The regional programme budget 2000-2001 was developed in collaboration with the Member Countries. It duly incorporated reforms undertaken in the Organization. The programme budget thus developed, with 19 major programmes, was more strategic to cater to the needs of the Organization’s constituent functions. It was revised later to include 35 areas of work in line with the strategic approach of ‘One WHO’. Major thrusts of the budget were in the areas of high level advocacy to support a sound health policy, eradication of specific communicable diseases like poliomyelitis and guinea-worm disease, malaria, tuberculosis, HIV/AIDS and acute respiratory tract infections. It also incorporated priority areas like Tobacco Free Initiative, women’s health and development and strengthening of health systems development.

The Organization undertook an efficiency savings exercise to shift 2 per cent resources to priority areas underlined by its governing bodies. Reductions were effected in the areas of fellowships and study tours, supplies and equipment, travel etc. Casual income was allocated to five priority programmes, namely, Roll Back Malaria, tuberculosis, HIV/AIDS, Tobacco Free Initiative and polio eradication.

In order to speed up implementation and use the resources optimally, the Regional Office advised countries to advance their implementation plans. Instructions were issued to implement 75 per cent of the total allotted budget of the biennium by December 2000 and the remaining 25 per cent
by September 2001. Emphasis was given to the implementation of programme activities rather than utilization of funds. The Regional Office also undertook an internal review of obligation proposals to ensure preparation and implementation of good and technically sound proposals. A separate unit under the office of the Regional Director was established to catalyse and coordinate with the WRs’ offices and technical units. The Unit, known as Internal Review Unit, will support the review of obligation proposals and final reports of completed activities.

Monitoring and evaluation of the WHO collaborative programmes continued. The six-monthly monitoring format was revised. Progress reports and regular updates were submitted to the meetings of CCPDM, RD’s meeting with WRs and the Health Secretaries’ meeting. The reports incorporated more of the technical aspects of programme implementation with the emphasis on the achievement of planned expected results. Country programme evaluations were undertaken in Maldives and Nepal, which provided a better insight to the processes and mechanisms of evaluation.

As of 30 June 2000, the Regional Office had 125 established professional posts in the Region as compared to 132 posts as of 30 June 1999. Of these, 94 were funded from the Regular budget, compared with 98 one year earlier. A total of 5 professional posts have been abolished as a result of efficiency measures.

Recruitment efforts were focused on the need to increase women’s participation in the work of WHO. World Health Assembly resolution WHA50.16 set a target for new appointments of women at 50 per cent by the year 2002. During the reporting period, 8 out of 14 new appointees for professional posts were women, which constituted 57 per cent as against 50 per cent during the preceding year. As of 30 June 2000, 25 women, representing 26.9 per cent of the professional staff, were in position in the Region.
With regard to nationalities to be encouraged for appointment to professional posts, 6 out of 14 new appointees were from unrepresented and under-represented countries, or 43 per cent against the target set of 60 per cent (WHA resolution WHA50.15). Four exceptions to the geographical distribution were made in favour of two women and two appointments to the polio programme.

One hundred and one consultants and 28 short-term professionals were employed in various projects. Of these, women constituted 27.9 per cent, the same as during the previous year.

Of the consultants and short-term professionals 57.3 per cent were represented by SEAR nationalities as against 63 per cent during the period July 1997 – June 1999.

Ten posts of National Professional Officer were established, of which nine were filled. Within the context of enhancing the role of nationals in the planned WHO programme activities, 399 Special Services Agreement holders were in position on 30 June 2000.

During the 1998-1999 biennium, financial implementation targets were set and actively monitored to ensure speedy obligation of funds. This enabled the South-East Asia Region to move from being one of the regions with very low implementation in the previous biennia to being the region with the second highest implementation in the last six months of 1999. This active follow-up also allowed enhanced technical quality monitoring, a decrease in end-of-the-biennium spending, more planning time and better preparation for starting the activities in 2000-2001. Full implementation of the 1998-1999 released Regular Budget of $ 96 379 700 was accomplished for the third biennium running. During the same period, $ 53 030 100 in extrabudgetary funds were also obligated.

During the last six months of 1999, exhaustive financial planning was undertaken to ensure that headquarters' budget...
targets and the Regional Director’s budget initiatives were appropriately reflected in the 2000-2001 budget. The regional Regular budget allocation of $ 94 639 000 released by the Director-General for implementation beginning 1 January 2000 represents 99 per cent of the approved regional budget, and is a 3.68 per cent reduction from 1998-1999 due to the implementation of World Health Assembly resolution WHA51.31. Within the released budget, efficiency shifts and cost absorption targets of $ 5.2 million were identified, with $ 500 000 shifting to priority areas. These targets include setting regional caps on travel, study tours, fellowships and procurement as well as Regional Office restructuring through mutually-agreed separation agreements.

Total Regular budget obligations for the first six months of the current biennium amounted to $ 38 077 153 representing 40 per cent of the regional working allocation for the biennium 2000-2001.

The external auditors visited the Regional Office in July 1999 in order to facilitate the issuance of an audit report on the financial statements of WHO for the 1998-1999 biennium. Within the same time-frame, they visited the country office in Thailand. They performed an overall evaluation of key operational controls and an assessment of the practices and performance measures facilitating the successful attainment of the WHO objectives.

The internal auditors increased their individual country reviews with three country office visits in September/October and November 1999. They visited DPR Korea and the country offices in India and Nepal to review internal control systems, test compliance and assess effectiveness, efficiency and economy of WHO activities. Their annual visit to the Regional Office in March 2000 concentrated on programme implementation and financial control issues. Recommendations of the auditors have been or are being actively followed up to ensure compliance.
A new high-speed LAN was installed in the Regional Office to meet increased infrastructure requirements envisaged in the first decade of the 21st century. The Intranet was restructured and redesigned. Technical and administrative units were provided informatics support for the development of departmental web sites and programme web sites, such as Roll Back Malaria, Tobacco Free Initiative, and Blood Safety. Ongoing web infrastructure support is provided for global dissemination of health-related technical information through the SEARO Homepage. To improve communication with the outside world, the Internet capacity of the Regional Office and some WRs' offices was enhanced.

A systematic approach was adopted to combat the anticipated Year 2000 (Y2K) problem. Computer hardware, network components and office automation software were made compliant through cost-effective software solutions and, where necessary, hardware was replaced. Country offices were supported for Y2K bug resolution through country visits, Y2K web site and CD-ROMs to provide customized solutions for each office. All WHO offices in the Region made a smooth transition to the year 2000.

A user-friendly interface to the Activity Management System (AMS) was developed for technical monitoring of WHO programme implementation based on agreed business rules and user requirements. Training on the use of AMS was provided to the Regional Office staff and some WRs' offices and one department, together with one country office. AMS was introduced in five country offices as a tool to improve the monitoring of WHO programmes. The Personnel Information System was developed for further improving information management in the Personnel Unit. Other applications developed include an inventory of short-term consultants, library management system, and enhancements to the publication sales system.

Training in the use of office automation software, data protection and security, web browsing and time and meeting management was provided to the Regional Office staff and a
few country offices. Support was provided for building informatics infrastructure for health telematics pilot projects in Bhutan and Myanmar, targeted respectively to improve health care delivery and tele-education.

Procurement by the medical supply services during the reporting period amounted to US$ 13.5 million.

A major part of the work has been in support of the WHO programme for the eradication of poliomyelitis. Equipment and supplies for surveillance laboratories were provided to Bangladesh, India and Indonesia. In India, WHO supplied equipment to support field surveillance officers. Cold-chain equipment required for conducting national immunization days was provided to Bangladesh and DPR Korea.

Emergency procurement was in two main areas: emergency health kits to help meet the needs of displaced people in several provinces of Indonesia; and material as part of WHO’s response to the continuing emergency in DPR Korea.

The setting of an earlier biennial deadline for the submission of requisitions for supplies and equipment helped to ensure orderly and timely execution of procurement activities.

Renovation of the Regional Office has been completed. A new archives room and several store rooms have been built. A new PBX was installed and is being connected to a global private network which will allow instantaneous and cheaper communication between the South-East Asia Regional Office, other regional offices and WHO headquarters. Renovation of the electrical distribution system was completed; a low tension panel board and a new bank of capacitors were provided.

A critical study of the existing Registry procedures is under way. Pilot projects for computerization of the Registry as well as a new computer-based inventory and meeting room reservation system are being tested.
Five of the eleven countries in this region are among the top 22 countries with the highest burden in the world as of 2012. [1] In Asia, the highest numbers of infected persons are in India (4.58 million) followed by Thailand, Myanmar, and Vietnam. In this review, we highlight aetiologies of pneumonia seen more commonly in the tropics compared with temperate regions, their disease burden, variable clinical presentations as well as impact on healthcare delivery.