



# Catalogue of Recent Publications [2000-2005]

**Department of Communicable Diseases**



**World Health  
Organization**

Regional Office for South-East Asia  
New Delhi



# CATALOGUE OF RECENT PUBLICATIONS (2000–2005)

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# Introduction

A number of documents have been produced in recent years by the Department of Communicable Diseases of the WHO South-East Asia Regional Office. Those documents address the needs for technical support to Member States, for advocacy to partners, donors or general public or sharing of experiences between Member Countries in the Region. They may assist Governments, NGOs, academia or other institutions to plan and implement rational and effective strategies, to save lives from prevalent, emerging or re-emerging diseases.

New challenges are emerging, e.g. avian influenza, while old enemies such as tuberculosis or malaria are still threatening many people in the Region.

The documents described in this catalogue are ordered disease-wise, in different chapters. Cross-cutting issues, where relevant, are discussed in different documents.

Every effort has been made to make these publications simple and user-friendly. All documents in this catalogue are intended for general distribution and use and are available from the WHO South-East Asia Regional Office. Most publications are also offered free of charge.

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We hope that these publications are useful in your work. We welcome your comments and suggestions which will guide us in future endeavors.

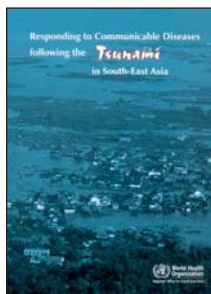
Dr Jai P. Narain  
Director  
Department of Communicable Diseases  
WHO/SEARO

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## Responding to Communicable Diseases following the Tsunami in South-East Asia

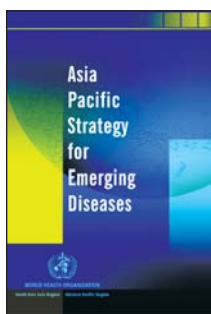
89 pages



The Department of Communicable Diseases (CDS) in SEARO has played an instrumental role in responding to the tsunami crisis of 26 December 2004. Communicable diseases, especially those that are epidemic-prone, are the most significant health threat to the internally displaced population after a catastrophe of this nature. A document has been prepared by CDS which highlights the challenges faced and describes the key technical activities that were carried out by CDS in SEARO and by WHO and national counterparts in all the six tsunami-affected countries. The book documents all the work that was done and challenges that were faced, and acknowledges those who were involved in the response to prevent and control communicable diseases after the tsunami. This book would serve as a useful guide for others involved in responding to future disasters and emergencies in the area of communicable diseases.

## Asia-Pacific Strategy for Emerging Diseases

ISBN 92 9061 209 6, 41 pages



Asia has been at the epicenter of some recent emerging infectious diseases. The outbreaks of SARS and avian influenza make it clear that communicable diseases, especially emerging infectious diseases, continue to pose serious public health threats in the Asia-Pacific Region and to the world at large. Countries and areas in the Asia-Pacific Region must be better prepared to meet these challenges if they hope to minimize their impact on health and economic development and prevent the international spread of disease.

The Asia-Pacific Strategy for Emerging Diseases is comprehensive, seeking to improve the ability to respond to infectious disease threats throughout the Region. Its goal is far-reaching, easily stated but difficult to achieve. We present this document as a launching pad and roadmap on the journey to that goal.

## Regional Strategy for Integrated Disease Surveillance

SEA-CD-130, 36 pages



Disease surveillance is a critical component of the health system in generating essential information for optimal health care delivery and a cost-effective health strategy. WHO has been making continuous efforts in developing and strengthening disease surveillance during the last three decades. Resolution WHA 22.47 (1969) urged WHO to assist Member States in utilizing their existing services to perform epidemiological surveillance as effectively as possible.

In view of the above, the WHO Regional Office for South-East Asia developed a Regional Strategy for Integrated Disease Surveillance for discussion at the intercountry consultation, held in Yangon, Myanmar, from 21 to 24 August 2002. It was attended by focal points from all Member States, leading experts from WHO-HQ, the Regional Office, countries of the Region as well as the African Region.

## Combating Emerging Infectious Diseases

SEA-CD-139, 39 pages



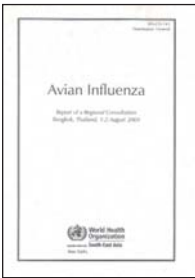
Despite considerable success in controlling communicable diseases, recent epidemics of SARS and Avian Influenza have clearly demonstrated the vulnerability of Asian countries to rapidly evolving micro-organisms. The frequent occurrence of these pandemics has also highlighted the fact that, given the existing environmental, socio-economic and demographic situation, Asia will be the most likely epicenter of any future pandemic. Prevention and control of such diseases requires strong political commitment and sustained financial support along with the application of various epidemiological, molecular biological, behavioural as well as statistical approaches and technologies. Intense human-animal interaction in Asia increases the vulnerability of the populations to the emergence of zoonotic infectious diseases.

This document visualizes strategies for confronting the challenge of emerging infectious diseases. It outlines regional partnerships and

measures for improving capacity for surveillance and outbreak response through the application of appropriate public health tools to the control of emerging infectious diseases.

## **Avian Influenza: Report of a Regional Consultation, Bangkok, Thailand, 1–2 August 2005**

SEA-CD-143, 14 pages

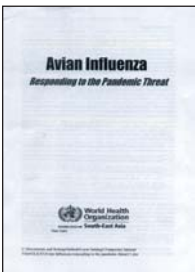


Several countries in Asia have reported avian influenza (AI) outbreaks in birds due to the H5N1 subtype of the influenza virus. It is likely that H5N1 infection among birds has become endemic to the Region and that human infections will continue to occur. As long as the AI outbreak among poultry persists in Asia, there is a public health threat and potential danger of a pandemic in the near future.

Oseltamivir is considered effective against all the strains of influenza virus including H5N1 subtype.

An informal consultation was convened by WHO Regional Office of South-East Asia to address these issues.

## **Avian Influenza: Responding to the Pandemic Threat**

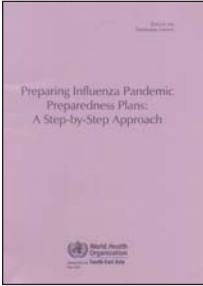


This information kit highlights the emergence of avian influenza caused by the highly pathogenic H5N1 Influenza A virus is a cause for grave concern since this virus has the potential to trigger a pandemic. Three such pandemics have occurred in the last century: in 1918, 1957 and 1968, each causing millions of deaths. This document also highlights

the current situation of avian influenza outbreaks; the pandemic threat; why are we concerned now? Responding to the Crisis: Strategies and plans of actions, National Responses: Urgency and the way forward, Issues for consideration and role of WHO and the partners.

# Preparing Influenza Pandemic Preparedness Plans: A Step-by-Step Approach

SEA-CD-146, 14 pages

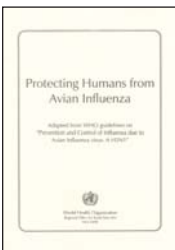


The situation of avian influenza is rapidly evolving in Asia, including in countries in the South-East Asia Region. There is a growing concern regarding the potential and imminent threat of an influenza pandemic which could have most devastating consequences. There is, therefore, an urgent need for countries to develop comprehensive, multisectoral influenza preparedness plans covering both animal and human health. Recognizing that the formulation of plans should be a country-led process, WHO stands ready to assist Member States in the preparation or finalization of national plans.

In order to facilitate this exercise, WHO has prepared a generic outline of a national plan in terms of the content of format, in addition to a pandemic preparedness check list, which can help Member States prepare a comprehensive and good quality plan.

## Protecting Humans from Avian Influenza

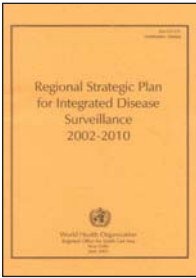
9 pages



The document has been adapted from WHO guidelines on "Prevention and Control of Influenza due to Avian Influenzavirus A H5N1". The document describes the epidemiology of avian influenza and the essential components to control its outbreaks in human beings. Brief information on personal protective equipment is also included.

## Regional Strategic Plan for Integrated Disease Surveillance, 2002–2010

SEA-CD-131, 44 pages



The process of developing and strengthening disease surveillance has been a continuous effort of WHO for more than three decades. A global Meeting on Communicable Diseases Surveillance was held at Cairo, Egypt in January 2001 and recommended integrated multi-disease surveillance as a means of achieving efficiency and effectiveness in surveillance. It also recommended that WHO would help countries to find the best solution for integration of surveillance activities and systems.

This report describes the South-East Asia Regional Strategic Plan for integrated Disease Surveillance during 2002-2010.

## International Health Regulations–First Regional Consultation

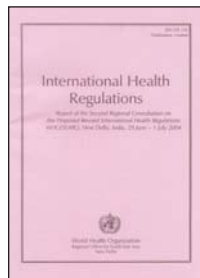
SEA-CD-133, 36 pages

## International Health Regulations–Second Regional Consultation

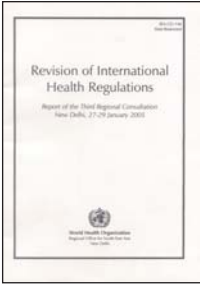
SEA-CD-135, 44 pages

## Revision of International Health Regulations–Third Regional Consultation

SEA-CD-140, 26 pages



The 48th World Health Assembly in 1995 expressed the need to revise and broaden the scope of the International Health Regulations (IHR) to take account of the resurgence of infectious diseases and the heightened risk of their international spread caused, in particular, by the growth of commercial air transport. Consequently, the Secretariat on the Revision of the IHR prepared a working

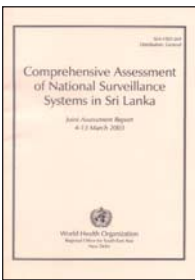


document on the revised IHR in January 2004. This document was discussed in the two South-East Asia Regional Consultations held in Delhi in April and June 2004, respectively. Based on these consultations and inputs from other Regions, the Secretariat produced another draft which was discussed in the First meeting of the Inter-Governmental Working Group (IGWG) which was held in Geneva in November 2004. The Chair's text was subsequently discussed in the Third South-East Asia Regional Consultation in January 2005. The IHR (2005) were finally approved by the IGWG in May 2005 and were adopted by the 58th WHA.

The documents capture the discussions held and the recommendations made during three South-East Asia Regional Consultations on the revision of IHR.

## Comprehensive Assessment of National Surveillance Systems in Sri Lanka

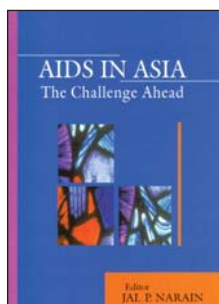
SEA-HSD-269, 55 pages



As part of the strengthening process of the National Disease Surveillance System, the Ministry of Healthcare, Nutrition and Uva Wellassa Development of Sri Lanka with technical and financial support from WHO assessed the surveillance, epidemic preparedness and response systems in March 2003. The purpose of this assessment was to review the existing surveillance systems, in order to identify strengths, weaknesses, opportunities and threats for integrated disease surveillance. The summary of the major findings and the recommendations of the assessment are presented in this report.

## AIDS in Asia: The challenge Ahead

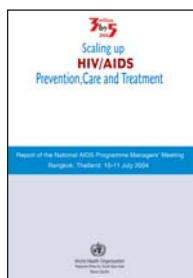
ISBN 0761932259, 395 pages



This important and comprehensive volume focuses on the epidemiological and programmatic aspects of the HIV/AIDS epidemic in Asia. The contributors discuss the dynamics and determinants of HIV and cover a wide range of pertinent topics related to its prevention, care and treatment. In addition the volume provides country-specific HIV reports. The contributors highlight success stories in both prevention and cure as also the lessons learned from the Asian response to the challenge. They argue that facilitating access to care, including antiretroviral treatment, is now a matter of crucial importance as is scaling up innovative practices that have proved effective in Asia.

## Scaling up HIV/AIDS: Prevention, Care and Treatment – Report of the National AIDS Programme Managers' Meeting, Bangkok, Thailand, 10–11 July 2004

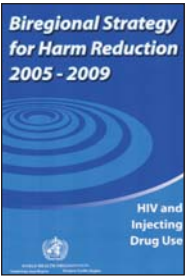
SEA/AIDS/151, 45 pages



HIV/AIDS continues to devastate families, communities and societies in many parts of the world, affecting primarily populations who are poor, vulnerable and socially marginalized. At the end of 2003, 38 million people were estimated to be living with HIV/AIDS. Out of the global total two thirds are living in sub-Saharan Africa. The South-East Asia Region of WHO ranks second with more than six million people. While the epidemic has not begun to reverse except in Thailand, there is a growing need for care for the number of People Living with HIV/AIDS.

## Biregional Strategy for Harm Reduction 2005–2009 HIV and Injecting Drug Use

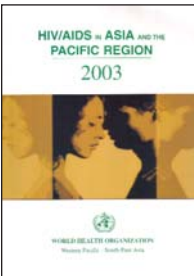
ISBN 92 9061 195 2, 50 pages



Injecting drug use is rising worldwide. Of an estimated 13.2 million people now injecting drugs, 78% are in developing and transitional countries, with as many as half in Asia. HIV can spread explosively amid circumstances that create risk situations or facilitate unsafe behavior among those who inject drugs. In order to accelerate action against the rapidly increasing and high prevalence of HIV among people who inject drugs in Asia, the WHO Regional Offices for South-East Asia and the Western Pacific and the bi-regional contact group on HIV and drug use have prepared the Bi-regional Strategy for Harm Reduction 2005-2009.

## HIV/AIDS in Asia and the Pacific Region 2003

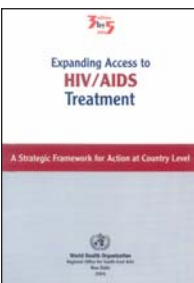
ISBN 92 9061 164 2, 109 pages



The HIV/AIDS epidemic poses a very serious health and developmental problem in many countries of the Asia Pacific region. Given the presence of risk behaviours and the population size representing 60% of the world's people, the potential for epidemic growth is very real. Since the extensive spread of HIV began at the end of the 1980s, more than 7 million people in the region have become infected. In the year 2003 alone, it is estimated that more than 500 000 died of AIDS in Asia - about 1500 a day!

## Expanding Access to HIV/AIDS Treatment A Strategic Framework for Action at Country Level

SEA-AIDS-145, 26 pages



For the vast majority of people living with HIV/AIDS in resource poor countries antiretroviral treatment (ART) has remained largely inaccessible. A well designed strategy and plan for scale up of ART without compromising on the basic prevention strategies is of critical importance. This document outlines a strategic framework within which the ART programme can be implemented in the South-East Asia Region. It

underscores the important need to strengthen the capacities of health systems to identify individuals who need therapy, facilitate their entry into the ART programme, provide an uninterrupted supply of antiretroviral drugs and diagnostics and ensure treatment adherence. It also reiterates the need to collaborate with a number of partners from both the public and private sectors and especially with people living with HIV/AIDS who can play a critical role in advocacy, in reducing stigma and discrimination and in educating communities to come forward for HIV testing.

## Scaling up Antiretroviral Therapy in Resource-poor Settings

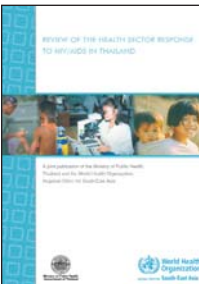
SEA-AIDS-142, 38 pages



This annotated bibliography is intended as a resource for policy makers, programme managers and other personnel working in HIV/AIDS control in developing countries. The aim of this bibliography is to provide representative examples of developing country' experiences on the effectiveness and programmatic challenges for scaling up adult national antiretroviral treatment programmes.

## External review of the health sector response to HIV/AIDS in Thailand

ISBN 92 9022 265 7, 58 pages



A joint programme review of the Thailand National AIDS Programme was conducted by the Ministry of Public Health in collaboration with the World Health Organization Regional Office for South-East Asia from 7 to 19 August 2005 by a team of national and international experts and partner organizations.

## Voluntary HIV Counselling and Testing Manual for Training of Trainers (Part I and II)

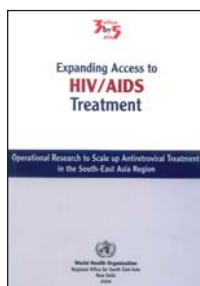
ISBN 92 9022 233 6



This two-part publication is a supporting document for two training workshops. The first training workshop is on basic HIV counselling (for the duration of two weeks) and the second training workshop is on training technology (for the duration of one week).

## Expanding Access to HIV/AIDS Treatment Operational Research to Scale up Antiretroviral Treatment in the South-East Asia Region

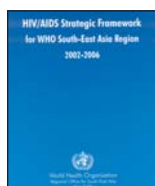
SEA-AIDS-148, 29 pages



To date, evidence about the success of HIV/AIDS treatment is available mostly from industrialized countries and more recently from Brazil, Thailand and some sites in Africa. In South-East Asia, a nearly 10-fold scaleup is required to close the treatment gap, however, evidence base on how to scale-up is unavailable. The urgency for closing the treatment gap calls for a "learning by doing" approach. As ART programmes are accelerated, several questions are likely to emerge--Is the programme working? How can we make it more efficient? What can we do to increase access? Is the health sector burdened or strengthened by treatment activities? Prioritizing research questions is an important first step towards generating relevant strategic information for guiding ART scale-up.

## HIV/AIDS Strategic Framework for WHO South-East Asia Region (2002-2006)

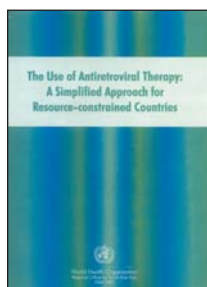
SEA-AIDS-135, 16 pages



WHO and UNAIDS estimate that at the end of 2001, 40 million people around the world were living with HIV. The epidemic is now spreading rapidly in the Asia, where new infections are increasing faster than anywhere else in the world.

## The Use of Antiretroviral Therapy A Simplified Approach for Resource-Constrained Countries

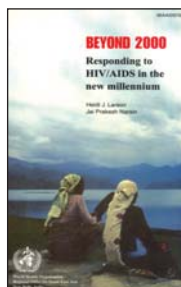
SEA-AIDS-133, 59 pages



Highly active antiretroviral treatment (ART) has decreased morbidity and mortality of people living with HIV/AIDS in Australia, Europe and Northern America. However the vast majority of the 40 million people living with HIV/AIDS in developing countries do not have access to comprehensive HIV/AIDS care and to antiretroviral treatment in particular. WHO conservatively estimates that in 2002, some 6 million people in developing countries are in need of ART. However, only 230 000 have access to ART, and half of these live in Brazil.

## Beyond 2000: Responding to HIV/AIDS in the new Millennium

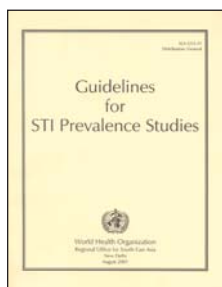
SEA/AIDS/122, 36 pages



This document unfolds the story of AIDS in WHO's South-East Asia Region and focuses on how the epidemic has grown from a handful of HIV infections reported in 1984 to over five million by early 2001. An extensively referenced account is also presented of the pattern of transmission, the vulnerabilities of different population groups and documented evidence of the socio-economic and health implications of HIV/AIDS in the Region.

## Guidelines for Sexually Transmitted Infections Prevalence Study

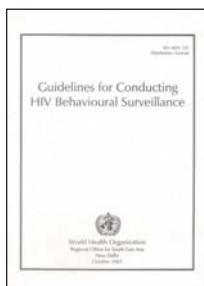
SEA-STD-41, 36 pages



This document provides a methodology for assessing the prevalence of STIs in selected population groups. It recommends a simple and reliable design that can be widely used and implemented at the local level. The prevalence study is designed to collect basic demographic information, information on signs and symptoms related to STI and specimens for laboratory testing of STIs.

## Guidelines for Conducting HIV Behavioural Surveillance

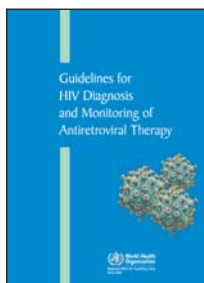
SEA-AIDS-123, 50 pages



This document presents the principles and practical steps to implement behavioural surveillance. Most national HIV/AIDS control programmes require reasonably accurate data with which to make decisions without investing a great amount of time and resources. Various options have been presented in this document that can allow programme managers to implement behavioural surveillance programmes, according to their needs and availability of limited resources.

## Guidelines for HIV Diagnosis and Monitoring of Antiretroviral Therapy

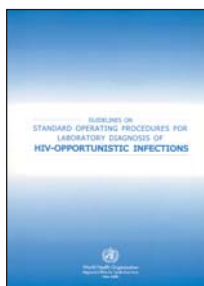
SEA-HLM-382 (Rev.1), 71 pages



This publication is a revised version of 2004 document describing an overview of HIV and laboratories, diagnosis of HIV infection as well as virological, microbiological and immunological monitoring of anti-retroviral therapy (ART). It also deals with laboratory monitoring of side effects of ART, new technologies in HIV diagnosis and ART monitoring. It also describes laboratory infrastructure and quality systems as well as collection and shipping of biological specimens.

## Guidelines on Standard Operating Procedures for Laboratory Diagnosis of HIV-Opportunistic Infections

SEA-HLM-332, 80 pages



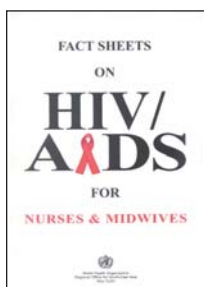
Standard operating procedures (SOPs) are an essential part of good laboratory practice, providing a stable pattern of functioning of laboratory staff, ensuring consistency of quality in laboratory results, and as a prerequisite for accreditation of laboratories.

These guidelines would help provide technical support to laboratories involved in diagnosing opportunistic infections and the tests and methods discussed are

either in use or can be easily adopted in most laboratories of South-East Asia. There are six chapters dealing with the diagnosis of HIV infection, bacterial, viral, parasitic and fungal opportunistic infections associated with AIDS as well as laboratory diagnosis of tuberculosis disease. SOPs focus on specimen collection, storage and transportation, processing, examination, identification, recording and reporting, interpretation of results, quality assurance procedures and safety precautions.

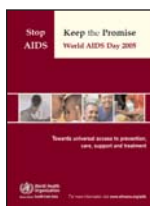
## Fact Sheets on HIV/AIDS for Nurses and Midwives

SEA-AIDS-130, SEA-NUR-439, 132 pages



These fact sheets would help nurses and midwives for health care, nursing schools/colleges as a teaching resource, as well as health workers and community volunteers in caring for people living with HIV/AIDS. There are 13 fact sheets covering topics of importance on prevention and care of people living with HIV/AIDS, such as the state of the epidemic, prevention strategies, continuum of care and nursing care for adults and children, HIV-associated stigma, counselling, palliative care, HIV in the workplace as well as HIV and women.

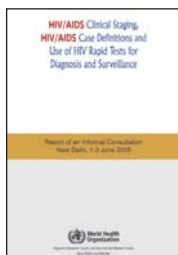
## World AIDS Day Kit: 2005 – Stop AIDS, Keep the promise



This year's World AIDS Day campaign "Stop AIDS. Keep the Promise." aims to ensure that each one of us, and the world community, are actively responding to the promises we have made. The need of the hour is to look beyond 2005. The campaign focuses on evidence for action and encourages policy makers, programmers and communities to turn concern and commitment into effective and sustainable action to ensure universal access to HIV/AIDS prevention, care, support and treatment.

## HIV/AIDS Clinical Staging, HIV/AIDS Case Definitions and Use of HIV Rapid Tests for Diagnosis and Surveillance (2005)

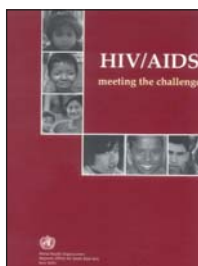
SEA-AIDS-155, 67 pages



In response to the need to revise the staging and surveillance definitions for HIV/AIDS the World Health Organization (WHO) organized a bi-regional meeting in Delhi, India in June 2005. The meeting proposed a revised WHO clinical staging system for HIV infection in adults and children, recommended changes in HIV/AIDS case definitions for surveillance purposes, and sought to harmonize HIV clinical staging definitions with that for HIV/AIDS surveillance. The meeting also recommended that the current HIV testing and counseling policies, strategies and HIV testing algorithms be reviewed, and that revisions be made that reflect regional and country concerns.

## HIV/AIDS meeting the challenge

SEA/AIDS/149, 36 pages



HIV/AIDS has assumed epidemic proportions in most parts of the South-East Asia Region, which now accounts for the second highest burden of the disease after Sub-Saharan Africa.

This revised edition of the advocacy booklet brings together the experiences and successes in tackling the current HIV/AIDS epidemic, as well as the new challenges ahead. It aims to contribute to improved national and regional responses, and to the formulation of evidence-based actions in the fight against HIV/AIDS in the Region.

## Involving Private Medical Practitioners in TB and STI Control

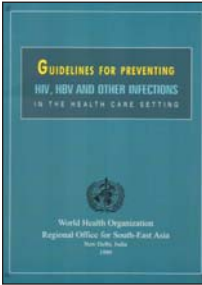
SEA-TB-235; SEA-STD-40, 29 pages



The role of private medical practitioners particularly in the management of sexually transmitted infections and in the treatment of tuberculosis cannot be underestimated, particularly in this Region. This is especially true since studies have shown that 50-70% of such patients are cared for by the private sector.

# Guidelines for Preventing HIV, HBV and Other Infections in the Health Care Setting

ISBN 974-663-218-3, 67 pages

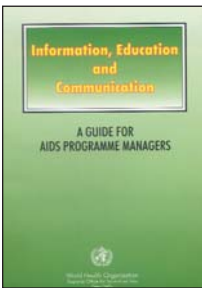


This document includes general guidelines for controlling infections, which are commonly spread in health care facilities with special emphasis on HIV and HBV infections. It describes precautions which all patients and laboratory personnel should practice when handling potentially infectious materials and would be very useful for planning infection control policies in various health care settings.

## Information, Education and Communication

### A guide for AIDS programme managers

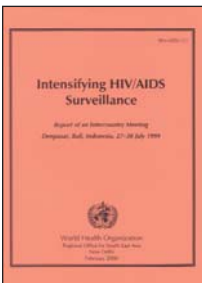
35 pages



Information, education and communication (IEC) activities can be very effective in bringing about appropriate changes in behaviour, especially among populations with high-risk behaviour. IEC is also important for advocacy to motivate policy and decision-makers to create environments conducive to behavioural change, and to provide much needed services. This guide describes the steps in HIV/AIDS IEC planning and implementation. Although directed primarily to managers of National AIDS control programmes, it is also useful for non-governmental IEC activities.

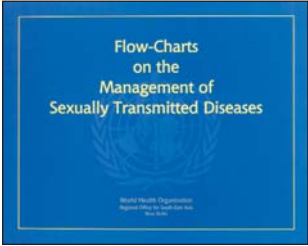
## Intensifying HIV/AIDS Surveillance

SEA-AIDS-112, 24 pages



This is a report of an intercountry meeting held by WHO/SEARO at Denpasar, Bali, Indonesia in July 1999. It provides an overview of issues relating to HIV/AIDS surveillance, information needs on behavioural aspects and recommendations for strengthening and expanding HIV/AIDS surveillance in the South-East Asia Region.

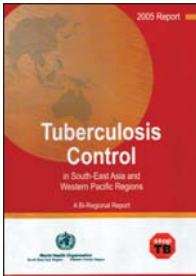
# Flow-Charts on the Management of Sexually Transmitted Diseases



These Flow Charts are a useful reference tool to rationally treat Sexually Transmitted Diseases (STDs). All the essential components of syndrome management for STD patients are reported here, i.e. diagnosis and treatment based on syndromes, education on risk reduction and condom provision, counselling, partner notification and follow up.

## Tuberculosis Control in South-East Asia and Western Pacific Regions

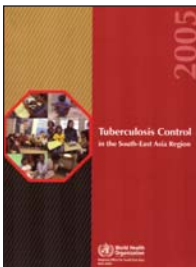
ISBN 92 9061 196 0, 49 pages



This publication is the first combined bi-regional report on tuberculosis control in the South-East Asia and the Western Pacific Regions. It presents data on TB epidemiology and gauges the enormous progress being made by national TB control programmes in both regions. It presents the overall success with the strategies adopted to control TB and highlights the similarities and differences between individual countries.

## Tuberculosis Control in the South-East Asia Region Annual Report (2005)

SEA-TB-282, 71 pages



The annual reports issued by the WHO Regional Office, provide the latest information on tuberculosis disease burden, case-notifications and treatment results in Member States in the Region. It also highlights the key activities that have been conducted over the past year in the Region as well as in the countries.

## The Magic of DOTS

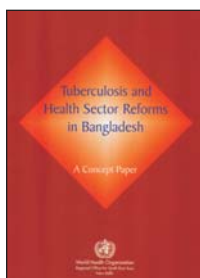
SEA-TB-A2, 40 pages



This booklet tells the story of a TB patient, who gets through the entire process of being diagnosed, classified, treated, etc. It is intended for school going children, who learn in this way in an easy, pleasant way about tuberculosis. Through the children, programmes may aim at reaching the parents, and in this way, the booklet may contribute to better information provision, education and stigma reduction.

## Tuberculosis and Health Sector Reform in Bangladesh A Concept Paper

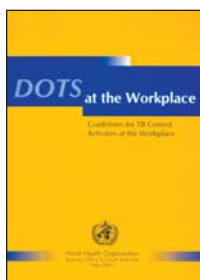
SEA-TB-262, 34 pages



This concept paper initiates the discussion of tuberculosis elimination as a multisectoral challenge. This approach will be required in order to meet the goals and targets of the Millennium Development Goals. The specific challenges and lessons learned for tuberculosis control are discussed in the context of health sector reform in Bangladesh.

## DOTS at the Workplace Guidelines for TB Control Activities at the Workplace

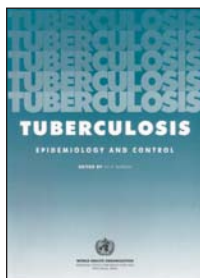
SEA-TB-259, 36 pages



Tuberculosis primarily strikes those who are in the prime of life with the greatest burden being in the most productive age groups of 15–45. DOTS at the workplace holds promise to make a major contribution in the building of a healthier and stronger workforce benefiting employers, employees, families, communities and nations. This booklet describes the principles on which to base the DOTS programme and the steps to be taken to establish it in the workplace.

## Tuberculosis: Epidemiology and Control

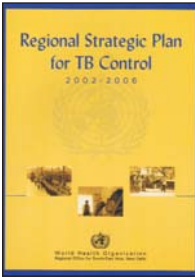
SEA-TB-248, 246 pages



This book seeks to re-acquaint health professionals, including those in public, private and voluntary sectors, policy makers and social workers, with TB. It provides information on the epidemiology, natural history, pathogenesis, clinical manifestations, prevention guidelines, diagnosis and management of TB infection and disease. Emerging technical and programmatic issues are discussed including TB/HIV co-infection, multi-drug resistant TB, and care and treatment of TB in different settings. The book highlights the critical role of NGOs, the private sector, and of research in programme implementation.

## Regional Strategic Plan for TB Control 2002–2006

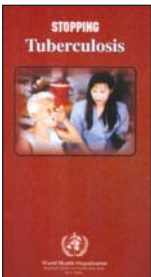
SEA-TB-246, 38 pages



This document outlines the comprehensive strategies and approaches that are to be adopted in the South East Asia Region to meet the challenges of achieving the objectives of universal coverage with quality DOTS services with at least 85% cure rates and 70% case detection in all Member Countries. Indicators and targets have been defined to measure progress during the 2002–2006 five-year period and resources required have been identified.

## Stopping Tuberculosis

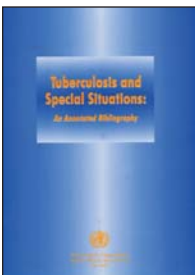
SEA-TB-245, 35 pages



This booklet is addressed primarily to policy makers, NGOs and the general public to understand basic facts about TB and how to help in the global efforts to stop TB. Information on the disease, how it spreads and how it is diagnosed and treated, is presented in a simple easy-to-read style. Also covered is what impact tuberculosis has had in the Region and what challenges need to be addressed. Progress made with TB control in the countries in the Region is also presented, as is the potential role of communities, industry, the private sector, media and other groups in efforts to control TB.

## Tuberculosis and Special Situations An Annotated Bibliography

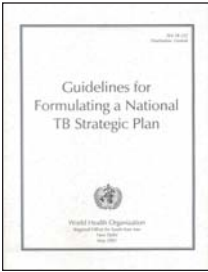
SEA-TB-244, 50 pages



This bibliography is intended as a resource for NTP managers and for other personnel working in TB control and includes the following: DOTS in the workplace; private sector and NGOs involvement in TB control; TB and gender; HIV/TB co-infection; TB control in prisons, in immigrants, in refugees and in conflict situations; the use of fixed-dose combinations of anti-TB drugs and the socioeconomic impact of TB.

## Guidelines for Formulating a National TB Strategic Plan

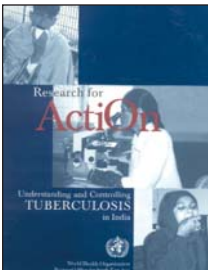
SEA-TB-232, 60 pages



This book seeks to re-acquaint health professionals, including those in public, private and voluntary sectors, policy makers and social workers, with TB. It provides information on the epidemiology, natural history, pathogenesis, clinical manifestations, prevention guidelines, diagnosis and management of TB infection and disease. Emerging technical and programmatic issues are discussed including TB/HIV co-infection, multi-drug resistant TB, and care and treatment of TB in different settings. The book highlights the critical role of NGOs, the private sector, and of research in programme implementation.

## Research For Action, Understanding and Controlling Tuberculosis In India

ISBN 97 9022 223 9, 70 pages



India's Revised National TB Control Programme (RNTCP) began rapid expansion in late 1998, and India now has the second largest DOTS programme in the world, having served more than 200,000 TB patients and saved more than 35,000 lives. The RNTCP has initiated fruitful partnerships with private and non-governmental sectors, some of which are profiled in this document. The promise of these partnerships has made it clear that the government cannot implement the RNTCP alone. There must be a shared commitment from private practitioners and non-governmental organizations. In addition, there must be a strong research base that builds on India's long and distinguished tradition of innovative investigations in the field of tuberculosis.

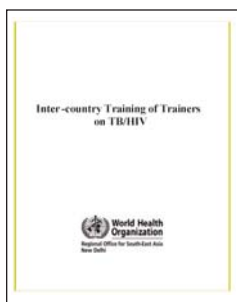
## Regional Strategic Plan On HIV/TB

SEA-TB-261; SEA-AIDS-140, 66 pages



This publication is the result of a series of consultations between the HIV and the TB programme managers and specifically addresses the issue of HIV-related TB in different contexts: high TB/HIV burden; high TB burden, low HIV burden; and intermediate or low TB and HIV burden. This document proposes four strategies: (1) preventing HIV transmission; (2) preventing the progression of latent TB infection to active TB among HIV-infected individuals; (3) decreasing morbidity and mortality in HIV-infected TB patients; and (4) strengthening health systems' response to HIV/TB. The regional HIV/TB strategy encompasses: (1) key interventions and activities; (2) a framework for prioritization of technical interventions according to HIV/TB epidemiology and available resources; (3) steps for implementation for collaborative HIV/TB activities; and (4) indicators for programme monitoring and evaluation.

## Inter-country Training of Trainers on TB/HIV



This training package consists of a set of modules, including exercises, and a facilitator's guide. It covers the following topics: introduction; TB/HIV epidemiology and surveillance; TB/HIV interventions; TB/HIV planning and management; monitoring and evaluation; action plans for programme implementation. These course materials have been produced in collaboration with the US Centers for Disease Control and Prevention (Atlanta and Bangkok), the Research Institute of Tuberculosis (Tokyo, Japan), the Ministry of Public Health (Thailand) and WHO. Only on-line version are available at this stage.

## Enhancing the Role of Medical Schools in STI/HIV and TB Control

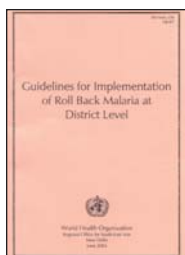
SEA-AIDS-118, SEA-TB-228, 23 pages



This is a report of a consultation on the role of medical schools for controlling sexually transmitted diseases, HIV and tuberculosis held in Chennai, India in July 2000. It provides an overview of how medical colleges with their unique position to reach various levels of health care providers and potential to create a new generation of medical professionals who have updated knowledge about priority communicable diseases, such as HIV and tuberculosis can help with teaching, service delivery, research and advocacy as well as actively participate in national programme planning, implementation and evaluation.

## Guidelines for Implementation of Roll Back Malaria at District Level

SEA-MAL-230, 98 pages



The Guidelines describe the principles of the Roll Back Malaria initiative that was launched in 1998. The Guidelines were developed for the Malaria Control Programme with special emphasis on the implementation of the Roll Back Malaria initiative at the district level. Three core elements are elaborated: community empowerment, partnership building and strengthening the management of the district health system. Practical examples on empowerment of women and community-based volunteers are clearly described. Steps on partnership building, advocacy and leadership for change are included. Potential roles of NGOs in malaria control and new approaches on social mobilization and communication for behavioral change are described. The Guidelines also describe the comprehensive approach for malaria at the district level. This includes treatment, referral system, surveillance and disease prevention. There are seven excellent case studies and success stories from different states in India: school health education, community-based malaria control, evolving a community strategy to keep villages malaria-free, the "Pudukuppam Initiative", health education for malaria, etc.

## Regional Strategic Framework for Scaling Up the Use of Insecticide-treated Nets

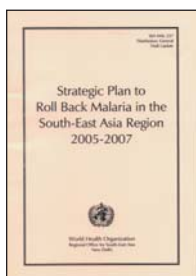
SEA-MAL-239; SEA-VBC-87, 19 pages



The Framework provides the principles of insecticide-treated nets (ITN) which is one of the core malaria control strategies of the Roll Back Malaria initiative. The publication provides a broad idea about this new method of disease prevention that is generally applied as a complimentary measure to the mainstay vector control in South-East Asia, i.e. the indoor residual spraying. The publication is useful for malaria control programme officers at all levels. The contents includes a situational analysis and decision-making criteria for application/selection of ITN in South-East Asia, how to scale up the implementation of this measure in various settlements, capacity building and concept of monitoring and evaluation of its implementation.

## Strategic Plan to Roll Back Malaria in the South-East Asia Region 2005-2007

SEA-MAL-237, 24 pages



The Strategic Plan includes a wide range of malaria control measures: Technical considerations (early diagnosis and prompt treatment, integrated vector management, containment of focal epidemics) and operational strategies (policy, commitment, resource mobilization, health system strengthening, community mobilization, partnerships, monitoring and evaluation). Highlighted section is the stratification of malaria into three geographical categories (high risk, moderate risk and low or no risk areas) and suggested malaria control activities in each stratum.

## First Meeting of the Regional Technical Advisory Group on Malaria

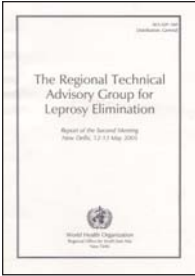
SEA-MAL-238, 38 pages



This publication is basically a meeting report of the Regional Technical Advisory Group (RTAG) on Malaria that included a wide range of technical areas on malaria: review of the global and regional situation of malaria; an update on diagnosis and malaria vaccine, drug-resistance issues and progress in Member Countries on combating drug resistance, update on clinical management of malaria cases, malaria information system, new technology such as Geographic Information System (GIS), social mobilization, training and capacity development. The highlighted sessions are integrated vector management (IVM) and healthy public policy. The RTAG made several practical recommendations to WHO and Member Countries.

## The Regional Technical Advisory Group for Leprosy Elimination-Report of the Second Meeting

SEA-LEP-160, 15 pages



The Regional Director established a Regional Technical Advisory Group (RTAG) for Leprosy Elimination in 2004 to advise WHO on policies, strategies and critical activities to achieve the goal of leprosy elimination in the Region by 2005 and to sustain the elimination status in countries which have attained the goal.

The terms of reference include reviewing the progress of leprosy elimination in the Region and in Member countries, identifying the strengths and weaknesses and advising on intensification of efforts, on resource mobilization and identifying areas needing operational research.

The first Meeting of RTAG was held in SEARO on 11 October 2004 and the second Meeting on 12-13 May 2005.

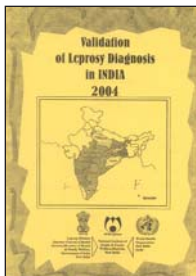
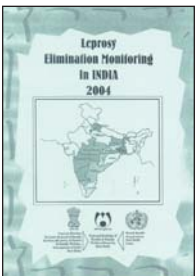
Both reports highlight the observations of RTAG on the achievements and progress of leprosy elimination in the Region and constructive and practical recommendations to WHO in order to assist the Member countries.

## Leprosy Elimination Monitoring in India

63 pages

## Validation of Leprosy Diagnosis in India

47 pages



Leprosy Elimination Monitoring (LEM) is a standardized tool developed by WHO to monitor the progress of leprosy elimination based on a group of indicators related to elimination, quality of MDT services and leprosy awareness in the community.

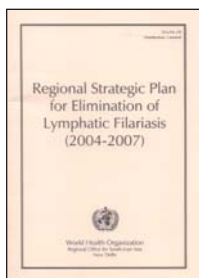
In India, the country with the highest burden of leprosy globally, an additional component was included to the LEM exercise conducted in 2003 and 2004: the validation of leprosy diagnosis. This was prompted by the fact that there were indications that operational factors such as 'wrong diagnosis', 'wrong classification' of cases and re-registration was influencing the prevalence and new case indicators in India.

LEM and case-validation studies were systematically conducted in a sample of 75 districts in 13 endemic states in 2003 and another sample of 77 districts in the same 13 states in 2004, through 26 monitors and validators.

The observations, findings and recommendations of LEM and the case-validation exercises of 2003 and 2004 has been published jointly by the Leprosy Division of the Ministry of Health and Family Welfare, Government of India; and the National Institute of Health and Family Welfare, New Delhi, which functioned as the nodal agency to conduct the studies and WHO.

## Regional Strategic Plan for Elimination of Lymphatic Filariasis (2004–2007)

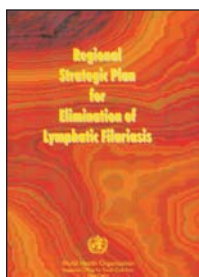
SEA-FIL-29, 37 pages



All filariasis endemic countries in the South-East Asia Region formulated national policies to achieve elimination of lymphatic filariasis. This edition summarizes the extended Regional Strategic Plan that has been implemented in the Region to achieve the elimination of lymphatic filariasis as a public health problem.

## Regional Strategic Plan for Elimination of Lymphatic Filariasis (2000–2004)

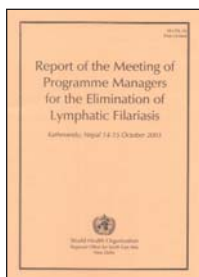
SEA-FIL-28, 30 pages



Lymphatic filariasis is a major public health problem in South-East Asia region. On par with the global targets, a regional strategic plan was developed to achieve elimination of lymphatic filariasis as a public health problem. This volume summarizes the background information on endemicity status, main strategies to achieve elimination and implementation plan for the first five years.

## Report of the Meeting of Programme Managers for the Elimination of Lymphatic Filariasis

SEA-FIL-30, 27 pages



Implementation of the strategies to eliminate lymphatic filariasis requires significant national commitment. Inter-country meetings of programme managers help to facilitate the implementation process and review the progress towards achieving the elimination goal. This report portrays the discussions, conclusions and recommendations of the meeting of the national programme managers for the elimination of lymphatic

filariasis, held in Kathmandu on 14 and 15 October 2003.

# Lymphatic Filariasis in the South-East Asia Region Report of an Informal Consultative Meeting

SEA-FIL-27, 25 pages

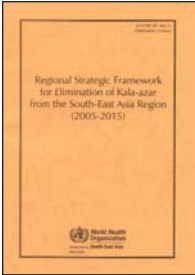


Lymphatic filariasis (LF) is one of the six diseases identified by a global expert committee as eradicable. Following the World Health Assembly resolution to eliminate lymphatic filariasis, regional plans were formulated. This report describes the general consensus reached by the endemic countries in South-East Asia on the strategies including the targets that each endemic country needs to accomplish in order to achieve the

elimination status.

## Regional Strategic Framework for Elimination of Kala Azar from the South-East Asia Region (2005–2015)

SEA-VBC-85 (Rev.1), 22 pages



The Strategic Framework for Elimination of Kala Azar from the South-East Asia Region gives a summary of the current burden of visceral leishmaniasis in the Region, as well as a regional update on kala azar elimination activities and the future plans including monitoring and evaluation. It also describes the implementation of the programme in four phases: preparatory phase (2005–2006), attack phase (2007–2011), consolidation phase (2012–2014) and maintenance phase (duration to be determined).

## Regional Technical Advisory Group on Kala Azar Elimination

SEA-VBC-88, 39 pages



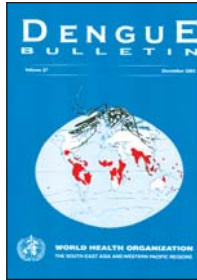
WHO/SEARO established the Regional Technical Advisory Group on Kala Azar in 2004 to advise WHO/SEARO on policies, strategies and activities that are crucial for accelerating elimination of kala azar from the South-East Asia Region. The first meeting of RTAG was held at Manesar, Haryana, India. Members of RTAG reviewed the situation in endemic countries, the draft regional strategic plan and the progress made to achieve kala azar elimination in the three countries of the South-East Asia Region. The report contains the recommendations made by RTAG for the elimination of kala azar.

## Dengue Bulletin, 2004

233 pages

## Dengue Bulletin, 2003

202 pages



The South-East Asia and Western Pacific Regional Offices have since 1975 jointly published on an annual basis the Dengue Newsletter with limited objectives for dissemination of the knowledge about DF/DHF incidence and its control to Member countries. The severity of the disease

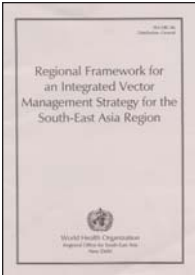
and the high case-fatality rate has triggered global research interest. These efforts have now culminated in the building up of management of cases and development of vaccines and cost-effective vector control strategies. For the dissemination of more scientific knowledge, the Dengue Newsletter was renamed as Dengue Bulletin in 1996 with extended objectives and scope.

The WHO South-East Asia Regional Office, in collaboration with the Western Pacific Regional Office, has been jointly publishing the annual Dengue Bulletin.

Dengue Bulletin accepts research papers on aspects related to DF, DHF, viz. epidemiology, dengue viruses and vector relationships, transmission dynamics, clinical diagnosis and management, molecular epidemiology, pathogenesis, prevention and control including vaccines and community-based approaches for vector control. The bulletin also includes "reviews" of DF/DHF related books, proceedings of national/international meetings for information of research workers and programme managers. Contributors into the bulletin come from all WHO Regions. Volume 28 (2004) had brought out a special supplement issue on international experiences in social mobilization and communication for dengue prevention and control Volume 29 (2005) is currently under print.

## Regional Framework for an Integrated Vector Management Strategy for South-East Asia Region

SEA-VBC-86, 13 pages



Integrated Vector Management (IVM) is a new approach for vector control that fundamentally aims to reduce the reliance on insecticides that are persistent organic pollutants (POPs). It requires an effective multisectoral approach in order to bring in the health, environment and agricultural sector to design integrated vector control that is suitable for the locality. The publication also describes the analogous of IVM, i.e. Integrated Pest Management (IPM) that is being widely applied by the agriculture sector. The publication explains how IVM can be implemented as a part of "Healthy Public Policy". It also describes the core elements that need to be considered for effective implementation of IVM, i.e. advocacy, social mobilization, capacity building, monitoring and evaluation.

## Quality Standards in Health Laboratories Implementation in Thailand – A Novel Approach

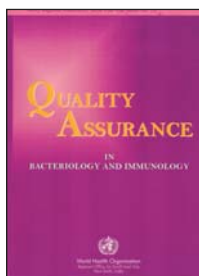
SEA-HLM-386, 45 pages



Quality systems in laboratory services have assumed great importance in recent past all over the world. The developed world has adopted the standards as recommended by International Standards Organisation (ISO). Recognizing that big gap exists between the existing laboratory standards and those envisaged by ISO, Thailand adopted a different set of national standards that were slightly less demanding than ISO standards. This approach has yielded excellent results in improving the quality of laboratories and has been documented to enable other countries to follow similar approach.

## Quality Assurance in Bacteriology and Immunology

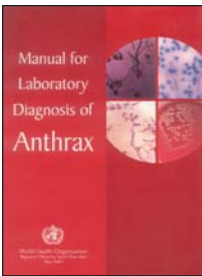
WHO Regional Publication, South-East Asia Series No.28, 179 Pages



Reliable laboratory data are basic prerequisites for national communicable disease control programmes. With the extensive use of laboratories by the health services in recent years for national communicable disease control programmes, quality assurance has become an important aspect of laboratory services. This publication provides guidelines to member countries for strengthening laboratory activities in microbiology so as to ensure better primary health care delivery. The book has chapters on laboratory organization and function, documentation, standard operating procedures, validation, basic concepts of quality assurance, essential steps for assuring quality, quality audit and accreditation, as well as safety and quality control of laboratory equipment and materials.

## Manual for Laboratory Diagnosis of Anthrax

SEA-HLM-371, 59 pages

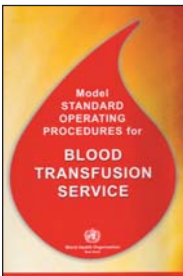


Of the recognized possible biological weapons, anthrax bacilli are rated the most lethal on account of their high case fatality rates; rapid transmission by aerosols, ease of growing in large quantities in the laboratory and their stability in the environment. While it is difficult to predict events of bioterrorism, we can certainly enhance our preparedness to efficiently cope with such eventualities. An important part of this preparedness is the need to

strengthen laboratory support services of national health systems.

## Model Standard Operating Procedures for Blood Transfusion Service

130 pages

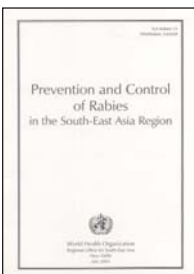


The performance of any procedure will yield desired quality results only if standard operating procedures (SOPs) are followed. Realizing that most blood banks in the countries of the South-East Asia Region may not have the capacity to write their own SOPs, WHO has developed model SOPs for various procedures that are commonly performed in blood transfusion services. Individual blood banks need to adapt these and develop their own blood bank-specific

SOPs based on the infrastructure available, test procedures to be followed and availability of reagents.

## Prevention and Control of Rabies in the South-East Asia Region

SEA-RABIES-23, 20 pages



This publication describes the status and magnitude of rabies problem in the Region, outlines the problems and constraints of rabies and projections for requirements of vaccines and costing. It also enlists the Regional Strategy for Control of Rabies in the South-East Asia Region.

## Guidelines on Prevention and Control of Hospital Associated Infections

SEA-HLM-343, 49 pages



These guidelines include organization of the infection control programme, management of hospital environment, care of high-risk areas and patients, surveillance and outbreak investigation, isolation procedures, standard precautions as well as care of hospital staff.

These guidelines will serve as a valuable technical resource for hospital administrators. These could also be used as an advocacy tool to institute appropriate mechanisms to prevent and contain hospital-associated infections.

## Guidelines on Standard Operating Procedures for Clinical Chemistry

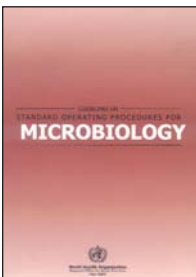
SEA/HLM/328, 107 pages



Standard Operating Procedures (SOPs) play a vital role. Every laboratory has to develop SOPs and use them in-house. The "Guidelines for Development of Standard Operating Procedures in Clinical Chemistry" are intended for various laboratories that are performing tests for clinical chemistry, to enable them to develop appropriate SOPs that suit their requirement which are in consonance with their mandate as well as infrastructure.

## Guidelines on Standard Operating Procedures for Microbiology

SEA/HLM/324, 179 pages

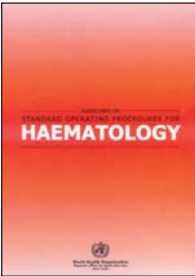


The use of Standard Operating Procedures (SOPs) in laboratory testing is one of the most crucial factors in achieving quality. This publication provides guidelines on SOPs for diagnosing diseases of public health importance at intermediate and peripheral levels. Guidelines on early warning signals about epidemic-prone diseases based on laboratory data and on collecting and effectively transporting the appropriate

clinical specimens to the referral/central laboratories for diseases for which diagnostic services are not as yet developed at the intermediate laboratories are also provided.

## **Guidelines on Standard Operating Procedures for Haematology**

SEA/HLM/320, 72 pages



Standard Operating Procedures for Haematology has been designed to be of use to haematology laboratories at different levels engaged in undertaking routinely used test methods. Standard Operating Procedures are an inseparable component of a quality assurance programme. They denote laboratory integrity, ensure consistency and reliability, minimize errors and are a reflection of the policy of a laboratory in regard to quality.



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