

PART IV

DISCUSSION ON OTHER MATTERS1 Co-operation with Non-health Sectors
in National Health Development

The mutual relationship between health and other sectors was highlighted during the presentation of the working paper on the subject (document SEA/RC31/11). Instances were mentioned of joint programming between health and other departments in Mongolia with the health sector on the one hand and education, agriculture and veterinary departments on the other. A point was raised whether the purposes of the paper might not already be covered by the Charter for Health Development and whether such collaboration with non-health sectors might not lead to special activities isolated from general health work. The general consensus was that health as an integral part of overall development was a sensible approach. A number of examples of health-related non-health activities were cited, such as road building, agriculture, animal husbandry and water supplies. The Committee fully endorsed the paper and adopted a resolution to that effect (resolution SEA/RC31/R8).

2 Medical Entomology and Ecology

The delegation from Indonesia presented a paper stressing the importance of vectors in disease control programmes and recognizing the vital role played by medical entomologists in such programmes. The Committee was informed of some training institutions and training programmes currently available in countries of the Region such as India, Indonesia and Bangladesh. Realizing the future needs of medical entomologists in the Region, a resolution was adopted (resolution SEA/RC31/R6).

3 Resolutions of Regional Interest
Adopted by the World Health Assembly

All these resolutions had been taken up and noted when the relevant sections of the Regional Director's Annual Report were discussed, except the one on TCDC (WHA31.41) which was discussed in detail along with document SEA/RC31/19 on TCDC in the South-East Asia Region submitted by the Government of India. The Regional Committee emphasized the importance of TCDC in the Region, especially in view of the fact that considerable technical expertise and centres of excellence now existed within the Region to translate the concept of TCDC into reality. The Committee adopted a resolution in this regard (resolution SEA/RC31/R7).

4 Charter for Health Development

The Regional Committee considered the draft Health Charter (document SEA/RC31/6) as the joint declaration of intent and commitment on the part of the countries in the Region to work together in order to launch a concerted effort for solving priority health problems. The Charter was considered as an effective instrument for mobilizing much needed health resources from both internal and external sources. After discussing the contents and implications of the Charter, the Committee approved the Charter and unanimously adopted a resolution to this effect (resolution SEA/RC31/R9).

5 Study of WHO's Structure in the Light of Its Functions

Document SEA/RC31/14 served as the basis of the discussions on the study. The Regional Committee noted the issues contained in the document as to what factors impeded the progress of health development in Member countries, and what were the reasons for the relatively low impact of WHO's collaborative programmes with Member States. Ways of strengthening the Regional Committees, improving the organizational structures as related to the Regional Office and the WHO programme coordinators, and the role of technical cooperation among developing countries were discussed. Considering that the purpose of the study was extremely important and had far-reaching significance, the Regional Committee agreed that a group with representation from all the ten Member States of the Region should undertake the study.

6 Technical Discussions on Expanded Programme on Immunization

The Regional Committee noted the report of the Technical Discussions on Expanded Programme on Immunization (document SEA/RC31/24).

The technical discussions group discussed the subject of expanded programme on immunization in the light of the objectives of the programme in Member countries of the Region and the progress made in their programmes. While reviewing the operational problems and possible solutions, it was stressed that such problems were normal in any new programme and therefore the solutions called for a proper application of simple and inexpensive techniques which were already known to Member States. What was required was improved management at all levels for a more effective utilization. The planning, management and evaluation of EPI programmes were gone into in some detail. It was emphasized that these core elements were crucial for the success of the programme. An even expansion of the activities commensurate with the needs and resources was recommended. The most important parts of EPI programme management were motivating each health worker to support the programme and training them to perform their assigned tasks thoroughly.

Continuous programme monitoring was an important aspect of evaluation. The details of the training of staff were also discussed and a number of possible solutions to specific technical, logistical and operational problems were considered. The most important problem concerned the establishment of a proper cold-chain facility for preserving the potency of the vaccine. The necessity of community participation for the success of the programme was emphasized. The conclusions and recommendations of a Consultative Meeting on Planning of Regional Self-Sufficiency in Vaccine Production for the EPI, held early this year, were endorsed. The need to give priority to applied research in EPI was stressed and the potential for technical cooperation among the Member countries in the Region was highlighted. The recommendations arising out of the discussions were:

- (1) Objectives: These should be stated in measurable terms together with target dates.
- (2) Areas of major concern: These included planning, management, and evaluation; training of staff; technical, logistical and

operational constraints; community participation and vaccine production, supply and quality control.

- (a) Planning, Management and Evaluation. The plans should describe clearly how governments intended to achieve their objectives and should include information on the resources required. Phasing of activities was important. Immunization services should be integrated into the *maternal and child health and primary health care programmes*. Special efforts should be made for continuous monitoring and for the development of proper information systems.
- (b) Training of staff. Sound initial training of staff at all levels was important, and likewise continuous in-service training was also necessary.
- (c) Technical, logistic and operational constraints. It was necessary to improve the utilization of the currently available materials and to make special efforts to maintain the cold-chain as well as vehicles and equipment.
- (d) Community participation. The understanding and support of the community were essential for success, and these should be developed.
- (e) Vaccine production, supply and quality control. Reference was made to the conclusions and recommendations made on the subject at a meeting held in April 1978, and these should be supported.
- (f) Research in the Expanded Programme on Immunization. Priority should be given to applied research. Basic research to improve the stability and potency of vaccines should be continued.
- (g) Technical Cooperation Among Member Countries of the Region. All opportunities for inter-country training and multi-country participation should be taken advantage of.

The Regional Committee accepted the report and noted the recommendations of the technical discussions group, and also adopted a resolution on this subject (SEA/RC31/R1).

7 Selection of a Subject for the Technical Discussions to be held During the Thirty-second Session

Of the five subjects suggested two were considered for the technical discussions to be held during the thirty-second session: "Traditional systems of medicine in the context of primary health care", and "Drug policy vis-a-vis primary health care". After a brief discussion, the Committee decided to combine the two subjects in such a way that the topic "Drug policy, including traditional medicines, in the context of primary health care" would be the subject for the technical discussions to be held during its thirty-second session.

8 Time and Place of the Thirty-second
Session of the Regional Committee

The Regional Committee decided to hold its thirty-second session at the site of the Regional Office in New Delhi in September 1979, the dates to be determined in consultation with the Chairman.