



WORLD HEALTH
ORGANIZATION
Regional Office
for the Eastern Mediterranean

مَنْظَمَةُ الصَّحَّةِ الْعَالَمِيَّةِ
المكتب الإقليمي
لشؤون البحر المتوسط

ORGANISATION MONDIALE
DE LA SANTE
Bureau régional
de la Méditerranée orientale

REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN

Thirty-first Session (1984)

SUB-COMMITTEE A

EM/RC31A/3
16 October 1984

ORIGINAL: ENGLISH

REPORT OF SUB-COMMITTEE A
OF THE
THIRTY-FIRST SESSION
OF THE
REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

TABLE OF CONTENTS

I. INTRODUCTION	1
II. OPENING MEETING	
II-1. Opening of the Session	2
II-2. Welcome address by the Minister of Health, Tunisia ...	2
II-3. Election of officers	2
II-4. Adoption of the agenda	3
III. INAUGURAL MEETING	
III-1. Introduction	4
III-2. Address by the Regional Director	4
III-3. Address by the Director-General	7
III-4. Inaugural address by His Excellency the Prime Minister	8
IV. REPORTS AND STATEMENTS	
IV-1. Annual Report of the Regional Director	11
IV-2. Statement by the representative of UNICEF	14
V. PROPOSED PROGRAMME BUDGET FOR THE EASTERN MEDITERRANEAN FOR THE BIENNIUM 1986-1987	
V-1. Presentation of the Proposed Programme Budget	15
V-2. Report of the Regional Consultative Committee on its discussions regarding the Proposed Programme Budget for the Biennium 1986-1987	17
V-3. Budgetary discussions - Address by the Director-General	18
V-4. Programme budget discussions	21
VI. TECHNICAL MATTERS	
VI-1. Report on the Joint Government/WHO Programme Review Missions	26
VI-2. Review of progress in the implementation of the strategies for HFA/2000 and report on the evaluation activities	28
VI-3. Report on progress made in the activities of the International Drinking Water Supply and Sanitation Decade (IDWSSD)	30
VI-4. Technical Paper: Women, health and development	32
VI-5. Technical Paper: Basic Radiological System - The WHO approach to better population coverage with diagnostic radiology	33

VII. TECHNICAL DISCUSSIONS	
VII-1. Intersectoral collaboration in health development	36
VII-2. Report of the Regional Consultative Committee on the Technical Discussions document	37
VII-3. Subject of Technical Discussions in 1985	39
VIII. OTHER MATTERS	
VIII-1. Resolutions and decisions of Regional interest adopted by the Thirty-seventh World Health Assembly and by the Executive Board at its Seventy-third and Seventy-fourth Sessions	40
VIII-2. Reports of the Regional Consultative Committee	40
VIII-3. Review of the method of work of the Regional Committee	42
VIII-4. Place and date of the Thirty-second Session of the Regional Committee, 1985 (Sub-Committee A)	43
VIII-5. Transfer of the Regional Office for the Eastern Mediterranean	43
VIII-6. Participation of nationals in WHO meetings, courses and training programmes	44
VIII-7. Reports deriving from country visits by advisers and consultants	46
IX. CLOSING	
IX-1. Closing statement	50
IX-2. Closing session	50
X. RESOLUTIONS AND DECISIONS	
X-1. Resolutions	52
X-2. Decisions	65
ANNEXES	
Annex I. Agenda.....	67
Annex II. List of representatives, alternates, advisers and observers to Sub-Committee A	69
Annex III. Voting on deletion of proposed Agenda item: "Harmful effects of chemical weapons"	81
Annex IV. Address by Dr Hussein A. Gezairy, Regional Director	82
Annex V. Address by Dr H. Mahler, Director-General of the World Health Organization	87

I. INTRODUCTION

Sub-Committee A of the Thirty-first Session of the Regional Committee for the Eastern Mediterranean met in Tunis, Tunisia, from 13 to 16 October 1984. Meetings were held in the conference room of the Hilton Hotel. Five plenary meetings were held. The Inaugural Session was held on Saturday, 13 October 1984. Technical Discussions on "Inter-sectoral collaboration in health development" were held on Monday, 15 October 1984.

The following Member States were represented:

Afghanistan	Oman
Bahrain	Pakistan
Cyprus	Qatar
Democratic Yemen	Saudi Arabia
Djibouti	Somalia
Egypt	Sudan
Iran, Islamic Republic of	Syrian Arab Republic
Iraq	Tunisia
Jordan	United Arab Emirates
Kuwait	Yemen
Lebanon	

The Session was attended by Dr H. Mahler, Director-General of WHO.

The Session was also attended by representatives of: the United Nations, the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), the United Nations Relief and Works Agency for Palestine Refugees (UNRWA), the League of Arab States, the Secretariat General of Health for the Arab Countries of the Gulf Area, and by observers of the Palestine Liberation Organization, as well as representatives and observers from inter-governmental, non-governmental and national organizations (Annex II).

II. OPENING MEETING

II-1. OPENING OF THE SESSION (Agenda item 1)

The proceedings began with a reading from the Holy Koran.

His Excellency Dr Sadek H. Alwash, Vice-Chairman of Sub-Committee A of the Thirtieth Session (1983) of the Regional Committee for the Eastern Mediterranean, declared the Thirty-first Session open. He referred to the progress which had been achieved since the previous meeting of Sub-Committee A towards the goal of Health for All by the Year 2000. This was evidence of the effective support provided by the WHO Regional Office and the Regional Director. He hoped that the recommendations and discussions of the present session would enhance these achievements. He expressed his appreciation to the Government of Tunisia for hosting the meeting.

II-2. WELCOME ADDRESS BY THE MINISTER OF HEALTH, TUNISIA

Her Excellency Dr Souad Lyagoubi-Ouahchi, Minister of Health of Tunisia, welcomed participants on behalf of the President and Government of Tunisia. The presence of the Prime Minister at the inaugural session was proof of the importance accorded by Tunisia to the role of WHO in promotion of health development. The present meeting would provide an excellent opportunity to discuss ways of improving health services, as well as of evaluating achievements to date and the needs for future action. She hoped that the deliberations would lead to even greater coordinated efforts to achieve the goal of Health for All by the Year 2000.

II-3. ELECTION OF OFFICERS (Agenda item 2: decision No.1)

The Sub-Committee elected the following officers:

Chairman: H.E. Dr Souad Lyagoubi-Ouahchi (Tunisia)
Vice-Chairmen: H.E. Professor Dr Basharat Jazbi (Pakistan)
H.E. Dr Hamad Abdul Rahman Al Madfa (United Arab Emirates)

It was decided not to establish a sub-division for discussion of the Programme Budget, but to discuss the subject in plenary.

For the Technical Discussions, the Sub-Committee elected as

Chairman: Dr Jalal M. Aashi (Saudi Arabia)

II-4. ADOPTION OF THE AGENDA

(Agenda item 3, document EM/RC31A/1: decision No.2)

The Sub-Committee, by a vote of 19 in favour, with one vote against and one abstention, opted to delete the agenda item proposed by the Islamic Republic of Iran on "Harmful Effects of Chemical Weapons" (see details of the roll call vote in Annex III).

The agenda was accordingly adopted as amended (see Annex I).

III. INAUGURAL MEETING

III-1. INTRODUCTION

The Inaugural Meeting was held under the patronage of His Excellency Mr Mohamed Mzali, Prime Minister of Tunisia, who delivered the Inaugural Address. It was preceded by addresses given by the Regional Director for the Eastern Mediterranean and the Director-General of the World Health Organization.

The words of introduction were spoken by Her Excellency Dr Souad Lyagoubi-Ouahchi, the Minister of Health, who stated that the presence of His Excellency The Prime Minister was a clear indication of the interest and concern he accords the work of the meeting. He, as a former Minister of Health, was well aware of the importance of health matters, and his active support was of great value to the meeting and the Organization.

III-2. ADDRESS BY THE REGIONAL DIRECTOR

Dr Hussein A. Gezairy, Regional Director for the Eastern Mediterranean on behalf of the World Health Organization and of Sub-Committee A of the Thirty-first Session of the Regional Committee, expressed his gratitude and great appreciation to His Excellency President El Habib Bourguiba, and the Government and people of Tunisia for hosting the meeting and for arranging excellent facilities.

He expressed particular appreciation of the honour extended to the Organization and the Sub-Committee by the presence of His Excellency Mr Mohamed Mzali, The Prime Minister, who had kindly agreed to inaugurate the meeting. He continued by congratulating Her Excellency Dr Souad Lyagoubi-Ouahchi on her appointment as Minister of Health.

The Regional Director then welcomed Dr Halfdan Mahler, Director-General of the World Health Organization, and thanked him for attending the meeting. He spoke of Dr Mahler's devotion to the development of collaboration in health, and of the confidence and trust he had won from Member States.

In taking stock of the activities of the past year, the Regional Director expressed his gratification that the endeavours of the Member States in moving towards the goal of Health for All by the Year 2000 (HFA/2000) were beginning to bear fruit. Member States and WHO had encountered and would continue to encounter difficulties and even opposition, as well as constraints deriving from scant human and financial resources. He expressed his firm belief that, by joint efforts and with the help of God, the difficulties would be overcome.

The Regional Director then commented on salient features of the collaborative efforts of WHO and Member States of the Region. The newly constituted Regional Consultative Committee had met twice in 1984 and had been of great assistance, having considered the Proposed Programme Budget, the creation of a Regional Voluntary Fund for Health Promotion and many other matters relating to the programme.

He referred to the Joint Government/WHO Programme Review Missions, and thanked Member States for the support they had given these Missions by nominating the most senior of their Ministry staff to work with WHO colleagues. The frank dialogue between Member States and the Organization, and the resulting recommendations and reports had proved to be a useful guide in clarifying issues related to collaborative activities and in optimizing the use of limited resources. The Member States' wish that Missions be repeated every two years to take stock of the past biennium, prepare programmes in detail for the coming biennium and set guidelines for the future would be met. Details of the next series of missions would be negotiated with Member States at the beginning of 1985.

The in-depth reviews of country programmes complemented the work of the Missions and were carried out in the Regional Office by the Programme Directors and Regional Advisers, assisted by the WHO Representative and Programme Coordinator in the respective Member State. They examined each collaborative programme area in great detail with the intention of overcoming constraints and difficulties.

The Regional Director then reminded Member States that he had, personally, followed up implementation of the resolutions of the last meeting of Sub-Committee A, and he expressed his intention of continuing these activities with the aim of ensuring the best possible implementation of and outcomes from the collaborative programmes.

The Regional Director pointed out that preparations had been taking place in Member States for initiation of the process of evaluation of their national strategies for HFA/2000. Focal points had been identified in all Member States, and a workshop for discussing the Common Framework and Format for Evaluation had been held in Cyprus. The Framework and Format had been tested in two countries, Kuwait and Yemen, to gain experience with its use. He went on to emphasize that the process was the Member States' evaluation of their national strategies, that it was continuous and that it had to be a part of the Member States' managerial process for national health development. He indicated that the Organization was ready to provide the necessary support to initiate the process and prepare the reports due by March 1985.

In the light of the recognized need to develop and upgrade managerial capabilities at country level and in the Organization, intensive training in the managerial process for national health development had been organized for senior national and WHO staff. Two intercountry workshops and two national workshops had already been held, and more were planned. All Member States had had a chance to send one or two senior planners and managers for training. This "critical mass" of senior nationals should now make it possible for Member States to give

a greater impetus to further training in management and planning at all levels of their health systems.

The Regional Director then commented that civil strife, wars and instability, as well as natural disasters, continued to take their toll - bringing death, misery and suffering, and wasting badly needed human and material resources. This made it all the more imperative to work hand-in-hand with the Organization, towards Health for All. There was, he stated, a spirit of cooperation and collaboration in the Region, and the more fortunate Member States willingly assisted, financially and in other ways, their less fortunate sister countries. He hoped that this spirit would move Member States to contribute generously to the Regional Voluntary Fund for Health Promotion, the establishment of which was to be considered by Sub-Committee A.

The Regional Director, emphasizing the brief space of time to the year 2000, then appealed to Member States to make every possible resource available to help achieve HFA/2000 for the peoples of the Region.

Referring to the agenda of the meeting, he highlighted some important tasks. One such item was the Proposed Programme Budget for the 1986-1987 biennium. It had been worked out in close cooperation with Member States, taking into consideration national goals, objectives and targets for achieving Health for All, as well as priority health problems, in particular the approaches to building a health system infrastructure based on primary health care. The main guidelines were discussed during the Joint Government/WHO Programme Review Missions, during individual meetings between Government representatives and himself, as well as by Regional Office staff visiting Member States. The WHO Representatives and Programme Coordinators were also put at the disposal of their countries of assignment to assist them in all possible ways.

Representatives would be considering the reports of the Regional Consultative Committee, whose recommendations pertaining to the Proposed Programme Budget, the creation of a Regional Voluntary Fund for Health Promotion and the topic of the Technical Discussions for the Thirty-second Session of the Regional Committee were being put forward as separate agenda items.

The Regional Director stated that he looked forward to benefiting from the views expressed by Representatives during the discussions, which would serve to guide future collaborative efforts.

In concluding, the Regional Director reiterated his thanks and appreciation to H.E. The President, and the Government and the people of Tunisia for their kindness and hospitality in hosting the meeting, and he wished the Representatives fruitful deliberations and an enjoyable stay in the beautiful city of Tunis and in Tunisia. He closed by expressing the hope that God would "crown our efforts with success."

III-3. ADDRESS BY THE DIRECTOR-GENERAL

Dr Halfdan Mahler, Director-General of the World Health Organization, stated that he considered it a great honour to be once again in the reunited Regional Committee. In 1983, he had welcomed representatives to the Thirtieth Session in Amman as fully cooperating regional partners. This year, he felt the motto of the meeting should be "business as usual".

He fully realized that tensions in the Region did not help to make the situation easy, but pointed out that health was less controversial than many other subjects. In his opinion, it was a moral duty to use health to ease tensions, emphasizing that health is a human right for everyone, wherever they live and under whatever conditions.

Tension was an inescapable fact in the world as a whole. In today's political context it would seem that any East/West dialogue must take place among sparks from nuclear warheads.

East/West tension significantly affects another tension, based on human historical injustice, in the North/South dialogue. Indeed it would seem that this is not a dialogue but rather two parallel monologues. Injustice, which also has reference to health, seemed to be widening rather than narrowing, contrary to expectations.

While he regretted the absence of North/South dialogue in the world, he pointed out that such a dialogue had taken place in WHO. Consequently, it was universally accepted, and first of all by every Member State, that there must be the goal of health for all by the year 2000 as a value system.

The fighting platform must lie in acceptance of the fundamental value of social justice, such as has always been part of Tunisia's policy. He hoped that other sectors in the North/South situation would also accept this value. Everyone stood to gain - rich and poor, North and South. It had been seen that when the rich had tried to make the poor less poor they themselves had become much richer. Examples of this were smallpox and tuberculosis eradication, which had resulted in savings of millions of dollars in rich countries. Surely, this gave one the right to insist on a North/South partnership in attaining health for all by the year 2000.

He referred to what had been achieved in Tunisia as a result of mobilization of the people themselves. It was one of the first countries where WHO and the Government had tested the possibility of mobilizing people and making them conscious of their responsibilities. The test was successful because of the determined policy behind it.

To achieve social justice was not an impossible goal, otherwise the human race should commit collective suicide. There had never been any human development without social dreams and the emotional energy to support them. Health for all is a social dream and the value system is the emotional energy behind it.

III-4. INAUGURAL ADDRESS BY HIS EXCELLENCY THE PRIME MINISTER

His Excellency, Mr Mohamed Mzali, the Prime Minister, stated that, when the Minister of Health had invited him to inaugurate the meeting, he had been very happy to do so, because he felt attached to the health sector, the significant sector, the one he had once worked in. He had, meeting colleagues and friends from many countries on the occasion of this session, been reminded of ten years ago, when he had, as Minister of Health, been discussing health problems with them.

He then thanked the Regional Director and the Director-General of WHO for the courteous words they had addressed to the President and to the country, Tunisia. He in turn hoped that the facilities were satisfactory, so that the meeting of Sub-Committee A of the Thirty-first Session of the Regional Committee would be crowned with success.

The Prime Minister then spoke about human freedom, quality of life, and the link with family planning and birth control. He remembered his time as Minister of Health, when he was, as he is now, convinced that these programmes help the people to free themselves from centuries of backwardness, by being able to choose the numbers of children and the birth-spacing they wanted.

Such a choice was one expression of human freedom, and it helped a people to move away from poverty, ignorance and unemployment, and raised the quality of life of the citizens, enabling them to gain self-respect.

To achieve this required interest in man as man. However, the many ministries that concentrate on "man" must not be conducted in a bureaucratic fashion. Their leaders had to have a firm belief in what they were doing. What was needed was to project a way of thinking, a social philosophy.

Health was a right, as the Director-General had just said, of every individual, and it was the duty of all sectors to provide health care at a satisfactory level. But health was not just curing diseases - it was a concept of a state of man, a state which was a balance between physical, mental and "temperamental" well-being, a situation in which all human talents became free to express themselves. Of course it was a far objective, but what was far today might be commonplace in even ten years. Prospects and vistas now are realities for our grandchildren. Preventive medicine and prevention of disease were among such aims.

Tunisia had recognized the problem and, directed by the President, His Excellency El Habib Bourguiba, had been following the path of prevention for the past 25 years, launching campaigns to eradicate eye disease, tuberculosis and other diseases. It was pointless to dwell on difficulties - overcoming these were after all the responsibilities of the leaders.

As a people, Tunisians believed in health, and it had to be provided for. The health budget of Tunisia was 22% of the general budget; if one considered budgets in related sectors, and added the education portion, the percentage became 30%, and if the budget for youth formation were added, it became 55%.

This apportionment could be made because the President had defined priorities. The Prime Minister pointed out that defence spending, on the same scale, was about 8.5%. Yet 55% of the general budget was spent on man and youth.

Tunisia believed that national defence began by helping man to defend himself against disease, against insects, against plagues. If he was healthy, he had dignity and self respect, and he could, in the terms of an old Arabic proverb, be safely thrown into the fire and not get burnt. The means for defence of man was in man himself.

The Prime Minister asked why should one spend money on metal that quickly became useless - such spending simply represented a waste of resources. Limited resources must be concentrated on the most essential elements at all levels. Health was one of these, a branch of the tree of social justice.

While following this humanistic approach, one had to look at its manifestations in reality. The Prime Minister stated that he believed that one's concepts had to be original and stem from realities, the realities of national background, culture and traditions. One could not copy others. For example, one had to train doctors to fit one's own society.

The Prime Minister went on to say that he believed that a doctor had to serve his people but, at the same time, had to be a prophet of health among them.

The aim had to be to raise the level of health of Tunisian citizens.

Of course, one was in a quandary. Should one not give a doctor excellent equipment for research and treatment? Was this not a legitimate requirement of a well-trained doctor, whose training has been costly?

The Tunisian citizens were well educated, and did not accept false arguments. They aspired to medical treatment such as might be found in developed countries. Was this not legitimate?

He stated that Tunisia's resources were modest. Providing better health was not merely a health systems structure problem. Nor could Tunisia compete in terms of money - it had to depend on high moral values in the health sector.

The only way was to make each doctor feel that he was the carrier of a message. Moral upbringing was the key to practising the profession. Then the doctor would not put financial criteria first; he would face realities and not, for example, emigrate.

If children and the youth were given a moral upbringing with a true sense of values, it would be a protection for them - they would not compare their state with the state of those born in other countries.

The Prime Minister looked back to his part in the national struggle for self determination fifty years past. He reminded the meeting that one must not "smile" when one talks about righteous causes; one must accept the challenge and be prepared to sacrifice.

Doctors, too, must be prepared to make sacrifices, by going to the communities and taking that message, bringing to the people health and dignity, a necessary precondition for happiness. As the Islamic faith teaches, one must serve Allah on earth and be prepared to make sacrifices.

From the social point of view, the health sector was not solely the sector responsible for health. For example, it was the educational sector under the Ministry of Education that taught youth about health, nutrition and hygiene. Health also depended on physical fitness. This, too, was a right of all citizens. If youngsters were fit, it bred optimism. There was a connection between pessimism and giving in, and physical and psychological failings. "Facing up to life" was linked to physical training and well-being, from birth to death.

Indeed, health was the responsibility of the whole of society. It was inter-sectoral, and could not be and should not be compartmentalized. This was inappropriate and out of date.

Health policy was linked to social outlook, family planning to standard of living, and so on. How could the pattern be changed, thereby raising the standard of living?

There was only one way, the Prime Minister stated, by going out into the field and the communities and talking to people. It was they who had to realize what the problems were.

The Prime Minister concluded that he had felt it his responsibility to speak at the Inaugural Meeting, remembering his time as a Minister of Health. He hoped that his speech had been provocative: the Director-General had encouraged him in this. And the Prime Minister went on to say that, in provoking minds and wills, he was demonstrating his enthusiasm and honest beliefs. Whether one accepted his ideas or not, the important thing was to stop and ponder them.

IV. REPORTS AND STATEMENTS

IV-1. ANNUAL REPORT OF THE REGIONAL DIRECTOR

(Agenda item 4, document EM/RC31/2: resolution EM/RC31A/R.1)

Dr Hussein A. Gezairy, Regional Director, in presenting his Annual Report for the period 1 July 1983 - 30 June 1984, pointed out that it covered the end of the Sixth and the beginning of the Seventh General Programmes of Work. The latter would serve to guide progress in the years 1984 to 1989 towards the goal of Health for All by the Year 2000, to which all Member States had committed themselves. This humanitarian aim had been endorsed by Member States also in the United Nations General Assembly, where WHO's coordinating role in international health and health-related action had been confirmed. It had further been agreed that the way to achieve the goal and provide all populations with basic health care was through the primary health care approach, giving special emphasis to protection of vulnerable groups.

There was a marked reorientation of individual programme areas in the Seventh General Programme of Work. The principal target was to improve Member States' capabilities to enable them to plan, implement and manage their own health programmes and to train their management and technical staff in order to become self-reliant by the turn of the century. The Report reflected this change of emphasis and the joint efforts to transfer the greater part of action to the country level. He mentioned that the Joint Government/WHO Programme Review Missions, carried out in twenty-two Member States of the Region, had proved to be so effective that they would be maintained as a regular feature of the collaborative programme in future biennia. In addition, the Regional Director and WHO staff - including the WHO Representatives and Programme Coordinators (WRCs) - had considered all aspects of WHO cooperation with Member States, so as to render it more effective.

In order to promote action at country level, the number of WRCs in Member States in the Region had been increased. WRCs had an extremely important role to play, not only in undertaking the tasks reflected in their title, but also in making sure that a two-way flow of essential information was maintained between Member States and the Organization. This helped the Organization to understand the needs of Member States rather than just knowing of these needs, and, on the other hand, ensured that Member States were kept aware of how the Organization could best be called upon to assist, within the constraints imposed by budgetary and manpower factors.

The Regional Director stated that he had been greatly helped by the Regional Consultative Committee established by Sub-Committee A in October 1983. The Committee had met twice in 1984 and had advised the Regional Director and made recommendations on a number of important matters, including the work of the Regional Committee, the Proposed Programme

Budget for the 1986-1987 biennium, the theme of 1984 and 1985 Technical Discussions, the creation of a Regional Voluntary Fund for Health Promotion and reporting on progress in implementation of strategies for HFA/2000. In establishing this Consultative Committee, Sub-Committee A had responded to the World Health Assembly's call for Regional Committees to take a more active part in the work of the Organization (resolution WHA33.17).

The greater involvement of Member States in the work of WHO in the Region, which the Regional Director had encouraged, was beginning to show positive results. Above all, it had strengthened the bond between the Member States and the Regional Office, based on mutual trust and understanding.

The Regional Director drew attention to the fact that the reporting period had seen the first report on the monitoring of implementation of the strategies for HFA/2000 by Member States and the preparations for the first evaluation using the Common Framework and Format. (Sub-Committee A was to discuss this matter in detail under item 10 of the Agenda.)

Other important actions included improving the efficiency of delivery of the collaborative programmes with Member States, the restructuring of the Regional Office, the steady flow of documents and publications in the Arabic language to enable health workers at the intermediate and peripheral levels to benefit from the work of the Organization, and the introduction of executive summaries of consultants' reports to speed up the transmittal of recommendations and plans of action to Member States after completion of assignments.

Discussion

In the ensuing discussions, representatives congratulated the Regional Director on his report and paid tribute to the excellent collaboration which had been provided by WHO to meet the priority needs of Member States in implementing their health strategies.

Among the questions raised was one concerning the addictive properties of khat. It was agreed that the reference to khat as dependence-producing on page 12 of the Introduction to the report should be deleted pending further in-depth studies on the subject. The Government of Somalia was congratulated for having already decided to prohibit the use of khat.

Many representatives referred to the reorientation of WHO's collaborative programme, with its emphasis on action at country level, which was widely welcomed. It was asked whether greater financial needs could be anticipated in increasing the number of WRCs and how these would be met. In reply, the Regional Director stated that the increase in the number of WRCs would entail additional expenditure. He felt, however, that such expenditure was well worthwhile. He emphasized that a WRC was not only WHO's representative in his country of assignment, but could also support the often-needed coordination of bilateral health assistance, thus avoiding duplication of effort, and the unsuitable use of aid, which could even direct health assistance in an adverse direction. If the WRC were used properly, the benefits derived could undoubtedly warrant the financial implications.

In reply to representatives who urged increases in their countries' WHO budgetary allocations to meet their considerable health problems, the Regional Director undertook to discuss possibilities with the countries concerned and the Director-General. He also pointed out that the opportunity might be taken of the presence of representatives from most countries of the Region to see how between them needs might be met.

He noted the suggestion that Joint Government/WHO Programme Review Missions might be undertaken in countries each year rather than every two years as proposed, but this would have to be examined in the light of the greater expenditure and calls on staff resources in the Regional Office if adopted in the future. In the meantime, he reminded representatives of the role the WRC could play in helping in on-going evaluation of health programmes. He further fully agreed with the request that consultants and advisers visiting a country should discuss with the authorities the outline of and recommendations in their report before leaving the country. This matter would also be discussed by the Sub-Committee under agenda item 17(c).

Among the technical problems raised was that of malaria prevention and control, where certain representatives felt that budgetary allocations were insufficient. It was pointed out that this did not reflect a lack of concern but rather related to the fact that countries were increasing their national allocations to malaria programmes: the malaria problem was aggravated by the appearance of chloroquine-resistance in the Gulf area and other parts of the Region. With regard to the importance of establishing a list of essential drugs and promoting quality control, raised by one representative, he referred to programmes being undertaken by the Regional Office with the Council of the Arab Ministers of Health and with the League of Arab States, with whom meetings would continue to be held and further cooperation was planned.

The representative of the League of Arab States emphasized the need for community involvement and inter-sectoral collaboration, for example with ministries of education and agriculture, and further urged greater collaboration between countries suffering from similar problems. He asked the Regional Director to try to find further financial resources within the Region and from external sources. With regard to the situation in the occupied territories, he hoped that the Regional Director would pursue with the Director-General implementation of the request in resolution WHA36.27 to establish three medical centres. He also called attention to the serious situation in southern Lebanon.

Finally, the Regional Director raised a problem which he had not mentioned in his report. This related to the very large number of vehicles which had been provided by WHO to Member States over the years. While he realized that there were considerable difficulties in obtaining spare parts and petrol, it was nevertheless surprising that visiting advisers and consultants could often not obtain the transport needed to carry out their missions. He appealed to representatives to realize that transport was a government commitment. WHO could perhaps help in the purchase of vehicles on a reimbursable basis. He further urged the assignment of government drivers, who could be more easily transferred between projects than WHO-appointed drivers.

IV-2. STATEMENT BY THE REPRESENTATIVE OF UNICEF

The Regional Director for the Middle East and North Africa Region (MENA) of UNICEF stated that this Region covered 23 countries (of which 22 countries were in WHO's Eastern Mediterranean and one in its African Region), and also provided basic services to Palestinian mothers and children in Jordan, Lebanon and Syria and in the occupied territories. In the last year cooperation with WHO had been continued and extended to meet the common goal of health for all through primary health care. Periodic coordination meetings were held with WHO's Regional Director to discuss modalities of cooperation. Joint WHO/UNICEF missions collaborated in review of EPI, MCH and CDD activities in the Islamic Republic of Iran, Iraq, Oman and Saudi Arabia. Joint and simultaneous objectives and work plans were established. It was hoped in the future to programme resources jointly for implementation of these plans.

UNICEF had been invited to participate in joint country review missions. Ways of cooperating with other WHO programmes, particularly the intersectoral area of cooperation in health development, public information and health education, health information support (especially publications in Arabic and the manual for the disabled), women, health and development, and national institution building, were being studied. The possibility of a meeting of WHO and UNICEF country representatives was being considered, to establish organizational and operational working approaches. This was in line with the suggestions in the paper on "Intersectoral collaboration in health development".

The target approved by countries of the Region to reduce the infant mortality rate (IMR) to 50 per 1000 by the year 2000 coincided with the UNICEF Executive Director's appeal for a global child survival and development movement to reduce the IMR through a massive frontal attack on major child-killing diseases. Child mortality was extremely high. It could be estimated that during the short time of the present meeting 16 000 children in the Region would die and many more would be disabled, mostly from diarrhoeal and vaccine-preventable diseases and perinatal-related conditions.

Remedies were available at relatively low cost for a major acceleration of effort towards health for all, such as oral rehydration therapy, expanded programme on immunization, child growth monitoring, breast feeding and family spacing.

At the UNICEF Regional Strategy Meeting in Amman in September 1984, His Royal Highness Prince Talal, in an inspiring statement, said "The will and experience exist in the Region and the opportunities are ample. What is required of us is to blend the elements appropriately, so as to achieve success in the shortest time frame." An important element was the need for people's participation and for mobilization of all organizations and institutions, from the political decision-makers to the religious leaders and the non-governmental organizations, especially those for women.

Communication was extremely important. Mothers themselves had to be shown how they could look after their children. The mass media, with which the Region was plentifully served, should be used to the full.

He thanked the Regional Director for his personal support and involvement.

V. PROPOSED PROGRAMME BUDGET
FOR THE EASTERN MEDITERRANEAN REGION FOR THE BIENNIUM 1986-1987
(Agenda item 5, document EM/RC31/3: resolution EM/RC31A/R.2)

V-1. PRESENTATION OF THE PROPOSED PROGRAMME BUDGET

Introducing the Proposed Programme Budget for the Biennium 1986-1987, the Regional Director pointed out that it was essentially a programme budget prepared in close cooperation with Member States and was based on a zero budgeting approach. All activities had been reviewed as part of the collaborative effort for health development in the Region.

All Member States had, in November 1983, been provided with a tentative budgetary allocation, and had been requested to establish programmes in line with the objectives, targets and approaches as set out in the Seventh General Programme of Work.

He had also indicated that, with the present system of biennial budgeting, the detailed budget would be prepared in close collaboration with Member States nearer to the time of implementation through the Joint Programme Review Missions, which would be undertaken in 1985. This approach should overcome to a considerable extent frequent requests for budgetary revisions and adjustments during the implementation phase.

The proposals under the Regular Budget contained in this document were based on a tentative allocation of US\$ 62 405 000 for the 1986-1987 biennium, an increase of US\$ 8 596 000 over that for 1984-1985. This represented an increase of 17.5% for country activities and 13.5% for Regional Office and inter-country activities. The 13.5% increase was used to cover cost increases and inflation; the real increase of 4% was exclusively distributed to country activities.

However, the Director-General had reserved his final decision concerning the level of the budget until the overall budgetary proposals for the Organization were reviewed in toto.

The distribution of funds between country, inter-country and Regional Office activities were, in millions of dollars, 39.1, 15 and 8.3, respectively. It was to be noted that country activities had been given the usual priority. Likewise, a large portion of the budget had been allocated to the six least developed countries of the Region (\$ 21.8 million), which accounted for 55.7% of the total proposed country expenditure.

The Regional Director commended the well-established feature whereby the more affluent countries financed most of their requirements from funds-in-trust arrangements; in addition, contributions from a number of governments had supplemented the Regular Budget, again mainly to benefit the less developed countries of the Region.

However, in a number of cases these funds would be coming to an end by 1985. The Regional Office was in the process of establishing, in discussion with the countries and the funding agencies concerned, the needs for additional funds for the years to come.

Attention was directed to the Programme Statement (pages 3-7) in which the priorities in the various programme areas were highlighted. In considering the Proposed Programme Budget for 1986-1987 by appropriation section (page 134), it would be seen that the largest part of the budget (42.6%) had been accounted for by health system infrastructure. Health promotion and care (21%) and disease prevention and control (17.3%) were the other large items of expenditure; direction, coordination and management was the smallest item. As regards programme support this was not only for support costs; it had to be noted that US\$ 1 937 700 were included for health information support, primarily the translation and publications programme, including the Regional Arabic Programme, none of which could be considered as administrative support. True administrative support accounted for US\$ 4 234 900 or 6.8% of the regional expenditure.

The Regional Director indicated a number of features of the document, namely the detailed programme statements, the financial summary by programme and source of funds, and the information on the Regional Office. The Country Programme Statements and related budgetary tables were also described, attention being drawn to the financial summary of direct collaborative support to countries.

It was pointed out that an indication of inter-country programmes was also to be found in the "Summary by programme and source of funds" previously mentioned. The carefully selected activities were intended to benefit all countries of the Region. There were a considerable number of new and innovative activities.

While it might appear from figures given in the document that inputs from "other sources" were lower in 1986-1987 than in 1984-1985, this was mostly due to the different budgetary cycles of UNDP and UNFPA, so that full information on inputs would become available later. The same applied to funds-in-trust.

The Regional Director referred to resolution EM/RC30A/R.2, "Regional Arabic Programme", which called upon "Member States and the Council of Arab Ministers of Health to continue their support to the Programme through donations of extra-budgetary funds." He emphasized that funds were required and a letter in this respect had been sent to Member States in the Region in January 1984.

Finally, he pointed out that what was presented in the Proposed Programme Budget was a framework for collaborative efforts. Determined work would be needed to turn the proposals into solid programmes and effective action. He was confident that the proposals would lay the groundwork for continuing health development in the Eastern Mediterranean Region.

V-2. REPORT OF THE REGIONAL CONSULTATIVE COMMITTEE ON ITS DISCUSSIONS
REGARDING THE PROPOSED PROGRAMME BUDGET FOR THE BIENNIUM 1986-1987

Dr S.H. Alwash, Member of the Regional Consultative Committee (RCC), reported on the RCC's deliberations on the Proposed Programme Budget at its Second Meeting. The RCC had taken note of the budget allocations amounting to US\$ 62 405 000, and was gratified to learn that about US\$ 39.1 million of the total has been allocated for country activities, US\$ 15 million for inter-country activities and US\$ 8.3 million for Regional Office activities. The RCC had especially welcomed the allocation of 55.7% of the total proposed country expenditures to the six least developed countries of the Region, and had also welcomed the principle that the wealthier countries financed their programmes through funds-in-trust. In addition, they also made generous contributions to a number of countries within the Region in various health fields.

It was considered very promising that the largest part of the budget, amounting to 42.6%, had been allocated for expenditure on health systems infrastructure through primary health care, including health manpower development. Also a large portion, amounting to 21% of the expenditures, had been allocated to health promotion and health care, and 17.3% to the prevention and control of diseases.

The RCC had also noted that the programme budget included detailed statements on the regional programmes as well as on the country programmes, indicating the various activities that were to be implemented during the biennium. In addition, there were related budgetary tables, a fact that would assist implementation, control and evaluation operations.

During the discussions in the RCC, some important programmes were noted which the Committee had recommended for due consideration by the Regional Committee. Amongst the most important of these was the managerial process for national health development, since it had been pointed out that the management and planning of health services constituted a great problem; it hindered the work of the Ministries of Health in the various countries of the Region, owing to the lack of trained manpower in this area. There was also a lack of suitable training institutes within the Region, and of suitable courses within the regional institutes and universities. The RCC had requested the Organization to meet this shortage through the establishment of regional training centres in the field of management and planning so that the largest possible number of personnel of all categories could be trained. The RCC had also emphasized the role of the Ministries of Health in supporting the existing national institutes to enable them to conduct such training.

Amongst the other important programmes considered by the RCC as worthy of the attention of the Regional Committee was the health legislation programme, since the Organization could play an effective role in providing assistance to Member States through the provision of experts and the unification of health legislation in various areas of health.

The RCC had emphasized the importance of the oral health programme, and welcomed the establishment of the new Training, Demonstration and Research Centre in Damascus, which the RCC hoped would play an important role in the training of the personnel required in this area.

The RCC had also stressed the importance of the youth; they constituted a large group in the population and should receive increased attention. "Youth" should form an important part of the Organization's health programme, relating to the problems of adolescence, sport, drugs and school.

The RCC had, further, also discussed the programme on community water supply and sanitation, and had stressed the limited progress so far achieved in this area, as well as the need for intersectoral cooperation to achieve maximum benefit.

The RCC, after detailed review of the Proposed Programme Budget for the Biennium 1986-1987, had endorsed its provisions and had recommended it for consideration and approval by the Regional Committee.

V-3. BUDGETARY DISCUSSIONS - ADDRESS BY THE DIRECTOR-GENERAL

Dr H. Mahler, Director-General of the World Health Organization, stated that, for WHO's Member States, 1984 was a year of opportunities marked by four major events. These were the start of the evaluation of the strategies for health for all, the gathering momentum of the Seventh General Programme of Work, the preparation of the programme budget for the biennium 1986-1987 and the progressive introduction of the new managerial arrangements for the optimal use of WHO's resources by Member States.

With regard to evaluation, fundamental questions had to be answered fearlessly, and the obstacles to achieving positive answers identified clearly, if Member States were to be enabled to take the necessary remedial action.

Were they really building up new health systems or modifying existing ones as envisaged in the Global Strategy for Health for All? Were they evaluating their strategies for health for all, expanding the coverage of populations with primary health care as the main focus and with the rest of the health system supporting it, and expanding the range of care provided? It would not help to hide the real situation nor to identify obstacles to progress if the necessary action to overcome them were not taken. Evaluation must be used as a springboard for action and not as a mere exercise in history.

One of the main obstacles to attaining the goal of health for all by the year 2000 was the weakness of the health infrastructure in most countries. In some there were far too few suitably trained health workers, inadequate health facilities, and not enough joint action for health and development of the health sector and other social and economic sectors. In others, there was often irrational training and use of health workers, wasteful overlapping of the care provided by health

facilities and unrelated action by sectoral agencies whose activities could strongly affect health both positively and negatively.

Recognition of these obstacles gave rise to the principles on which to build up sound health systems based on primary health care as set forth in the Global Strategy for Health for All. Preparation of the Seventh General Programme of Work provided an opportunity of reaching the consensus that WHO must support its Member States in building up the infrastructures of their health systems and in improving existing ones. He recommended careful study of the Seventh General Programme of Work.

The principles for building up national health systems had emerged as a consensus at Alma-Ata six years ago. They involved planning and carrying out primary health care systematically until all the population had access to motivated health workers, adequately trained, equipped and supplied to carry out their duties. They also involved support by succeeding levels of the health system infrastructure and by other social and economic sectors as required, and delivery by the health infrastructure of health technology appropriate for the country. Such technology needed to be generated and supported by social and behavioural measures. To build up health systems in this way, the people had to be involved so that they shaped and controlled the country's health system in the final analysis.

Identifying obstacles could at the same time reveal opportunities to channel national resources along the right lines, and, for many, to channel also the substantial resources from external partners along those lines. The history of developmental efforts over the past 20 years had clearly shown the utter futility - even counterproductivity - of fragmented activities undertaken in developing countries by well-meaning but misguided development agencies. Such activities often ate up the energies of limited human resources in the developing countries, and they restricted the breadth of vision of the staff of development agencies and thus of the agencies as a whole.

He hoped that the Proposed Programme Budget for 1986-1987 would show that WHO's resources were being used to build health systems along the lines referred to rather than for WHO projects in countries and for gap-filling equipment and supplies or scarcely relevant fellowships?

One of the most disturbing facts that came to light in the recent first attempt at monitoring the Strategy for Health for All was that most countries did not know how their resources for health were distributed. They did not know how much went to primary health care and how much to the rest of the health system, nor how resources were used by the various other sectors in ways that affect health. It was not always clear how health services were financed and how much people were able and ready to pay to protect and restore their health. This information was essential if one was to make wise programme budget decisions. Serious efforts were needed to clarify just how, where, when and why resources were spent on health, and who was doing the spending. He felt this was an area in which countries would be justified in using WHO resources.

He emphasized that Member States were entitled to draw on WHO's human resources to the maximum of its capacity, no matter where these resources reside - in their own country, at inter-country or regional

level, in other regions, or at global level. This WHO universality offered vast opportunities for fruitful cooperation, if the Regional Committee and the Regional Office exploited them fully.

Resourcefulness was essential to make the most of the new managerial arrangements for technical cooperation between Member States and WHO. Last year, he had outlined how countries could make the most of their responsibilities for WHO's resources through careful continuing dialogue with the Secretariat. He was pleased to learn of the dialogues each Member State had held with the Regional Director and his staff, and urged countries to accept WHO as a sincere and intimate partner in helping to solve health problems within the boundaries of policies collectively agreed in all WHO's governing organs.

If requirements from WHO by way of technical, administrative and financial support, as well as what was needed to facilitate inter-country cooperation, had been identified, the question that had to be tackled was how to provide these needs promptly, efficiently and effectively. This would mean looking at WHO's cooperation with each country as a whole and bringing to bear on the spectrum of needs all the supportive technical, administrative or financial action required. And to do that in a well-coordinated way required the capacity to focus a multiplicity of disciplines on problem solving, the insight to seize possibilities for facilitating cooperation between groups of countries within the Region or in neighbouring or even distant regions, and the ability to muster the most suitable technical expertise and the support of other sectors wherever that existed, inside and outside the Region, including WHO Headquarters.

He referred to resolution WHA29.48 which demanded the transfer of massive resources from Headquarters for direct technical cooperation with countries, and felt that similarly a clear statement was needed of programme budget policy for the support by the Regional Office to Member States in the light of the new arrangements for cooperating with them. The time had come for Member States, together with the Regional Director, to monitor seriously the way WHO's resources were being used in accordance with the new managerial arrangements.

WHO had not been spared the growing criticism of the United Nations system - criticism over alleged irrelevant undertakings, overlapping of efforts, excessive bureaucracy and poor management of resources. If resources were not used to the best advantage, the technical cooperation component of the WHO regular programme budget could be criticized out of existence. WHO was the only specialized agency to have such a component in its regular budget; if it were deprived of that component, it could mean the end of regional arrangements, which were the mainstay of technical cooperation with Member States. For all practical purposes it could mean the end of regional committees and regional offices, or at least of the kind of regional committees and offices we had today. To avoid that it must be ensured that resources are optimally used.

He was convinced that these ways of cooperating were the proper interpretation of the Constitution concerning relationships between WHO and its Member States. He would, therefore, continue to put his weight behind them and knew that the Regional Director would do no less. He

urged the honourable representatives to fulfil their constitutional role with respect to the work of the Region and to make sure that all Member States obtained the kind of support from WHO to which they were entitled and which the new arrangements had been devised to provide.

He reminded representatives that regional self-reliance was not the same as regional autonomy; the latter was never envisaged in WHO's Constitution. Being part of a whole offered unique opportunities, including placing at the disposal of every single country the collective policies and wisdom of WHO's 164 Member States. He advised Member States to avail themselves of every opportunity to use the weight of WHO's moral and political force in order to ensure that their governments and their people as a whole understood what they were trying to do to achieve health for all with them and for them.

V-4. PROGRAMME BUDGET DISCUSSIONS

In the ensuing discussion, the representative of Iraq stated that candidates for fellowships had difficulty in passing the British Council language test and asked if UNDP language tests would be acceptable. Alternatively, fellowships might be awarded to the High Institute of Public Health in Alexandria, Egypt, where teaching was in Arabic. Otherwise, he asked that funds be carried over to the following year. A further problem in Iraq was that, in certain areas, malaria prevention and control could not be implemented through primary health care (PHC). He, therefore, asked if funds for malaria, as such, could be increased independently of the allocations.

The representative of Saudi Arabia referred to the new global programme on chemical safety, which was sponsored and supported by the Director-General, and which touched on several areas including pollution, food and agricultural production. He asked if the funds set aside for technical area could really be considered adequate.

The representative of Sudan felt that the budget proposals should emphasize major health programmes rather than take a fragmented approach. He would like to see increased support for administrative training for middle level health personnel, for fellowships to local training centres and a greater allocation of Regular Budget resources to maternal and child health services, rather than having to rely on external sources of funds.

The representative of the Islamic Republic of Iran urged that all countries suffering from malaria undertake and coordinate their control and eradication programmes, since malaria was no respecter of frontiers.

The representative of Egypt pointed out that while the Proposed Programme Budget under discussion related to the biennium 1986-1987, his country's national budget was on an annual basis. It would, therefore, be advisable to discuss the 1986-1987 programme at or nearer the time of implementation. He noted a Joint WHO/Government Programme Review Mission was scheduled for 1985 and felt that this would be helpful. He asked if it were possible to consider budgetary transfers between programmes. He drew attention to the fact that, due to administrative delays,

implementation could be hindered so that allocations were not used in time. He hoped that the Joint Programme Review Mission would be able to recommend procedures to enable such funds to be used. One suggestion would be for the Regional Office to provide six-monthly statements of budgetary outlays. He fully endorsed previous statements with regard to training and fellowships, including the use of the High Institute of Public Health, Alexandria, and the expansion of permanent training facilities in the Region. Egypt was ready to help in this respect.

The representative of Tunisia stressed the need to consider the order of priority for implementation of technical support and felt that training of health personnel at all levels was the best investment for the future. He accepted and supported the Proposed Programme Budget.

The representative of the Islamic Republic of Iran, while repeating his request for an increase in his country's allocation to meet requirements, as submitted to WHO, supported the Proposed Programme Budget.

The representative of Kuwait stated that the Food Safety Programme (page 63 of the Programme Budget) was of great importance to countries of the Region. He urged the training of personnel in the Region and a wide distribution of publications.

The representative of Yemen expressed concern at the decrease in external funds for 1986-1987 for his country. Yemen had collaborated with WHO in developing its health strategy and in assembling data. After the meeting, he would be presenting the needs for support, which included both experts and funds. He asked the Regional Director to try to identify resources especially from extrabudgetary sources.

The representative of Cyprus expressed approval particularly of the emphasis on building up health infrastructure and using the 4% real budgetary increase for activities in least developed countries, both of which were in line with the adopted policies of the Organization. He indicated concern regarding management of resources and felt that the reduction in extrabudgetary support might be a warning of the need for better use of resources. He hoped that the Joint Programme Review Missions would bear in mind the emphasis on health infrastructure as a way to realize objectives.

The representative of Lebanon thanked the Director-General and the Regional Director for the special support to his country. Unfortunately, because of unstable conditions, part of the WHO resources made available could not be used. One-third of Lebanon was no longer benefiting from organized health services. In southern Lebanon, institutions and establishments had been destroyed. He urged that services be re-established in southern Lebanon, either by direct WHO support to Lebanon or by strengthening the medical units of UNIFIL. He hoped that the situation in the country would change shortly, in which case provision of health services to isolated areas would be a priority. He asked the Regional Director to keep this in mind so as to be able to provide funds or, if possible, permit the carry-over of unspent funds. Perhaps an allocation could be made from emergency funds.

The representative of Afghanistan stated that, while certain programmes were included in the allocation for his country, some important public health problems were not covered. Hospital and ambulatory treatment was provided free-of-charge for tuberculosis and this programme did not receive support from any organization. The provisions for malaria and leishmaniasis were half those for 1984-1985. The malaria situation was worsening and stocks of drugs and insecticides needed to be replenished. Drugs and insecticides were also needed for leishmaniasis, where 11% of surveyed population was affected. The research department of the Malaria and Leishmaniasis Institute had started a programme, which required funds for equipment and training over five years. Eye diseases were a serious problem, with 5% of schoolchildren suffering from trachoma, 1% of workers from various eye diseases and a high prevalence of blindness. Could funds be found to meet these needs?

The representative of the Palestine Liberation Organization, encouraged by the speeches of the Prime Minister and the Director-General, appealed to WHO to help in solving the health and social problems of the Palestinian people. He hoped that the assistance provided to the Palestinian people would be identified in future programme budgets. He further asked that advisers and consultants be authorized to visit social institutes, such as those of the Red Crescent.

The representative of Somalia supported the Egyptian intervention. In view of the economic crisis in Somalia and the many health problems, he hoped that the Regional Director would consider an increase in the budget as had been done in the past. The national budget for health was only 3% of the total budget, most of which had to be devoted to defence because of the present situation. The country further suffered from an influx of refugees.

In reply, the Regional Director stated that problems with fellowships and training were very real. It was hoped that the difficulty in meeting English language standards would be overcome by using training institutes in the Region and in the fellow's own country. This approach had been recommended to Member States at a meeting of responsible fellowships officers. It would further enhance the use of training allocations for the benefit of national institutes. It should be noted that language standards were specified by the receiving country and, therefore, could not be modified. The above policy had been adopted by the Executive Board and the World Health Assembly, when they discussed means of training other than fellowships, such as promoting national institutes, holding workshops and seminars. Already some graduates had emerged from health institutes in the Region having completed specialist medical studies, and more will be graduating. He also suggested that fellowships be prepared some two years in advance and candidates given language training during the intervening period.

Participants were reminded that programme budgeting and its underlying principles were based on decisions made jointly and collectively by the Member States in the World Health Assembly. The Proposed Programme Budget at present under discussion had been based on these principles and on the decision by the Member States and the Organization as to how they wished to use their tentative allocations for 1986-1987.

Funds could be carried over from the first to the second year of a biennium, but not from the second year to a new biennium. The transfer of allocations from one programme to another was a consideration for the Joint Programme Review Missions. This could be justified by a change in priorities or if funds for a certain programme were obtained from other sources. With regard to the comment by the representative of Egypt, since preparations for the 1986-1987 Programme Budget had already actually started in 1983, the usefulness of holding Joint Programme Review Missions in 1985 was beyond question.

It should be realized that recruitment of the most suitable person for a long- or short-term assignment, rather than the most readily available, could take a considerable time in view of the level of expertise required. Nevertheless, he assured the meeting that resources would not go to waste. Implementation was as high as 99.96% in the Region.

With regard to the request by the Islamic Republic of Iran for an increased allocation, the matter would be discussed by the Director-General and himself. The allocation for the biennium already showed a 90% increase, but possibly some savings might become available.

He recommended that Afghanistan and Yemen discuss in their respective Joint Programme Review Missions the changes they wished to introduce in their programmes, in order to determine how such changes could be made within their allocations.

As far as Lebanon was concerned, he was well aware of the situation and would react to requests. As mentioned, Regular Budget funds for the biennium 1984-1985 would lapse at the end of 1985, but expenses obligated in 1985 could legally be paid after the end of that year.

Due note had been taken of points raised by the representative of the Palestine Liberation Organization regarding identification of assistance to the Palestinian people in the Programme Budget.

With regard to savings, attention was called to the fact that these could be spent within the Region and not necessarily just in the country concerned. Unspent savings reverted to the Organization at the end of the biennium. To avoid this, countries had been asked in good time, over a year ago, to state their priorities for use of savings and this had led to a high level of implementation during the last biennium.

The Director-General reminded the meeting that resolution WHA33.17 spelt out the responsibilities of Member States and of the Secretariat. Nevertheless WHO's policy basis and its mission did not appear to be known in countries. It was the responsibility of Member States, after adopting collective policies, to implement these policies in their countries. The more wealthy countries did not require money from WHO but did benefit by using its ability to generate valuable objective information.

He pointed out that, if a country's requested programme was not in conformity with collective policies, the Regional Director and the Director-General could and should refuse to accept the request. He

feared that, unless this principle was firmly adopted, WHO's survival could be endangered.

The Director-General stated that he wished to make it clear that, when he said WHO had a long way to go, he was not pointing a finger at anyone other than himself. However, he hoped it was understood that, if care was not taken, WHO could face stormy weather in the future. If Member States did not wish to take a moral responsibility for the well-being of their Organization, or did not feel that the Director-General should be an activist, then WHO could quickly become merely a bureaucracy rather than an organization based on social justice with ideas such as health for all and primary health care. He apologized if what he said was felt to point to anyone other than himself and the Organization as a whole.

The Chairman, in thanking the Director-General, emphasized that the Organization had a huge task, and that neither the Organization nor the Member States could afford the luxury of misunderstandings, which could in fact result from the use of interpretation into another language. Everyone present was working towards the same goal and had a huge task to undertake. They had all worked together for many years and should be able to avoid such misunderstandings.

The Proposed Programme Budget for the Biennium 1986-1987, as contained in document EM/RC31/3, was adopted.

VI. TECHNICAL MATTERS

VI-1. REPORT ON THE JOINT GOVERNMENT/WHO PROGRAMME REVIEW MISSIONS (Agenda item 9, document EM/RC31/7: resolution EM/RC31A/R.5)

The Sub-Committee was informed that the purpose of the Joint Government/WHO Programme Review Missions had been to examine the progress made in the implementation of the strategies of Health for All by the Year 2000, to revise and detail the programme budget for 1984-1985 prior to implementation, to identify the main thrusts and directions of the programme budget for 1986-1987, to elicit means of coordinating external support for HFA/2000 strategies, and to discuss the improvement of information systems at country level. WHO staff from WHO Headquarters, the Eastern Mediterranean Regional Office and those serving in the respective Member States, as well as senior officials from Ministries of Health had served as members of these Joint Programme Review Missions. Missions had been successfully completed in twenty-two countries of the Region during 1983-1984. During these Missions, meetings had been held with senior officials in the Ministry of Health, in other related ministries and departments, and with representatives of United Nations specialized agencies as well as of non-governmental organizations. Visits had also been made to health-care facilities in the countries concerned.

The final reports of these Missions had been discussed with the Ministers of Health or other senior officials of the Ministries of Health for their endorsement. The reports had also been endorsed by the Regional Director, thereupon becoming working documents for collaborative efforts between the Organization and Member States.

The reports had proved very useful when drawing up the outline of the Proposed Programme Budget for the Biennium 1986-1987, biennium, for revising the programme budget details for the 1984-1985 biennium, as briefing material on collaborative efforts between the Organization and Member States, and for directing and coordinating external support for the strategies of Health for All by the Year 2000.

It was the intention of the Regional Director to respond to the wish, expressed by all Member States in the reports of the Joint Programme Review Missions, that similar missions be launched regularly every two years. The next Joint Programme Review Missions will, therefore, take place during the first half of 1985.

In summarizing the benefits, it was pointed out that the main benefit was the much better dialogue and understanding between Member States and their Organization. In addition, the 1984-1985 Programme Budget had been discussed with frankness and clarity, and modified to suit the Member States' needs, while the preparations for the 1986-1987 Proposed Programme Budget had been facilitated by spotlighting national priorities during the Missions.

The precise timetables agreed for each activity in the course of the Missions were useful and were being adhered to, and the review of the health programme was believed to have helped governments to coordinate other external support in the health field, preventing duplication.

Based on the experience gained, certain improvements would be made for the conduct of future Missions. The terms of reference and objectives would have to be clearly stated. Both the Member States concerned and WHO would need to prepare background material carefully and in good time in order to facilitate optimum conduct of the Mission. Missions would have to be regularly held. Members detached from the ministries and elsewhere would need to ensure that their time would be dedicated solely to the work of a Mission: to facilitate this it was thought advisable to meet outside the Ministry of Health to ensure undisturbed working conditions.

Finally, each Mission would have to set a time-frame for implementation and persons responsible would have to be designated in Member States and the Regional Office.

Discussion

In answer to how other sectors had been involved in such missions, in view of the importance of intersectoral collaboration, it was stated that the procedure varied from country to country. In some, the Ministry of Planning, as overall coordinating authority, had a representative present. In some countries, one or other sector was involved.

The suggestion that countries might be asked to send representatives to serve on Joint Government/WHO Programme Review Missions elsewhere was noted with interest. The proposal would be given serious consideration: the experiment might initially be tried with countries that already had close links, such as the Gulf countries. The Secretariat General of Health for the Arab Countries of the Gulf Area might be able to assist by finding experts.

In response to the request that funding agencies be allowed insight into the results of the Missions in order to assist countries by providing external funding, the Regional Director commented that, if a Member State so wished, the Regional Office would only be too happy to cooperate. He pointed out that health constituted a major sector of any social development programme, and he indeed hoped that, for example, the Saudi Development Fund would give health its due priority in assessing projects requested by countries. In this context, he indicated that 14 Member States of the Region participated in the activities of that Fund.

In answer to the statement that the Regional Office was to be congratulated on mounting such a simple but highly effective experiment, which had brought great benefits to Member States, the Regional Director stated that he was pleased by the positive response from Member States, and that they considered the results to be a valuable contribution to collaboration with WHO.

There had, up to now, been no representation on Missions from other United Nations agencies. However, the Regional Office already

cooperated closely with them. In this regard, the Regional Director singled out for mention the very positive and constructive cooperation that WHO, and he personally, enjoys with the Regional Director for UNICEF, Mr Victor Soler-Sala.

VI-2. REVIEW OF PROGRESS IN THE IMPLEMENTATION OF THE STRATEGIES
OF HFA/2000 AND REPORT ON THE EVALUATION ACTIVITIES
(Agenda item 10, document EM/RC31/8: resolution EM/RC31/R.7)

The subject was introduced by the Regional Director. The document presented had been prepared in compliance with the global strategy, which required that the Governing Bodies review in intervening years (in between the periodic monitoring of progress and evaluation of the strategies) reports on the implementation of the strategies.

The first part of the report gave an account of actions taken. The presentation followed the sub-headings in the Global Strategy:

Policies, strategies and plans of action - Building up health systems - Training and manpower development - Establishing a managerial process - Development of information support and information exchange - Health systems research - Ensuring broad national support - Mobilizing resources and ensuring economic support - Coordination and cooperation.

Each sub-heading contained a short introduction on the relevance of the component, action taken by Member States and by WHO, and problems encountered.

Action taken with respect to the Organization at regional level was presented in a separate paragraph.

The second part of the report dealt with monitoring and evaluation. An explanation of monitoring and evaluation within the context of the Global Strategy was followed by the implications with respect to the Member States and with respect to WHO at the regional level. It was stressed that monitoring and reporting were mainly in the country's own interests, that they were a continuous process (even if reports thereupon were reviewed by the Governing Bodies only periodically) and, accordingly, that they had to be initiated and carried out by the country itself. The results should be utilized in order to initiate action towards improving the implementation of the strategies.

Part III contained an account of the first report on monitoring progress. Regional reports had been reviewed by the Regional Committees in 1983 and by the Executive Board and the Health Assembly in 1984. Actions taken with respect to the first evaluation of the strategies were described. National focal points had been designated by the countries to ensure continuity of dialogue on this important subject; the evaluation process and the Evaluation Framework were field-tested in Kuwait and Yemen, and the reports thereupon were distributed to all countries; all WHO Representatives and Programme Coordinators in the Region were well-briefed on the subject, to be in a better position to offer collaboration as necessary. An intercountry group meeting had been held, with participation of the focal points to discuss the countries'

preliminary experience with the evaluation process and Framework and to explain any obscure points. It was hoped that similar national workshops would follow for those who will be actually involved in data collection or the preparation of the report. Baseline data, representing values for the Global and Regional Indicators for Member States up to the end of 1982 were compiled and distributed, to serve in measuring changes for the evaluation process.

The use of the first national evaluation report in preparing the Regional Health Situation Report for review by the Regional Committees in 1985, and then, together with the global synthesis, by the Health Assembly in 1986, was explained. These reports would constitute the Seventh Report on the World Health Situation. The Regional Health Situation Report would consist of a regional synthesis plus a standardized short country review for every country. The country reviews could be prepared by the Member States, or by the Organization, and the pros and cons of each approach were discussed.

The paper ended by posing certain points for consideration by the Regional Committee regarding preparation of the country reviews, the diseases to be covered by the in-depth analysis as part of the Regional Health Situation Report, data on the Palestinian population, and policy guidelines regarding contradictory national data in official publications.

To round off the report, a set of tables was presented describing the baseline (up to the end of 1982) demographic and health situation in the Region. These may be summarized as follows:

1. The WHO Eastern Mediterranean Region covers an area of about 13 million square kilometres, with a population of 283 million (expected to reach 453 million by the year 2000), of which 62% live in rural areas. It is rather a young population: children under 5 years account for 16%, and under 15 years for 44%, of the total. The crude birth rate is 42 per thousand, the death rate 14 per thousand, and the average annual rate of increase is 2.8%.
2. For several Global and Regional Indicators, data are missing for a relatively high proportion of the populations in the Region, more so with respect to urban/rural differentials. This renders assessment of the present situation and measurement of progress made rather difficult or merely subjective, both for the national and Regional strategies. It is to be noted that the figures presented hereinafter are the Regional averages for countries' reporting.
3. Health expenditures account for a bare 3.0% of the GNP, even less with respect to the GDP (2.2%), indicating a tendency to rely on external resources for spending on health services. Similarly, only a small proportion of a government's recurrent budget (3.2%), and a still smaller percentage with respect to the development budget, goes to the health ministry. Expenditures on primary health care account for a small fraction (31%) of total public expenditure on health.
4. There is imbalance in numbers between the categories of health personnel, with markedly insufficient numbers of nursing and midwifery personnel as compared to physicians.

5. Coverage by safe drinking water and adequate waste disposal (53% and 41%, respectively) is well below the desired level. The situation in rural areas is particularly poor.

6. There is a very low immunization coverage for infants against the target diseases of the expanded programme on immunization (25-30%) and for pregnant women with tetanus toxoid (less than 4%).

7. There is insufficient coverage of health care for mothers and children by trained personnel, resulting in generally high infant mortality rates (more than 100 per 1000 for about 70% of the population in the Region), high maternal mortality rates, and a low nutritional status of children. The life expectancy is less than 55 years for half of the population in the Region.

8. There are poor adult literacy rates (35%), particularly among females (22%) in the Region.

9. In contrast to the above-mentioned unfavourable situations, the per capita GNP and GDP figures are relatively high, exceeding US\$ 1500 in both cases, with very large variations between countries.

Discussion

In the discussions, the lack of reliable information in Member States on health matters was confirmed. One Member State had made a senior official in the Ministry of Health responsible for national health data, with good results. The need for valid statistical information in order to be able to plan was emphasized, and the Organization was asked to devote special efforts to help Member States improve their health information systems.

In discussing the recommendations, Member States indicated a wish to choose variant 1.B.1(a) given in the Summary of Recommendations attached to document EM/RC31/9. The error in the wording of 2(a) was noted and was to be corrected in the draft resolution.

VI-3. REPORT ON PROGRESS MADE IN THE ACTIVITIES OF THE INTERNATIONAL DRINKING WATER SUPPLY AND SANITATION DECADE (IDWSSD) (Agenda item 11, document EM/RC31/9; resolution EM/RC31A/R.12)

The Chairman introduced the subject. Member States had been requested to provide information on actions taken to implement resolution EM/RC30A/R.7 adopted by Sub-Committee A of the Thirtieth Session of the Regional Committee in October 1983. The document had been prepared on the basis of these responses. Some data are shown in Table I.

Nine countries had provided information: Afghanistan, Cyprus, Djibouti, Egypt, Jordan, Kuwait, Oman, Syrian Arab Republic and Yemen. Out of the fourteen which did not reply, some Member States had already reached or were already close to reaching their targets and, therefore, did not need to report on action to implement the recommendations in the resolution. Some of the replies were of a general nature and did not provide the required information.

Member States had further been requested to report on: (1) establishment of National Action Committees or similar coordination mechanisms and (2) identification of national focal points for human resource development. Only four responses were received: 19 Member States did not reply. Eight countries have coordination mechanisms and they are being formed in a further three.

Up to September 1984, nine countries - Afghanistan, Egypt, Jordan, Oman, Pakistan, Somalia, Sudan, Syrian Arab Republic and Tunisia - had convened National Decade Conferences. Again certain countries had progressed to a stage where they did not need to hold these conferences.

Bahrain, Islamic Republic of Iran, Qatar (for water only) and Somalia had completed their National Decade Plans: in Afghanistan, Democratic Yemen, Djibouti, Egypt, Jordan, Oman, Pakistan, Sudan, Syrian Arab Republic and Tunisia, plans were in preparation; the other Member States were not preparing plans. All had national development and water and sanitation plans, which might not, however, be oriented to the Decade approach.

Out of the seventeen Sector Digests providing baseline data as of 1980, ten have been updated to 1983. The data will be examined at the end of 1985 and again at the end of the Decade.

TABLE I. Percentage coverage of water supply and sanitation for the Region(1):

Component (2)		1980	1990	Projected progress
Water Supply	Urban (12)	84%	96%	Positive, very close to decade targets
	Rural (13)	34%	72%	Positive, significant progress, short of expectations
Sanitation	Urban (10)	56%	71%	Positive, appreciable progress, short of expectations
	Rural (9)	7%	22%	Positive, modest achievement, far short of expectations. A wide gap between urban and rural sanitation

- (1) For those countries which provided necessary data for 1980 coverage and 1990 targets.
(2) Number of countries is shown in brackets.

In the Member States of the Region, the number of national agencies involved in the water supply and sanitation sector ranged from four to ten. Jordan had consolidated seven agencies into a central organization, which had been in operation since January 1984.

The per caput construction costs were high in comparison with other Regions.

(a) Urban water supply: US\$ 220 for house connections and US\$ 45 for standposts; Urban sanitation: US\$ 440 for sewer connection and US\$ 235 for other systems.

(a) Rural water supply US\$ 94; rural sanitation US\$ 32.

The average cost for production of a cubic metre of water was US\$ 0.62, and the corresponding average water tariff was US\$ 0.41. It was clear that in about 80% of cases the difference had to be subsidized.

Member States had listed constraints to implementation of Decade plans; after analysis seven major ones were classed in the following order:

- inappropriate institutional framework;
- operation and maintenance;
- insufficiency of sub-professional personnel;
- funding limitations;
- inadequate water resources;
- insufficiency of professional personnel;
- inadequate cost-recovery framework.

A number of representatives described the actions being undertaken in their countries and the targets which they hoped to achieve.

The major actions to be taken at country level and the support requested from WHO were spelled out in a resolution (EM/RC31A/R.12).

VI-4. TECHNICAL PAPER: WOMEN, HEALTH AND DEVELOPMENT
(Agenda item 13, document EM/RC31/10: resolution EM/RC31A/R.11)

Introducing the subject, the Regional Director stated that, having been given the responsibility for the promotion and implementation of the health sections of the Programme of Action for the United Nations Decade for Women (1976-1985), WHO had directed its efforts to enhancing the health of women and facilitating their role as health care providers within the framework of WHO's Global Strategy for Health for All by the Year 2000.

In the document presented, the salient features of the conditions of the some 130 million women in the Region were described. These were influenced by the strong local traditions still pertaining, which gave rise to a high illiteracy rate and a low percentage of women in the recognized labour force, so that for their heavy work load they did not benefit from protective legislation.

High fertility and maternal mortality rates, as well as traditional practices that impair the health of women, all led to a generally poor health profile.

National mechanisms for furthering women's welfare exist in all countries of the Region, but planned coordination between the health sector and other sectors concerned was needed to increase the effectiveness of multisectoral action.

In line with the resolutions of the UN Decade for Women, a "women's dimension" was being emphasized in all WHO programmes. The Sub-Committee considered the action taken to date as described in the report, as well as the recommendations for immediate, medium-term and long-term action.

Discussion

In the discussion that followed, it was confirmed that all countries of the Eastern Mediterranean Region were interested in the role of women and their contributions or possible contributions to the socio-economic development of the countries and the Region. The willingness of the Ministries of Health to collaborate with WHO in considering topics specifically relating to the role of women in the nations' health was confirmed.

In some Member States, programming of all matters relating to women was done at ministerial level, in some through government-supported womens' unions, while in others the different responsibilities were divided among the various ministries and government departments.

The poor health profiles of women in some of the countries of the Region were linked to economics and standard of living as much as they were to traditions. The backwardness, remarked upon by some representatives, was a "state" that affected all the population, and the way out was by educating and furthering the development of both men and women.

Family health was felt to be the cornerstone of an individual's and the nation's development. There was, it was pointed out, a basic link between family health and women's health, and the maternal and child health programmes as well as family planning were important collaborative programme components supporting family health.

It was felt, also, that family health was influenced by women with young children going out to work, and therefore it was proposed that a study be carried out to investigate this problem.

The Sub-Committee subsequently adopted the recommendations attached to the document.

VI-5. TECHNICAL PAPER: BASIC RADIOLOGICAL SYSTEM - THE WHO APPROACH TO BETTER POPULATION COVERAGE WITH DIAGNOSTIC RADIOLOGY (Agenda item 14, document EM/RC31/11; resolution: EM/RC31A/R.10)

It was recalled that, at the Twenty-eighth Session of the Regional Committee, Sub-Committee A had recommended the use of a basic radiological diagnostic machine or unit to improve the coverage of populations by diagnostic services. Diagnostic radiology was facing serious difficulties in most of the so-called Third World countries, and even in some considered as "developed". Lack of equipment and shortage

of trained staff were among the crucial handicaps impeding progress. About half the population of many countries in the Region lived in rural areas, and half the rural hospitals did not have X-ray facilities. The majority of health problems of rural populations derived from trauma and infectious diseases. Treatment could be given at a local hospital or clinic, provided that the correct diagnosis could be made. It was cheaper and more efficient to treat patients close to home than to refer them to a major hospital for relatively simple conditions.

Simple X-ray procedures, i.e. without fluoroscopy, with relatively inexpensive equipment would satisfy 80 to 90% of the radiological needs of developing countries without loss of quality of services. These represented more than 80% of all X-ray procedures, even in large university hospitals or other medical centres anywhere. The "Basic Radiological System" (BRS) was an approach initiated by WHO to offer a solution for better radiological coverage of the underserved population. BRS represented the most peripheral service of the radiological network, and as such had an essential role in improving the diagnostic facilities supporting primary health care.

Discussion

In the discussions that followed the presentation, representatives of Member States spoke of their experiences, and expressed reservations deriving from the tendency to misuse and over-use X-ray machines, and the increased radiation burden to the population that such over-use brings. The tendency of doctors, especially GPs, to depend on X-radiography rather than use established clinical diagnosis was mentioned.

Another point raised was the question of training doctors to read radiographs. The need for in-service training for doctors that are already working and for training in radiology as part of the regular undergraduate curricula in medical faculties of universities was discussed. The importance of both was stressed.

It was pointed out that WHO had reoriented the Member States' attitudes to health and changed philosophies. The Organization had also shown inventive ingenuity, with regard first to the establishment of cold-chain mechanisms for transport of vaccines powered by solar energy and second to the Basic Radiological System and the BRS machine.

The BRS machine was robust, was simple to maintain, required little maintenance, was independent of fluctuations and failures in the electricity supply and, surprisingly, provided proven high-quality radiographs, yet with a low demand on technical expertise.

It was reported, for example, that Iceland had found that 90% of the work in a 400-bed hospital could be carried out with a BRS machine with no loss of quality.

The representative of UNRWA then thanked the Regional Director for his support in obtaining a machine for the Beqva hospital, which served 75 000 Palestinian refugees, and which had led to great improvements in the services offered, and also for support for the machine shortly to be

installed in the Gaza centre for tuberculosis and chronic respiratory diseases that served all Palestinian refugees.

On the subject of radiation protection, one Member State indicated its plan to appoint suitable experts to oversee this aspect of operation for a number of machines in various hospitals or health centres of a district.

Suggestions were also made with a view to seeking WHO's support, for example, for training X-ray technicians and servicing personnel.

Questions were put regarding bulk-buying of BRS machines, the performance of X-radiography that uses paper, and bulk purchase of X-ray film.

In response to the matters raised, it was stated that the film-less procedure, termed xeroradiography, used X-rays and xerography in combination to obtain an image on paper. It required higher X-ray doses to the patient and definition was poorer. It was unlikely to compete with normal radiography in the near future.

The present cost of a BRS machine was about US\$ 35 000; perhaps bulk purchase, by pooling the requirements of several countries to obtain an order of a few hundred machines, could reduce the per-unit price to nearer the ideal of US\$ 20 000.

Various means had been tried for reducing the cost of X-ray film by reducing the silver content, for example by use of modern intensifying rare-earth containing screens: the price had not been reduced. Bulk purchase of X-ray film might help to solve problems of cost and procurement, especially for smaller countries, and should be looked into.

On the subject of radiation burden to the patient, measurements in Colombia had shown that the dose using the BRS machine was only 60% of the average dose with similar measurements (on various machines) in the USA. This derived from the good collimation and the use of an advanced type of X-ray generator.

Regarding over-use, Member States were asked to refer to the WHO Technical Report No.589 entitled "Rational approach to radiodiagnostic investigations". It was felt essential that a copy of this publication be included as one of the manuals accompanying every BRS machine.

The Sub-Committee then adopted the recommendations of the technical paper.

VII. TECHNICAL DISCUSSIONS

VII-1. INTERSECTORAL COLLABORATION IN HEALTH DEVELOPMENT (Agenda item 15, document EM/RC31/Tech.Disc.1: resolution EM/RC31A/R.9)

The Technical Discussions took place on Monday, 15 October 1984, under the Chairmanship of Dr Jalal M. Aashi, Representative of Saudi Arabia. The meeting had before it a paper entitled "Intersectoral Collaboration in Health Development".

The paper was not intended to provide solutions for problems in intersectoral collaboration. These would have to be developed by the countries themselves to suit their situation and culture. It did, however, contain suggestions which participants in the discussions might wish to try to apply on their return, together with other approaches, and report back to WHO on the results.

It could be said that health is "everybody's business" and that Health for All by the Year 2000 (HFA/2000) will not be achieved without intersectoral collaboration. Such collaboration was essential in view of the multitude of factors outside the health sector that have an impact on the promotion of health and the prevention and cure of disease. While examples of intersectoral collaboration already existed, there were too few; often the collaboration was not optimal. More and better intersectoral collaboration was advocated.

The document reviewed the case for intersectoral collaboration in matters of health, noting successes in collaboration at international, national and local levels. Particular emphasis was accorded to the important central role of intersectoral collaboration in the primary health care approach. How collaboration was vital in the improvement of nutrition and promotion of clean water was discussed in some detail.

Some problems in collaboration which were noted included: unhealthy competition amongst international donors and advisers collaborating for their own selfish, political, commercial and cultural gain; lack of information on where collaboration is needed to improve health services; inadequate management skills and practices; confusion over which sector is responsible for what part of a collaborative endeavour; individual personality factors; and the fact that primary health care is not understood at all levels.

Some solutions or strategies to help overcome existing constraints were given. They included the establishing or strengthening of existing multisectoral health boards with clearly defined duties and responsibilities for collaboration. The structure, form and constitution of these local and national boards would naturally vary from country to country. Also important for effective, efficient and

sustained collaboration were clear procedures and mechanisms. These had to specify how the different levels of the health service were to collaborate with other sectors. Ministries of Health were urged to take the lead and actively seek positive collaboration with the other health-related sectors. The sharing of information between intersectoral agencies, national ministries and local communities was seen as essential. The role of WHO Representatives and Programme Coordinators where they existed would facilitate this in some respects. Education was presented as a key strategy to promoting collaboration. Students and faculties representing different sectors might learn together, joint academic appointments across faculties be made and curricula controlled with input from the health service. Joint research between the health sector and universities was also encouraged. Special attention could also be paid to education to improve management, which will enhance collaboration.

The community was seen as a most essential element in achieving intersectoral collaboration. The very fabric of community life was intersectoral. Information was needed by the community on what carried disease, and how it could be prevented. This knowledge would inevitably lead to collaborative efforts; establishing local health boards might be a good initial step to achieving such information exchange where they did not already exist.

Intersectoral collaboration involved equal partnership, and this required mutual respect and trust. It also demanded compromise and the subjugation of individual interests and aspirations to the interests of the group or community. For these reasons, collaboration was not an easy task. But there was no option. Without this approach, collaboration could never succeed, and health would remain, in practice, a special privilege and not a human right.

VII-2. REPORT OF THE REGIONAL CONSULTATIVE COMMITTEE ON THE TECHNICAL DISCUSSIONS DOCUMENT

Mr C. Vakis, Representative of Cyprus, Member of the Regional Consultative Committee, stated that the paper on intersectoral collaboration had been laid before the Second Meeting of the RCC and had been commended and extensively discussed, which was indicative of the interest shown in and the importance attached to the topic by the RCC.

The wealth of ideas developed in the paper had been noted. The RCC had been particularly concerned about how they could be put into effect so that they would have an impact in promoting health in the countries of the Region. It was emphasized that, since health, in its broader perspective, was being influenced by the activities of so many sectors, countries - particularly the countries of the Region - should initiate and facilitate action aimed at achieving intersectoral collaboration at all levels. Specifically, collaboration was to be promoted (i) within national sectors (intra-sectoral), (ii) among national sectors, (iii) between national sectors and international bodies, and (iv) among international bodies, and at all levels in these sectors and bodies. In this respect, it had been felt that concrete measures would have to be taken and appropriate mechanisms established. The RCC had recognized

the constraints that needed to be overcome, yet had noted that variations in socio-cultural backgrounds and differences in the political structures would demand differences in approaches. The RCC, nevertheless, had believed that intersectoral health boards in the Ministries of Health, on which ministries whose activities were health-related would be represented, might prove a useful and effective means of achieving proper intersectoral collaboration in all countries. The RCC had also emphasized that whatever other mechanisms were to be applied, under no circumstances were appropriate mechanisms designed to ensure intersectoral collaboration at the community level to be ignored; indeed, some members had expressed the opinion that this was the crucial level from which intersectoral collaboration would grow.

The RCC had stated that this important subject and its impact would have to be followed up and reported upon. It was not to be allowed to suffer the fate of other subjects discussed in the past, where the interest of the Member States had been allowed to fade away with lapse of time. The Sub-Committee might therefore wish to make both proposals and suggestions regarding mechanisms for assuring and achieving intersectoral collaboration, particularly such mechanisms that might have already been tested and proved effective. The Sub-Committee might also wish to recommend ways and means of following-up.

The RCC had noted that there is an urgent need for intersectoral collaboration in every activity and at every level that had a role in working towards the goal of Health for All by the Year 2000 through the primary health care approach. Thus, the RCC had wished to suggest to the Sub-Committee that it should discuss and make recommendations concerning the best way of spreading the very important ideas presented in the paper to health and other personnel at all levels.

Discussion

Several representatives took part in the discussions that followed and described the action planned or already implemented in their countries to promote intersectoral collaboration, as well as the constraints. It was stated that, although many countries had established mechanisms, by way of formal or ad hoc boards and committees, the recommendations emanating from their meetings had to be followed up if such mechanisms were to be effective.

It was further felt that the role and functions of such bodies required study. They should be given sufficient authority to enable them to collect relevant data and to ensure that their policy decisions were implemented. They should meet regularly and should send reports on their meetings to other levels of the ministries concerned for consultation and follow-up action.

One speaker felt that the paper would be educative for the higher political levels in his country. He had also observed that doctors still took a traditional disease-oriented approach to health and did not understand the need for a wider approach implicit in PHC. WHO might consider seminars for the medical profession to help them in their roles as leaders of PHC teams.

The Representative of the Palestine Liberation Organization felt that the interventions of other speakers applied to national measures taken in a specific country. The Palestinian people were living in exceptional circumstances requiring special solutions. He asked WHO to study how this situation could be tackled, as well as that of other special groups.

The request was included in the resolution EM/RC31A/R.9, which was adopted.

VII-3. SUBJECT OF TECHNICAL DISCUSSIONS IN 1985
(Agenda item 17(a): resolution EM/RC31A/R.14)

The Sub-Committee considered the recommendations of the Regional Consultative Committee made at its Second Meeting in Tunis, 10-12 October 1984, in relation to the subject of the Technical Discussions at the Thirty-second Session of the Regional Committee for the Eastern Mediterranean in 1985, and agreed that the subject of the Technical Discussions would be: "Water, sanitation and health".

VIII. OTHER MATTERS

VIII-1. RESOLUTIONS AND DECISIONS OF REGIONAL INTEREST ADOPTED BY THE THIRTY-SEVENTH WORLD HEALTH ASSEMBLY AND BY THE EXECUTIVE BOARD AT ITS SEVENTY-THIRD AND SEVENTY-FOURTH SESSIONS (Agenda item 6, document EM/RC31/4: decision No.3)

In presenting a summary of the resolutions and decisions adopted by the World Health Assembly and the Executive Board in 1984, the Regional Director highlighted decisions Nos.7 and 10 of the Seventy-third Session of the Executive Board and resolutions EB73.R10 and 11. The resolutions of the World Health Assembly referred to were WHA37.13, 15-17, 23-26 and 29-33.

VIII-2. REPORTS OF THE REGIONAL CONSULTATIVE COMMITTEE (Agenda item 7, document EM/RC31/5: resolution EM/RC31A/R.3)

H.E. Dr B. Jazbi, Acting-Chairman of the Second Meeting of the Regional Consultative Committee (RCC) introduced the reports of the first and second meetings of the Committee.

He informed Sub-Committee A that the First Meeting of the RCC had been held in Damascus from 3 to 4 March 1984, under the chairmanship of Dr Zuheir Malhas, former Minister of Health, Jordan. That meeting had reviewed the method of work of the RCC, the frequency of its meetings, the duration of membership, and the place and time of its meetings. The meeting also considered resolutions of interest adopted during Sub-Committee A of the Thirtieth Session of the Regional Committee, and the action taken in relation to these resolutions by Member States and the Regional Office. The resolutions considered had included the Regional Arabic Programme, the revised Programme Budget for 1984-1985, progress in the implementation of the strategies of HFA/2000, the change in WHO's structures in the light of its functions, the Regional Strategy for the International Drinking Water Supply and Sanitation Decade, and continuing education. The Committee had subsequently considered the method of work of the Regional Committee, and had made certain recommendations. The RCC had also considered the subject for the Technical Discussions for the Thirty-first Session of the Regional Committee in 1984, and had decided on "Intersectoral collaboration in health development". It further considered the creation of a Regional Voluntary Fund for Health Promotion, for which a proposal had been put to the Regional Committee for its consideration.

On the subject of further financial support to the Regional Arabic Programme, it was decided that the Regional Director should raise the matter in his meeting with the Council of Arab Ministers of Health. The Committee finally considered the date and place of the Thirty-first Session of the Regional Committee and approved its Provisional Agenda.

The Second Meeting of the RCC had taken place in Tunis from 10 to 12 October 1984. Since Dr Zuheir Malhas, the Chairman, had not been able to attend, the speaker had been elected as Acting-Chairman. During that meeting, the RCC had discussed the paper for the Technical Discussions at the Thirty-first Session of the Regional Committee, and had made recommendations in relation to the subjects for the Technical Discussions and Technical Papers for the Thirty-second and Thirty-third Sessions of the Regional Committee in 1985 and 1986, which had been put forward for the Sub-Committee's consideration. The Committee had then examined the Proposed Programme Budget for the Biennium 1986-1987 in detail, and had made various comments, particularly pertaining to the importance of developing the managerial processes for national health development, health legislation, oral health, community water supply and sanitation, and youth health. The RCC had endorsed the provisions made in the Proposed Programme Budget, which it had transmitted for consideration and approval by the Regional Committee.

The Committee had then considered administrative and technical problems relating to meetings convened in Member States, and had made recommendations for consideration by the Regional Committee.

The Regional Consultative Committee had then taken note of the meetings between the Executive Board of the Council of Arab Ministers of Health and WHO, which had been held in Damascus and Geneva during 1984, and took note of and endorsed the areas for mutual collaboration between the Organization and the Board, namely essential drugs and vaccines, public information and education for health, health legislation and the Regional Arabic Programme. The Committee had proposed that immediate collaboration be initiated in the areas of public information and education for health, and health legislation, and that collaboration in the areas of drugs and vaccines should be studied in the light of needs and of what already existed in the Arab countries in terms of quality control laboratories, procedures for bulk purchases, and manpower.

The RCC had also considered the venues and dates of the meetings of the Regional Committee during 1985 and 1986, and had forwarded its recommendations to the Regional Committee.

Sub-Committee A took note of the reports. In answer to a question relating to continuing education and job descriptions of health personnel (First Report, para.31), the Regional Director stated that job descriptions for health personnel had been transmitted to Member States just prior to the meeting of the Sub-Committee.

Responding to a request for information about the Regional Arabic Programme, he stated that many activities had been planned, including preparation of translated reports and publications, this being divided between Headquarters and the Regional Office. The Unified Medical Dictionary, of which the first edition had been published, was being upgraded to contain some 65 000 terms. The cost of preparing this second edition would be US\$ 500 000. The Regional Director indicated that financial support was still needed for the second edition. The Regional Director also mentioned that the new Kuwaiti Centre for Arabic Documentation and Publications had recently started functioning. He stated that he would be sending the WHO staff member responsible for

the Regional Arabic Programme to Kuwait to coordinate joint activities and to acquaint himself with the Centre's future activities and requirements.

The Sub-Committee then adopted the Reports of the Regional Consultative Committee.

VIII-3. REVIEW OF THE METHOD OF WORK OF THE REGIONAL COMMITTEE
(Agenda item 8, document EM/RC31/6: resolution EM/RC31A/R.4)

The Regional Director informed the meeting that the Thirty-third World Health Assembly had passed a resolution (WHA33.17) entitled "Study of the Organization's structures in the light of its functions". The resolution recalled that the main social target of governments and WHO in the coming decades was the attainment by all the people of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life. The resolution was based on the Declaration and recommendations of the International Conference on Primary Health Care held in Alma-Ata, and on resolution WHA32.30. It noted with satisfaction the United Nations General Assembly resolution 34/58 affirming that health was an integral part of development; it recalled WHO's constitutional functions of acting as the directing and coordinating authority on international health work; it emphasized that, through its international health work, the Organization could be a powerful instrument in helping to reduce international tension, in overcoming racial and social discrimination, and in promoting peace.

This resolution urged regional committees, among other things, to take a more active part in the work of the Organization, to intensify their efforts to develop regional health policies and programmes, to promote greater interaction in the regions between the activities of WHO and those of all other bodies concerned in order to stimulate common efforts for attaining health for all by the year 2000, and to increase their monitoring, control and evaluation functions.

It was suggested that some of the matters that could be considered in the context of the agenda item were: the venue of the Regional Committees, as between countries of the Region and the regional headquarters; the duration of its meetings; ways of ensuring that the top health executives of Member States have time to attend its meetings; the nature and frequency of Technical Discussions; the work of the Regional Consultative Committee; the establishment of additional advisory boards to the Regional Director covering broad disciplines; methods of reviewing regional strategies in the pursuit of HFA/2000; methods of establishing regional indicators to measure the success of HFA/2000 strategies; ways of strengthening the role of Ministries of Health at national level, for example by supporting the establishment of national health councils; coordination of representation at the Regional Committee and the World Health Assembly with a view to ensuring consistent and collective health action, both nationally and internationally; ways and means of channelling external funds for health into priority activities and programmes.

As a result of discussions in Sub-Committee A of the Thirtieth Session of the Regional Committee in October 1983, a Regional Consultative Committee had been formed. One of its allotted tasks had been to review the method of work of the Regional Committee, with a view to making recommendations to the Thirty-first Session of the Regional Committee.

The Regional Consultative Committee met in Damascus in March 1984 and in Tunis in October 1984. It agreed various recommendations including those concerning: a date, pattern and frequency for Regional Committee meetings; the provisional agenda for the Thirty-first Session of the Regional Committee; the topic for the Technical Discussions at that Session and for the Thirty-second and Thirty-third Sessions; and the Proposed Programme Budget for the 1986-1987 biennium (see document EM/RC31/5).

Following some discussion, the Sub-Committee agreed to adopt the principle recommended by the Regional Consultative Committee that Regional Committee meetings should take place in the first week of October unless otherwise decided by the Regional Committee.

The Sub-Committee adopted the report.

VIII-4. PLACE AND DATE OF THE THIRTY-SECOND SESSION OF THE REGIONAL COMMITTEE, 1985 (SUB-COMMITTEE A)
(Agenda item 16: resolution EM/RC31A/R.13)

After discussion, the Sub-Committee accepted the recommendations of the Regional Consultative Committee that meetings of Sub-Committee A of the Regional Committee should in future start on the first Saturday in October of each year.

The Sub-Committee further resolved that the venue for forthcoming meetings of Sub-Committee A of the Regional Committee be discussed by the Regional Consultative Committee with a view to its making an appropriate recommendation to the Regional Committee.

The Sub-Committee then extended its thanks to the Government of Kuwait for its invitation to hold the 1985 meeting of the Sub-Committee in Kuwait, and fixed the period of the meeting as Saturday, 5 October, to Tuesday, 8 October, 1985.

VIII-5. TRANSFER OF THE REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN
(Agenda item 12)

The Regional Director informed the meeting that the Director-General had reported on this matter to the Thirty-seventh World Health Assembly and resolution WHA37.20 had been adopted.

The Director-General had, as requested in resolution WHA36.18, continued to implement resolution WHA35.13. A significant development in that respect had been the holding in October 1983 of the first regional meeting for four years. The Regional Director had reported to the Executive Board on that meeting, which had been widely attended by

Member States of the Region, and had reviewed the progress made in strengthening cooperation among them and promoting the exchange that had been in jeopardy. The Director-General had, in addition, been continuing his efforts to ensure the smooth operation of the Region's technical, administrative and managerial programmes. The Special Programme for the Eastern Mediterranean and its extension had been a significant factor in enabling the Regional Office to continue to work. The Director-General considered that those temporary measures, together with the October meeting, had marked a considerable advance towards a return to normality in the Region. The Director-General had stated that he was fully conscious of his responsibilities in the matter and that he would, in close cooperation with the Regional Director, continue to make every effort to ensure that health activities in the Region were carried out as effectively as possible for the benefit of its peoples.

The Regional Director then reported on new developments. He was pleased to inform the meeting that the Government of Egypt, through the University of Alexandria, had been able to make additional offices available in the premises of the Scientific Library. This had allowed the Regional Office to transfer services heretofore accommodated in the Regional Office to those new offices, as well as services previously accommodated in rented premises. This had alleviated, to some extent, the space problem in the Regional Office building proper and had allowed rental arrangements in the city, about which he had spoken at the Executive Board in Geneva, to be cancelled. There would, therefore, no longer be any rental expenses for additional office space, as the space provided by the University of Alexandria does not incur any charges. Extension of the present word processing system in the Regional Office is in progress, incorporating Arabic features, and the Office is at an advanced stage of installing an IBM S-36 computer, which is to become operational in 1985.

The Regional Director spoke of the extension office in Amman, Jordan, which was already fully operational and he encouraged Member States to make the greatest use of its facilities.

The Regional Director, in summary, stated that this all represented progress since he had last reported to the Regional Committee, though some of the external constraints still existed, such as the unavailability of an international air connection to and from Alexandria. He stated that there had been progress in the situation, and he hoped advances would be rapid.

The representative of Pakistan expressed his thanks to the Government of Egypt for improving the situation of the Regional Office.

The Sub-Committee took note of the Regional Director's report with approval.

VIII-6. PARTICIPATION OF NATIONALS IN WHO MEETINGS, COURSES AND TRAINING PROGRAMMES

(Agenda item 17(b), document EM/RC31/12: resolution EM/RC31A/R.6)

In introducing the subject, the Regional Director stated that meetings were held to promote and support HFA/2000 and the concept of

primary health care. They formed a vital part of the collaborative effort between the Organization and its Member States. The major part of the meetings held in the Region was in the form of seminars, training courses or workshops in various health fields. They could be national or intercountry, and the subject field was specific. Such meetings were intended to improve national capabilities in the various health fields, including planning and management. They also provided WHO with up-to-date information about Member States, while increasing Member States' awareness of WHO's policies and ideas.

In organizing meetings, certain difficulties were being experienced. Nominations were often late or else no nominations were received. Participants were frequently poorly briefed about the objectives of the meeting and came to the meeting without having prepared national position papers; often the same persons were nominated to attend meetings on different subjects. Nominees were also not necessarily involved with the programme area of the meeting and did not have any direct responsibility for implementing its recommendations subsequently.

Frequently there was no formal mechanism for passing on the knowledge gained to appropriate persons in the country, especially those in other sectors. When the subject was of an intersectoral nature, there were rarely participants from the non-health sector or sectors.

A further difficulty that had been pointed out was that the decisions on the venue and appropriate dates of a meeting with a Member State could only be finalized at a very late date, and occasionally changes in venue had to be made at the last minute.

Possible actions by the Organization included publishing a list of meetings as an informal periodical, containing detailed information on inter-country meetings a year in advance and preliminary information two years in advance. It should be given regular and wide dissemination in Member States. Invitations for meetings should be sent three to four months in advance and should include detailed information. Deadlines for nominations were important and if, by the specified deadline, the number of participants was not sufficient to justify the cost, WHO could consider cancelling the meeting. WHO Representatives and Programme Coordinators would follow up requests for nominations to ensure that deadlines were not overlooked.

Consideration was to be given to the possibility of holding some meetings in the Regional Office, where meeting facilities, interpretation equipment and other installations were available. Meetings in the Regional Office would be less costly and would afford the opportunity for greater involvement of WHO staff; the establishment of personal contacts between staff and nationals would facilitate cooperation between Member States and WHO.

In the Member States, governments were asked to indicate their interest in participating in meetings as soon as possible. Nominations, following careful selection, should be made as early as possible and certainly before the specified deadlines.

Member States were asked only to nominate persons whose participation would have a direct impact on national activities in the field considered and who would be able to contribute to the meeting or benefit from the course; Member States were reminded that they should include persons from appropriate health-related sectors if this was to the national advantage. To this end national intersectoral collaboration would need to be promoted at all levels. In all cases, participants should be fully briefed about the meeting or course, its objectives, and the preparation needed in terms of collection of information and preparing the national presentations required. It was recommended that the participants should report back to the Government in writing on the outcome and recommendations of the meeting, and national follow-up should be undertaken to ensure that maximum benefit was derived from attendance.

Discussion

In the ensuing discussions, the clarifications contained in the document were welcomed, as well as the various suggestions for ameliorating the process. One speaker stated that receipt of information one year in advance would enable a notice to be displayed in the Ministry and would attract a wider range of candidates from which nominations could be made. He mentioned the practice of selecting a nominee, plus an alternate, in anticipation of possible changes, which had proved useful.

In the Secretariat General of Health for the Arab Countries of the Gulf Area, the suggested system was already being implemented and had proved effective.

It was further recommended that WHO should ensure that working papers and documents were sent well in advance to participants for in-depth study.

VIII-7. REPORTS DERIVING FROM COUNTRY VISITS BY ADVISERS AND CONSULTANTS (Agenda item 17(c))

The Regional Director reminded the meeting that assignment reports were written by a consultant (or a WHO staff member) following a visit to a Member State to carry out duties as specified in the terms of reference of the assignment. It was stated that much effort and expense went into arranging an assignment, recruiting a consultant and preparing a report. All concerned, Member States and the Regional Office, had to address the question of how the impact and usefulness of such reports could be maximized in promoting health programmes at country level.

Most terms of reference required the consultant to determine the existing situation in a country in respect of a particular WHO programme area, and to make suggestions and recommendations for future action. Assignments were always initiated in response to a request from a Member State for advice and support.

Consultants came to the Regional Office for briefing by Regional Office staff, this including an explanation of WHO policies and

commitments in the programme area and country in question. The consultants were instructed to discuss and formulate the recommendations and plan of action in informal consultation with the responsible senior government officials and, if there was one, the WHO Representative and Programme Coordinator, in accordance with instructions received during briefing.

All parties believed that it was of the utmost consequence that the Regional Office inform the governments formally concerning the outcome of the assignment as soon as possible. Delays in initiating high-level policy-making or executive action resulted in loss of interest and wasted the goodwill generated by the consultant. If excessive, they could even render the report valueless.

With this in view, the Regional Director for the Eastern Mediterranean had requested that Regional assignment reports should conclude with specific recommendations and a plan of action. In addition, he had directed that a concise executive summary be prepared so that senior government officials could understand the purpose of the assignment, be aware of the main recommendations and of the salient features of the plan of action supported by WHO, and use it as a basis for executive action without recourse to the full report.

A number of factors could delay the finalization of the executive summary, the recommendations, the plan of action or the final report.

A major constraint for the consultant was the absence of a WHO Representative and Programme Coordinator (WRC). The WRCs' offices provided assistance with every phase of a consultant's work, especially arranging meetings to agree the recommendations and plan of action, and arranging for typing of the report in draft before completion of the assignment.

Difficulties were caused when a consultant did not return to the Regional Office for debriefing, or arrived without a report.

Difficulties were also encountered when the report was excessively long or when it required heavy technical and/or language editing.

Apart from decisions regarding the executive summary etc. referred to above, experience had shown that consultants had to come for briefing and debriefing, the latter especially being absolutely essential. Further, consultants needed proper instructions regarding size and format of the report, and new instructions had been prepared and are being issued.

It was also recognized that the Regional Adviser had to ensure that the report was finalized in acceptable fashion while the consultant was at the Regional Office for debriefing. The idea of "acceptable" included WHO policy, programme and technical aspects, as well as length and format. The recommendations and the plan of action had to be approved at this stage by the responsible Director or Chief.

It was now expected that the covering letter, executive summary, recommendations and plan of action would be finalized, with editorial

support, then circulated, cleared, translated and despatched within 15 days of debriefing.

Various means of speeding up reports processing were being instituted. In particular, reports requiring minimal correction (i.e. those nearly ready for immediate reproduction) would be given rapid treatment.

Every effort would be made to keep down any backlog, with the aim of despatching the final report within three months of despatch of the executive summary. Above all, assignment reports would be given priority over other types of report.

If sending consultants to advise Member States was to have any value, the impact of the visit in terms of implementation of the recommendations and plan of action would have to be followed up, both by the Ministries concerned and by the WRCs and the Regional Office.

The suggestion had been made that WRCs, on receipt of copies of the executive summary and attachments, could arrange for a small presentation of the recommendations and plan of action to senior officials and other interested parties, in order to ensure that all who needed to be aware of the outcome of the assignment were properly informed. The feedback derived from the presentation would assist WHO, and would promote rapid national implementation.

In the past, many reports had been filed - and once filed they had been forgotten. The Regional Office had, as indicated, taken action to speed up the first response to the Government, the executive summary.

Advice was being sought from representatives of Member States regarding the type of government response that could be formalized, subsequent to receipt of an executive summary, recommendations and plan of action, to ensure that the Regional Office was aware of what type of implementation was envisaged, and of how WHO could assist.

What else, the Regional Director asked, could be done to get the maximum benefit from a report? To whom should it be sent? Should there be a regular meeting of heads of sections in Ministries of Health that would consider reports and follow up implementation? What could WHO do to assist with follow-up?

The representatives were invited to comment.

Discussion

The topic was welcomed as a subject for discussion, and it was stated that the proposals for improvement showed genuine concern on the part of WHO. It was believed that the present faster response would soon be seen to bear fruit, but it was agreed that follow-up was an essential item in ensuring proper utilization.

Reports, it was felt, should be considered at high level by national authorities, and senior executives should control implementation. Experience with a high-level committee in one Member State had already brought very positive results.

In response to a query regarding the time delay between a request by a Member State for an expert and his arrival in the country, the Regional Director pointed out that, in urgent cases, an expert could be obtained through WHO very quickly. But in cases where the problem was of long standing, or if a long-term plan was to be established, there could be no question of urgency. It would always be difficult to obtain consultants for several months and, for the Organization, the optimum situation was to plan assignments one year ahead.

On the subject of delays in finalizing reports, he stated that the rapid response using the executive summary had alleviated part of the problem. It was, however, certainly necessary to process reports carefully to ensure that they conformed with WHO policies and strategies, about which a consultant would not necessarily be informed in detail.

In response to statements that experts had come unasked, the Regional Director replied that, while it might have happened in the past, it could hardly happen in the future because of the cooperative mechanisms that had been established with Member States.

In summary, the Regional Director stated that he was satisfied that efforts being made to improve handling of assignment reports had met with a positive echo from Member States.

IX. CLOSING

IX-1. CLOSING STATEMENT*

The Vice-Chairman, Professor B. Jazbi, presiding, referring to the smooth conduct of the working, especially the discussions and approval of resolutions, stated that he was pleased to record his appreciation of the decision to make Arabic one of the main working languages of Sub-Committee A meetings. It had removed many obstacles to communication and facilitated the work of the meeting and the Chair. He particularly wished that the Regional Director's leading role in this transformation was put on record. He also observed that the Regional Director and his staff should be given every possible support in this regard.

Professor Jazbi concluded by expressing thanks to the Government of Tunisia for the excellent facilities provided and the warm hospitality shown to participants and the Secretariat. He also offered an appreciation of the work of the Chairman, H.E. Dr S. Lyagoubi Ouahchi, in conducting the work of the meeting.

IX-2. CLOSING SESSION

(Agenda item 18: resolution EM/RC31A/15)

Sub-Committee A adopted a resolution thanking H.E. the President of Tunisia and H.E. the Prime Minister for their personal engagement, and the Government and people of Tunisia for the generous hospitality and facilities afforded the meeting.

IX-2.1. Adoption of the Report

(Agenda item 18, document EM/RC31A/3/D, decision No.4)

Sub-Committee A considered the draft report, which was then adopted,

IX-2.2. Statement by the representative of Iraq

H.E. Dr S.H. Alwash, speaking on behalf of the Member States' delegations, expressed appreciation and admiration for the careful preparation and management of the meeting. He also expressed sincere gratitude to the Government and the people of Tunisia for hosting the meeting, and to the H.E. the President and H.E. the Prime Minister for their personal interest. He then paid a tribute to the Regional Director for all that he had done for the Region since taking office.

¹Statement made by the Vice-Chairman on 15 October 1984

IX-2.3. Messages of thanks

Messages of thanks to H.E. the President of Tunisia, H.E. the Prime Minister and H.E. the Minister of Health from the Director-General of WHO and the Regional Director were communicated to the meeting.

IX-2.4. Closing address

H.E. Dr Mazri Shakir, Minister of Civil Service Affairs and Administrative Reform, speaking on behalf of H.E. Souad Lyagoubi-Ouahchi, the Minister of Health, reminded the meeting of the great importance accorded to health by Tunisia and reaffirmed many statements made by H.E. the Prime Minister at the Inaugural Meeting.

He went on to point out that ignorance victimizes more people than disease, for many diseases are the result of negligence, through ignorance, of the elementary principles of hygiene, nutrition and good health practices. He emphasized the importance of primary health care and health education in breaking down such ignorance, and the importance of intersectoral cooperation in seeking proper solutions.

He praised the role of WHO, and stated that the Regional Committee meeting had shown that the Organization and its Member States comprehended the oft bitter realities and provided evidence of the collaborative struggle to better the lot of man and promote peace on earth. He thanked the Director-General for his participation in the work of the meeting, and paid tribute to the Regional Director for his devotion and dedication.

The meeting was closed.

X. RESOLUTIONS AND DECISIONS

The resolutions and decisions adopted by the Sub-Committee in the course of the session (resolutions EM/RC31A/R.1-R.15 and decisions 1-4) were as follows:

X-1. RESOLUTIONS

EM/RC31A/R.1 Report of the Regional Director to the
Thirty-first Session of the Regional Committee

The Sub-Committee,

Having reviewed the Annual Report of the Regional Director for the period 1 July 1983 to 30 June 1984;(1)

Appreciates the collaborative efforts between the Organization and Member States;

Welcomes the emphasis put in the report on the strategies for achieving the goal of Health for All by the Year 2000;

Endorses the concept that the most essential factor in the success of the strategy for Health for All by the Year 2000 is the institution of health systems infrastructures based on primary health care;

Reaffirms the commitment of Member States in the Region to work together to achieve the common goal and to facilitate technical cooperation amongst developing countries (TCDC);

Appreciates the outcome of the Joint Government/WHO Programme Review Missions and the in-depth reviews of country programmes as useful tools in programme implementation, monitoring and evaluation; and

Recognizing that the task of achieving the goal of Health for All by the Year 2000 requires the intensive and combined efforts of Member States and the Organization:

1. THANKS the Regional Director and the Secretariat for all the efforts made in support of primary health care and its components in the collaborative programmes between Governments and WHO;
2. REQUESTS the Regional Director to intensify these efforts particularly those related to the building of health systems infrastructures based on primary health care;

¹Document EM/RC31/2

3. URGES Member States and the Organization to continuously monitor implementation, and to carry out evaluation of the strategies for Health for All by the Year 2000;
4. FURTHER ENCOURAGES Member States who are more fortunate to continue to support primary health care programmes in their less fortunate sister countries;
5. COMMENDS the Regional Director on his relentless efforts to maximize activities and collaborative efforts between the Organization and Member States;
6. ENDORSES the Regional Director's comprehensive and clear report for the period 1 July 1983 - 30 June 1984.

EM/RC31A/R.2Proposed Programme Budget for the Eastern
Mediterranean Region for the Biennium 1986-1987

The Sub-Committee,

Having considered the Proposed Programme Budget for 1986-1987,¹

Noting that the Proposed Programme Budget conforms to the Seventh General Programme of Work, shows linkages with the medium-term programme for 1984-1989, and reflects national and regional priorities:

1. REQUESTS the Regional Director to transmit the Proposed Programme Budget as contained in document EM/RC31/3 to the Director-General for inclusion in his Proposed Programme Budget for 1986-1987.

EM/RC31A/R.3Reports of the Regional Consultative Committee

The Sub-Committee,

Having considered the reports of the Regional Consultative Committee²:

1. ENDORSES the reports of the Regional Consultative Committee;
2. COMMENDS the Regional Consultative Committee for the active role it played during its meetings;
3. RECOMMENDS that the Regional Consultative Committee continue to meet twice every year, one such meeting to take place prior to the meeting of the Regional Committee, and the timing of the other meeting to be decided upon by the Committee in consultation with the Regional Director;
4. REQUESTS the Regional Director to continue to ask the Regional Consultative Committee to discuss and make recommendations on all important matters intended to be put by the Regional Director for consideration by the Regional Committee during its annual meetings.

¹Document EM/RC31/3

²Document EM/RC31/5

EM/RC31A/R.4

Method of Work of the Regional Committee

The Sub-Committee:

1. REQUESTS the Regional Consultative Committee to continue to consider the method of work of the Regional Committee¹, and propose improvements as it considers necessary;
2. CONTINUES to encourage the convening of the Regional Committee in different countries of the Region;
3. RECOMMENDS that these meetings take place in the first week of October, starting on the Saturday, unless otherwise decided by the Regional Committee;
4. URGES Ministers of Health of Member States and senior officials of the Ministries of Health to attend the annual meeting of the Regional Committee, and to include members from other ministries when matters related to health and handled by such ministries are on the agenda of the Regional Committee;
5. FURTHER RECOMMENDS that the Technical Discussions shall continue to be held annually, during the session of the Regional Committee, and that the subject should relate closely to the attainment of Health for All by the Year 2000.

EM/RC31A/R.5

Joint Government/WHO Programme Review Missions

The Sub-Committee,

Having examined the report on the Joint Government/WHO Programme Review Missions²:

1. ENDORSES the value of such missions, and RECOMMENDS:
 - 1.1. that Joint Programme Review Missions continue to be undertaken every two years during the second year of a biennium;
 - 1.2. that Joint Programme Review Missions consider all important matters pertaining to collaborative efforts between Member States and the Organization pertaining to policy matters, programme budgeting, programme implementation and programme evaluation;
 - 1.3. that Member States representation at these missions should include top managers, technical staff, and responsible officials within the Ministry of Health, and from other ministries and departments as necessary;

¹Document EM/RC31/6

²Document EM/RC31/7

1.4. that Member States and WHO Representatives and Programme Coordinators assigned to Member States should prepare, well in advance, all the necessary information and documentation that will be required during these missions;

1.5. that WHO members of these missions undergo detailed and appropriate briefing by all Divisions in the Regional Office about activities, problems, constraints, and difficulties related to their programme areas in the different Member States.

2. FURTHER RECOMMENDS that the recommendations of these Joint Programme Review Missions constitute guidelines for Governments and the Organization for implementation, monitoring and evaluation of collaborative activities.

EM/RC31A/R.6

Participation of nationals in WHO meetings,
courses and training programmes

The Sub-Committee,

Having examined and discussed the document EM/RC31/12, submitted by the Regional Director,

Bearing in mind that the purpose of meetings, courses and training programmes is to develop the skills, notably in management, of a wide range of persons at different levels of responsibility:

1. URGES Member States:

1.1. to expedite nominations of nationals for attending WHO meetings and courses;

1.2. to nominate suitable nationals who could contribute to the proceedings of the meetings, as well as to programme development in the concerned area in their respective countries;

1.3. to facilitate the participation of nationals from sectors other than health in meetings of an intersectoral nature;

1.4. to make available services of nationals to act as consultants or temporary advisers to the Organization in the conduct of meetings and training courses.

2. REQUESTS the Regional Director to send detailed information about meetings and training courses proposed to be held during the coming biennium and criteria for selection of participants before the beginning of each biennium, and to ensure that working papers and documents are sent out to participants well in advance of meetings.

EM/RC31A/R.7

Review of progress in the implementation
of the strategies for HFA/2000

The Sub-Committee,

Having reviewed the report on the Regional progress in the implementation of the strategies for HFA/2000;¹

Reaffirming resolution WHA34.36 concerning the Global Strategy for Health for All, resolution WHA35.23 concerning the plan of action for its implementation, and resolution EM/RC30A/R.5 concerning the Regional monitoring of progress in the implementation of the strategies, according to which the report was prepared;

Recognizing that the commitment of Member States and the enhancement of mutual trust among them and between them and the Organization are essential for the effective implementation of the national and Regional strategies;

Recognizing that monitoring and evaluation are fundamental elements of the managerial process required for the implementation of the strategies;

Recalling with satisfaction that all Member States in the Region have submitted national reports on monitoring progress in implementing their strategies;

Being aware of the magnitude of the overall task and the relatively short period left to achieve the goal of health for all:

1. NOTES with satisfaction the progress achieved by Member States and by the Organization in the implementation of the national and Regional strategies, and the collaborative effort by the Organization in further clarifying the evaluation process and the preparation of the first national evaluation reports;

2. URGES Member States:

(1) to formulate a formal national strategy and plan of action for health for all if they have not yet done so;

(2) to accord the highest priority to, and assume full responsibility for, the continuing monitoring and evaluation of their strategies as part of their managerial process for national health development;

(3) to further strengthen the managerial capacity of their health systems, including the generation, analysis and utilization of the information needed;

(4) to use WHO's resources optimally, directing them to the mainstream of activities required to implement, monitor and evaluate the national strategies;

¹Document EM/RC31/8

(5) to observe the deadline for the submission of the first national evaluation report, not later than the end of March 1985;

3. DECIDES that:

(1) each Member State, after submitting its national evaluation report on or before March 1985, will receive from the Organization a standardized "country review" for clearance. The Organization will be entitled to assume that the "review" as sent to the Member State is final if no response is received within four weeks of the date of dispatch;

(2) the Organization shall have the right to request validation of any figures or data;

(3) the final decision as to whether one or more figures from published sources are to be quoted in relation to the Global or Regional Indicators is the responsibility of the Organization, after careful study of the various aspects and of any modifications necessitated by the need to provide comparable and compatible data;

(4) the list of diseases for in-depth review in the Regional Health Situation Report shall be limited to:

(a) the diseases under the International Health Regulations, as applicable to the Region (namely cholera, plague and yellow fever);

(b) the diseases under the International Surveillance, as applicable to the Region (namely malaria, typhus and relapsing fever);

(c) the six target diseases of the expanded programme on immunization (namely diphtheria, whooping cough, tetanus (with data on neonatal tetanus), poliomyelitis, measles and tuberculosis); and

(d) acute diarrhoeal diseases of children, viral hepatitis, meningitis and schistosomiasis;

4. REQUESTS the Regional Director:

(1) to follow up the formulation of strategies and plans of action by Member States which have not yet completed that process;

(2) to intensify technical cooperation with Member States in order to strengthen their managerial capabilities, including the establishment of a monitoring and evaluation mechanism and the related generation, analysis and utilization of supporting information;

(3) to ensure the provision of support to Member States for the implementation, monitoring and evaluation of their strategies, and for the preparation of the first national evaluation reports;

(4) to prepare, on the basis of these national evaluation reports, the Regional Health Situation Report, and submit it for review by the Regional Committee in its Thirty-second Session in 1985, before including it in volume two of the "Evaluation of the Strategy for Health for All by the Year 2000 - Seventh Report on the World Health Situation";

(5) to include in the Regional Health Situation Report an evaluation of the health situation among the Palestine population, in coordination with the Palestine Liberation Organization.

EM/RC31A/R.8

Health for All by the Year 2000
(Voluntary Fund - Eastern Mediterranean Region)

The Sub-Committee,

Referring to the report of the First Meeting of the Regional Consultative Committee;

Bearing in mind that it is of utmost importance to secure sufficient financial resources to assist Member States of the Eastern Mediterranean Region in the implementation of the strategies and plans of action for the achievement of the goal of HFA/2000, particularly for those activities associated with the eight essential elements of primary health care:

1. CONFIRMS the establishment of an account under the authority of the Director-General for such contributions;
2. ESTABLISHES that the following modalities shall govern the operation of this fund:
 - 2.1. the name of the fund shall be Voluntary Fund for Health Promotion - Special Account for Miscellaneous Designated Contributions (Health for All by the Year 2000 - Eastern Mediterranean Region);
 - 2.2. all contributions to this fund will be made on a voluntary basis;
3. DECIDES that:
 - 3.1. the contributions will be utilized to supplement national and WHO regular budget resources for programmes and projects falling within the eight essential elements of primary health care;
 - 3.2. Member States of the Region will submit proposals for inclusion in the programme budget to be financed from this account at time of preparation of the WHO biennial programme budget;
 - 3.3. in the light of funds available, the Regional Consultative Committee will review requests from Member States and will recommend to the Regional Director country programmes to be assisted from the account and the magnitude of such assistance in each case;

3.4. funds will be allocated by the Director-General for utilization by Member States upon endorsement by the Regional Director;

3.5. all contributions received will be deposited in the above designated special account;

3.6. the Regional Director will provide a report and a statement of account, showing the funds received and their utilization, to the Regional Committee every two years, at the time of consideration of the Regional biennial Proposed Programme Budget;

4. REQUESTS Member States, international and bilateral bodies, non-governmental organizations, other agencies and individuals to contribute generously and effectively to this fund.

EM/RC31A/R.9

Intersectoral collaboration in health development¹

The Sub-Committee,

Mindful of WHO's responsibility "to act as the directing and co-ordinating authority on international health work" (Article 2a of the Constitution) and "to establish and maintain effective collaboration with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate" (Article 2b);

Convinced that the goal of Health for All by the Year 2000 will only be achieved by active collaboration among health and health-related sectors;

Appreciating that some positive and successful collaboration between health and health-related sectors already exists;

URGES Member States:

1. to actively seek more positive collaboration between the health and health-related sectors at national level in pursuit of Health for All by the Year 2000;
2. to examine the extent to which intersectoral collaboration is being achieved in current health programmes and the degree to which sensible and appropriate mechanisms exist or need to be implemented to facilitate this;
3. to strengthen or establish appropriate national and local health collaborating and coordinating bodies with clearly defined duties, functions and powers which may include advising, planning, monitoring and evaluating intersectoral health matters;
4. to improve communications between the health and health-related sectors especially in respect of sharing important information;

¹Document EM/RC31/Tech.Disc.1

5. to promote and support appropriate multi-sectoral research and educational initiatives to include training in management skills which will enhance intersectoral collaboration;
6. to recognize and appreciate in appropriate ways those individual administrators and workers who strive to implement intersectoral collaborative activities consistent with Health for All by the Year 2000 through the primary health care approach;
7. to provide opportunities for participation of other appropriate sectors with health-related activities in WHO programming activities at Regional Office and country level;

REQUESTS the Regional Director:

1. to examine and strengthen the mechanisms for information-sharing with the countries, either directly or through WRCs;
2. to continue to implement joint budgeting between programmes and projects, with regular monitoring as an essential component;
3. to give preferential support to country level initiatives that have a strong intersectoral component and to continue to support non-health-sector programmes which are consistent with Health for All by the Year 2000 through the primary health care approach;
4. to advise and support governments in developing intersectoral collaborating mechanisms and systems in support of health at every level of their health service.
5. to study means of intersectoral collaboration to help those people living under exceptional conditions.

EM/RC31A/R.10

Basic Radiological System, the WHO approach
to better population coverage with diagnostic
radiology

The Sub-Committee,

Having considered the paper submitted by the Regional Director on WHO approaches to better population coverage with radiological diagnosis,

Considering that although more than half of the population of many countries live in rural areas, only about half of the rural hospitals have access to X-ray facilities, and realizing that such constraints mainly derive from the high cost of sophisticated equipment, which in turn requires fully trained technicians and a high standard of training for radiologists, none of which a rural hospital can afford,

Being aware that the majority of the health problems of rural populations are due to trauma and infectious diseases, that the treatment of these require radiological examination and that a simple X-ray procedure without loss of quality on relatively inexpensive equipment would satisfy 80% or more of the radiological needs of developed and developing countries,

1. AFFIRMS that the Basic Radiological System can serve to provide radiological diagnostic services at all levels of health delivery systems, requires little training for the operators and imposes little extra burden on the responsible authorities;

2. RECOGNIZES that the lack of adequate maintenance and scarcity of personnel and facilities for the repair of medical equipment results in considerable wastage of investment made for its procurement and seriously diminishes the effectiveness of both preventive and curative health services;

3. CONFIRMS its concern regarding over-exposure which may result from the misuse or abuse of the X-ray equipment and stresses the need to take all precautionary measures;

4. URGES Member States:

4.1. to promote, in every way possible, the use of the WHO Basic Radiological System (BRS) concept for better coverage of the population at all levels of health delivery systems, especially primary health care;

4.2. to promote the installation of WHO-approved BRS machines in the countries of the Eastern Mediterranean Region;

4.3. to support the training of operators for BRS machines, and in-service training of general practitioners to read the standardized radiographs produced by BRS machines;

5. REQUESTS the Regional Director:

5.1. to continue efforts to develop the Basic Radiological System in Eastern Mediterranean Region countries;

5.2. to provide manuals for operators and medical staff wherever possible in the national language;

5.3. to strengthen the development of maintenance and repair of medical equipment and to continue the support of the development of radiation protection services in Eastern Mediterranean Region countries.

EM/RC31A/R.11

Strengthening the role of women in
health and development

The Sub-Committee,

Having reviewed the Regional Director's Report on women, health and development¹,

Recognizing the contribution made by women towards the preservation and promotion of health, whether in their own families or as professional health care providers,

Emphasizing the growing role of women in the Region in implementing the strategies for achieving Health for All by the Year 2000:

1. THANKS the Regional Director for his report and his initiative in holding a Regional Workshop on "Women, Health and Development";

2. URGES Governments:

2.1. to strengthen their national health care systems, encouraging greater participation of women at all levels through policies providing opportunities for training women and benefiting from their abilities;

2.2. to include sex-differentiated data in statistical information related to health development;

2.3. to review and implement legislation relating to the welfare of working women, and of mothers and their children;

2.4. to assist the Organization in its efforts to collect information related to national mechanisms, governmental and voluntary, serving the welfare of women;

2.5. to make special efforts to protect groups of women identified as being at risk, due to biological and/or socio-cultural factors;

2.6. to facilitate the role of women as health care providers whether within the family, the community or as health professionals;

3. REQUESTS the Regional Director:

3.1. to collaborate with Member States and with the relevant agencies of the United Nations system in developing intersectoral programmes promoting the role of women;

3.2. to review the ongoing and planned WHO regional programmes ensuring wherever applicable the inclusion of components having particular relevance to women's roles in the attainment of Health for All by the Year 2000.

¹Document EM/RC31/10

EM/RC31A/R.12

Activities of the International Drinking
Water Supply and Sanitation Decade (IDWSSD)

The Sub-Committee,

Having considered the report of the Regional Director on progress made in the activities of the International Drinking Water Supply and Sanitation Decade (IDWSSD)¹,

Recalling resolution EM/RC30A/R.7 of October 1983 which endorsed the regional strategy for the Decade as a guide for Member States to achieve Decade objectives and which called for certain actions to be taken with regard to implementation of objectives of the International Drinking Water Supply and Sanitation Decade,

Considering the need to accelerate activities to achieve Decade goals:

1. THANKS the Regional Director for the report and the efforts made to promote and support the International Drinking Water Supply and Sanitation Decade since it was launched in 1981;
2. RECOMMENDS that more vigorous efforts be made to formulate national Decade policies and sound national Decade Plans, with realistic targets, that would emphasize complementarity of sanitation and water supply and that would focus on underserved rural and urban populations;
3. URGES Member States to expedite the formation of effective national action committees or other administrative mechanisms to provide the necessary coordination of Decade activities among sector agencies and the required linkages with primary health care in the context of Health for All by the Year 2000;
4. RECOMMENDS that Ministries of Health strengthen their environmental health divisions to enable them to assume a leading role in Decade promotion and in providing effective coordination between water supply and sanitation sector activities and those of primary health care;
5. URGES Member States to strengthen their data base and information systems and to respond more expeditiously to requests from WHO for information on sector activities required for global monitoring of Decade progress;
6. REQUESTS the Regional Director:
 - 6.1. to continue to collaborate with Ministries of Health and other concerned sectors in Member States in their efforts to promote Decade objectives;
 - 6.2. to continue to monitor and evaluate national Decade activities in response to World Health Assembly, Regional Committee and other pertinent Resolutions through the support of the Ministries of Health and other appropriate national agencies;

¹Document EM/RC31/9

6.3. to strengthen the Organization's technical cooperation with Member States concerning support programmes for promotion of Decade objectives;

6.4. to cooperate with Member States in identifying and formulating Decade oriented projects and programmes and in assisting them to secure external resources in support of these projects and programmes;

6.5. to continue efforts to establish the proposed Regional Centre for Environmental Health Activities (CEHA) in Amman.

EM/RC31A/R.13

Place and date of Sub-Committee A of the Regional Committee

The Sub-Committee,

Thanking the Government of Kuwait for its invitation to host the Thirty-second Session of the Regional Committee for the Eastern Mediterranean (Sub-Committee A), in 1985 in Kuwait,

A. DECIDES that the Thirty-second Session of Sub-Committee A of the Regional Committee will be held in Kuwait from Saturday, 5 October, to Tuesday, 8 October 1985; and

B. FURTHER DECIDES:

1. that the meeting of Sub-Committee A of the Regional Committee shall start on the first Saturday in October of each year;
2. that the venue for forthcoming meetings of Sub-Committee A of the Regional Committee shall be discussed by the Regional Consultative Committee, which shall thereupon make a recommendation to the Regional Committee.

EM/RC31A/R.14

Subject of Technical Discussions in 1985

The Sub-Committee,

Having considered the recommendations of the Regional Consultative Committee in its Second Meeting held in Tunis, 10-12 October 1984, in relation to the subject of the Technical Discussions during the Thirty-second Session of the Regional Committee for the Eastern Mediterranean, 1985,

DECIDES that the subject of the Technical Discussions shall be "Water, sanitation and health".

EM/RC31A/R.15

Vote of thanks

The Sub-Committee,

1. EXTENDS to H.E. President El Habib Bourguiba its most profound gratitude for his gracious audience to the Heads of Delegations;

2. FURTHER EXTENDS to H.E. the Prime Minister of Tunisia, Mr Mohamed Mzali, its warmest thanks for his most inspiring message;
3. THANKS SINCERELY the Government and the people of Tunisia for acting as host to the meeting and for the generous hospitality and facilities afforded to the delegations participating in the Session, which greatly contributed to its success.
4. WISHES the Government and people of Tunisia continued prosperity under the able leadership of H.E. President Bourguiba.

X-2. DECISIONS

1. Election of Officers

The Sub-Committee elected its officers as follows:

- | | |
|---|---|
| <u>Chairman:</u> | H.E. Dr Souad Lyagoubi-Ouahchi (Tunisia) |
| <u>Vice-Chairman:</u> | H.E. Professor Dr Basharat Jazbi (Pakistan)
H.E. Dr Hamad Abdul Rahman Al Madfa (United Arab Emirates) |
| <u>Chairman of Technical Discussions:</u> | Dr Jalal M. Aashi (Saudi Arabia) |

2. Adoption of the Agenda (Agenda item 3)

The Sub-Committee adopted the Agenda as amended (document EM/RC31A/1).

3. Resolutions and decisions of regional interest adopted by the Thirty-seventh World Health Assembly and by the Executive Board at its Seventy-third and Seventy-fourth Sessions (Agenda item 6, document EM/RC31/4)

The Sub-Committee reviewed and noted the decisions and resolutions of regional interest adopted by the Thirty-seventh World Health Assembly and by the Executive Board at its Seventy-third and Seventy-fourth sessions.

4. Adoption of the Report of Sub-Committee A (Agenda item 18: document EM/RC31A/3/D)

The Sub-Committee adopted its report, and requested the Regional Director to deal with it in accordance with the Rules of Procedure.

ANNEX I

A G E N D A

Sub-Committee A of the Thirty-first Session of
Regional Committee for the Eastern Mediterranean

1. Opening of the Session
2. Election of Officers
3. Adoption of the Agenda EM/RC31/1 Rev.2
4. Annual Report of the Regional Director to the
Thirty-first Session of the Regional Committee EM/RC31/2
5. Proposed Programme Budget for the Eastern
Mediterranean for the Biennium 1986-1987 EM/RC31/3
6. Resolutions and decisions of regional interest
adopted by the Thirty-seventh World Health
Assembly and by the Executive Board at its
Seventy-third and Seventy-fourth Sessions EM/RC31/4
7. Reports of the Regional Consultative Committee EM/RC31/5
8. Review of the method of work of the Regional
Committee EM/RC31/6
9. Report on the Joint Government/WHO Programme
Review Missions EM/RC31/7
10. Review of progress in the implementation of
the strategies of HFA/2000 and report on the
evaluation activities EM/RC31/8
11. Report on progress made in the activities of the
International Drinking Water Supply and Sani-
tation Decade (IDWSSD) EM/RC31/9
12. Transfer of the Regional Office for the
Eastern Mediterranean
13. Women, health and development EM/RC31/10
14. Technical matters
 - Basic Radiological System; the WHO approach
to better population coverage with diagnostic
radiology EM/RC31/11

15. Technical Discussions

- Intersectoral Collaboration in
Health Development

EM/RC31/
Tech.Disc.1

16. Place and date of the Thirty-second Session
of the Regional Committee, 1985
(Sub-Committee A)

17. Other matters

- (a) Subject of Technical Discussions in 1985
- (b) Participation of nationals in WHO meetings,
courses and training programmes
- (c) Reports deriving from country visits by
advisers and consultants

EM/RC31/12

18. Adoption of the report and closure of the Session

ANNEX II

LIST OF REPRESENTATIVES, ALTERNATES, ADVISERS
AND OBSERVERS TO SUB-COMMITTEE A

REPRESENTATIVES, ALTERNATES AND ADVISERS OF MEMBER STATES
OF THE WHO EASTERN MEDITERRANEAN REGION

AFGHANISTAN

Representative Dr Sayed Ahmad
Deputy Minister
Ministry of Public Health
Kabul

BAHRAIN

Representative H.E. Mr Jawad Salim Al Arayed
Minister of Health
Ministry of Health
Manama

Alternate Dr Ibrahim Yacoub
Assistant Under-Secretary for
Primary and Preventive Health Care
Manama

Advisers Dr Fawzi Ameen
Deputy Chief of Medical Staff
Health Centre Directorate
Manama

Dr Najeeb S. Jamsheer
Chairman, Radiology Department
Salmania Medical Centre
Manama

Advisers Mr Ismail Ebrahim Akbari
Head, International Arab and
Public Relations Office
Ministry of Health
Manama

Mr Nabil Rumsihi
Personal Secretary to the
Minister of Health
Minister of Health
Manama

CYPRUS

Representative Mr C. Vakis
Director-General
Ministry of Health
Nicosia

DEMOCRATIC YEMEN

Representative Dr Ali Obaid Sallami
Assistant Deputy Minister
for Pharmaceutical Affairs
Ministry of Health
Aden

Alternate Dr Abdullah Saleh Assa-Edi
Director, Evaluation and
Monitoring Health Programmes
Ministry of Health
Aden

DJIBOUTI

Representative H.E. Mr Ali Mohamed Abdo
Ambassador of Djibouti to Tunisia
Embassy of Djibouti in Tunis
Tunis

Alternate Dr Abbate Ebo Adou
Coordonnateur des Soins
de Santé primaires
Ministry of Health
Djibouti

EGYPT

Representative Dr Ibrahim Bassiouni
Under-Secretary for Development
and Research
Ministry of Health
Cairo

Alternate Dr Helmy Sayed Helmy
Director-General
Foreign Health Relations Department
Ministry of Health
Cairo

Adviser Mr Hussein Sirry
Egyptian Embassy in Tunis
Tunis

IRAN, ISLAMIC REPUBLIC OF

Representative Dr Alireza Marandi
Minister of Health
Ministry of Health
Teheran

Alternate Dr Hossein Malek Afzali
Under-Secretary for Health
Affairs
Ministry of Health
Teheran

Advisers Dr Parviz Rezai
Director-General, Communicable
Diseases Control and
Malaria Eradication
Ministry of Health
Teheran

Mr Mohammad Ali Abbassi Tehrani
Director-General, International
Relations Department
Ministry of Health
Teheran

Dr Hanid Sohrabpour
Chief, Labafi-nejad Hospital
Pasdaran Avenue
Teheran

Mr Saeed Ziba-Kolam
Director, International Organizations
Ministry of Foreign Affairs
Teheran

IRAQ

Representative H.E. Dr Sadek H. Alwash
Minister of Health
Baghdad

Alternate Dr Munther Abdul Razzak Al Najjar
Director-General of Health
Relations
Ministry of Health
Baghdad

Advisers Dr Saadoon Khalifa M. Al Tikriti
Professor of Community Medicine
Baghdad University
Baghdad

IRAQ (cont.)

Advisers (cont.) Dr Mohammad Naji Mukhlis
Ministry of Health
Baghdad

JORDAN

Representative Dr Suleiman Subeihi
Under-Secretary of State
Ministry of Health
Amman

Alternate Dr Hani Owais
Chief of Hospitals Department
Ministry of Health
Amman

KUWAIT

Representative Dr Ali Youssef Al Saif
Head, Division of International
Health
Ministry of Public Health
Kuwait

Alternate Dr Mansour Ibrahim Hassan Sarkhowa
Head, Family Health Training Unit
Ministry of Public Health
Kuwait

Advisers Mr Mohammad Fouad Tawfiq
c/o Ministry of Public Health
Kuwait

Mr Adel Al Haddad
Administrative Researcher
International Health Relations Department
Ministry of Public Health
Kuwait

LEBANON

Representative Mr Sami Kronfol
Ambassador of Lebanon
to Tunisia
Tunis
Tunisia

OMAN

Representative Dr Salim Bin Hamdan Al-Akhzami
Under-Secretary
Ministry of Health
Muscat

Alternate Dr Ahmed Bin Abdul Kader Al-Ghassany
Director of Preventive Medicine
Ministry of Health
Muscat

Adviser Dr Murtada Jaffar Al-Dawood
Director of Statistics, Planning
and Follow-up
Ministry of Health
Muscat

PAKISTAN

Representative Professor Dr Basharat Jazbi
Minister of Health,
Special Education and Social Welfare
Ministry of Health,
Special Education and Social Welfare
Islamabad

Alternate Mr Ashraf Qureshi
Chargé d'Affaires
Embassy of Pakistan
Tunis
Tunisia

QATAR

Representative H.E. Mr Khaled Mohamed Al Mana'a
Minister of Public Health
Doha

Alternate Dr Hajar Ahmed Hajar
Under-Secretary
Ministry of Public Health
Doha

Advisers Mr Ahmed Khalifa Al Asiry
Assistant Under-Secretary for
Administration and Financial Affairs
Ministry of Public Health
Doha

Mr Mohamed Ghuloom Abu Alfain
Director of Minister's Office
Doha

SAUDI ARABIA

Representative Dr Jalal Mohamed Aashi
Assistant Deputy Minister
for Preventive Medicine
Ministry of Health
Riyad

Alternate Dr Yacoub Al Mazroue
Director-General
Health Centres
Ministry of Health
Riyad

Advisers Mr Awad Awead Al-Khattabi
Acting Director International
Health Department
Ministry of Health
Riyad

Mr Nazmi Hassan Kutub
Secretary to H.E. Minister
of Health for International
Affairs and Conferences
Ministry of Health
Riyad

SOMALIA

Representative Dr Mohamed Ali Hassan
Vice-Minister of Health
Ministry of Health
Mogadishu

Alternate Mr Yasin Farah Ismail
Director of Planning Department
Ministry of Health
Mogadishu

Adviser Dr Ahmed Sharif Abbas
Responsible Officer
for Coordination with
International Agencies
Ministry of Health
Mogadishu

SUDAN

Representative Dr Mohamed Yousif El Awad
Under-Secretary
Ministry of Health
Khartoum

SUDAN (cont.)

Alternate Dr Zuhair Ali Nur
Director-General
International Health Relations
Ministry of Health
Khartoum

SYRIAN ARAB REPUBLIC

Representative H.E. Ghassoub Al-Rifai
Minister of Health
Damascus

Alternate Dr Moustafa Kamal Baath
Assistant Health Minister
Ministry of Health
Damascus

Adviser Dr Walid Haj Hussein
Director, International
Relations
Ministry of Health
Damascus

TUNISIA

Representative H.E. Dr Souad Lyagoubi-Ouahchi
Minister of Public Health
Ministry of Public Health
Tunis

Alternate Dr Mohamed Moncef Boukhris
Chargé de Mission
Ministry of Public Health
Tunis

Advisers Mr Mohamed El Fekih
Inspecteur général de la Santé
Ministry of Public Health
Tunis

Dr Taoufik Nacef
Directeur, Centre de Formation et de
Recherches pédagogiques
Ministry of Public Health
Tunis

Mme Jalila Daghfous
Directeur de l'Unité de
Coopération technique
Ministry of Public Health
Tunis

TUNISIA (cont.)

Advisers (cont.)

Mr Sadok Atallah
Directeur de l'Hygiène et de la
Protection de l'Environnement
Ministry of Public Health
Tunis

Dr Ridha Chadi
Directeur des Soins de
Santé de Base
Ministry of Public Health
Tunis

Mme Radhia Moussa
Chargée de Mission
Ministry of Public Health
Tunis

Mme Naziha Cheikh
Ministère de la Famille et de la Promotion
de la Femme, Santé et Planification
Ministry of Public Health
Tunis

Dr Hassan El Akeba Gharbi
Professeur, Faculté de Médecine
Chef du Service de Radiologie
Institut national de Santé de
l'Enfance
Tunis

Dr Hachmi Saied
Inspecteur Général
Ministry of Health
Tunis

UNITED ARAB EMIRATES

Representative

H.E. Dr Hamad Abdul Rahman Al Madfa
Minister of Health
Abu Dhabi

Alternate

Mr Eid Khamis Al Muhairy
Director of International Health
Ministry of Health
Abu Dhabi

Advisers

Dr Abdul Moneim Mohamed
Manager, EPI
Ministry of Health
Abu Dhabi

UNITED ARAB EMIRATES (cont.)

Advisers (cont.) Mr Ahmed Ali Al-Fardan
 Director of Pharmacies and
 Supplies
 Ministry of Health
 Abu Dhabi

YEMEN

Representative H.E. Dr Mohamed Ahmed Al-Kabab
 Minister of Health
 Ministry of Health
 Sana'a

Alternate Dr Mohamed Hajar
 Director-General,
 Health Administration Affairs
 Ministry of Health
 Sana'a

Advisers Mr Khaled Al-Sakkaf
 Director-General, International
 Health Relations
 Ministry of Health
 Sana'a

 Mr Ahmed Al-Mouadhen
 Secretary to the Minister
 of Health's Office
 Ministry of Health
 Sana'a

OBSERVERS OF THE PALESTINE LIBERATION ORGANIZATION
(invited in accordance with resolution WHA27.37)

PALESTINE LIBERATION ORGANIZATION

Observers Dr Fathi Arafat
 President
 Palestine Red Crescent Society
 64-El Thawra Street
 Palestine Hospital
 Heliopolis
 Cairo
 Egypt

 Dr Eemad Tarawiya
 Central Medical Services Officer
 Palestine Hospital
 Cairo
 Egypt

PALESTINE LIBERATION ORGANIZATION (cont.)

Observers (cont.)

Ms Hadlah Ayoubi
Director, Public Relations
Palestine Red Crescent Society
Athens
Greece

Dr Bechir Ismail Al Sannwar
Pharmaceuticals Affairs Officer
Palestine Red Crescent Society
Tunis
Tunisia

REPRESENTATIVES OF UNITED NATIONS ORGANIZATIONS

UNITED NATIONS

Dr H.J.H. Hiddlestone
Director of Health and
WHO Representative
United Nations Relief and Works Agency
Vienna

UNITED NATIONS CHILDREN'S FUND (UNICEF)

Mr Victor Soler-Sala
Regional Director
UNICEF Regional Office for the
Middle East and North Africa
Amman

Mr Mohammed Hassan Darwish
Regional Planning Officer
UNICEF Regional Officer for the Middle East
and North Africa
Amman

Ms Nefissa Zerdoumi
UNICEF Resident Programme Officer
Tunis

UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)

Mr C. Wijnen
Deputy Resident Representative
United Nations Development Programme
Tunis

UNITED NATIONS RELIEF AND WORKS AGENCY
FOR PALESTINE REFUGEES IN THE NEAR EAST (UNRWA)

Dr H.J.H. Hiddlestone
Director of Health and
WHO Representative
United Nations Relief and Works Agency
Vienna

REPRESENTATIVES AND OBSERVERS OF INTER-GOVERNMENTAL,
NON-GOVERNMENTAL AND NATIONAL ORGANIZATIONS

LEAGUE OF ARAB STATES

Dr Ibrahim El Saad El Ibrahim
Assistant Secretary-General
League of Arab States
Tunis
Tunisia

Dr Farouk El Gerbi
Director, Department of Health and
Environmental Department
League of Arab States
Tunis
Tunisia

Dr Bilal Samara
Department of Health and Environmental
Affairs
League of Arab States
Tunis
Tunisia

SECRETARIAT GENERAL OF HEALTH FOR THE
ARAB COUNTRIES OF THE GULF AREA

Dr Jalal M. Aashi
Secretary-General
of Health
Secretariat General of Health for the
Arab Countries of the Gulf Area
Riyad
Saudi Arabia

**ARAB COMPANY FOR DRUG INDUSTRIES AND MEDICAL
APPLIANCES (ACDIMA)**

Dr Muwaffak J. Haddadin
Director-General
Arab Company for Drug
Industries and Medical Appliances
Amman
Jordan

WORLD FEDERATION FOR MEDICAL EDUCATION

Professor Raif Nassif
Professor of Laboratory Medicine
American University Hospital
P.O. Box 113-6044
Beirut
Lebanon

**WORLD FEDERATION OF PROPRIETARY MEDICINE
MANUFACTURERS (WFPMM)**

Dr Karlheinz Reese
Director-General
World Federation of Proprietary
Medicine Manufactures
Bonn
Federal Republic of Germany

**INTERNATIONAL COMMITTEE OF MILITARY MEDICINE
AND PHARMACY (CIMPM)**

Dr Mohamed Moncef Ben Moussa
Directeur de la Santé militaire
Ministère de la Défense nationale
Tunis
Tunisie

THE SAUDI FUND FOR DEVELOPMENT

Mr Abd-rahman Al Sehibani
Director-General
for Economical Research
and Studies
Saudi Fund for Development
Riyad
Saudi Arabia

Mr Ibrahim Al Mofleh
Specialist in Economics
Saudi Fund for Development
Riyad
Saudi Arabia

ANNEX III

VOTING ON DELETION OF PROPOSED AGENDA ITEM:
"HARMFUL EFFECTS OF CHEMICAL WEAPONS"

In favour:

AFGHANISTAN
BAHRAIN
CYPRUS
DEMOCRATIC YEMEN
DJIBOUTI
EGYPT
IRAQ
JORDAN
KUWAIT
LEBANON
OMAN, SULTANATE OF
PAKISTAN
QATAR
SAUDI ARABIA
SOMALIA
SUDAN
TUNISIA
UNITED ARAB EMIRATES
YEMEN

Against:

IRAN, ISLAMIC REPUBLIC OF

Abstention:

SYRIAN ARAB REPUBLIC

"IN THE NAME OF GOD, THE COMPASSIONATE, THE MERCIFUL"

ANNEX IV

Address by

DR HUSSEIN A. GEZAIRY
REGIONAL DIRECTOR

to

SUB-COMMITTEE A
OF THE THIRTY-FIRST SESSION OF THE REGIONAL COMMITTEE
FOR THE EASTERN MEDITERRANEAN

Tunis, Tunisia, 13 to 16 October 1984

Your Excellency Mr Mohamed Mzali, Prime Minister,

Your Excellencies, Honourable Representatives, Colleagues, Ladies and Gentlemen,

It is a great pleasure, I am sure for all of us, to be in this beautiful and hospitable country for this meeting of Sub-Committee A of the Thirty-first Session of the Regional Committee for the Eastern Mediterranean.

It is my agreeable task and an honour to express, on behalf of all of you, and on behalf of your Organization, our gratitude and great appreciation to the Government of Tunisia for hosting this session, and for providing all the necessary facilities and arrangements for the smooth conduct of the meeting.

We are honoured indeed by the presence of H.E. The Prime Minister, who has kindly agreed to inaugurate the meeting despite a busy schedule. On behalf of all of us here, I wish to thank you, Your Excellency, and to convey, through you, to His Excellency President El Habib Bourguiba, and to the Government and people of the Republic of Tunisia our thanks and appreciation on this festive occasion. I also take this opportunity to congratulate Her Excellency Dr Souad Lyacoubi-Ouahchi on her appointment as Minister of Health and to wish her all success in her endeavours for health development in Tunisia.

In the name of all present, I also wish to welcome and thank Dr Halfdan Mahler, Director-General of the World Health Organization, for attending this meeting, and for all his relentless efforts, encouragement and visionary devotion to the promotion, development and advancement of international cooperation and collaboration in health. His wisdom, able leadership and friendly relationships with all Member States of our Organization have gained him the confidence, respect and trust he so well deserves.

Your Excellencies, Ladies and Gentlemen,

Let us now take stock of our achievements, constraints, difficulties and failures during the past year. It is indeed gratifying and pleasing to realize that the endeavours of the Member States of the Region and the Organization are bearing fruit. I personally feel that we are standing on firmer ground as time passes and that we are moving closer towards the goal of Health for All by the Year 2000. This is not mere optimism on my part - although I am an optimist by nature; nor is it because I would like to paint a rosy picture and take your minds away from the realities of the situation. I know that, in our endeavours to promote health and a better quality of life for the people of our Region, we all - Member States and WHO - have encountered and will continue to encounter many difficulties, will face intense opposition from different quarters, and will have to struggle with scant financial and human resources. But our joint efforts to overcome these constraints and to seek innovative solutions to them will and must continue. Progress may be slow, but with your determination, commitment and the help of God we will, I believe, move hand in hand, at a steadily increasing pace, towards the achievement of our noble goal.

I shall now touch on a few of the salient features and important milestones in the collaborative efforts between WHO and the Member States of the Region. The Regional Consultative Committee, established by you during the last session of the Regional Committee was constituted and has met twice during the last year. The Committee has been of great assistance to me, and it has played a valuable role in reviewing and making pertinent recommendations about the method of work of the Regional Committee, the proposed programme budget, the follow-up of implementation of the strategy for HFA/2000, continuing education, the theme for the Technical Discussions, the creation of a Regional Voluntary Fund for Health Promotion, and many other matters relating to the delivery of our collaborative programmes. The second meeting of the Committee took place immediately before the commencement of this meeting of Sub-Committee A.

You are all fully aware and have all been involved in the activities of the Joint Government/WHO Programme Review Missions to Member States of the Region. I hope you share with me my great satisfaction regarding the outcome of these missions. I am grateful to all of you for giving your full support to the missions by nominating the most senior staff members of your Ministries to work with their WHO colleagues, by following closely the progress of their deliberations, and by eventually endorsing their recommendations. The close and frank dialogue between the Organization and its Member States during these missions, and the recommendations arising from them, have proved to be a useful guide to us in optimizing the utilization of our limited resources in support of national health programmes. The reports of these missions have served as a charter for fruitful collaboration between Member States and the Organization. Both the Organization and Member States have used the reports of these missions to clarify issues and to follow up implementation of their collaborative activities. I will, therefore, comply with your collective wish and recommendation that such missions be launched every two years in order to take stock of a biennium coming to an end, to prepare detailed programmes and plans of action for the biennium to come and to specify broad guidelines and policy directions

for the biennium to follow. At the beginning of 1985, I shall negotiate with each Member State in the Region the most appropriate dates, composition, terms of reference and duration of these missions. I shall do my best to prepare well for these missions and to select the most suitable and capable staff members of the Organization to support you, having no doubt that your responses will match and even surpass mine.

Closely related to the Joint Programme Review Missions were the in-depth reviews of programme delivery and implementation carried out at the Regional Office for certain Member States, which have so far included Democratic Yemen, Pakistan, Somalia and Yemen. This is an exercise undertaken by the WHO Representative and Programme Coordinator in a Member State with the Programme Directors and Regional Advisers concerned. The purpose of these reviews is to discuss and follow up all the planned activities for implementation of the collaborative programme and to ensure optimal use of the WHO resources available to the country. Each programme area is examined in great depth and detail with the intention of overcoming difficulties and constraints and of enhancing promotive and favourable factors and conditions.

In addition to the aforementioned review activities, I have personally followed up with each government the implementation of the resolutions of the last meeting of Sub-Committee A of the Regional Committee. I shall continue these activities - to ensure the maximum possible implementation and outcomes from our collaborative programmes with countries.

During the year, preparations have been taking place in Member States for initiation of the process of evaluation of their national strategies for Health for All by the Year 2000. Focal points had been identified in all Member States, and a workshop for discussing the Common Framework and Format for Evaluation was held during August 1984 in Cyprus. The Framework and Format had also been tested in two countries of the Region, Kuwait and Yemen, and the results of their experience are available here for all Member States wishing to refer to and benefit from it. At this juncture, I wish to emphasize that this is your evaluation of your national strategies for HFA/2000. It is a continuous process and needs to be part of your managerial process for national health development. Your Organization will stand ready to provide you with the necessary support to initiate the process and prepare the reports on the evaluation which, as you know, are due by March 1985. We are looking forward to receiving your comprehensive, scientific and sound evaluations of your national strategies in order that we can work together on an even firmer basis than at present to make the necessary progress towards our common goal.

It was in the light of the recognized need to develop and upgrade managerial capabilities at country level and in the Organization that we have organized, in this Region, intensive training in the managerial process for national health development, for senior national staff of both Ministries of Health and other ministries in Member States, as well as for WHO staff members in the Regional Office and in the field. Two intercountry workshops, in Riyadh and Damascus, and two national workshops, in Khartoum and Amman, were completed successfully during the last year, and more are planned. All Member States have by now had a

chance to send at least one or two senior planners and managers to these workshops. I fully realize that the availability of good and well trained health planners and managers is one of the weakest areas both within the WHO secretariat and in Member States. Having trained a "critical mass" of senior nationals and WHO staff in managerial process, it should now be possible for Member States to give a greater impetus to further training in management and planning at all levels of their health systems. I hope that our joint efforts in this direction will continue to gain momentum in order to meet national needs as soon as possible.

Your Excellencies, Ladies and Gentlemen,

I shall now turn to the tasks ahead of us during the coming year. As you know, in our Region, civil strife, wars and instability continue to take their toll - bringing death and destruction, misery and suffering, destitution and poverty, and wasting badly needed human and material resources. Natural disasters in the form of earthquakes, drought, and infestations in some countries of the Region have added to the gravity of the situation.

Under these circumstances, and while racing against time in our joint efforts to achieve the goal of HFA/2000, to which all Member States are committed, my plea to you all attending this meeting is to work, hand in hand with your Organization, towards Health for All.

In spite of all the difficulties, it is very fortunate that a spirit of cooperation and collaboration still prevails in this Region, where the more fortunate Member States willingly stretch out their hands to assist, financially and in other ways, their less fortunate sister countries. In this spirit, I sincerely hope that all Member States will contribute generously to the Regional Voluntary Fund for Health Promotion, proposed by the Regional Consultative Committee for your consideration at this session.

We are very swiftly approaching the year 2000; I, therefore, appeal to you to spare no effort or moment of time in making available every possible resource to help achieve Health for All by the Year 2000 for the people of our Region.

Your Excellencies, Ladies and Gentlemen,

As can be seen from the Agenda for this Session of the Committee, there are several important matters that have been put forward for consideration. I am confident that, despite the full Agenda, representatives, with their combined wisdom, sense of commitment and responsibility, should be able to fulfil the tasks successfully.

This year an important and urgent item for consideration is the programme budget proposals for the 1986-1987 biennium, it being the second biennium of the Seventh General Programme of Work (1984-1989). This Proposed Programme Budget has been worked out very closely with Member States, taking into consideration their national goals, objectives and targets for achieving Health for All, as well as their priority health problems, in particular their approaches to building a health system infrastructure based on primary health care. The main guidelines

for the Proposed Programme Budget were discussed during the Joint Government/WHO Programme Review Missions, during individual meetings between Government representatives and myself, as well as by Regional Office staff visiting Member States. The WHO Representatives and Programme Coordinators were also put at the disposal of their countries of assignment to assist them in all possible ways in the preparation of country proposals.

Representatives will also be able to consider during the session the report of the Regional Consultative Committee, whose recommendations pertaining to the Proposed Programme Budget, the creation of a Regional Voluntary Fund for Health Development and the topic of the Technical Discussions for the Thirty-second Session of the Regional Committee are being put forward as separate agenda items for your consideration.

I earnestly look forward to benefiting from the views and experience of the representatives during the discussions on all the important matters on our agenda, which will serve to guide our future collaborative efforts.

Your Excellencies, Ladies and Gentlemen,

Let me, in conclusion, reiterate my thanks and appreciation to H.E. President Bourguiba, and to the Government and people of Tunisia for their kindness and hospitality in hosting our meeting, and I wish the representatives fruitful deliberations and an enjoyable stay in this beautiful city and in Tunisia. May God bless you all.

ANNEX V

Address by

DR H. MAHLER
DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION

to

SUB-COMMITTEE A
OF THE THIRTY-FIRST SESSION OF THE REGIONAL COMMITTEE
FOR THE EASTERN MEDITERRANEAN

Tunis, Tunisia, 13 to 16 October 1984

OPPORTUNITIES FOR HEALTH FOR ALL

Mr Chairman, Excellencies, honourable representatives, ladies and gentlemen, colleagues and friends,

Nineteen hundred and eighty-four

1. I am very happy to be with you again in a reunited committee. Last year I had the pleasure of welcoming you back into the fold of WHO's regional arrangements as fully cooperating partners. This year I hope you will agree with me that our motto should be "health business as usual". I realize of course how difficult that is in practice under the present circumstances in the Region. Yet we in our own way can do much to ease those tensions through cooperative efforts to improve the health of people in all countries - an act whose humane dimension must transcend all other considerations. And by "we" I mean the Member States of WHO as a whole and you in the Eastern Mediterranean Region as an important part of that whole.

2. Yes, honourable representatives, for WHO's Member States 1984 is a year of opportunities marked by four major events. These are the start of the evaluation of the strategies for health for all, the gathering momentum of the Seventh General Programme of Work, preparations for the programme budget for the biennium 1986-1987 and the progressive introduction of the new managerial arrangements for the optimal use of WHO's resources by Member States.

Evaluating strategies for health for all

3. I shall start with the evaluation of your strategies for health for all. Are you really building up new health systems or modifying existing ones as envisaged in the Global Strategy for Health for All?

Are you expanding the coverage of your population with primary health care as the main focus and with the rest of the health system supporting it, and are you expanding the range of care you are providing?

4. These are the kind of fundamental questions that have to be answered fearlessly, and the obstacles to achieving positive answers identified clearly, if you are to be enabled to take the necessary remedial action. It will not help us to hide the real situation from ourselves, and it will not be of much use identifying obstacles to progress if we do not take the necessary action to overcome them. For, strange as it may sound, revealing obstacles can be a most useful way of identifying opportunities for achieving our desired goals. That is what I meant when I remarked to the Health Assembly this year that evaluation must be used as a springboard for action and not as a mere exercise in history.

Seventh General Programme of Work

5. We learned years ago that one of the main obstacles to attaining the goal of Health for All by the Year 2000 is the weakness of the health infrastructure in most countries. In some, there are far too few suitably trained health workers, inadequate health facilities, and not enough joint action for health and development of the health sector and other social and economic sectors. In others, there is often irrational training and irrational use of health workers, wasteful overlapping of the care provided by health facilities, and unrelated action by a whole host of sectoral agencies whose activities can strongly affect health both positively and negatively.

6. Indeed, it was the recognition of these obstacles that gave rise to the opportunity to overcome them by setting forth in the Global Strategy for Health for All the principles on which to build up sound health systems based on primary health care. And it was the preparation of the Seventh General Programme of Work that gave rise to the opportunity of reaching a worldwide consensus that, in the years to come, WHO must make powerful efforts to support its Member States in building up the infrastructures of their health systems and in taking up the slack in existing ones.

7. I can only recommend you to take the opportunity of rereading the Seventh General Programme of Work. Even if you forego its details, it is worthwhile recalling the principles that run through it, because these are valid, not only for WHO support to your strategies, but for your very strategies themselves. These principles for building up national health systems emerged as a consensus at Alma-Ata six years ago. They involve planning and carrying out primary health care systematically until all the population has access to motivated health workers who are adequately trained, equipped and supplied to carry out their duties. They involve support by succeeding levels of the health systems infrastructure and by other social and economic sectors as required. They involve the delivery by the health infrastructure of health technology that is appropriate for the country. To do that requires identifying appropriate technologies, generating them when they do not exist, and seeking social and behavioural measures to support or supplant technical measures. Above all, building up health systems in this way involves people, so that it is they who, in the final analysis, shape and control

the country's health system; after all, it is theirs. Daunting? Yes, but worthwhile struggling for, because that, I humbly submit, is the shape of health systems to come - well before the year 2000 I hope.

8. Your Seventh General Programme of Work may seem an obstacle to the freedom of choice, but I am convinced that it offers you a golden opportunity to reshape your health systems in ways you agreed to collectively. Identifying obstacles to doing that can at the same time reveal opportunities to channel your own resources along the right lines, and, for many of you, to channel substantial resources along those lines from external partners. The history of developmental efforts over the past 20 years has clearly shown the utter futility - more than that, the counterproductivity - of fragmented activities undertaken in developing countries by well-meaning but misguided development agencies. These activities have often eaten up the energies of limited human resources in the developing countries and they have limited the breadth of vision of the staff of development agencies and thus of the agencies as a whole.

Programme budget proposals for 1986-1987

9. WHO has unfortunately not been an outsider to this state of affairs. I sincerely hope I am wrong, and if I am, surely this should be revealed in the programme budget proposals for 1986 and 1987 that you are about to debate, and that, once you have endorsed, you will be submitting to your Director-General before I make final proposals to the Executive Board and the World Health Assembly. Are you using WHO's resources to build up your health systems along the lines I have just referred to, or are you still making requests for WHO projects in your country, and for gap-filling equipment and supplies or scarcely relevant fellowships?

10. One of the most disturbing facts that came to light in the recent first attempt at monitoring the Strategy for Health for All was that most countries do not know how their resources for health are distributed. They do not know how much goes to primary health care and how much to the rest of the health system, and they certainly do not know how resources are used by the different sectors in ways that affect health. Nor is it always clear how health services are financed and how much people are able and ready to pay to protect and restore their health. Unless we know all that, how can we make wise programme budget decisions? So here is another obstacle that can become an opportunity, an opportunity to make serious efforts to clarify just how and where and when and why we are spending on health, and who is doing the spending, as a first step to putting right what is wrong. We have in our collective policies and strategies for health for all sufficient indications as to what is right, so it should not be so difficult to reveal what is wrong with a view to putting it right. Will governments have the courage to do that and to act accordingly? Here is surely an area in which it would be highly justified to use WHO's resources in your country.

11. Please remember, you are entitled to draw on WHO's human resources to the maximum of its capacity, no matter where these resources reside - in your own country, at intercountry or regional level, in other regions, or at global level. Just look at the vast potential of the forces concentrated here for this Regional Committee! And just imagine the effect of bringing to bear equally mighty forces from other parts of the

world to cooperate with you in your efforts! This WHO universality offers all of you vast opportunities for fruitful cooperation, if only the Regional Committee and the Regional Office which serves it know how to exploit them. If you do not exploit them, whether from lack of knowledge that you are entitled to do so or lack of desire for whatever reason, you will with your own hands convert an opportunity into an obstacle. Remember, to make the most of resources it is necessary to display resourcefulness.

New managerial arrangements

12. It is the display of this kind of resourcefulness by you and by your Secretariat that is needed to make the most of the new managerial arrangements for technical cooperation between you and your WHO. After all, these new arrangements aim at making optimal use of WHO's Seventh General Programme of Work in support of national strategies for health for all. Last year I outlined how they should work inside your countries and, in particular, how you can make the most of your responsibilities for WHO's resources through careful continuing dialogue with your Secretariat. And by dialogue I do not mean expecting WHO staff to endorse all and any proposals. I was very glad to learn of the dialogues each and every one of you has been holding with your Regional Director and his staff, and I would beg of you to accept WHO as your sincere and intimate partner in health so that it can help you to solve your health problems within the boundaries of collectively agreed policies.

13. If you have identified through joint policy and programme reviews what is needed from WHO in your country in the way of technical, administrative and financial support, as well as what is needed to facilitate intercountry cooperation, if you have identified all that, the question that then has to be tackled is how these needs will be provided promptly, efficiently and effectively. To do that at the regional level requires the ability to view WHO's cooperation with each one of your countries as a whole and to bring to bear on the spectrum of your needs all the supportive action that is required, whether that is technical, administrative or financial. And to do that in a well-coordinated way requires the capacity to focus a multiplicity of disciplines on solving your problems with you. It requires insight to seize possibilities for facilitating cooperation between groups of countries, either within the Region or in neighbouring or even distant regions. It requires the ability to muster the most suitable technical expertise and the support of other sectors wherever that exists, inside and outside the Region. Yes, even from WHO's headquarters in Geneva!

14. Is all that asking too much of your staff in the Region? I think not. I realize that these new arrangements may be giving rise here and there to feelings of insecurity, and even deep anxiety in case technical cooperation degenerates into hand-outs of WHO's funds for indiscriminate use by Member States. May I remind you that the same sentiment surfaced when the World Health Assembly in 1976 adopted resolution WHA29.48, which demanded the transfer of massive resources from headquarters for direct technical cooperation with countries. The fears were dissipated when a new programme budget policy was defined to make sure that those massive resources would really bring benefit to Member States and would not be

used as mere ephemeral palliatives. I have the feeling that, by the same token, we now need a clear statement of programme budget policy for the support of the Regional Office to Member States in the light of the new arrangements for cooperating with them. What is more, I also feel that the time has come for you, together with your Regional Director, to monitor seriously the way WHO's resources are being used in accordance with the new managerial arrangements. I intend to do just that throughout the whole Organization, but I am sure my assessment would be greatly enhanced if you participated properly in the process.

15. Quite apart from the intrinsic need to ensure that your Organization's resources are used most effectively and efficiently to support you in reaching the goal of health for all, quite apart from that, I have to admit that there is another pressing reason for monitoring how our resources are being used. As I told the Health Assembly this year, WHO has not been spared the growing criticism of the United Nations system - criticism over alleged irrelevant undertakings, overlapping of efforts, excessive bureaucracy and poor management of resources. If we do not use our resources to the best advantage, the technical cooperation component of our regular programme budget could be criticized out of existence. After all, we are the only specialized agency to have such a component in our Regular Budget. If we are deprived of that it could mean the end of our regional arrangements, for this is the mainstay of our technical cooperation with Member States. Yes, honourable representatives, it could mean for all practical purposes the end of our regional committees and our regional offices, or at least of the kind of regional committees and offices we have today. To avoid that we must certainly make sure that we are using our resources optimally and to do that we must use them in such a way as to ensure compliance with collectively agreed policy in order to reach our common goal.

16. I can well understand that for those who have grown accustomed to WHO working under other conditions, these newer ways of cooperating and joint monitoring of cooperation may seem a dreadful obstacle, but I humbly submit that they are an unusual opportunity to rise to the challenge of this closing period of the Twentieth Century by displaying a new blend of health expertise, for it is nothing less than that, and flourishing professionally and personally in the process. I am convinced that at this juncture these ways of cooperating are the proper interpretation of our Constitution concerning relationships between WHO and its Member States. I shall therefore continue to put all my weight behind them and I know that your Regional Director will do no less. So I would beg of you, honourable representatives, to fulfil your constitutional role with respect to the work of the Region and to make sure that all Member States, all of you, obtain the kind of support from WHO that you are entitled to and which the new arrangements have been devised to supply you with.

17. At the risk of repetition, may I remind you that you are entitled to support from your Organization as a whole and not just from its regional component. In the same manner, you are accountable to your Organization as a whole and not just to its regional component. Regional self-reliance is most certainly not the same as regional autonomy; that was never envisaged in WHO's Constitution. Being part of a whole is not

an obstacle; it offers unique opportunities. These opportunities include placing at the disposal of every single one of you the collective policies and wisdom of all WHO's 164 Member States. They also include strengthening you with the tremendous political and moral force that your Organization has acquired over the years. So I can only advise you to avail yourselves of every opportunity to use the weight of that force in your country in order to ensure that your Government as a whole and your people as a whole understand what you are trying to do to achieve health for all with them and for them.

Worldwide solidarity for health for all

18. It may sound paradoxical, but those of you who may feel that you need WHO support least are the ones that are in the best position to make most use of it. There exists a terrible danger that our Strategy for Health for All will join the ranks of other initiatives that started with bright hopes for better social justice in their area of concern, only to lead to those who had much having more and those who had little having less. You can prevent that from happening, honourable representatives, by displaying solidarity among yourselves to ensure that the weaker are supported by the stronger. As I have said on innumerable occasions, history has shown that such solidarity is not so much a manifestation of charitable altruism as of enlightened self-interest. I realize that some of you may consider the added responsibility of ensuring that all peoples reach the goal of health for all by the year 2000 as an obstacle to your people reaching it. But if you bear in mind the moral imperatives that gave rise to the very concept of health for all and that inspired the attempt to materialize it, if you bear that in mind, I am sure you will come to consider this apparent obstacle as an added opportunity to work together both inside and outside the Region. If you do that, you will derive added strength to carry out even more energetically your health strategies inside your own countries.

19. Mr Chairman, honourable representatives, last year I called the movement towards health for all a marathon race, riddled however with obstacles. I hope I have been able to convince you that, by identifying these obstacles and clarifying their nature, they can be converted into unusual opportunities. So let us lose no opportunity to clear away the obstacles in order to arrive at our target together. We can do that if we apply the might of WHO as one united organization. If we do so, I have no doubt that we shall reach the finishing line at a steady pace and with a light heart.

Thank you.