WHO-EM/RCC/030/E

Thirtieth meeting of the Regional Consultative Committee

Cairo, Egypt
12–13 April 2006

World Health Organization
Regional Office for the Eastern Mediterranean

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1. INTRODUCTION

The thirtieth meeting of the Regional Consultative Committee (RCC) was held in the Regional Office for the Eastern Mediterranean, Cairo, from 12 to 13 April 2006. Members of the RCC, WHO Secretariat and observers attended the meeting. The agenda and list of participants are included in Annexes 1 and 2 respectively.

Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean welcomed the Regional Consultative Committee. He started by referring to the challenging task of working with, and in, countries in crisis and complex emergencies. The devastating south-Asian earthquake had left over 73 000 dead, 70 000 seriously injured and over 3 million homeless. In Iraq, the ongoing conflict, violence and lack of security in general, as well as for health personnel in particular, continued to challenge the response to recovery efforts and available resources for health sector. In Sudan, efforts were stretched across the many different dimensions of the challenge faced in southern Sudan and Darfur. In Somalia focus was on bringing all partners together with the objective of providing the population with essential health services, nutritional support, safe drinking-water and basic sanitation and hygiene but success was not guaranteed and epidemics happen. In Afghanistan close collaboration with the Ministry of Health and other partners was focused on strengthening capacity for health policy analysis, strategic planning, communicable disease surveillance and control, health information and management of health risks for internally displaced persons. While the political, economic and health conditions of the Palestinian people continue to deteriorate, all WHO collaborative programmes in the occupied Palestinian territory had been unified into one programme based in Jerusalem, under the umbrella of EMRO.

Dr Gezairy said that the risk of pandemic influenza was a serious concern for all countries of the Region. The countries lacked adequate capacity to diagnose, and to confirm diagnosis. Compliance with the International Health Regulations would require extensive capacity-building to ensure the prompt notification required. Tuberculosis, malaria and HIV/AIDS were still among the major killers in the Region. The number of reported poliomyelitis cases in endemic countries had decreased to 34 in 2005, reported from Pakistan and Afghanistan and Egypt had now been declared free of polio. However, polio outbreaks had occurred in Yemen, Somalia and Sudan as a result of importation.

The steady and consistent increase in the burden of noncommunicable diseases, of mental health-related problems including problems related to substance abuse and, last but not least, of morbidity and mortality related to road traffic crashes, was of great concern. To curb these trends, focus was being directed to addressing the risk factors contributing to these burdens, including tobacco consumption, lack of physical activity, unhealthy dietary habits, and high risk behaviour, particularly among youth. Many countries continued to face critical challenges as a result of the absence of long-term planning for human resource development and migration of trained health professionals.

With regard to the collective efforts towards helping countries to achieve the Millennium Development Goals, national plans had been developed in priority countries for

achieving the health-related agenda. A plan of action for implementing pro-poor strategies for poverty reduction and sustainable development had been developed. Special emphasis was being placed on collaborative work to maximize utilization of existing resources, including the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Global Alliance for Vaccines and Immunization. Some of the countries in greatest need would not be able to achieve the MDGs and a lot of extra support would be needed for those countries

In the financial period 2004–2005, the overall budget for the Region, from both regular and extrabudgetary resources, reached US$ 460 million, a three-fold increase compared to the biennium 2000–2001. Overall, 76% of these resources were directly spent at country level and a good proportion of the remaining resources supported the work at the country offices. However, extrabudgetary resources were mainly focused on a few programmes, namely polio eradication, health emergencies, HIV/AIDS, tuberculosis and malaria. A number of regional priorities, such as child health, women's health and health systems, continued to be under-funded, requiring extra efforts to strengthen resource coordination and mobilization efforts and to generate more resources for those areas.

Dr Gezairy drew attention to the subjects selected for discussion during the meeting and expressed his hope that the Committee would provide guidance and input to further enrich the development of these areas of WHO's work.

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

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

Presentation

The Assistant Regional Director gave a brief introduction to the report on follow-up on the recommendations of the 29th meeting of the Regional Consultative Committee which had been distributed among the members. It was agreed that comments, if any, would be made before the closure of the meeting.

3. SOCIAL DETERMINANTS OF HEALTH: COMMUNITY-BASED INITIATIVES AS PLATFORM FOR A COMPREHENSIVE APPROACH TO INTEGRATED ACTION TO ADDRESS SOCIAL DETERMINANTS OF HEALTH

Dr S. Siddiqi, Regional Adviser, Health Policy and Planning
Dr M. Assai, Regional Adviser, Community-Based Initiatives

Presentation

Many of the inequalities in health, both within and between countries, can be understood in terms of social inequalities, and exploration of the ways in which social determinants impact on health can provide an evidence base on which to develop health and social policies to improve the situation of the least advantaged. One of the challenges is to be

able to determine and measure the “causal pathways” through which these determinants affect health outcomes.

The social determinants of health are multi-dimensional and interrelated clusters of themes that influence health outcomes. Those identified as being regional importance include: women’s empowerment/enablement; youth development; child labour and street children and their health; socially determined lifestyle and behaviours; social dimensions of priority public health conditions; migrant workers, movements within and between countries resulting in health inequities; inequitable health systems as a barrier to accessing essential health care; and conflicts and emergencies and the resulting health inequities.

Addressing major burden of disease problems in countries of the Region will require the linking of disease-specific programmes to health systems development and systematic action on the social determinants of health. The best way to improve population health in developing regions, and thus to maximize health’s contribution to development, will be to link priority targeted programmes, health systems strengthening and wider action on the social determinants of health.

The strategies proposed for addressing the social determinants of health in the Region are: a) develop a solid evidence base; b) advocate the inclusion of social determinants of health in national policies and programmes; c) develop partnerships with civil society organizations and other stakeholders to tackle social determinants of health; d) revisit intersectoral collaboration among relevant public sector organizations; and e) initiate and scale up community-based initiatives schemes.

The Regional Office has been advocating poverty reduction as a strategy to facilitate equitable health development through the community-based initiatives approach, which is an integrated bottom-up socioeconomic development model that relies on community partnership and intersectoral collaboration. The fundamental principle of this approach is based on health being central to the development process. Community-based initiatives, by improving access to basic physical and social needs such as nutrition, safe water, sanitation, shelter, community empowerment and access to health services, contributes to poverty reduction and improved health outcomes. The community-based initiatives programme is a natural partner for the social determinants of health programme in the Eastern Mediterranean Region and for facilitating the work of the Commission on Social Determinants of Health in the Region.

The community-based initiatives approach is a self-sustained people-oriented strategy addressing the diverse basic needs of the community and recognizing health as a social cohesion. There is clear evidence that community-based initiatives offer added value in bridging inequity, with positive implications for health. The most salient aspects of this approach are the organization, mobilization and enhancement of community capabilities and involvement in micro-development and social and income-generating schemes with impact on basic needs, as these constitute the most powerful determinants of good health, quality of life and productivity. The methodology is based on the concept that poverty reduction for health,

and health for poverty reduction are two sides of the same coin, able to mobilize the scarce commodity of intersectoral collaboration and to meet the basic needs of the people.

Discussion

A number of the Committee members identified the challenge for ministries of health in moving into public health, and beyond that to collaboration with other line ministries as an essential strategy to tackle social determinants of health. Currently most ministries of health are focused on the curative aspects of health rather than public health. Among other things, changes in medical education are needed so that physicians understand the issues involved in social determinants of health and see them as their legitimate concerns. It was agreed that the political aspects of social determinants of health should be recognized, especially in relation to the allocation of resources to health. Also, in the Eastern Mediterranean Region political determinants, such as conflict and war, are directly responsible for killing people. Here, the Regional Office can help to reach a consensus and advocate for actions to decrease conflict, rather than directly initiate action. It was suggested that the determinants of health should be therefore broadened because many factors other that social determinants influence health such as political decisions and conflicts, globalization, economics, natural disasters, etc.

The need to promote intersectoral collaboration was highlighted. Bringing all different sectors involved in health together still remains a big challenge in all countries of the Region. WHO should bridge the gaps and build consensus with sectors other than health to address evolving challenges such as non-communicable diseases and social determinants for health. There should be broader relation within the governments at high policy level to address such issues. Awareness-raising among politicians and decision-makers as well as the public regarding these subjects still remain as a big challenge. Ministries of Health should be supported by tools and guidelines to communicate health in a broader and diverse manner with other sectors and stake holders. Medical education should incorporate new challenges addressed through social determinants for health, and resources should be reoriented to build capacity in the health force.

In strengthening intersectoral collaboration, the district approach proved to be one of the most efficient approaches and the role of empowered governors should be highlighted. Governors at district level are among most important stakeholders and players to address health determinants at community level.

To raise awareness of the health impact of political actions, the Regional Director may consider inviting the Regional Directors from other UN agencies and key representatives from different countries and from the donor community, and present an evidence based paper on the health impact of conflict and war in the region. There is also a need to develop tools to monitor the extent of intersectoral collaboration in the Region.

One approach suggested in this regard was to make better use of the experience of UNRWA in order to be able to better reach and involve other sectors as well as health. The great achievements of UNRWA covering a population of 4.5 million in four countries through

cost effective interventions should be disseminated. Community-based initiatives and other interventions relating to social determinants of health operate on the local, grassroots level. Advocacy at the governorate and regional level may achieve more than working through ministries of health at the national level. The rich experience of UNRWA can be a model for providing integrated intersectoral community level services, using the UNRWA database for monitoring and evaluation. Social determinants of health at a regional level should be prioritized and given a regional dimension. These include: women's empowerment, migrant labour, lifestyle issues (including the impact of affluence) and street children. Education and microenterprise are of particular importance for women's empowerment. The interrelationship between development and education and their impact on health are of special importance for children and youth.

The community-based initiatives and social determinants of health programmes may support and promote a comprehensive package approach in their implementation areas in order to fulfil community needs, i.e. food production, safety, security, nutrition assessment, etc should all be seen as part of a package that covers political, social and environmental dimensions.

Social determinants are mainly lifestyle issues. In each of these determinants issues should be dealt with through definition of a "package" rather than single interventions. These packages could be easily integrated into primary health care. Moreover, primary health care should be strengthened by adding self-care and collective-care levels to the existing three known levels. The Regional Office may wish to consider development of this "package approach" to incorporate the six areas of community-based initiatives focus, and promotion of healthy lifestyles. Collaboration between the programmes for social determinants of health and community-based initiatives may be promoted in the following areas:

- identification of the political determinants underlying social health determinants;
- collection of evidence and introducing interventions that focus on women's empowerment, and community ownership as a strategy for change and sustainability;
- strengthening of the district level approach. This can be approached through active involvement of district governors to assist in assessing the social determinants of health in their area; planning appropriate interventions through community participation and intersectoral collaboration using all possibilities in the Region for partnership and resource mobilization; and introducing community-based initiatives as a model for poverty reduction and fulfilling the socioeconomic needs of the community;
- development of national plans of action for community-based initiatives and integration of these in the national development plan.

Finally, the need to ensure regional input at the global level was raised. The regional experience on health determinants and existing good practices should be better reflected in the global situation analysis.

Recommendations to the Regional Office

1. Broaden the themes to include all determinants of health and to prioritize them according to their importance for, and magnitude in the Region, and in terms of those which can be feasibly addressed to the best effect.
2. Incorporate healthy lifestyles, noncommunicable diseases, emergency preparedness and response, self-care, collective-care and other social determinants of health into the community-based initiatives approach through a primary health care package and to ensure its integrity in the national development plan and agenda.
3. Develop tools to measure the progress made in addressing basic development needs; women's empowerment and development; early childhood development, child labour and street children; migrant labour; and lifestyles.
4. Support countries in awareness-raising, involvement of sectors and stakeholders responsible for addressing determinants for health, and in promoting inclusion of social determinants for health in the school education curricula and in the medical education curricula of the health workforce.
5. Promote the district approach and the role of governors in addressing health determinants in community-based interventions and creating ownership for these programmes at community level, and make use of the experience of UNRWA in intersectoral collaboration to address the various determinants of health, including the political determinants.

4. HEALTH SYSTEMS RESEARCH: A TOOL FOR STRENGTHENING HEALTH SYSTEMS THROUGH MULTISECTORAL COLLABORATION

Dr M. Abdurrab, Regional Adviser, Research Policy and Cooperation

Presentation

Health systems research links health systems with health research systems to generate appropriate evidence for timely action in support of health systems functions, i.e. improving health and health equity. Because of its action-oriented approach, health systems research is intrinsically linked to the policy and decision-making processes within the health systems. Health systems research involves multiple stakeholders as partners in assessment of needs, conduct of research, information sharing, planning for action and in its implementation. By informing both the stakeholders and the policy-makers, health systems research serves as a catalyst for change.

The Eastern Mediterranean Region is faced with diverse health problems. The richer countries are facing disease transition—a shift to diseases (and risk factors) associated with affluence, whereas a significant proportion of the population still grapples with the burden of infectious diseases, maternal and childhood morbidity, and other poverty-linked diseases. The role of health research to understand the problems and influence policy-making in order to address the diverse priority needs of the Member States is of paramount importance.

Unfortunately, the health research systems are weak, function in insulated environments, often on meagre resources (financial and technical), and lack focus on the priority needs of the population. The input and contribution of health research to national health policies and programmes in the Region is at best of marginal significance.

For the past decade and a half, since the 10/90 gap in health and health research needs was exposed (90% of the global expenditure on health research being spent on countries that have only 10% of the global burden of disease and vice versa), there have been increasing efforts to advocate for needs-based, action-oriented, focused research. At the same time there have been huge increases in investments to address poverty-associated diseases and increasing knowledge in order to identify issues and solve problems. The proper and timely implementation of existing and proven interventions in the diverse health systems that can save millions of lives, especially of children, is a challenge for the health systems research agenda for the developing world. The need for health systems research to take the centre stage of the health research agenda is acute. The recent *World report on knowledge for better health: strengthening health systems*, published by WHO, highlights and underscores health research as "research for health", in other words research that produces evidence that informs policy and decision-making in order to strengthen health systems functions.

Key issues and challenges to health systems research in general and specific implications for the Eastern Mediterranean Region include: translating research knowledge into action; focusing on the research needs of the poor; addressing research priorities; strengthening health systems research capacities; financing health systems research, engaging partners; and networking in health systems research.

Discussion

The Committee discussed the existing state and capacities of health research, health systems research, medical education and funding positions, utilization of research, and communication skills in the Region, and emphasized the importance of health systems research for solving problems in health systems.

It was pointed out that basic health research and health systems research should be viewed as complementary activities and should aim to solve national health issues and problems. The outcome of research knowledge should be the implementation of research results to bring about policy and practice changes.

The Committee felt that the capacity of health systems research in the Region is generally weak, and the results of research are often not used for informing policy-making and programme development. Research knowledge is not shared, there is lack of political will to support health research, a career structure does not exist for health researchers and there is little recognition of field work. There is also an acute dearth of expertise in areas such as epidemiology and other related disciplines needed for research. There is a need to develop centres of excellence for health systems research within universities/institutes.

Intersectoral cooperation and interdisciplinary collaboration are weak in the countries of the Region and as a result there is a weak base of health system research. Only a few countries have medical research councils, which are indispensable for interdisciplinary collaboration and promotion of health systems research. The promotion of health systems research as well as improvement of the health education system is not only the responsibility of the Ministry of Health or academia, and other sectors also need to be involved. There is also a need to raise awareness of the importance and value of health systems research in socioeconomic development.

The results of health systems research are not being properly communicated to policy-makers and stakeholders. The Committee suggested that there is need to communicate and translate health systems research findings in simple and understandable language. It was pointed out that although health systems research is of more local relevance, it has wider implications in its applicability.

The present medical education system hardly supports a research culture. In order to develop such a culture there is a need to develop and foster an environment that leads to debate and enquiry in order to develop a research culture in education institutes in general and health related institutes in particular. There is need to develop appropriate curriculum and training programmes to augment research skills in the medical education systems. Ethical oversight mechanisms need to be strengthened to minimize unethical practices and behaviour.

The Committee urged the Member States to increase investment in health research, especially for the low-income countries, as these have greater need for research to address their priority issues and problems.

Recommendations to the Regional Office

1. Raise awareness of the importance and value of health systems research among decision-makers in Member States and of ensuring that national research is targeted at solving priority problems through multidisciplinary partnerships and approaches.

2. Support the Member States to develop capacities in health systems research, in the health sector as well as other sectors and stakeholders related to health, including academia, and to make use of the results in improvements to delivery of care.

3. Support Member States to undertake measures to develop and foster environments that lead to debate and enquiry in order to develop a research culture in education institutes in general and health-related institutes in particular, and to orient medical students and other health personnel to the importance of health systems research through the training curricula and building or strengthening networks of health systems research in medical schools and other faculties.

4. Promote effective communication and translation of research results to decision-makers and stakeholders in simple and understandable language, for utilizing knowledge to strengthen health systems, through publication and other means.

5. Support Member States to increase investment in strengthening national health research systems to support applied research in accordance with national needs, with particular attention to poorer countries for optimal use of their limited resources, and with focus on intersectoral coordination.

5. MEDICAL DEVICES IN CONTEMPORARY HEALTH CARE SYSTEMS: OPPORTUNITIES, ISSUES AND THE WAY FORWARD FOR EMR

Dr A. Ismail, Short-Term Professional, Blood Safety, Laboratory and Imaging

Presentation

A contemporary health system, starting from primary to tertiary, relies on the contribution of human resources and technologies that equip healthcare providers with optimal tools to perform effectively and efficiently their functions. Innovations in the field of medical technology are behind the strengthening and expansion of healthcare systems worldwide and in the Eastern Mediterranean Region of WHO, in particular.

Medical devices are part of medical technologies. They are considered as one of the key drivers of increasing costs in health care services, contributing to a large amount of national health expenditures. In order to utilize their full potential in a cost-effective manner, medical devices have to be seriously addressed in appropriate forums.

However, the majority of the world's population is denied adequate, safe and reliable access to appropriate medical devices, within their health systems. In line with its constitutional mandate to promote the highest levels of health for all, WHO has expanded its global activities to include medical devices as an important and separate programme. This will require close work with Member States in implementing the strategies posed by the expansion through actual needs assessment, adequate procurement, proper installation, preventive maintenance, rational usage and quality assurance. When and if such goals are achieved, device life span will increase, and maintenance and repair costs will decrease.

Countries are beginning to demand that, just as with drugs and vaccines, medical devices should be used rationally and safely so that patients can benefit to the optimal possible level. Member States need to develop policies for selection and assessment of appropriate, affordable and/or essential medical devices and technologies.

Discussion

The Committee highlighted a number of areas critical to discussion of medical devices in the Region. These include: the problem of how to strike a balance between a largely supply-driven market; increasing demand of both patients and health personnel for high technology, based on the perception that it is equated with good medical care; and the actual needs of the health sector based on population size and health problems. The cost of medical technology and the large proportion of the health care budget it represents mean that the health sector and the individual citizen both need to be protected against unnecessary expenditure. Countries need very clear evidence-based information and guidance on: how to

assess needs; cost-effectiveness of purchase versus hire of equipment, including donated and second-hand equipment; contracting with suppliers for training, maintenance and repair of equipment; how to make rational purchasing decisions based on need and available resources; and regulation of purchasing decisions in both the public and private sectors so that resources are not wasted on unnecessary purchase. Public opinion is affected by globalization and the demand created in society follows that in the global market. Public awareness-raising through proper communication of facts and needs should be considered as an important intervention to modify the market-driven demand of unnecessary medical devices and equipment. Regulations and guidelines should help countries in dealing with second hand as well as locally made equipment.

The Committee also stressed the importance of quality assurance, maintenance and repair, amount of investment in medical devices, as well as the pros and cons of using modern versus traditional equipment. Cases of misuse and mismanagement should be highlighted with solutions on ways to maximized the cost–benefit ratio.

It is important to ensure that national capacity is built up in the area of legislation, regulation and control to ensure equipment is quality assured and meets minimum standards and is based on need. The sharing of the experience gained by many countries can be valuable in preparing legislation that will be binding on the private sector. Research is also needed to study selection, cost, cost-effectiveness and use of equipment in health care. Capacity of staff working with medical devices should be built up to ensure correct assessment and use as well as basic maintenance and repair. Support, guidance, reference publications, standard lists, policy frameworks, cost-effectiveness analysis, and rational use of appropriate medical devices in facilities are examples of the many areas in which WHO can support Member States.

The experience of the essential drugs programme will be valuable in informing development of a list of essential medical devices and a regional strategy for medical devices. The successful experiences of countries of the Region should be gathered together so that other countries can benefit from their knowledge and the lessons learned. Protocols for sharing of major equipment purchases between health care institutions is an area that should be promoted. Moreover, the Regional Office can look into the experience of other regions in developing some special programmes such as medical device regulation in the Americas and health care technology assessment in Europe.

Recommendations to the Regional Office

1. Promote the siting of major equipment in specialist centres and the sharing of that equipment between health care institutions in order to benefit all the population in an equitable manner.

2. Develop regional guidelines, in addition to the draft essential list of medical devices, to guide countries in rational selection and purchase of medical devices based on proper analysis and data collection, benefiting from the experience and lessons learned in the essential medicines programme.

3. Promote the sharing of experience and good practices between countries of the Region through development of evidence-based advocacy material.

4. Support health systems research to build more evidence for the rational use of medical devices and equipment and for knowledge sharing among the countries.

5. Establish a regional programme on medical devices. The terms of reference–similar to those for drugs and vaccines–should include developing a regional profile, updating existing data and indicators, establishing needs assessment tools, providing guidelines on procurement, installation, training and preventive maintenance, and many other activities.

6. Invite experts of the Region to discuss the next steps that should be taken to promote the rational use of medical devices.

6. PUBLIC HEALTH PROBLEMS OF ALCOHOL CONSUMPTION IN THE EASTERN MEDITERRANEAN REGION

Dr M.T. Yasamy, Regional Adviser, Mental Health and Substance Abuse

Presentation

Approximately 2 billion people worldwide consume alcohol, an estimated 76 million of whom have been diagnosed with alcohol consumption disorders. The World Health Assembly in 2005 adopted resolution WHA 58.26 on Public health problems caused by harmful use of alcohol. According to the report on this issue by the Secretariat to the Health Assembly "Strategies and interventions in health-care settings, communities or societies at large are not equally effective in every country or society. Regional variations in average alcohol consumption and pattern of drinking mean that priorities in a country or region should be guided by available research evidence". Information regarding alcohol in the Eastern Mediterranean Region is inadequate; according to the WHO global status report 2004, information was available from only 12 of the Member States in the Region.

According to the findings of the Global Burden of Disease study, based on year 2000 data, alcohol-related problems are not among the first 15 causes of disability-adjusted life years (DALY) in the Region, while in Europe they rank fourth and in the Americas they rank second. Even after taking into consideration the worst alcohol consumption pattern in the Region, it has been calculated that the overall burden of alcohol consumption in the Region is still the least in the world. However, questionnaires sent to ministries of health in 2003 showed that alcohol was generally perceived by the health authorities as being used "moderately to considerably", and in most countries there was perceived to be a rising trend.

Triangulation of different data sources leads to the conclusion that alcohol is not yet an imminent major health problem in our Region, but that precautionary steps should be taken to prevent aggravation. Review of some of the common restrictive strategies to reduce the alcohol-related burden of disease are applicable to most countries of the Region where a high

level of restriction and prohibition is already in place due to the religious beliefs of the people and the existing legislation and social institutions. The potential for substitution of alcohol with injectable heroin should be taken in account if more restrictive measures are considered. A strong preventive and demand reduction strategy is needed in the Region. A regional policy, preferably integrated within the general mental health and substance abuse prevention programmes of the Region, needs to be developed. Any measures taken cannot be exact imitations of the current programmes in progress in countries with high prevalence of alcohol consumption. Development of appropriate evidence-based preventive strategies and provision of relevant services within the health system may be the main areas of work. Great care should be taken to make use of the religious and cultural legacy of the Region in the best way possible and to respect the belief system of the people of the Region. Because of the danger of neglecting other substances of abuse and the possibilities of shift to even more harmful drugs or patterns of use, all interventions on alcohol should be integrated with general programmes on substance abuse prevention and treatment.

Discussion

There was extensive discussion by the Committee of the issues raised in the paper. Some suggested that alcohol consumption was not a priority public health issue within the Region and should rather be addressed in conjunction with substance abuse, including injecting drug use, and mental health. However, others suggested that the problem was possibly much larger than existing data suggested, and that it was growing and represented a potentially serious public health issue. It was suggested that the paper should be viewed as a follow-up, and complementary, to the previous year’s presentation on substance abuse.

The reliability of existing data was discussed and concern was raised that some of the data may not be evidence-based, mainly due to the stigma attached to alcohol consumption in the Region. It was agreed that there was a need for more reliable data and that studies should be done to develop a profile of alcohol consumption and its impact on health in the Region. The knowledge base on alchohol may also be improved through collaboration with academic institutions and nongovernmental organizations, working in this area as well as other sectors, such as customs, interior, commerce, police, judiciary and others, regarding production, import and sale of alcohol.

It was noted that the extent and pattern of alcohol use differed among the countries of the Region, but that it was at least a serious problem for a small proportion of the Region’s population. It was observed that the adverse impact of alcohol consumption could be aggravated in the Region due to some health related co-factors, particularly liver diseases such as hepatitis B and C, and that it could also be implicated in the serious regional problem of road traffic accidents. Concern was also expressed about the adverse impact of alcohol consumption on young people in the Region, and the influence of the media in promoting it.

The opportunity to address a potentially serious public health issue early on was noted and strategies by which to do so were discussed, including raising awareness among decision-makers and the public, adopting a lifestyle and community-based approach, supporting young

people, schools-based health education, restrictions on drinking and driving, and control of alcohol production and consumption.

It was noted that the 2005 Regional Committee had requested the paper and that there was a growing international debate on the public health problems related to alcohol consumption. It was pointed out that there was an opportunity for the Region to contribute to this debate within WHO and its Member States and to help build the global evidence base. It was also noted that this represents an opportunity to respond to the observation shared by some Member States that alcohol consumption is gradually becoming a considerable public health problem for some groups of the population. This would also demonstrate the increasing willingness of the countries of the Region to address this culturally-sensitive issue and highlight the Region's protective cultural and religious heritage.

Recommendations to the Regional Office

1. Promote the conduct, in collaboration with WHO, nongovernmental organizations, medical colleges and other academic institutions already working in this area, of well designed research and case studies to determine the magnitude, pattern and trend of alcohol consumption in the Region, and the impact for specific disease conditions and population groups.

2. Develop an evidence base in order to project the magnitude of the problem on the health of the population in conjunction with other risk factors and problems, such as liver diseases, road traffic injuries and violence.

3. Raise awareness among Member States of the potential for public health problems arising from alcohol consumption in the Region and the need to develop integrated strategies at national level to address the prevention and treatment of substance abuse, including alcohol.

4. Support preventive interventions and awareness-raising through healthy lifestyle programmes, especially for children and youth, building on cultural and religious values to counter the glamorization of substance use, including alcohol, in the media.

7. SUBJECTS FOR DISCUSSION DURING THE 31ST MEETING OF THE RCC (2007)

The following subjects were proposed for the agenda of the next meeting by the Committee for the Regional Director's consideration.

- Neonatal mortality and early child development
- Child mental health
- Follow up on implementation of MDGs
- Health of migrant workers in GCC countries
- Health and environment: WHO and UNEP cooperation

- Health equity and reaching the unreached: contribution of social factors including breakdown of family, on health of vulnerable groups especially youth, migrant workers and homeless
- Career development and related challenges and risks for physicians and other health care providers
- Health indicators in Eastern Mediterranean Region
- Health care financing
- Medical education in the Eastern Mediterranean Region
- World Trade regulations and their impact on health
- Drug economics and pharmaceutical companies: global prices and regulations
- Self-appraisal of the RCC; report on the efficiency and impact of the RCC on the work of the Regional Office.

Annex 1

AGENDA

1. Follow up on the recommendations of the 29th meeting of the Regional Consultative Committee
2. Social determinants of health: community-based initiatives as a platform for a comprehensive approach to integrated action to address social determinants of health
3. Health systems research: A tool for strengthening health systems through multisectorial collaboration
4. Medical devices in contemporary healthcare systems: opportunities, issues and the way forward for the Eastern Mediterranean Region
5. Public health problems of alcohol consumption in the Eastern Mediterranean Region

Annex 2

MEMBERS OF THE COMMITTEE

Professor Mamdouh Gabr	Secretary-General, Egyptian Red Crescent Society, Cairo, EGYPT
Dr Alireza Marandi	Professor of Pediatrics and Neonatology, Chairman of the Board of Trustees, Society of Breast Feeding, Teheran, Islamic Republic of Iran
Dr Ishaq Maraqa	Consultant Neurosurgeon, Jordan Clinic, Neurosurgical Unit, Associate Team, Amman, Jordan
Dr Abdul Rahman Al Awadi	President, Islamic Organization for Medical Sciences, Kuwait
H. E. Dr Marwan Hamadeh*	Minister of Telecommunications, Beirut, Lebanon
H. E. Dr Atta-Ur-Rahman*	Chairman (Federal Minister) Higher Education Commission, Government of Pakistan, Islamabad, Pakistan
Dr Omar Suleiman	President, Development Action Now (DAN), Director, Development Technology and Services International (DTASI), Khartoum, Sudan
H. E. Dr Eyad Chatty*	Former Minister of Health, Ministry of Health, Damascus, Syrian Arab Republic
Dr Zulfiqar Bhutta*	Professor of Paediatrics, Department of Paediatrics, The Aga Khan University, Karachi, Pakistan
Professor Koussay Dellagi	Director, Pasteur Institute of Tunisia, Tunis, Tunisia
H.E. Dr Mahatir Mohamed*	Former Prime Minister, Kuala Laumpur, Malaysia
Professor Peter Hansen	Former Commissioner General, UNRWA, Diplomatic-in-Residence, Fordham University, New York

* Unable to attend

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.H. Wahdan	Special Adviser to Regional Director for Polio
Dr A.M. Saleh	Special Adviser (Medicines) to the Regional Director
Dr Z. Hallaj	Director, Communicable Diseases Control
Dr H. Lafif	Director, General Management
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