

Report on the

**Twenty-eighth meeting of the Regional
Consultative Committee (RCC)**

Cairo, Egypt
14–15 April 2004



World Health Organization
Regional Office for the Eastern Mediterranean

Report on the

Twenty-eighth meeting of the Regional Consultative Committee (RCC)

Cairo, Egypt
14–15 April 2004



World Health Organization
Regional Office for the Eastern Mediterranean
Cairo
2004

© World Health Organization. All rights reserved.

This health information product is intended for a restricted audience only. It may not be reviewed, abstracted, quoted, reproduced, transmitted, distributed, translated or adapted, in part or in whole, in any form or by any means.

The designations employed and the presentation of the material in this health information product do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

The World Health Organization does not warrant that the information contained in this health information product is complete and correct and shall not be liable for any damages incurred as a result of its use.

CONTENTS

1.	INTRODUCTION	1
2.	FOLLOW-UP ON THE RECOMMENDATIONS OF THE TWENTY-SEVENTH MEETING OF THE REGIONAL CONSULTATIVE COMMITTEE	2
3.	MOVING TOWARDS THE MILLENNIUM DEVELOPMENT GOALS: INVESTING IN CHILD AND MATERNAL HEALTH.....	5
4.	VACCINE DEVELOPMENT, ACCESSIBILITY AND AVAILABILITY: TOWARDS SELF-SUFFICIENCY IN THE EASTERN MEDITERRANEAN REGION	8
5.	HARNESSING GENOMICS AND BIOTECHNOLOGY FOR PUBLIC HEALTH AND DRUG DEVELOPMENT	11
6.	EXTRABUDGETARY FUNDING AND PROGRAMME BUDGETING.....	15
8.	SUBJECTS FOR DISCUSSION DURING THE 29TH MEETING OF THE RCC (2005)	18
Annexes		
1.	AGENDA	19
2.	MEMBERS OF THE COMMITTEE.....	20

1. INTRODUCTION

The Twenty-Eighth meeting of the Regional Consultative Committee (RCC) was held in the Regional Office for the Eastern Mediterranean, Cairo, from 14 to 15 April 2004. Members of the RCC, WHO Secretariat and observers attended the meeting. The agenda and list of participants are included in Annexes 1 and 2.

Dr Hussein Gezairy welcomed the Regional Consultative Committee and expressed his appreciation of the Committee's commitment to the work of the Organization, concern at the situation of the people in the Eastern Mediterranean Region and the world at large, and above all, willingness to continue its sincere efforts in health and health development work in the Region. He noted the growing conflict and instability in Iraq, Palestine and Sudan, an ever persistent increase in complex emergencies in the Region, and the tremendous human, social and economic cost to the Region of natural and manmade disasters. Dr Gezairy referred to WHO's increasing involvement in disaster preparedness, mitigation, response and recovery, particularly in national capacity-building and essential technical assistance to national authorities. He noted that WHO had developed a set of core health commitments to be addressed and upheld during a disaster, and said that the experience and lessons WHO was learning in the Region were adding to the global, regional and country knowledge and skills that could be used to reduce the occurrence of future disasters and/or their consequences.

Dr Gezairy referred to the Director-General's pledges to make the necessary changes to produce better health results in countries, to further decentralize the work of WHO, and to transfer a significant proportion of financial and human resources from WHO headquarters to regional and country offices so that WHO can be more effective at regional and country levels, increase efficiency and improve communication and accountability. The Director-General had emphasized also the need for more reliable and timely health data, and pledged himself to pursue measurable health objectives, including the United Nations Millennium Development Goals, and to intensify engagement against HIV/AIDS, tuberculosis and malaria. Dr Gezairy noted that improving the performance of national health systems was at the centre of WHO's work. To respond to the mounting challenges in our Member States in the health sector, WHO country offices would need to be strengthened, and there was a commitment to that. He said that he had given WHO Representatives enhanced delegation of authority to give them the maximum flexibility and authority to run their offices more effectively and to improve their responses to country needs. Larger budgets had been allocated to country offices so that they could be well equipped, in terms of technical and administrative staff, and also in terms of the necessary hardware. WHO's vision and strategic approach to work in and with countries had been strengthened through the formulation of the Country Cooperation Strategy and the improvement in operational planning through the Joint Programme Planning and Review Missions (JPRM).

Coordination of work with headquarters and with other regions was improving, he said. The initial transfer of extrabudgetary allocations for the 2004/2005 programme budget was expected shortly. While there was still a long way to go to achieve equity and fair distribution of the growing extrabudgetary resources of the Organization, early positive signs of the transparency process being put in place by the Director-General were evident. The preparation of the 2006–2007 programme budget was being carried out with more dialogue and consultation with the Regional Offices. The outline, structure and contents of the 11th General Programme of Work were being thoroughly discussed and the views and concerns of

the regions and Member States were guiding the whole process of finalizing this important document, which would guide WHO's work from 2006 to 2015.

Resource mobilization and the development of partnership in health continued to be important. Global leaders were committed to the Millennium Developmental Goals, the overall goal of which is poverty reduction through contributions from all sectors in a given government, in partnership with communities, donors and civil society. However, these commitments had to be translated into action. The Regional Director requested the Regional Consultative Committee to offer its advice on this issue in regard to the mechanisms, approaches and targets. The various situations in the Region called for new alliances, to raise new resources to enable response to the increasing health needs of populations in need. The Region had to move towards greater social investment by strengthening partnership with the private sector, and to transform the traditional sporadic interaction with the private sector into longer-term collaborative partnerships that build up the health and well being of people in the Region. Discussion and brainstorming were taking place in the Regional Office in order to explore ways and means of securing extrabudgetary funds for health action in the Region, including the possibility of establishing a Regional Fund for Health and Development.

The Regional Director referred to the arabization of the Regional Office website and the establishment of a network on Arabization of Health Sciences. The health research system analysis had been completed in five countries of the Region, and the Regional Office had approved funding for more than 70 health research proposals on major public health priorities. Many more proposals were expected to receive support in 2004 in the priority areas previously recommended by the RCC.

Dr Gezairy noted that the number of the subjects for discussion by the RCC had been reduced this year to allow for in-depth discussion, and the subjects themselves had been selected based on their current importance and relevance. He expressed his hope that the Committee would provide guidance and input to further consolidate the strategic development of these areas of WHO's work.

2. FOLLOW-UP ON THE RECOMMENDATIONS OF THE TWENTY-SEVENTH MEETING OF THE REGIONAL CONSULTATIVE COMMITTEE

Dr A. Assa'edi, Assistant Regional Director, WHO/EMRO

Presentation

The 27th Regional Consultative Committee made 24 recommendations for Member States and 27 recommendations for WHO on the seven topics discussed. The report of the 27th RCC and its recommendations were discussed and endorsed by the 50th Regional Committee through resolution EM/RC50/R.8. The main actions taken in follow-up of seven topics are highlighted as follows.

a) Hospital accreditation: Hospital accreditation was a topic of technical discussion in the Regional Committee resulting in resolution EM/RC50/R.9. Quality assurance has been established in almost two-thirds of Member States, and a hospitals inspection system is operational in at least seven countries. Questionnaires/checklists for accreditation, licensure and patient safety have been drafted, and generic standard operating procedures for major health problems developed. Technical support was provided to Member States to improve

quality of health care. The major concern is the lack of resources to implement the recommendations in all Member States.

b) Children in healthy environments: This issue was discussed as a technical matter by the Regional Committee, resulting in resolution EM/RC50/R.14. Four ministerial roundtables on the Healthy Environments for Children Alliance (HECA) were conducted in Geneva, in May 2003. Eight Member States of the Region expressed their commitment. The Executive Board of the Arab Ministers of Environment adopted a resolution welcoming WHO's initiative, in Beirut, in June 2003. A national conference was conducted in Jordan in July 2003. An overview of literature on childhood lead exposure and unintentional injuries was prepared and will be published in 2004. A pilot application of the Global Initiative on Children's Environmental Health Indicators started in the Islamic Republic of Iran, Oman and Tunisia. Assessment of environmental health risk factors will be conducted in Pakistan and Yemen, and healthy and safe school programmes were supported in Lebanon and Yemen.

c) Health care of the elderly: Health care of the elderly was discussed by the Regional Committee, resulting in resolution EM/RC50/R.10. A regional strategy on health care of the elderly (2004–2013) was drafted. Four countries developed educational and training material for primary health care workers, while workshops were conducted in four other countries. A research project on the Integrated Response of Health Care Systems to Rapidly Ageing Population was implemented in Lebanon, and a second phase of the project will be implemented in the Syrian Arab Republic. The regional database is being updated and enriched, and country profiles on ageing and health care of the elderly are being developed. Eight countries have reflected health of the elderly in their JPRM workplans for 2004–2005.

d) Severe acute respiratory syndrome (SARS): The countries of the Region were kept informed, notified and updated about SARS epidemic, and all technical materials were forwarded to them through the WHO Representatives. Guidelines on preventive measures were distributed. Epidemiologists from almost all countries of the Region attended the Sixth International Epidemiological Association in the Eastern Mediterranean Region held in Iran in December 2003. They were briefed on SARS, and a CD was given to them on the subject. The proposed revisions to the International Health Regulations were introduced to representatives from the Member States in Cairo in March 2004 and the implications of the lessons learnt from SARS in relations to the Regulations were discussed.

e) Main challenges in the control of zoonotic diseases: The main challenges in the control of zoonotic diseases were discussed by the Regional Committee, resulting in resolution EM/RC50/R.11. An interagency meeting was held in Beirut to discuss strategies to develop partnerships and to promote a multisectoral approach to control of zoonoses. Three countries, Saudi Arabia, Morocco and the Syrian Arab Republic, have taken action to establish multisectoral committees and to strengthen the surveillance system. In Somalia, a memorandum of understanding was signed between WHO and the Food and Agriculture Organization of the United Nations to strengthen coordination between the health and veterinary sectors. Guidelines for rabies control were sent to Jordan, Oman, Syrian Arab Republic and Yemen. The Syrian Arab Republic adopted the guidelines on brucellosis control, and published posters on brucellosis, rabies and hydatidosis.

f) Aftermath of the Iraqi war: Assessment of the environmental hazards of the weapons used during the war was not conducted due to the prevailing situation. WHO has played a

leadership, coordination and advocacy role since the disaster started in Iraq. Partnership has constantly been emphasized. Technical support to the health sector has continued and is continuing. The Oil for Food Programme was terminated in November 2003 and handed over to national authorities and the Coalition Provisional Authority. Currently, WHO has a WHO Representative's office for Iraq in Amman, another in Baghdad and three sub-offices inside Iraq. A one-country work plan was developed and signed by the Minister of Health of Iraq and the Regional Director in April 2004. Collaboration and relationships between WHO and the Ministry of Health are good.

g) Follow-up on the Doha Declaration on TRIPS and public health: A consultative meeting on TRIPS and public health was conducted in Amman, December 2003, to review the situation, exchange experience and develop a regional strategy on TRIPS and public health. The meeting made several recommendations to Member States and WHO in the area of regional planning, access to medicines for all, and on TRIPS and biomedical devices. The proposed definition of public health was presented to the Regional Committee, which endorsed it in resolution EM/RC50/R.2.

Discussion

It was suggested that implementation of the recommendations of the Committee should also be reviewed on a continuous and sustained basis. A few mechanisms were suggested to improve the process of preparation of Regional Consultative Committee recommendations and Regional Committee resolutions. These included reviewing previous resolutions made in the past on this same subject, development of a searchable database of resolutions, review of the experience gained from implementing similar resolutions, requesting countries to provide regular feedback on action taken to implement resolutions and finally to prepare a guideline to be attached to each resolution on how to best implement the resolution.

There is a need to develop a mechanism or a taskforce to remind Ministers of Health of follow-up of recommendations and Regional Committee resolutions, and to report regarding those countries which were successful in implementation of the recommendations. The Regional Director's Annual Report is an important tool, which emphasizes achievements made by countries and may incorporate follow-up of Regional Committee resolutions.

In hospital accreditation a missing factor is patient satisfaction and user response, which should be included in development of tools and implementation of hospital accreditation. WHO should assist in preparation of standard tools and questionnaires for assessing patient satisfaction. It was suggested that hospital auditing be conducted in the countries in close collaboration with and supported by the Regional Office.

There is a great need to build partnership and to work closely with other partners, e.g. on the area of environment with the United Nations Environmental Programme, regarding the elderly with the WHO Centre for Health Development in Kobe, on the health of children and food safety and security with UNICEF. The situation of children and other groups in conflict situations in the countries of the Region is a grave concern and requires closer cooperation with United Nations agencies in the field.

Health of the elderly is of growing importance for the Region and the issue of pension and social security systems for the elderly should be addressed. Geriatric medicine is an important area and it should be added to undergraduate, post-graduate and continuing education curricula with special emphasis on primary and secondary prevention of disease. The facilities available in the Region, such as the Centre for Health of the Elderly in Kuwait, should be made more use of as collaborating centres.

It is important to revisit the Alma-Ata declaration and draw attention to the future of primary health care with respect to the most deprived layers of the community.

Support to Iraq should continue, but without forgetting people in other areas of complex emergency, such as Palestine.

It is also important to continue follow-up of the TRIPS agreement and its consequences.

Recommendations

Member States

1. Report regularly on the implementation of resolutions endorsed by the Regional Committee.

WHO

1. Establish a clearly defined mechanism for the follow-up of the implementation of the previous recommendations of the Regional Consultative Committee and subsequent resolutions of the Regional Committee through periodic review of such implementation and reporting to the Regional Consultative Committee.
2. Develop a searchable database of all resolutions of the Regional Committee for the Eastern Mediterranean, similar in concept to the printed handbook that used to be published periodically.

3. MOVING TOWARDS THE MILLENNIUM DEVELOPMENT GOALS: INVESTING IN CHILD AND MATERNAL HEALTH

Dr R. Mahaini, Regional Adviser, Women's and Reproductive Health, WHO/EMRO

Dr S. Farhoud, Regional Adviser, Child and Adolescent Health, WHO/EMRO

Presentation

Despite the international efforts and commitment to safe motherhood and child health, and the remarkable efforts made by countries, progress towards achieving the goal of reducing maternal and child morbidity and mortality worldwide, including the Eastern Mediterranean Region, has been slow. The latest estimates show that the levels of maternal and child mortality in the Eastern Mediterranean Region come directly after the African and South-East Asia regions. Approximately 53 000 mothers and 1.5 million children under-five

die every year in the Region as a result of complicated pregnancy, childbirth and common preventable diseases of childhood. At least 10 times these numbers become ill or are disabled.

The Fifty-Fifth World Health Assembly recognized that maternal, child and adolescent health and development have a major impact on socioeconomic development and urged Member States to continue to advocate them as public health priorities. The Millennium Declaration set a series of ambitious goals and targets, two of which specifically address reducing, by 2015, maternal and under-five child mortality levels. Achievement of these goals and their associated targets is closely linked to achievement of the other goals as well as to halting the spread of HIV/AIDS, controlling malaria, promoting gender equity and empowerment of women, and eradicating extreme poverty and malnutrition. This requires strong political commitment and strategic partnerships at all levels. If present trends continue, countries will not be able to achieve the targets. Hence, accelerated and concerted efforts are urgently needed.

The adoption of the strategies Making Pregnancy Safer and Integrated Management of Child Health, and their implementation at country level, particularly where the levels of maternal and child mortality are still high, is expected to strengthen the efforts being made in Member States. Specific attention should be given to: strengthening health systems; improving knowledge and skills of health workers about early detection and management of complications in pregnancy, delivery and childhood; and educating women and their families about the risks mothers and children may encounter and the appropriate action that can be taken when danger signals are identified. Critical analysis of the current situation in countries, particularly those with high levels of maternal and child mortality, and the use of available knowledge and technology, are expected to support national efforts towards achieving the Millennium Development Goals, so that childbearing women and their children have a chance to attain the highest possible levels of health.

Discussion

The Committee noted that child and maternal health remains a major priority in the Region. There is a need to raise more awareness of the issues at all levels, with greater emphasis on the highest possible level to obtain the required long-term commitment and resources. The Committee noted that the Eastern Mediterranean is a highly diversified Region, and such diversity needs to be identified both regionally and within countries. Discussion of the Millennium Development Goals should not only focus on the child health-related goals, but also on the other development goals. In this respect, the Committee advised on the need to follow a strategy based on focussing on major problems either by region or by country. Interventions through this approach will have more impact on the overall indicators in the Region. This priority-setting should not undermine and dilute already existing programmes and establishment of vertical programmes should be avoided. Last but not least it is important to exchange knowledge and experience of good practices and lessons learned between the countries.

Countries of the Region have been successful in reducing infant mortality rates to a great extent, however neonatal care needs more attention. Neonatal mortality remains very

high and has not changed much during the past few decades. The experience in industrialized countries indicates that the only way to reduce neonatal mortality rates is through regionalization of maternal and neonatal care. There should be some evaluation of past approaches to see what input these have had, and there is need to focus on those countries that have specific needs and a large magnitude of problems. WHO should be more closely involved in supervising implementation of strategy at country level.

The committee noted that the Millennium Development Goals do not cover the spectrum of existing realities and need to be challenged. The goals were defined without any attention to how they were to be achieved. There are prerequisites for achieving the goals which, if overlooked will preclude achievement of the goals. These include morbidity and quality of life, which are very significant challenges in developing countries and are not tackled by the goals. The increasing burden of mental health-related diseases among children, injuries, problems related to pregnancy and violence are other such areas of concern. The issue of health promotion is also neglected. Promotion of healthy lifestyles and disease prevention positively affect morbidity and mortality. The culture in the community, education and income are also factors that influence the level of morbidity in any specific country. Tackling neonatal care will have significant impact on child mortality. Public health education is a key approach for the necessary change in the future.

Solidarity and collaboration between countries could be used as possible mechanisms to reach goals. Proposed action is to identify the problems facing child and maternal health and address them. Knowledge and experience sharing among countries will be welcomed by the Member States. Use of basic education to empower women and promote health of the children should be promoted. Collaboration with other sister agencies, especially UNICEF and UNFPA should be strengthened. Issues of mental health, injuries and violence, provision of quality services, staff preparedness, and basic education need to be addressed. Mental health has to be dealt with as a multisectoral issue. Life skills education for children should start during the pre-school and school periods. The priority position of maternal and child health on national agendas should not be lost.

Recommendations

Member States

1. Review progress towards the Millennium Development Goals and update national policies and strategies on maternal and child health in order to achieve the goals and set up appropriate monitoring mechanisms to ensure effective implementation of national plans in accordance with their targets.
2. Re-emphasize the importance of maternal and child health as a priority issue in the socioeconomic development agenda of the countries.
3. Make use of existing community-based initiatives experiences in the countries as a platform for integration of different health promotion programmes with respect to mother and child health.

4. Further develop national information systems to identify MCH epidemiological patterns and maternal and child morbidity and mortality trends, in order to identify appropriate interventions.

WHO

5. Intensify technical assistance to Member States in the process of development, review and update of maternal and child health policies and strategies, towards achieving the Millennium Development Goals.
6. Work with partners to review periodic progress towards the Millenium Development Goals and in collaboration with concerned partners, advocate for maternal and child health to regain its position at the top of the national agenda and to regain the necessary high level of political commitment.
7. Continue providing necessary technical support to foster the process of integrating maternal and child health into existing community-based initiatives and healthy setting approaches.
8. Assist countries in further developing national guidelines on data use for decision-making in maternal and child health care, and support research activities that help in identifying evidence-based effective interventions.
9. Assist countries in preparation of operational plans for regionalization of maternal and neonatal care and support implementation of these plans.
10. Follow a strategy that focusses on major problems, including reduction of neonatal mortality with respect to maternal and child health in the Region and in countries in order to have more impact on overall regional indicators.
11. Raise awareness and recognition of the growing burden of mental health-related diseases among children in the Region.
12. Give special attention to the health of children and mothers in conflict situations.

4. VACCINE DEVELOPMENT, ACCESSIBILITY AND AVAILABILITY: TOWARDS SELF-SUFFICIENCY IN THE EASTERN MEDITERRANEAN REGION

Dr B. Sabri, Director, Health Systems and Services Development, WHO/EMRO

Presentation

Vaccines have a strategic role in health protection and prevention and represent an important component of health security. However countries are faced with challenges in access to high quality and affordable vaccines. Indeed the number of vaccine producers

worldwide is decreasing as producers from developed countries have no incentives to produce vaccines for developing countries where the purchasing power is not strong and they are shifting their production to other profit-making products. Some vaccine producers are also merging, creating real monopolies. In order to fill the vaccine gap, new producers from developing countries are entering the market. Efforts are being made in the Eastern Mediterranean Region to achieve self-sufficiency in vaccine production. However, national regulatory authorities are not strong enough to implement quality assurance activities for vaccines procured from vendors and for those produced in the Region. In order to improve access to quality vaccines, WHO has been providing, since 1998, technical support to strengthen the national regulatory authorities through training of national professionals and provision of necessary expertise.

Vaccines produced in the Region represent only 20% of regional consumption, but potential exists for improving production and for achieving self-sufficiency and self-reliance in vaccine production. The four main producers of the Region (Egypt, Islamic Republic of Iran, Pakistan and Tunisia) have the necessary know-how and production facilities. Provided with some infusion of capital in some situations, they could eventually produce enough quality vaccines for the whole Region.

In order to achieve such an objective, WHO's technical support is of utmost importance in developing the necessary capabilities, particularly in quality assurance and improvement and in securing necessary resources for vaccine production. A proposed partnership with the Islamic Development Bank would be a good way to promote self-sufficiency in vaccines. Efforts are being made to facilitate networking between vaccine producers in the Region in order to improve capacity-building.

Self-sufficiency in vaccines for the Region is an achievable objective in view of the existing know-how and the production capabilities available. A refined situation analysis is a necessary step to assess the vaccine needs of countries and to map the existing and potential production facilities. A regional programme for self-sufficiency in vaccine production will be developed with a focus on EPI vaccines and on capacity-building, particularly for quality assurance and improvement, and for research and development. Once the regional programme is finalized, efforts should be made to promote it within the Region and to secure financial resources from development banks, including the Islamic Development Bank.

Discussion

Important issues were highlighted in relation to quality improvement of vaccine production, coordination between vaccine producers in the Region, partnership for resource mobilization and technology transfer. It was noted that self-sufficiency in vaccine production in the Region is a major challenge and, despite the existing potential, the Region is not the primary producer of the main EPI vaccines; routine immunization in the countries is heavily dependent on imported vaccines.

Vaccine producers should invest in quality assurance and improvement in order to achieve good manufacturing practices and to meet the WHO pre-qualification criteria, with

the support of WHO. WHO should also play a central role in coordinating between the various vaccine producers and in initiating some division of labour among them according to their individual comparative advantages. WHO should facilitate networking among vaccine producers in collaboration with the Islamic Development Bank, which has expressed its interest and intention to support vaccine production, and should encourage information sharing through the recently developed website. Twinning between producers could also be promoted. In order to keep pace with technology, there is a need to avail lots of resources. WHO should support countries in building partnership for resource mobilization.

Since in most of the cases in the Region vaccine producers are government-owned, there is no commercial pressure for quality assurance. Besides such managerial implications, there are also political implications of this ownership. Sanctions and embargos have resulted in many constraints in the process of self-sufficiency in vaccine production. WHO should emphasize the importance of this subject and provide support to Member States.

A partnership for self-sufficiency in vaccine production should be developed with the private sector and development banks including the Islamic Development Bank. A regional fund for self-sufficiency in vaccines could be developed. A regional regulatory authority could also be established in order to oversee quality and safety of regionally produced vaccines. The involvement of private investors could improve managerial processes and could eventually increase efficiency. However, the government role is essential in view of the strategic nature of vaccines. Therefore, public/private partnership is of great importance. Innovative ideas, combining production of veterinary and human vaccines, could improve funding for the self-sufficiency programme. Those partner sectors and ministries responsible for vaccine production should be approached for closer collaboration with ministries of health and WHO.

Vaccine production is cutting edge technology and by improving the existing capacities, the scientific capabilities of countries will be improved. The Regional Office has been able to bring ministers of health of vaccine-producing countries inside and outside the Region together. This effort should be sustained and continued. The establishment of a regional group of producers of vaccines was recommended, to share experience, set policy and make recommendations.

Recommendations

Member States

1. Improve the national regulatory authorities to ensure quality assurance and improvement and the safety of procured or produced vaccines. WHO collaborative programmes could be used to train professionals and to recruit necessary expertise.
2. Develop networking between countries in order to facilitate horizontal cooperation in self-sufficiency in vaccines. The internet, as well as other means, should be made use of in this respect.

3. Invest in research and development, particularly in cutting edge technology including the use of biotechnology and recombinant vaccines.
4. Mobilize the necessary resources for self-sufficiency activities.

WHO

5. Refine a situation analysis related to vaccine needs for the medium and longer terms and map all existing production facilities in the Region.
6. Develop a regional programme on self-sufficiency in vaccine development, giving priority to EPI vaccines and focusing on capacity-building, information sharing and research and development.
7. Strengthen its partnership with all concerned parties, including the private sector and development banks, to secure the necessary financial resources for the self-sufficiency programme. The possibility of establishing a specific regional fund for vaccine production should be further explored.
8. Strengthen networking between vaccine producers and centres of excellence inside and outside the Region to promote technology transfer and to contribute to institutional development.
9. Strengthen and support coordination of the regional group of vaccine-producing countries and advise on issues related to vaccine production. WHO should accelerate efforts to ensure accreditation of vaccine production in the vaccine-producing countries.

5. HARNESSING GENOMICS AND BIOTECHNOLOGY FOR PUBLIC HEALTH AND DRUG DEVELOPMENT

Dr M. Abdur Rab, Regional Adviser, Research Policy and Cooperation, WHO/EMRO

Dr A. Saleh, Special Adviser (Medicines) to the Regional Director, WHO/EMRO

Presentation

The potential benefits of genomics and biotechnology in the health field are enormous. During the last three to four decades, as the understanding of genetics has improved, so has the technology for its application. Highly sensitive tools for diagnosing diseases have been developed and new methods to prevent and cure disease are available. The knowledge of disease pathogenesis has improved and the understanding of the impact of environmental factors on diseases is becoming clearer. The rapid advances in biotechnology have demonstrated significant changes in health care and health economics globally, while many developing countries have also taken the conscious decision to deploy necessary resources to this field and are making investments with the aim of improving the health of their people and setting course for overall national development.

While it is important to embark on biotechnology development, it is equally important to be wary of the hazards and dangers it might bring with it. The social, ethical and legal issues that may arise from the widespread use and application of these emerging technologies need careful evaluation and scrutiny. The potential for harm to humans as individuals, groups, communities or societies has to be examined. The risks to human dignity and to those who are marginalized, and the need to adhere to the principles of fairness and equity have to be taken into account. Risks to the environment, including plants, animals and microbes, need proper assessment. The education of societies is crucial to enable people to make informed choices about risks and benefits, and rules and regulations need to be put in place to check any abuse of biotechnology.

Within the Eastern Mediterranean Region, several countries have already begun to develop genomics and biotechnology, and some countries now have well developed facilities. Most of the genomics and biotechnology research and development in the Region has been in the area of agriculture and related priorities. Some countries are already beginning to appreciate the impact of genomics and biotechnology in health and investments have now started to flow. Many countries in the Region have deployed biotechnology techniques in disease prevention, diagnosis, and follow-up. Genetic markers to detect monogenic diseases, like sickle cell anaemia and thalassaemia, and highly sensitive diagnostic markers for many common infectious diseases are commonly used in many countries of the Region. However, the science of genomics and biotechnology is still new to the Region as far as health is concerned.

There are examples of several developing countries that have decided to develop their national capacities in genomics and biotechnology. They see it as an opportunity not only to ensure their people stay more healthy, but also as a potential for long term economic growth. All countries of the Region have made a global commitment towards achieving the UN Millennium Development Goals, but these commitments must be matched with the resolve to use all possible means to reach the goal. Genomics and biotechnology offer one such means. However, this must not be at the expense of existing programmes that are already known to work and to influence health care positively. The key challenges therefore are how to develop and apply the new knowledge in genomics and biotechnology to supplement what already exists, and how to shape future national health interventions.

The future of genomics and biotechnology depends upon public understanding and support. Investments in education in general, and in science and technology in particular, are therefore paramount. As Member States adopt policies and develop national strategies for capacity-building and strengthening of genomics and biotechnology, the focus should be on priorities such as diagnostics, vaccine production, biogenetics and bioinformatics. Member States need to create favourable environments for research and development in the area of genomics and biotechnology and facilitate collaboration between partners in developed countries who may be willing to share their knowledge and expertise. There are already several successful examples of this happening in the Region, mainly in sectors other than health. Lastly, it is of crucial importance to raise and provide necessary funds to support and stimulate development in genomics and biotechnology. Initial investments may indeed be

high, but the long-term dividends are huge, and these come by way of improved health, better economic status, and a world with more equity, justice and fairness than exists now.

The medical industry, particularly the pharmaceutical industry, is making use of the vast information available in the knowledge base generated from the human genome project. It is anticipated that research and development in pharmacogenomics will result in production of more powerful and safer drugs and vaccines, development of more accurate methods for the determination of appropriate drug dosage, and reduction of the overall cost of health care. It is also expected that this information will make drug therapy more specific, precise and successful. It will dramatically reduce treatment failure, toxic effects and eliminate most side effects of drugs used for treatment of serious diseases.

Discussion

It was noted that in spite of international calls for increased investments in health research in developing countries and by donor-assisted programmes, there has been little progress and investment in health research and development remains dismally low. As a result, research and development in health-related genomics and biotechnology in the Region have not grown in comparison with the advances in some other sectors, such as agriculture, food, veterinary medicine and chemical and petroleum biotechnologies. The absence of the health sector and its lack of interest and investment in the area is a concern.

It was felt that Member States need to catch up in the field of genomics and biotechnology for public health, and that it is critical to ascertain the likely impact of technology and define the extent of application of these technologies in tandem with existing technologies and interventions. Member States should accelerate the integration of the already available biotechnology tools, particularly for infectious diseases, within the national health systems. Migration of qualified, trained and skilled (health) scientists out of the Region continues to be a problem, and Member States need to develop policies to provide conditions that support the retention of such critically needed resources, and to attract professionals back to the Region from other countries. Investment in genomics and biotechnology should be considered as an opportunity for development of new drugs and biological products in conformity with the needs of countries and health sectors.

The need to address the ethical and equity concerns and issues that have emerged as a result of the advancing genomics and biotechnology was emphasized. It is crucial that Member States consider seriously the development (and implementation) of appropriate regulations and legislation in order to protect people against the possible ethical, legal and social implications of genomics and biotechnology. Developing capacity in this area is therefore vital.

It was suggested that a regional approach was appropriate for the establishment of networking and linkages among leading genomics and biotechnology institutes, research centres and universities within and across Member States. This is important for information sharing, determining priorities, assigning responsibilities, avoiding unnecessary duplication and sharing resources and skills. The Region should focus on the use of genomics and

biotechnology in the areas of disease diagnostics, vaccine development and drug development, the latter through promotion of research on indigenous products. The need to develop capacity for quality assurance in food safety, diagnostics, drugs, vaccines and other genetically manufactured products was emphasized. Promotion of private sector and private–public collaboration in genomics and biotechnology was suggested.

It was felt that the role of the Regional Office in promoting the expansion of genomics and biotechnology applications was critical. This could be through advocacy and provision of information for policy development on genomics and biotechnology in the Member States to stimulate action. The Committee felt that there was a strong need to attract adequate funds to provide for sustainable flow of the capital needed to support genomics and biotechnology for public health in the Region. The creation of a regional level fund was suggested. Partnership with other organizations, such as the Organization of Islamic Conference (OIC), and with stakeholders at national and international levels could be developed to promote the use of genomics and biotechnology in the health sector. The Regional Office should take the lead in promoting a regional approach to genomics, biotechnology and public health. Partnerships should also be established in other relevant areas such as ethics and patenting. WHO should work closely with the World Trade Organization and aim to take the lead on issues related to genomics and biotechnology in World Trade Organization agreements.

The approach to this new knowledge and biotechnology should be pragmatic with focus on addressing the important health problems. Availability and sustainability of the required infrastructure should be ensured. Use of existing knowledge and infrastructure, including education should be maximized. A major problem is that knowledge in this respect is very limited in the Region. WHO should raise awareness among policy-makers and stimulate them to take action in this regard. Mechanisms would need to be developed to address the limitations placed on some countries in the name of control of weapons of mass destruction. Caution needs to be exercised with regard to the growing expectations among people for new medicines and new diagnostic tools, expectations which it will be difficult to address in the health sectors of the Region.

A regional position paper on important issues, such as universal norms of bioethics, should be developed and presented at relevant meetings on the subject. The Regional Office should also develop advocacy material targeting policy matters, academic discussion, professionals and the public.

Recommendations

Member States

1. Identify needs for potential applications of genomics and biotechnology, formulate policies, identify appropriate national priorities for investments, develop and build the necessary capacities, focussing initially on disease diagnostics and vaccine and drug development.

2. Invest in science and technology education at all levels, including schools, universities and higher education.
3. Develop a national framework, guidelines and regulations to safeguard against potential risks and harm to the public, and promote ethical, equity and quality assurance principles.
4. Create a favourable and sustainable environment for health research and development through provision of employment and appropriate incentives for retention of a skilled workforce in science and biotechnology.
5. Establish a national expert committee on genomics, biotechnology and public health to review and evaluate ongoing research and development in the areas of genomics and biotechnology; identify national priority areas for application and coordinate national activities in genomics and public health between various academic and research institutions and health industries.

WHO

6. Play a key role in advocacy for development of genomics and biotechnology to improve public health, through informed discussions with policy-makers in the Member States, and take a lead role and work towards regional agreements with respect to the implications of the World Trade Organization agreements.
7. Foster international and regional networking and linkages between centres of excellence in genomics and biotechnology, and support research in genomics and biotechnology.
8. Endeavour to raise financial capital to support research and development in genomics and biotechnology through developing collaboration with international partners and donors.
9. Establish a Regional Task Force/Technical Committee to provide guidance in preparation of a regional strategy and plan of action for genomics and biotechnology in the health sector.
10. Organize a regional workshop to establish the regional position and develop policy on the way forward.

6. EXTRABUDGETARY FUNDING AND PROGRAMME BUDGETING

Dr H. Lafif, Director, General Management, WHO/EMRO

Presentation

The commitment of the Director-General of WHO to decentralize funds to the regions and countries was pointed out, the objective being 70% by 2005 and 80% by 2008.

Implementation of this commitment needs to be accompanied by a parallel effort to ensure transparency and equity between regions, but also between programmes. Currently the allocation of resources is not rational and leaves many essential programmes under-funded and sometimes orphaned. Various approaches to the allocation of funds are possible. The fairest and most efficient system based on the data available would be the “three-tier approach” differentiating 1) eradicable and eliminable diseases, 2) diseases common to all countries and 3) programmes that are “non-disease” related such as health promotion, systems development etc. With common priority-setting, planning, implementation and evaluation by all WHO specialists from regions and headquarters, fair and rational allocation is possible, in a spirit of one programme budget for one WHO from all sources of funds.

Another important issue is lack of indigenous regional funding. Only 1% of the extrabudgetary funds available to the Regional Office in 2002–2003 originated from donors in the Region (including through headquarters). Regional extrabudgetary funds are essentially channelled through bilateral agreements. Although such channels are encouraged they also needed to be supplemented by donations through WHO. Efforts are needed to correct this situation with governments and with multilateral and international nongovernmental organizations, with reporting during the Regional Committee and on internet sites to post information on funds donated by regional donors.

Discussion

It was noted that the existing situation with regard to resource mobilization for the Region is not satisfactory and there should be an organized effort to improve the link between national priorities and resources available. A mechanism and plan for generation of resources in the Region is required. There is a need for advocacy and sensitization inside WHO to inform the Director-General and senior management level regarding the resources required in the Region. Innovative programme-based approaches to link health indicators and programme achievements to resources need to be developed.

There is a need for a regional meeting of donors to promote WHO’s work in the Region and make strategic links with interested parties. There are many potential donors and interested organizations and individuals in the Region who have never been approached for possible collaboration, such as the Organization of Petroleum Exporting Countries (OPEC), the majority of whose members are from the Region.

It was noted that the 31st Regional Committee established by resolution EM/RC31A/R.8 a Voluntary Fund for Health Promotion. Revival of the Fund should be considered. In this respect a small Task Force, with members comprising eminent persons, economists and public health specialists should be established to examine different possibilities and means for innovative approaches for resource mobilization and develop a strategic framework in this respect.

It is also important to have well developed and rational plans and share them with donors and headquarters, during the discussions for resource mobilization. More transparency and reduction of unnecessary costs is required.

Appointing goodwill ambassadors from eminent personalities for health causes and deeply involving them in negotiations and lobbies for resource mobilization was recommended. There is an urgent need to develop and strengthen capacity and structure for fund-raising and resource mobilization at country and regional levels.

The global programme budget document is the basis for fund-raising and it is important to analyse the situation of the Region in comparison with that of other regions in the document and to share this information with donors and countries through the internet. Although reform in resource mobilization and distribution at headquarters is taking place, there is a long way to go yet. Funds received for region-specific challenges, like polio eradication and management of complex emergencies and natural disasters, disproportionately affect the share of funds received by the Eastern Mediterranean Region.

Recommendations

Member States

1. Review the existing needs for extrabudgetary sources to achieve target health indicators in the respective countries and prepare proposals and plans of action for required funds.
2. Better utilize the existing information on needs and gaps for achievement of national and regional expected results, and share them with other partner sectors, potential donors and interested local organizations and individuals.

WHO

3. Establish a Task Force, membership comprising known figures, economists and public health specialists from the Region, to examine different possibilities and means for innovative approaches to resource mobilization and develop a strategic framework in this respect.
4. Support capacity-building at country and regional level in fund-raising and resource mobilization through innovative approaches.
5. Organize a regional meeting of donor agencies and interested regional organizations and individuals for resource mobilization in the Region.
6. Explore the possibility of appointing Goodwill Ambassadors for fund-raising for the Region.
7. Re-establish a regional voluntary fund for voluntary contributions to health in the Region.
8. Organize a meeting during the forthcoming Executive Board and World Health Assembly sessions, between the Director-General and selected Ministers of Health and

some other prominent figures from the Region, to advance the case for increased allocation of funds from all sources to the Region.

8. SUBJECTS FOR DISCUSSION DURING THE 29TH MEETING OF THE RCC (2005)

The Regional Consultative Committee agreed upon the following tentative topics for discussion at its next meeting subject to the Regional Director's final approval:

- Role of WHO in situations of conflict and disaster
- Strategies for prevention and care of noncommunicable diseases
- The future of medical education in the Region and related development of human resources for health
- Feasibility of applying acceleration strategies in order to improve key public health indicators.

Annex 1

AGENDA

- 1 Follow-up on the recommendations of the 27th meeting of the Regional Consultative Committee.
- 2 Moving towards the Millennium Development Goals: investing in child and maternal health.
- 3 Vaccine development, accessibility and availability: towards self-sufficiency in the Eastern Mediterranean Region.
- 4 Harnessing genomics and biotechnology for public health and drug development.
- 5 Extrabudgetary funding and programme budgeting.
- 6 Subjects for discussion during the 29th meeting of the Regional Consultative Committee (2005).

Annex 2

MEMBERS OF THE COMMITTEE

H. E. Dr Mohamed Ali Kamil*, Minister of Health, Ministry of Health, Djibouti
Professor Mamdouh Gabr, Secretary-General, Egyptian Red Crescent Society, Egypt
Dr Alireza Marandi, Professor of Paediatrics and Neonatology, Chairman of the Board of Trustees, Society of Breast Feeding, Islamic Republic of Iran
Dr Ishaq Maraqa, Consultant Neurosurgeon, Jordan Clinic, Neurosurgical Unit, Associate Team, Jordan
Dr Abdul Rahman Al Awadi, President, Islamic Organization for Medical Sciences, Kuwait
H. E. Dr Marwan Hamadeh, Minister of Economy and Trade, Lebanon
H. E. Dr Atta-Ur-Rahman*, Minister for Science and Technology, Pakistan
Dr Omar Suleiman, Khartoum, Sudan
H.E. Dr Eyad Chatty*, Minister of Health, Syrian Arab Republic
H. E. Dr El Dally Jazzi*, Minister of Defense, Ministry of Defense, Tunisia
H. E. Dr Abu Baker Al-Qirbi*, Minister for Foreign Affairs of the Republic of Yemen

WHO SECRETARIAT

Dr Hussein A. Gezairy, Regional Director
Dr M.H. Khayat, Senior Policy Adviser to the Regional Director
Dr M.A. Jama, Deputy Regional Director
Dr A. Assa'edi, Assistant Regional Director
Dr M.I. Al Khawashky, Special Adviser (Regional Office) to the Regional Director
Dr G. Hafez, Special Adviser (Gender Issues) to the Regional Director
Dr A.M. Saleh, Special Adviser (Medicines) to the Regional Director
Dr H. Lafif, Director, General Management
Dr B. Sabri, Director, Health Systems and Community Development
Dr A. Mohit, Director, Health Protection and Promotion
Dr Z. Hallaj, Director, Communicable Diseases Control
Dr M. Abdurab, Regional Adviser, Research Policy and Cooperation
Dr I. Abdel Rahim, Regional Adviser, Healthy Lifestyle Promotion
Dr M. Bin Shahna, Regional Adviser, Essential Drugs and Biologicals
Dr S. Farhoud, Regional Adviser, Child and Adolescent Health
Dr O. Khatib, Regional Adviser, Non-Communicable Diseases
Dr R. Mahaini, Regional Adviser, Women's Reproductive Health
Dr N. Metwalli, Regional Adviser, Lab Blood Safety, Laboratory and Imaging
Dr S. Youssouf, Regional Adviser, Vaccine Preventable Diseases and Immunization
Dr S. Bassiri, Regional Adviser, Programme Planning, Monitoring and Evaluation
Mrs Amira Abdel Latif, Secretary, Programme Planning, Monitoring and Evaluation
Mrs N. Salah, Secretary, Programme Planning, Monitoring and Evaluation

* Unable to attend