WORLD HEALTH ORGANIZATION
Regional Office for the Eastern Mediterranean
ORGANISATION MONDIALE DE LA SANTE
Bureau régional de la Méditerranée orientale

منظمة الصحة العالمية
المكتب الاقليمي لشرق المتوسط

REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

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Agenda item 7

REPORT OF THE REGIONAL CONSULTATIVE COMMITTEE

(Twenty-fourth meeting)

CONTENTS

1. INTRODUCTION

The twenty-fourth meeting of the Regional Consultative Committee (RCC) was held in the Regional Office for the Eastern Mediterranean (EMRO), Alexandria, from 7 to 8 May 2000. It was attended by members of the RCC, WHO secretariat and some observers. The agenda and list of participants are attached (Annexes 1 and 2).

2. OPENING SESSION

Dr Hussein A. Gezairy, Regional Director for the Eastern Mediterranean, opened the meeting and welcomed the participants to this important forum. In his address, he highlighted the salient aspects of the reform process taking place in WHO at global and regional levels. This included the new approach for programme budgeting which is based on consultation between WHO headquarters and the regional offices to prepare a consolidated budget for 2002–2003. This "one WHO" budget would be presented at the forthcoming regional committees that autumn and to the Executive Board and World Health Assembly in 2001. One innovation was the shift of 10% of regular budget resources, other than country allocations, to priority areas identified by the Director-General in consultation with the Executive Board. Country budgets would not be programmed at this stage but would be done after consultation with countries through the Joint Government/WHO Programme Review Missions. As the financial prospects were not rosy, particularly in light of previous budget cuts and the additional costs represented by the relocation to Cairo, the Regional Director hoped the Regional Consultative Committee would provide advice on improving resource mobilization. He commended the generous contributions made by governments and notables of the Region to assist in funding the new building in Cairo and noted the importance of fund-raising to complete the new Regional Office and to equip it appropriately. He hoped that previously pledged funds as well as necessary new resources would be forthcoming.

Dr Gezairy briefed the Regional Consultative Committee on the new WHO framework for assessment of health system performance, highlighting the need for more information on both the methodology and the tools used to measure performance. He introduced the four papers covering important public health issues that would be presented for review by the Committee.

The Regional Director highlighted the importance of the technical discussions that took place in the presence of the ministers of health during Regional Committee meetings, which was becoming a tradition. Such discussions offered a good opportunity for advocacy and promotion of innovative approaches and initiatives, such as salt iodization following the 1997 Regional Committee meeting in Teheran. Similarly, important issues such as GATT and its impact on health had been raised at the Regional Committee. In that particular case, the subject was first raised in the Region, WHO not having been involved in the various rounds of negotiations on the matter.

3. FOLLOW-UP ON THE RECOMMENDATIONS OF THE TWENTY-THIRD MEETING OF THE REGIONAL CONSULTATIVE COMMITTEE

Dr B. Sabri, Acting Regional Adviser, WHO Programme Development

Presentation

The follow-up actions taken by national authorities and WHO in response to the recommendations of the Regional Consultative Committee at its twenty-third meeting were presented. The topics dealt with were:

- economic dimensions of health care
- food safety
- health promotion and the media
- forecasting in communicable diseases

Discussion

A very productive debate took place on both the method of work of the RCC and the technical papers discussed during the twenty-third session. It was felt important that reporting on RCC recommendations should be output-oriented, highlighting the activities implemented and their impact, and should be forwarded to ministers of health for information and follow-up. Valuable comments were made on all the four topics discussed.

With regard to the economic dimensions of health care, it was concluded that:

- A one-day ministerial seminar is needed on health sector reforms for countries of the Region which should discuss an updated position paper on the subject.

- Collaboration with other ministries, such as planning and finance, higher education, etc. is important and coordination with both the Economic Commission for Africa (ECA) and the Economic and Social Commission for Western Asian (ESCWA) is advisable in this respect.

With regard to health promotion and the media it was concluded that:

- There is a clear need for strong advocacy of health and its economic dimensions at the highest leadership levels. In this respect efforts should be made by WHO to benefit from ministerial, interministerial and heads of state and government meetings to present clear and scientific approaches for sector reforms, aiming at improving the health of people and health system performance.

- More elaborate work is needed in the area of health promotion and the media. WHO needs to improve its technical capability by creating a specialized unit on health and media which should develop a clear policy and collect and develop appropriate, reliable

and scientifically sound material for use by the media. A list of experts in various areas needs to be provided to the media including satellite television stations.

- Greater interaction between media personnel dealing with health issues and health professionals responsible for communication needs to be promoted.

4. DEVELOPMENT OF COMMUNICABLE DISEASE SURVEILLANCE IN THE REGION

Dr F. El Samani, Regional Adviser, Emerging Diseases

Presentation

The presentation described the historical development of disease surveillance and the justification for strengthening the surveillance systems. The burden of communicable diseases, the emergence and resurgence of pathogens and epidemic prone infections and the cost–effectiveness and feasibility of control strategies strengthen the rationale for improved surveillance. The commitment of the Region to surveillance based on resolutions of the Regional Committee were reiterated and a summary of progress towards their implementation and the limitations were described. Case definition inconsistencies and reporting, utilization and coordination inadequacies were reviewed.

Elements needed to strengthen communicable disease surveillance were outlined including priority setting, human resources development, standardization of case definitions, collection and analysis of data, communication, transparency of information, involvement of all concerned partners including the private sector and development of performance indicators to monitor progress and compliance. It was stressed that surveillance data is information for action and must be utilized for planning, priority setting, grass-roots research and forecasting of eminent outbreak threats.

Recommendations were proposed which included investment in human capacity building through field epidemiology and laboratory training, use of technology for information exchange, involvement of nongovernmental health care providers, such as nongovernmental organizations and the private sector, and use of performance indicators to ensure quality of performance and compliance. It was also recommended to give due consideration to implementation of integrated surveillance of communicable diseases.

Discussion

It was argued that although the Region continues to have a high burden of communicable diseases, the development of noncommunicable disease surveillance should be considered as well. Surveillance systems currently suffer from inadequacies in feedback to the reporting units and relatively limited transparency. The focus on performance indicators is important. It was suggested that a brief report be distributed yearly to all countries to share with them the status of important communicable diseases. The report could also be used by the ministers of health for advocacy to strengthen disease surveillance.

The problem of the private sector not reporting to the health system was discussed. Reporting from other health care providers should be encouraged. Appropriate incentives need to be sought to encourage reporting in addition to establishing a national body to which all health care providers will report. The medical syndicate, for example, represents the private sector and may be able to ensure better compliance.

Rational use of antibiotics and antibiotic resistance was also discussed.

Recommendations

- WHO should play an important advocacy role in increasing awareness about surveillance systems and should develop user friendly material in this field.
- The improvement of the surveillance system should be part of the health system development and should be considered as an essential tool in designing and monitoring health sector reforms.
- The approach for surveillance of communicable diseases should be gradually broadened to cover issues related to noncommunicable diseases as most countries in the Region are in the epidemiological transition.
- Reporting should be to a national observatory, in order to ensure compliance of other governmental bodies and the private sector; the medical syndicate may be considered as a candidate for this role.
- Countries should periodically report to WHO. Based on reported data WHO should publish an annual report on communicable diseases, should facilitate exchange of information between countries and should provide regional epidemiological data and trends.
- There is a clear need for more transparency in reporting valid information and surveillance data in the Region from all health care providers
- Curricula for health professionals should include modules on epidemiological surveillance.
- WHO should identify regional reference laboratories and disseminate information on these among countries of the region.
- A progress report on communicable disease surveillance should be provided to future RCC meetings.

5. THE IMPLICATIONS OF GATT AND WTO AGREEMENTS ON HEALTH IN GENERAL

Dr A. Saleh, Assistant Regional Director

Presentation

Following a brief introduction, the main concerns expressed by countries and various summit meetings were discussed. These include the need for globalization to have a human

face wherein serious consideration is given to protect the poor and vulnerable groups both within and between countries, and the legal obligations and enforcement mechanisms included in the WTO agreements which are seen by some groups as a threat to national sovereignty. The interaction between trade and public health is one of the main issues of concern to WHO. It was emphasized that trade and public health should not be discussed in isolation from each other. The benefits to be derived from expanding trade should further the goal of improving the health of the population, especially that of poor or marginalized groups who may find themselves excluded from the process of economic growth. WHO supports the "early working" of patented drugs for the rapid production of generic products, and application of the principle of preferential pricing in poor countries. WHO is concerned with the obvious market failures that lead to hundreds of millions of people being left without access to essential drugs, and is committed to making the interests of trade and public health work together to improve health and reduce poverty.

The presentation reviewed reports of the main studies on the impact of World Trade Organization (WTO) agreements on health. Of special interest was a WHO study which focused on the perspective of access to drugs. An interesting aspect of this study was how to limit monopoly on patented drugs. Based on this study, WHO can advise countries on how to revise national legislation to comply with articles of the Agreement on Trade-related Aspects of Intellectual Property Rights (TRIPS), making use of the expert readings of these articles from a public health perspective. Some countries have revised national laws although none have taken WHO's expert advice fully into account.

Reference was also made to the urgent need for measures to protect the indigenous germ pool and medicinal plants from commercial exploitation.

The General Agreement on Trade in Services (GATS) attracted attention during the past year because it was planned to have some negotiation on the various articles during the Third Session of the WTO Ministerial Conference in Seattle in November/December 1999. Trade in health services is rising and negotiations in such related areas as financial services including insurance, professional services and telecommunications could have an economic and social impact on the health sector. It is timely for governments to consider the advantages and disadvantages of entering into commitments in trade in health services. While they offer opportunities, commitments also may entail obligations that governments are reluctant or unable to implement. Governments should weigh carefully the potential implications for the health sector of entering into trade negotiations and commitments under such other service headings as financial services, insurance or telecommunications.

The Agreements on Technical Barriers to Trade (TBT), Application of Sanitary and Phytosanitary Measures (SPS), Anti-Dumping and Safeguards are agreements which may have significant impact on the health sector, particularly health and health-related industries including the drugs industry. Unfortunately, these have not been well studied.

Technically, the anti-dumping provision of GATT Article VI is one of a number of safeguard measures permissible under GATT. These measures are all related in that they permit a country to reimpose protection without an explicit renegotiation with partner

countries. More commonly, the term "safeguard" refers to actions taken under GATT Article XIX, which allows a country to impose protection, including the use of import quotas, when faced with "serious injury" from real or threatened import flows. Other types of measures from the same broad category are voluntary export restraints (VERs) and balance of payments (BOP) measures.

The Agreements on Technical Barriers to Trade and Application of Sanitary and Phytosanitary Measures address the issues of technical regulation, standards and sanitary and phytosanitary measures that may be taken by countries for health and safety reasons. These measures, should, however, be based on scientific evidence. It is important for WHO and countries to carry out in-depth discussion for TBT agreements. This will enable countries of the Region to contribute to standard setting and to increased access by the global market to drugs produced in developing countries.

At the end of the presentation the following conclusions were made:

- There is a need for institutional development at national, regional and global levels to continue to study and develop policies, strategies and plans of action as well monitor the impact of future development of WTO agreements.
- Urgent measures are needed to review national legislation so that it meets country commitments to WTO agreements. WHO should strengthen its technical support to countries in this respect.
- Careful studies at national level are needed before countries make any commitment to the GATS agreement.
- In-depth studies are needed of various articles of the anti-dumping and safeguards agreements.
- Special attention needs to be given by developing countries to protecting national flora and medicinal plants from international exploitation.
- Greater efforts and resources need to be directed to the participation of the Region in research and development.

Discussion

The discussion that followed the presentation emphasized the potential seriousness of the impact of implementation of various WTO agreements. It is important to develop an action plan at various levels. It is also important not to limit efforts to the national level. WHO needs to extend its efforts to strengthen response at regional and global levels. The action should be as global as possible and WHO should advocate the seriousness of the impact of WTO agreements on health sectors at the highest possible levels, including in meetings of heads of state and ministers other than ministers of health. Efforts should be made to include this topic on the agenda of the meetings of the Heads of States of the Organization of Islamic Conference, the Gulf Cooperation Council and others.

It was also emphasized that academia, the media, parliamentarians, nongovernmental organizations and professional associations including associations of regional drug industries should be involved, in order to carry out necessary studies and to collaborate in the development of national plans for response to WTO agreements.

The discussion emphasized the crucial role of the Regional Office in study of the various agreements and in raising awareness of the serious implications of these agreements for the health sector and in developing a clear approach for response which protects the national public health interests. There is a need for simple and clear guidelines based on scientific studies to advise countries on how to deal with these agreements.

To protect medicinal plants and other national flora from commercial exploitation, it was suggested that a meeting be organized in collaboration with the Islamic Organization for Medical Sciences to study the issue and develop a regional approach.

The discussion also emphasized the importance of strengthening WHO alliances with other United Nations agencies. Collaboration with ESCWA and ECA should be strengthened in this respect. Follow-up is important on WHO action taken at national, regional and headquarters level and should be reported regularly to the Regional Consultative Committee and the Regional Committee.

Recommendations

- WHO should play an important advocacy role at global, regional and country levels for the sake of protecting the health of nations and overall public health interests, of supporting countries in negotiations related to health and trade and of increasing awareness about potential comparative advantages for countries of the Region in health services.

- In support of the advocacy role, WHO should prepare concise guidelines highlighting the main issues, alternative scenarios for dealing with the impact of globalization (TRIPS, GATS). These guidelines should be disseminated to the highest level of leadership. WHO should also ally itself with other United Nations agencies such as ESCWA, ECA, the International Labour Organization (ILO) and the United Nations Conference on Trade and Development (UNCTAD), in order to negotiate better terms for health and trade.

- A regional task force of qualified experts should be developed to support Member States in the area of globalization and its impact on health and health systems.

- The Regional Office should encourage Member States to carry out specific studies related to technical aspects of the WTO agreements making use of academia and private enterprise.

- An advocacy paper should be developed and sent to geopolitical groupings including the Organization of Islamic Conference, the Group of 77, G15 and GCC in their forthcoming meetings.

- Member States should include a health representative in delegations involved in negotiating health and health-related issues in WTO meetings.

6. QUALITY ASSURANCE AND IMPROVEMENT IN PRIMARY HEALTH CARE: A SHARED RESPONSIBILITY

Dr M.R. Sheikh, Regional Adviser, Health Care Delivery

Presentation

Quality can be defined as a continuous process of incremental improvement while quality improvement is an organized, structured process that selectively identifies opportunities to achieve improvements in products or services. The purpose of quality is to meet the needs and expectations of providers and users of the system. Quality is a direct outcome of the primary health care (PHC) principles of equity, accessibility, cost–effectiveness, sustainability and partnership with the community. Therefore, countries worldwide have recognized that to achieve the goal of health for all, quality assurance and improvement (QA/I) should be an integral component of PHC.

Implementing quality in PHC initially requires certain resources for training in quality methodologies, securing monitoring capabilities, measuring performance and improvement accomplishments as well as the collection of necessary data for documentation of the status and level of care. However, in the long run, quality reduces the cost incurred by the system through a gradual reduction of costs associated with failure. The development of an adequate framework and organizational structure for QA/I are paramount to the success of the initiative, while possessing clear and implementable vision and objectives reflects management commitment to achieving quality results. A large number of quality management models and techniques have been developed to explain the process and sub-processes of identifying and selecting opportunities for improvement and acting on them to achieve better outcomes. The application of these models in PHC facilitates the provision of appropriate and necessary services, while eliminating waste and duplication.

During the 1990s, a number of significant trends emerged, influencing the organization and strategic understanding of quality in health care. A large number of activities are being implemented, aimed at achieving heightened awareness and sustainability of quality assurance and improvement in health care organizations. Client satisfaction has become a top priority of a large number of countries and ministries of health which have begun the systematic pursuit of methods and mechanisms for the continuous monitoring and documentation of improvement. Performance indicators, accreditation, certification and licensing have been the main subjects for discussion and exploration in most workshops and conferences. Countries and organizations alike are now more interested in measuring performance objectively and are increasingly interested in promoting the concept of accountability. Peer management and

medical audits are becoming routine, accompanied by certain measures to account for resource utilization and risk control. It is believed that the trends that evolved in the 1990s will continue to expand in the early part of the new century.

The Regional Office for the Eastern Mediterranean (EMRO) is committed to providing countries with the support needed to establish systems for performance measurement and quality improvement at the PHC level. To achieve this, the Regional Office is playing a proactive role in the advancement of QA/I techniques and methodologies. It has provided regular technical support to countries to develop the strategic plans for the introduction and consolidation of QA/I systems. A number of intercountry meetings have been organized and many documents have been developed for orientation and capacity-building of health personnel on the related issues. As a result of these efforts, almost all countries of the Region have included the organization of QA/I systems in the national plans, as well as in the WHO collaborative programmes. The ongoing activities in these countries are at different stages of development and many countries have reached a relatively advanced level of QA/I implementation with a marked improvement in the PHC delivery system.

Despite considerable gains among countries of the Region, progress has been hampered by several factors and there are a number of challenges that must be overcome to achieve the desired results. Institutionalization of QA/I in PHC is fundamental to the future of this initiative in the Region. The commitment of health care leadership to providing political support and to acting as advocates for change is paramount and a key to success. QA/I efforts should concentrate on building up the capacity of health personnel, efficient use of available resources and data, and enhanced satisfaction of providers and users. Emerging technologies and trends could also transform health systems and improve quality of PHC.

The following strategies are recommended to bring about a positive change in the ongoing efforts in QA/I among countries of the Region during the first decade of the century:

- Each country should pursue a proactive approach on QA/I in primary health care as a shared responsibility.
- Countries should start to measure performance in PHC facilities and among PHC professionals and report and share results on a regular basis.
- The Regional Office should assist countries in building new partnerships with civil society and the international community to promote QA/I efforts in PHC.

Discussion

During discussion, a strong preference was expressed by the members of the Committee for promoting QA/I in a comprehensive manner. It was pointed out that quality cannot be pursued in PHC in isolation from other levels of care. It is also important to establish a quality culture that requires the practice of QA/I on a routine basis by each member and level of the health system. However, it was acknowledged that added emphasis should be placed on the PHC level because it is here that most of the consumers come into direct contact with the health system. The application of this process will also promote equity and delivery of cost–

effective services. Therefore, in order to achieve the right focus for the technical paper, it was agreed by the members to change its title to make reference to the wider relevance of QA/I in health care in general.

To promote QA/I as a shared responsibility it was emphasized that active involvement of the national government, legislative bodies, academia, professional organizations, the private sector and the community should be encouraged and ensured. The critical role that the media can play in raising awareness of the benefits of an efficient quality process was also discussed. It was felt that the media could greatly assist in generating demand for quality, especially at the PHC level. It was also agreed that the main objective of the QA/I initiative should be to achieve higher satisfaction levels among users and providers of the services. It was suggested that indicators covering different aspects of quality should be developed along with the promotion of their use at the country level. As many countries of the Region are already at a relatively advanced stage of implementing QA/I while others have just initiated the process, every country needs to agree on a set of standards and indicators according to its present status. Similarly, there is a need to share information between all the countries of the Region. It is also critical to identify and understand the limitations facing promotion of quality assurance in the Region. These include insufficient resources, weak leadership commitment, poor management and inadequate professional capacity for QA/I.

The members suggested that a preamble might be added to the technical document highlighting the achievement of those countries that have already made significant progress in quality assurance. This would encourage other countries to initiate efforts for the implementation of QA/I in PHC.

Recommendations

- The Regional Office should advocate quality assurance and improvement (QA/I) as a comprehensive approach at various levels of the health delivery system among countries of the Region. A culture of QA/I should be promoted and developed.

- Quality assurance and improvement in health systems should go hand-in-hand with equity objectives. Awareness levels should be raised regarding the role of quality in promoting equity.

- Regular training programmes should be organized for continuing professional development to strengthen national capacities for QA/I in PHC.

- The satisfaction of users and providers should be the main objective of QA/I in PHC. In this regard, there is a need to develop performance measurement indicators and to secure necessary resources for their application.

- The accreditation process should be promoted and reviewed at regular intervals to ensure improved performance of PHC among the countries of the Region.

7. SAFETY PROMOTION IN THE USE OF HAZARDOUS MATERIAL

Dr H. Rathor, Regional Adviser, Chemical Safety and Vector Control

Presentation

The rationale behind the need for safe management of chemicals is based on the facts about the potential hazards posed by chemicals to man and environment, as well as the benefits and need for chemicals as a source of development in modern society. The modes of exposure to one of the largest group of hazardous chemicals, i.e. pesticides, and the means of safe management of pesticides were presented. Emphasis was placed on ensuring that the safe management of hazardous pesticides is planned and implemented in line with the concept of safe management of chemicals "from cradle to grave", wherein safety is ensured throughout the life cycle of chemicals.

The various modes of exposure to chemicals, whether intentional or unintentional, were discussed. The estimated quantities and types of pesticides used for public health purposes and the trends of their use were compared with the use of pesticides for agricultural purposes. Strengthening of national capacities and capabilities for the management of chemicals is the priority safety measure against hazardous pesticides. Another important action is the regional initiative on the safe disposal of unwanted and obsolete pesticides.

Special groups of chemicals, such as the persistent organic pollutants (POPs), chemicals in air, chemical hazardous waste and chemicals in food were discussed with emphasis on their potential hazards, and the safety promotion measures being taken by the regional chemical safety programme. Chemical air pollutants, especially suspended particular matter and lead in urban areas, are considered to be a serious problem, especially in large cities in the Region. It was pointed out that a number of countries aim to phase out the use of leaded petrol by 2005. Chemical hazardous waste is one of the major hazards for humans and the environment. Planned reduction in hazardous waste and safe disposal are the main safety measures. In respect of chemicals in food, the potential hazards to humans of food additives, veterinary drugs and aflatoxin were discussed. Country status with regard to chemical safety was analysed in light of regional indicators. It was concluded that despite the enormity of the problem and omnipresence of hazardous chemicals, safe management of chemicals is both possible and a priority.

Discussion

It was pointed out that in most cases, chemical hazards are created by sectors other than health, such as agriculture or industry, but in the event of any adverse impact of hazardous chemicals on humans and the environment, it is the ministry of health which is expected to take action. However, it was felt that ministry of health was the appropriate agency to take the leading role in chemical safety because the prevention and treatment of the toxic effects of chemicals in air, water, food and environment on humans, especially the treatment of human poisoning cases, lies within the domain of the ministry of health. However, for ultimate success and sustainability, multidisciplinary and intersectoral cooperation and coordination of other ministries, government departments, institutes, nongovernmental organizations, the

private sector and the community is essential. In order to involve all the stakeholders, further strengthening of the information and awareness building component of the regional chemical safety programme was stressed.

The Committee expressed concern about the increasing hazards of chemical pesticides, especially obsolete and unwanted pesticides, which result in poisoning of humans and pollution of the environment. The safe disposal of obsolete pesticides was felt to be a serious undertaking, for which considerable technical and financial resources were needed, therefore further efforts should be made to address this problem.

The problem of hazardous chemicals in food was considered to be another major concern for this Region, therefore strengthening of legislation and regulations to eliminate hazardous chemicals in food or reduce residues to safe limits was stressed. It was felt to be the responsibility of national authorities to ensure strict adherence to international regulations regarding limits of chemicals in food, especially food additives.

It was also felt that, in addition to strengthening existing poison information and control centres, there is a need to identify/establish more such centres in the Region to ensure prompt and quick treatment of human poisoning cases.

The group discussed the need for improved strategies and actions to reduce and eliminate hospital and medical waste in the Region. It was suggested that national authorities should take action to eliminate the use of persistent organic pollutants (POPs). However, care must be taken to ensure that human populations are not put at risk in the elimination process.

One of the most important recommendations of the group was that all countries should take immediate action to prepare their national chemical safety profiles (NCSP), which not only record the nature and extent of the national potential risk from hazardous chemicals, but also indicate the national capabilities, capacities, strengths, weaknesses and gaps for safe management of chemicals.

Recommendations

1. Ministries of health should play a leading role in safe management of chemicals, provision of appropriate treatment for poisoning and prevention of environmental pollution. However, full coordination with and cooperation of other concerned sectors, such as agriculture, is essential for sustainable success.

2. Member States should prepare the National Chemical Safety Profile (NCSP) as a priority action.

3. Member States should make sure that inventories of hazardous chemicals are completed and regularly updated.

4. Safe management of hazardous waste should be planned and implemented by all Member States.

5. Priority should be given to the completion of inventories of persistent organic pollutants (POPs), and a realistic plan made to reduce and eliminate POPs in each Member State.

6. All Member States need to develop and strengthen poison information and control centres.

7. Development and strengthening of a well-established chemical emergency preparedness and response programme should be given priority in each Member State.

8. All Member States should establish legislation and regulations for safe management of chemicals and ensure their enforcement.

9. Ministries of health should set an example by developing an efficient system for safe management of hazardous hospital and other medical waste.

10. Interministerial coordination committees shall be established to achieve multidisciplinary and multisectoral coordination for sustainable development.

8. WHO FRAMEWORK FOR HEALTH SYSTEM PERFORMANCE ASSESSMENT

Dr B. Sabri, Acting Regional Adviser, WHO Programme Development

Presentation

This item was included is the agenda because of discussions and concerns expected to arise after publication of the forthcoming World Health Report 2000 on health systems. The conceptual framework highlights the main goals of health systems, which are improving health, reducing health inequalities, improving responsiveness to non-health elements and ensuring fair financing of health care. After defining the borders of health systems and their main goals, four important functions were identified: stewardship, financing, provision of care and resource generation.

The tools used to assess the performance of health systems include econometric analysis of data and estimates for national health accounts, calculation of the burden of diseases based on DALE (disability adjusted life expectancy), a positive indicator, and surveys used to measure responsiveness. The outcome of the exercise to assess health system performance will be used to rank countries in the forthcoming World Health Report 2000. As the methodology and tools are not well known, disseminated and tested, there is a clear need for improvement and pilot testing prior to its use as a routine WHO tool for measuring health system performance.

Discussion

The presentation produced a very productive debate on both the substance and the form of the new framework and its use. It was noted that countries and regions have not been well

involved in the preparation of the framework and that the tools are not known and mastered. Regional committees and other concerned parties should be fully informed through concise and user friendly material. The development of the tool should benefit from wider consultation, in order to be able to capture cultural specificities and to enable development of feasible approaches for its implementation and subsequent use for policy purposes. Countries of the Region should be supported by a group of experts covering the various areas and should be well informed about the scientific foundations and assumptions underlying the framework. Evidence of its validity should be supported by pilot testing using clear and agreed upon criteria. Finally, efforts should be made to promote ownership of the tool by both countries of the Region and by the Regional Office.

Recommendations

- Countries of the Region and the Regional Office should be well briefed about the new WHO framework for assessing health system performance using all possible forums.
- A group of experts from the Region should be established to support countries in this area.
- Countries and regional views should be taken into consideration in the development of the new framework and it should be pilot-tested in selected countries using specific criteria.
- A briefing on new developments in relation to this matter should be presented to the next RCC meeting.

9. BUDGET AND RESOURCE MOBILIZATION

Mr M.T. Mirza, Director, General Management

At the request of the RCC, Mr Mirza gave an overview of the past, present and future status of the regular budget and extrabudgetary funds and also touched upon resource mobilization issues.

The Committee expressed considerable concern at the impact of the combination of circumstances which had led to a reduction in funds allotted to the Region in the face of increased costs, funding for which was not approved by the World Health Assembly. In view of the increasing importance of this issue in the future, the Committee agreed that the current status and future financing of the budget should be on the agenda of the Regional Consultative Committee for each session.

The Committee considered ways and means of promoting advocacy and understanding of the regional financial status in order to minimize further reductions in future biennia. It was felt that there was a need for better briefing of regional delegations at the World Health Assembly as well as the Executive Board members. One suggestion made was that, when the Regional Office moves to Cairo, representatives of Member States might stop over for a day of briefing prior to attendance at the World Health Assembly and the Executive Board.

Another suggestion was that a representative of the Executive Bureau of the Council of Arab Ministers of Health could be a member of the Regional Consultative Committee and thereby brief ministers on important issues for discussion at the World Health Assembly and Executive Board sessions.

The Committee noted the progress that had been made in setting up a process for enhancing resource mobilization and the success achieved in raising funds for the new building as well as for regional programmes. The importance of a sustained approach to mobilization of extrabudgetary resources was emphasized in order to compensate for the diminishing regular budget resources. Many suggestions were made. The special health fund which has existed for several years might be reactivated in order to receive voluntary contributions for programming simultaneously with regular budget funds.

Greater use should be made of Regional Office technical expertise in bilateral negotiations and projects undertaken by countries with donors and development agencies. Every attempt should be made to incorporate the health component in all bilateral endeavours that come to the knowledge of the Organization. The inaugural event celebrating the opening of the new building in Cairo might be used to promote regional programmes by inviting influential people and decision-makers, including ambassadors of major donor countries. The regional fund for resource mobilization should be supported and ways and means for its revival should be sought.

The Committee concluded that resource mobilization efforts were critical to the future success of regional operations and therefore were another issue which should be a permanent feature of future agendas of the Regional Consultative Committee.

10. SUBJECTS FOR DISCUSSION AT THE TWENTY-FIFTH MEETING OF THE REGIONAL CONSULTATIVE COMMITTEE

The RCC agreed on the following topics for discussion at its next meeting:

- healthy lifestyles
- medical informatics
- health professional education with special reference to family practice
- ethical issues in health care delivery
- rational use of antibiotic agents.

Annex 1

AGENDA

1. Follow-up on the recommendations of the Twenty-third Meeting of the Regional Consultative Committee

2. Development of communicable diseases surveillance in the Region

3. The implications of GATT and WTO agreements on health in general

4. Quality assurance and improvement in PHC: a shared responsibility

5. Safety promotion in the use of hazardous material

6. Subjects for discussion during the twenty-fifth meeting of the RCC (2001)

Annex 2

MEMBERS OF THE COMMITTEE

Dr A. Al Awadi, President, Islamic Organization for Medical Sciences, Kuwait

Dr M.E. Chatty*, Minister of Health, Syrian Arab Republic

Professor M. Gabr, Secretary-General, Egyptian Red Crescent Society, Egypt

Mr M. Hamada, Member of Parliament, Lebanon

Dr El-Hédi M'henni*, Minister of Public Health, Tunisia

Dr A. Marandi, Professor of Paediatrics and Neonatology, Chairman of the Board of Trustees of the Society of Breast Feeding, Teheran, Islamic Republic of Iran

Lieut. General (retired) M. Salim, Executive Director, National Institute of Health, Islamabad

WHO Secretariat

Dr Hussein A. Gezairy, Regional Director

Dr M.H. Khayat, Senior Policy Adviser to the Regional Director

Dr A. Saleh, Acting Deputy Regional Director

Mr T. Mirza, Director, General Management

Dr M.I. Al Khawashky, Special Adviser to the Regional Director on the new Regional Office and Coordination with the United Nations System

Dr G. Hafez, Special Adviser to the Regional Director on Gender Mainstreaming and Women's Development

Dr Z. Hallaj, Director, Communicable Disease Control

Dr El Fatih El Samani, Regional Adviser, Emerging Diseases

Dr H. Rathor, Regional Adviser, Chemical Safety and Vector Control, and Acting WHO Representative, Sudan

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* Unable to attend

Dr M. Sheikh, Regional Adviser, Health Care Delivery

Dr B. Sabri, Regional Adviser, Health Policy and Planning and Acting Regional Adviser WHO Programme Development

Ms May El Sariakoussy, Administrative Assistant

Ms Hanan Hamdy, Senior Administrative Clerk