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# **Briefing for WHO Representatives**

**on the  
Sixteenth Meeting of the  
Regional Consultative Committee  
and on the  
Thirty-ninth Session of the  
Regional Committee for the  
Eastern Mediterranean**



**WORLD HEALTH ORGANIZATION  
Regional Office for the Eastern Mediterranean**

**1992**

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# REGIONAL CONSULTATIVE COMMITTEE

## Functions of the Regional Consultative Committee

The Regional Consultative Committee (RCC) was first established following a resolution adopted by the Thirtieth Session of Regional Committee in 1983. It is composed of eight members, designated by the Regional Director, acting in their own personal capacity, that is, they do not represent their governments. The terms of reference of the RCC include advising the Regional Director on policy and strategy in the Region for the development of technical cooperation among developing countries (TCDC), preparing the programme budget, reviewing methods of work of the Regional Committee, and any other matters referred to it by the Regional Director. Membership is initially for two years for half of the members, and three years for the other half. The RCC meets once a year, usually in late August/early September<sup>1</sup>.

### Sixteenth meeting of the RCC

The Sixteenth Meeting of the Regional Consultative Committee was held in the Regional Office, Alexandria, Egypt, on 31 August and 1 September 1992. The RCC reviewed the follow-up actions taken on the recommendations of the earlier RCC meetings. The main agenda items discussed at the meeting were on

- The Proposed Programme Budget for the Financial Period 1994-1995 for the Eastern Mediterranean Region,
- Strategies for Promoting Self-Reliance in Health,
- Sharing of Information in Consultancy Reports,
- An Integrated Approach to Health and Medical Education

The following was agreed upon in the discussions

- regarding the proposed programme budget for 1994-1995, the RCC recommended that community involvement be included as an additional criterion for resource allocation,
- regarding the decreasing funds available during the previous biennia, the RCC recommended taking action to ensure that the regional share of WHO's global regular budget be increased to 70-75%,
- the RCC recommended that measures be taken to ensure that the budgetary rates of exchange are the most realistic possible,
- the RCC recommended that countries that had benefited from unspent funds allocated to countries affected by calamities, might share part of their future budgets with these countries, when their implementation capacity has been regenerated,
- the RCC recommended that Member States should develop appropriate approaches to promote individual and community self-reliance in health through healthy life-styles, family self-care and health education. Self-reliance at national level could be achieved in

<sup>1</sup> Should there be a need for the RCC to meet more often, the Regional Director could convene *ad hoc* meetings.

the areas of whole blood and blood components, maintenance and repair of medical and laboratory equipment and human resources for health,

- at intercountry and regional levels, the RCC recommended programmes in vaccine production and quality assurance, production of essential drugs, including herbal medicines, production of basic laboratory and radiological equipment, and production of blood products, the establishment of an Advisory Committee on Drug Production was also considered useful,
- the RCC noted that there was a wealth of information in consultants' assignment reports that could also be of benefit to other countries, and recommended the Regional Committee to authorize EMRO to circulate, at regular intervals, a compilation of selected Executive Action Documents (i.e., summary extracts of assignment reports), after ensuring any necessary clearances from the government concerned,
- regarding an integrated approach to health and medical education, the RCC felt that while full integration would be an ideal ultimate goal, a gradual step-by-step approach, starting with integration at the delivery level, might be more practical, it recommended that coordination/integration at the health delivery level, in localities hosting one or more medical schools, should be considered whenever feasible, and that the establishment of a "Joint Health Services and Medical Education Board", in such localities, should be encouraged,
- the RCC noted with deep concern the terrible situation in Afghanistan and Somalia and endorsed the Regional Director's plans for keeping national health personnel in those countries, and urged the full use of "basic minimum needs" projects in those countries, and the continuation of WHO/EMRO activities in stable areas

# REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

## Functions of the Regional Committee

The Regional Committee (RC) for the Eastern Mediterranean is the main governing body on policy matters for the WHO Eastern Mediterranean Region. It also supervises the activities of the Regional Office. Its functions include.

- a) to formulate policies governing matters of an exclusively regional character;
- b) to supervise the activities of the Regional Office,
- c) to suggest to the Regional Office the convening of technical conferences and such additional work or investigation in health matters as, in the opinion of the Regional Committee, would promote the objectives of the Organization within the Region;
- d) to cooperate with other WHO Regional Committees and with those of other United Nations specialized agencies and with other regional international organizations having interests in common with the Organization,
- e) to tender advice, through the Director-General, to the Organization on international health matters that have wider-than-regional significance,
- f) to recommend additional regional appropriations by the governments of countries in the Region, if the proportion of the central budget of the Organization allotted is insufficient to carry out regional functions;
- g) such other functions as may be delegated to the Regional Committee by the World Health Assembly, the Executive Board or the Director-General. The EMR Regional Committee consists of all Member States forming the WHO Eastern Mediterranean Region.

The Regional Director is the *ex-officio* Secretary of the Regional Committee

The Regional Committee meets annually (usually in early October), either in one of the EMR Member States or in the Regional Office, in accordance with the invitation received.

## Thirty-ninth Session of the Regional Committee

The Thirty-ninth Session of the Regional Committee was held in Alexandria, Egypt, from 3 to 6 October 1992. The Regional Committee elected H.E. Dr Ali Bin Mohammed Bin Moosa (Oman) as Chairman, and Dr Sayed Mohamed Amin Fatumae (Afghanistan) and Dr Mohamed Sobhy Abdel Rehim (Egypt) as its Vice-Chairmen. For the Technical Discussions, H.E. Professor Hedi M'henni (Tunisia) was elected Chairman.

The Thirty-ninth Session of the Regional Committee considered various topics, including: the impact of urbanization on health, zoonotic diseases; advocacy of health for all among medical practitioners, reduction in maternal and infant mortality; and promotion of healthy life-styles.

The Thirty-ninth Session of the Regional Committee adopted twelve resolutions (nine programme-related, two country-related, and one that dealt with administrative matters). It also agreed on six decisions, three of which concerned the nomination of a Member State to various committees or boards

The following is a complete list of the resolutions and decisions adopted, along with its actual text.

## LIST OF RESOLUTIONS

### *Programme policy matters*

- EM/RC39/R.1** Annual Report of the Regional Director  
**EM/RC39/R.2** The Impact of Rapid Urbanization on Health  
**EM/RC39/R.3** Membership of Palestine in the Regional Committee  
**EM/RC39/R.4** Proposed Programme Budget for the Financial Period 1994-1995 for the Eastern Mediterranean Region  
**EM/RC39/R.5** Zoonotic Diseases  
**EM/RC39/R.6** Report of the Regional Consultative Committee (Sixteenth Meeting)  
**EM/RC39/R.7** Advocacy of Health for All Among Medical Practitioners  
**EM/RC39/R.8** Reduction in Maternal and Infant Mortality  
**EM/RC39/R.9** Promotion of Healthy Life-Styles

### *Country-related matters*

- EM/RC39/R.10** Health Conditions of the Arab Population in the Occupied Arab Territories, Including Palestine  
**EM/RC39/R.11** Health Assistance to Specific Countries

### *Administrative matters*

- EM/RC39/R.12** Place and Date of the Fortieth Session of the Regional Committee, 1993

## LIST OF DECISIONS

- Decision 1** Election of Officers  
**Decision 2** Adoption of the Agenda  
**Decision 3** Nomination of a Member State from the Eastern Mediterranean Region to the Management Advisory Committee of the Action Programme on Essential Drugs  
**Decision 4** Nomination of a Member State to the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases  
**Decision 5** Nomination of a Member State for the Global Programme on AIDS  
**Decision 6** Subjects of Technical Discussions and Technical Papers in 1994 and 1995

## RESOLUTIONS

### EM/RC39/R.1 ANNUAL REPORT OF THE REGIONAL DIRECTOR

*The Regional Committee,*

Having reviewed *The Work of WHO in the Eastern Mediterranean Region - Annual Report of the Regional Director* for the period 1 January to 31 December 1991<sup>1</sup>,

- 1 CALLS UPON the governments of the Region
  - 1.1 to increase resources devoted to national health budgets so as to further national socioeconomic development and to make health care services accessible to the more vulnerable populations, and thus to achieve better equity in the distribution of these services;
  - 1.2 to enhance mutual collaboration in the control of malaria and other communicable diseases,
- 2 REQUESTS the Regional Director to initiate action for the establishment of a committee at the ministerial level that could take the necessary steps to ensure extrabudgetary funding for the Regional Voluntary Fund for Health for All,
- 3 THANKS the Regional Director and commends him on the efforts made in the area of health development in the Eastern Mediterranean Region,
- 4 ADOPTS the Annual Report of the Regional Director.

### EM/RC39/R.2 THE IMPACT OF RAPID URBANIZATION ON HEALTH

*The Regional Committee,*

Having reviewed with interest the technical paper presented on "The Impact of Rapid Urbanization on Health"<sup>2</sup>;

Recalling the resolution WHA44.27 on "Urban Health Development" of the Forty-fourth World Health Assembly,

Taking note of the WHO Commission on Health and Environment and the recommendations of the United Nations Conference on Environment and Development (UNCED), held in Rio de Janeiro in June 1992,

- 1 RECOGNIZES that the Eastern Mediterranean Region is experiencing rapid urbanization, which is causing a multitude of environmental and health problems in many cities of the Region,

<sup>1</sup>Document EM/RC39/2

<sup>2</sup>Document EM/RC39/Tech.Disc./1

**2. URGES Member States**

- 2.1 to explain the dimensions of the problem to decision-makers in their countries so as to induce them to work for improving living conditions in rural areas, in a manner that would control urbanization and protect from the adverse effects of rapid urbanization,
- 2.2 to promote an effective information and educational campaign in order to increase public awareness of the adverse impacts of rapid urbanization, with the health sector assuming leadership for such campaign and with the active involvement of other sectors,
- 2.3 to involve the Ministry of Health in the development of policies and strategies aimed to minimize the damage resulting from rapid urbanization;
- 2.4 to strengthen urban Primary Health Care,
- 2.5 to promote the concept of "Healthy Cities" to minimize the adverse environmental and ecological impacts of urbanization

**3 REQUESTS the Regional Director to**

- 3.1 to prepare information and educational programmes which countries can utilize in awareness campaigns,
- 3.2 to provide Member States with available information on successful experiences in that area.

**EM/RC39/R.3 MEMBERSHIP OF PALESTINE IN THE REGIONAL COMMITTEE***The Regional Committee,*

Recalling that, according to Article 47 of the WHO Constitution and Resolution WHA2 103, territories that are not responsible for the conduct of their international relations and that are not Associate Members, have, subject to prescribed consultations, the right to be represented at and to participate in Regional Committees with all rights and obligations, except that they shall not have the right to vote in plenary meetings of the Regional Committee, or in its subdivisions dealing with finance or constitutional matters,

Agreeing that Palestine, an observer in the United Nations, has the right to be fully represented and participate as a member of the Regional Committee for the Eastern Mediterranean, and without prejudice to the question of responsibility regarding the international relations of Palestine,

REQUESTS the Regional Director and the Director-General to undertake, on behalf of the EMR Member States, the necessary consultations as prescribed in Resolution WHA2.103 and to report back to the Regional Committee

**EM/RC39/R.4 PROPOSED PROGRAMME BUDGET FOR THE FINANCIAL PERIOD 1994-1995 FOR THE EASTERN MEDITERRANEAN REGION***The Regional Committee,*

Having considered the criteria for regular budget resource allocation and the Proposed Programme Budget for the Eastern Mediterranean Region for the Financial Period 1994-1995,



Noting that the Proposed Programme Budget conforms to the Eighth General Programme of Work and reflects national and regional priorities in agreement with the Regional Programme Budget Policy,

Noting also that the share to all WHO regions is approximately 66% of total regular budget funds available to the Organization,

- 1 RECOMMENDS that the regional members of the Executive Board as well as representatives to the World Health Assembly undertake initiatives in those forums to increase substantially the regional share of total regular budget resources
- 2 URGES that Member States ensure that a health component is included in international and bilateral collaborative programmes
- 3 REQUESTS the Regional Director
  - 3 1 to reconsider the criteria for regular budget resource allocation for the countries of the Region in a way that best responds to their evolving needs for support and to report back to the Regional Committee at a subsequent meeting,
  - 3 2 to put aside for Palestine 1% of country allocations for the biennium 1994-1995, on a pro-rata basis from each Member State,
  - 3 3 to submit the Regional Proposed Programme Budget, as contained in document EM/RC39/3, to the Director-General for inclusion in the Proposed Budget for the Financial Period 1994-1995

#### EM/RC39/R 5 ZOO NOTIC DISEASES

##### *The Regional Committee,*

Having reviewed the Regional Director's report on "Zoonotic Diseases in the Eastern Mediterranean Region"<sup>1</sup>,

Considering the magnitude of the problem and recognizing that continued efforts are required to improve the prevention and control of zoonotic diseases in the Region;

- 1 URGES Member States
  - 1 1 to continue to devote the necessary commitment and support to the prevention and control of zoonotic diseases, ensure the adoption of necessary legislation, and allocation of sufficient resources,
  - 1.2 to strengthen cooperation between national veterinary, public health services and other related national services in surveillance, information exchange, prevention and control of zoonotic diseases,
  - 1 3 to ensure the provision of necessary support services, including diagnostic and training facilities, drugs and vaccines,
  - 1 4 to strengthen health education about zoonoses prevention, particularly among high-risk groups and to cooperate with the Regional Office in order to prepare the information materials required for the campaigns,

<sup>1</sup>Document EM/RC39/7

**2 REQUESTS the Regional Director**

- 2.1 to promote and support operational research on zoonotic diseases,
- 2.2 to facilitate and promote international cooperation with other concerned international bodies,
- 2.3 to continue to support centres collaborating with WHO in the field of zoonotic diseases, and to promote the designation of national specialized centres as reference centres in the Region

**EM/RC39/R.6 REPORT OF THE REGIONAL CONSULTATIVE COMMITTEE  
(SIXTEENTH MEETING)***The Regional Committee,*

Having considered the report of the Sixteenth Meeting of the Regional Consultative Committee<sup>1</sup>,

- 1 ENDORSES the report of the Regional Consultative Committee,
- 2 CALLS UPON Member States to consider implementing the recommendations included in the report whenever feasible,
- 3 REQUESTS the Regional Director to implement the parts concerning the Eastern Mediterranean Regional Office of these recommendations

**EM/RC39/R.7 ADVOCACY OF HEALTH FOR ALL AMONG MEDICAL  
PRACTITIONERS***The Regional Committee,*

Having studied the working paper on "Advocacy of Health for All Among Medical Practitioners"<sup>2</sup>,

Recognizing that medical practitioners are both major providers of health care and social leaders capable of motivating and involving the community and leaders of other sectors in the Health-for-All movement,

Noting the importance of advocacy in mobilizing medical practitioners in support of Health for All, and the need to enhance efforts to advocate Health for All among medical practitioners and other categories of health personnel,

- 1 URGES Member States
  - 1.1 to ensure that the concept of Health for All is integrated within the curricula of all medical and health education institutions,
  - 1.2 to take necessary action to reorient medical teachers and provide them with information about Health for All,
  - 1.3 to encourage research to identify ways of increasing the involvement of the different categories of health personnel, especially medical practitioners in the Health-for-All movement,
  - 1.4 to encourage medical associations, syndicates and councils to include an advocacy component in the continuing medical and health education of their members

<sup>1</sup>Document EM/RC39/5

<sup>2</sup>Document EM/RC39/8

## **EM/RC39/R.8 REDUCTION IN MATERNAL AND INFANT MORTALITY**

### *The Regional Committee,*

Having considered the progress report of the Regional Director on "Reduction in Maternal and Infant Mortality"<sup>1</sup>, indicating in particular the steady decline in the maternal and infant mortality rates in most countries of the Eastern Mediterranean Region,

Noting that there was in some countries a tendency towards administrative dichotomy in treating family planning as a programme separate from maternal and child health,

Recalling resolution EM/RC35/R 9 on maternal and infant mortality in the Eastern Mediterranean Region,

- 1 **COMMENDS** the untiring efforts of governments, international agencies, and nongovernmental organizations to promote and protect the health of the mothers and infants in the Region by adopting a holistic approach based on the Safe Motherhood Initiative,
- 2 **CALLS UPON** Member States to make concerted efforts to reduce, by the year 2000, maternal mortality in all countries of the Region by 50% and infant mortality by one-third, or below 50 per thousand live births, whichever is lower;
- 3 **URGES** all Member States to ensure that family planning continues to be considered as an integral part of maternal and child health promotion as enunciated in the Alma-Ata Declaration on Primary Health Care, and to avoid setting up family planning as a separate programme, thus jeopardizing the success of both programmes

## **EM/RC39/R.9 PROMOTION OF HEALTHY LIFE-STYLES**

### *The Regional Committee,*

Having considered the progress report of the Regional Director on "Promotion of Healthy Life-Styles"<sup>2</sup>,

Recalling resolution EM/RC36/R 7 on healthy life-styles in the Eastern Mediterranean Region,

- 1 **URGES** Member States to continue giving priority to the promotion of healthy life-styles, utilizing various means of public information and health education and making use of the Amman Declaration on Health Promotion,
- 2 **CALLS UPON** Member States to combat unhealthy life-styles, such as smoking and other risk-taking practices through appropriate health education and legislation

## **EM/RC39/R.10 HEALTH CONDITIONS OF THE ARAB POPULATION IN THE OCCUPIED ARAB TERRITORIES, INCLUDING PALESTINE**

### *The Regional Committee,*

Mindful of the basic principle established in the WHO Constitution, which affirms that the health of all people is fundamental to the attainment of peace and security,

<sup>1</sup>Document EM/RC39/9

<sup>2</sup>Document EM/RC39/10

Reaffirming WHO's responsibility for the attainment by the Palestinian people and the Arab inhabitants in the occupied Arab territories of the highest attainable standard of health as a fundamental human right,

Seriously concerned by the deterioration of health conditions of the Palestinian people, the violations of human rights in the occupied Arab territories, and by the suppressive practices of the occupation authorities against the Palestinian people during the *intifada*,

Hoping that the peace talks among the parties concerned in the Middle East will lead to a just and comprehensive peace in the area, based on the principles of international legitimacy and, in particular, on relevant United Nations resolutions,

Noting with satisfaction the measures being taken by the Director-General and the Regional Director to improve the health conditions in the occupied Arab territories, including Palestine and the Golan Heights,

Recalling the resolutions of the Regional Committee and of the World Health Assembly concerning the health conditions of the Arab population in the occupied Arab territories, including Palestine,

- 1 REQUESTS the Director-General, in the light of the relevant resolutions of the World Health Assembly and the Regional Committee
  - 1 1 to make efforts to enable the Special Expert Committee to perform its mission of investigating the health conditions of the Arab population in the occupied Arab territories and reporting on the results of its mission to the Forty-sixth General Assembly,
  - 1 2 to provide and mobilize the necessary resources, and especially to send medical specialists, equipment and drugs, to promote the health conditions of the Arab inhabitants in the occupied Arab territories, and to support hospitals and health institutions there so that they may fulfill their humanitarian role, in cooperation and coordination with the Palestinian Supreme Health Council,
  - 1 3 to intensify existing support to confront appalling problems of water supply, as well as sewerage and solid waste disposal in the occupied Arab territories and to assist in creation of mechanisms for planning and development in environmental health,
  - 1 4 to continue to make efforts to follow-up the implementation of resolution WHA45 26, particularly paragraph 9 thereof, in coordination with Member States, observers and all other organizations involved in health and humanitarian activities, and to continue the efforts aimed at carrying out assistance provided through the Special Assistance Programme,
- 2 CALLS ON the Director-General and the Regional Director to take necessary steps to ensure the smooth assumption by the Palestinian people in the occupied Arab territories of full responsibility for health services in cooperation and coordination with the Palestinian supreme health council, within the framework of the national Palestinian health plan,
- 3 CALLS UPON all Member States of Eastern Mediterranean Region and regional intergovernmental and nongovernmental organizations to provide all necessary support to improve the health conditions of the Palestinian and other Arab people in the occupied Arab territories

**EM/RC39/R 11 HEALTH ASSISTANCE TO SPECIFIC COUNTRIES*****The Regional Committee,***

Recalling and confirming the previous resolutions of the Regional Committee on health assistance to specific countries, and most recently EM/RC38/R 15 (Iraq's need of drugs and medical supplies); EM/RC38/R.16 (Addressing the health and environmental hazards in Kuwait resulting from the Gulf War), EM/RC38/R 17 (Technical and maternal assistance to Jordan and Yemen), EM/RC38/R 18 (Financial and medical assistance to Sudan), EM/RC38/R.19 (Material, medical and technical assistance to Somalia), EM/RC38/R.20 (Health and medical assistance to Lebanon), EM/RC38/R 21 (Assistance to Afghanistan),

Deeply concerned about the emergency situation in some Member States, notably in Somalia and Afghanistan, and the adverse impact this is having on their populations' health,

Taking note of the United Nations General Assembly resolution 46/182, "Strengthening of the coordination of humanitarian assistance of the United Nations" and World Health Assembly resolution WHA45.21 of 13 May 1992,

Having examined the Annual Report of the Regional Director<sup>1</sup>, which includes, *inter alia*, actions taken by WHO/EMRO for the emergency health and medical assistance to specific countries,

- 1 EXPRESSES its appreciation to the Regional Director for his continuous efforts to strengthen the Organization's capacity to respond promptly and efficiently to country-specific emergencies,
- 2 URGES Member States and the international community to use all means and measures possible to save the victims of famine in Somalia, to help Member States suffering from problems of refugees and displaced persons such as Afghanistan, Djibouti, Somalia, Sudan and Yemen, and to facilitate access of Iraqi people to vital medical and nutritional supplies,
- 3 CALLS UPON the Regional Director to continue to give high priority to countries mentioned in the above resolutions and to coordinate WHO's efforts in emergency preparedness and humanitarian assistance with WHO headquarters and with the humanitarian aid programmes of the United Nations system, including mobilization of extrabudgetary resources

**EM/RC39/R.12 PLACE AND DATE OF THE FORTIETH SESSION OF THE REGIONAL COMMITTEE, 1993*****The Regional Committee,***

Noting that the Regional Committee had received earlier invitations to hold sessions in Kuwait and the United Arab Emirates (resolutions EM/RC37/R.16 and EM/RC38/R.22) that had been postponed at the request of the inviting countries,

Expressing appreciation to the Government of Sudan for the offer to host the Fortieth Session of the Regional Committee for the Eastern Mediterranean,

RESOLVES that the Fortieth Session of the Regional Committee will be held from Saturday, 2 October to Tuesday, 5 October 1993, in one of the countries that had extended invitations to host the Committee, precedence being determined by the date of invitation, and subject to confirmation

<sup>1</sup>Document EM/RC39/2

## DECISIONS

### Decision 1 ELECTION OF OFFICERS

The Regional Committee elected the following officers

Chairman H.E. Dr Ali Bin Mohammed Bin Moosa (Oman)  
Vice-Chairmen Dr Sayed Mohamed Amin Fatmie (Afghanistan)  
Dr Mohamed Sobhy Abdel Rehum (Egypt)

#### *Technical Discussions*

Chairman H.E. Dr Hedi M'henni (Tunisia)

#### *Drafting Committee*

- Mr Mohamed Yehia Ahmed Abol Fotouh (Kuwait)
- Mrs Fatma Bint Abdullah Al-Ghazali (Oman)
- Dr Mohamed Helmy Wahdan (EMRO)
- Mr Hassan Naguib Abdallah (EMRO)

### Decision 2 ADOPTION OF THE AGENDA

The Regional Committee adopted its provisional agenda, and upon the proposal of the Regional Director, agreed for inclusion within Agenda item 18 "Other Business", a new subject, namely "Membership of Palestine in the Regional Committee"

### Decision 3 NOMINATION OF A MEMBER STATE FROM THE EASTERN MEDITERRANEAN REGION TO THE MANAGEMENT ADVISORY COMMITTEE OF THE ACTION PROGRAMME ON ESSENTIAL DRUGS

The Regional Committee nominated the Arab Republic of Egypt to serve as a member of the Management Advisory Committee of the Action Programme on Essential Drugs for a period of three years, from 1 January 1993 to 31 December 1995

### Decision 4 NOMINATION OF A MEMBER STATE TO THE JOINT COORDINATING BOARD OF THE SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES

The Regional Committee nominated the Kingdom of Saudi Arabia to serve as a member of the Special Programme for Research and Training in Tropical Diseases for a period of three years, from 1 January 1993 to 31 December 1995

### Decision 5 NOMINATION OF A MEMBER STATE FOR THE GLOBAL PROGRAMME ON AIDS

The Regional Committee nominated Djibouti to serve as a member of the Global Programme on AIDS Management Committee for a period of three years, from 1 January 1993 to 31 December 1995

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**Decision 6 SUBJECTS OF TECHNICAL DISCUSSIONS AND TECHNICAL PAPERS IN 1994 AND 1995**

*The Regional Committee,*

Having considered the recommendations of the Regional Consultative Committee that were made at its sixteenth meeting in Alexandria, in relation to the subjects of the Technical Discussions and the Technical Papers for the Forty-first and Forty-second Sessions of the Regional Committee for the Eastern Mediterranean in 1994 and 1995, respectively,

• **DECIDES** that the subjects for the Technical Discussions shall be

*In 1994*

- Role of the community (including NGOs) in AIDS prevention and control activities

*In 1995*

- Health system management

**FURTHER DECIDES** that the subjects for the Technical Papers shall be

*In 1994*

- Sustainability of national immunization levels
- Changing patterns of diseases and their impact on WHO collaborative programmes

*In 1995*

- Hospital administration
- Quality assurance of health services