

The Regional Committee,

Having reviewed the document EM/RC36/12, entitled "Monitoring Progress in the Implementation of HFA Strategies - Report on a Study to Identify Regional Targets",

Recalling resolution EM/RC35/R.7,

Reaffirming resolutions WHA34.36, WHA35.23 and WHA39.7 concerning the Global Strategy for Health for All and its implementation,

Concerned at the present great disparity between rural and urban areas in the delivery of health services, and in fulfilment of the principle of social justice in providing these services to all citizens on an equitable basis,

Being aware of the magnitude of the overall task within the rather short period left to achieve the goal of Health for All by the Year 2000, and the need to set achievable specific targets for the WHO Eastern Mediterranean Region,

Conscious that the commitment of Member States and the enhancement of mutual trust and collaboration among themselves and between them and the Organization are essential for the effective implementation of the national and Regional strategies,

1. COMMENDS the report submitted by the Regional Director;
2. ADOPTS the targets included in the document annexed to this resolution as the Eastern Mediterranean Regional Targets Towards Health for All;
3. URGES Member States to:
  - 3.1. exert all efforts to achieve the set targets, as applicable to each individual Member State;
  - 3.2. mobilize all resources, national, Regional and international, and to use them optimally, directing them to the main stream of activities required in order to achieve the set targets;
  - 3.3. continue monitoring and evaluation of their strategies as part of their managerial process for national health development;
  - 3.4. further strengthen the managerial capabilities of their health systems, including the generation, analysis and utilization of information;
4. REQUESTS the Regional Director to:
  - 4.1. extend to Member States all possible support, including collaboration in promoting the national use and mobilization of resources (national, Regional and international) towards achieving the set targets, particularly in the areas where progress so far made leaves much to be done to achieve these targets;
  - 4.2. continuously monitor progress towards achieving these targets, on the basis of periodic reports and other sources of information to be received from Member States;
  - 4.3. present a review of such progress, and any proposals for a revision of the set targets if necessary, in conjunction with the periodic reviews in future by the Regional Committee, of monitoring and evaluation of strategies, according to the timetable defined in standing resolutions;

4.4. include relevant Regional indicators in the Second Common Framework for Evaluation, to be reported on in 1991.

Annex to EM/RC36/R.10

REGIONAL TARGETS FOR HFA STRATEGY -  
WHO EASTERN MEDITERRANEAN REGION

Targets I and II: Safe drinking water supply (urban and rural)

1. Countries that have already achieved a coverage rate exceeding 90%, to maintain or improve this rate so as to achieve a coverage rate between 98% and 100% by the year 2000.
2. Countries that have already achieved a coverage rate between 50% and 90%, to achieve a coverage rate of 95% by the year 2000.
3. Countries that have achieved a coverage rate of less than 50%, to achieve a coverage rate of 65% by the year 1995, and 75% by the year 2000.
4. In brief, safe drinking water should be available to at least 95% of the population by the year 2000.

Targets III and IV: Sanitation (urban and rural)

1. Countries that have already achieved a coverage rate exceeding 80%, to maintain or improve this rate so as to achieve a coverage rate of at least 95% by the year 2000.
2. Countries that have achieved a coverage rate between 50% and 80%, to improve this rate by at least 25-50% of their current levels by the year 2000.
3. Countries that have achieved a coverage rate of less than 50%, to improve this rate by at least 25-50% of their current levels, or to achieve a coverage rate of 50%, whichever is higher.
4. In general, sanitation coverage rate to be at least 85% by the year 2000.

Target V: Immunization

1. For infants, the lowest coverage rate by any antigen to be at least 95% by the year 1995.
2. Coverage rate for women to be at least 95% by the year 1995.

Target VI: Poliomyelitis

Poliomyelitis to be eradicated from the Region by the year 2000.

Target VII: Local health care

To achieve a coverage rate of not less than 95% of the population by the year 2000.

#### Targets VIII and X: Care for pregnant women and infants

1. Countries that have achieved almost total coverage, to maintain that rate.
2. Countries that have achieved a coverage rate of 75-89%, to achieve a rate of not less than 95% by the year 1995, and achieve total coverage by the year 2000.
3. Countries that have not achieved a coverage rate of 25%, to double the current rate by the year 1995, and to treble or quadruple that rate by the year 2000.
4. All other countries to increase their rate of coverage by not less than 50% of the current levels by the year 1995, and to achieve a coverage rate of at least 90% by the year 2000.
5. That the average Regional coverage rate be at least 85% by the year 1995 and at least 90% by the year 2000.

#### Target IX: Traditional Birth Attendants

That every village have at least one trained traditional birth attendant, if no other qualified or better trained health personnel is available, to provide the required care to women during pregnancy and at the time of delivery.

#### Target XI: Infant Mortality

1. Countries that have reduced the infant mortality rate (IMR) to 50 per 1000 live births, to further reduce the rate by 25% of the current level by the year 2000.
2. Countries with an IMR of 50-100 per 1000 live births, to reduce the rate by one-third of the current level, or achieve an IMR of 50 per 1000 live births, whichever is less, by the year 2000.
3. Countries with an IMR above 100 per 1000 live births, to reduce the rate by half or reach 70 per 1000 live births, whichever is less, by the year 2000.
4. That the Regional IMR not exceed 50 per 1000 live births by the year 2000.

#### Target XII: Maternal Mortality

To reduce the present level of maternal mortality rate by 50% at least, by the year 2000.