

Briefing
on the
**Eighteenth Meeting of the
Regional Consultative Committee**
and on the
**Forty-first Session of the
Regional Committee for the
Eastern Mediterranean**



WORLD HEALTH ORGANIZATION
Regional Office for the Eastern Mediterranean
Alexandria, Egypt
1995

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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 September¹.

Eighteenth meeting of the Regional Consultative Committee

The eighteenth meeting of the Regional Consultative Committee was held in the Regional Office, Alexandria, Egypt, on 22 and 23 August 1993. The RCC reviewed the follow-up actions taken on the recommendations of its previous meeting.

The topics discussed included

- Home health care
- Accident prevention
- Health and environment
- Follow up on the International Conference on Nutrition
- Cost-sharing in health systems
- Use of traditional medicine in health care systems (progress report)
- Extrabudgetary resources
- Report of the WHO Executive Board on WHO response to global change Redistribution of partial reinstatement of programme budget implementation reduction, 1994-1995
- Subjects for consideration by the Regional Consultative Committee in 1996, 1997 and beyond, and the Regional Committee in the coming years

In addition, the Regional Director briefed the Committee on some of the main issues discussed by the Global Policy Council which included

- Privatization of health care facilities, Implications of the Joint Co-sponsored United Nations Programme on HIV/AIDS, including the future of the sexually transmitted diseases programme,

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

- Delivery of WHO emergency assistance at country level,
- WHO's relationship with the donor community,
- Review of the financial position of the Organization, and
- Policy and programme coordination between regions and headquarters

He also mentioned that the Global Policy Council was preparing a working paper on how WHO could respond to country requests for advice on dealing with the increasing role of the private sector and the decreased role of the public sector in health

The RCC considered **Home Health Care** an important subject and recommended that a position paper be prepared on the subject, emphasizing the particular assets of the Region and that a consultation to discuss the position paper be organized to determine steps to be undertaken to promote and maintain home health care within the context of the sociocultural nature of the Eastern Mediterranean Region. It also recommended that long-term efforts be made to provide enough information to families, mainly through the education of school children, and in particular school girls. The family guide prepared by EMRO was considered a useful tool in this respect. Ministries of health should promote the role of health visitors to develop the necessary knowledge and skills at home for safe and effective home care services, and that there should be strong collaboration with NGOs working in this field.

On the subject of **Accident Prevention**, the Committee recalled the recommendations of previous meetings, which it considered still valid and recommended the establishment of national agencies with representation from various sectors, emphasizing the leading role of the Ministry of Health in this national programme. The RCC felt that WHO should (a) play an advocacy role to raise public awareness on the seriousness of accidents in the Region, (b) mobilize NGOs in support of national programmes on accident prevention, and (c) collaborate with Member States in formulating good projects that could be supported by extrabudgetary funds.

With regard to **Health and Environment**, the RCC urged Member States to take urgent action to establish national health and environment interministerial bodies and coordinating mechanisms for the development and implementation of health and environment plans as part of overall national sustainable development plans, request ministries of health to take immediate steps to strengthen relevant environmental health sections/units to cope with the wide range of health and environmental issues, take action for the development of a coordinated/intersectoral national action plan on health and environment as per Agenda 21 of UNCED, and support national public awareness campaigns. Health ministries should commission the necessary research studies in appropriate institutions.

The RCC also recommended that action be taken to implement the regional strategy along with the global strategy based on priorities set up in the light of the country situation, and the Regional Office establish a "Health and Environment Regional Advisory Group" for following-up the action plans and for strengthening collaboration with United Nations and external support agencies.

Concerning **Follow-up on the International Conference on Nutrition**, the RCC recommended that WHO should increase its advocacy efforts, especially with regard to the effect of malnutrition and micronutrient deficiency on cognitive functions. The Organization should

encourage ministries of health to take a leading role in nutrition as these are the health conscience of the nation, and should encourage them to unify their nutrition capacity and strengthen their nutrition units/departments, in order to facilitate concerted action on nutrition and collaboration with other ministries and agencies WHO should emphasize the importance of a nutrition component in all programmes carried out in the Region

WHO should initiate studies into community-specific nutrition activities, and assist ministries of health in identifying cost-effective interventions, especially in the area of micronutrient deficiencies, building on the experience gained in the control of iodine deficiency disorders It should explore innovative ways of decentralized country-level training, based on the experience gained with the Regional Training Course on Nutrition

On **Cost-Sharing in Health Systems**, the RCC commended the Regional Office for its work as a follow-up on the issue of health economics, especially the training component, preparation of a manual and plans for setting up a special unit for health economics in the Regional Office It recommended that (a) EMRO should develop an appropriate plan of action for future activities, especially advocacy of the principles of health economics among Member States, (b) further in-depth studies should be conducted on various cost-sharing systems under different situations within the Region, (c) the Regional Office should consider establishing appropriate support for regional programmes on health economics A special meeting should be arranged for in-depth discussions of the terms of reference of the regional set-up on health economics/health care financing and the advocacy role of EMRO, and the outcome of (b) and (c) should be discussed in a future RCC meeting to advise on the appropriate approach for extending the regional set-up to ministries of health of the Region and linking the programme to health policies

With regard to the **Use of Traditional Medicine in Health Care Systems**, the RCC commended the efforts of the Regional Office, especially in preparing a core list and promoting a scientific approach in the field of herbal medicine, and recommended that Member States should develop the necessary legislation to ensure the safety, efficacy and quality of herbal medicines used in these countries, promote research studies in the field of herbal remedies and extend regional activities to other traditional medicine activities

Having heard the presentation on **Extrabudgetary Resources**, the RCC recommended that EMR Member States, through their Executive Board members and World Health Assembly delegates, should make known the programme needs of their countries to EM regional-based sources of funding, promote the needs of the Region in relation to the global extrabudgetary-funded programmes, and promote decentralization of Geneva-based special global programmes to those regions which are most affected by the activities of these programmes, and which have lower operating costs

The Regional Office should prepare programme profiles highlighting the funding needs of the Region to EM regional-based sources of funding Such profiles should include cost-benefit analyses, whenever possible, work with other organizations to exchange information and promote WHO priorities to help ensure that activities of those organizations are consistent with the priorities of WHO, identify profiles of programmes which would qualify for funding under the Islamic concept of Zakat and explore the potential for funding in line with this concept, identify requirements of a routine nature (i.e. vaccines) which might attract donor funding of a revolving fund, identify national or other funds that may nominally appear to be directed to more general development undertakings but which could be legitimately interested in funding a health

component of such development (an example is the Regional Programme to Promote Health Economics and Health Care Financing), and continue to pursue the establishment of the Regional Association for Health Development

The Committee also felt that fund-raising itself required some financing, and that the Regional Office should be prepared to support an investment in this area in order to realize a gain

As regards the agenda item **Executive Board Report on WHO Response to Global Change**, the RCC recommended that the Regional Director may consider having an in-depth review of some regional technical programmes in various EMR fora, regional development teams, through their representatives at the global level, should continue their efforts to include in the global document regional inputs based on the views of the countries, and that these teams should try to expand their discussions to cover issues of country and regional interest in addition to those raised globally

On the subject of **Redistribution of Partial Reinstatement of Programme Budget Implementation Reduction, 1994-1995**, the Committee was informed that an amount of US\$952 000, out of \$3 640 000 reduced, was restored and was asked to indicate the principles that could guide the allocation of this amount. After some consideration, the Committee recommended that the restored amounts be maintained as a lump sum and merged with the Regional Director's Development Fund for use in emerging priorities

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 (first Saturday of October) either in one of the EMR Member States or in the Regional Office, in accordance with the invitation received.

Forty-first Session of the Regional Committee

The Forty-first Session of the Regional Committee was held in Manama, Bahrain, from 2 to 5 October 1993. The Regional Committee elected Mr Jawad Salim Al-Arayed (Bahrain) as its Chairman, and Dr Mustafa Kamal El Baath (Syrian Arab Republic) and Dr Manolis Christofides (Cyprus) as its Vice-Chairmen. For the Technical Discussions, Dr Ahmed Bin Abdul-Kader Al Ghassany (Oman) was elected Chairman.

The Regional Committee reviewed the Annual Report of the Regional Director on the Work of WHO in the Eastern Mediterranean Region and congratulated the Regional Director on the excellent report

It adopted the proposed Programme Budget for 1996-1997 and recommended that it be transmitted to the Director-General for inclusion in the global proposed budget of the Organization

The RC considered various topics, including WHO response to global change, diabetes prevention and control, reports on tuberculosis control, poliomyelitis eradication, and the eighteenth meeting of the Regional Consultative Committee

The Technical Discussions were on the subject of the "Role of Community (including NGOs) in AIDS prevention and control" and the technical papers were on sustainability of immunization levels, and changing patterns of diseases and their impact on WHO collaborative programmes

The Forty-first Session of the Regional Committee adopted 17 resolutions. It also agreed on six decisions

The texts of the resolutions and decisions follow

RESOLUTIONS

EM/RC41/R.1 PLAGUE SITUATION IN INDIA

The Regional Committee,

Noting the data provided by the Director-General of the World Health Organization on the epidemiological situation of the plague, the spread of the disease, the rapid increase in the number of cases and the vagueness of data available to the Organization about the situation in areas where the disease is spreading,

Expressing its concern at the current situation,

Commending the immediate comprehensive actions, concordant with the International Health Regulations, taken by Member States of the Region with the aim of reducing the risk of infection,

- 1 **THANKS** the Regional Director for the immediate response of the Regional Office to the emergent epidemic situation, and for its prompt supply of essential and useful information about the disease to Member States as soon as available,
- 2 **RECOMMENDS** that Member States as preventive measures
 - 2 1 educate the public regarding modes of transmission and methods of prevention,
 - 2 2 ensure the provision of laboratory equipment necessary for diagnosis, and of limited quantities of vaccines to immunize laboratory and field personnel who deal with patients and laboratory samples containing the bacillus,
 - 2 3 inform physicians and other health personnel of the symptoms of plague and the methods of dealing with suspects,
 - 2 4 continue to provide attention to environmental sanitation and the elimination of fleas and rodents with a view to preventing and controlling bubonic plague
- 3 **RECOMMENDS** further that, in the event of the occurrence of cases of pneumonic plague, Member States
 - 3 1 report immediately suspected cases,
 - 3 2 isolate rigorously suspects and apply the necessary precautionary measures to prevent transmission of the infection through droplets,
 - 3 3 disinfect concurrently sputum and articles contaminated with it,
 - 3 4 put contacts under observation, giving them the necessary chemoprophylaxis for a period of seven days,
- 4 **REQUESTS** the Director-General
 - 4 1 to take the necessary steps to issue a daily circular on the epidemiological situation of plague and measures to be applied,

- 4 2 to take urgent measures to send a team to India to assess the epidemiological situation of the disease,
- 4 3 to inform Member States of the Region of the date on which they could start applying the provisions of paragraph 2 of Article 7 of the International Health Regulations relating to phasing out of preventive measures, taking into consideration the particular situation in the countries of the Region

EM/RC41/R 2 ANNUAL REPORT OF THE REGIONAL DIRECTOR

The Regional Committee,

Having reviewed the Annual Report of the Regional Director on the work of WHO in the Eastern Mediterranean Region for the year 1993², and having noted his statement thereon

- 1 **THANKS** the Regional Director for his comprehensive report, which reflects the close cooperation between the Regional Office and the Member States,
- 2 **ADOPTS** the Annual Report of the Regional Director,
- 3 **CALLS UPON** Governments of the Region
 - 3 1 to increase efforts to achieve regional self-sufficiency in essential elements of health care such as vaccines, iodized salt, essential drugs, and basic laboratory and other medical equipment,
 - 3 2 to accord priority to the development of expertise in the area of health care financing and health economics,
 - 3 3 to establish efficient national quality assurance systems support to the provision of good health services,
- 4 **REQUESTS** the Regional Director to pursue contacts with appropriate collaborating centres with a view to drawing on up-to-date expertise as needed on a cost effective basis

EM/RC41/R.3 HEALTH ASSISTANCE TO COUNTRIES SUFFERING FROM CIVIL WARS AND COUNTRIES IN NEED OF DRUGS AND MEDICAL SUPPLIES

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 19 (Provision of material, medical and technical assistance to Somalia) and EM/RC38/R 21 (Assistance to Afghanistan),

Considering the basic principles in the Constitution of the World Health Organization, which stipulate that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition,

²Document EM/RC41/2

Deeply concerned about the emergency situation in some Member States, notably in Afghanistan, Somalia and the Republic of Yemen, and the adverse impact this has on their populations' health,

Emphasizing the decision taken by the Eighty-first Session of the Executive Board of the World Health Organization concerning the effects on people's health of withholding medical supplies,

Confirming the successive resolutions of the World Health Assembly concerning the composition of an embargo on medical and food supplies, and the effects of this embargo on health care,

Recognizing the health situation of the Iraqi people and the necessity of enabling them to obtain much needed medical and food supplies,

Referring to the United Nations General Assembly resolution 39/210 that recognized the effects in respect of medical supplies and services as well as health programmes suffered by the Libyan Arab Jamahiriya as a result of the air embargo,

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

- 1 **CALLS UPON** all Member States and the international community to contribute to assist Afghanistan, Somalia and the Republic of Yemen, and provide the necessary medical support in order to relieve the suffering of the peoples of these countries,
- 2 **REQUESTS** the Director-General of the World Health Organization and the Regional Director for the Eastern Mediterranean to continue to exert efforts with a view to enabling the Iraqi and the Libyan peoples to obtain their necessary drugs and medical supplies

EM/RC41/R 4 PROPOSED PROGRAMME BUDGET FOR THE EASTERN MEDITERRANEAN REGION FOR THE FINANCIAL PERIOD 1996-1997

The Regional Committee,

Having considered the Proposed Programme Budget for the Eastern Mediterranean Region for the Financial Period 1996-1997,³

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

Noting also that the share of all regions does not exceed 65% of total regular budget funds available to the Organization and that the regional share of extrabudgetary resources is declining,

- 1 **AGREES** that the fund for Health for All by the Year 2000 - Eastern Mediterranean Region, established under resolution EM/RC31A/R 8, is adequately covered in the Financial Report of the Organization,

³Document EM/RC41/3

- 2 **RECOMMENDS** that the regional members of the Executive Board as well as representatives to the World Health Assembly continue to undertake initiatives in those forums to increase substantially the regional share of total regular budget resources,
- 3 **REQUESTS** the Director-General to make available to the EMR an adequate cost increase immediately following the January 1995 session of the Executive Board for use during joint government/WHO programme review missions,
- 4 **REQUESTS** the Regional Director to
 - 4 1 undertake efforts to increase extrabudgetary resources for the Region, and
 - 4 2 transmit the Proposed Programme Budget for the Eastern Mediterranean Region, as contained in document EM/RC41/3, to the Director-General for inclusion in his Proposed Budget for the Financial Period 1996-1997

EM/RC41/R 5 ROLE OF THE COMMUNITY (INCLUDING NON-GOVERNMENTAL ORGANIZATIONS) IN AIDS PREVENTION AND CONTROL ACTIVITIES

The Regional Committee,

Having reviewed the document for Technical Discussions on the Role of the Community (Including Nongovernmental Organizations) in AIDS Prevention and Control Activities,⁴

Considering the increasing spread of HIV infection in the Region,

Appreciating the AIDS prevention and control efforts made by national authorities, local communities, nongovernmental organizations and WHO,

Recognizing the need to involve actively all sectors of the community and nongovernmental organizations in the fight against AIDS and appreciating the role being played by the Regional AIDS Information Exchange Centre in this regard,

- 1 **THANKS** the Regional Director for his report,
- 2 **URGES** Member States to
 - 2 1 reactivate strong national commitment and provide adequate support for the fight against AIDS, keeping AIDS on the priority agenda,
 - 2 2 continue to fight denial and complacency,
 - 2 3 promote and strengthen active participation of all sectors of the community as well as nongovernmental organizations involved in the fight against AIDS,
 - 2 4 enhance educational interventions in the community with particular emphasis on people at increased risk of HIV infection,
 - 2 5 promote the establishment of home and community-based care for persons with HIV/AIDS and their families, including counselling, treatment, palliative care and social support,

⁴Document EM/RC41/Tech Disc 1

- 2 6 ensure enough resources from within and outside the community to support and sustain the role of the community in AIDS prevention and control,
- 2 7 ensure coordination among national societies and nongovernmental organizations within the framework of the activities of the national AIDS programme
- 3 **REQUESTS** the Regional Director to take the necessary steps to maintain the regional role in prevention and control of AIDS, including information exchange

EM/RC41/R 6 DIABETES PREVENTION AND CONTROL

The Regional Committee,

Recognizing that diabetes is a chronic health problem that could cause considerable human suffering and that it is attended by severe complications, such as blindness, renal failure, and cardiovascular disease,⁵

Concerned at the significant burden on the public health services resulting from the disease, and the increasing economic costs it provokes in Member States,

Being aware of the need to intensify efforts to prevent and control diabetes,

- 1 **INVITES** Member States to
 - 1 1 assess the magnitude of diabetes at the national level,
 - 1 2 initiate national diabetes control programmes for primary prevention of diabetes and secondary prevention of its complications as an integral part of primary health care and in coordination with the health programmes concerned,
 - 1 3 provide the essential elements and acceptable standards of health care for people with diabetes at all levels of the health care system, especially at primary health care centres,
 - 1 4 improve the knowledge of and promote experience in diabetes control, including providing opportunities for training of health manpower in the clinical and public health aspects of diabetes,
 - 1 5 involve nongovernmental organizations and national diabetes associations in national diabetes control programmes,
- 2 **REQUESTS** the Regional Director to promote the development of educational material appropriate to populations in the Region, and assist countries in strengthening national capabilities in diabetes control

EM/RC41/R.7 HEALTH AND MATERIAL ASSISTANCE TO THE PALESTINIAN PEOPLE

The Regional Committee,

Recalling its resolution EM/RC40/R 2 by virtue of which Palestine has become a member in the Regional Committee for the Eastern Mediterranean,

⁵Document EM/RC41/10

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,

Concerned by the deterioration of health conditions in the occupied territories as well as in the liberated territories,

Reaffirming WHO's responsibility for the attainment by the Palestinian people of the highest attainable standard of health,

Trusting that WHO, in the spirit of its Constitution, will exert every possible effort to improve the health conditions of the Palestinian people,

- 1 **RECOMMENDS** that Member States provide, through bilateral aid or through the Regional Office, material and manpower support to the Palestinian people in order to strengthen their national health services,
- 2 **RECOMMENDS** that WHO
 - 2 1 continue the provision of different forms of health support to the Palestinian people, through the Palestinian Governing Authority to enable them to complete as soon as possible the construction of their health infrastructures and services,
 - 2 2 consider opening up a WHO Representative's Office in the liberated territories

**EM/RC41/R.8 RESOLUTIONS AND DECISIONS OF REGIONAL INTEREST
ADOPTED BY THE FORTY-SEVENTH WORLD HEALTH
ASSEMBLY AND BY THE EXECUTIVE BOARD AT ITS NINETY-
THIRD AND NINETY-FOURTH SESSIONS**

The Regional Committee,

Having noted the presentation made by the Regional Director of the resolutions and decisions of regional interest adopted by the Forty-seventh World Health Assembly and by the Executive Board at its Ninety-third and Ninety-fourth Sessions,

- 1 **DECIDES** to continue with the practice of including different technical subjects in its agenda,
- 2 **RECOMMENDS** that the Executive Board include the following item in the agenda of its ninety-fifth session
 - Item 22 6 Study of the ECOSOC resolution on increasing resources devoted to the prevention of malaria, diarrhoeal diseases, especially cholera,
- 3 **REQUESTS** representatives of Member States of the Region serving on the Global Programme on AIDS Management Committee to make known the view-point of Regional Offices in the activities of the United Nations joint and cosponsored HIV/AIDS Programme

**EM/RC41/R 9 REPORT OF THE REGIONAL CONSULTATIVE COMMITTEE
(EIGHTEENTH MEETING)**

The Regional Committee,

Having considered the report of the Eighteenth Meeting of the Regional Consultative Committee,

- 1 **ENDORSES** the report of the Regional Consultative Committee, taking into account the comments of the Regional Committee members,
- 2 **COMMENDS** the Regional Consultative Committee for the advisory support it continues to provide to the Region,
- 3 **CALLS UPON** Member States to implement the recommendations included in the Regional Consultative Committee report, whenever feasible,
- 4 **REQUESTS** the Regional Director to implement the recommendations that concern the Eastern Mediterranean Regional Office,
- 5 **REQUESTS** the Regional Director to continue the practice of putting before the Regional Consultative Committee all important matters intended for consideration by the Regional Committee

**EM/RC41/R.10 THE NEED FOR NATIONAL PLANNING FOR NURSING AND
MIDWIFERY IN THE EASTERN MEDITERRANEAN REGION**

The Regional Committee,

Having reviewed the Regional Director's report on the need for national planning for nursing and midwifery in the Eastern Mediterranean Region,⁶

Noting the actual and potential role of nursing and midwifery in promoting the health of individuals, the family and the community, as well as in the delivery of care in various health programmes,

Recognizing that effective implementation of national strategies for achieving the goal of health for all requires the availability of sufficient numbers of well-qualified nursing and midwifery personnel,

- 1 **THANKS** the Regional Director for his report,
- 2 **URGES** Member States
 - 2 1 to establish and strengthen nursing units in the Ministries of Health to enable them to undertake a leading role in the development of nursing and midwifery services in the country,
 - 2 2 to give high priority to the development, within the national human resources policy, of plans aimed at improving the quality of nursing and midwifery services and

⁶Document EM/RC41/11

- meeting the health needs of the country, including locating nursing schools within the community,
- 2 3 to provide training at all levels in nursing services management,
 - 2 4 to review and update the existing health legislation relating to nursing and midwifery practice and enact the necessary regulatory mechanisms to support nursing and midwifery practice,
 - 2 5 to improve the public image of the nursing profession through mass media and other social marketing approaches in order to encourage both males and females to join the profession

EM/RC41/R 10 THE NEED FOR NATIONAL PLANNING FOR NURSING AND MIDWIFERY IN THE EASTERN MEDITERRANEAN REGION

The Regional Committee,

Having reviewed the Regional Director's report on the need for national planning for nursing and midwifery in the Eastern Mediterranean Region,⁷

Noting the actual and potential role of nursing and midwifery in promoting the health of individuals, the family and the community, as well as in the delivery of care in various health programmes,

Recognizing that effective implementation of national strategies for achieving the goal of health for all requires the availability of sufficient numbers of well-qualified nursing and midwifery personnel,

- 1 **THANKS** the Regional Director for his report,
- 2 **URGES** Member States
 - 2 1 to establish and strengthen nursing units in the Ministries of Health to enable them to undertake a leading role in the development of nursing and midwifery services in the country,
 - 2 2 to give high priority to the development, within the national human resources policy, of plans aimed at improving the quality of nursing and midwifery services and meeting the health needs of the country, including locating nursing schools within the community,
 - 2 3 to provide training at all levels in nursing services management,
 - 2 4 to review and update the existing health legislation relating to nursing and midwifery practice and enact the necessary regulatory mechanisms to support nursing and midwifery practice,
 - 2 5 to improve the public image of the nursing profession through mass media and other social marketing approaches in order to encourage both males and females to join the profession

⁷ Document EM/RC41/11

EM/RC41/R.11 CHANGING PATTERNS OF DISEASES AND THEIR IMPACT ON WHO COLLABORATIVE PROGRAMMES

The Regional Committee,

Having reviewed the technical paper on Changing Patterns of Diseases and their Impact on the WHO Collaborative Programmes,⁸

Noting with satisfaction the changes in the WHO collaborative programmes in response to the changing patterns,

- 1 **THANKS** the Regional Director for his report,
- 2 **URGES** Member States
 - 2 1 to include government health services and private practitioners in the detecting and documenting the unusual occurrence and status of various emergency diseases,
 - 2 2 to take all possible measures to shape the epidemiological transition in the pattern of diseases in a positive way,
- 3 **REQUESTS** the Regional Director
 - 3 1 to designate regional collaborating centres in the field of epidemiological surveillance with effective networking, as appropriate,
 - 3 2 to support research to assist in identifying the determining factors for the epidemiological pattern of diseases of emerging concern

EM/RC41/R.12 THIRD REPORT ON MONITORING PROGRESS IN THE IMPLEMENTATION OF HEALTH-FOR-ALL STRATEGIES

The Regional Committee,

Having reviewed the Third Regional Report on Monitoring Progress in the Implementation of Health-for-All Strategies,⁹

Noting with satisfaction the progress so far achieved by Member States and the Organization in implementing national and regional health strategies,

Further noting with concern the reduction of financial resources for health development and the resulting set-backs in delivery of services,

Realizing that improved health of the population is an investment in socioeconomic development,

- 1 **THANKS** the Regional Director for his report,
- 2 **URGES** Member States
 - 2 1 to continue to transmit to WHO the most recent, reliable data on the various indicators, giving the reference year, in order to provide for meaningful monitoring and evaluation at the regional level,

⁸ Document EM/RC41/7

⁹ Document EM/RC41/8

2 2 to allocate increased public resources to health services, expanding or improving their quality where possible, but at least matching inflation and the rising cost of drugs, equipment and services,

2 3 to rationalize the use of resources available to the health sector

EM/RC41/R 13 SUSTAINABILITY OF NATIONAL IMMUNIZATION LEVELS

The Regional Committee,

Having considered the report of the Regional Director on the sustainability of national immunization levels,¹⁰

Noting the progress achieved thus far in immunization coverage and control of EPI-preventable diseases in the Region,

Recognizing, however, with concern, that the progress in some countries is not at the rate which would allow their national programmes to reach the targets set by the Children's World Summit, the World Health Assembly, and the Regional Committee,

Realizing that immunization services are one of the most cost-effective strategies in preventing disease,

Reaffirming that the regional targets for immunization programmes are feasible and attainable provided that continuing and sustained national support is ensured,

- 1 **THANKS** the Regional Director for his report,
- 2 **WELCOMES** the establishment of a Regional Interagency Coordination Committee to secure extrabudgetary funds for EPI,
- 3 **URGES** Member States
 - 3 1 to sustain political and financial commitment to EPI,
 - 3 2 to maintain coordination with other appropriate sectors and NGOs, as well as with influential public figures,
 - 3 3 to ensure an uninterrupted supply of high-quality vaccines and to work together towards achieving regional self-sufficiency in production of vaccines and rationalizing their use,
 - 3 4 to ensure the inclusion of national immunization strategies in the curricula of medical and other health-related schools,
 - 3 5 to continue to ensure public awareness of the need for immunization of children,
 - 3 6 to develop a defaulter-retrieval system,
 - 3 7 to implement appropriate new and innovative strategies in order to accelerate immunization activities, including linking issuance of birth certificates to having full immunization status, and enactment of appropriate legislation,
 - 3 8 to accord special priority to immunizing children in remote areas, and those of displaced people and nomads, where immunization coverage is traditionally low

¹⁰ Document EM/RC41/6

EM/RC41/R.14 TUBERCULOSIS CONTROL

The Regional Committee,

Having reviewed the report of the Regional Director on the tuberculosis situation in the Eastern Mediterranean Region,¹¹

Recognizing the significant progress made in tuberculosis control in the Region,

Concerned about the various factors that are hindering the successful control of tuberculosis in some countries of the Region,

Recalling earlier resolutions on the subject, namely EM/RC36/R 12 (1989), WHA44 8 (1991) and WHA46 36 (1993),

- 1 **THANKS** the Regional Director for his report,
- 2 **APPRECIATES** the continuous collaboration of various partners in tuberculosis control in the Region,
- 3 **URGES** Member States, particularly those with intermediate or high tuberculosis prevalence
 - 3 1 to develop national tuberculosis control programmes along the strategies adopted by WHO as an integral part of primary health care,
 - 3 2 to conduct research on prevalence of tuberculosis and the resistance of its *bacilli* to drugs,
 - 3 3 to ensure effective involvement of the private medical sector in tuberculosis control activities,
 - 3 4 to monitor carefully the incidence of TB/HIV coinfection by screening, where feasible, of newly diagnosed tuberculosis cases for HIV infection, always maintaining strict confidentiality,
 - 3 5 to accord tuberculosis control programmes due priority during joint review missions

EM/RC41/R.15 WHO RESPONSE TO GLOBAL CHANGE

The Regional Committee,

Having reviewed the report on the WHO response to global change,¹²

Having reviewed the method of work of the Regional Committee,

Recalling its resolution EM/RC40/R 4 concerning this subject,

Recognizing the need to establish clear objectives for the ongoing activities based on sound country, regional and global analysis, and

Appreciating the effort made by the development teams at regional and HQ levels,

- 1 **THANKS** the Regional Director for his report,
- 2 **RECONFIRMS** its resolution EM/RC40/R 4,

¹¹ Document EM/RC41/12

¹² Document EM/RC41/9

- 3 **CONSIDERS** that the present method of work of the Regional Committee realizes best the harmonizing of its actions with the work of the Regional Office, other regions, the Executive Board, and the World Health Assembly,
- 4 **RECOMMENDS** that WHO
 - 4 1 utilize collaborating centres of excellence to provide up-to-date technical and professional support through the use of a retaining fee,
 - 4 2 consider moving some special WHO programmes to the regions
- 5 **BELIEVES** that it is important for regional committees to have a formal say in subjects considered by development teams,
- 6 **REQUESTS** the Regional Director to convey these views of the Regional Committee to the Executive Board

EM/RC41/R.16 POLIOMYELITIS ERADICATION IN THE EASTERN MEDITERRANEAN REGION

The Regional Committee,

Having reviewed the Regional Director's progress report on Poliomyelitis Eradication in the Eastern Mediterranean Region,¹³

Appreciating the progress being made towards the goal of poliomyelitis eradication in the Region,

Recalling resolutions EM/RC35/R 14, EM/RC36/R 6 and EM/RC40/R 8,

Recognizing that the achievement of the regional target for poliomyelitis eradication by the year 2000 urgently requires full implementation of WHO-recommended strategies in all Member States, and that this will require additional financial and human resources,

- 1 **THANKS** the Regional Director for his report,
- 2 **ENDORSES** the updated Plan of Action for Poliomyelitis Eradication in the Eastern Mediterranean Region for the Years 1994-1998,
- 3 **URGES** Member States
 - 3 1 to ensure that strong national commitment to poliomyelitis eradication is adopted at all levels and to guarantee the availability of the necessary financial and human resources,
 - 3 2 to ensure mandatory reporting of all cases of acute flaccid paralysis in children aged less than 15 years, with expert clinical, epidemiological and virological investigations and 60-day follow-up,
 - 3 3 to conduct national immunization days with oral polio vaccine, particularly in countries with evidence or risk of wild poliovirus transmission,
 - 3 4 to coordinate the timing of national immunization days between countries in the emerging polio-free zones and the adjacent countries,

¹³Document EM/RC41/13

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- 3 5 to establish national commissions to ensure the effective functioning of the national polio eradication programme in preparation for certification of poliomyelitis eradication,
- 3 6 to avail themselves of the opportunity of World Health Day in 1995, with its theme "Target 2000 - A World without Polio" to increase public awareness and establish appropriate policies in this regard,
- 4 **REQUESTS** the Regional Director
- 4 1 to coordinate interregional polio eradication activities with other regions,
- 4 2 to establish a Regional Commission for Polio Eradication to coordinate between national commissions,
- 4 3 to continue to seek the additional resources required to achieve polio eradication in the Region by the year 2000

EM/RC41/R.17 PLACE AND DATE OF THE FORTY-SECOND SESSION OF THE REGIONAL COMMITTEE

The Regional Committee,

Having heard the report of the Regional Director on the subject,

Responding to the two kind invitations extended by the Governments of Egypt and Pakistan to host the Forty-second Session of the Regional Committee,

Decides to hold its Forty-second Session in Cairo, Egypt, in October 1995, and the Forty-third Session in Pakistan in October 1996

DECISIONS

DECISION 1 ELECTION OF OFFICERS

The Regional Committee elected the following officers

Chairman	H E Mr Jawad Salim Al-Arayed (Bahrain)
First Vice-Chairman	Dr Mustafa Kamal El Baath (Syrian Arab Republic)
Second Vice-Chairman	H E Mr Manolis Christofides (Cyprus)

TECHNICAL DISCUSSIONS

Chairman	Dr Ahmed Bin Abdul-Kader Al Ghassany (Oman)
Drafting Committee	
Dr Moncef Sidhom (Tunisia)	
Dr Fawzi Abdalla Ameen (Bahrain)	
Dr M H Wahdan (EMRO)	
Mr H N Abdallah (EMRO)	

DECISION 2 ADOPTION OF THE AGENDA

The Regional Committee adopted the Agenda of its Forty-first Session as amended

DECISION 3 ESTABLISHMENT OF A COMMITTEE (TASK FORCE) ON PLAGUE

The Regional Committee established, at its first meeting, a committee (task force) to discuss the subject of plague, it was to be composed of the following members

Mr Abdulhamid Azizi (Morocco)
Dr Mohammed Azmoudah (Islamic Republic of Iran)
Dr Mohamed Abdullah Hamdan (United Arab Emirates)
Dr Ali Bin Jaffer (Oman)
Dr Alireza Marandi (Islamic Republic of Iran)
Dr Ameen Abdel Hamid Mishkhas (Saudi Arabia)
Dr Tawfiq Nasseeb (Bahrain)
Dr Ali-Said Ali Oun (Egypt)
Dr Amer Mohamed Raheel (Libyan Arab Jamahiriya)

From WHO, Dr Hiroshi Nakajima, Dr Mohamed Helmy Wahdan and Dr Zoheir Hallaj were requested to participate in the deliberations of the committee

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 decided to nominate Tunisia to serve as a member of the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases for a three year term from 1 January 1995 to 31 December 1997

DECISION 5 ADOPTION OF THE RESOLUTIONS AND REPORT

The Regional Committee adopted the resolutions and the draft Report of the Forty-first Session

DECISION 6 CLOSING OF THE SESSION

The Regional Committee decided to send telegrams to His Highness the Prince of Bahrain, Sheikh Issa Bin Salman Al Khalifa, His Highness the Prime Minister Khalifa Bin Salman Al Khalifa, and His Highness the Crown Prince, extending its sincere thanks and great appreciation for their kind patronage of the Forty-first Session of the Regional Committee and for the efforts made to ensure its success

It also extended its thanks to the Government of Bahrain and to the Ministry of Health for the generous hospitality afforded to the visiting national delegations and the WHO Secretariat, and for the excellent facilities placed at their disposal, which greatly contributed to the success of the Session

The Regional Committee also expressed its thanks to the Regional Director and the Secretariat for facilitating the work of the Committee, and requested the Regional Director to deal with its report in accordance with the Rules of Procedure