercountry technical meetings.

An electronic Documents Management System (eDMS) is firmly in place to serve as an electronic storage platform for all operational documents. Recently, a mission from WHO headquarters studied the system and commented favourably on the electronic storage and reporting systems as well as the extent of automation achieved.

The web-based WHO Regional Directory of Training Institutions (RDTI), launched in April 2004, contains data of
49 institutions along with their related profiles. These include 29 clinical, 33 public health and 45 research institutional profiles. It is expected that the database will serve as a reference tool, among others, to facilitate placement in the Region and countries, support various network initiatives in the Region and identify a pool of expertise.

A thematic evaluation of WHO’s Global Fellowships Programme took place last year and the report was endorsed by the Programme Budget and Administration Committee of the Executive Board in January 2005. It provided direction for improving the performance of the fellowships programme within the framework of results-based management.

A web page with details of the respective programmes and activities in respect of health systems, human resources for health, education and training support units is available and is periodically updated.

Evidence for Health Policy

The key challenges in this area are to improve the performance of the health information system (HIS) so that the data generated can be transformed into information for evidence-based decision-making; promote health policy and health systems analysis; and encourage evidence-based decision-making.

Broadly, the main regional and national strategies addressing these challenges include: strengthening national health information systems for providing evidence-based information to policy-makers and for monitoring progress in achieving the Millennium Development Goals (MDGs); promoting and building capacity for health policy analysis, providing technical support to countries in using appropriate tools and methods for evidence-based decision-making (burden of diseases, enhancing health system performance, core health indicators), and increasing the capacity of countries for analytical thinking and use of reliable information emanating from the dynamic and responsive health information system.

Work on updates of the health system profiles of countries of the Region was undertaken to address all components of the health system framework and prepare a base for the decision-making process for strengthening of the health
system. Final versions of the updates are being drafted and will be posted at the web sites of the Regional Office and the country offices. Use of “Health Mapper” a WHO software on health service availability and health situation monitoring, was promoted in the Region. Participants from Indonesia and Sri Lanka attended a training course, on use of the Health Mapper in districts.

The capacity of countries to generate and use health information is not strong, and is often focused exclusively on disease-specific programme areas. They not only have the least information but also limited capacity (skills, systems) to generate, analyse, present and disseminate information. There is thus a need to develop a framework for strengthening health information through concerted efforts of all stakeholders and partners, and also to pave the way for collaboration between the Western Pacific and South-East Asia regions in strengthening health information.

A WHO Bi-regional Consultation on Strengthening Health Information Systems in Asia and the Pacific was held to discuss and formulate a framework for strengthening the health information system; to identify issues and challenges for collection, compilation, analysis and dissemination of basic core indicators including MDGs; and to review and finalize the publication on Core Indicators 2005 for Asia and the Pacific, and the progress made towards achievement of MDGs in Asia and the Pacific Region. As an outcome of the Consultation, a Framework for Strengthening Health Information in Asia and the Pacific has been drafted. This Framework will be finalized in consultation with countries of the SEA Region.

Bi-regional collaboration related to health information system addresses the principles for creating a dataset for Core Health Indicators (CHI). It has been a WHO domain in all levels of the Organization, to recommend the CHI set for monitoring of health status and health system performance. Minimum essential categories have been identified, including equity, selected mortality and morbidity indicators and MDGs. A 2005 Core Health Indicators brochure has been published, for the first time for Asia and the Pacific. At the same time, another brochure focusing on progress in MDGs for Asia and the Pacific has also been produced. For improved data quality, data management and intercountry comparison, work on the implementation of International Classification of Diseases
The Work of WHO in the South-East Asia Region

Progress towards achieving MDGs

The Twenty-second Meeting of Ministers of Health of Countries of the South-East Asia Region, held in Maldives in September 2004, reviewed the progress towards achieving the MDGs in South-East Asia. The meeting recommended that Member States should identify specific challenges and develop appropriate intervention programmes with the support of all partners in health; it also recommended that WHO should continue to assist countries in their work on MDGs, particularly in technical support, monitoring and reporting and resource mobilization activities. At the country level, WHO continued its technical assistance in MDG monitoring and reporting, and in coordinating and collaborating with all stakeholders to support activities related to achieving the MDGs.

(ICD-10) in some countries (India, Maldives, Nepal, Sri Lanka) was supported and was focused mainly on training activities. A national-level Burden of Diseases methodology workshop was supported in Myanmar. Experts from India and Thailand participated at the global meeting on Family of International Classifications in Reykjavik, Iceland.

During the Fortieth Meeting of CCPDM and the fifty-sixth session of the Regional Committee, Member States requested the Regional Office to share evidence-based information and country experiences on social health insurance and other risk-pooling mechanisms. Member States also wanted to be supported in their efforts to introduce or expand alternative health care financing, including social health insurance schemes, in partnership with WHO collaborating centres, national centres of excellence and national expertise. As a follow-up, during the period under review, the Regional Office collaborated with the Regional Office for the Western Pacific to develop a draft bi-regional strategy on health care financing. In response to the above-mentioned Regional Committee resolution, selected case studies from countries in Asia and the Pacific were published as a SEA/WP Regional Offices’ collaborative effort. Work on National Health Accounts (NHA) continued in the countries of the SEA Region. As of now, NHA has been established in Bangladesh, Sri Lanka and Thailand. In India, Indonesia, Myanmar and Nepal, work on NHA is under process, while Maldives is considering to initiate work in this area.

As one of the main products of bi-regional collaboration between the South-East Asia and Western Pacific Regions, production of a publication, Asia Health Report – Edition 2006, was agreed upon. This will be the first WHO publication of
its kind, focusing on areas such as health policies, policy options, and issues and challenges relevant to countries comprising the major portion of Asia and the Pacific regions. Prominent and dominant issues specific to these regions will be covered. Other areas, such as health care financing; emerging diseases; globalization and trade in relation to health; partnership, and stewardship/governance will also be addressed.

**Research Policy and Cooperation**

The recent experience in effectively controlling SARS and avian influenza have highlighted the need for health research with stronger political support. Urgent and coordinated response by research institutions at global, regional and national levels in health and biomedical research has become important to generate evidence for prompt action. In this context, experts from countries in the Region discussed “Emerging Infectious Diseases” (EID) as the main subject at the Twenty-ninth session of the South-East Asia Advisory Committee on Health Research (SEA-ACHR) held in Yangon, Myanmar in June 2004. The EIDs were very relevant to Indonesia and Thailand which had been hit by an outbreak of the SARS virus. Nipah virus, kala-azar and dengue continued to place a high burden on Bangladesh. SEA-ACHR made recommendations on the following four areas of health research priorities on EIDs: (a) surveillance, (b) development of new diagnostics and tools: discovery of new vaccines and drugs; (c) studies to strengthen laboratories and the surveillance system, and (d) health systems and socioeconomic impact analysis.

Accordingly, Indonesia, Maldives, Myanmar and Sri Lanka assessed their laboratory surveillance systems and reviewed the existing guidelines for strengthening laboratories, and developing integrated disease surveillance programmes. Member States were encouraged to develop national policies on EIDs, including the use of advocacy and mobilization of additional resources for supporting and enhancing epidemic preparedness plans.

The SARS outbreak provided evidence of the close relationship between medical and health problems, as well as economic and social problems. Countries stressed the need for more attention to non-medical and non-health research,
involving research on the cause-effect relationship between certain health problems and non-health factors such as the economy, education, and social and gender factors. Qualitative tools for assessing national health research system and analysis (NHRSA), which is globally developed, should be further adapted to each country’s context, especially if periodic assessment of performance is needed.

As a continuing activity of the pilot study on health research system analysis involving Indonesia and Thailand, organized by WHO headquarters in 2002-2003, a “Capacity Strengthening Workshop on Health Research System Analysis” was held in October 2004. The workshop was attended by participants from selected countries of the South-East Asia, Western Pacific and European regions. Bangladesh, India and Myanmar, who are interested in assessing their national health research policy and programmes, will be adapting the framework and tools developed.

Capacity building in the development of good research proposals that could meet the expectations of donors was a continuous effort of the Medical Research Council of Bangladesh, the Indian Council for Medical Research, the National Institute of Health Research and Development, Indonesia, the Department of Medical Research, Myanmar, medical schools in Sri Lanka and the Health Research System Institute of Thailand. Much of the work is being done in collaboration with international agencies and institutions, and these countries are progressing well in the area of building research capacity.

Countries like Bhutan, DPR Korea, Maldives and Timor-Leste received support from WHO’s Special Programme for Tropical Disease Research and Training through the project: “Small Grants Programme for Operational Research in Tropical Diseases”. The course pack was prepared and training workshops were conducted in Bhutan in August 2004, and in Maldives in December 2004. Given the training and funds for conducting research, young researchers in these countries are now capable of developing, carrying out and reporting health research. The project supports operational research on dengue, lymphatic filariasis, malaria and leishmaniasis.

To bring “knowledge into action”, WHO and its partners attended a high-level conference: “Ministerial Summit on Health Research” in November 2004 at Mexico. Fifty-eight ministers
of health, and ministers of science and technology, were among the 700 delegates from all over the world. From the Region, ministers or senior officials from Bhutan, India, Indonesia, Myanmar, Nepal, Sri Lanka and Thailand participated in the Summit. The ministers and high-level policy-makers signed ‘A Statement of Health Ministers’ which urged the WHO Director-General to request Member States to bridge the “know-do gap”. The statement stressed that governments should set aside 2% of their national budgets for research. The Report titled, “Knowledge for Better Health”, was also presented at the Ministerial Summit.

The testing of teaching guidelines on medical ethics which was started in 2002 in seven medical schools in Bangladesh, Indonesia, Myanmar, Sri Lanka and Thailand, was completed. Some medical schools have used the guidelines to review and update their medical ethics curriculum. Additional cases, specific to the medical schools concerned, have been added to the guidelines. A workshop was held in August 2004 in Bangkok where the results of the field-testing of the Regional Health Ethics Teaching Guidelines were discussed. The final version of the guidelines will soon be printed and CD versions distributed in 2005 to all medical schools in the Region.

In the area of ethical and legal issues of human genetics, ethical review committees need to be empowered with appropriate technical knowledge and skills to review proposals on human genetic research. Some countries have expressed the need for regional guidelines to help them develop their national guidelines on human genetic research.

There is also a need for good research managers with requisite skills. To support countries to build knowledge and skills in research management, the final draft of 10 modules on health research management was developed by a group of experts. Indonesia took the lead to conduct orientation courses using the modules and assigned focal points, formed core groups of trainers, identified the target audience for the training and selected appropriate modules for developing the course pack.

To identify national and regional experts, Thailand took the lead in creating a database and developing a web page on Thai national experts to enable them to share their experiences on international work. The Regional Office and Thailand

...
assisted India and Indonesia in developing a suitable, simple-to-use electronic system for experts through a workshop held in December 2004. It is expected that Member States will further improve bilateral or horizontal collaboration, thereby helping each other through exchange of experts.

**WHO collaborating centres and expert advisory panels**

WHO collaborating centres (WHO CCs) play a vital role in furthering WHO programmes in countries of the Region. To streamline the process of designation and re-designation of collaborating centres, WHO headquarters have finalized and circulated the revised forms for designation and evaluation.

Henceforth, all proposals for designation will be approved electronically by the Global Screening Committee (GSC) Members as and when they are forwarded to WHO headquarters. This procedure would ensure speedy approval, though GSC would continue to meet bi-annually to discuss policy issues.

As of June 2005, the total number of active WHO collaborating centres in the Region was 77: (Bangladesh – 2; DPR Korea – 1; India – 38; Indonesia – 4; Myanmar – 2; Nepal – 2; Sri Lanka – 2, and Thailand – 26). Four new proposals were ready to be reviewed by the Regional Development Committee (Table 5.2).

Table 5.2: Status of WHO collaborating centres in the South-East Asia Region, June 2005

<table>
<thead>
<tr>
<th>Member State</th>
<th>Number of WHO collaborating centres</th>
<th>New proposals</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>2</td>
<td>–</td>
<td>2</td>
</tr>
<tr>
<td>Bhutan</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>1</td>
<td>–</td>
<td>1</td>
</tr>
<tr>
<td>India</td>
<td>38</td>
<td>–</td>
<td>38</td>
</tr>
<tr>
<td>Indonesia</td>
<td>4</td>
<td>–</td>
<td>4</td>
</tr>
<tr>
<td>Maldives</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Myanmar</td>
<td>2</td>
<td>–</td>
<td>2</td>
</tr>
<tr>
<td>Nepal</td>
<td>2</td>
<td>–</td>
<td>2</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>2</td>
<td>–</td>
<td>2</td>
</tr>
<tr>
<td>Thailand</td>
<td>26</td>
<td>4</td>
<td>30</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>77</strong></td>
<td><strong>4</strong></td>
<td><strong>81</strong></td>
</tr>
</tbody>
</table>

Source: WHO/SEARO, RPC Unit
National workshops on WHO collaborating centres held during the period under review recommended that the centres be used maximally at national, regional and international levels. WHO supported the establishment of a network of WHO collaborating centres and national centres of expertise in Thailand. A network secretariat was formed and a monthly newsletter distributed widely in Thailand, as well as to other Member States in the Region. The Regional Office is currently developing guidelines to promote national centres of expertise.

The WHO Expert Advisory Panels (EAPs) and Expert Advisory Committees (EACs) support technical programmes with appropriate advice. These experts are selected and appointed by the WHO Director-General, on the recommendation of Member States and WHO technical programmes. As of June 2005, there were 80 experts from the Region on Expert Advisory Panels. The country-wise and gender-wise representation is as follows: Bangladesh (1 female); India (27 males, 8 females), Indonesia (7 males, 3 females); Myanmar (2 males, 1 female); Nepal (3 males, 1 female); Sri Lanka (5 males, 3 females), and Thailand (11 males, 8 females). The female:male ratio of EAP membership from the Region is the most favourable, as compared with other WHO regions.

**Essential Medicines**

Countries are at the core of WHO’s Medicines Strategy (2004–2007). The vision is “People everywhere have access to essential medicines they need; that the medicines are safe, effective, and of good quality; and that medicines are prescribed and used rationally”. Achieving this vision in the Region is a complex and intricate task due to the enormous diversity in capacity for medicines in countries.

On the one hand, India has the capability to discover potential new medicines and take the final product to patients; on the other, countries such as Bhutan and Maldives import virtually all their requirements of medicines. Each has its own strengths and problems: India is faced with an enormous number of trade names of drugs, some of which are unacceptably close and confusing with generic names; Maldives has to deal with the production and regulation of
medicinal oxygen as, unlike medicines, it is cost-effective to manufacture rather than import medicinal oxygen.

Policy (based on the Essential Medicines Concept), is the first component of the WHO Medicines Strategy. Bangladesh updated its historic Medicines Policy of 1982. Acknowledging the vigorous pharmaceutical industry that has developed, there is a greater focus now in the policy on manufacturing. Sri Lanka, which undertook many ground-breaking activities in the 1970s, specifically addressed the needs of consumers/patients in the draft policy, now on the internet for discussion. Bhutan updated its National Essential Medicines List further binding the procurement, supply and use of medicines in the country to the list.

During the period under review, steps were initiated by some Member States to incorporate the public health provisions of Trade Related Intellectual Property Rights (TRIPS). India amended its National Patent Legislation to be in line, by 2005, with the international obligation of being a member of the World Trade Organization; the process was closely followed by other countries including those India exported to. Indonesia was the first country in the Region to issue a TRIPS-compliant “government use” decree for antiretroviral drugs (ARVs), thus ensuring potential access to adequate treatment for HIV/AIDS patients in the country. Bangladesh has until 2016 to enact the Patent Legislation; however, for its sophisticated pharmaceutical industry to reap the benefits the national drug policy will have to address these issues.

Access is the second component of the WHO Medicines Strategy, with “fair financing mechanism and affordability of essential medicines” and “efficient and secure systems of medicines supply in both the public and private sector” as its core. The WHO Health Action International (HAI) project on Medicine Prices was taken up by India and Sri Lanka, results of which have contributed to the Global Medicines Prices Database. Surveys showed the persistence of expensive products and therefore the existing price regulation as not being a very efficient mechanism.

India has become crucial to the WHO/UNAIDS “3 by 5” initiative by producing cheaper and high quality generic ARVs; five manufactures from India are now pre-qualified and further pre-qualifications are expected. Indonesia now has the
capability of producing the finished products of ARVs from imported raw materials. Thailand is focusing through its government manufacturing institutions to produce ARVs for its own patients.

Quality and safety is the third component of the WHO Medicines Strategy; Nepal improved its inspection capacity for Good Manufacturing Practices (GMP) through workshops organized in collaboration with WHO. Some of its manufacturers have now achieved GMP certification from the national authority. However, the full impact of certification is yet to be felt as preferential procurement by the government from such manufacturers is planned, but not yet implemented.

The simple monitoring for adverse drug reactions has now advanced to pharmacovigilance, which is the science dealing with the detection, assessment, understanding and prevention of adverse effects or any other drug-related problems. National activities in this regard have been initiated by Bhutan, India and Nepal.

With regard to the fourth component of the WHO Medicines Strategy – rational use of drugs – many more activities need to be undertaken. A survey of advertising of drugs in India funded by the WHO country office, demonstrated the lack of standardized medicines information that should be included in such advertisements. This study, hopefully, would be the foundation for better regulation of drug promotion.

Bangladesh, which published its National Formulary in 2001, brought out an enlarged and updated second edition in 2004. However, the small number of copies and therefore the limited distribution demonstrated the necessity for funding not only the development of a product but also its production, advocacy and distribution.

Similarities in issues, problems and solutions in medicines activities transcend WHO regions. Fruitful collaboration between countries of different regions was witnessed in the areas of combating counterfeit medicines; medicines regulation, and HIV/AIDS. In combating counterfeit medicines, the continuing collaboration in the Mekong region which involves Thailand and Myanmar (and Indonesia, though not a Mekong country) and countries in the Western Pacific Region such as...
Laos, China and Cambodia, proved productive. The problem of counterfeit artesunate products is of prime concern.

The response by countries in the area of medicines to the devastation of the tsunami demonstrated the varying capabilities. India and Thailand had sufficient capabilities in medicines and therefore did not request nor accept donations. Indonesia, Sri Lanka and Maldives, on the other hand, received substantial donations. The WHO Guidelines for Drug Donations were able, to some extent, funnel this generosity towards medicines that were needed. Regrettably, some of the donations comprised medicines that were unfamiliar or unwanted, and at times near expiry, and on some occasions were without any instructions for use.

**Traditional medicine**

The publication, “Guidelines for Regulation of Herbal Medicines in the South-East Asia Region”, which was the result of a Regional Office workshop, held in June 2003, has brought the Region to the forefront of regulation in this area. This publication will be used in a workshop scheduled in the Western Pacific Region to develop regulations for herbal medicines. A Regional Working Group Meeting to review traditional medicine was held in August 2004, pursuant to a resolution of the fifty-sixth session of the Regional Committee. The group recommended a regional consultation on development of traditional medicine, which was held in June 2005 in Pyongyang, DPR Korea.

*Regulation of herbal medicines in the Region is gathering increasing momentum.*
Myanmar has provided a greater focus on traditional medicine and, through WHO cooperation, is updating its training from a diploma to a degree level.

**Knowledge Management and Dissemination**

Concerted efforts were continued towards the proper management of health information materials, in terms of sources, collection, processing, storage, dissemination and retrieval. As a result, WHO Press (WHP) was established with the objective of ensuring Organization-wide commitment to quality assurance; disciplined and dedicated focus on customer service; services to developing countries and populations in greatest need, and promotion of multilingualism.

Volume 8, No. 2 (2004) of the Regional Health Forum covering topics like “Induced Abortion”, and “Medical Negligence and the Law” was issued. Volume 9, No. 1 (2005) of the Forum was mainly devoted to the World Health Day theme for 2005 – Healthy Mothers and Children, with contributions received from many countries in the Region. Articles covered by the Forum are now widely available electronically as they are being continuously posted on the Regional Office web site. The Forum continues to serve as a useful platform for debate and exchange of views and ideas on health-related issues of regional interest.

Notable progress was achieved in increasing collaboration with WHO headquarters, as well as with the Regional Office for the Western Pacific, especially in the following areas: exploring possibilities of increased coverage by the Bulletin of the World Health Organization, of health development news from the SEA Region; joint SEARO/WPRO publications, and exchange visits among editorial and publications staff of WHO headquarters, and the South-East Asia and Western Pacific regional offices.

A series of technical publications, newsletters and bulletins on HIV/AIDS, TB and other communicable diseases; comprehensive community and home-based health care; social health insurance; and newborn and adolescent health were brought out. The Regional Office continued to print documents for free distribution, including reports on various meetings and country missions, monographs, guidelines, training modules and advocacy materials covering different
technical areas. The report of the fifty-seventh session of the WHO Regional Committee for South-East Asia, as well as the report and recommendations of the Technical Discussions, were printed and distributed. Volume 3 of the Handbook of Resolutions and Decisions of the Regional Committee for South-East Asia was updated. Documents pertaining to the meetings of the WHO governing bodies such as the World Health Assembly and the Executive Board, held during 2004 and 2005, were also disseminated to the Regional Office staff as well as the concerned national health authorities.

The Regional Office, in collaboration with country offices, participated in scientific congresses and Book Fairs held in Kolkata (India), and Colombo (Sri Lanka). In addition to sales of WHO publications, a large number of subscriptions as well as reprint and translation rights were also negotiated.

In order to satisfy the identified needs of the Region, and with a view to reducing production costs and enabling wider distribution, reprint rights were granted to commercial publishers for low-cost local editions of 32 publications. Translation rights for 19 WHO titles were negotiated in various regional and local languages to promote access to WHO information products. The languages included: Bengali, Hindi, Korean, Bahasa Indonesia and Thai as well as a number of major Indian languages.

The Regional Office web site carries comprehensive bibliographical descriptions and abstracts of recent WHO publications. The web site is updated regularly.

The computerized sales operations of the Regional Office are helping to meet the increasing demand for WHO publications in the Region expeditiously and efficiently. As a result of these efforts, the sales turnover in the Region during the period under review was approximately US$ 210 000 (including US$ 12 342 received against royalties), which was among the highest globally.

Provision of relevant and timely scientific information is among the important areas of WHO’s assistance to its Member States. Information management and dissemination (IMD) plays an important role in the management, sharing and dissemination of explicit knowledge.
With the aim to enhance Organizational assets and facilitate knowledge sharing, the Regional Office has been digitizing health information materials as an ongoing activity. The information resources covering the period 1948 till date are now available on demand in digital format. During the year under review, the Regional Office also played an active role in Organization-wide knowledge management activities such as the WHO Global Health Library, eHealth and Health InterNetwork Access to Research Initiative (HINARI). HINARI provides free or nearly free access to over 2,200 biomedical journals to institutions in Bangladesh, Bhutan, Maldives, Myanmar, Nepal and Timor-Leste. Organizational digital photographic archives have been expanded to Women’s Health and tsunami, while work is in progress to store photo images of WHO activities covering the malaria and leprosy programmes as well. These digital image archives are among the high-demand information items that the Regional Office provides to the global audience.

In the area of identification, management and dissemination of national knowledge assets in health to Member States of the Region, “product-oriented” technical support was provided through the HELLIS Network in the form of consultancies, orientations and workshops. Several information products were thus produced in Bhutan, Indonesia, Myanmar, Nepal, Sri Lanka and Thailand and can now be accessed through the
Regional Office Library and HELLIS web sites. Technical assistance provided through email communications are also archived as Technical Support Forum that can be accessed at the Library web site. Technical issues can be directly posted at the Forum and solutions received from the Regional Office Library. The Forum serves as an important knowledge base.

To achieve optimal cost-effectiveness in access to international scientific literature in health, both at the Organizational level and for Member States, the Regional Office uses Networked Resource Sharing Model as the key strategy. Information Resource Stations have been established and strengthened in all WHO country offices. These resource stations, along with members of the HELLIS Network and HINARI serve as a useful reservoir for sharing resources.

Provision of original scientific literature in full text has always been an important part of information services, especially for those Member States without HINARI eligibility such as India, Indonesia, Sri Lanka and Thailand. Being a member of several consortiums for acquisition of information materials, the Regional Office is able to provide the most cost-effective document delivery services in the Region. In addition, several gifts and exchange agreements were initiated with partner institutions within the Region to facilitate free flow of scientific health literature, which is regarded as an indispensable resource for national health care development in Member States.