Good clinical management of infectious diseases (and illness caused by chemical and environmental hazards) and the application of measures to prevent nosocomial infection are both vital elements in implementing the IHR. First, developing and maintaining a core capacity for excellence in the provision of clinical care will improve outcomes for individual patients. Experience has also shown that front-line clinicians are often the first to recognize and alert their public health colleagues to the presence of a novel infectious disease threat. Similarly, clinicians play a vital complementary role along with epidemiologists and laboratory experts in the investigation and characterization of events of public health significance. In addition, the experience of Severe Acute Respiratory Syndrome demonstrated clearly how infectious diseases with the potential for international spread can be controlled even in the absence of vaccine or any specific treatment, simply by the application of adequate public health measures, including hospital infection control.

For these reasons, it is vital that Member countries develop and sustain the capacity for hospital surveillance, clinical management, hospital-based investigation of uncharacterized public health events and the systematic application of infection control measures. Clinical management will be improved by enhancing the quality and amount of training available to health-care workers at all levels of the health-care system, accompanied by improved access to all modalities of therapy from drugs to mechanical ventilators. Similarly, improving hospital infection control requires more than just training; it may mean upgrading hospital infrastructure and changing hospital management practices.

**Achievements**

An assessment of existing core capacities, including clinical management and hospital infection control at various levels of the health system, was completed in Member countries of the Region. Recommendations on actions were then made at a regional workshop on implementation of IHR in April 2007, including specific recommendations on infection control and clinical management.

Training in clinical management of avian influenza has been delivered in collaboration with the Ministry of Public Health, Thailand to clinicians from Bangladesh, Bhutan, the Democratic People’s Republic of Korea and Timor-Leste. In November 2007, clinicians from nine SEARO Member countries completed a two-week course on tropical diseases of public health importance with technical support from Mahidol University, Thailand, and the National Institute of Communicable Diseases (NICD), India. SEARO is also collaborating with a number of partners on an initiative for infection control for respiratory diseases in health-care facilities. A training curriculum is currently being developed and a consultation on curriculum development will be held in July, to be followed by a regional “training of trainers” workshop in September 2008.

**Gaps and needs**

Capacity for clinical management and infection control is currently imbalanced between Member countries. Strengthening both these areas will be challenging and will require the delivery of training, but also advocacy for the mobilization of resources. Regional capacity for both these areas of work will be strengthened by development of professional networks and regional resource centres.