



REGIONAL COMMITTEE FOR THE  
EASTERN MEDITERRANEAN

EM/RC36/1 Rev.2  
1 August 1989

Thirty-sixth Session  
Teheran, 30 September - 4 October 1989

ORIGINAL: ENGLISH

PROVISIONAL AGENDA

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2. Election of Officers
3. Adoption of the Agenda EM/RC36/1 Rev.2
4. Biennial Report of the Regional Director to the Thirty-sixth Session of the Regional Committee for the Eastern Mediterranean EM/RC36/2
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6. Resolutions and Decisions of Regional Interest adopted by the Forty-second World Health Assembly and by the Executive Board at its Eighty-third and Eighty-fourth Sessions EM/RC36/4
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*In the name of God, the Compassionate, the Merciful*

Opening Address by

**DR HUSSEIN A. GEZAIRY**

**REGIONAL DIRECTOR**

**WHO EASTERN MEDITERRANEAN REGION**

to

**THE THIRTY-SIXTH SESSION OF THE REGIONAL COMMITTEE**

**Teheran, Islamic Republic of Iran,**

**30 September - 4 October 1989**

Your Excellencies, Director-General, Ladies and Gentlemen,

I am very pleased that we are assembled here in Teheran under the hospitable auspices of the Government of the Islamic Republic of Iran, to whom I extend my thanks for the splendid arrangements made in hosting this, the Thirty-sixth Session of the Regional Committee.

I feel it is appropriate here, before commencing our proceedings, to observe silence in honour of the memory of the late Head of State and spiritual leader of this sister country, the Imam Khomeini, may his soul rest in peace.

I extend my heartfelt welcome to all of you gathered here at this, the most meaningful and significant of all our Regional gatherings, the concourse of our Governing Body.

I know that you will all share my great appreciation of the presence here of our Director-General, Dr Hiroshi Nakajima. I am happy also to see so

many heads of Regional Health Ministries and other leading figures in EMR health work.

Since we last met at the Thirty-fifth Session in Geneva last year, many developments have taken place in our Region. In some countries, including in the Islamic Republic of Iran, new leadership has been elected to assume the burdens of national responsibility, with the tremendous challenges that go with it. We wish them well in all the strenuous work that they must confront in the interests of their people's well-being, including, of course, in the sphere of health.

The last time we met, we were observing several occasions with due solemnity and legitimate rejoicing. These were the anniversaries of Smallpox Eradication, the Alma-Ata Declaration, and that of the founding of WHO in 1948. We still rejoice, of course, at the achievements of WHO, and of our Region and Regional Office, which celebrates its own "fortieth" this year, an event being observed with due modesty. We have reason to be gladdened by the achievements of WHO and EMR. Even their sheer existence is in itself no mean success of the human race in its elevated yearnings for health - concentrated in latter years into the concept "Health for All". Yes, we note these milestones with rejoicing and, of course, thanksgiving. We should not be human if we did not mark or commemorate our own achievement. But official celebrations are mere symbols compared with the deep satisfaction we take in the very real health attainments that have accrued to this Region's credit over the past four decades. We pray that they will continue and be augmented with many more triumphs against disease and everything that is "not-health" - a daunting array of enemies, but one which we feel we can "take on" with sound hope of victory.

However, surveying the Region overall, it saddens me to observe so much conflict and suffering still afflicting so many of our populations. Some of this is in the form of armed strife; another is the heroic struggle against cruel oppression as in the *intifadeh*; still another is natural catastrophe and its aftermath of refugee problems, famine and other dire hardship. The related blows and setbacks in the health sphere sometimes seem nearly insuperable. We need to marshal all our resources, with the utmost husbandry and management, if we are to stand a chance of getting millions of sufferers back on the road to health.

It is against this solemn background that we view our successes, and it is in the light of this challenge that we have to go ahead, undeterred, with all our various programmes.

We are not without support in the fight. First and foremost is the presence and help of Almighty God Who gives what is needed to all who are struggling in His cause. Our cause of health is no exception. Then we know that we have solidly behind us the support of all our Member States, represented by you, yourselves, each one deeply committed to the welfare, including health in all its aspects, of its people, and thereby the peoples of all the Region and indeed the world. None of us workers in health can afford to be in any sense "isolationist" as we stand on the brink of the last decade of this twentieth century.

A new century and a new millennium await with their "unknowns" - demanding of health people as much courage and dedication, skill and knowledge, as space demands of astronauts. It has long been a platitude that viruses and their like respect no frontiers; this concept has recently been alarmingly widened to include such threats as global pollution, the greenhouse effect and depletion of the ozone layer - which I already stressed at last year's Regional Committee. Never before has it been more obvious that we, the whole of humankind, are the inhabitants of "one planet" which is relying on us for her very survival, and which is so inextricably linked with our own. In fact, if we don't save the earth, we can't save ourselves; it amounts to that stark truth. Does it not state in the Holy Qur'an\* that the earth will speak and "tell her news" and that man will ask "what ails her"? What clearer evidence is needed of this planet's rights?

The various environmental issues now receiving so much limelight worldwide serve to focus all the more on the crucial question of world health. We in WHO, almost by definition as it were, are at the epicentre of such issues.

We all have to be 100% sure that we use every resource--time, manpower, money, dedication, energy--~~everything~~--to ensure that we do not fail. Again, as I signalled last year, nothing less than world survival is at stake.

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\* Surat Al Zilzal (The Earthquake).

"Health for All" has been our slogan for some years now, and at every Regional Committee we have been noting that we are getting closer and closer to the target, time-wise. But what about reality-wise? Are we indeed, every year and every biennium, getting nearer to the realization of that aim: the enjoyment, by every citizen of this globe, of health in all its dimensions--physical, mental, social and spiritual--as well as all those characteristics so familiar to us all in WHO's Constitution?

We have celebrated, but we must not rest on our laurels. We cannot be truly happy if a single human being in our Region is not in possession of health, a basic minimum need.

That is why we are going on, proudly and at the same time humbly, with our Programme of Work. So much of it is described, vividly and in detail, in the items on the Agenda which lies before us.

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In presenting my Biennial Report to you this year, I am especially conscious of the forty years of EMR and EMRO that lie behind: a moving and interesting saga of achievement. Since EMRO's founding in 1949, a great deal of important developments have taken place--some of these during my period in office, and others during those of my illustrious predecessors, the late Dr A.T. Shousha and Dr A.H. Taba--may their souls rest in peace. Here again, humility tempers our pride, because it is such a tremendous task with which we are entrusted--namely, to protect and promote the health of some 350 million people. Since 1949, this task has never been shirked by the Office or the Region. We trust we shall go on meeting and overcoming all problems and constraints, no matter how difficult they may seem.

Although we are not presenting a Proposed Programme Budget this year, nevertheless some budgetary changes for the forthcoming biennium are being placed before you for your information.

I am sure that you will all be interested in the Resolutions and Decisions of Regional Interest adopted by the most recent World Health Assembly and sessions of the Executive Board. These are matters which concern

all of us; it is our duty to keep abreast of them and take appropriate action where required.

Since the last Regional Committee session, the Regional Consultative Committee, which is a most important element in our Regional functioning, has held two meetings, its Eleventh and Twelfth, and the relevant reports are before you. These deliberations have a very significant bearing upon our Regional course of action, guiding us most valuably in our decision-making. The reports cover some fundamental and thought-provoking issues upon which we again welcome feedback from you.

Equally important in determining our policies and progress are the Joint Programme Review Missions (JPRMs) and the related visits of senior national officials to the Regional Office. JPRMs are invaluable and form part of the very fabric of our Regional work. I trust that you will closely scrutinize the document which covers their various fields of action over the year 1989.

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I come now to the technical items on the Agenda.

You will all, no doubt, be very eager to learn the exact status of our Regionwide onslaught against AIDS. The EMR, although not one of the most severely afflicted parts of the world, due largely to the prevailing cultures, beliefs and way of life that act as a barrier against the spread of this pandemic, nevertheless, has been on the alert to protect its populations. As, at present, there is no known cure, greater emphasis (even than that which WHO normally places on prevention) has to be exerted. This has been done by multipronged endeavours, foremost among which is health education and, indeed, communication. Some noteworthy efforts have been made by national authorities and WHO, including adaptation of tools and methods used elsewhere; it was apparent from the beginning of this crisis that the type of health message used in "permissive" societies would not be applicable in this Region. We have therefore modified guidance on this subject to be culturally acceptable, for example the Regional version of the WHO film on AIDS.

Another scourge that because of its dire effects has, at times, received almost as much publicity as AIDS is poliomyelitis. You all know of the recently launched WHO initiative to achieve Eradication of Polio by the year 2000 - yet another target for that date. In the paper covering this agenda item you will read of the exact position regarding polio Regionwide - and of all the measures being undertaken to ensure scoring the goal. It is hoped and believed that a triumph will be won equalling the victory over smallpox. It will require the same dedication, as well as expertise, from every health "soldier" in the battle.

Research is one of the areas which impinges on every programme; progress in this field means progress in so many others. WHO EMRO never ceases to encourage research efforts in this Region, especially those geared towards the afflictions to which EMR is especially prone, including tropical diseases, as well as, of course, its great emphasis on health systems research (outlined in an Information Document available for your perusal).

Your Committee last year made a request for a situation analysis of tuberculosis in the Region. In EMR this disease is unfortunately still an important public health problem which is not beyond control, but it does not lend itself to the concept of eradication. It requires a great deal, essentially the provision of needed medical tools, particularly those leading to early diagnosis and treatment that facilitates compliance of patients.

I come now to Emergency Preparedness and Response, a relatively new area of EMRO activity, but one which is increasingly necessary, especially in view of the varying forms of disaster that strike so many of our Member States. These occurrences cannot exactly be foreseen, but the machinery to deal with them can be brought into existence with the application of foresight based on knowledge and experience.

Our Health for All (HFA) progress continues, as always, to be subject to the need for monitoring; without this tool we cannot hope to plot our position or take required action against shortfalls. A study has been performed to identify Regional targets; this, we are confident, will help all our countries to keep on-course towards the main objective.

The Progress Report listed as Agenda Item No.15 underlines that we cannot have any HFA strategy without management, of which health systems research is a very vital component.

Another prominent HFA aspect is advocacy. It has been increasingly realised that, for this to be effective, WHO's public image needs to be high-profiled and ever untarnished. You will read some insightful material on this in the relevant agenda item document.

Now we come to the climax, as it were, of our technical papers.

The "Technical Matters" this year deal with two subjects: Viral Hepatitis and Oral Health.

As far as the first is concerned, as you are all aware, this has been growing in importance over the last few years as a focus of medical and epidemiological attention, especially in this Region. The question of vaccination against hepatitis B and its inclusion in EPI is receiving particular attention. You will read state-of-the-art information in this paper. It is a matter which will be more and more prominent in WHO EMRO technical endeavours in the coming decade.

Oral health is at last receiving the highlighting it merits. In the past, the label of Dental Health seemed to imply that only teeth were involved! Now, with the emphasis on oral hygiene, as well as dental hygiene, and stomatology, the scope has been properly widened. The situation analyses plentifully quoted in this technical paper reveal the status of oral health in our member countries and the heartening fact that much of the prevalent oral ill-health is highly preventable as well as curable. Our Regional Training and Demonstration Centre in Damascus has played, and continues to play, a key role in furthering this aim.

Now we come to the subject of our Technical Discussions which, this year, is "Healthy Lifestyles". A broad topic indeed and one which will appeal to the informed lay reader, as well as the specialist, but nonetheless with an abundance of technical significance.

Emanating from every page of this paper is the fact that the way we live is part and parcel of our health/disease picture, and that it lies very largely in our own hands whether or not we are to be well or sick. If it is our duty, as WHO EMR staff, to protect the health of the Region's people, surely it is equally our duty, each one of us as individuals, to protect, and build up, our own health! Yet this glaringly obvious fact can be easily overlooked. So I urge you to peruse this paper very closely and, of course, in your deliberations, make available to this concourse any advice which you feel to be valuable about "how to lead a healthy life".

I should also not neglect to emphasize the very significant contribution which Islam makes to healthful living, as described in this paper and especially focused upon in "The Amman Declaration" annexed to it.

Other matters to which you will be giving your attention include the very important one of the Regional Office accommodation. It goes without saying that, unless suitably accommodated, our Office would not be able to function properly and this would affect our contributions towards the goal of health Regionwide.

You will also be studying a report on the Leadership Development Programme in International Health. It is well known that great importance is placed on this drive; you will see that it has, by and large, been going according to schedule, and your comments and constructive criticism are sought.

Another administrative matter is the rescheduling of meetings of WHO Governing Bodies. Naturally this too is something which concerns the smoother and more efficient running of our Organization, and will require your very careful consideration.

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I feel that I have given in the preceding words a foretaste of the discussions upon which you are about to embark.

I will not take up much more of your time, which is already at a premium. You have a very full and challenging Agenda before you.

I look forward to the frank and thought-provoking exchange of views which is always characteristic of the Regional Committee.

I end with the prayer that God will prosper these deliberations and all our work for the welfare of our Regional peoples.