WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTE

A46/A/SR/6
10 May 1993

FORTY-SIXTH WORLD HEALTH ASSEMBLY

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE SIXTH MEETING

Palais des Nations, Geneva
Monday, 10 May 1993, at 9h00

Chairman: Dr M. TIERNEY (Ireland)

CONTENTS

---

[1] taken in conjunction with the following:

Implementation of resolutions (progress reports by the Director-General) (continued).

SIXTH MEETING

Monday, 10 May 1993, at 9h00

Chairman: Dr M. TIERNEY (Ireland)

1. **PROPOSED PROGRAMME BUDGET FOR THE FINANCIAL PERIOD 1994-1995 (ARTICLES 18(f) AND 55):** Item 18 of the Agenda[1] (Documents PB/94-95 and A46/31)

PROGRAMME POLICY MATTERS: Item 18.2 of the Agenda (Document EB91/1993/REC/1, Part II, Chapter II)

HEALTH SCIENCE AND TECHNOLOGY - HEALTH PROMOTION AND CARE (Appropriation section 3) (continued)

Protection and promotion of the health of specific populations groups (Programme 9) (Document PB/94-95, pages B100-B125) (continued)

Programmes 9.1 to 9.3: Maternal and child health, including family planning; Adolescent health; and Human reproduction research (continued)

Dr HU Ching-Li (Assistant Director-General), responding to points raised at the previous meeting concerning programmes 9.1, 9.2 and 9.3, said that the amendments proposed by Turkey and Swaziland to the draft resolution on maternal and child health and family planning were acceptable to the Secretariat.

The issue of harmful traditional practices had raised a great deal of concern, particularly in the African and Eastern Mediterranean Regions. Several meetings had been held on the subject, including one in Alexandria and another in Dakar, which had reviewed the health implications of such practices. In addition, at the global level WHO had a continuous relationship with the Inter-African Committee for the Elimination of Harmful Traditional Practices and with other nongovernmental organizations. The WHO Expert Committee on Maternal and Child Health was scheduled to review the matter at its meeting in December 1993 and a report would be submitted to the Executive Board at its ninety-third session in January 1994.

Replying to the delegate of the United Kingdom, he said that WHO and UNFPA had collaborated extensively since the latter's foundation 20 years previously. UNFPA had been the main source of funding for WHO's family planning and adolescent reproductive health programmes and a significant contributor to women's health and safe motherhood activities. Currently, in a collaborative effort to bring multidisciplinary technical support in maternal and child health and family planning closer to countries, UNFPA, with its partners, including WHO, ILO, UNESCO, FAO, the United Nations and the regional economic commissions, had developed eight multidisciplinary teams with staff from each of the agencies working together. In addition there was a regular group of senior staff from WHO, UNFPA and UNICEF which coordinated joint interagency activity, including the issuing of joint policy statements on such subjects as adolescent reproductive health, traditional birth attendants, breast-feeding and family planning, maternal and child health, and AIDS. WHO's collaboration with both UNFPA and the International Planned Parenthood Federation (IPPF) had also been manifested in the co-sponsorship and organization of the conference entitled "From abortion to contraception" held in Tbilisi, Georgia, in 1990. Other forms of collaboration with IPPF had included the use of methodologies on adolescent sexuality and reproductive health as a means to strengthen the IPPF national programmes. IPPF had played a key role in the 1989 Technical Discussions on Health for Youth, and the adolescent health programme had provided technical support to the IPPF Youth-for-Youth programmes in many countries.

Activities relating to women, health and development were connected with other WHO programmes such as the Special Programme on Research, Development and Research Training in Human Reproduction, the Global Programme on AIDS and the programme on substance abuse. Consequently, the budget allocation for them was also included under the appropriations for many other programmes. The delegates of Sweden, Barbados and Swaziland had asked what action had been taken regarding the programme to establish a Global Commission on Women's Health since the 1992 Technical Discussions. In July 1992 the Director-General had

---

[1] Taken in conjunction with Item 19, Implementation of resolutions (progress reports by the Director-General).

established a Working Group whose tasks included the planning of follow-up activities. The Working Group was developing a network of institutions operating at country and regional levels on issues relating to women's health. Input into that database had been received from all WHO regional offices, United Nations agencies and other institutions working in that field. Data on women's health issues were also being collected with a view to assessing what information already existed in priority areas. Several other activities had already been scheduled. An extremely comprehensive paper had been commissioned on "Women's health as a human right", which would be presented to the World Conference on Human Rights in June 1993. A contribution would also be made to the International Conference on Population and Development in September 1994. During the meeting of the Global Commission on Women's Health at WHO headquarters on 8 to 10 March 1993, areas had been proposed for action to improve women's health, including information, research and access to quality care. Specific health issues such as nutrition, reproductive health, the health consequences of violence, aging, life-styles and related health conditions had also been identified. Some of the funding required for the Global Commission on Women's Health had already been located.

The delegate of Nigeria had requested information on the development of a vaccine that would prevent the transmission of HIV from mother to child. The maternal and child health and family planning programme was collaborating with the Global Programme on AIDS on vaccine issues and the prevention of transmission by that route. Further information would be given when the Committee took up programme 13.13, AIDS and other sexually transmitted diseases.

The delegate of Sri Lanka had asked about activities concerning the health of schoolchildren. The maternal and child health and family planning programme was working in close cooperation with the Division of Health Education and the programme on substance abuse to promote the health education of schoolchildren and deal with issues related to street children. Unfortunately the resources available were limited, but every effort would be made to mobilize extrabudgetary funding. The receipt of extrabudgetary resources had been slower for the financial period 1994-1995, but additional funding was expected.

The delegate of Zimbabwe had suggested that more emphasis be placed on adolescent health. In spite of the financial constraints of the Organization, the Director-General had reallocated a sum of US$ 800 000 to the Division of Family Health to be used in maternal and child health and family planning and adolescent health activities. Considerable strides had been made in developing a more coherent approach to adolescent health by WHO especially since the 1989 Technical Discussions on the Health of Youth and the establishment of the adolescent health programme in the Eighth General Programme of Work. Major issues of adolescent health needs, as well as the contribution of young people themselves, are being brought together for consideration at country as well as regional and global level. These cover sexual and reproductive health - pregnancy, childbirth, abortion, STD and AIDS, use of potentially harmful substances including tobacco, alcohol and other drugs, accidental and intentional injury, nutrition, oral hygiene, and mental health and health education needs.

The adolescent health programme in addition to working with the Special Programme of Research, Development and Research Training in Human Reproduction, the Global Programme on AIDS and the programme on substance abuse has, on the strength of its comprehensive approach, developed a close working relationship with UNFPA, UNICEF and with major youth serving nongovernmental organizations and foundations, all of whom recognize the need for an integrated approach to adolescent health as being both the most effective and most efficient way to work at country level.

Dr TURMEN (Director, Division of Family Health), noting that several delegates had commented on the programme for women's health, said that within the Division of Family Health, women's health was viewed in the context of the totality of women's lives across their life span, and that each programme unit within the Division represented one aspect of that continuum. The Division collaborated closely with other programme areas within WHO including the Special Programme for Research, Development and Research Training in Human Reproduction, the nutrition programme, the Global Programme on AIDS, the Special Programme for Training and Research in Tropical Diseases, and the environmental health, and community water supply and sanitation programmes. Collaborative activities included developing strategies for integrating women's perspectives into the introduction of contraceptive technologies and service provision; working to improve women's and girls' nutritional status; and developing mechanisms to empower women to take appropriate action to avoid unsafe sexual practices which led to sexually transmitted diseases, including AIDS. The programme was coordinated closely with the United Nations system, in which WHO was the technical agency for addressing women's health problems.

The Division's current plan of action was concentrating on three high priority issues - nutrition, maternal health and family planning. Strategies had been developed for approaches to the problems of malnutrition, particularly anaemia, high-risk fertility patterns, and maternal mortality - problems that could be alleviated in

the short-term, and for which targets could be set, indicators defined and progress monitored. Improvement in those three critical areas would result in significant benefits for women, especially in countries where the need was greatest and the resources most limited. A major strategy was to improve women's access to, and participation in, health care services, to increase their ability to make informed use of such services, and to ensure that services provided appropriate, affordable, accessible and high-quality care to women throughout their lives.

The attainment of the goals would depend crucially on coordination and collaboration between national authorities, international agencies, nongovernmental organizations and women's groups around the world. To facilitate the exchange of information and develop stronger networks and linkages between all interested parties, WHO would, additional resources permitting, expand its currently available databases on women's reproductive health and newborn care to cover the totality of women's health concerns. That resource, which had been a major contribution to the 1992 Technical Discussions on women, health and development, was intended to become a documentation centre open to all, most particularly to women themselves. In addition, summaries of high priority issues targeted on a wide variety of audiences would be produced and disseminated widely.

WHO had established, and was now extending, its network of over 500 women's organizations and leaders. That represented an enormous, efficient and highly motivated human resource for information and action. Through the network it had been possible to bring individuals and groups together for information exchange, the sharing of resources and technical support. Increasingly they looked to WHO for technical leadership. A marginal increase in funds and staff would greatly accelerate the process and permit a more in-depth assessment of women's health needs, including the implications of harmful traditional practices. WHO would continue to call for the collection and distribution of sex disaggregated data and strive to bring to the attention of policy-makers and planners the need to place the health requirements of women at the forefront of their agendas.

The health of women was a *sine qua non* for the health of families and of societies and the foundation upon which future development rested. Therefore, WHO would bring all its technical expertise and knowledge to bear on the issue of incorporating a gender perspective on the dimensions of health into all health-for-all strategies. For that purpose, an in-depth review of the programme on women's health would be presented to the Executive Board at its ninety-third session.

The delegate of the United Kingdom had expressed concern at the limited activities concerning child health. Within WHO's maternal and child health and family planning programme, the area of child health had been the component most constrained by the limited extrabudgetary resources available to it over the years. With the exception of SIDA, SAREC and USAID, no technical cooperation agencies had addressed the priority needs of newborns other than through the tetanus toxoid immunization of pregnant women or the promotion of breast-feeding. Technologies for thermal control, resuscitation and clean delivery, as well as interventions for and monitoring of growth and development had been devised and were being implemented. However, the pace had been relatively slow because of the lack of support from the donor community and, so far, the lack of recognition by countries of the critical importance of maternal and newborn health to child survival and development.

In addition, the programme was collaborating closely with UNICEF, ILO and UNESCO, as well with other WHO programme areas such as the Expanded Programme on Immunization, the Division of Diarrhoeal and Acute Respiratory Disease Control, nutrition, injury prevention, the programme on substance abuse and the Division of Health Education in the areas of child abuse and neglect, child labour, community-based child development, and child day care and education. Protocols had been developed and promoted to monitor the scope and nature of child abuse and for families and community groups to monitor child development and to guide action for enhancing it.

Dr HAMMAD (Adviser on Health and Development Policies), reporting on the follow-up to the Accra International Forum, said that unfortunately there had been no budget allocation for that purpose. Consequently, no specific follow-up action had been taken.

The CHAIRMAN invited the Committee to consider the draft resolution on maternal and child health and family planning introduced at the previous meeting, together with the amendments proposed at that meeting by the delegates of Swaziland and Turkey. The former had proposed a change to the first preambular paragraph which would be accommodated by the addition of the words "and the Organization of African Unity International Conference on Assistance to African Children" after "women, health and development".

The delegate of Turkey had proposed that the words "and the World Population Plan of Action" be inserted after "Strategy for Health for All" in operative paragraph 2(1).

To accommodate the second proposal of the delegate of Turkey, it was suggested that the words "and adolescents" be inserted after "children" in the fourth preambular paragraph and that "women and children" be replaced by "women, children and adolescents" in the eighth preambular paragraph and in operative paragraphs 2(1), 2(2), 3(2) and 3(3).

Professor FIKRI-BENBRAHIM (Morocco) supported the draft resolution and proposed that the title of the draft resolution be amended to read "Maternal and child health and family planning for health".

The proposal was endorsed by Dr AL-RABIEAH (Saudi Arabia) and Dr MARIE (Egypt). Dr DALLAL (Lebanon) also supported the proposal and requested that his delegation be added to the list of sponsors.

The draft resolution, as amended, was approved.

Programmes 9.4 and 9.5: Workers' health; and Health of the elderly

Dr VIOLAKI-PARASKEVA (representative of the Executive Board), introducing programmes 9.4 and 9.5, noted that although workers contributed to national development, the budgetary allocation to programme 9.4, Workers' health, remained minimal. The programme was linked to other programmes both within WHO and in other international organizations, and WHO should strengthen its role in coordinating intersectoral activities in Member States. The Board had expressed particular concern about the negative effect on society and on health of the massive unemployment that had resulted from the worldwide economic crisis.

Turning to programme 9.5, she commented that the Board recognized that while the definition of "elderly" might differ among countries, the elderly should remain active members of society, their quality of life should be maintained and their care should be integrated into primary health care. The elderly were important within the family as they often took responsibility for younger members.

Dr SAVAL'EV (Russian Federation), speaking about programme 9.4 said that there were about 2400 million workers in the world, some two-thirds of whom were working in sub-standard conditions that were deleterious to their health. Occupational exposures to harmful agents could lead not only to recognized occupational diseases but also to cancer and to effects on the foetus and on the cardiovascular and immunological systems, resulting in higher rates of premature death. The absence of qualified specialists in occupational diseases and of diagnostic criteria meant that many diseases were not diagnosed early enough to be treated; training of staff was of vital importance. Studies of occupational disease required multidisciplinary teams, in which specialists cooperated with medical doctors and engineers.

The problem was particularly acute in the countries of central and eastern Europe, which were establishing market economies. WHO should develop and improve undergraduate and postgraduate programmes to train people to promote health. The safety and health of workers should be ensured in all areas of production and brought up to national standards, in collaboration with ILO. The experience of developed countries should be transmitted by scientific cooperation and exchange of information. In order to attain the objective of the programme - prevention of occupational disease - the effects of all potential chemical, biological and other risk factors should be assessed. In view of the role of workers in the socioeconomic development of society, which had been emphasized repeatedly, the programme on workers' health should be given priority and sufficient funding.

Dr CHI Baolan (China), speaking on programme 9.5, said that, as indicated in the programme statement, many countries, including China, would see a striking aging of their populations, and the issue was becoming of great public concern. WHO should promote intercountry exchange of experiences in dealing with the health problems of the elderly and draw up a general plan of action based on information about health status and social burden. Health for the elderly should be integrated within primary health care. In 1992, 9% of the Chinese population had been 60 years of age or more. China fully supported the programme and was making efforts to ensure that the elderly received medical care and other social services. The four areas of research that were of particular concern, Alzheimer's disease, risk factors for osteoporosis, the determinants of successful aging and the immunological consequences of aging, were important and should receive adequate funding.

The support for the programme provided by the Western Pacific Regional Office at country and intercountry levels was to be commended.

Dr BRUMMER (Germany) supported the four research areas of concern to WHO under programme 9.5, Alzheimer's disease, dementia, osteoporosis and the immunological consequences of aging, and fully endorsed local implementation, within the European Region, of the project to identify the determinants of healthy aging. In addition to health promotion, guidelines were to be drawn up for the long-term care of the elderly and the prevention of disability due to chronic diseases. Those were subjects of major significance in his country. Additional aims included further training of physicians and providers of health care and social services in the field of geriatrics; outpatient support for elderly people in need of assistance; and the development of means for ensuring the quality of long-term institutional care. The maintenance of competence and autonomy remained the goals of the programme. He considered, however, that the financial allocation for the programme for 1994-1995 was modest - only 0.36% of the regular budget - despite the large number of projects, and showed a decrease in real terms. Further, funds from other sources would diminish.

Dr DLAMINI (Swaziland) welcomed the continued priority given to programme 9.5. In her country, grandmothers (*gogos*) played an important role in child care and feeding, particularly as more women joined the work force and as the AIDS pandemic orphaned the children of many people in the productive age group. More attention was to be paid to the elderly within the programme of primary health care, in view of their contribution to child survival.

Professor OKELO (Kenya) said that his country endorsed the activities outlined under the programme on workers' health. As many African countries did not have personnel trained in that speciality, WHO and other United Nations agencies should assist them in setting up university-level courses and in providing the appropriate postgraduate training.

Dr BASSIRI (Islamic Republic of Iran) said that most workers' health programmes were oriented towards industry; however, many workers, such as farmers and mine workers, did not fall into that category. Her country had successfully integrated occupational health into its primary health care network through the development of more than 1200 workers' health houses, an example which might be followed by other Member States. Efforts should be made to improve the quality and effectiveness of programme 9.4.

Dr MAYNARD (Trinidad and Tobago) said that an increasing proportion of the population in many countries was unemployed, creating a group with its own particular health problems. The programme statement for programme 9.4 indicated that in the European Region, the problem of unemployed people, especially the young, would be covered by other programmes concerned, in collaboration with that programme. What specific programmes would be involved, and would that also be the case in the Region of the Americas?

Programme 9.4 made no specific reference to health care workers, who tended to neglect their own health. Would that aspect be covered?

Mrs HERZOG (Israel) said that while it was widely acknowledged that a familiar home environment was the best place to care for the elderly, most countries had inadequate home care facilities. As a result, many elderly people were placed in institutions where their needs were often not fully understood. The elderly needed loving and understanding care as well as food and medication. The Organization needed to emphasize the former more strongly and to train personnel with that orientation in mind. She suggested that the issue might be a future subject for the Technical Discussions.

Ms SZATMARI (Hungary) said that her country endorsed programmes 9.4 and 9.5, and was according priority to the healthy workplace and health of the elderly components of the European Region's EUROHEALTH programme.

Dr NAPALKOV (Assistant Director-General) said that a number of delegates had mentioned the need for better training of health workers in the field of occupational health. Such a goal was indeed desirable. However, training could not be addressed without first developing better reporting systems, including occupational health registries, which were inadequate in both the developing and the developed countries. The existing network of research institutes, national collaborating centres and nongovernmental organizations in the areas of preventive medicine and occupational health would be useful in establishing such systems and training the personnel.

With regard to the health of the elderly, WHO needed to develop closer ties with academic researchers working in the field of geriatrics and focus more effort on social sciences research related to the problems of

the elderly; as a number of delegates had noted, health of the elderly was linked to the general health of the society in which they lived.

In view of the current worldwide recession, even more serious consideration should be given to the medical aspects of the problem of unemployment. The Organization was in the process of developing an integrated approach to unemployment and would establish a special task force to study the health of workers worldwide during periods of economic recession. That problem was particularly acute in those countries with economies in transition where a special approach to workers' health was needed, with emphasis on somatic diseases and mental health issues.

Dr ROCHON (Division of Health Protection and Promotion) said that the question of health problems related to employment presented a difficult challenge to the Organization. The Executive Board had rightly called attention to the issue and had provided guidelines for future work in that field. WHO would certainly strive to implement those guidelines and to develop an integrated approach to workers' health programmes, with improved coordination of activities.

In the autumn of 1992, on the initiative of the Regional Office for the Eastern Mediterranean, an interregional meeting had been held to review the Organization's activities undertaken within the framework of health of the elderly, with particular emphasis on the horizontal nature of that programme and the need to integrate the various activities involved. The meeting had established a number of strategies for improving health of the elderly; a related set of guidelines were being drafted to assist countries in developing their health for the elderly programmes.

Dr VIOLAKI-PARASKEVA (representative of the Executive Board) said that the Board would take note of the emphasis given by delegates to the need to pay special attention to Alzheimer's disease, osteoporosis and dementia, and long-term care of the elderly.

2. FIRST REPORT OF COMMITTEE A (Document A46/47)

Dr VAREA (Rapporteur) read out the draft first report of Committee A.

Dr DALLAL (Lebanon) said that the draft resolution on the International Conference on Nutrition contained in document A46/47, did not adequately reflect the amendment that he had proposed to operative paragraph 4(2) at the fourth meeting, in that it did not specifically refer to the use of hormones in agriculture. He therefore proposed that the words "and hormones" should be inserted after "misuse of chemicals". Further, he would have liked to see a reference in the Director-General's report (document A46/6) to the encouragement of research on possible risks associated with the use of hormones in agriculture.

The CHAIRMAN said that if he heard no objections he would take it that the Committee wished to adopt its draft first report together with the amendment just proposed.

The report was adopted.

3. **PROPOSED PROGRAMME BUDGET FOR THE FINANCIAL PERIOD 1994-1995:** Item 18 of the Agenda (Documents PB/94-95 and A46/31) (resumed)

PROGRAMME POLICY MATTERS: Item 18.2 of the Agenda (Document EB91/1993/REC/1, Part II, Chapter II) (resumed)

HEALTH SCIENCE AND TECHNOLOGY - HEALTH PROMOTION AND CARE (Appropriation Section 3) (resumed)

Protection and promotion of mental health (Programme 10) (Document PB/94-95, pages B-126 to B-135)

Programmes 10.1 to 10.3: Psychosocial and behavioural factors in the promotion of health and human development; Prevention and control of alcohol and drug abuse; and Prevention and treatment of mental and neurological disorders

Dr VIOLAKI-PARASKEVA (representative of the Executive Board) said that the Board had recognized that mental illness would be a major problem in the twenty-first century. All countries faced a rapid increase in the magnitude and severity of mental and psychosocial problems and mental disorders were a leading cause of illness and disability, with an extremely high cost in human and material terms. Vast numbers of people were exposed to catastrophic levels of stress resulting in serious psychosocial disorders. The magnitude of that "silent epidemic" had not yet been fully appreciated by public health policy-makers and personnel.

In recent years, new techniques had been developed for the prevention of neurological disorders and for the treatment and rehabilitation of individuals afflicted with them. Knowledge about psychosocial factors had also increased and could be applied on a broad scale. The time was ripe for the development of vigorous international and national mental health programmes which should include the introduction of appropriate services, training and research.

WHO should strengthen its leadership in the following areas: legislation; design of indicators and diagnostic tools; coordination and research; and protection of the rights of the mentally ill. Mental health problems were ubiquitous, multifaceted and involved a number of disciplines; accordingly, the WHO mental health programme must be integrated horizontally with other related programmes. WHO could also play a critical role by promoting national policies and programmes in the field and by providing technical support through research, training and information. More funding for the programme would be necessary.

The Board had endorsed the activities outlined under programme 10.1 and had emphasized that psychosocial factors had a determining influence on behavioural aspects of health. Primary prevention of social problems should often be started in the preschool period, when children were faced with family break-up or unexpected socioeconomic problems.

The Board had endorsed the activities outlined under programme 10.2; alcohol and drug abuse had become a universal problem and additional extrabudgetary funds were anticipated. In recent years, many countries had seen a sharp rise in individual psychological stress as a result of life-styles that included alcohol and drug abuse and in response to media influences.

With regard to programme 10.3, the Board had noted that countries had made only slow progress in improving information systems on mental illness and mental health management. The Organization needed to support efforts at the country level and develop definitions of mental disorders and related issues for the use of clinical researchers and primary health care workers. The prevention of mental disorders had to be linked to child health care, including perinatal care, a particularly important phase for primary prevention of mental disorders, birth attendants, care of premature infants and monitoring of growth and psychomotor development.

Dr SAVEL'EV (Russian Federation), speaking on programme 10.1, said that the frequency and severity of mental and neurological illness and its social consequences had increased greatly in recent years. A comprehensive strategy for preventive action at all levels of national health systems would do much to determine the health and well-being of the adult population of the world. Among the areas requiring most attention were the legal aspects of psychiatric care at a national level, the role of psychiatry and neurology in view of the spread of HIV infection, and the growing effects of anxiety due to war, population displacement, poverty and ecological disasters such as the explosion at the Chernobyl nuclear power station.

The influence of environmental factors was already beginning to show up in statistical data as an increase in the incidence of mental retardation in people living in heavily polluted areas. More research including long-term international studies was needed in those areas and on the effects of environmental factors on brain

development in the foetus period. The Secretariat might also consider studies in collaboration with nongovernmental organizations on non-invasive methods of monitoring brain function.

He expressed his country's gratitude to WHO for its assistance in the development of national legislation in the field of psychiatry, and hoped that such cooperation would continue.

Mr YAMAUCHI (United States of America), speaking on programme 10.2, commended WHO's efforts to improve the quality and comparability of data on worldwide drug abuse, including activities to improve national data collection systems and international monitoring of trends in substance abuse. Those efforts must be fully coordinated with the work of the United Nations International Drug Control Programme (UNDCP), and particularly with the new International Drug Abuse Assessment System. He welcomed the feasibility study on the development of the abuse trends linkage alerting system and hoped that the project would continue to be subject to expert review in order to ensure coordination with United Nations activities, efficient quality control procedures and the development of training programmes for the use of the system.

He commended WHO on its health monitoring and research initiatives, including the planned studies to examine the link between drug injection and associated behavioural and health factors, including HIV infection, outlined in paragraph 23 of the programme statement. Such activities should be closely coordinated with the WHO Global Programme on AIDS and the regional offices.

Dr CHI Baolan (China) said that the most important aspects of the mental health programme were the promotion of healthy life-styles and the prevention of alcohol and drug abuse. Mental and neurological disorders affected many different population groups, and society as a whole, and it was therefore important for the programme to coordinate its work closely with that of the Global Programme on AIDS and the programmes on adolescent health, maternal and child health and health of the elderly. It was important that people with mental illnesses should live in their own homes, rather than being confined to hospitals, and that family doctors and other health workers should receive special training in the treatment of mental illness at the primary health care level. There was a need for more WHO technical assistance to Member States in the field of mental health, but it was alarming to note that both the regular budget allocation and extrabudgetary funding for the mental health programme had decreased compared with the 1992-1993 figure and that he hoped that the Secretariat would make every effort to mobilize further extrabudgetary resources.

Dr CICOGNA (Italy) said that his delegation supported programme 10 as a whole, recognizing that mental and neurological disease, and psychosocial aspects of health care in general, were a major source of concern in many Member States. He was consequently surprised that the budget allocations for the programme were so low, and hoped that further resources would be made available. A number of areas would deserve particular attention in the coming biennium: (1) the frequent and serious public health problems arising from neurological disorders, which were not adequately dealt with either in public health planning or in training in neurology; (2) the prevention of mental and neurological disorders and their associated psychosocial problems - WHO might consider drawing up guidelines for use at country level, based on the current state of knowledge in that area; and (3) the mental health of schoolchildren, which received insufficient attention at present.

Mr UCHIDA (Japan), speaking on programme 10.2, supported WHO's emphasis on demand reduction but noted that different countries used very different strategies to achieve that objective. Japan stressed the need to reduce the social acceptability of illicit drug use, while recognizing that it was important to ensure that people dependent on drugs received high-quality care. Demand reduction policies must be consistent with national drug control policies, and no one element of the demand reduction policy should be stressed at the expense of another. The issue became even more complex when both licit and illicit substances were considered together. He hoped that WHO would consider the possible interactions between the various elements of demand reduction policies in its future programme development.

Mr CHEBARO (Lebanon) said that his country was now trying to regulate the drugs market, and was in the process of updating legislation on the control of drugs and psychotropic substances. Drug trafficking was a problem in Lebanon, including illegal import from Europe of drugs such as benzodiazapines, manufactured under license and obtained through day depots. There was a need for an international monitoring system to keep track of such drug movements. He would like to know, for example, how drug stores were controlled in developed countries such as the United Kingdom or France. There was also a need to harmonize the legislation of different countries in that area, reporting on drug abuse and the production of statistics for international use.

Dr DLAMINI (Swaziland) said that alcohol abuse, in particular, was a great problem in her country. Was the Secretariat planning to draw up national guidelines for the early detection and management of mental health problems at the primary health care level? At present, such problems in her country were generally detected at the secondary or tertiary level; earlier detection would make more effective treatment possible. She believed that WHO was currently testing protocols for health facilities in that area; she would welcome more information on the subject.

Dr MEREDITH (United Kingdom of Great Britain and Northern Ireland) said that programme 10.3 was sensible and well-balanced and was a good example of a vertical programme that could be integrated horizontally with other WHO programmes. In the United Kingdom, mental illness affected one person in ten every year; mental illness was as common as heart disease and three times more common than cancer. The financial consequences of mental illness weighed heavily on health service resources, including the pharmaceutical budget. Mental ill-health accounted for 14% of certificated absence from work. However, effective intervention was possible; some means of prevention had been demonstrably successful, mental illness could be treated and its impact alleviated. One particular problem was that of negative attitudes to mental illness among both health professionals and the population at large.

Professor OKELO (Kenya) expressed his country's support for programme 10, and called upon WHO to work towards the integration of mental health activities into primary health care. The Organization should also facilitate the exchange of information and the dissemination of literature between countries, especially in Africa. WHO should encourage the establishment and provision of uniform standards for specialized treatment centres.

Dr RADITAPOLE (Lesotho) welcomed WHO's emphasis on the problems of mental health, but expressed her concern about the low budget allocated to the programme. WHO and other international agencies seemed to have made no serious efforts to discourage alcohol advertising. She hoped that the Organization would play a leading role in such efforts in the future.

Professor COSKUN (Turkey) believed that programme 10, Protection and promotion of mental health, with all its components, deserved particular attention because of its global importance and close links with almost all other programmes of which health and human development were the main aim.

Programme 10.2, Prevention and control of alcohol and drug abuse, had to be considered also in relation to AIDS, as well as maternal, child and adolescent health. In programme 10.3, Prevention and treatment of mental and neurological disorders, the environment of patients and their productive life were significant factors. The Executive Board rightly attached importance to this topic and considered that further funding was required. But in paragraph 23 on page 6 of document A46/31 it was mentioned "among others" for possible reduction in activities. In view of inevitable financial constraints, it was natural that there should be cuts in all programmes, but he was concerned that such cuts should be fairly distributed. Turkey had benefited, and was continuing to benefit, from that programme, which he hoped would be further developed.

Dr OJEDA MARTINEZ (Venezuela) commended the comprehensive presentation of programme 10. Referring to the links with programme 9, and particularly 9.4, Workers' health, he advocated a general approach to mental health during and after working life taking into account mental stress and depression among those not working, for example. Well-directed care could result in better mental health. People needed to be taught to cope with each phase of their lives, including old age.

Dr CHIMIMBA (Malawi) stressed the importance of programmes 10.1, 10.2 and 10.3. However, in view of the shortage of trained personnel, it was difficult for his country to plan programmes and develop technology for the prevention of mental and neurological disorders and to reduce the effects of alcohol abuse. Prevention and treatment of mental illness were all the more important in view of the large number of refugees and the increasing number of AIDS sufferers. He welcomed the stress laid by WHO on staff training and on an exchange of information, and technical cooperation among developing countries, and urged it to provide support, especially in connection with alcohol abuse and refugee problems, in recruiting appropriate staff at national level and strengthening programmes, and not only for workshops and studies.

Mrs MAKHWADE (Botswana) said that it was impossible to overemphasize the importance of mental health services: a holistic approach was required in health programmes, whether in relation to family planning, or control of AIDS and drug abuse. Her country had introduced a psychiatric component into nursing

curricula in order to identify early signs of mental illness. Rural health programmes should contain a mental health component for all age groups. She supported the programme budget proposals.

Dr DEVO (Togo) said that programme 10 was an area of concern in Togo, which unfortunately did not have sufficient qualified personnel to deal with the mentally ill, and had therefore asked WHO to provide increased support in organizing the one and only psychiatric hospital in Togo, which was hard hit by staff shortages.

In Togo, the problem of drug abuse and trafficking was particularly acute. He asked for further assistance in defining a strategy for mental health.

Professor ACHOUR (Tunisia) appreciated WHO's efforts in the field of mental health, which enjoyed increasingly high priority. The birth rate in Tunisia was rising and there was also an increase in diseases affecting the psychological development of the child; it would accordingly be beneficial to incorporate the prevention of mental disorders in a mother and child health programme. Specially trained personnel was required to deal with AIDS sufferers; special emphasis should therefore be laid on improving their skills to cope with such problems.

Dr BASSIRI (Islamic Republic of Iran) said it was clear that any kind of health activity, such as family planning programmes and improvements in the quality of family life, had a positive effect on the mental health of a society. The Islamic Republic of Iran had had successful experiences in developing technical committees at national, provincial and district level and integrating mental health and primary health care. Good intersectoral cooperation, for example in Healthy Cities, Villages and Schools programmes, had also had a positive impact on its mental health programmes. Case-finding in that domain and other procedures vital for primary prevention were, however, beyond the capacity of the health sector to provide alone.

Dr FLACHE, at the invitation of the CHAIRMAN, spoke on behalf of the standing committee of Presidents of eight international nongovernmental organizations concerned with mental health, including such major organizations as the World Association for Social Psychiatry, the World Federation for Mental Health, and the World Psychiatric Association. They brought together over 200 international, regional and national associations and over 200 000 individual members in more than 100 countries, spanning all continents. It was the first time in the history of WHO that such an important coalition of nongovernmental organizations had been established around it.

In a declaration adopted by the presidential committee earlier in 1993, note had been taken of the harmful effect on mental health of the escalation of ethnic, racial and religious conflicts, the forced migration of tens of millions of human beings, growing poverty, hunger and repression, and other flagrant violations of basic human rights.

Various forms of grave psychological disorders were triggered and intensified by those events, at the very time when modern mental health science had developed interventions which could alleviate the psychological consequences of such disastrous circumstances.

The nongovernmental organizations had resolved to collaborate with the governmental agencies and United Nations bodies concerned, and particularly with WHO and its Division of Mental Health, in support to the affected populations. They would also be exploring the possibilities of creating, to this effect, a cadre of "mental health workers without borders". They had reviewed the current situation of the mental health services in former Yugoslavia. The horrors of the conflict and its psychological effects, with concomitant destruction of mental health facilities and acute shortage of essential drugs, called for urgent support, which they were attempting to assist WHO in providing.

Commenting on the WHO budget provisions for mental health for the year 1994-1995 now under review, he expressed grave concern over its exiguity - less than 1% of WHO's total regular budget, while in the recently calculated global burden of disease, neuropsychiatric disorders accounted for over 10% of the total. In addition, the extremely low budget figures were hardly compatible with the knowledge that success or failure of most health and development programmes were largely determined by psychological factors which mental health programmes could favourably influence.

He thanked WHO for the effectiveness and quality of its work, and supported statements in favour of increasing provisions under the mental health chapter. The fate of some 500 million people suffering from mental disorders and particularly vulnerable groups depended on governmental and intergovernmental efforts. They were subject to stigmatization, discrimination and negligence; the protection of the human rights of the mentally ill formed an integral part of mental health. The United Nations General Assembly had adopted a resolution on mental health in December 1991 to which WHO had made a crucial contribution, calling for

certain adjustments at national level and the provision of adequate resources. WHO would be able to provide valuable assistance to governments in that connection. The nongovernmental organizations, for their part, would continue to participate with the means available to them.

Dr VIOLAKI-PARASKEVA (representative of the Executive Board) said that the need for mental health programmes to be linked, particularly, with maternal and child care programmes, was appreciated.

The meeting rose at 11h15.

= = =