EM/RC32/13

REPORT OF THE THIRTY-SECOND SESSION OF THE REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN
1985

WORLD HEALTH ORGANIZATION
Regional Office
for the Eastern Mediterranean

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المكتب الإقليمي
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ORGANISATION MONDIALE DE LA SANTE
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REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN

Thirty-second Session (1985)

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REPORT OF THE THIRTY-SECOND SESSION OF THE REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

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I. INTRODUCTION

The Thirty-second Session of the Regional Committee for the Eastern Mediterranean met at the World Health Organization, Geneva, from 7 to 10 October 1985. Meetings were held in the Executive Boardroom. The Technical Discussions on "Water, Sanitation and Health" were held on Wednesday, 9 October 1985.

The following Member States were represented:

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

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

The Session was also attended by representatives of the United Nations Children's Fund (UNICEF), the United Nations Economic Commission for Western Asia (ECWA), the United Nations Relief and Works Agency for Palestine Refugees (UNRWA), the League of Arab States, and by observers from the Palestine Liberation Organization, as well as representatives and observers from inter-governmental, non-governmental and national organizations (Annex II).

II. OPENING OF THE SESSION

II-1. OPENING
(Agenda item 1)

The proceedings began with a recitation from the Holy Koran.

Her Excellency Dr S. Lyagoubi-Ouahchi, Chairperson of Sub-Committee A of the Thirty-first Session of the Regional Committee for the Eastern Mediterranean, declared the Thirty-second Session open.

The Chairperson welcomed the participants and, after thanking Dr Halfdan Mahler, Director-General of WHO, also extended her thanks to Dr Hussein A. Gezairy, Regional Director for the Eastern Mediterranean, for all the valuable efforts which he and his collaborators had made to render the work of the Regional Office a success.

She stated that the year 1985 had been rich in achievements, though further steps still need to be taken. She went on to say that it was the task of WHO to formulate the general theoretical framework for activities in the field of health. Dr Ouahchi also highlighted the role of the Regional Office as regards technical activities and the utilization of resources, and pointed out that the agenda of the present session contained items that merited serious attention and consideration, such as immunization and preservation of the environment.

She then spoke of her country's experience in seeking Health for All, which had resulted in substantial progress in disease prevention, in lowering the infant mortality rate and in improving health services. In this connection, she also referred to the establishment of the "National Institute of Public Health" as a centre for carrying out monitoring, research and studies in the field of health. She went on to state that the Ministry of Health had started to revise the rules concerning the organization of the medical profession and those for resource utilization aimed at achieving Health for All.

Dr Ouahchi continued by emphasizing the necessity of intensifying consultations, making optimal use of meetings and achieving horizontal interaction between programmes with the aim of exchanging expertise. She stressed the need for the Eastern Mediterranean Region to participate in the activities of other regions, particularly the European and African Regions, and of facilitating inter-country communication on the one hand and communication between Member States and the Regional Office on the other.

In the context of Health for All, Dr Ouahchi stated that it was mandatory for the international community to put an end to all forms of oppression and persecution, and she called on the international community, in the name of Tunisia, to stand firm in the face of the abuse and persecution of all

peoples, particularly the Palestinian people. She condemned the Israeli air attack on Tunisia on 1 October 1985, considering it another link in the chain of terrorism and evidence of the deliberate, aggressive intentions of the Zionist entity which victimized innocent souls and resulted in many Palestinian and Tunisian deaths. Dr Ouahchi said that the raid had clearly shown that this entity seeks to endanger the security of the Arab States and emphasized the need to regain for the Palestinian people their usurped rights.

II-2. ADDRESS BY THE REGIONAL DIRECTOR

Dr Hussein A. Gezairy, Regional Director for the Eastern Mediterranean, welcomed representatives of Member States, as well as other representatives and observers, to the Thirty-second Session of the Regional Committee. He expressed regret that the meeting could not be held in Kuwait as had been planned, and he apologized for any inconvenience that had resulted from this change in the venue of the meeting.

Dr Gezairy then welcomed Dr Halfdan Mahler, Director-General of WHO, and thanked him for attending the Session.

The Regional Director stated that, during the past two years, gratifying progress had been achieved in several sectors, despite natural and man-made catastrophes and the movement of refugees they engendered. These catastrophes had seriously impeded optimum utilization of available resources by Member States.

Apart from disasters, there were the normal problems, such as lack of resources or their inappropriate application, which necessitated further rationalization of resource utilization and mobilization.

Speaking of the managerial process for national health development in Member States, he informed the Session that WHO had organized several management training courses. WHO had also assisted countries with the development and updating of health manpower plans, and the training of manpower. Furthermore, the Organization had sought to involve communities in promoting sound health practices, including prevention of diseases, provision of potable water and sanitation, environmental protection and adequate nutrition. He emphasized the need for collaboration between the various sectors concerned with health and for provision of the necessary health information. The Organization, as part of its primary responsibilities, had contributed to the collection, collation and dissemination of such information.

Dr Gezairy mentioned that twenty of the twenty-two countries of the Region had provided data on the basis of which the Regional Evaluation of the status of health in the Region was based. This gives an overview of the status of health in the Region as a whole, a subject to be discussed at this meeting. The evaluation reports will form, upon their completion, one part of the publication "Evaluation of the Strategy for Health for All by the Year 2000, Seventh Report on the World Health Situation".

The Joint Government/WHO Programme Review Missions were commented upon. It was stated that there had also been in-depth reviews which had concentrated upon an evaluation of the achievements of national programmes in nine countries during the biennium in various elements of primary health care, such

as immunization, control of diarrhoeal diseases, maternal and child health and nutrition.

Dr Gezairy mentioned that the Organization would be embarking in 1985 on the preparation of the Eighth General Programme of Work covering the period 1990-1995.

Special efforts had been made to promote integration and acceleration of the various components of primary health care at country level. In this context, the concepts of an "Integrated Health Programme" and an "Accelerated Health Programme" had been introduced in some countries.

Dr Gezairy highlighted the importance of the use of national languages in the education and training of the various groups of health personnel, including physicians. With regard to disease surveillance, he pointed out that, in order to facilitate exchange of data, the Regional Office had launched the "EMR Epidemiological Bulletin", the first issue of which contained an article on malaria in the Region and the second issue an article on acquired immune deficiency syndrome (AIDS).

The Regional Director pointed out the role of legislation in the health field, and emphasized the importance of achieving coordination and close collaboration with sister United Nations agencies such as UNICEF and UNRWA.

He requested the meeting to turn its attention to the Agenda items connected with the guidelines for preparing a Regional programme budget policy, the reports of the Regional Consultative Committee, evaluation of the work of the Joint Government/WHO Programme Review Missions, the technical paper on the expanded programme on immunization, the onchocerciasis control programme activities and the Technical Discussion on water, sanitation and health.

He closed by informing representatives that the Government of Kuwait has graciously expressed its willingness to host the Thirty-third Session of the Regional Committee.

The full text of the Regional Director's speech is given in Annex III.

II-3. ADDRESS BY THE DIRECTOR-GENERAL

Dr Halfdan Mahler, Director-General of the World Health Organization, expressed his pleasure at being in a united, single Regional Committee for the Eastern Mediterranean. He believed that the goal of health for all was so noble that, even in the midst of civil strife and armed conflict, it was possible to sink political and ideological differences in favour of people and their health development. WHO's neutral platform, he said, could be the key to health cooperation.

He stressed the importance of targeting for health as the basis of the new health strategy. Broad targets and indicators had been defined, as well as specific targets for some programmes, such as safe drinking water for all and immunization of all the world's children against the major infectious diseases of childhood by the year 1990. Targets were only meaningful if they were adopted by every Member State as their own and, he asked, had national

targets been developed that would place primary health care rightfully in the health system? Evaluation of Member States' health strategies and the progress in defining appropriate health technology for specific health programmes showed that all countries of the Region had a socio-economic plan which included a health component and some had achieved good coverage with health facilities, thus narrowing the gap between the served and underserved. While health policies varied widely, all included the eight essential elements of primary health care but, despite this encouraging progress, much remained to be done.

In many countries of the world vertical programmes were still the rule, with primary health care competing as a separate technical programme. Safe drinking water was only available to about half the population and hygienic waste disposal to some 40%, even in countries with a high gross national product. Only 30% of women were attended by trained personnel during childbirth and about 30% of infants had been immunized against childhood infectious diseases.

Despite special efforts, few countries had a manpower plan, and the situation of nurses was particularly distressing. Even seven years after Alma-Ata, health workers and the public at large did not understand the meaning of primary health care and health care was still concentrated in hospitals at great expense to the health budgets. The necessity for a close linkage between health resources and economic resources had to be faced, especially in the less affluent countries. Nevertheless he was encouraged by the fact that problems had been identified and this in itself constituted an important step in resolving them. The time had come to sound once more the clarion call for national action programmes for primary health care and to redouble efforts to attain national targets.

In addition to reshaping health policy at central government level, this policy had to be implemented close to the people, in communities and geographical districts small enough to be managed without excessive bureaucracy, but large enough to avoid overdispersal of manpower resources. It was essential to identify what was being spent on health and where. Health was not necessarily a matter of spending more, but of ensuring that resources were used for tomorrow's defined targets and not for yesterday's undefined services. WHO, for example, now devoted 70% of its regular budget to direct support to Member States as compared with 52% ten years ago and, in spite of a "standstill" budget, countries would benefit from a four per cent increase in 1986 and 1987. If health leaders were determined, they could follow this example and lead their governments to target for primary health care.

He stressed that appropriate technology had to be socially as well as technically sound, acceptable to those on whom it is going to be used and to the users. People could be motivated to share the cost of health development by their involvement in attaining targets aimed at their health and the health of their children. Technology and managerial know-how were available for many programmes including, for example, how to establish and manage an essential drug programme so that medical care and related drug use could be targeted for.

Countries could also set targets for decentralization. One important part of such action would be to rehabilitate health institutions, especially health centres and district hospitals, so that they could support primary

health care functionally and physically. Such rehabilitation would entail ensuring motivation of health personnel so that they would wish to care for the people. Financial rehabilitation of health facilities was no less important than physical, managerial and human rehabilitation.

He emphasized that it was the role of governments and people in communities to take their own health decisions, while WHO would invest its resources in support of these decisions in line with the new programme budget policy. He hoped that countries would ask WHO for help in developing their leadership qualities in the field of health, which he defined as the ability to judge wisely, decide firmly and implement vigorously.

The full text of the Director-General's speech is given in Annex IV.

II-4. ELECTION OF THE OFFICERS
(Agenda item 2: decision 1)

The Regional Committee elected the following officers:

Chairman: H.E. Dr Mohamed Ahmed Al Kabab (Yemen)
Vice-Chairmen: Dr Hussein Suleiman Abu Salih (Sudan)
Mr Haralambos Hadjipanayiotou (Cyprus)

For the Technical Discussions, the Committee elected as
Chairman: Dr Bijan Sadrizadeh (Islamic Republic of Iran)

II-5. ADOPTION OF THE AGENDA
(Agenda item 3, document EM/RC32/1: decision 2)

The Representative of Kuwait requested the inclusion of two additional items in the Agenda. The first related to a decision by the Israeli authorities to close down Dar El Shifa Hospital in occupied Jerusalem; the second related to health coordination between countries of the Region during the pilgrimage season (the Hadj). The Committee agreed to this request.

In this connection, the Director-General recalled the provisions of Article 50 of the rules of procedure of the World Health Assembly, which required that no subject lying within the responsibilities of the World Health Assembly, such as practices in the occupied territories, be raised due to the purely regional nature of the meeting. He also pointed out that it was within the sphere of competence of the Director-General to give advice on all matters which went beyond the regional level. The Regional Director stated that such matters could be discussed in the meeting, provided that recommendations relating thereto were submitted to the World Health Assembly. This was accepted and the Agenda was accordingly adopted as amended (see Annex I).

III. REPORTS AND STATEMENTS

III-1. BIENNIAL REPORT OF THE REGIONAL DIRECTOR TO THE THIRTY-SECOND SESSION OF THE REGIONAL COMMITTEE (Agenda item 4, document EM/RC32/2: resolutions EM/RC32/R.1, R.8, R.11)

Dr Hussein A. Gezairy, Regional Director, in presenting his Biennial Report for the period 1 July 1983 to 30 June 1985, pointed out certain aspects of the Organization's work in the Region which were related to its collaborative activities with Member States. As a theme for the introduction to his report, he had chosen "national self-reliance and, eventually, self-sufficiency in all aspects of the management and delivery of health care".

He underlined the fact that health care was provided by governments, not by WHO, nor by any other agency, and that the Organization's role was confined to helping its member governments to provide such care, according to their needs, priorities and the resources available to each.

Health manpower development had been found to be the best way of improving the utilization of the resources allotted to health. Dr Gezairy stated that management held the key to making optimum use of resources and became a critical factor where resources were scarce. Hence it was the developing countries that had the greatest need for good management. In outlining the main challenges facing health management, he named planning, determining manpower needs and implementation.

The Regional Office had approached some member countries, seeking their collaboration in developing a Regional training programme in health service management. An identification mission had visited Jordan, and prepared a project document in consultation with the Government and UNDP. In the meantime, and until the necessary funds had been secured for this Regional activity, the University of Jordan had initiated two national courses, one leading to an M.Sc., the other to a diploma.

In support of management in Member States, the Regional Office had also formulated guidelines for writing job descriptions for the various categories of health personnel.

Dr Gezairy asked the representatives to consider certain questions: What impact had the inter-country courses for senior-level managers had on the planning and implementation activities in their respective countries? What were the results of the efforts made to run national courses on health service management, and had WHO provided the right kind of help? What experience had been gained with management courses for mid-level health personnel and were they proving useful in supporting their supervisory functions? What areas of management would countries need to concentrate on in the next two years and how should WHO assist?

Dr Gezairy went on to stress the need for optimal utilization of the existing health personnel and for supporting their efforts through providing additional appropriately-trained staff for the national health services. He emphasized that education and training should go 'hand-in-hand' so that theoretically gained knowledge would be linked to practically obtained experience.

The Regional Director pointed out that training teachers and trainers paved the way for revision of curricula. Hence, the Organization had been active in promoting intersectoral collaboration between the ministries of health and of education, as well as in supporting the activities of the Network of Community-oriented Educational Institutions for Health Sciences. The Network had held its fourth meeting in September 1985 at the Suez Canal Medical School, Egypt, and had organized a symposium on the Evaluation of Innovative Curricula in the Health Sciences, in collaboration with WHO. The symposium had yielded useful results which, it was agreed, would lead to the adoption of a sound attitude as regards both new and old curricula, so that the cost-effective utilization of resources allotted to teaching and training would be improved.

The Regional Director informed the meeting that the Regional Office had instituted a programme on the Promotion and Use of National Languages in Health Personnel Education. He posed a set of questions on education and training, namely: Were Member States receiving the support they needed from WHO to train the trainers? Were the countries managing to reorient the outlook of the medical schools to reflect national strategies for health and the concepts of primary health care? If this were not the case, or if it were too slow, what were countries planning to do and in what way could the Regional Office help? What were Member States' views on teaching medical subjects in a foreign language?

The Regional Director then commented on health system research, which was designed to provide information for management; early in 1985, an inter-country course on Social and Behavioural Approaches to Problem-Solving in Primary Health Care had been held in Manama, Bahrain.

He stressed that an important aspect of health management involved obtaining data about health and health-related conditions, provided that such data were based on real facts. Twenty countries had reported on the evaluation of their strategies for Health for All by the Year 2000, using the global and Regional indicators.

The Regional Director then commented on the second round of the Joint Government/WHO Programme Review Missions, which had been instrumental in creating an awareness of the countries' needs in health and health-related fields.

Proceeding with the theme of self-reliance, particularly in planning and management, he drew attention to the activities of the Regional Office in support of the International Drinking Water Supply and Sanitation Decade in Member States, and also mentioned food safety and environmental health.

In the field of disease prevention and control, he stated that the immunization programme, AIDS and onchocerciasis were to be considered in real detail in the course of the meeting. He asked the representatives to comment

on ways in which the Organization could improve disease prevention and control activities at country and inter-country levels. He also asked for their views on the Regional Office's new venture - the Eastern Mediterranean Region (EMR) Epidemiological Bulletin.

III-2. SUMMARY OF POINTS RAISED BY REPRESENTATIVES

The representatives of the Islamic Republic of Iran, Iraq and Lebanon and the observer of the Palestine Liberation Organization took the floor in turn. They each thanked the Regional Director for his tireless efforts in strengthening the health programmes in the Region They referred to the disastrous effects of war in terms of loss of life, crippling injury and overloading of health services. They, however, informed the meeting about the appreciable progress achieved in their respective health services, notwithstanding the conflicts. Such progress, they said, was evident in the areas of primary health care, immunization programmes, maternal and child health and in an increase in the construction of hospitals, health centres and other facilities.

The floor was then taken in turn by the representatives of Yemen, United Arab Emirates, Pakistan, Afghanistan, Syrian Arab Republic, Sudan, Somalia, Saudi Arabia, Djibouti, Islamic Republic of Iran, Kuwait and Lebanon. The representatives of UNRWA, UNICEF, ECWA, Union of Arab Pharmacists and the World Federation for Medical Education also participated in the discussion.

Speakers expressed their satisfaction concerning the continuing cooperation between the Organization and their countries and appreciation of the role played by the Regional Director and his staff in this respect.

It was clear from the discussion that all governments of the Region were committed to the objectives and strategies of HFA/2000 and were providing support for primary health care. While the speakers expressed their belief in the importance of working towards self-reliance and self-sufficiency, some countries, for example Lebanon, Somalia and Sudan, which were burdened with problems such as drought, war and refugees, expressed their need for urgent and regular support to enable them to meet the goal of HFA/2000.

The speakers confirmed their strong support for efforts directed towards strengthening medical education, improving its quality and content, and using national languages in teaching in medical colleges. They requested the Organization to arrange the necessary meetings and seminars to provide support in this area so that problems facing orientation of medical education to health needs could be overcome. The use of national languages in medical education should also receive encouragement and support.

The speakers expressed their agreement with the statements made by the Regional Director in relation to the importance of training the various categories of health workers and to the necessity of undertaking applied research oriented towards improving the health delivery system.

There was also general agreement that available resources should be utilized according to health priorities. In this respect, speakers expressed their appreciation of the role of the Joint Government/WHO Programme Review Missions, requested that they be continued and that all necessary efforts be

undertaken to improve their quality and implementation of their recommendations. Speakers also agreed on the importance of the role of the community in health promotion and development and on the necessity of offering health services to the community in an integrated comprehensive manner, with more emphasis on prevention.

Some speakers proposed that a system be developed for inter-country cooperation within the Region, and they called upon the developed countries to extend help to the less developed countries. In particular, many of the countries faced problems deriving from limited resources, shortage of manpower and the inability of training institutes to meet the requirements of primary health care, as well as problems arising from the movements of refugees. Many countries in the Region had taken steps to improve their health delivery systems by expanding the construction of health facilities and the training of manpower.

-Proposals put forward included:

(1) The importance of strengthening the spiritual dimension of the health services, and promoting approaches for solving health problems that fit the cultural heritage of the peoples of the Region, particularly with respect to care of the elderly, child health and community participation in health services.

(2) Organization of meetings and seminars to discuss important health-related subjects, such as medical education - especially obstacles to change and the use of the national languages in medical education, control of endemic diseases, in particular cholera and malaria, and the precautions necessary to avoid the entry of AIDS into the countries of the Region, as well as to provide for exchange of experience and development of joint strategies in various areas of health.

(3) After expressing their appreciation of the questions that had been put before them to guide their discussion on the Regional Director's Biennial Report, the representatives proposed that, in future, such questions be extracted from EMRO documents for the Regional Committee meeting and distributed in advance of the Committee meeting to enable the representatives to prepare the necessary responses.

(4) Provision of assistance to the countries in particular need who had expressed this need during the Session, including provision of support to the Palestinian people in respect of their health requirements.

Statement by the representative of UNRWA

The Director of Health and WHO Representative, UNRWA, stated that, following the World Health Assembly resolution WHA29.48, the direct links of UNRWA to WHO were moved from Headquarters to the Regional Office for the Eastern Mediterranean, the beginning of a valuable two-way association.

UNRWA had brought to the Region its broad experience, including that of pioneering work in oral rehydration therapy, of immunization coverage and of the "risk approach". The Regional Office had contributed invaluable expert advice and support to UNRWA activities.

UNRWA served approximately 2 million refugees in five programme areas. Its regular budget included US$43 million for the whole of the Health

Programme, i.e. $10 per head per year for medical care. Currently there is a budget shortfall.

The UNRWA Health Programme emphasized primary health care, divided between five specific responsibilities - preventive medicine, curative medicine, nutrition, nursing and environmental health. It was noted that activities could only be carried out after securing the support of host governments and that the Ministers of Health of Jordan, Lebanon and the Syrian Arab Republic were distinguished participants in such activities.

UNRWA's present financial state was perilous. It was stressed, however, that UNRWA's health services were fundamental and basic and, by all known assessments of primary health care, the record was good. Financial insufficiency was threatening even these modest services. For example, the supplementary feeding programme would have to be cut, funds were not available for health centres or staff to meet the needs of pregnant women and nursing mothers, intervention/research strategies that had been developed to protect mental health, especially of children, might not be implemented, dental care had to be severely restricted (for example, for 80 000 refugees there was only one solitary dentist available three and half days a week), and children played in stagnant pools of foetid water. Without more funds, the self-help projects for refugees, encouraging them to help themselves and each other, could not be proceeded with.

The Regional Committee was asked to consider adopting health programmes and donating the necessary funds. Projects ranging in cost from thousands to millions of dollars, fully documented, were available for inspection and review.

Statement by the representative of UNICEF

Mr Louis J. Leefers, Senior Management Officer of the UNICEF Office for Europe, presented a message on behalf of the UNICEF Regional Director for the Middle East and North Africa (MENA).

He stated that cooperation was increasing between WHO/EMRO and UNICEF/MENA Offices. A Joint Statement on Policy and Mode of Cooperation for Achieving Universal Child Immunization by 1990 was being issued and would serve to facilitate closer collaboration between WHO and UNICEF at the country level.

UNICEF believed that all countries could achieve the goal of HFA/2000 and, more specifically, could achieve Universal Child Immunization (UCI) by 1990, some even as early as 1987. Gratitude was expressed for the opportunity accorded to UNICEF to participate in the EMRO inter-country meeting for EPI Managers in Tunis last July where annual targets for accelerating immunization coverage were set. UNICEF believed that, in most countries, this acceleration could serve as a stimulus for expanding and developing a full range of primary health care services, such as increasing public awareness and political commitment, and thus having a significant impact on reducing morbidity and mortality of infants and young children in the Region.

Egypt, Iraq and the Syrian Arab Republic had initiated intensive action to improve national immunization coverage, with the objective of achieving UCI before 1990 and UNICEF had pledged its full support. Some countries in the

Region had already achieved a greater than 80% coverage and faced the challenge of sustaining such coverage, which was the long-term goal for the immunization programme.

A paper that analysed the situation of children in special circumstances was to be discussed at the 1986 UNICEF Board Meeting. This paper would focus upon several aspects, for example refugees, including the problems of unaccompanied children, and the plight of "street children".

Statement by the representative of ECWA

The representative of ECWA stated that the Commission was according increased importance to supporting national programmes for the protection of the environment and for anti-pollution activities. Studies were being undertaken on industrial pollution in collaboration with UNDP. ECWA was seeking closer collaboration with WHO.

Statement by the representative of the Union of Arab Pharmacists

The Representative of the Union of Arab Pharmacists spoke of the efforts made by the Union to strengthen primary health care by streamlining the provision of drugs, improving their use and supporting pharmaceutical education. Chances to collaborate with WHO would be welcomed.

Statement by the representative of the World Federation for Medical Education

The representative of the World Federation for Medical Education introduced a global strategy being promoted by the Federation. The medical profession, it was stated, had lost its way. A massive operation was needed to redefine what medical doctors had to do and how they should be trained to meet the health care needs of populations.

The training of doctors had lost a necessary international dimension, and the World Federation was undertaking an investigation to redefine the proper role of the contemporary doctor.

The World Federation was calling national meetings in all countries, followed by regional meetings in the six regions. It was critically important that the countries of this Region were heard when world opinion is formulated on how doctors should be trained and what they should do. The help of countries of the Region was sought in fulfilling the objective at the World Conference in Edinburgh in 1986 about which a memorandum was distributed. Six policy documents were being prepared that were to be addressed at that meeting. The representative affirmed that he had the support of the Regional Director in mounting consultations in countries of the Region, holding a regional conference and taking the views of the Region to the World Conference where, it was hoped, the tasks which face doctors if they were to serve communities more appropriately would be redefined. The representative stated that he would be visiting individual countries and the Regional Office.

IV. TECHNICAL MATTERS

IV-1. GUIDELINES FOR PREPARING A REGIONAL PROGRAMME BUDGET POLICY (Agenda item 5, document EM/RC32/3: resolution EM/RC32/R.2)

The subject was introduced by the Director of Programme Management. In 1984, the Director-General had called upon regional committees to make clear statements of their regional programme policies in the light of the new arrangements for cooperation with Member States. To assist it in its task the elements to be considered in developing such a policy were brought to the attention of the regional committee in the above-mentioned document. Guidelines called for by resolution EB75.R7 (DGO/85.1) were annexed to the document.

The present programme budgeting practice and the underlying Regional policies were summarized. Mechanisms for cooperation with Member States on programme budget matters included the role of the WHO Representative and Programme Coordinator, Joint Government/WHO Programme Review Missions, Regional Programme Committee meetings, the Regional Consultative Committee and the Regional Committee, individual discussions with the Regional Director and in-depth country programme implementation reviews.

The elements to be taken into consideration in connection with the future Regional programme budget policy and their budgetary and financial implications were outlined. The existing guidelines, as modified and approved by the Regional Committee, were to be used for preparing the proposed programme budget for the 1988-1989 biennium and a Regional programme budget policy was to be submitted to the Thirty-third Session of the Regional Committee for approval.

Matters considered to be of sufficient import to seriously affect the optimal use of WHO funds were presented in the document in the form of questions and suggestions.

Several representatives endorsed the importance of a Regional programme budget policy and expressed appreciation for the clear guidelines.

In the ensuing discussions, the question was raised as to how countries which did not have the potential for programme budgeting could be helped. The Regional Director emphasized that a rapid and appropriate response by WHO depended on an ongoing exchange of information between countries and the Organization. Another issue was raised about the assistance provided by WHO in cases of emergencies in order to meet the needs resulting from emergencies and natural disasters. The Regional Director stated that a Working Group had been set up in the Regional Office for this purpose and the possibility of countries sharing their potentialities would be explored. While the programme budget did not include a specific allocation for emergencies, use could be made of the Regional Director's Development Programme of US$800 000

per biennium for this purpose, as well as of savings resulting from under-implemented country and Regional activities. Since the programme budget had to be approved some years in advance, this Development Programme and that of the Director-General had to meet requirements for any new disaster or other problems which might arise.

In reply to comments on the need for increased collaboration and coordination between WHO and other agencies supporting health development, the Regional Director referred to the Technical Discussions at the meeting of Sub-Committee A of the Thirty-first Session of the Regional Committee which dealt with this subject. It had also been considered by the Regional Consultative Committee and would be further discussed under Agenda item 7. Full cooperation by all partners was required. He requested countries, when looking for financial or technical support from whatever source, to call on WHO for advice which would ensure its role as coordinator. He further asked that any country convening a meeting of its partners in health development might consider requesting WHO to act as the secretariat for the meeting and coordinator of the outcome.

It had been stated that an undue portion of the programme budget was spent on providing experts. The Regional Director urged countries to appoint counterparts, who could be given either in-service training during the assignment of a WHO expert or sent for suitable training to prepare them for their role in primary health care. The ideal would be to train all physicians in the Region to respond to community health problems, but this was a long-term process and a costly one which could not be met from the limited Regional WHO budget of US$50 million for the biennium.

The possibility of introducing changes to the approved programme budget for 1986-1987 was discussed. It was felt that where certain programmes were proving not beneficial they could be re-oriented and the resultant resources re-allocated to other priority programmes.

The usefulness of the WHO Representative and Programme Coordinator was emphasized by several speakers and, in countries where circumstances at present do not permit their residence, the Regional Director expressed a hope that clearance would soon be received from the United Nations for the coordinators assigned to such countries to take up their assignment there.

IV-2. REPORT ON THE JOINT GOVERNMENT/WHO PROGRAMME REVIEW MISSIONS (Agenda item 8, document EM/RC32/6: resolution EM/RC32/R.4)

The Regional Committee was informed that the objectives of the second round of the Joint Government/WHO Programme Review Missions during 1985 had been the same as those for the first round, namely: examination of the current situation in Member States of the Region as regards progress made in implementation of national strategies for HFA/2000; determination of the degree of implementation of the programme budget for 1984-1985, with re-programming of activities where necessary; detailing of activities to be implemented under the programme budget for 1986-1987; identification of the priority areas for collaboration during the 1988-1989 biennium; coordination of external support for HFA strategies; and improvement of information exchange between Member States and WHO, as well as of dissemination of information.

The Missions were conducted during the period February to July 1985. Senior nationals from the Ministries of Health and from other sectors participated in the national teams. The WHO teams comprised staff members from the Regional Office and the field and on occasion WHO short-term consultants participated. The Missions visited all twenty-two Member States in the Region.

The final reports of the Missions were discussed with the Ministers of Health and/or Under-Secretaries, as well as with senior officials in Member States of the Region, for their endorsement. The reports were then discussed by the Regional Programme Committee, which sometimes suggested minor modifications before the reports were submitted to the Regional Director for approval. Following approval, the recommendations pertaining to reprogramming of allocations for the 1984-1985 biennium were followed up at the Regional Office to ensure speedy implementation within the remaining months of the biennium. The programme activities for the 1986-1987 biennium were formulated in detail.

The Regional Director read the proposals submitted by the Regional Consultative Committee, which were approved.

IV-3. EVALUATION OF THE STRATEGY FOR HFA/2000
(Agenda item 9, document EM/RC32/7 (parts I and II): resolution EM/RC32/R.5)

The presentation started by putting the process of, and the reporting on, monitoring and evaluation into the context of the Plan of Action for Implementing the Global Strategy for HFA/2000. The Regional Committee reviewed the first monitoring report in 1983 and was to review the first evaluation report in 1985. National evaluation reports were to have been received by the end of March 1985. At the time of the Thirty-second Regional Committee meeting, national reports had been received from twenty of the twenty-two Member States in the Region.

The report was in two parts: the first part contained an evaluation at the level of the Region at large, and the second part comprised the evaluation by country (and contained also a chapter on the health status of the Palestinian population in compliance with Regional Committee resolutions). Based largely on the national evaluation reports, this report laid stress on describing the Regional and national health situations and the relevant socio-economic conditions, and on evaluation of the strategies, aspects of success, the facilitating factors and factors that impeded the implementation of the strategies. Most national reports followed the "evaluation framework" developed by WHO, but they varied in the amount of detail in the information given. Hence there could be a statistical bias in the summaries of indicator values, depending upon the number and the characteristics of the countries covered by each indicator. Furthermore, the reference years for the values reported varied: some data were more recent than others.

Summary data on the health situation were presented and on the results so far achieved, i.e. the existing situation in the Region as compared with the targets of HFA/2000. With reference to the Global Indicators, the picture is summarized below.

(A) Good success had been achieved in the following:

1. Endorsement of HFA as a policy at the highest official levels;

2. Reallocation of resources in favour of PHC (Regional average, 50% of national health expenditures);
3. Availability of safe drinking water to the urban population (average 81%);
4. Availability of local health care facilities for treatment of minor ailments (overall average 75%);
5. Nutritional status of infants (average of 86% have a birth weight of at least 2500 g); and
6. Relatively high per caput GNP (average US$1378), though agriculture, mining and quarrying (mainly crude oil) accounted for nearly 50% of the GDP, which placed national economies at the mercy of natural and politico-economic factors.

(B) More or less reasonable progress had been achieved regarding:

1. Mobilization of external resources for health development;
2. Availability of adequate sanitary facilities for the urban population (average 68%);
3. Vaccination coverage of infants (average 50%);
4. Nutritional status of children under 5 years (average of 75% are within weight-for-age standards); and
5. Life expectancy at birth (average 55.5 years).

(C) Elsewhere the picture was still rather unsatisfactory:

1. Low percentage of GNP spent on health (average just 2.3%);
2. Limited health manpower and physical resources, and inequitable distribution thereof (at the expense of the rural populations);
3. Very low coverage of rural populations with both safe drinking water (average 38%) and adequate sanitary facilities (average 24%);
4. Low vaccination coverage of pregnant women with two doses of tetanus toxoid (average just 13%);
5. Low coverage for infant care by trained personnel for the first year of life, and for mothers during pregnancy and at childbirth (general average about 30%), leading to a high maternal mortality rate (average 35 per 1000 live births);
6. Quite high infant mortality rate (average 104 per 1000);
7. Quite low adult literacy rate (average 37%), particularly among females (average 24%);

Some factors facilitating implementation of the strategies could be identified. These included: political commitment to HFA/2000 as policy; increasing provision of health services to the population; increasing community involvement in the implementation of the strategies (though the involvement was still limited in respect of planning and evaluation); expansion of local training facilities for health personnel; and last, but not least, commendable inter-country cooperation, particularly between countries of the Region. There were also several impeding factors:

(A) Factors related to the health system itself, primarily:

(a) Insufficient manpower trained in the management of health services, at national and sub-national levels, capable of setting priorities, objectives and realistic targets, and undertaking programming, monitoring and evaluation;

(b) Inadequate information support to the management of the health system, and lack of adequate utilization of whatever information was available;
(c) Inadequate intersectoral collaboration, even collaboration within the health sector itself;
(d) Inequitable distribution of the resources, with a concentration in the large urban communities;
(e) Lack of certain categories of health personnel needed for the delivery of primary health care; and
(f) Continued favouring of high-calibre, sophisticated hospitals, too costly to maintain, that serve only limited population groups.

(B) Relevant socio-economic factors:

(a) Limited financial resources allocated to health expenditure and underestimation of the value of investment in health services;
(b) High adult illiteracy, particularly among females;
(c) Rapid population growth, faster than the growth in national income; and
(d) An uneasy political situation.

The Regional Committee was requested to review the report. If approved, it was to be forwarded for inclusion in the global evaluation report which, as decided by the World Health Assembly, would also serve as the Seventh Report on the World Health Situation. Member States were requested to validate and update the information provided to the Regional Office by 1 December 1985 so that the Regional report could be finalized before the global report is reviewed by the Executive Board in 1986.

It was stressed, however, that all efforts would have been wasted if this process did not lead to continuous national programmes. The fact that the countries were ready to analyse their health situation and disclose it to other Member States was an achievement which should be capitalized on. The national evaluation reports would have to be used as important reference sources for joint Government/WHO action for health development in the Region. There should be collaboration to help the Governments improve the measures they were taking to implement their strategies more effectively and more efficiently, thus demonstrating the relevance of the evaluation process.

In view of the efforts needed to make the above-mentioned actions more meaningful, the Regional Committee was requested to discuss whether the periodicity of reporting on monitoring and evaluation should be maintained as set by the World Health Assembly, namely based on a two-year cycle, or whether it should be based on, for example, a three-year cycle.

After discussion of some of the points raised in the report by representatives, the Regional Director presented the recommendations adopted by the Regional Consultative Committee, laying stress on that relating to holding a meeting during the last week of November 1985 in which senior decision-makers responsible for health planning were to participate to review, update and validate the information contained in the report and to prepare a plan for using this information optimally in developing health services at the national and regional levels.

The representatives approved the recommendations and the proposal that the evaluations be carried out every three years instead of two years as is the case at present.

IV-4. REPORT ON THE PROGRESS OF WHO-SPONSORED RESEARCH ACTIVITIES IN THE REGION

(Agenda item 10, document EM/RC32/8: resolution EM/RC32/R.6)

During the period July 1983 to 30 June 1985, the Eastern Mediterranean Advisory Committee on Medical Research met twice and, during these meetings, reviewed the progress of research activities in several programme areas. The Committee also considered and endorsed the Regional strategy for health research. The strategy aims at optimum utilization of available resources, engendering national self-reliance in health research and orientation of research towards support of primary health care and Health for All by the Year 2000. The main thrust is directed towards establishing and strengthening national mechanisms for managing research, upgrading the quality of research proposals, training health personnel in research methodology, strengthening institutions, and ensuring rapid dissemination and utilization of the results of research.

The Regional Office had continued to provide technical and financial support to national scientists for undertaking research and for training in research methodology and research management. Additional support in this area was also being provided through the two WHO special programmes for research and training.

In order to promote inter-country collaboration in the field of research, biennial meetings of national officers responsible for medical research were being convened and attempts were being made to improve the working of WHO collaborating centres in the Region.

Research in the field of maternal and child health had focused on the development and assessment of appropriate technologies, institution of a system of confidential inquiry into maternal deaths and studies on the "risk approach" and low birth weight.

An active research programme in diarrhoeal diseases had developed under the close guidance of the Regional Scientific Working Group on Diarrhoeal Disease Research. So far, twenty-five research projects had been approved, of which six had been completed.

In order to promote research in environmental health and to define priorities for research in that field, a consultation was held in January 1984. As an outcome of this consultation, five research proposals were finalized for implemenation with WHO support.

A study to determine the impact of Regional research activities on the development of national research capabilities in the Region was being planned. The findings of this study would help to target collaborative activities in the years to come on areas of real need identified by the Member States.

In the ensuing discussion, the representative of Iraq called for support for Iraq in health research, for cooperation between research staff of various countries and organizations, for means to communicate with research centres and agencies, and for increasing the number of specialized libraries. The representatives of Democratic Yemen and Saudi Arabia requested that research be oriented towards field health services, particularly primary health care and maternal and child health.

The Director of Programme Management emphasized that the Organization stood ready to support every well-studied research project that might assist in the development of health services and referred to the need for training research workers in research methodology.

Commenting on the points raised by the representatives, the Regional Director referred to the scarcity of research in the Region in comparison with other regions, particularly as regards the Programme for Tropical Disease Research. The most capable persons to undertake research, in his opinion, were those with the longest history of research, but they needed the support of the Organization least. The Regional Director called upon Ministries of Health to establish close links with the universities, which were best suited for undertaking research. He also emphasized WHO's readiness to support some of the research to strengthen national research centres.

The Regional Director read the related recommendations, which were approved after minor modifications.

IV-5. TECHNICAL PAPER: UPDATE OF THE EXPANDED PROGRAMME ON IMMUNIZATION IN THE EASTERN MEDITERRANEAN REGION
(Agenda item 11, document EM/RC32/9: resolution EM/RC32/R.12)

In the presentation, it was pointed out that the expanded programme on immunization (EPI) had continued to progress satisfactorily during the last biennium in the Eastern Mediterranean Region. Activities were directed towards fulfilment of the EPI Five-Point Action Programme, namely to: (1) promote EPI within the context of primary health care; (2) invest adequate human resources in EPI; (3) invest adequate financial resources in EPI; (4) ensure that programmes are continuously evaluated and adapted so as to achieve high immunization coverage and maximum reduction in target-disease deaths and cases; (5) pursue research efforts as part of programme operations.

Most of the countries were delivering EPI as part of primary health care or maternal and child health services. Increased efforts were being made to involve communities and to coordinate intersectoral cooperation. Integration of activities in the fields of training, monitoring and management was receiving support in order to meet the needs of various primary health care components, including immunization.

Twenty-one countries of the Region had an EPI focal point. Most of these had received adequate training in planning and management of EPI. About 1000 mid-level managers and 700 cold chain supervisors had also been trained. Problems related to manpower were being analysed on a continuing basis and solutions provided.

The financial support for EPI was mainly provided by governments: WHO, UNICEF and other international agencies met some of the needs. Efforts were continuing to identify and counteract wastage. Countries were being encouraged to tap their unutilized potentials and put them to use in support of their programmes. Programme operations were being modified as required to ensure effective performance and make savings. In this respect, research efforts were being directed towards improving the managerial process, community involvement and the development and improvement of the cold-chain system.

The Chairman reviewed certain highlights of the presentation. The floor was taken in turn by the representatives of Saudi Arabia, Kuwait, Somalia, Democratic Yemen, Lebanon, Sudan, Qatar, United Arab Emirates, Pakistan and Islamic Republic of Iran. The speakers raised technical questions relating to vaccination schedules, community involvement, contraindications, and various approaches for accelerating the immunization programme, as well as the investment in approaches other than vaccination to control the target diseases.

It was clear from the discussions that followed that schedules and strategic approaches are best determined at country level, with due consideration given to experience gained internationally. The speakers emphasized the importance of strengthening efforts to meet the target of full immunization by the year 1990.

The Regional Director then presented the recommendations, which were accepted.

IV-6. ONCHOCERCIASIS CONTROL PROGRAMME
(Agenda item 15(c), document EM/RC32/12)

The subject was introduced by Dr Ebrahim Samba, Director of the WHO Onchocerciasis Control Programme. He stated that certain countries and organizations from the Eastern Mediterranean Region were donating funds to the Programme. These included Kuwait, Saudi Arabia, the OPEC Fund and Al Sabah Foundation. The populations benefiting from the Programme were very poor, with an income of less than US$200 per person per year; they needed international help. As well as being a disease problem, onchocerciasis caused economic problems, as people had to retreat from fertile river valleys to avoid the vector fly. The Programme is succeeding in its task. It is ahead of schedule with, by 1984, transmission interrupted in 90% of the original programme area and over 3 million children protected from the disease. Extensive research had been undertaken on larvicides and chemotherapy and, through training, management capability and the confidence of nationals had been increased so that they were then able to tackle their own problems. Of a staff of about 800, 96% were Africans.

Dr Samba emphasized that the resources of the Programme were available to Eastern Mediterranean Region countries which suffered from the disease; it existed in the Sudan and the area linking Saudi Arabia and Yemen.

The most cost-effective control measure had been found to be larviciding from helicopters. Of the 16 million inhabitants in the Programme area, 100 000 were blind. If the Programme could continue at the present level of funding, onchocersiasis would become a matter of history in the parts of Africa covered by the Programme and the knowledge gained would be available to other affected parts of the world.

In the discussion that followed, the representatives of Democratic Yemen, Saudi Arabia, Djibouti and Sudan expressed their belief that studies should be initiated on specific aspects of the disease in their countries.

IV-7. UTILIZATION OF ALCOHOL IN MEDICAMENTS
(Agenda item 15 (f): resolution EM/RC32/R.8)

The topic "The use of alcohol in medicaments" was presented. The presentation showed that use of alcohol is often unnecessary, and can be harmful in many instances, particularly if it is used at high concentrations. It was pointed out that the American Academy of Pediatrics had requested that the use of alcohol be discontinued in paediatric and other drugs. It was also mentioned that many drug companies prepared alcohol-free substitutes, which indicated that there was a possibility of discontinuing the use of alcohol. It also appeared that there was general agreement amongst pharmacists and pharmaceutical chemists that alcohol in medicaments could be replaced by non-alcoholic substances, whether as solvents, preservatives or vehicles.

Having considered the subject, the Regional Consultative Committee submitted to the Regional Committee the following recommendations:

1. No drug that contains alcohol should be registered unless it has been demonstrated, to the satisfaction of the national regulatory authority, that alcohol is an essential ingredient and cannot be substituted by a non-alcoholic substance, and that the concentration of alcohol used cannot be reduced.

2. A survey should be undertaken by each Member State to discover all the pharmaceutical preparations containing alcohol on the national market. The purpose that alcohol serves in the product should then be elicited.

3. Continuing efforts should be made to seek alternative preparations not containing alcohol, subsequently withdrawing registration from the preparations that do contain alcohol.

4. Should the Regional Committee endorse the above recommendations, it may choose to bring the matter to the attention of the World Health Assembly for the benefit of countries of other regions.

Having discussed the subject at length, the recommendations were unanimously approved.

IV-8. ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)
(Agenda item 15(g): resolution EM/RC32/R.9)

The subject was introduced by the representative of Kuwait who read a proposal to be adopted as a resolution. The representative of the Palestine Liberation Organization, while agreeing with the proposals of Kuwait, suggested some modifications. It was agreed to accept the proposal with the necessary modifications included.

V. TECHNICAL DISCUSSIONS

V-1. WATER, SANITATION AND HEALTH
(Agenda item 13, document EM/RC32/Tech.Disc.1: resolution EM/RC32/R.14)

The Technical Discussions took place on Wednesday, 9 October 1984, under the Chairmanship of Dr Bijan Sadrizadeh, Representative of the Islamic Republic of Iran. The meeting had before it a paper entitled "Water, Sanitation and Health".

In the presentation, it was pointed out that there was definite evidence of a statistical correlation between some surrogate morbidity indicators, such as infant mortality, and the provision of drinking water and sanitation facilities. These facilities were, in fact, a prerequisite for a healthy society and rightly formed a component of primary health care, fitting into the objectives of Health for All by the Year 2000. The cost to the community of providing safe drinking water and hygienic waste disposal systems was believed to be offset by the savings in health care expenditures and other costs to national economies provided that the systems were "appropriate". In this sense they were truly cost-effective preventive health measures. This is especially true in societies with a low gross national product. Institutional constraints, however, lessened the potential for development.

In only rare instances were Ministries of Health equipped with the necessary resources to implement physical programmes. Thus, their roles were primarily in the fields of sectoral promotion, intersectoral coordination, health education, community participation and water-quality control. To play their role effectively, they would have to assist in preparing action plans and, where these did not exist, in establishing environmental health units within their ministries. For example, they could act as focal points for International Drinking Water Supply and Sanitation Decade (IDWSSD) activities. WHO could provide assistance in establishing environmental health units, in training of focal points and in supporting other related actions. The creation of a "Decade Advisory Committee" to the Regional Committee would not only assist WHO in discharging its responsibility in the context of the IDWSSD more effectively, but would also help to promote inter-ministerial cooperation at national level.

The Chairman described the importance of Water and Sanitation in the context of primary health care and drew attention to the significant progress being made by Member States towards the goals of the International Drinking Water Supply and Sanitation Decade.

Following the presentation, delegates from Bahrain, Democratic Yemen, Islamic Republic of Iran, Libyan Arab Jamahiriya, Pakistan, Qatar, Saudi Arabia, Somalia and Tunisia evinced keen interest in the subject and took part in the discussions. The speakers raised the issues of the roles of the Ministries of Health in coordinating between various ministries and agencies

dealing with water and sanitation, community participation, water quality control, transfer of technical information at the peripheral levels and health education.

The discussions enabled the crystallization of the above and other issues. The representatives supported the proposal for the establishment of focal points within the Ministries of Health and other sector-related ministries in order to achieve better coordination. Constitution of a Decade Advisory Committee consisting of these focal points was also supported. The discussions pinpointed the need for Member States to take expedient measures to redress shortages of technical manpower both at the middle and professional levels.

The Regional Director then presented recommendations which were agreed to with some modifications.

V-2. SUBJECT OF TECHNICAL DISCUSSIONS IN 1986
(Agenda item 15(a): resolution EM/RC32/R.15)

Dr Sadek H. Alwash presented, on behalf of the Regional Consultative Committee, its proposal that the subjects of the Technical Discussions and the technical paper for 1986 be as follows:

1. Technical Discussions

   Adolescence, health and social development

2. Technical paper

   Essential drugs.

The Regional Committee approved the proposals.

VI. OTHER MATTERS

VI-1. RESOLUTIONS AND DECISIONS OF REGIONAL INTEREST ADOPTED BY THE THIRTY-EIGHTH WORLD HEALTH ASSEMBLY AND BY THE EXECUTIVE BOARD AT ITS SEVENTY-FIFTH AND SEVENTY-SIXTH SESSIONS
(Agenda item 6, document EM/RC32/4: decision 3)

The Regional Director presented a summary of the Resolutions and Decisions of the Thirty-eighth World Health Assembly and of the Executive Board at its Seventy-fifth and Seventy-sixth Sessions.

VI-2. REPORTS OF THE REGIONAL CONSULTATIVE COMMITTEE
(Agenda item 7, document EM/RC32/5: resolution EM/RC32/R.3)

Dr Sadek H. Alwash presented, on behalf of the Regional Consultative Committee, the reports of the Third and Fourth Meetings. He stated that the Committee had held its Third Meeting in Baghdad, Iraq, on 14 and 15 March 1985, and its Fourth immediately preceding this Session of the Regional Committee. At the Third Meeting, matters relating to the WHO Representative and Programme Coordinator's role at country level, the practice and philosophy of having Technical Discussions and technical papers at Regional Committee Sessions, the composition and terms of reference of Joint Government/WHO Programme Review Missions, and follow-up action on the newly established Regional Voluntary Fund for HFA/2000 were discussed.

The Consultative Committee also considered the organization of an orientation course for senior national health officials, and examined the provisional agenda for the Thirty-second Session of the Regional Committee.

The Consultative Committee also noted the actions taken by the Member States in relation to resolutions adopted by the meeting of Sub-Committee A of the Thirty-first Session of the Regional Committee (1984), and proposed the design of a questionnaire to be filled in by Member States for the follow-up of implementation of Regional Committee resolutions.

At its Fourth Meeting, the Regional Consultative Committee examined the follow-up report on the resolutions adopted by the meeting of Sub-Committee A of the Thirty-first Session of the Regional Committee and finalized the format of the questionnaire to be used. The Committee also noted resolutions of Regional interest adopted by the Seventy-sixth Session of the Executive Board and the Thirty-eighth Session of the World Health Assembly, which were introduced by the Regional Director. The Committee then discussed the guidelines for preparing a Regional programme budget policy and recommended that a working group be formed to develop such a policy. It would submit its recommendations to coming meetings of the Regional Consultative Committee and the Regional Committee.

The procedure of performing Joint Government/WHO Programme Review Missions was commended by the Consultative Committee. The meeting made several recommendations pertaining to improvements in the preparation, conduct and follow-up of the outcome of these Missions, including means for ensuring better briefing for nationals.

The first regional evaluation report of strategies for HFA/2000 was presented and discussed. Amongst the important recommendations made was the convening of a meeting for senior national decision-makers concerned with health planning. It should take place during the last week of November 1985 to discuss the best ways of using the information for action in health development. The opportunity will also be taken to further update and validate country data for inclusion in the Seventh Report on the World Health Situation.

Other recommendations made by the Committee included:

(a) Composition of a committee to revise rules of procedures of the Regional Committee for the Eastern Mediterranean;

(b) Recommendations restricting use of alcohol in medicaments when its use was not considered essential;

(c) Two topics, for the Technical Discussions and the technical paper, to be presented during the Thirty-third Session of the Regional Committee;

(d) Venues for the Thirty-third and Thirty-fourth Sessions of the Regional Committee;

(e) Request that the Regional Director submit to the next Regional Consultative Committee and the next Regional Committee a report on medical education, including the reasons for obstacles to change, and suggested solutions.

Following discussions, the Regional Committee endorsed the two reports of the Regional Consultative Committee and the recommendations contained therein.

VI-3. NOMINATION OF A MEMBER STATE TO THE JOINT COORDINATING BOARD OF THE SPECIAL PROGRAMME OF RESEARCH AND TRAINING IN TROPICAL DISEASES (Agenda item 12, document EM/RC32/10: decision 4)

The Regional Committee nominated the Islamic Republic of Iran to the Joint Coordinating Board of the Special Programme of Research and Training in Tropical Diseases for three calendar years starting 1 January 1986.

VI-4. NOMINATION OF A COUNTRY TO REPRESENT THE REGION AT THE MEETINGS OF THE HEALTH RESOURCES GROUP (HRG) (Agenda item 15(b), document EM/RC32/11: decision 5)

The Regional Committee nominated Djibouti to be the country to represent the Region at the meetings of the Health Resources Group for the calendar year 1986.

VI-5. HOSPICE HOSPITAL IN THE OCCUPIED TERRITORIES
(Agenda item 15(d): resolution EM/RC32/R.13)

The representative of Kuwait introduced this Agenda item.

He informed the meeting that the hospital, established by the Government of Jordan with the help of an Austrian Church Mission to serve Palestinians, has been closed by the Israeli Government. He requested the intervention of both the Director-General and the Regional Director to ensure that this hospital is reopened.

The issue was discussed in turn by representatives of the Palestine Liberation Organization and Jordan. It was felt necessary that coordination with the Austrian authorities, already initiated by the Government of Jordan, should be effected and all efforts be made to reopen the hospital. In the case of a negative response by Israel, the Director-General may be requested to take this matter to the World Health Assembly.

VI-6. INTER-COUNTRY COLLABORATION TO MEET THE HEALTH NEEDS OF PILGRIMS
(Agenda item 15(e))

The health needs of pilgrims were discussed extensively. Since any decisions taken in this connection would also affect pilgrims coming from countries outside the Region, and since every facility was already being extended to pilgrims by the Goverment of Saudi Arabia, it was felt that the topic required no further action on the part of the Regional Committee.

VI-7. PLACE AND DATE OF THE THIRTY-THIRD SESSION OF THE REGIONAL COMMITTEE, 1986
(Agenda item 14: resolution EM/RC32/R.16)

The Regional Committee thanked the Government of Kuwait for its offer to host the Thirty-third Session of the Regional Committee and fixed the dates of the meeting for 4 - 7 October 1986.

It further decided to hold the Thirty-fourth and Thirty-fifth Sessions of the Regional Committee in 1987 and 1988 in Iraq and in the Islamic Republic of Iran, respectively.

VII. CLOSING

VII.1. CLOSING STATEMENT

H.E. Dr Helmy El Hadidi, Minister of Health of Egypt, speaking on behalf of the Member States, expressed appreciation of the smooth conduct of the meeting and admiration for its careful preparation and management. He thanked the Director-General for hosting the meeting and the Headquarters staff for the facilities and assistance provided.

VII-2. CLOSING SESSION
(Agenda item 16: resolution EM/RC32/R.17)

The Committee adopted a resolution thanking the Director-General and the WHO Secretariat for the facilities afforded and wishing them every success in their endeavours.

VII-2.1. Adoption of the Report
(Agenda item 16: Decision 6)

The Committee considered the draft report of the meeting which was then adopted.

VII-2.2. Statement by the Director-General

The Director-General urged Member States to regard WHO as an ally and partner. The Eastern Mediterranean Region was fortunate in having strong religious beliefs to lead it towards social decency. Vast sums of money are spent on persuading people to adopt unhealthy habits, such as smoking, drugs and alcohol. He urged each individual to realize his potential to fight against these influences with their emotional and intellectual energies and more forward with optimism towards a better world.

THE MEETING WAS CLOSED.

VIII. RESOLUTIONS AND DECISIONS

The resolutions and decisions adopted by the Regional Committee in the course of the Session (resolutions EM/RC32/R.1-R.17 and decisions 1-6) were as follows:

VIII-1. RESOLUTIONS

EM/RC32/R.1 Regional Director's Biennial Report

The Regional Committee,

After reviewing the Biennial Report of the Regional Director for the period 1983-1985,[1]

APPRECIATES the continued effective collaboration between the Organization and Member States,

WELCOMES the Regional Director's emphasis on promotion of self-sufficiency in health care development and delivery,

REAFFIRMS the commitments of Member States to strengthen primary health care as the major strategy for attaining HFA/2000.

NOTES the progress achieved in various areas of health development in the Region in spite of the natural and man-made disasters that occurred during the period under review;

THANKS the Regional Director and his Secretariat for their efforts to further strengthen cooperation between WHO and Member States;

REQUESTS the Regional Director to continue his efforts in this direction;

URGES Member States to strengthen their collaborative mechanisms with WHO;

ENDORSES the Regional Director's Report for the 1984/1985 biennium.

EM/RC32/R.2 Guidelines for Preparing a Regional Programme Budget Policy

The Regional Committee,

Recalling resolutions EB75.R.7 and WHA38.11 in which the Executive Board and the Thirty-eighth World Health Assembly requested the regional committees

[1]Document EM/RC32/2

to prepare regional programme budget policies that ensure optimal use of WHO's resources at both regional and country levels in order to give maximum effect to the organization's collective policies;

Considering the critically important, catalytic role which WHO's resources play in support of national and regional strategies for Health for All throughout the Eastern Mediterranean;

Having considered the Guidelines for Preparing a Regional Programme Budget Policy[1];

1. DECIDES to develop a Regional programme budget policy to govern and ensure the optimal use of WHO's resources;

2. URGES Member States of the Region to participate fully in the preparation and implementation of the Regional programme budget policy;

3. REQUESTS the Regional Director, in collaboration with the Member States and in line with the policy guidelines, to develop a draft Regional programme budget policy for submission to the Thirty-third Session of the Regional Committee.

EM/RC32/R.3 Reports of the Regional Consultative Committee

The Regional Committee,

Having considered the two reports of the third and fourth meetings of the Regional Consultative Committee[2]

1. ENDORSES both reports of the Regional Consultative Committee;

2. COMMENDS the Regional Consultative Committee for the advisory support it continues to provide to the Region;

3. REQUESTS the Regional Director to take necessary actions to implement the recommendations of the Regional Consultative Committee;

4. REQUESTS the Regional Director to continue to ask the Regional Consultative Committee to consider 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;

5. URGES Member States to provide all necessary support to the Regional Director to implement these recommendations.

EM/RC32/R.4 Joint Government/WHO Programme Review Missions

The Regional Committee,

Having reviewed and examined the report on the Joint Government/WHO Programme Review Missions for 1985,[3]

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[1]Document EM/RC32/3
[2]Document EM/RC32/5
[3]Document EM/RC32/6

1. COMMENDS the importance and value of these joint reviews as a means of streamlining and directing collaborative efforts between Member States and the Organization towards the achievement of Health for All by the Year 2000;

2. RECOMMENDS:

2.1. That joint Government/WHO Programme Review Missions continue to be carried out every two years and that the missions take place during the first quarter of the second year of the biennium, thus allowing more time for replanning, and at the same time ensuring that the detailed Programme Budget for the following biennium can be considered;

2.2. That Programme Review Missions continue to consider all important matters pertaining to collaborative efforts between Governments and WHO, particularly national strategies for HFA/2000, programme budget implementation, monitoring and evaluation;

2.3. That Member States include in their national teams senior officials from other ministries related to health, particularly those ministries concerned with environmental health, water supplies, food hygiene, education, agriculture, etc. and that such national members receive briefing in programme budgeting and in making maximum utilization of WHO resources through regular visits to the Regional Office for in-depth programme reviews to enable them to prepare the necessary information for the joint reviews;

2.4. That such visits should take place during the first quarter of the first year of the biennium;

2.5. That WHO members of the mission should be conversant and knowledgeable about Member States of the Region and about WHO policies and procedures;

2.6. That the guidelines for the joint reviews should be further developed and clarified to ensure better preparation in future;

2.7. That whenever possible joint reviews should identify possible areas of inter-country activities;

2.8. That for the purpose of speeding up implementation of the recommendations in certain programme areas, e.g. fellowships, countries should assist in identifying suitable training institutions and that they should also prepare plans of action for WHO collaborative programmes for better utilization of resources and monitoring of their progress;

2.9. That Member States should consider seriously the obstacles referred to in the report and take remedial action on them immediately;

2.10. That the conclusions and recommendations of the joint review missions, once approved, serve as working guidelines for both the Government and WHO in implementation of their collaborative programme and that the recommendations be changed as little as possible and only after prior consultation betwen the Member States and the Organization and after their mutual agreement.

EM/RC32/R.5 Evaluation of the Strategy for HFA/2000 - Seventh Report on the World Health Situation Vol.6 - Eastern Mediterranean Region

The Regional Committee,

Having reviewed the report entitled "Evaluation of the Strategy for Health for All by the Year 2000 - Seventh Report on the World Health Situation, Vol.6 - Eastern Mediterranean Region"[1];

Recalling resolution WHA35.23 in which the Thirty-fifth World Health Assembly approved the Plan of Action for Implementing the Global Strategy for HFA/2000, and resolution EM/RC31A/R.7 in wich the Regional Committee, inter alia, gave guidelines on the preparation of the report under review;

Reaffirming resolution WHA34.36 concerning the Global Strategy for HFA/2000, and resolutions EM/RC30A/R.5 and EM/RC31A/R.7 concerning the Regional monitoring and evaluation of the strategies;

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

Recognizing that thorough analysis of the health situation and reporting on it openly to other Member States, thus enhancing mutual trust among them and between them and the Organization, are essential for the effective implementation of the national and regional strategies;

Recalling with satisfaction that the majority of the Member States in the Region gave accounts on progress and effectiveness of their strategies;

1. APPROVES the Regional report on evaluation of the strategy for HFA/2000, allowing Member States, if they wish, to update the information submitted earlier, and requests the Regional Director to submit it for inclusion in the global evaluation;

2. NOTES with satisfaction the progress achieved by Member States and by the Organization towards evaluating the effectiveness of the national and Regional strategies;

3. URGES Member States to:

(1) further validate and update the information in the national evaluation reports before the end of November 1985;

(2) utilize the national evaluation reports as working documents and as an important reference source for action for health in the countries;

(3) capitalize on the prevailing strong commitment to HFA/2000 as policy at the highest official levels to increase allocations to the health services out of the national budgets or GNP in general;

[1]Document EM/RC32/7

(4) reallocate more resources to primary health care, particularly for underserved population groups, aiming at more equitable distribution of resources, while at the same time ensuring that the quality and functioning of the health care delivery system keep pace with its expansion;

(5) rationalize the use of national resources and external funding for health programmes based on PHC, through better coordination within the health sector and better collaboration with other sectors in health-related activities;

(6) pay greater attention to strengthening the managerial capacity of their health services and the information systems in order to provide adequate information support to the managerial process;

(7) continuously provide the Organization with relevant data and publications to enable it to carry out its collaborative programmes effectively;

4. REQUESTS the Regional Director to:

4.1. arrange for an inter-country meeting for senior national decision-makers concerned with health planning before the end of November 1985, to finalize validating and updating of the report, and to formulate a plan of action for the appropriate utilization of the results of the evaluation at country and Regional levels;

4.2. utilize the national and Regional evaluation report, as the guide for joint Government/WHO action for health development in the countries;

4.3. ensure the provision of support to Member States for the implementation and the continuous monitoring and evaluation of their strategies, including the establishment of appropriate relevant mechanisms for, and the generation, analysis and utilization of supporting information;

4.4. follow-up the formulation of strategies and plans of action by Member States which have not yet completed that process, and the updating of national and Regional strategies and plans of action as deemed necessary.

5. RECOMMENDS that monitoring and evaluation on a global level be undertaken every three years instead of every two, as at present, in order to give more time to strengthen the national evaluation process and related information support.

EM/RC32/R.6 — Report on the Ninth and Tenth Meetings of the EM/ACMR

The Regional Committee,

Having considered the report on the Progress of WHO-sponsored Research Activities during the period 1983-1985[1], and

[1]Document EM/RC32/8

Recalling resolution EM/RC30A/R.8, in which Member States were urged to include health research in their national policies and plans related to HFA/2000, and to collaborate with the Organization in strengthening their capabilities,

Reiterating the importance of biomedical, health services and health-promoting research to the implementation of national strategies for HFA/2000,

1. URGES Member States to:

 1.1. establish and/or strengthen appropriate national mechanisms for managing and coordinating medical research;

 1.2. focus the content and scope of the research activities on problems related to the national strategies of HFA/2000 and to continue collaborating with the Organization for this purpose;

 1.3. create effective links between health personnel and research workers and planners, and

 1.4. establish a just career structure for research workers, with the provision of appropriate incentives.

2. COMMENDS the Regional Director and the EM/ACMR for their continuing support of the activities aimed at improving the management and upgrading the quality of research, training health personnel in research methodology, strengthening institutions' research capabilities, and ensuring rapid dissemination and utilization of the results of the research;

3. REQUESTS the Regional Director to:

 3.1. carry out a study on the impact of various Regional research activities on the development of medical research in Member States:

 3.2. present a report on the progress of research activities to the Thirty-fourth Session of the Regional Committee in 1987.

EM/RC32/R.7 Coordination of International Collaboration

The Regional Committee,

Having taken note of the joint policy statement of the Regional Directors of WHO/EMRO and UNICEF/MENA Regions;

Realizing the importance of coordination of involvement of international agencies in the health field;

WELCOMES the initiative taken by both Regional Directors;

CALLS for other international agencies working in health fields in the two Regions to follow this example;

URGES Members States to play their coordinating role in the field of health, taking into consideration this policy statement and other similar ones,

REQUESTS the Regional Director to extend all possible assistance to Member States in carrying out their coordinating role.

EM/RC32/R.8 Health and Medical Assistance to Lebanon

The Regional Committee,

Taking note of the serious effects of the continued military operations in Lebanon resulting in the tragic situation to which the population of Lebanon is exposed;

Recalling the World Health Assembly resolution WHA38.26 on health and medical assistance to Lebanon;

Considering that there are real dangers for the health of the Lebanese population;

CALLS upon Member States to increase their support to Lebanon;

REQUESTS the Regional Director:

To coordinate between international and regional organizations, and the Council of the Arab Ministers of Health, in meeting the immediate needs of Lebanon.

EM/RC32/R.9 Use of Alcohol in Medicaments

The Regional Committee,

Considering the recommendations submitted by the Regional Consultative Committee in its Meeting on Alcohol in Medicaments held in Geneva on 4 and 5 October 1985;

Taking note of the fact that the American Academy of Pediatrics has already asked for the removal of alcohol from paediatric and other drugs;

Considering that alcohol is present in many medicaments at concentrations which are not only unnecessary but also potentially harmful;

Noting that there is general agreement amongst pharmacists and pharmaceutical chemists that alcohol in medicaments could be replaced by non-alcoholic substances whether used as a solvent, preservative or vehicle;

DECIDES as follows:

1. No drug containing alcohol should be registered for internal use unless it has been demonstrated to the satisfaction of the national regulatory authority that the alcohol is an essential ingredient and cannot be substituted by a non-alcoholic substance, and that the concentration of alcohol used cannot be reduced.

2. A survey should be undertaken by each Member State to determine all the pharmaceutical preparations containing alcohol on the national drug

market. The purpose the alcohol serves in the product concerned should be elicited.

3. Continuing efforts should be made to seek alternative preparations not containing alcohol and subsequently withdraw registration from the preparations containing alcohol.

4. To bring the matter to the attention of the World Health Assembly in order to consider issuing a relevant resolution at the global level for the benefit of countries of other regions.

EM/RC32/R.10 Acquired Immune Deficiency Syndrome (AIDS)

The Regional Committee,

Having reviewed the paper presented by WHO Eastern Mediterranean Regional Office on the Acquired Immune Deficiency Syndrome;

Noting that this disease is highly fatal and that there are to date no specific preventive and curative measures for it;

Realizing the potential hazards that may ensue as a result of the spread of this disease in the Region;

In view of the need to adopt measures to evaluate the situation in the Region and prevent the spread of this disease;

1. URGES Member States:

1.1. To make available to the public appropriate and balanced information on this disease, particularly on its modes of spread and methods of prevention;

1.2. To initiate surveillance of the disease;

1.3. To take the appropriate measures to prevent blood and blood products from becoming sources of infection.

2. REQUESTS the Regional Director:

2.1. To ensure the regular provision to Member States of up-to-date information on the Acquired Immune Deficiency Syndrome, particularly on methods of disease prevention, diagnosis and management of cases;

2.2. To cooperate with Member States to develop their national capabilities to diagnose the disease, through holding training courses and symposia on the subject;

2.3. To cooperate with Member States in establishing Regional centres, laboratory diagnosis, epidemiology and research.

2.4. To encourage smooth information exchange on the occurrence of the disease in the Region.

2.5. To mobilize the necessary resources for establishing a Regional programme for the prevention and control of the disease.

EM/RC32/R.11 Health Personnel Education

The Regional Committee,

Realizing the important role of adequately and appropriately trained health personnel in general and physicians in particular in the implementation of national health strategies through primary health care;

Concerned that medical education in particular and health personnel education in general is still being conducted in the traditional hospital environment and does not therefore respond to national community health needs;

Aware that such education and training is being conducted in most countries in a foreign language;

1. EXPRESSES concern about the suitability of such education and training to meet the requirements of achieving the goals of HFA/2000 through Primary Health Care (PHC);

2. REQUESTS the Regional Director to:

2.1. Establish a Working Group to examine the state of medical education and the training of other health personnel in countries of the Region with the aim of:

(a) Identifying the obstacles to change in such education and training and their reorientation to meet the national community needs to fulfil the requirements of primary health care;

(b) Suggesting lines of action for national educational and health authorities to overcome these obstacles and ensure that such education will be reoriented to fulfil national community needs and respond to the requirements of PHC;

2.2. Support Member States in the use of national languages in the education and training of health personnel;

2.3. Report to the next Regional Committee on the progress in implementation of this Resolution.

3. REQUESTS Member States of the Region to:

3.1. Cooperate with the Working Group by providing it with the necessary information related to the education of medical and other health personnel and putting at its disposal any studies or data available and relevant to the objectives of the Group.

3.2. Foster cooperation and consultation between those responsible for the education of health personnel and those responsible for utilization of the services of such personnel for the purpose of

attaining their optimal utilization in providing comprehensive and equitable health care to the population in line with the concepts of PHC.

3.3. Examine the possibility of using local languages in medical and other health personnel training and take steps in this direction.

EM/RC32/R.12 — Update of the Expanded Programme on Immunization in the Eastern Mediterranean Region

The Regional Committee,

Having considered the progress report of the Expanded Programme on Immunization (EPI) in EMR,[1]

Noting the progress so far achieved in the Region,

Realizing that with the present rate of progress some countries may not be able to reach the target of providing vaccination to all children by the year 1990,

Feeling that many programmes must be accelerated to reach set targets and that adequate steps must be taken to solve managerial problems facing the Programme:

1. ENDORSES the recommendations of the EPI meetings in Lahore (May 1984) and the Tunisia (July 1985) which call for accelerating EPI to meet the set yearly/national coverage and disease reduction target;

2. URGES Member States to provide extra support to their EPI and coordinate international support appropriately;

3. REQUESTS the Regional Director to:

3.1. Make available all necessary technical support to the Member States.

3.2. Continue strengthening coordination with UNICEF and other international agencies in order to provide all necessary support to the countries in need.

3.3. Report to the 34th Session of the Regional Committee Meeting on progress achieved in meeting requirements of this resolution.

EM/RC32/R.13 — Closing down the Hospice Hospital in the Occupied Territories

The Regional Committee,

Taking note of the conditions which led to the closing down of the Hospice Hospital in Occupied Jerusalem by the Israeli occupation armed forces;

[1] Document EM/RC32/9

Considering the fact that the Hospice Hospital was rendering valuable free health services to the population of the West Bank since its establishment by the Government of Jordan;

Considering the fact that the closing down of the Hospice Hospital has resulted in a shortage of the health services which were rendered to the Arab citizens in the occupied West Bank;

DECIDES

1. To request the Director-General of the World Health Organization and the WHO Regional Director for the Eastern Mediterranean to exert efforts for the reopening of this hospital in the occupied city of Jerusalem, so that it may resume its services to the Arab citizens in the occupied territories;

2. To request the Director-General of the World Health Organization, in case no positive results are achieved, to submit the matter to the World Health Assembly in its forthcoming session in May 1986.

EM/RC32/R.14 Technical Discussions "Water, Sanitation and Health"[1]

The Regional Committee,

Considering the close correlation between the provision of adequate quantities of drinking water and availability of sanitary facilities on the one hand, and the well-being of the communities on the other;

Referring to Resolution EM/RC31A/R.9 of the Regional Committee on "Inter-Sectoral Collaboration in Health Development"

1. URGES Health Authorities of Member States;

   1.1. to give high priority to the provision of safe drinking water and sanitary facilities in national health planning;

   1.2. to fulfil their roles in the area of health education, water quality control, community participation, technology transfer and intra- and inter-sectoral cooperation;

   1.3. to establish "focal points" in their Environmental Health Divisions as well as in the Ministries dealing with water and sanitation and promote the IDWSSD and further inter-sectoral coordination;

   1.4. to organize orientation workshop(s) for Decade focal points established in the Environmental Health Division of the Ministries of Health;

[1]Document EM/RC32/Tech.Disc./1

1.5. to establish and strengthen the Environmental Health Division in the Ministries of Health to facilitate national and international coordination;

2. REQUESTS the Regional Director:

2.1. to establish a Decade Advisory Committee composed of senior representatives from amongst major technical water and sanitation sector agencies to monitor Decade progress in the Region and recommend measures, where required, for accelerating Decade progress.

2.2. To assist Member States in fulfilling the requests of this resolution.

EM/RC32/R.15 Subject of Technical Discussions in 1986

The Regional Committee,

Having considered the recommendations of the Regional Consultative Committee in its Fourth Meeting held in Geneva, 4 and 5 October 1985, in relation to the subject of the Technical Discussions during the Thirty-third Session of the Regional Committee for the Eastern Mediterranean, 1986,

DECIDES that the subject of the Technical Discussions shall be "Adolescence, health and social development";

FURTHER DECIDES that the subject of the Technical Paper shall be "Essential Drugs".

EM/RC32/R.16 Place and Dates of Future Sessions of the Regional Committee

The Regional Committee,

Thanking the Government of Kuwait for its offer to host the Thirty-third Session of the Regional Committee for the Eastern Mediterranean in 1986 in Kuwait;

DECIDES that the Thirty-third Session of the Regional Committee will be held in Kuwait from Saturday 4 October to Tuesday 7 October 1986; and

FURTHER DECIDES that the Thirty-fourth and Thirty-fifth Sessions of the Regional Committee will be held in Iraq and the Islamic Republic of Iran respectively.

EM/RC32/R.17 Vote of Thanks

The Regional Committee,

EXTENDS to the Director-General, Dr Halfdan Mahler, its gratitude for accepting to host the Thirty-second Session of the Regional Committee in the WHO Headquarters, Geneva;

FURTHER thanks the WHO Headquarters staff for the facilities and assistance provided by them;

WISHES the Director-General and his Secretariat continued success in their endeavours.

VIII-2. DECISIONS

1. Election of Officers
(Agenda item 2)

The Committee elected its officers as follows:

Chairman: H.E. Dr Mohamed Ahmed Al Kabab (Yemen)

Vice-Chairmen: Dr Hussein Suleiman Abu Salih (Sudan)
Mr Haralambos Hadjipanayiotou (Cyprus)

Chairman of Technical Discussions: Dr Bijan Sadrizadeh (Islamic Republic of Iran)

2. Adoption of the Agenda
(Agenda item 3)

The Committee adopted the Provisional Agenda as amended (EM/RC32/1 Rev.1).

3. Resolutions and Decisions of Regional Interest adopted by the Thirty-eighth World Health Assembly and by the Executive Board at its Seventy-fifth and Seventy-sixth Sessions
(Agenda item 6: document EM/RC32/4)

The Committee reviewed and noted the decisions and resolutions of Regional interest adopted by the Thirty-eighth World Health Assembly and by the Executive Board at its Seventy-fifth and Seventy-sixth Sessions.

4. Nomination of a Member State to the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases
(Agenda item 12: document EM/RC32/10)

The Regional Committee noted the expiry of the term of office of Yemen. It nominated the Islamic Republic of Iran to fill the vacancy for the Eastern Mediterranean Region on the Joint Coordinating Board for a period of three years starting 1 January 1986.

5. Nomination of a Member State to Represent the Region at the Meetings of the Health Resources Group (HRG)
(Agenda item 15(b): document EM/RC32/11)

The Regional Committee nominated Djibouti to represent the Region in the health Resources Group (HRG) to serve for the calendar year 1986.

6. Adoption of the Report
(Agenda item 16: document EM/RC32/3)

The Regional 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

Thirty-second Session of the Regional Committee for the Eastern Mediterranean

1.	Opening of the Session	
2.	Election of Officers	
3.	Adoption of the Agenda	EM/RC32/1 Rev.1
4.	Biennial Report of the Regional Director to the Thirty-second Session of the Regional Committee	EM/RC32/2
5.	Guidelines for Preparing a Regional Programme Budget Policy	EM/RC32/3
6.	Resolutions and Decisions of Regional Interest adopted by the Thirty-eighth World Health Assembly and by the Executive Board at its Seventy-fifth and Seventy-sixth Sessions	EM/RC32/4
7.	Reports of the Regional Consultative Committee	EM/RC32/5
8.	Report on the Joint Government/WHO Programme Review Missions	EM/RC32/6
9.	Evaluation of the Strategy for Health for All by the Year 2000	EM/RC32/7
10.	Report on the Progress of WHO-Sponsored Research Activities in the Region	EM/RC32/8
11.	Technical Matters:	
	- Update of the Expanded Programme on Immunization in the Eastern Mediterranean Region	EM/RC32/9
12.	Special Programme for Research and Training in Tropical Diseases - Nomination of a member from EMR to the Joint Coordinating Board	EM/RC32/10
13.	Technical Discussions	
	- Water, Sanitation and Health	EM/RC32/ Tech.Disc./1

14. Place and date of the Thirty-third Session of the Regional Committee, 1986

15. Other matters:

(a)	Subject of Technical Discussions in 1986	
(b)	Nomination of a country to represent the Region at the meetings of the Health Resources Group (HRG)	EM/RC32/11
(c)	Onchocerciasis Control Programme Activities in Africa	EM/RC32/12
(d)	Hospice Hospital in the Occupied Territories	
(e)	Inter-country collaboration to meet the health needs of pilgrims	

16. Adoption of the Report and Closure of the Session

ANNEX II

LIST OF REPRESENTATIVES, ALTERNATES, ADVISERS AND OBSERVERS TO THE THIRTY-SECOND SESSION OF THE REGIONAL COMMITTEE

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

AFGHANISTAN

Representative

Mr Akbar Kherad
Chargé d'Affaires
Permanent Mission of the Democratic Republic of Afghanistan to the UN and other International Organizations at Geneva
Geneva

BAHRAIN

Representative

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

Alternate

Dr Ibrahim Mohamed Yacoub
Assistant Under-Secretary
Ministry of Health
Manama

Advisers

Mr Ismail Akbari
Chief, International, Arab and Public Relations
Ministry of Health
Manama

Mr Nabeel Al-Rumaihi
Personal Secretary to the Minister of Health
Ministry of Health
Manama

CYPRUS

Representative

Mr Haralambos Hadjipanayiotou
Director-General
Ministry of Health
Nicosia

DEMOCRATIC YEMEN

Representative	Dr Ahmed Ali Abdul-Latif Director of Primary Health Care Ministry of Health Aden
Alternate	Mr Abood Ahmed Basorrah Director of Foreign Relations Ministry of Health Aden
Adviser	Mr Hamed Mohamed Obadi Counsellor Permanent Mission of Democratic Yemen to the UN Office and other International Organizations at Geneva Geneva

DJIBOUTI

Representative	H.E. Mr Mohamed Adabo Kako Minister of Public Health Ministry of Public Health Djibouti
Alternate	Dr Abbate Ebo Adou PHC Coordinator Ministry of Public Health Djibouti
Adviser	Mr Ahmed Taleb Ragueh Chef de Cabinet Ministry of Public Health Djibouti

EGYPT

Representative	H.E. Dr Helmy El Hadidi Minister of Health Ministry of Health Cairo
Alternate	Dr Alia Hussein Ayoub Under-Secretary of State for Development and Research Ministry of Health Cairo
Advisers	Dr Helmy Sayed Helmy Director-General Foreign Health Relations Department Ministry of Health Cairo

	Ms. Susan Gamil Nooh Third Secretary Permanent Mission of the Arab Republic of Egypt to the UN and other Specialized Agencies Geneva

IRAN, ISLAMIC REPUBLIC OF

Representative	Dr Bijan Sadrizadeh Acting Under-Secretary for Health Affairs Ministry of Health Teheran
Alternate	Dr Parviz Rezai Director-General, Malaria Eradication and Communicable Disease Control Ministry of Health Teheran
Advisers	Eng. Seyed Bagher Hosseini Director-General Environmental Health Department Ministry of Health Teheran
	Mr Mohammad Ali Abbassi Tehrani Director-General International Relations Department Ministry of Health Teheran

IRAQ

Representative	H.E. Dr Sadek Hameed Alwash Minister of Health Ministry of Health Baghdad
Alternate	Dr Munthir Abdul-Razzak Al-Najjar Director-General for International Health Relations Ministry of Health Baghdad
Advisers	Dr Saadoun Khalifa Mehdi Al-Tikriti Professor of Social Medicine and Head of Department Medical College Baghdad University Baghdad

	Dr Alim Saleem Hassoun Deputy Director-General International Health Relations Ministry of Health Baghdad
	Dr Jasim Inad Mutlak Adviser to Ministry of Health Ministry of Health Baghdad
	JORDAN
Representative	H.E. Dr Zaid Hamzeh Minister of Health Ministry of Health Amman
Alternate	Dr Hani Oweis Director of Supply Ministry of Health Amman
Adviser	Mr Hisham Muhaisen Plenipotentiary Minister Permanent Mission of the Hashemite Kingdom of Jordan to the UN Office at Geneva and the Specialized Agencies in Switzerland Geneva
	KUWAIT
Representative	H.E. Dr Abdul-Rahman Al-Awadi Minister of Public Health Ministry of Public Health Kuwait
Alternate	Dr Ali Youssef Al-Saif Director, Department of International Health Relations Ministry of Public Health Kuwait
Advisers	Dr Saleh Al-Kandari Director Infectious Diseases Hospital Safa Kuwait

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

LEBANON

Representative	H.E. Mr Joseph Al-Hachem Minister of Health and Social Affairs Ministry of Health and Social Affairs Beirut
Alternate	Mr Joseph Abi-Saleh Director-General Ministry of Health and Social Affairs Beirut
Advisers	Dr Mohamed Mohanna Director of Preventive Medicine Ministry of Health and Social Affairs Beirut
	Dr Michel Nasr Special Adviser to H.E. The Minister of Health Ministry of Health and Social Affairs Beirut
	Dr Hicham Dimachkié Représentant Permanent Adjoint de la Mission Mission Permanente du Liban auprès de l'Office des Nations Unies et des Institutions spécialisées à Genève Genève

LIBYAN ARAB JAMAHIRIYA

Representative	Mr Oun-El-Hadi Oun Director-General of Planning and Follow-up General People's Committee for Health Tripoli
Alternate	Mr Habib Ismail Tamer Director-General of Health Manpower Development General People's Committee for Health Tripoli

Adviser	Dr Ali Al Raghi Director-General of Community Health General People's Committee for Health Tripoli
	OMAN
Representative	Mrs Fatima Bint Abdulla Al-Ghazali Permanent Mission of the Sultanate of Oman to the UN Office and the Specialized Agencies at Geneva Geneva
Alternate	Mr Awadh Bin Nasser Al-Jabry First Secretary Permanent Mission of the Sultanate of Oman to the UN Office and the Specialized Agencies at Geneva Geneva
Adviser	Mrs Nada Doumani Attachée locale Permanent Mission of the Sultanate of Oman to the UN Office and the Specialized Agencies at Geneva Geneva
	PAKISTAN
Representative	Dr Aminuddin Deputy Director-General, Health Ministry of Health and Social Welfare Islamabad
Alternate	Mr Zamir Akram Second Secretary Permanent Mission of Pakistan to the UN Office and the Specialized Agencies at Geneva Geneva
	QATAR
Representative	H.E. Mr Khaled Mohamed Al-Mana Minister of Public Health Ministry of Public Health Doha
Alternate	Dr Khalifa Ahmed Mohd. Al-Jaber Director of Preventive Medicine Ministry of Public Health Doha

Advisers	Mr Mohammed Ghulum Abu-Alfain Director, Office of Minister Ministry of Public Health Doha
	Mr Abdul Hakim Ali Al-Abdulla Director, International Relations Ministry of Public Health Doha
	SAUDI ARABIA
Representative	H.E. Mr Faisal Ibn Abdul Aziz Al-Hujailan Minister of Public Health Ministry of Public Health Riyadh
Alternate	Dr Jalal Mohammed Aashi Assistant Deputy Minister for Preventive Medicine Ministry of Public Health Riyadh
Advisers	Mr Awwad Owaid Al-Khattabi Director Department of International Health Ministry of Public Health Riyadh
	Mr Nazmi Hassan Qutub Director, Foreign Relations Minister's Office Ministry of Public Health Riyadh
	Mr Mohammad Abdul Rahman Al Issa Director-General Ministry of Municipality and Rural Affairs Riyadh
	SOMALIA
Representative	Dr (Mrs) Raqiya Haji Dualeh Vice-Minister Ministry of Health Mogadishu
Alternate	Mr Yassin Farah Ismail Director-General, Planning and Administration Division Ministry of Health Mogadishu

Adviser	Dr Ahmed Sherif Abbas Director-General of Preventive Medicine Ministry of Health Mogadishu
	SUDAN
Representative	H.E. Dr Hussein Suleiman Abu-Salih Minister of Health Ministry of Health Khartoum
Alternate	Dr Zuheir Ali Nur Director-General International Health Affairs Ministry of Health Khartoum
	SYRIAN ARAB REPUBLIC
Representative	Dr Mustafa Kamal Baath Vice-Minister of Health Ministry of Health Damascus
Alternate	Dr Walid Haj Hussein Director of International Relations Ministry of Health Damascus
	TUNISIA
Representative	H.E. Dr Souad Lyagoubi-Ouahchi Ministre de la Santé publique Ministère de la Santé publique Tunis
Alternate	Dr Mohamed Hechmi Saied Directeur Inspecteur général Ministère de la Santé publique Tunis
Advisers	Mr Mourad Ghachem Chargé de Mission Ministère de la Santé publique Tunis
	Mr Sadok Atallah Ingénieur Directeur de l'Hygiène du Milieu et de la Protection de l'Environnement Ministère de la Santé publique Tunis

Dr Alya Mahjoub-Zarrouk
Chef de Service de l'Organisation des Soins
de la Santé de Base
Ministère de la Santé publique
Tunis

Professor Hedi Ben Maiz
Vice Doyen
Faculté de Médicine
Université de Tunis
Tunis

Dr Hedi Achouri
Directeur régional de la Santé publique
Direction régionale de la Santé publique
Le Kef 7100
c/o Ministère de la Santé publique
Tunis

UNITED ARAB EMIRATES

Representative

H.E. Mr Hamad Abdul Rahman Al Madfa
Minister of Public Health
Ministry of Public Health
Abu Dhabi

Alternate

Dr Abdul Wahab Al-Muhaideb
Assistant Under-Secretary for
Preventive Medicine
Ministry of Health
Abu Dhabi

Advisers

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

Mr Abdul Ghaffar Abdul-Ghafour
Director of School Health
Ministry of Health
Abu Dhabi

YEMEN

Representative

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

Alternate

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In the name of God, the Compassionate, the Merciful

ANNEX III

ADDRESS BY
DR HUSSEIN A. GEZAIRY
REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN
TO THE OPENING MEETING OF
THE THIRTY-SECOND SESSION OF THE REGIONAL COMMITTEE

Geneva, 7-10 October 1985

Your Excellencies, Ladies and Gentlemen,

One of the highlights of the year in my work is the Regional Committee meeting, when I have the pleasure of meeting you, my colleagues and friends from Member States, who have accepted the responsibility for, and dedicated themselves to, improving the health of the people of our Region. As you all know, we had originally planned to hold this meeting in Kuwait at the cordial invitation of the Kuwait Government. I would like, once again, to express my gratitude for that invitation, and my apologies to all of you for any inconvenience which the change in the venue of the meeting to Geneva might have caused you.

I take this opportunity to welcome Dr Halfdan Mahler, Director-General, to our meeting and to thank him for agreeing to convene the Regional Committee in Geneva. Dr Mahler's interest, enthusiasm and devotion to health development in Member States is well known to all of you. His untiring efforts in the international health field have gained him the respect and appreciation of all countries.

I would like also to welcome our colleagues from international agencies and non-governmental organizations who are participating with us in this meeting, and my thanks are due to our guests, the heads of diplomatic missions and other colleagues whose attendance at this opening session is most welcome.

Though I have had, in the course of the year, the opportunity of seeing many of you individually or at small gatherings, it is at this meeting that we can all together review progress, discuss our successes and failures, examine the difficulties we have faced or are facing and, considering these, take the appropriate decisions that will guide our course towards Health for All.

You will see from my biennial report, and from the reports in the technical papers and Technical Discussions, that some gratifying progress has been achieved in many sectors.

However, the last year has, in a number of our Member States, been clouded by events that have overshadowed the normal priorities and that have impeded progress. There have been terrible droughts which, in some areas, have led to famine. Even when it was neighbouring countries that were primarily affected, the stream of refugees into several of the Member States of our Region has brought with it its own particular problems. In addition, civil strife and armed conflicts have continued to cause great loss of life, and have created a huge burden of maimed, sick and malnourished persons. In all this, the children have not been spared; we often say that it is on the children that we build our hopes; but we have to make for them a world in which they are not sick, not hungry, not frightened - we must create for them a world in which hope is not crushed out of them before they reach maturity.

These tribulations mentioned above have made it difficult for many Member States to use the available resources, including those of WHO, optimally. Time and again, the governments, and WHO and its sister agencies, have been forced to meet emergencies, and it is well known that emergencies are, in economic terms, wasteful of funds. I am, however, pleased that WHO was able to respond effectively to the urgent requests of the needy. Equally, I have been impressed, as we all must have been, by the ready and solid bilateral support that has been provided by the better off Member States to those subjected to adversity. I hope that circumstances will permit the continuation of - indeed, an increase in - this support so as to encompass more of the problems faced in the Region. It is opportune here to refer to the Voluntary Fund for Health Promotion established by you last year. Little has, as yet, been donated or promised, but I am sure that you need no urging to make donations so that this fund can be built up into a useful resource.

Let us now turn away from disasters, and look at the normal problems that beset any undertaking, and which require constant vigilance and positive action if they are to be overcome. Lack of resources does indeed impede progress towards Health for All through primary health care; however, there is also evidence of inappropriate application, wastage, and inability to make use of available resources, all of which have had the effect of lessening the progress that could, and should, have been achieved . Hence the increasing emphasis which the Regional Office has been placing on developing and strengthening the managerial process for national health development, the application of which will enable mobilization and more rational use of resources, both internal and external, for health development.

In promoting the managerial process in Member States, WHO has held inter-country meetings on management for senior-level health managers, and participants from all countries of the Region have now attended one or other of the three courses. In addition, WHO has assisted with national management courses and promoted the inclusion of management elements in training courses for health services personnel.

Part of the management function in countries is the development and updating of health manpower plans. WHO is assisting countries with these tasks and also with a related undertaking, that of strengthening their training institutions so that these are able to meet the countries' needs

for manpower. In giving this support, WHO lays stress on the need for quality as well as quantity.

The emphasis placed on the managerial process is but one component of our efforts to further national self-reliance by all possible means; indeed, I chose this theme for the Introduction to my Biennial Report because it is the silver thread that links so many of our collaborative activities.

In this context, I wish to mention the vital role that intelligent and enthusiastic community participation can play in promoting self-reliance and the effective mobilization of the available national resources for health care. However, optimum support from communities will only be obtained when they are actively involved in decisions pertaining to their health. This is an element that is being given appropriate weight in all our management training courses.

As part of our efforts in the Regional Office to promote and strengthen community involvement and advocacy for health, we have actively sought to work with religious leaders, women's organizations and school teachers, to identify what roles they can play in support of primary health care. A particularly important and new activity recently initiated has as its objective the development of action-oriented health curricula for primary, intermediate and secondary schools, aimed not only at furthering healthy practices among children, but also at ensuring that they have a role in initiating discussion about healthy life-styles among their families, thus increasing awareness within the community of the importance of such diverse matters as prevention of disease, good water and sanitation, protection of the environment and, in particular, proper nutrition.

All these things will have reminded you of the need for, and importance of, intersectoral action for health, particularly at the community and family level. This, you will remember, was the subject of your Technical Discussions in last year's meeting. While it is true that it is at the community level that the intersectoral nature of the action for implementation of the strategy for Health for All is most obvious, let me reiterate that effective intersectoral cooperation is required at all levels in government, for attainment of HFA/2000. This important area still needs to be given more attention by Member States.

Health information, which countries require for decision-making and management of health activities at all levels is another area that still needs improvement and strengthening, as does the exchange of information between the Organization and its Member States.

I wish specifically to refer to the involvement of the World Health Organization in the collection, collation and dissemination of health and health-related information which is a responsibility embodied in its Constitution. A major task facing the Organization world-wide is to help provide a true picture of world health. It is pertinent to quote the Director-General, who recently stated that "information is the most important issue we have to attack in the coming years, because if we have the information, and it is right, it can be used to effect change".

This brings me to a major collaborative activity that the Member States have been undertaking in support of their strategies for Health for All, namely, the evaluation of those strategies using the Common Framework and Format developed by the Organization. Twenty of the twenty-two countries of the Region have responded by sending in data, though, in a few cases, an alternative mode of reporting was preferred due to the status of health information and statistics. On the basis of the information received, the Regional Office has prepared the Regional Evaluation, giving an overview of the status of health in the Region as a whole, and the Evaluation by Country and Area, containing information which has been sent to the countries for validation. Most of these country evaluations have been received back with appropriate comments from the Member States concerned. You will be considering these reports in this Session of the Regional Committee before they are transmitted to the Executive Board and World Health Assembly in 1986. It will therefore be possible, under the relevant item of the Agenda, to discuss the outcome of our experiences and the lessons learnt, in order to further improve and sustain the process of evaluation as a means of strengthening health development. The reports will, when approved, form one part of the publication "Evaluation of the Strategy for Health for All by the Year 2000, Seventh Report on the World Health Situation".

The role of human behaviour in the causation of disease has been obvious for quite some time. However, the need for efforts by health workers to modify human behaviour is only just beginning to be appreciated. The Regional Office initiated certain activities in this connection some years ago and these are being reactivated, with emphasis being placed on training health workers in relevant techniques.

I will now turn to an important undertaking, namely the Joint Government/WHO Programme Reviews which were initiated two years ago. With your enthusiastic support, for which I am very grateful, we have completed the second series of reviews in all countries of the Region. The reviews have become an important management tool for ensuring effective collaboration between WHO and the Member States in support of their national strategies for Health for All by the Year 2000. In further support of national strategies, there have also been in-depth reviews focusing on certain primary health care components (e.g. immunization, maternal and child health, nutrition) in nine countries during the biennium. All these reviews are planned and implemented jointly with the Government and in collaboration with other UN Agencies, particularly UNICEF, and bilateral agencies involved. The aim is to determine what actions are needed to improve delivery of programmes and to draw up a plan for their implementation.

This year the Organization embarks on the preparation of the Eighth General Programme of Work for the period 1990-95 and its medium-term programmes. In preparing the General Programme of Work we will ensure that it reflects national and regional needs as identified in our consultation with Member States in the joint reviews and in the light of evaluation of the national strategies for Health for All.

Special efforts have been made to promote, at country level, the physical and functional integration of various primary health care components to improve their delivery. In this context, the concepts of

an Integrated Health Programme and an Accelerated Health Programme were introduced in some countries. The former brings together the various components of primary health care with the aim of implementing them, first, in one area of a country and then, using the experience gained, extending coverage to the rest of the country in stages. Such a programme is now being planned in four countries. The latter programme involves the acceleration of one component of primary health care, this serving as a spearhead that will carry in its wake the other components.

However, to promote implementation of primary health care, it is essential that all partners in these activities fully understand its meaning and purpose. To this end, we are giving our full support to the development of primary-health-care-oriented curricula in medical schools, other health personnel training institutions, and in the courses for health managers.

Excellencies, Ladies and Gentlemen,

In the past two years, there has been increasing awareness of the problems arising from teaching and practising the health professions in a foreign language. I have spoken about community involvement, intersectoral cooperation and related matters. But how can health service personnel communicate if a large portion of their thinking and vocabulary is in a language which is foreign to the communities they serve and to their counterparts in other sectors with whom they should cooperate? This has led us, in the Regional Office, to initiate a major activity for promoting the use of national languages in the education and training of all groups of health personnel including physicians. The aim of this activity is to facilitate the preparation, production and use of teaching/learning materials in the national languages of the Region - Arabic, Dari, Persian, Urdu and others - in response to Member States' needs.

With regard to disease surveillance at national level, in addition to the diseases to be reported to WHO, each Member State makes certain other diseases notifiable to its health authorities, namely those which cause marked morbidity or mortality in the country. However, since disease is no respecter of national boundaries, data derived from epidemiological surveillance assume both a Region-wide and a global importance. It was this aspect that prompted EMRO to launch the Epidemiological Bulletin, in order to facilitate exchange of critical data and to provide a vehicle for a regular series of well-informed articles on one or other aspect of a disease of particular interest in our Region.

The first issue of this Bulletin contains an article on malaria in the Region and attempts to tackle important new issues such as, for example, methods of dealing with the ever-increasing problem of *P. falciparum* resistance to standard malaria treatment regimens.

The second issue includes a review of the acquired immune deficiency syndrome, commonly known as AIDS. This newly reported disease is occurring in an increasing number of countries around the world and is causing considerable concern. There are, as yet, only a few reports of cases from the Region; however, I have established a task force in the Regional Office to collect and up-date all information on the disease and

prepare a plan for a regional programme capable of responding to regional and national needs. In the meantime, one of the immediate actions is to ensure that all necessary precautions are taken to avoid transmission through blood transfusion.

Excellencies, Ladies and Gentlemen,

As you all know, legislation can be an important supportive tool in many health areas, for example, drug regulation and food safety, to mention but two. Therefore, health legislation deserves to be given more attention by countries and will be an important area for our collaborative activities in the future.

In all our endeavours, we have continued to seek close cooperation with sister UN agencies and other agencies active in the health and health-related fields. In this regard we are working closely with UNICEF, and I am pleased to inform you that a well-defined memorandum of understanding has been developed between our Office and the MENA Office of UNICEF. In the course of this session of the Regional Committee, we shall present a joint UNICEF-MENA/WHO policy statement. We have also been cooperating closely with UNFPA in the field of family health and with UNRWA in support of the Palestinian populations of the occupied territories and elsewhere. Our collaboration with the Council of Arab Ministers of Health is continuing to progress along well formulated lines, while collaboration with funding agencies has also been satisfactory. In particular, I wish to mention our good relationship with AGFUND, which is supporting several activities in countries of our Region.

As regards computerization in the Regional Office, which I referred to in the Introduction to my Biennial Report, I am pleased to provide you with up-to-date information on this matter.

The construction of an annex, purpose-built to house a computer and the information system staff, and with a floor area of 125 square metres, has been completed and site preparations are under way. The delivery of the computer hardware and peripherals is to take place in mid-November and the system will be operational towards the end of the year.

Let us now look for a moment at the Agenda, to have an overview of the main items that we shall be discussing during this Session of the Regional Committee. In addition to reviewing my Biennial Report, you will be considering guidelines for preparing a regional programme budget policy. This is an important task if we are to ensure the optimal use of WHO's resources in support of national strategies for HFA/2000 in line with the collective policies agreed by Member States in the governing bodies of WHO.

We shall also be discussing the reports of the Regional Consultative Committee. I would here like to extend my appreciation to this Committee for all they have done in the past year to assist me and the Regional Office by providing advice on all matters of great importance. In addition, their in-depth studies of various topics have considerably facilitated the smooth functioning of the Regional Committee, by highlighting those aspects that need the Regional Committee's particular

attention. I would mention at this point that, among other things, they will be reporting to you their views on the programme budget policy guidelines and on the subject of strict regulation of the use of alcohol in medicaments.

You will also be considering the work of the Joint Government/WHO Programme Review Missions. The report on the Evaluation of the Strategy for Health for All by the Year 2000 is an important topic that I briefly commented on earlier. In addition, you have before you a report on the progress of WHO-sponsored research activities in the Region.

On the technical side, you will be considering a paper on the expanded programme on immunization and, in the Technical Discussions, the paper on water, sanitation and health.

There are three main reasons that make the discussion of the immunization programme in the Region appropriate at this juncture. Firstly, we are but four years away from the year 1990 and the target of having all children of the Region immunized against diphtheria, pertussis, tetanus, measles, poliomyelitis and tuberculosis, a target decided collectively by Member States in the World Health Assembly. Secondly, country representatives, in a joint meeting with their WHO and UNICEF colleagues, have recently formulated vaccination coverage and disease reduction targets by year and country which, no doubt, need your confirmation and support. Thirdly, the progress achieved in fulfilling the EPI five-point action programme is to be discussed at the forthcoming meetings of the Executive Board and the World Health Assembly, and we shall have to report on the Regional status of this programme to these governing bodies.

The Regional Committee has already, by its actions and resolutions, underlined its recognition of the importance of water and sanitation in progress towards Health for All. Therefore, the importance of the subject of the Technical Discussions requires no further emphasis from me.

I should like also to bring to your attention the paper on the onchocerciasis control programme; in addition to giving a survey of the programme as a whole, it also summarizes the situation in the areas of the Region in which it is endemic.

Excellencies, Ladies and Gentlemen,

May I say again that I regret that circumstances necessitated a change in the venue of our meeting from Kuwait to Geneva. I am happy to report, however, that we have received an invitation to hold the Thirty-third Session of the Regional Committee in Kuwait in 1986, and this will be duly considered by you under the relevant Agenda item.

May God grant us the wisdom and the sympathetic understanding to apply our knowledge to benefit the peoples of our countries and of our Region. With such Divine Guidance, I am sure that this session of the Regional Committee will be successful in providing a firm basis for our collaborative programmes in the period ahead of us; may our work together be as enjoyable as it is fruitful.

ANNEX IV

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

to the

THIRTY-SECOND SESSION OF THE REGIONAL COMMITTEE FOR
THE EASTERN MEDITERRANEAN

Geneva, 7-10 October 1985

TARGETING ON HEALTH FOR ALL

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

Targeting for health

1. I am very happy to be with you again this year in a united, single Regional Committee for the Eastern Mediterranean. I realize that this fact alone does not put an end to the misfortunes that beset some of your countries. And yet I am optimistic enough to believe that our goal of health for all is so noble, and transcends so many other considerations, that even in the midst of civil strife and armed conflict it is still possible to sink political and ideological differences in favour of people and their health development. For whatever else happens in this distressed part of the world - political strife, economic difficulties, natural disasters - whatever else happens we cannot put aside our health aspirations; these are among the most fundamental aspirations of all people everywhere, no matter what others they may have. And I can only repeat what I have said may many times before in this and other fora - cooperation to improve people's health can be a key that opens the gateway to cooperative efforts in other spheres of life. And WHO's neutral platform can be the key to that kind of health cooperation; indeed I beg of you to use that key in your own interests since so many other gateways appear to be so hard to open. You can be sure that your Organization will do all it can to support you in exploiting health development as a means for reducing tension in the Region.

2. A senior health executive in a North-European country stated recently: "The most novel and exciting idea that health for all by the year 2000 inspired in us is that you can target for health". Perhaps we who have been so deeply involved in the health for all movement have taken the very concept of targeting too much for granted. It was at the very basis of our new health policy; have we lost sight of it in practice?

3. I shall be more explicit. To be sure, we have defined the very broad target itself, as well as indicators to help us realize if we are getting there. We have also defined a couple of specific targets - safe drinking water for all and immunization of all the world's children against the major infectious diseases of childhood by the year 1990. We realized full well that these are only meaningful if each and every Member State adopts them as its own. But have national targets been defined for the very vehicle that will make or break the realization of all other targets, and by that I mean primary health care rightfully placed in the health system? I think not. I realize that there may have been good reasons for not doing so in the past, but I believe that there are equally good reasons for starting to do so now. Your evaluation of your health strategies leads me to that conclusion, and so does the progress achieved in defining appropriate technology in a number of specific health programmes.

4. What aspects of your strategies am I referring to? First of all, I am impressed by the statement that all of you have socio-economic plans and that health is being considered in that context. Some of you have attained good coverage with health facilities and the gap between the served and the underserved, while still great, is steadily narrowing. While your policies for attaining health for all vary widely, all of you aim at ensuring the eight essential elements of primary health care. All that is encouraging. But you still have a long, long way to go.

5. Your average infant mortality rate is 111 per 1000 live births. The average literacy rate for the Region is only 35% - 47% for men and only 22% for women. We all know how raising the literacy rate of women helps to reduce the mortality rate of infants. Vertical programmes are still the rule and even primary health care is being pursued as a separate technical programme competing with the others. Safe water is available for only 53% of the population - only 36% of the rural population. Hygienic waste disposal is even worse with only 40% coverage and that is also true in countries with a high gross national product. Only 30% of women are attended by trained personnel during pregnancy and childbirth and less than 30% of children are immunized against infectious diseases of childhood.

6. Few countries have manpower plans in spite of the efforts made in this Region in particular to develop health manpower, and the situation of nurses is particularly depressing. Both professional health workers and the public at large lack understanding of what primary health care means. Health care delivery is still concentrated mainly in hospitals and that is where most of the health budget goes. The main causes of death and illness are still communicable diseases, diarrhoeal diseases remaining at the top of the morbidity list. To crown it all, smoking and khat-leaf chewing are spreading rapidly. And you are facing the inevitable reality that health resources and economic resources are closely interlinked; this applies in particular to the less affluent countries.

National action programmes for primary health care

7. Why then am I encouraged that you are in a position to do better? Because the very fact that you have identified your problems is an important first step in resolving them. Educating people to understand how to improve their health, ensuring safe water and sanitation, improving the health of mothers

and children, training health personnel who are socially attuned to the needs of people and technically competent to care for them, controlling communicable diseases, avoiding habits detrimental to health - these are the very stuff of strategies for health for all based on primary health care. So there would seem to be nothing more logical than intensifying primary health care and widening access to it until all people are covered. At Alma-Ata everyone agreed that primary health care is the key to attaining health for all. That message seems to be getting lost by the wayside. I think the time has come to shout once more the clarion call for national action programmes for primary health care. You can target for that; and you can redouble your efforts to attain your targets.

8. I think we can look back with some satisfaction on the way we have been reshaping health policy at central government level. Now we must concentrate on implementing that policy where it means most - close to people, in communities and in geographical districts. In most countries these are usually small enough to be managed without becoming submerged in excessive government bureaucracy, and yet large enough to permit the country to be subdivided into limited numbers and therefore avoid overdispersal of skills.

9. What can be done about the reality of limited resources for health? I am afraid a hard look at the money side of health for all is essential if we are to avoid unrealized dreams and discredited promises. First of all, it is necessary to identify clearly what is being spent on health and where it is being spent - information that is sorely lacking in most countries, not only in this Region but throughout the world. Then it is necessary to focus resources more sharply; picking up the slack and putting it to good use could make a tremendous difference in most countries. Health for all is not necessarily a matter of spending more. Much more could be achieved by making sure that existing resources are squeezed to the maximum and used for tomorrow's defined targets, not yesterday's undefined services.

10. I realize the difficulty of reducing ongoing activities in order to release resources for new ones when additional funds are not forthcoming. But it is not impossible. WHO has done just that. If 70 percent of its regular budget is now devoted to direct support to its Member States as compared with 52 percent 10 years ago, if in 1986 and in 1987 activities in your countries will benefit from a four percent increase in spite of a standstill global budget, if that can be done internationally, then I am convinced that it can be done nationally. Yes, if you are determined that it shall be done - you the health leaders of your countries.

11. Your determination could lead your governments to target for primary health care. Each one of you could do that by incorporating in your action programme for primary health care those elements that are of high priority to you. You could start with a few and set realistic targets for them, adding elements progressively until all are covered. Strengthening your infrastructure will enable it to deliver more programmes, and sustained delivery of more and more programmes will in turn strengthen your infrastructure further. We are gaining experience with the kind of research and development required to build up health systems in just that way. You can use that experience in your countries and add to the general pool of knowledge in the process. We understand sufficiently the social fabric of primary health care, and we have adequate experience of the managerial process required to set it up and manage it. Add to that the fact that we either have

sufficient appropriate technology at our disposal, or could have it by investing energies in intensive research and development, and there is no reason why each and every country should not embark on a primary health care action programme with well-defined targets for its infrastructures and for its content.

12. For what programmes could you define targets within primary health care? I have already mentioned water supply, which includes related sanitation, and I have mentioned immunization. Does appropriate technology exist for these? At the risk of repetition I would remind you that, to be appropriate, technology has to be not only scientifically sound, but also socially sound - that is acceptable to those for whom it is used and to those who use it. And it has to be economically sound - that is able to be afforded by the community and the country. Wherever water exists, it can be exploited for human use in that kind of appropriate way. I am sure you will take that into account during your Technical Discussions this year. Experience has shown that even rural water supply can be made eminently "bankable" - by that I mean that the community itself can repay loans over a reasonable period, in part thanks to the economic gains of having water at hand. In my humble opinion, the best way to motivate people to share the costs of health development is to get them involved in attaining tangible targets that relate to them, to make them so enthusiastic about their health and the health of their children that they will willingly agree even to help solve the financial problems involved.

13. The technology and related managerial know-how are certainly available for programmes of immunization. This applies equally well to diarrhoeal disease control. So it can be targeted for too. The problem of improved maternal and child health is not lack of knowledge; it is lack of application. Proper application can be targeted for. There are no real mysteries about nutrition, so it too can be targeted for. At the same time, a great deal of social, economic and cultural research and development remains to be done to ensure that people have access to the food they need and actually consume it. We are progressively improving our methods of controlling communicable diseases. Schistosomiasis is a good example; we now have excellent drug therapy for it that even non-professional community health workers can administer under supervision. So its control can be targeted for as part of primary health care. We have also demystified the whole issue of drugs and know enough about how to set up and manage essential drugs programmes to make it possible to provide care in the community for common diseases. So medical care and related drug use can also be targeted for.

14. For the more developed countries, and that includes the towns in some less developed countries, we know how to prevent and control cardiovascular disease at a fraction of the existing costs of waiting for disease to strike before taking action. That implies modifying lifestyles, and I admit we know less about that than we should - another area for intensive research and development. But you could nevertheless targets for reducing cardiovascular disease with existing knowledge, by setting targets, for example, for increase in popular sports and exercise, and reduction in the consumption of salt, eggs, food containing animal and dairy fat and of course tobacco. You could certainly target for reducing lung cancer by the appropriate technology of eliminating smoking, or at the very least drastically reducing its prevalence.

15. You could target for decentralization too. Each of your governments could make sure that every district reviews what is happening to the national

health strategy in its communities; that it identifies priorities for implementation through primary health care; that it targets for them one by one until all are progressively covered; that it builds up its health manpower to carry out first and foremost those priority activities; and that it ensures that its health facilities are geared to the same priorities.

16. Each of your governments could also make sure that every district does its best to take up the slack in the existing health system and to focus resources on targeted priorities. As part of that, the very least you could do, but certainly not the least important in many countries, is to rehabilitate your health institutions. I am referring in particular to the rehabilitation of your health centres and district hospitals so that they become capable functionally and physically of supporting primary health care. To be capable of doing that, they must at least inspire confidence as focal points for health by their appearance and by the way they deal with people; and they should certainly not give the impression from their dilapidated state and inefficient management of being focal points for disease. That kind of institutional rehabilitation is certainly eminently suitable for targeted implementation.

17. It goes without saying that manpower rehabilitation is at the very core of institutional rehabilitation. Health personnel can breathe life into bricks and mortar and can convert them into useful health institutions; bricks and mortar alone cannot breathe life into personnel. They have to be motivated socially so that they want to care for people; and they have to be provided with the right kind of incentives for work in health centres and district hospitals that are often situated far from their homes, such as bestowing honour on them, providing financial attractions or ensuring adequate educational facilities for their children. All that costs money. So financial rehabilitation of health centres and district hospitals is no less important than physical, managerial and human rehabilitation. In this context I should like to remind you once more of the many untapped resources that could be generated by involving people more deeply in their own health development.

Decisions by governments and people

18. Please note that when I talk of taking decisions I am referring to decisions by governments, by districts, and by people in their communities, not by WHO. It is not for WHO, nor for any external agent for that matter, to decide on behalf of people or governments. It is for them to decide. WHO can help by providing them with the information and generating the skills required to make reasoned decisions, and I think your Organization is now in a very sound position to do that. WHO can cooperate with you in applying that information and using those skills. But it cannot decide for you what your priorities will be. To do that would be United Nations colonialism. Nevertheless, when WHO's Member States have taken collective decisions, as you did with respect to the target of health for all by the year 2000 and ways of attaining it - when that has happened you have moral obligations individually and collectively to invest your resources first and foremost in realizing that target. The least you can expect of your Organization is that it should invest its resources in supporting you to do so.

Regional programme budget policy

19. That is precisely what the new Regional programme budget policy is all about - a policy of targeting resources on health for all. I hope I have been able to get that message across in the guidelines I sent you through your Regional Director. They emphasize investing the Organization's collective resources to trigger off your own resources as well as those of non-governmental organizations and all external partners in support of your strategies for health for all. If the collective strategy has given rise to national strategies, then surely resources available to the collective strategy should give rise to resources for national strategies. If collective programmes aim at strengthening national ones, then surely the resources of collective programmes should reinforce national programme resources. And if there are collectively agreed principles for ensuring primary health care that delivers programmes whose technology is appropriate, surely the collective resources for infrastructure development should strengthen national infrastructures based on primary health care. Targeted action programmes for primary health care can concentrate all these resources where they are most needed.

20. I have heard criticism that the new programme budget policy is a return to centralization. Well, if the critics mean centralization in WHO Headquarters they are totally wrong. But if centralization means concentrating resources to focus on people - everywhere - so that they can benefit from concerted worldwide efforts to attain defined national targets that reflect the worldwide target, if that is what it means then let it be called centralization.

Leadership for health for all

21. Honourable representatives, to set up the kind of primary health care action programmes I have outlined requires leadership and determination. I am not sure which to put first. Leadership can give rise to widespread determination, but widespread determination can also generate leadership. Of one thing I am sure. Leadership is sorely lacking everywhere, not the least in the field of health. I include in leadership the ability to judge wisely, decide firmly and implement vigorously. I started by the need to judge wisely. Otherwise leadership can be dangerous; it can lead in wrong or devious directions. I am convinced that we have provided the world with all the ingredients required to make wise decisions about health development. We are a unique international organization in that respect. These facts alone should exhort us to firm decisions and to equally firm resolve to carry them out vigorously despite the obstacles.

22. What are the ingredients I have just mentioned? One is the ethical challenge and philosophy of health for all. Another is the policy and strategy for getting there. Then there is the social contract for health between governments, people and WHO. There is the clear direction of building up infrastructures based on primary health care to deliver programmes that use appropriate technology. And there is the managerial process with its inherent financial planning to create the framework for moulding these ingredients into a variety of coherent national wholes.

23. All that makes WHO the leader in world health. By the same token, by applying all that, each and every one of you in your own country, <u>you</u> will become undisputed health leaders there and you will be able to inspire others to follow in your footsteps. I hope you will pressurize your WHO to help you to develop your leadership qualities for the attainment of health for all. I hope you will clamour for part of WHO's resources in your country to be devoted to that. I hope that you as a Regional Committee will encourage countries in the Region to devote part of their resources to health-for-all leadership development and that you will make sure that Regional resources too are invested in the effort. I shall certainly invest global resources in this initiative.

24. Mr Chairman, honourable representatives, <u>lead</u> your countries towards better health. You can do that by <u>targeting</u> on health for all by the year 2000.

Thank you.