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

Geneva, 3-6 October 1988
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I. INTRODUCTION

The Thirty-fifth Session of the Regional Committee for the Eastern Mediterranean met at the Headquarters of the World Health Organization, Geneva, Switzerland, from 3 to 6 October 1988. Meetings were held in the Executive Board Room. The Technical Discussions on "Maternal and Infant Mortality in the Eastern Mediterranean Region" were held on 4 October 1988. The Session was attended by Dr Hiroshi Nakajima, Director-General of the World Health Organization.

The following Member States were represented:

Afghanistan, Republic of
Bahrain
Cyprus
Democratic Yemen
Djibouti
Egypt
Iran, Islamic Republic of
Iraq
Jordan
Kuwait
Libyan Arab Jamahiriya

Morocco
Oman
Pakistan
Qatar
Saudi Arabia
Somalia
Sudan
Syrian Arab Republic
Tunisia
United Arab Emirates
Yemen

The Session was also attended by observers from the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the United Nations Relief and Works Agency for Palestine Refugees (UNRWA), the League of Arab States, the Secretariat General of Health for the Arab Countries of the Gulf Area, the Organization of African Unity, and the Palestine Liberation Organization, as well as by observers from seventeen intergovernmental, non-governmental and national organizations.
II. OPENING MEETING AND PROCEDURAL MATTERS

II-1. OPENING OF THE SESSION
(Agenda item 1)

His Excellency Dr Zaid Hamzeh, Vice-Chairman of the Thirty-fourth Session of the Regional Committee for the Eastern Mediterranean, declared the Thirty-fifth Session open.

Dr Hamzeh expressed his thanks to the Director-General of the World Health Organization for hosting the Thirty-fifth Session of the Regional Committee. It was a pleasure to attend this gathering at a time when WHO was able to report considerable progress in improvement of the health standards of the people of the Region and in attaining Health for All by the Year 2000.

On the way to this overall goal, a number of milestones should be reached. By 1990, it was hoped to reduce the infant mortality rate to half that of 1980; a number of countries had already achieved this objective. Reduction in the maternal mortality rate was another important goal, since 99% of maternal deaths occurred in developing countries.

Finally, he welcomed Dr Nakajima who was attending a meeting of the Regional Committee for the first time, and wished him every success in his high office as Director-General of WHO. He paid tribute to the Director-General Emeritus, Dr Haifdan Mahler, for his enormous contribution to health development.

II-2. ADDRESS BY THE REGIONAL DIRECTOR

Dr Hussein A. Gezairy, Regional Director for the Eastern Mediterranean, welcomed the representatives of Member States and the observers to the Thirty-fifth Session of the Regional Committee.

The Regional Director then welcomed Dr Hiroshi Nakajima, Director-General of the World Health Organization, and thanked him for attending the Session. He recalled the great contribution of the Director-General Emeritus, Dr Haifdan Mahler, and his dedication to the goal of Health for All.

Since the last meeting of the Regional Committee there had been positive and heartening events in the Region: the end of hostilities between Islamic Republic of Iran and Iraq, the withdrawal of foreign forces from Republic of Afghanistan, resolution of the Western Sahara situation in sight, democratic rule established in Tunisia, the possibility of stability in Lebanon and the heroic struggle of the Palestinian people.

On the other hand, Sudan had been stricken by floods. This tragic event underlined the need for emergency preparedness, which would be discussed in Tunisia later in October. It also demonstrated how the Region could act collectively to provide help, food, medicines and other vital materials.
The Fortieth Anniversary of WHO on 7 April 1988 had been marked in all Member States, and the Regional Director acknowledged addresses given by Head of States in the Region on this occasion. The support for WHO’s aims and ideals was inspiring and a real step forward towards Health for All and the fostering of awareness of WHO’s work. Concurrently, WHO was also celebrating the tenth anniversaries of the Alma-Ata Declaration and of smallpox eradication. Long-term progress in health was continuing on a broad base, with new ideas, such as the initiative for improved “quality of life”, taking shape. The visits to Thailand and the colloquia held there, as part of the Health for All Leadership programme, provided an interesting example of learning from another Region.

With regard to the financial situation, the Proposed Programme Budget prescribed realistic measures to derive maximum benefit from still constrained resources. Management of WHO’s resources was a particular concern of the Regional Consultative Committee.

The Regional Director referred to the various technical papers presented for discussion on: rational use of drugs, health manpower development, relations with non-governmental organizations, progress in monitoring Health for All strategies, acquired immunodeficiency syndrome (AIDS), and mental health – all subjects of concern for the Region. Poliomyelitis would also be discussed, hearing in mind the target date of the year 2000 for total eradication of the disease.

He also referred to the key date of 1990, which would mark the end of the International Drinking Water Supply and Sanitation Decade, and drew particular attention to the dangers of toxic industrial wastes and the dumping of such wastes on the shorelines of developing countries. The Regional Committee might consider adopting a resolution on this subject for submission to the World Health Assembly.

The subject selected by the Committee for its technical discussions, "Maternal and Infant Mortality in the Eastern Mediterranean Region" required the utmost attention in view of the unacceptably high rates in some countries. Promoting "Safe Motherhood" should not lead to neglect of children: on the contrary, improved health of mothers could only mean improved health of children.

Finally, he stressed that WHO’s approach in the Region embodied, first and foremost, the human dimension – caring in the widest sense of the term and not implying health care alone. Predictions of conditions for the twenty-first century were not reassuring: geographical, climatological and ecological changes could put the life of the planet at stake. Preventive action was needed now as regards health. WHO by reason of its mandate must be the leader for such action, realizing that health cannot be achieved in isolation. He looked to Member States to put into efficient operation all possible strategies for the health, welfare and well-being of every man, woman and child, now and in the future.

The full text of the Regional Director’s address is given in Annex III.

II-3. ADDRESS BY THE DIRECTOR-GENERAL

Dr H. Nakajima, Director-General of the World Health Organization, expressed his pleasure at addressing the Regional Committee for the first
time in his new capacity as Director-General. The Fortieth Anniversary of WHO and the Tenth Anniversary of the Declaration of Alma-Ata were an appropriate time for Member States and the Secretariat to re-dedicate themselves to the policies and strategies for attaining Health for All, and to prepare to face new and different challenges.

After paying tribute to past Directors-General and Regional Directors, Dr Nakajima declared that it was time to build for the future, with new emphasis, innovation and some restructurings.

The primary health care approach was fundamentally sound, but it was important to have the will and capacity to implement it. WHO must become more actively involved in establishing clear health policies on nutrition, drugs, disease control, health promotion and environmental protection.

The Director-General attached great importance to health education, health information and health promotion. Health information services must transmit the essential health messages of WHO's technical programmes.

The basis of sustainable health development was a sound health system, based on the primary health care approach, with cost-conscious development of the physical infrastructure. People were the most precious resource of all, and entitled to participate as decision-makers, providers and beneficiaries of health development. It was important to focus on the specific needs of population groups such as mothers, children, adolescents, workers and the elderly. Good health demanded clean air, water, land and food, and was a prerequisite for social and economic development.

After discussing WHO's role in drug policies and management, and in the prevention and control of communicable and non-communicable diseases, Dr Nakajima turned his attention to the difficult political and economic climate. WHO was emerging from the most serious financial crisis in its history, and he was making some structural changes so as to ensure that the Organization was run as efficiently, effectively and economically as possible.

Stressing the absolute and overriding necessity of maintaining the unity of WHO in its objectives, policies and approaches, the Director-General said he would do all in his power to encourage delegation of authority consistent with sound management. He relied on advice and support not only from regional directors and his own staff, but also and above all from the representatives of Member States, without whose cooperation his task would be impossible.

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

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

The Regional Committee elected the following officers:

Chairman: H.E. Dr Mohamed Ragheb Dowidar (Egypt)
Vice-Chairmen: H.E. Dr Abdul Fatah Najem (Republic of Afghanistan)
H.E. Sheikh Faisal Al-Hujailan (Saudi Arabia)

For the Technical Discussions, the Committee elected as

Chairman: Dr Saeed Sharaf Badr (Democratic Yemen)
II-5. ADDRESS BY THE CHAIRMAN

Taking up the Chairmanship of the session, Dr Dowidar expressed his thanks to the representatives for electing him, which he considered as an honour for him personally and for his country, Egypt. He said that the countries of the Region badly need constructive collaboration among themselves so as to increase their capabilities towards achieving Health for All by the year 2000. He then referred to the importance of the issues contained in the Agenda, wishing the Regional Committee every success in discussing them.

II-6. ADOPTION OF THE AGENDA

(Agenda item 3, document EM/RC35/1 Rev.2: decision 2)

The Regional Committee looked into item 22, "Harmful Effects of Chemical Weapons on Health", and item 23, "Censoring or prohibiting use of sexually explicit pictures in World Health publications offending religious/cultural norms in the Region", and decided not to include them in the Agenda, requesting the Regional Director to take the necessary action in this regard.

The revised Provisional Agenda, as amended, was adopted.
III. REPORTS AND STATEMENTS

III-1. ANNUAL REPORT OF THE REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN TO THE THIRTY-FIFTH SESSION OF THE REGIONAL COMMITTEE
(Agenda item 4, document EM/RC35/2: resolution EM/RC35/R.5)

Dr Hussein A. Gezairy, Regional Director, in presenting his Annual Report for the period 1 July 1987 to 30 June 1988, pointed out that the Report represented the work of a cohesive team comprising the countries of the Region and the WHO Regional Secretariat. While all countries had progressed, some were still facing daunting problems.

While the overall goal remained the same - Health for All through Primary Health Care - he had selected Basic Minimum Needs as a special theme for the Report, since this is fundamental to the new view that each recipient of health care is a human being whose every aspect of existence requires care.

Dr Gezairy briefly reviewed the contents of his Annual Report. He mentioned the emphasis given by the Regional Consultative Committee to the management of WHO's resources. WHO Representatives were assuming even greater responsibilities, a task of which countries should avail themselves. A major management tool is the Joint Programme Review Missions; for the fourth round in 1989 guidelines have been streamlined. The Missions, and related visits of senior national officials to the Regional Office, will increasingly look at sectors other than health, having a bearing on health development, since there is still too much "verticality" and insufficient "sectoralism".

An important aspect of the HPF strategy is Leadership Development, which has helped to introduce the "basic minimum needs" approach of integrated social development leading to better quality of life.

To achieve this lofty ideal, it is essential to have information at the right time and to train people to use such information. For the Health Situation and Trend Assessment Programme and the Informatics Support System an impressive armoury of hardware and software has been acquired, while the computerized Administration and Finance Information System is a striking example of a lead taken by the Regional Office.

Coordination with other UN agencies has continued, notably the WHO/UNDP alliance to combat AIDS and an interagency school health curriculum programme involving UNICEF, UNESCO, UNFPA and USAID. A first priority of coordination is to ameliorate the conditions of the suffering and afflicted. Palestinian refugees are assisted together with UNRWA and other refugees through joint efforts with UNHCR. He hoped that UNRWA would continue to receive support from Member States. WHO has taken a major role in preparing rehabilitation for Republic of Afghanistan and in relieving the disaster situation in Sudan.

Primary health care, and the district health system approach, are major tools in achieving the overall health goal. Health manpower development
including the important fellowship programme is a major programme area. Innovative community-based, task-oriented curricula are appearing in medical schools and continuing education for all health professionals is considered to be essential. Educational Development Centres, backed by the Regional Clearinghouse for Health Learning Materials, provide a useful input. Health education linked to public information deals with advocacy for health, informing and involving communities. The focus on children as health educators is a new key concept.

The Report also describes the Regional Research Programme, the WHO/UNICEF Joint Nutrition Support Programme, the prevention of accidents to back up emergency medical services, the all-important Maternal and Child Health/Family Planning Programme and efforts to assist vulnerable groups, such as the elderly, at-risk workers in small industries, the disabled and handicapped and the mentally ill.

Achievements in environmental health to reach the goals of the International Drinking Water Supply and Sanitation Decade (IDWSSD) by 1990 are detailed. The upgrading of health laboratories, particularly as regards screening blood for AIDS and hepatitis, the strengthening of radiological services, the improved maintenance and repair of health equipment, the concept of essential drugs and rational use of drugs are all of paramount significance for the Region.

Disease Prevention and Control continues to be a major programme area - malaria, schistosomiasis and leishmaniasis are still problems in the Region. The Diarrhoeal Diseases Programme and the Expanded Programme on Immunization are ever active in defense of children, and acute respiratory infections are being given increasing emphasis. Sexually transmitted diseases, especially AIDS, are receiving particular attention. Although AIDS is not as prevalent as in other Regions, the Regional Office has closely collaborated with the Global Programme in a many-pronged drive against the pandemic. Every available tool is being used to combat non-communicable diseases, notably blindness and cancer, and research on hereditary diseases prevalent in the Region is being pursued.

Finally, the Regional Director drew attention to the support services in the Regional Office, such as the Health and Biomedical Information Programme, the Regional Library, the Public Information Unit, the Publications and Documents Unit, the language service and other administrative services at the disposal of Member States, whose work is described in the Report.

III-2. SUMMARY OF POINTS RAISED BY REPRESENTATIVES

During the discussions on the Report, a number of important points of special interest to the Region, at both the national and Regional levels, were raised by the representatives. Some pointed out that the Report represents, in fact, an ambitious active programme guiding the efforts of WHO towards HFA, the goal which all Member States endeavour to achieve in close collaboration with WHO. The representatives, further, commended WHO endeavours in the field of PHC Leadership Development, as an effective tool for boosting health development, and stressed the need for women to play a role on health leadership. They further expressed their appreciation of the role of the Government/WHO Joint Programme Review Missions, and the visits of senior national officials to the Regional Office, to discuss joint collaborative programmes and ways of reorienting them, to make them more effective.
Due attention was devoted to the problem of high maternal and infant mortality in the Region, particularly preventable factors which can be readily overcome by available methods and means. The majority of these deaths occur in developing countries. Efforts should, therefore, be intensified and both the public at large and health professionals mobilized to redress this unacceptable situation.

Some representatives addressed the problems of drug manufacture, marketing and use in countries of the Region. They mentioned effective measures taken in their countries to make essential drugs available for those who need them, without over-prescribing or exploitation. They emphasized the commendable role of WHO's Essential Drug Programme, noting that it could contribute further controls and guidance in this respect.

The acquired immunodeficiency syndrome (AIDS) was described as a problem involving both psychosocial and medical aspects. Representatives pointed to the important role which WHO assumes, through the Regional Office and the Global Programme on AIDS, in collaborating with countries to combat this pandemic. It was hoped that measures taken in the Region would afford countries some protection against AIDS. Fortunately, it has not reached the high prevalence rates observed in other parts of the world, partly no doubt on account of the Region's religious traditions and sociocultural practices.

Some representatives spoke of the importance of health education as a basic means for upgrading public health standards, and for changing people's behaviour patterns and habits by disseminating the health message in a way that influences their ideas. They emphasized the role of providing trained personnel who could shoulder this task. Work for HFA basically starts by providing health education and means for promoting and preserving Health for All. One representative mentioned that WHO activities in this respect, though commendable, are less than they should be, and that WHO's various periodic and non-periodic publications need to be further promoted so that they achieve the desired effect.

Representatives praised EMRO's new programme on the action-oriented school health curriculum, which represents an important step in the field of health education and deserves to be included in educational syllabi in the countries of the Region. To do this, there should be close collaboration between education and health ministries, and with the governmental and non-governmental organizations concerned. One representative asked for all countries of the Region to be kept informed so that they would benefit from each others' experience. The inclusion of FHC in the curricula of medical faculties, and in the training programmes of health centres, had been endorsed in recent Regional meetings including the one held recently in Amman. The Edinburgh Declaration of August 1988 had emphasized this concept, which promotes both health services and care providers in various countries. One representative referred to the importance of using national languages in teaching health and medical sciences, a matter that occupies much of the attention of EMRO and Member States. He added that a conference for deans of faculties of medicine will shortly be held in Damascus to review the executive steps of the arabization movement.

One representative pointed out the importance of dental medicine in FHC services, and emphasized the need to provide a dentist in each health centre. This very point was also mentioned in the Regional Director's report, and is truly a matter which WHO would wish to receive attention in the Region.
Another representative spoke of the importance of safe motherhood and of maternal care, which not only improve the health of mothers, but necessarily improve infant health as well. With the problem of maternal and infant mortality provoking much concern in the countries of the Region, the main approach to combating it would be the provision of maternal care throughout the various stages of motherhood. If WHO endeavours to increase the "M" component in MCH, this should not be done at the expense of the infant, or the child's right to receive a full share of preventive and curative care.

Representatives dealt with the issue of smoking, which has actually become one of the priorities of WHO and Member States. They pointed to the effective efforts WHO is making to attract attention to this problem which, though of global interest, has become more acutely felt in developing countries. They further pointed to the effect of advertisements on target groups and to the necessity of taking effective measures in this respect in the countries of the Region.

Speaking of health systems research, one representative pointed out its importance in achieving the proper organization and effective performance of health services, as well as in identifying their weaknesses and the means whereby they may be upgraded and reoriented.

Another representative raised the problem of lack of expertise and shortage of material and human resources, and called for increased WHO and bilateral assistance to the countries which need them.

A number of representatives spoke about the collaboration between their countries and the Regional Office, which is well reflected in the health situation in their countries, and is embodied in the different statistical and vital rates and indicators. One representative commended WHO's assistance to his country regarding the managerial process for national health development, in addition to providing experts and computers, which were instrumental in the development of the health system. He added that the WHO Representative in his country plays a major role as a technical adviser to the Ministry of Health and in bringing about coordination among health-related sectors.

Some representatives addressed the health situation of the population in the occupied Arab territories, and expressed concern about the psychological and physical risks imposed on Arab citizens by the occupying army. They called upon WHO to play a more effective role in providing these citizens with direct health care. One representative expressed his country's willingness to cover all costs involved, should such care be delivered through WHO.

One representative asked the Regional Office for support in developing means of assessing the impact of health programmes and in selecting appropriate technology. The need to train personnel to operate and maintain selected equipment was stressed. The Regional Office was further requested to help in drawing up criteria as regards pollution of imported foodstuffs, for example by chemicals and radiation.

Other queries raised concerned progress on malaria control and reasons for lack of success, as well as the relationship between the availability of sanitation and safe drinking water and a reduction in the infection rate for diarrhoeal diseases.
A number of representatives highlighted the problems of viral hepatitis, schistosomiasis, environmental health, occupational health and leishmaniasis in their countries. They praised the current collaboration between WHO and their countries in these areas and looked forward to further collaboration and mutual action for controlling these diseases.

One representative warned against the politicization of the meetings of the Regional Committee and stressed the importance of keeping these meetings free from controversial problems and political considerations.

III 3. STATEMENTS BY OBSERVERS

Palestine Liberation Organization (PLO)

The observer for the Palestine Liberation Organization described at length the serious and deteriorating health situation in the occupied Arab territories of Palestine, and the inhuman treatment meted out to the inhabitants by the occupying power. He presented detailed statistics of diseases, injuries and deaths among the Arab population. Stressing the dependence of health on peace and socio-economic development, he appealed to countries of the Region to continue to cooperate with the PLO in its efforts for improving the health of this population, to provide direct support to this population wherever possible, to press for further visits to the occupied territories by the WHO Special Committee of Experts, to continue developing and strengthening the health centres that are under direct WHO supervision in the occupied Arab territories, and to enlist the support of the international community in halting the barbaric practices of the occupying power.

Organization of African Unity (OAU)

The representative of the Organization of African Unity (OAU) stated that the OAU became involved in health as a basis for development in Africa as early as 1964 when the first Conference of OAU Ministers of Health met in Alexandria, Egypt. That Conference recommended to facilitate programmes for the eradication of endemic and epidemic diseases, to guarantee the health protection of all the people of Africa and to establish a Public Health Division within the General Secretariat of the OAU.

The second ordinary session of the Conference of African Ministers of Health, held in April 1987 in Cairo, Egypt, endorsed a declaration on "Health as a Foundation for Development" jointly initiated by the OAU Health Bureau and WHO's Regional Office for Africa.

The Secretary General of the OAU intends to convene the Third Ordinary Session of the OAU Conference of African Ministers of Health in April 1989. The theme of the Conference will be "African child survival, protection and development and universal immunization in the African continent", with a sub-theme "Environmental protection and preservation of the ecological biosystem in Africa."

The Secretary General has invited the WHO Regional Directors for Africa and the Eastern Mediterranean to send representatives to the Preparatory Committee of the Conference.

The Secretary General wishes to strengthen collaboration between the Organization of African Unity and the Member States of the WHO Eastern
Mediterranean Region and its Alexandria-based Regional Office. A resolution on this subject already endorsed by the WHO Regional Committee for Africa at its Thirty-seventh Session in Bamako, Mali, in September 1987 was submitted to the Eastern Mediterranean Regional Committee for endorsement.

League of Arab States

The representative of the League of Arab States referred to the League’s valued collaboration with the United Nations system; the WHO goal of Health for All had been adopted, with emphasis on promotion of general health conditions, environmental health and the combat of prevalent diseases, as well as a diagnostic, therapeutic and rehabilitative technology. A socio-economic survey of infant mortality in six Arab States was being implemented, in cooperation with AGFUND, as well as with WHO, UNICEF, UNFPA and other UN agencies.

He referred to the health situation in the occupied Arab territories and considered it to be in contravention to the principles of WHO. He requested WHO to bear the responsibility of health services in the area and to develop and implement a health programme within the framework of its Programme Budget for the biennium 1990-1991. He confirmed that the prestige WHO has in the area would guarantee the implementation of the programme.

Finally, he regretted that the WHO Special Committee was barred from visiting the occupied territories and requested the Organization to spare no effort to send its Special Committee to investigate the current deteriorating situation in these territories, and to take the necessary corrective action accordingly.

United Nations Children’s Fund (UNICEF)

The representative of UNICEF referred to the long-term collaboration with WHO especially in control of diarrhoeal diseases and the Expanded Programme on Immunization (EPI) which are vital for the health of mothers and children. The hoped-for reduction in the infant mortality rate and the achievement of the EPI goal of immunization of all children against the target diseases by 1990 required further studies and increased efforts. Many countries are achieving considerable success, but in some the targets are far from being achieved.

UNICEF wishes to collaborate in acceleration of EPI and in promotion of full community involvement. One aspect of immunization which is lagging behind is the immunization of mothers against tetanus, a major factor in infant mortality. Detailed strategies need to be defined to achieve the goal of "Safe Motherhood" and UNICEF is prepared to collaborate in all efforts towards this end.

Inter-African Committee (IAC) on Traditional Practices Affecting the Health of Women and Children in Africa

The representative of the Inter-African Committee (IAC) on Traditional Practices affecting the Health of Women and Children in Africa referred to practices prejudicial to the health of women and children, such as female circumcision, early teenage marriage, early pregnancy, nutritional taboos and certain practices related to delivery. According to WHO estimates, female circumcision alone affects 75 million women and children, with serious consequences including haemorrhage, infection and tearing during childbirth.
In 1980, a joint UNICEF/WHO Consultation on Female Circumcision, held in Alexandria, Egypt, had stressed that outsiders should exercise caution lest their efforts arouse a counter-productive reaction. Work should be undertaken by and through nationals and the problem of female circumcision could be approached through primary health care, with community involvement.

In spite of the urgency and magnitude of the problem, little action has been taken by governments. The non-governmental Working Group on Traditional Practices affecting the Health of Women and Children, based in Geneva, has been dealing with the problem of female circumcision since 1977. Since the establishment of the IAC in 1984, fifteen national committees have been set up, supported financially and technically by the IAC.

The representative described action taken within the UN system, including the setting-up of a Special Working Group by the Sub-Committee on the Protection of Minorities, which recommended measures to abolish practices which violate the rights of the female child.

The representative expressed the IAC's alarm at a possible risk of the spread of AIDS as a result of female circumcision. However, recommendations to sterilize blades or needles used for the operation would contradict WHO's position that there should be "no medicalization or modernization of female circumcision". She appealed to the Regional Committee to take and encourage effective measures to eradicate harmful traditional practices, principally through education and information for women and men concerned and for health personnel and opinion-leaders.
IV. BUDGETARY AND PROGRAMME MATTERS

IV-1. PROGRAMME BUDGET AND MANAGEMENT OF WHO'S RESOURCES

IV-1.1. Proposed programme budget for the financial period 1990-1991 for the Eastern Mediterranean Region

(Agenda item 5, document EM/RC35/3: resolution EM/RC35/R.1)

Mr R. Helmholz, Director, Support Programme, introduced the agenda item, stating that the 1990-1991 Budget had been prepared in full collaboration with Member States and in accordance with the Regional Programme Budget Policy. It was the first prepared in accordance with the Eighth General Programme of Work covering the period 1990-1995 and the Medium-Term Programme covering the same period. The figures in the Budget, however, awaited the Director-General’s final decision, which would be taken after he had heard from all regional committees.

The Eighth General Programme of Work contained a few new programmes, some of which were reflected in the present Programme Budget (as compared to the previous biennium) as follows:

**Two sub-programmes**, one for *Health for All Strategy Coordination*; and one for *Informatics Management*, had been added under WHO's General Programme of Development and Management. In addition, three sub-programmes for *Health risk assessment of potentially toxic chemicals* had been added under Promotion of Environmental Health; one for *Deafness* was included in conjunction with the *Prevention of Blindness Programme*; and one for *AIDS* under Disease Prevention and Control.

He further explained that the 1988-1989 figures, used as bases of comparison for the 1990-1991 proposals, were "phantoms" and did not reflect the programme implementation reductions which were in effect. A comparison of the 1990-1991 budget figures with those for 1988-1989 showed a 9.35% overall increase only partially covering cost increases of 10.92%. A comparison of the 1990-1991 budget figures with those for 1988-1989 showed a 9.35% overall increase, only partially covering the total cost increase of 10.92%. This meant a real programme decrease of 1.57%, which the regional director had absorbed in the intercountry activities, thus preserving the integrity of the country programmes. A comparison with the actual 1988-1989 programme allocations, which were substantially lower than the budgeted amount because of the current programme implementation reduction, would reflect an approximate increase of 14% in the level of funding available for programming in 1990-1991, assuming no further programme implementation reductions would be required.

Mr Helmholz also explained that it was hoped that extrabudgetary resources amounting to US$11.5 million, included in the budget document, would substantially increase by 1990. He pointed out nearly 68% of the budget was devoted to activities at country level. The Regional and intercountry
programme, which provided complementary programming, as well as technical and administrative back-up to the country programmes, constituted the remainder. The recent transfer from Headquarters of an amount of US$380,000 to the Regional/intercountry programme, in conjunction with consolidation of the Arabic Language Programme at the Regional Office, was not reflected in the document since it had occurred after printing.

It was stated that details for implementation of the Regional and intercountry programme would be worked out in the course of the Joint Programme Review Missions to be completed in 1989.

Finally, he referred to resolution EM/RC31/R.3, entitled "Health for All by the Year 2000" (Voluntary Fund: Eastern Mediterranean Region), which established a fund to supplement national and WHO Regular Budget resources for programmes and projects falling within the eight essential elements of primary health care and which asked the Regional Director to report on the operation of the Fund. Accounting for this Fund was to be found in the Financial Report and Audited Financial Statements for the Financial Period 1 January 1986 - 31 December 1987 (WHA41 document A41/6), and reflected contributions to date by two Member States to a total of US$20,500, which had not yet been expended. Member States were asked to send to the Regional Director proposals for assistance from this Fund, which would then be submitted to the next meeting of the Regional Consultative Committee.

Discussions

One representative asked why "deafness" was not a separate programme and he was informed by the Regional Director that it could be considered as a "sub-programme" of the Prevention of Blindness Programme to which it had been attached.

Another representative asked about the programme for handicapped, and was informed by the Regional Director that these activities were part of the programme for rehabilitation, an important programme which was in need of increased funding, if this could be found from external sources.

A third representative enquired about the relationship of the Global AIDS programme to the Regional programme. The Regional Director stated that the two programmes were complementary and that the financial inputs from the Global Programme were not reflected in the Regional Budget. In addition, substantial extrabudgetary resources were anticipated.

A fourth representative emphasized the importance of the managerial process for national health development, health systems research and health education. The Regional Director agreed regarding the importance of these programmes and indicated that he would support efforts to secure additional extrabudgetary resources, particularly if other countries were interested.

A fifth representative regretted that, despite ten years of PHC policy at both national and WHO level, budgetary allocations remained modest.

He also stressed the need to train hospital administrators and expressed hope that fellowship funds could be used for this purpose. The Regional Director agreed regarding the need for training to provide for a more cost-efficient operation of hospitals, suggesting that any savings realized therefrom could be directed to PHC.
A sixth representative expressed concern at the apparent reduction in Regular Budget funds proposed for 1990-91 as compared with 1988-89. Several countries appeared to be similarly affected. He also solicited support for the further development of the National Drug Policy and for a National Collaborating Centre.

The Regional Director explained that the working allocations for 1988-89 were lower than the figures shown in the Proposed Programme Budget for 1988-89, because of Programme Budget implementation reductions. When the 1990-91 proposals were compared with the actual working allocations, it would be noted that all countries had received at least some increase for 1990-91. The question of adequate allocations was always difficult. The Director-General had suggested the possibility of increasing the Regional Director's Development Programme to permit a small financial realignment to priorities as determined by the Regional Committee; if the Committee so desired, the Regional Director would ask the RCC to look into this matter further and consider how the Director-General's suggestion might be implemented.

The representative of Sudan acknowledged the Organization's support to disaster relief activities in his country. He also expressed a need for trained technicians in malaria and AIDS.

The Regional Director noted that Sudan had provided malaria exporting to other parts of the Region; he agreed that training in malaria was a priority and that some of the "Centres of Excellence" which already existed in the Region could play a role in this area.

The Regional Director also confirmed that AIDS training would receive proper attention.

The Committee agreed with the proposals contained in the Proposed Programme Budget and passed resolution EM/RC35/R.1 requesting that the programme and budget be included in the Global Proposed Programme Budget for presentation to the Executive Board at its Thirty-third Session in January 1989 and to the Forty-second World Health Assembly in May 1989.


In introducing this agenda item, Dr A. Khogali, Director, Programme Management, recalled that when approving the Proposed Programme Budget for 1988-1989, the Fortieth World Health Assembly had requested regional committees to review the Director-General's introduction to the budget Document, which contained a number of wide-ranging reflections upon the potential for improvement in the use of the Organization's resources. There had been very lively discussion last year by the Regional Committee, resulting in resolution EM/RG/34/R.4 which, among other things, asked the Regional Consultative Committee (RCC) to undertake further consideration of many of the issues raised.

The RCC had carried out that task and had proposed a number of recommendations for consideration by the Regional Committee.

The Committee was invited to consider these recommendations and indicate to the Regional Director their appropriateness or not, as guidance for him -
In addition to the Regional Programme Budget Policy - in implementing the collaborative programme of the Organization. For his part, the Regional Director had proposed an innovative use of consultants to free regional Advisers for longer-term country-level involvement.

Discussions on the Management of WHO's Resources and Review of the Organization's Structure, already reported on last year, once more focused on the involvement of the Director-General in the appointment of Regional Directors; this was not supported by the Committee.

Considerable apprehension was also expressed with regard to the RCC recommendation that WHO should "exercise its right of direct access to ministries or sectors other than health, such as ministries of planning or of education" (Document EM/RC38/2, page 4). The Regional Director pointed out that that access was in fulfilment of article 33 of the Constitution. The Committee deemed that there was no need for the inclusion of the above recommendation in the report of the RCC as it needlessly reconfirmed a constitutional article.

The Regional Committee asked for its views to be communicated to the executive organs and governing bodies of the Organization as appropriate.
V. TECHNICAL MATTERS

V-1. TECHNICAL PAPER: PROMOTION AND PROTECTION OF MENTAL HEALTH
(Agenda item 17, document EM/RC35/15: resolution EM/RC35/R.8)

Dr N.N. Wig, Regional Adviser on Mental Health, presenting the paper, pointed out that there are often misconceptions about the scope of the term "mental health". In WHO programmes, "mental health" means not only the management of the seriously mentally ill, but covers the whole range of activities for the promotion of mental health, as well as for the prevention and treatment of all mental, neurological and psychosocial disorders. In addition, a mental health programme deals with the psychosocial and behavioural factors affecting both health and disease, which includes promotion of healthy life-styles and desirable behavioural change for prevention of many communicable and non-communicable diseases.

Dr Wig reviewed the current factors leading to psychosocial stress in the Region and the role of religion and traditional cultural values in health promotion. He emphasized the need for the application of behavioural sciences in health services. The recent success of the school mental health programme in Pakistan was highlighted.

Health problems caused by the use of narcotics and psychotropic drugs, as well as the use of tobacco and alcohol, have increased dramatically in recent years, both globally and in many countries of the Region. The use of newer narcotic drugs such as heroin has spread like an epidemic in some countries, for example Egypt and Pakistan, and is threatening to spread to countries in the Gulf Area. WHO is regularly collaborating with Member States to develop specific national policies and programmes on a multisectoral basis to combat this growing threat to the health of young people.

Prevention of mental, neurological and psychosocial disorders has received relatively little attention in the Region, due to the prevailing misconception that prevention of these disorders is not practicable. However, World Health Assembly resolution WHA39.25 points out it is now possible to prevent more than half such disorders with currently available measures. Moreover, most of those who have mental and neurological disorders today could be significantly helped by modern treatment, yet only a small proportion have access to such treatment. A conservative estimate puts the number who suffer from all such disorders as between 5-10% of the population.

An effective national preventive and treatment programme will be possible only if there is governmental commitment and provision of adequate resources. Such commitment must find its expression in a clear mental health policy and programme which should be an identifiable part of the national health programme.

In the past few years, numerous Member States of the Region have undertaken to formulate national mental health programmes. By the end of 1987, almost half the Regional countries had prepared programmes based on the
primary health care (PHC) approach. A number of countries, including Republic of Afghanistan, Democratic Yemen, Jordan, Pakistan, Sudan and Yemen, held multisectoral national workshops to adopt the national mental health programme as part of national health plans. A review of the mental health programme in countries of Region suggests that there has been good progress in the introduction of mental health services at PHC level and in the training of PHC staff in mental health. However, progress has been relatively slow in other components of the programmes, and has depended on the availability of well-trained professional leaders and the interest of decision-makers, among other factors. Prevention of mental and neurological disorders requires collaboration with programmes, such as school health or maternal and child health and cooperation with non-governmental organizations, religious institutions and community leaders. Relevant applied research conducted in a local sociocultural context is of great importance as an impetus to the programme.

In conclusion, mental health for various reasons has so far not received the priority attention it deserves in the countries of the Region. Solid evidence of the enormous magnitude of mental, neurological and psychosocial disorders and of the possibility of effective intervention to reduce them has become available. The recommendations of the Regional Committee will provide a mandate for a strong involvement of the Organization in relevant programmes in countries of the Region.

Discussion

In the ensuing discussion, several representatives took the floor. Points stressed were: the need for epidemiological studies and situation analyses, the need for research on traditional healing methods, and the important role of religion in controlling drug abuse and producing the peace of mind that is crucial to mental health. Others called for anti-smoking education in schools and colleges, for greater emphasis on rehabilitation of mental patients, and for a consistent primary health care approach. One representative drew attention to the impact of urbanization on the community, while another stressed the special needs of large rural populations. Emphasis was also laid on the importance of raising socio-economic standards to improve mental health.

Thanking the speakers for their contributions, Dr. M.H. Khayat assured the Committee that further studies would be conducted on epidemiology and on the role of culture in mental health.

V-2. PROGRESS REPORT: RATIONAL USE OF DRUGS
(Agenda item 9, document EM/RC35/7: resolution EM/RC35/R.13)

The Progress Report was presented by Dr. M.H. Khayat, Director, Health Protection and Promotion. He informed the Regional Committee that the rational use of drugs has been one of the basic objectives of the Essential Drugs and Vaccines Programme in the Region. It is an essential component of any successful national drug policy. However, irrational patterns of prescribing, dispensing and use of drugs are generally known to exist to varying degrees in countries of the Region. It seems necessary that governments should formulate and implement national drug policies that ensure the rational use of drugs.
Provision of objective and up-to-date information on drugs will facilitate their rational use. Publication of the EMR Drugs Digest and Drug Information Sheets and support to several Member States in publishing national drug information bulletins are the main Regional Office activities designed to provide objective and up-to-date drug information to health professionals.

Training of health professionals on the rational use of drugs has been carried out through workshops in several countries of the Region. Medical and pharmaceutical academic institutions are encouraged to include the concept of rational use of drugs in undergraduate education.

Evaluation of national drug programmes can provide valuable indications for future planning and activities.

Special attention has been given to the rational use of antibiotics and a Regional Advisory Panel on Rational Use of Antibiotics was established in 1988.

Discussions

One representative stressed the need to follow up the implementation of the previous recommendations of the Regional Committee, noting that it had made a resolution recommending to issue the necessary legislation. He expressed the hope that the Regional Office would report on the implementation of these resolutions.

Another representative noted that the proposed recommendations are far from being ambitious, suggesting to replace "without proper medical supervision" in the first recommendation by "without a prescription by a registered physician in the country". He also suggested to modify the second recommendation so that it begins with "the Regional Office is recommended to publish and distribute suitable ..." instead of with "the Regional Office may consider ...".

A third representative said that it is high time to manufacture the raw materials necessary for drug manufacturing within the Region, to recommend ensuring integration among the countries of the Region and to purchase the aforementioned raw materials from within the Region whenever possible.

A fourth representative emphasized the importance of ensuring self-reliance in addition to economic and quality assurance aspects.

A fifth representative referred to the importance of the Revolving Fund in making available the necessary resources for purchasing raw materials for essential drugs. The representative of the Arab Company for Drug Industries and Medical Appliances (ACDIMA) noted that these drugs are very expensive to produce and have a low profit margin, which requires countries to contribute financially and effectively to their production.

V-3. PROGRESS REPORT: HEALTH MANPOWER DEVELOPMENT IN THE REGION

(Agenda item 10, document EM/RC35/R.8: resolution EM/RC35/R.10)

Dr O.I.H. Omer, Director, Health Manpower Development, stated that the Progress Report examines the activities and support offered to Member States to tackle the problems, obstacles and difficulties facing health manpower
development in their countries, particularly those related to policy formulation, health manpower planning and implementation, lack of coordination between health care services and training institutions, deficiencies in education and training, poor utilization of trained personnel, and lack of health services research in health manpower training and development.

WHO has supported Republic of Afghanistan, Democratic Yemen and Syrian Arab Republic in preparing health manpower policies and plans. Other countries, without WHO support, have prepared projections of the numbers and categories of health manpower required for their national health plans, or have developed training programmes for certain categories of health manpower which they consider of vital importance for the implementation of their health plans and PHC programmes.

To foster the relationship and coordination between the health care service providers and the health manpower producers, several countries have formed councils or committees, including members from ministries of health, universities, and other health manpower training institutions. This important area was discussed at the meetings of the World Federation for Medical Education and at the Eleventh Inter-regional Meeting of Directors and Representatives of Schools and Departments of Public Health in Egypt and Jordan during 1988, where important recommendations were made.

Member States implemented several activities with WHO support including institutional and curriculum development and reorientation of training programmes towards PHC. WHO continued to support existing educational development centres and new centres have been developed in Republic of Afghanistan and Iraq.

Needs assessment surveys for health learning materials were made through workshops in Republic of Afghanistan, Bahrain, Cyprus, Democratic Yemen, Iraq, Pakistan and Qatar. More than 120 teachers and personnel of different health categories participated in the workshops, which guided training institutions in acquiring relevant teaching materials, either by external purchase or by local production. The Regional Clearinghouse for Health Teaching and Learning Materials promoted contacts with member states and provided materials to Republic of Afghanistan, Bahrain, Djibouti, Egypt, Jordan, Libyan Arab Jamahiriya, Morocco, Pakistan, Qatar and Somalia. Three issues of the Newsletter "Health Teaching and Learning Materials" were issued and distributed to Member States and it is hoped that this Newsletter will act as a means of information exchange between countries in the network.

Meetings of the Arab Ministers of Health, the Arab Medical Union and the medical sector of the Supreme Council of Egyptian Universities have passed resolutions inviting Member States and faculties of medicine to start using the Arabic language in medical education. In support the Regional Office has already initiated action to invite all faculties of medicine in the Arab world to discuss ways to implement the resolutions.

WHO support continued to many faculties of medicine and training institutions, through the provision of visiting scientists, teachers and professors. The fellowships programme has been utilized by Member States for further training of faculty and other staff members in basic sciences and educational technology, as well as in preventive medicine and clinical specialities. In 1986, 542 fellowships were awarded; in 1987, the number was 549. Several medical schools in the Region have been supported by the
Organization in developing curricula which are community-oriented and carrying out community-based and problem-solving training activities. Support has been provided by the Organization for the development of programmes of continuing education in Republic of Afghanistan, Democratic Yemen, Cyprus and Oman.

The problems of health manpower management are still considerable in most countries of the Region and have so far received little attention. The Organization supported Kuwait, Pakistan and Qatar in preparing and analysing job descriptions in the field of primary health care, but more attention still needs to be paid to this area.

Discussions

Discussions concentrated on the following points:

Medical and medical-sciences education in national languages

The meeting showed great interest in this matter and stressed the importance of taking urgent action to implement the recommendations of the Arab Health Ministers and the Arab Medical Union, particularly with regard to teaching medicine in Arabic. It was felt that the detailed discussion of this matter should be left for the meeting scheduled to take place in Damascus in December 1988.

Formation of Ministries of Health/Medical Schools Joint Councils

Emphasis was placed on the importance of such councils in achieving coordination between those responsible for medical services and those responsible for training, and the impact this can have on the treatment of priority health problems and service delivery.

Integrated health training in health manpower management and hospital administration

The meeting discussed the importance of providing training opportunities in Regional institutes in the areas of management and administration, including hospital administration, as well as the importance of developing and supporting institutes and universities providing such training in the Region.

External fellowships

The meeting stressed the importance of giving priority to in-country and intra-regional fellowships and not resorting to external fellowships in developed countries except in cases of utmost necessity.

Continuing medical education

The meeting emphasized the importance of continuing medical education and the formulation of detailed programmes for such education in countries with the help of WHO.

Standardization of curricula for paramedicals

The meeting requested WHO to consider methods for standardizing curricula for paramedicals in the various countries.
Provision of experts in the development of community-oriented curricula as well as the development of educational technology among teachers

The question of providing experts to assist educational institutions in the development and review of curricula to orient them towards priority health problems, as well as in the training of teachers in the basics of educational technology and its utilization, was discussed.

V-4. PROGRESS REPORT: RELATIONS WITH NON-GOVERNMENTAL ORGANIZATIONS AT REGIONAL AND NATIONAL LEVELS

The agenda item was introduced by Dr A. Khogali, Director, Programme Management.

The Regional Committee had before it a report highlighting experience gained from collaboration with national/Regional non-governmental organizations during the past two years.

So far, the relationship of WHO EMRO with some of these national and Regional NGOs has been "informal". This initial step is designed to foster mutual understanding and develop common interests; activities include exchange of information and reciprocal attendance at technical meetings. This type of informal contact may continue on an ad-hoc basis, without any time limit or written agreement.

Discussion

In the discussion that ensued, a representative pointed out the importance of the religious aspects in the health field and the need for WHO to give attention to existing bodies that provide health services, taking those aspects into consideration.

As for the contacts being made between WHO and the NGOs, a representative stated that it was necessary for these contacts to be made through ministries of health and in consultation and collaboration with them.

Following discussions, the Regional Committee recommended to strengthen further such collaboration by extending formal relations to national and Regional NGOs with which informal relations had been established, as well as identification of activities by governments and WHO suitable for implementation by NGOs and the compilation of a Regional Directory to provide information on policies, activities and services of national/Regional NGOs.

V-5. PROGRESS REPORT: SECOND REPORT ON MONITORING PROGRESS IN THE IMPLEMENTATION OF HFA STRATEGIES
(Agenda item 12, document EM/RC35/10: resolution EM/RC35/R.7)

Dr E. Hammoud, Consultant, Health Situation and Trend Assessment, introduced this agenda item. In connection with health system development, there is a clear political commitment to HFA/2000, but it still has to be translated into action. The health sector's share in national development plans has to be increased. Progress has been made in reorienting health systems towards PHC which, however, has not yet become an approach that permeates all levels of health systems. Remarkable coordination is being achieved within the health sector, but there is lack of intersectoral
coordination. Progress has been achieved in the training of health personnel; however, there is inequality in the distribution of human resources. In spite of the progress achieved in development of managerial capabilities, monitoring and evaluation still have to be an integral part of the managerial process. Great efforts are exerted in the field of HFA leadership development. However, much still has to be done in connection with community participation and with respect to the role of non-governmental organizations (NGOs). Health systems research is still viewed as a luxury.

The percentage of the gross national product (GNP) earmarked for health expenditures increased remarkably, but part of this increase is apparent and not real. There is also an increase in PHC's share in total health expenditures. Dr. Hammoud noted that WHO's resources are better used, that per capita GNP and health expenditures have decreased, and that there is an acute lack of international contribution and investment in the health sector. International support to health lacks coordination. The unemployment rate has increased.

In connection with PHC delivery, remarkable progress has been made in urban water supply and sanitation, availability of urban and rural local health care, immunization coverage (especially with DPT and polio vaccine) and maternal care services. However, progress has still to be made in rural water supply and sanitation, as well as ECG and tetanus toxoid coverage. Also, maternal mortality rates must decrease.

With regard to health situation trends, there has been a decrease in the infant mortality rate, in child mortality attributed to diarrhoea and respiratory infections, and in incidence of measles, pertussis and diphtheria. Life expectancy at birth and the male literacy rate have increased. The number of countries reporting on AIDS has also increased. However, little progress has been made in connection with nutritional status, incidence of tuberculosis and tetanus. Malaria cases have increased. There have been limited outbreaks of cholera and meningitis. Female literacy rates are remarkably low.

Discussion

During discussions, the advisability of developing Regional targets was raised, and the Regional Office was requested to follow up this matter. It was also felt that it would be advisable to have country data as well to facilitate the comparison of a country's situation with that of similar countries. A revised document, to include the data of two countries that have lately submitted their reports, and to include also individual country data, will be prepared and distributed to all governments.

V-6(a) PROGRESS REPORT: ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)
(Agenda item 13, document EM/RC35/11: resolution EM/RC35/R.12)

Dr. M.H. Wahdan, Director, Disease Prevention and Control, reported on the subject of Acquired Immunodeficiency Syndrome (AIDS) in accordance with resolution EM/RC34/8.

In support of national programmes, WHO continued to collaborate in the preparation of short-term national plans. Eighteen countries have been assisted in programme formulation, another two are developing their national plans in collaboration with the Regional Office, and the remaining countries have prepared well-planned national programmes on their own.
Special emphasis has been given to the development of national capabilities covering various aspects of AIDS. During the last year training of national laboratory staff in diagnosis of human immunodeficiency virus (HIV) infection, using the facilities of the Regional Collaborating Centres, continued.

Realizing the need for self-reliance, a briefing workshop was organized for potential consultants from countries of the Region on various aspects of AIDS.

In view of the importance of research on sociocultural aspects of AIDS, a Regional Consultation on Psychosocial Research was convened in Alexandria, Egypt, and modified research protocols suitable for countries of the Region were prepared as a follow-up of the Consultation. Plans are being made to support some of these research programmes.

In order to provide up-to-date information on AIDS, a Second Regional Conference on AIDS was held in Kuwait in February 1988. Efforts to encourage the exchange of information between countries of the Region have met with considerable success; at present nineteen countries are regularly reporting cases of AIDS, AIDS-related complex (ARC) and HIV infection, as well as results of sero-prevalence surveys, to the Regional Office.

As regards mobilization of resources for the Regional AIDS Programme, it was mentioned that the Global Programme on AIDS has allocated US$1 661 000 to support nine national programmes and is considering allocation of an additional US$750 000 in support of another six programmes. Also UNDP has allocated nearly US$250 000 to support some national programmes.

The global and Regional situation of AIDS was presented; the number of cases of AIDS reported globally to WHO up to the end of September 1988 was 119 818.

Twelve countries in the Region reported a total of 159 AIDS cases and 77 cases of ARC, four countries reported HIV infection but no cases, two countries reported no cases and no infection, and in the remaining countries the situation is unknown.

Sero-prevalence surveys in 15 countries, to detect HIV sero-positives and to determine the rate of HIV infection, showed an overall HIV infection rate among tested persons of 1.5/1000; the highest rate was in homosexuals (69.5/1000), followed by recipients of blood and blood products (58.1/1000), sexual contacts of infected persons (16.4/1000) and prostitutes (8.8%). The lowest rate was for blood donors (0.1/1000).

Dr Wahdan concluded by indicating that the Region is showing evidence of increase in infection rates with HIV and, although AIDS cases are still limited, it is essential to make use of the favourable situation to strengthen precautions and control activities. Surveillance of HIV infection will play a pivotal role in this regard, in addition to sociocultural research and health education.

Discussion

In the ensuing discussion, representatives outlined action already taken to prevent the introduction or spread of AIDS. Such measures included surveys
of high-risk groups and controls to assure the safety of blood and blood products, including training of technicians and provision of equipment.

It was emphasized by many representatives that health education is the most effective tool to combat AIDS and this should be directed not only to the general public but also to those providing health care. Several speakers mentioned that a low level of literacy and inherent cultural taboos were impediments to the success of health education programmes, as well as to counselling of AIDS cases and HIV-positives. It was suggested that a seminar might be organized to discuss and develop tools that would assist in public health education and educating health personnel.

The Regional Office was requested to provide audio-visual materials suitable for the Region to assist health education programmes for AIDS. Countries would also appreciate being kept regularly informed about the global AIDS situation.

Guidance was requested on how to integrate AIDS prevention and control within PHC, as advocated by WHO.

V-6(b) NOMINATION OF A MEMBER OF THE GLOBAL PROGRAMME ON AIDS (GPA) MANAGEMENT COMMITTEE
(Agenda item 13, document EM/RC35/12: decision 4)

Several representatives queried the legal situation regarding the appointment of governments to serve on the management committee of the Global Programme on AIDS (GPA). The legal counsel clarified the position.

The Regional Committee endorsed the Director-General's decision to appoint Cyprus to serve on the Management Committee for two years, and Kuwait to serve for one year, starting in November 1988.

The Regional Committee nominated Pakistan from among the countries with which the GPA is collaborating in the Eastern Mediterranean Region to be a Member of the Management Committee for the period 1989/1991 to replace Kuwait.

V-7. POLIOMYELITIS ERADICATION IN THE EASTERN MEDITERRANEAN REGION
(Agenda item 14, document EM/RC35/12: resolution EM/RC35/R.14)

A paper reflecting the Regional Plan for the Eradication of Poliomyelitis was presented by Dr M.H. Wahdan, Director, Disease Prevention and Control. He indicated that this Plan was made in the light of the Regional situation of poliomyelitis, the status of polio immunization accomplished and in pursuit of resolution WHA41.28.

Dr Wahdan reported that poliomyelitis in the Region is an endemic disease, affecting young children. Though considerably underestimated, the number of cases reported annually in the Region is in the range of 4-5000. Six countries have reported zero cases for some years.

Remarkable overall achievements have been made in the immunization of infants in the Region. During 1987, over 70% of the child population had already received 3 doses of oral polio vaccine (OPV) before their first birthday.
Member States of the Region can be classified into the following four groups according to achievements in immunization and number of cases of poliomyelitis:

- **Group A:** zero indigenous case due to wild polio virus for the last three years and immunization coverage of over 80%. These are: the Palestinian population, Cyprus and Bahrain.

- **Group B:** countries reporting less than 10 cases annually for the last three years and immunization coverage of over 70%. These are: Kuwait, Lebanon, Jordan, Qatar and United Arab Emirates.

- **Group C:** countries reporting more than 10 cases annually and immunization coverage of more than 60%. These are: Egypt, Islamic Republic of Iran, Iraq, Libyan Arab Republic, Morocco, Oman, Pakistan, Saudi Arabia, Syrian Arab Republic and Tunisia.

- **Group D:** countries reporting more than 10 cases annually and immunization coverage of less than 60%. These are: Afghanistan, Democratic Yemen, Somalia, Sudan and Yemen.

The Regional strategies recommended for polio eradication give priority to:

- attaining and sustaining immunization coverage of over 80%, using good quality vaccine transported and preserved in such a way that it reaches the target groups in good condition;

- improving surveillance of poliomyelitis through the development of national capabilities, including strengthening of laboratory services for virus isolation and identification;

- prompt response for outbreak investigation.

Dr Wahdan then presented the Regional Plan which is composed of twelve elements including: political support and commitment, preparation of national plans for all countries, acceleration of immunization programmes, coordination between all involved agencies, promotion of surveillance, development of national manpower in various elements of the programme, supporting regional efforts for production of polio vaccines and rehabilitation of cases.

Dr Wahdan emphasized that the implementation of polio eradication activities should in no way be an impediment to or at the expense of any of the elements of the Expanded Programme on Immunization (EPI) or of PHC. On the contrary, it should be an added strength for EPI and contribute to the acceleration of other components of PHC.

**Discussion**

In the discussions that followed the presentation, several representatives welcomed the initiative of poliomyelitis eradication, and emphasized the necessity that this goal should not detract attention from the Expanded Programme of Immunization as a whole, or from other vital programmes. A number of representatives commented on the classification adopted for countries with respect to their immunization status and number of cases. They
recommended that the incidence rate rather than the absolute number of cases should be taken into consideration in the classification of groups.

The classification of certification of poliomyelitis eradication was also mentioned and the necessity to establish criteria for this certification was emphasized.

The acceleration of immunization programmes was given attention in the comments of the representatives, particularly campaigns for health education, rather than campaigns of immunization as such.

The importance of keeping the situation under continuous surveillance was emphasized.

Dr Wahdan thanked the group for their valuable comments and, in reply, he emphasized that WHO considers polio eradication as part and parcel of the Expanded Programme on Immunization; it is always considered within this context. It is, in fact, an important development of EPI which sets an objective for reduction/eradication of the disease.

Dr Wahdan mentioned that the Regional Office will review the group classification of the countries and will take into consideration the comments made by representatives.

He also mentioned that the annual intercountry meetings of EPI managers will include polio eradication as a continuous agenda item. The developments and achievements in the preceding year will be presented to the Technical Advisory Group concerned with polio eradication.
VI. TECHNICAL DISCUSSIONS

VI-1. MATERNAL AND INFANT MORTALITY IN THE EASTERN MEDITERRANEAN REGION
(Avenda item 18, document EM/RC35/TECH.Disc.1: resolution EM/RC35/R.9)

The Technical Discussions were held on Tuesday, 4 October 1988, under the Chairmanship of Dr Saeed Sharaf Badr. The meeting had before it a paper entitled "Maternal and Infant Mortality in the Eastern Mediterranean Region".

Dr G. Hafez, Regional Adviser, Maternal and Child Health/Family Health, presented the paper, which stressed the socio-economic implications of maternal and infant mortality and the urgent need for control.

It was noted with great concern that maternal mortality in developing countries accounts for about 25% of all deaths of women of childbearing age, whereas the corresponding figure for a developed country, such as USA, is less than 1%. Overall estimates made by WHO indicate the great disparity between the developing and the developed world, and that there is startling inequality between poor and rich countries. In any given country, maternal death is many times higher among poor rural populations as compared with well-to-do urban populations. This inequality is amply demonstrated in the countries of the Region, where the Least Developed Countries (LDCs) have very high levels, while some of the rich Gulf countries and Cyprus have levels comparable to those in the developed world. Between these extremes are countries where the problem of maternal death merits national concern and urgent action.

The Infant Mortality Rate in some of the Least Developed Countries reaches alarming levels. Socio-economic deprivation, with its associated evils, continues to play havoc with the lives of women throughout their entire life-span, and especially during the reproductive period, which in turn leads to low-birth-weight infants and culminates in high infant mortality rates. It was felt that high levels of maternal and infant deaths should be regarded as a national calamity, needing intersectoral action with political commitment and support from the highest level.

It is strongly recommended that control of maternal and infant deaths should not be the responsibility of the health sector alone. A holistic approach with major emphasis on improvement in the quality of life of women is needed, for which a national strategy under the sponsorship of a national commission or council is urged. Primary health care should logically provide the central thrust in the health care system. Measures for women's socio-economic uplift, promotion of female literacy, and a rise in their social status and income-generating opportunities are equally important as those for improvement of maternal and child health (MCH). Even in the context of MCH services, it was felt that there was need for strengthening the "M" component by the inclusion of preventive measures against ill-health and undernutrition of female children and adolescents, and not restricting action to ante-natal and post-natal care. Provision of essential obstetrical care facilities at
the peripheral level, manned by adequately trained staff, and transport
services to make such facilities available to all who need them are certainly
measures which should receive priority in order to prevent direct obstetrical
deads. It was therefore felt that all possible action should be taken to
achieve the objective of "One Trained Birth Attendant for Each Village".

The child survival strategy, based on the three pillars of: (i) nutrition
promotion, (ii) immunization, and (iii) control of diarrhoeal diseases and
acute respiratory infections, should be given highest priority, and linked
with maternal health promotion activities.

In the light of the dearth of adequately trained staff to undertake
measures for the control of maternal and infant mortality, trained manpower
is needed for all levels of operation, and Member States will have to provide
the necessary support.

Discussion

In the ensuing discussions a number of representatives highlighted the
importance of social equity for and improved status of women in connection
with maternal and infant morbidity and mortality.

The representative of UNRWA stressed that improvement in socio-economic
conditions, in female literacy and in sanitation, have all led to a
significant reduction in maternal and infant mortality rates. Additional
factors such as immunization programmes, health education, and in-service
training for health personnel, have contributed to the improvements achieved.
He emphasized the importance of other services conducted by UNRWA, such as
family planning and the use of health cards for mothers and children.

Other representatives referred to the importance of suitable information
systems, the role of agencies responsible for social well-being, and the role
of traditional birth attendants, who should be trained to provide care for
nomadic and remote populations.

Others emphasized that more attention should be given to the nutritional
status of women. The unhealthy habits and taboos prevailing in some areas
need to be addressed and rectified. Emergency maternity services need to be
promoted in order to prevent loss of life. Women's societies and other
relevant organizations are useful and effective tools if utilized properly.
The meeting endorsed the recommendations provided in the paper submitted and
thanked the Regional Director and his staff for the efforts made.

VI-2. SUBJECTS OF TECHNICAL DISCUSSIONS IN 1990 AND 1991
(Agenda item 21(a): resolution EM/RC35/R.17)

The Regional Consultative Committee's proposals regarding the subjects
of Technical Discussions and the topics for Technical Papers for the Thirty-
seventh and Thirty-eighth Sessions of the Regional Committee in 1990 and 1991
respectively were considered and approved, as follows:

1990: Technical Discussions: Healthy life-styles
Technical Papers: Iodine deficiency disorders in the Eastern
Mediterranean Region
Malaria
1991: Technical Discussions: Health economics
   Technical Papers: Health of the elderly and problems of the handicapped
   Malaria

For 1992, by special request the subject of "Tuberculosis" will be considered for Technical Discussions.
VII. OTHER MATTERS

VII-1. REPORTS OF THE REGIONAL CONSULTATIVE COMMITTEE

(Agenda item 6, document EM/RC35/6; resolution EM/RC35/R.3)

The Regional Committee considered the reports of the Eighth, Ninth and Tenth Meetings of the Regional Consultative Committee (RCC). The Chairman of the Regional Consultative Committee, Professor Hamdou Gabr, informed the Committee that the Eighth Meeting, held in Geneva in January 1988, had considered the subject of "Management of WHO's Resources and Review of the Organization's Structure". The Regional Consultative Committee formulated a number of recommendations, which were presented to the Committee for consideration under agenda item 6. These recommendations had been submitted to the Eighth-first Session of the Executive Board, which endorsed the Organization's value system and stressed the importance of carrying out managerial arrangements that are an integral part of the Regional Programme Budget Policy and of the Global and Regional Financial Audit in Policy and Financial Terms. The Board requested the Director-General to make approaches for the rotational selection of WHO Representatives; duration of assignment should not exceed 3-5 years (see also "Discussion" under agenda item 6).

The Ninth meeting of the Regional Consultative Committee, held in Amman, Jordan, 31 March to 1 April 1988, discussed "Advocacy for HFA/PHC amongst Medical Practitioners". The Regional Consultative Committee recommended that the Regional Office continue its efforts to strengthen such advocacy, that information on HFA/PHC be provided regularly to medical practitioners, which would enhance the latter's prestige by making them social as well as medical leaders. Leaders in the medical profession should be exposed to successful PHC programmes and medical practitioners should be involved in the planning and development of HFA programmes. A Working Group, drawn from the Regional Office and some member countries, should carry out a study of the attitudes and practices of medical practitioners in preparation for an intercountry consultation.

The Regional Consultative Committee recommended the following subjects for Technical Discussions and technical papers for future sessions of the Regional Committee:


1990: Technical Discussions: Programmes in support of HFA
1. Iodine deficiency disorders in the Eastern Mediterranean Region;
2. Malaria

Technical papers

1991: Technical Discussions Health economics

Technical papers
1. Health of the elderly and problems of the handicapped;
2. Integration into PHC of occupational health.
The Tenth Meeting of the RCC considered a report on the International Drinking Water and Sanitation Decade. Since the goals of the Decade could not be achieved by 1990, the RCC recommended that efforts should continue beyond that date. Ways should be sought to find increased water resources, to reduce wastage of water in households and through irrigation, and the improved quality of drinking water should be pursued. The community should be fully involved in these efforts.

The Centre for Environmental Health Activities (CEHA), situated in Amman, Jordan, had insufficient resources for its task. It should concentrate on dissemination of information, training seminars and workshops and research, and later extend its activities to such aspects as sewage disposal, and the safe use of pesticides and their effects on humans. The Regional Director should ensure that CEHA continue to receive adequate support from the Regional, intercountry and country budgets. Extrabudgetary resources would also have to be sought in support of CEHA's important role.

As regards waste management, it was felt that the Regional Committee might express its alarm at the transport and dumping of toxic wastes and that this should be discussed by the World Health Assembly.

The representative of Jordan endorsed the proposals for CEHA activities. With regard to the role of medical practitioners as advocates for HFA, he pointed out the economic advantages of primary health care, coupled with a referral system, as opposed to the overuse of specialists in developed countries. The concept of family/community medicine should be adopted in countries of the Region.

The Regional Committee decided on the deletion of paragraph 2 of item 5.9 of the report of the Eighth Meeting of the Regional Consultative Committee concerning consultation with the Director-General regarding the nomination of the Regional Director. It also deemed it unnecessary to have paragraph 8 of item 5.1 included in the above report, as it purported to needlessly emphasize an article of the WHO Constitution.

VII-2. RESOLUTIONS AND DECISIONS OF REGIONAL INTEREST ADOPTED BY
THE FORTY-FIRST WORLD HEALTH ASSEMBLY AND BY THE EXECUTIVE BOARD
AT ITS EIGHTY-FIRST AND EIGHTY-SECOND SESSIONS
(Agenda item 7, document EM/RC35/5: decision 3)

The Regional Director drew attention to four Executive Board decisions and to world Health Assembly resolutions, highlighting the implications for the Region with the aid of slides. He outlined the action being taken by the Regional Office to implement the resolutions and urged Member States to report on their own response.

VII-3. WHO SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES
(Agenda item 16, document EM/RC35/14: decision 5)

The Regional Committee nominated Somalia to fill the vacancy for the Eastern Mediterranean Region on the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases, for a term commencing on 1 January 1990 and ending on 31 December 1991.
VII-4. REGIONAL OFFICE ACCOMMODATION
(Agenda item 19, document EM/RC35/16)

Mr R. Helmholz, Director, Support Programme, introduced the subject, recalling the Committee's resolution at its Thirty-fourth Session to extend the Regional Office building in Alexandria.

The Committee was informed of the authorization of US$10 000 by the Forty-first World Health Assembly for an architectural and planning study, of the Regional Director's continuing negotiations with the Egyptian Government and the concurrent initiation of the process of soliciting different architectural options.

The anticipated substantial cost estimated last year at US$1.8–2.3 million was recalled and the hope expressed that at least some Member States would be able to assist in the financing of this extension.

The representative of Egypt stated his Government's intention to continue to provide the Regional Office in Alexandria with all the facilities and guarantees stipulated in the Host Agreement.
VIII. CLOSING SESSION

VIII-1. PLACE AND DATE OF THE THIRTY-SIXTH SESSION OF
THE REGIONAL COMMITTEE, 1989
(Agenda item 20: resolution EM/RC35/R.16)

The Regional Committee accepted the invitation of Islamic Republic of
Iran to hold the Thirty-sixth Session of the Regional Committee in Teheran, to
take place either from 30 September to 3 October or from 7 to 10 October 1989,
to be decided by the Regional Director and the host country.

The representative of Iraq had reservations on this resolution.

VIII-2. ADOPTION OF THE REPORT
(Agenda item 24: decision 6)

The Committee adopted the draft summary report of its Thirty-fifth Session.

VIII-3. CLOSING
(Agenda item 24: resolution EM/RC35/R.18)

The Committee adopted a resolution thanking the Director-General of WHO
for hosting the Thirty-fifth Session and the Secretariat for the facilities
provided.

THE MEETING WAS THEN CLOSED
IX. RESOLUTIONS AND DECISIONS

The resolutions and decisions adopted by the Thirty-fifth Session of the Regional Committee for the Eastern Mediterranean are reproduced below (resolutions EM/RC35/R.1 to EM/RC35/R.18 and decisions 1-7).

IX-1. Resolutions


The Regional Committee,

Having considered the Proposed Programme Budget for the Financial Period 1990-1991 for the Eastern Mediterranean Region:

Noting that the Proposed Programme Budget conforms to the Eighth General Programme of Work, shows linkages with the Medium-term Programme for 1990-1995, and reflects national and Regional priorities in agreement with the Regional Programme Budget Policy;

REQUESTS the Regional Director to transmit the Proposed Programme Budget as contained in document EM/RC35/3 to the Director-General for inclusion in the Proposed Programme Budget of the Organization for 1990-1991.

EM/RC35/R.2 REPORTS OF THE REGIONAL CONSULTATIVE COMMITTEE

The Regional Committee,

Having considered the three reports of the Eighth, Ninth and Tenth Meetings of the Regional Consultative Committee:

1. ENDORSES the reports of the Regional Consultative Committee as amended;

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

3. REQUESTS Member States to take effective action in their countries to implement the recommendations included in these reports;

4. REQUESTS the Regional Director to take necessary action to support countries to implement these recommendations;

5. REQUESTS the Regional Director to continue to ask the Regional Consultative Committee to consider and make recommendations on important matters intended to be submitted by the Regional Director to the Regional Committee;

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

EM/RC35/R.3 MANAGEMENT OF WHO'S RESOURCES AND REVIEW OF THE ORGANIZATION'S STRUCTURE

The Regional Committee,

Having noted the recommendations of the Eighth Meeting of the Regional Consultative Committee concerning the Management of WHO's Resources and Review of the Organization's Structure:

REQUESTS the Regional Director

1. to consider these recommendations as administrative and financial policy guidance complementary to the Regional Programme Budget Policy, for directing the collaborative activities of WHO with the Member States of the Region, following the amendment made in accordance with Resolution EM/RC35/2 on reports of the Regional Consultative Committee;

2. to transmit the views of the Regional Committee on this subject to other levels of the Organization as appropriate.

EM/RC35/R.4 HAZARDOUS WASTES: CONTROL OF HEALTH RISKS AND SAFE DISPOSAL

The Regional Committee,

Having considered the report of the Tenth Meeting of the Regional Consultative Committee, especially in connection with control and disposal of hazardous wastes,

1. EXPRESSES its concern about the potential health risks of the process of improper disposal of hazardous wastes;

2. REQUESTS the World Health Assembly to address the problems of:

2.1. disposal of hazardous wastes from industrial countries in developing countries;

2.2. transfrontier transportation and calls for international efforts to address these issues;

3. REQUESTS the Regional Director

3.1. to continue his efforts in supporting the national authorities to strengthen their capabilities and enhance Regional cooperation in dealing with control of health risks and ensuring safe disposal of hazardous wastes;

3.2. to assist countries of the Region in the areas of research, management, disposal and recycling of the wastes.

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EM/RC35/R.5  ANNUAL REPORT OF THE REGIONAL DIRECTOR FOR
THE EASTERN MEDITERRANEAN

The Regional Committee,

Having reviewed the Annual Report of the Regional Director for the Eastern Mediterranean for the period 1 July 1987 to 30 June 1988;\(^5\)

Appreciating the continued effective collaboration between the Organization and the Member States of the Eastern Mediterranean Region;

Welcoming the Regional Director’s emphasis on integrated social development as a means for the speedy achievement of HFA/2000;

Reaffirming the commitments of Member States to strengthening intersectoral efforts to meet the basic needs of their people;

1. URGES Member States to increase the resources devoted to national health and health-related sectors in order to further national socio-economic development;

2. RECOMMENDS that ministries of health take the lead in working with other social development sectors to target for achieving priorities addressing the basic needs of the people, e.g. food, water, income, etc.

3. SUPPORTS the steps taken by the Regional Director to promote the integrated social development approach;

4. ADOPTS the Annual Report of the Regional Director.

EM/RC35/R.6  DECLARATION FOR ATTAINMENT OF
BASIC MINIMUM NEEDS IN SUPPORT OF HFA

The Regional Committee,

Realizing the importance of strengthening and accelerating efforts to achieve HFA/2000.

Convinced that the fulfilment of basic minimum human needs is essential for attainment of HFA;

1. WELCOMES the declaration issued by the participants in the Third EMR Colloquium on Health for All Leadership Development;

2. URGES all Member States to take this declaration into account.

DECLARATION

We, the participants from various sectors and countries of the Eastern Mediterranean Region of the World Health Organization, who have attended the Health for All Leadership Development Colloquium, organized by the World Health Organization, in Chiang Mai, Thailand, from 12 to 24 September 1988, have decided to issue the following Declaration:

1. CONVINCED of the importance of achieving Health for All by the year 2000, we call upon all concerned to undertake all necessary action towards achieving
this objective through supporting the implementation of Primary Health Care programmes.

2. Convinced that integrated socio-economic development that has a human dimension and which should at least meet the basic minimum needs of the people is essential for achieving Health for All by the Year 2000, we call upon all concerned sectors to work together as equal partners towards the achievement of this comprehensive human-oriented development.

3. We recommend the formation of multisectoral, regional, national and local Health for All associations to facilitate such development and the exchange of information and experiences between programmes, countries, national, regional and international organizations.

4. Realizing the vital role women can play in implementing Health for All strategies, all women's organizations are called upon to take an active role in supporting the Health for All movement; and we urge all concerned to extend the adequate support that will enable women to perform their role efficiently and effectively.

5. All national, regional and international associations and agencies are called upon to extend support for strengthening existing health development programmes in accordance with the spirit of this Declaration for the achievement of Health for All by the Year 2000.

EM/RC35/R.7 REVIEW OF THE SECOND REPORT ON MONITORING PROGRESS IN THE IMPLEMENTATION OF HFA STRATEGIES

The Regional Committee,

Having reviewed the Second Report on Monitoring Progress in the Implementation of HFA; 6

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

Recognizing that the commitment of Member States and the enhancement of mutual trust among them and between them and the Organization are essential for the effective implementation of the national and Regional strategies;

Being aware of the magnitude of the overall task and the relatively short period left to achieve the goal of Health for All:

1. COMMENDS the progress report submitted by the Regional Director;

2. NOTES with satisfaction the progress achieved by Member States and by the Organization in the implementation of the national and Regional strategies;

3. URGES Member States:

3.1. to formulate a formal national strategy and plan of action for Health for All, if they have not yet done so;

3.2. to submit a progress report, if they have not yet done so;

3.3. to accord the highest priority to, and assume full responsibility for, the continuing monitoring and evaluation of their strategies as part of their managerial process for national health development;

3.4. to further strengthen the managerial capacity of their health systems, including the generation, analysis and utilization of information needed;

3.5. to use WHO's resources optimally, directing them to the mainstream of activities required to implement, monitor and evaluate the national strategies;

4. REQUESTS the Regional Director:

4.1. to follow up the formulation of strategies and plans of action by the Member States which have not yet completed that process;

4.2. to intensify technical cooperation with Member States in order to strengthen their managerial capabilities, including the establishment of a monitoring and evaluation mechanism and the related generation, analysis and utilization of supporting information;

4.3. to ensure the provision of support to Member States for the implementation, monitoring and evaluation of their strategies; particularly in the areas where progress so far made leaves much to be done to achieve the goal of Health for All;

4.4. to conduct a study to identify Regional goals for HFA and report to the Thirty-sixth Session of the Regional Committee.

EM/RC35/R.8 PROMOTION AND PROTECTION OF MENTAL HEALTH

The Regional Committee,

Having reviewed the document EM/RC35/15, entitled "Promotion and Protection of Mental Health",

Recalling resolutions WHA39.25, WHA33.27 and RM/RC35A/R.14;

Recognizing the vast magnitude and serious public health consequences of mental, neurological and psychosocial disorders including those related to the use of alcohol and other drugs;

Convinced of the possibility and importance of undertaking preventive measures to reduce mental, neurological and psychosocial problems;

Aware of the importance of psychosocial aspects of health and development programmes, and of the determining role of behaviour in the promotion of health;

Desiring to promote mental health and foster activities as mandated in Article 2(m) of the WHO Constitution, and

Conscious that preventive activities in this field can best be carried out in the framework of a comprehensive national mental health programme
which in turn should be congruent with and included in national development plans,

1. **URGES** Member States to:

(a) Formulate national mental health policies and programmes necessary to:

(i) promote mental health;

(ii) prevent mental, neurological and psychosocial disorders, including alcohol- and other drug-related problems;

(iii) provide treatment at the primary health care and other levels to those suffering from these disorders and ensure their rehabilitation;

(iv) deal with psychosocial aspects of general health and development programmes;

(b) establish national mental health coordinating groups so as to facilitate the formulation, implementation and evaluation of national mental health programmes;

(c) support the development of an appropriate information system and facilities which could help in the conduct of research necessary to plan and evaluate mental health programmes;

(d) exchange experience between themselves and also possibly with countries of other regions;

2. **REQUESTS** the Regional Director to:

(a) actively participate in the efforts of countries to formulate and implement national mental health policies and programmes;

(b) establish mechanisms and undertake action which will enable countries to learn from each other and mutually support the development of mental health programmes;

(c) further strengthen useful exchanges with countries in other regions wherever such linkages can support programme development;

(d) develop active programmatic linkage with global programmes dealing with these matters; and

(e) report to the Regional Committee on results of these programmes' activities at its meeting in 1992.

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**EM/RC35/R.9**

MATERNAL AND INFANT MORTALITY IN THE EASTERN MEDITERRANEAN REGION SOCIO-ECONOMIC IMPLICATIONS AND URGENT NEED FOR CONTROL

The Regional Committee,

Having discussed the document on Maternal and Infant Mortality and the socio-economic implications thereof;

Noting with concern the high levels of maternal and infant deaths in some countries of this Region, and noting that this complex problem with social, economic and cultural roots, needs a holistic approach for its solution in which socio-economic measures should be linked with health-related activities;

Recognizing the need for immediate concerted action in halting the alarmingly high level of maternal death during birth;

Adopts the initiative launched by the Conference on Safe Motherhood held in Jordan from 24 to 26 September 1988, and

URGES Member States to achieve the following:

1. To alert the public to the hazards endangering maternal health, mobilize political determination, so as to take the necessary action to improve the health of women, and endeavour to reduce maternal mortality, at least by half, by the year 2000.

2. To maintain adequate, firmly established public communication, so as to render the public information message clear, easily comprehended and service-linked, and to utilize all possible means of communication, including places of worship, schools and clubs, to boost awareness in the area of reproductive health and ensure adequate training in the field of means of communication.

3. To form a national safe motherhood committee in each country, on which all the sectors involved may be represented, which would endeavour to prepare pertinent strategies and plans, and ensure this through the issue of necessary legislation.

4. To plan, implement and follow up Regional evaluative and descriptive studies on the problems of maternal mortality and ante/post-natal diseases, through the use of unified data collecting methods, utilizing previous research on reproductive health to determine research priorities in urgently needed areas; as well as to ensure the improvement of biostatistical data registration systems, standardize death certificates and emphasize their obligatory nature and that complete pertinent information is registered therein; as well as to ensure the availability of adequate training in scientific research methods.

5. To conduct the necessary operational research to evaluate current MCH/FP services, particularly in rural areas, to investigate the views and concepts of clients and various target groups and to expand and evaluate the range of beneficiaries, so as to render this range more comprehensive; as well as formulate the necessary plans to improve and develop these MCH/FP services.

6. To improve the condition of women with a view to ensuring:

6.1. That they are provided with adequate education.

6.2. Their active participation with other community members in decision-making, as well as in planning, implementing and following up the policies and programmes of reproductive health and family planning.

6.3. Their exercising their rights in deciding on desirable pregnancy and birth spacing and providing them with necessary services.

6.4. Eliminating harmful traditional practices, including female circumcision.
7. To promote and improve PHC and social services, including basic obstetrical services, with a view to upgrading the level of antenatal and postnatal care, giving due attention to resultant complications; ensuring that all deliveries are conducted under the supervision of well-trained health workers; not allowing the occurrence of a delivery of a hazardous pregnancy in the absence of medical care; ensuring the possibility of referral to higher care service levels, as well as securing the good quality of these services and the availability of necessary emergency ambulance services.

8. To secure an adequate member of health service providers, and the availability of at least one trained birth attendant in every village, as well as providing adequate training and supervision.

9. To introduce the concepts and principles of safe motherhood in the curricula of primary and secondary schools, as well as in medical and health sciences institutes and colleges.

10. To support EPI, CDD and ARI programmes and to promote breastfeeding.

11. To request the Regional Director to submit a progress report on the matter to the Thirty-seventh Session of the Regional Committee.

EM/RC35/8.10 REPORT ON PROGRESS IN HEALTH MANPOWER DEVELOPMENT IN THE REGION

The Regional Committee,

Having reviewed the progress report on Health Manpower Development\(8\) and the implementation of activities, in response to a request by the Thirty-third Session of the Regional Committee in 1986, and in view of the need to overcome the obstacles and difficulties facing Health Manpower Development in Member States of the Region, particularly in Health Manpower Management,

1. ENDORSES the summary of recommendations taking into consideration all the discussions conducted concerning these recommendations.

2. URGES Member States to give increasing attention to and follow up the implementation of the recommendations of the previous resolution related to Health Manpower Development.

3. REQUESTS Member States to give special emphasis to health manpower management as an important component of health manpower development and to provide continuous support for the development of policies and mechanisms in all aspects of health manpower management, including:

3.1. The establishment of a personnel information system for the planning and administration of personnel services.

3.2. The development and updating of job descriptions based on job analyses and health services needs.

3.3. The establishment of a continuing education system.

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3.4. The establishment of career structures for health workers of all kinds.
3.5. The establishment of a continuous system for performance appraisal.
3.6. The establishment of a continuing education system.

4. REQUESTS the Regional Director:
4.1. to support the Member States in each and all of the above activities;
4.2. to convene a meeting of a Regional working group on health manpower management from representatives of ministries of health and other related sectors.

EM/RC35/R.11 RELATIONS WITH NONGOVERNMENTAL ORGANIZATIONS (NGOs) AT REGIONAL AND NATIONAL LEVELS - REVIEW OF EXPERIENCE GAINED

The Regional Committee,

Having considered the Regional Director's report on relations with national/Regional NGOs and,

Realizing the important role that these organizations can play in the implementation of HFA strategies;

1. REQUESTS the Regional Director to:
1.1. continue to establish official relations with national and Regional NGOs operating in countries of the Region, notifying national health authorities;

1.2. establish working relations with a few national/Regional NGOs based on identified specific activities;

1.3. compile a Regional Directory of NGOs active in the field of health operating in EMR.

2. REQUESTS Member States of the Region to:
2.1. establish mechanisms for the coordination of the work of NGOs and provide the framework for more effective collaboration;

2.2. identify components of programme activities, when reviewing WHO collaborative programmes, for joint implementation with NGOs, particularly at the grassroots level;

2.3. collaborate in compiling the Regional Directory of NGOs by collecting information on NGOs operating in their countries.

EM/RC35/R.12 ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

The Regional Committee,

Having reviewed the progress report presented by the Regional Director on the "Acquired Immunodeficiency Syndrome (AIDS)"; 10

Thanking WHO for its continued comprehensive, pertinent responses to country and Regional needs in addressing the problems caused by AIDS;

Expressing concern that HIV infection is being identified more and more in the Region;

Realizing the importance of taking full advantage of the still privileged epidemiological situation of the limited indigenous transmission;

Convinced that control of AIDS and overcoming its potential serious health, social and economic consequences needs the best from the people, Governments and WHO;

1. URGES Member States to:

1.1. ensure sustained commitment for AIDS control and take steps to integrate AIDS control efforts into health care services;

1.2. strengthen well-designed surveillance of HIV infection to determine the extent of its spread and the groups considered to be at greater risk of infection.

In this respect it is recommended to adopt approaches which can provide the highest quality of epidemiological information, ensure confidentiality and non-discrimination, provide counselling and medical support to infected persons to strengthen their capacity to adopt sustained behaviour change so as to prevent further spread of infection;

1.3. promote intensive information and education programmes for health personnel and the public to increase knowledge and understanding about HIV/AIDS, to reduce unjustified fears and promote social and religious beliefs and practices which operate against illicit sexual activities;

1.4. ensure screening of blood and blood products particularly imported types to ensure their safety;

1.5. regularly exchange information with each other and also with WHO, not only on the epidemiological situation but also on successes and failures, both in epidemiological surveillance and in public information and education;

2. REQUESTS the Regional Director to:

2.1. continue to provide the necessary technical support to national programmes for the prevention and control of AIDS not only for the short term but also for the mid- and long-term;

2.2. promote and support allied socio-cultural research activities particularly those aimed at assessing behaviours promoting spread of HIV infections and the effectiveness of various counselling methods in changing these behaviours;

2.3. keep the status of HIV/AIDS at both the global and Regional level under continued surveillance and report to the Thirty-sixth Session of the Regional Committee on the situation and on the implementation of the Regional Committee recommendations.

EM/RC35/R.13 RATIONAL USE OF DRUGS
The Regional Committee,

Having reviewed the document EM/RC35/7, entitled "Rational Use of Drugs - Report on Progress Made and Problems Encountered in Implementation of the Programme",

Recalling resolution EM/RC34/R.5 on the control of unjustified use of antibiotics;

Expressing concern about the irrational patterns of prescribing, dispensing and use of potent drugs that exist in most countries of the Region:

1. URGES Member States to:
(a) strengthen drug regulatory authorities to prevent the dispensing of potent drugs such as antibiotics, hormones, etc. without prescription by a registered physician;
(b) encourage academic medical institutions to include in their undergraduate education the concepts of rational use of drugs and the essential drugs list;

2. REQUESTS the Regional Director to take the necessary action for the publication and distribution of suitable drug information leaflets to the public.

EM/RC35/R.14 POLIOMYELITIS ERADICATION IN THE EASTERN MEDITERRANEAN REGION
The Regional Committee,

Having reviewed the proposed Regional Plan for Poliomyelitis Eradication and in pursuit of WHA resolution WHA41.28;

Appreciating the progressive achievements of the Expanded Programme on Immunization in the Region;

Noting with satisfaction that in spite of better reporting systems over the years, the annual morbidity of poliomyelitis reported in the Region shows a significant decreasing trend;

Reaffirming that in the light of the Regional situation of poliomyelitis, the status of immunization coverage accomplished, it is highly feasible to eradicate poliomyelitis in the region by the year 2000;
Commending the Regional Director for his initiatives in furthering the poliomyelitis eradication efforts and the establishment of a Regional technical advisory group;

2. URGES Member States:

2.1. to develop and strengthen national poliomyelitis eradication activities as an added strength to their EPI and PHC delivery systems;

2.2. to accelerate, sustain and maintain their national EPI activities so that at least 80% full immunization coverage against poliomyelitis is achieved;

2.3. to intensify poliomyelitis surveillance activities and ensure prompt response for poliomyelitis outbreak investigation;

2.4. to ensure that adequate resources are available to accelerate and sustain their national poliomyelitis eradication programmes;

3. REQUESTS the Regional Director:

3.1. to support national programmes for poliomyelitis eradication and to collaborate in the planning, implementation, monitoring and evaluation of such activities;

3.2. to mobilize necessary resources to support the Regional Programme for poliomyelitis eradication;

3.3. to report, regularly, to the Regional Committee on achievements in this regard.

EM/RC35/R.15 HEALTH SITUATION OF THE ARAB POPULATION IN THE OCCUPIED ARAB TERRITORIES INCLUDING PALESTINE

The Regional Committee.

Mindful of the basic principle contained in the WHO Constitution, which affirms that the health of all peoples is fundamental to the attainment of peace and security;

Aware of the responsibility entrusted to the World Health Assembly to ensure proper health conditions for all people who suffer from exceptional situations, including foreign occupation and especially settler colonialism;

Deeply concerned at the obstacles caused by the occupying authorities which hamper the provision of basic health services and the establishment and strengthening of health centres and hospitals in the occupied Arab territories including Palestine;

Appalled at the inhuman practices resorted to by the occupation authorities against the Palestinian people to suppress the brave struggle (intifada) as exemplified in the use of suffocating and toxic gases; brutal beatings; bone-breaking; child murder; forced abortions; raids on hospitals and health centres; assaults on physicians, nurses and other health workers; and the coercive measures of large-scale expulsions, banishment and arrests.
Recalling United Nations resolutions on the right of the Palestinian people to self-determination;

1. EMPHASIZES the WHO responsibility towards the Palestinian people in the occupied Arab territories, as regards securing for them the highest attainable level of health, as a basic human right;

2. REITERATES the importance of continuing and increasing cooperation with the Palestine Liberation Organization so as to permit implementation of the health plans established by WHO for the well-being of the Palestinian people;

3. REQUESTS the Director-General to emphasize the international character of WHO collaborating centres, which fall directly under his supervision, and to entrust their management to concerned Palestinians so that they are not subject to the influence of the occupation authorities;

4. RECOMMENDS that the World Health Assembly formulate a comprehensive and properly programmed health plan, in collaboration with the Palestinian Red Crescent Society and the Regional Committee for the Eastern Mediterranean, in order to meet the long-term and short-term health needs of the Palestinian people, and earmark and provide the necessary funds for the implementation of this plan, together with its programmes, and establish a special working unit for the Palestinian people at WHO Headquarters to follow up the implementation of this plan and its programmes in the occupied Arab territories;

5. THANKS international and voluntary organizations, especially UNRWA, for the efforts made by them for improving health conditions in the occupied Arab territories including Palestine and looks forward to the continuing provision of the financial support necessary for maintaining the activities of UNRWA;

6. THANKS the Director-General and the Regional Director for the Eastern Mediterranean for their commendable efforts and requests them to transmit this resolution to the Forty-second World Health Assembly to be convened in May 1989.

EM/RC35/R.16  PLACE AND DATE OF FUTURE SESSIONS OF REGIONAL COMMITTEE

The Regional Committee,

Recalling its decision taken during Special Session 3 held at Geneva on 3 May 1988 to hold a Regional Committee Session in Islamic Republic of Iran in a coming year when the situation permits;

Thanking the Government of Islamic Republic of Iran for its offer to host the Thirty-sixth Session in 1989;

DECIDES that the Thirty-sixth Session of the Regional Committee will be held in Teheran, Islamic Republic of Iran, from 30 September to 3 October or from 7 to 10 October 1989, the final date to be determined by the Regional Director in consultation with the host country.
The Regional Committee,

Having considered the recommendations of the Regional Consultative Committee made at its ninth meeting in Amman, Jordan, in relation to the subjects of Technical Discussions and Technical Papers at future Regional Committees,

DECIDED that the subjects for Technical Discussions shall be:

In 1990

"Programmes in support of MFA"

In 1991

"Health economics"

FURTHER DECIDES that the subjects for Technical Papers shall be:

In 1990

"Iodine deficiency disorders in the Eastern Mediterranean Region", and

"Malaria"

In 1991

"Health of the elderly and problems of the handicapped"

"Integration into primary health care of occupational health, use and toxic effects of pesticides, peripheral laboratory services and basic surgery"

and that "Tuberculosis" shall be considered for discussion at a future meeting, the Regional Director to report to the Regional Committee at its Thirty-sixth Session on the tuberculosis situation in the Region.

EM/RC35/R.18 VOTE OF THANKS

The Regional Committee,

EXTENDS to the Director-General, Dr Hiroshi Nakajima, its gratitude for accepting to host the Thirty-fifth Session of the Regional Committee in the WHO Headquarters, Geneva;

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

WISES the Director-General and his Secretariat continued success in their endeavours.
IX-2. DECISIONS

DECISION 1  ELECTION OF OFFICERS

The Committee elected its officers as follows:

Chairman: H.E. Dr Mohamed Ragheb Dowidar (Egypt)
Vice-Chairmen: H.E. Dr Abdul Fatah Najem (Republic of Afghanistan)
               H.E. Sheikh Faisal Al Hijailan (Saudi Arabia)

For the Technical Discussions, the Committee elected as
Chairman: H.E. Dr Saeed Sharaf Badr (Democratic Yemen)

DECISION 2  ADOPTION OF THE AGENDA

The Regional Committee adopted the Provisional Agenda as amended
(EM/RC35/1 Rev.3).

DECISION 3  RESOLUTIONS AND DECISIONS OF REGIONAL INTEREST ADOPTED BY
THE FORTY-FIRST WORLD HEALTH ASSEMBLY AND BY
THE EXECUTIVE BOARD AT ITS EIGHTY-FIRST AND
EIGHTY-SECOND SESSIONS

The Regional Committee took note of the resolutions and decisions of
Regional interest adopted by the Forty-first World Health Assembly and by the
Executive Board at its Eighty-first and Eighty-second Sessions.

DECISION 4  NOMINATION OF A MEMBER STATE TO THE GPA MANAGEMENT
COMMITTEE

The Regional Committee nominated Pakistan for membership on the Global
Programme on AIDS Management committee for a term or two years commencing on
1 November 1989 and ending on 31 October 1991. The Regional Committee
approved the nomination of Kuwait for a term of one year beginning on
1 November 1988 and ending on 31 October 1989 and the nomination of Cyprus
for a term of two years beginning on 1 November 1988 and ending on
31 October 1990.

DECISION 5  NOMINATION OF A MEMBER STATE TO THE JOINT
COORDINATING BOARD OF THE SPECIAL PROGRAMME FOR
RESEARCH AND TRAINING IN TROPICAL DISEASES

The Regional Committee nominated Somalia to fill the vacancy for the
Eastern Mediterranean Region on the Joint Coordinating Board of the Special
Programme for Research and Training in Tropical Diseases for a term commencing
1 January 1989 and ending 31 December 1991.

DECISION 6  VOTE OF THANKS TO REGIONAL OFFICE SECRETARIA

The Regional Committee, recognizing the particular effort made by the
Regional Office Secretariat to facilitate the work of the Regional Committee
at its Thirty-fifth Session, expresses gratitude and appreciation to all
concerned, in particular to the Regional Director, Dr Hussein A. Gezairy.

DECISION 7      ADOPTION OF THE REPORT

The regional committee adopted its report and requested the Regional Director to deal with it in accordance with the Rules of Procedure.
ANNEXES
ANNEX I

REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN

Thirty-fifth Session

Geneva, 3-6 October 1988

AGENDA

1. Opening of the Session
2. Election of Officers
3. Adoption of the Agenda
4. Annual Report of the Regional Director to
   the Thirty-fifth Session of the Regional Committee
5. Proposed Programme Budget for the Financial
   Period 1990/91 for the Eastern Mediterranean Region
6. Management of WHO's Resources and Review of
   the Organization's Structure
7. Resolutions and Decisions of Regional Interest
   adopted by the Forty-first World Health Assembly
   and by the Executive Board at its Eighty-first and
   Eighty-second Sessions
8. Reports of the Regional Consultative Committee
   (Eighth, Ninth and Tenth Meetings)
   and Problems Encountered in Implementation of
   the Programme
10. Report on Progress in Health Manpower Development
    in the Region
11. Relations with NGOs at Regional and National
    Levels - Review of Experience Gained
12. Second Report on Monitoring Progress in
    the Implementation of HFA Strategies
13. Acquired Immunodeficiency Syndrome (AIDS)
   (a) Progress Report
   (b) Nomination of a Member on the GPA Management Committee

14. Poliomyelitis Eradication in the Eastern Mediterranean region

15. Traditional Practices Affecting the Health of Women and Children

16. Special Programme for Research and Training in Tropical Diseases - Nomination of a Member from the Eastern Mediterranean Region to the Joint Coordinating Board

17. Technical Paper:
   Promotion and Protection of Mental Health

18. Technical Discussions:
   Maternal and Infant Mortality in the Eastern Mediterranean Region

19. Regional Office Accommodation - Progress Report

20. Place and Date of Thirty-sixth Session of the Regional Committee, 1989

21. Other matters:
   (a) Subjects of Technical Discussions and Technical Papers in 1990 and 1991
   (b) Other Business

22. Adoption of the Report and Closing of the Session.


**ANNEX II**

**LIST OF REPRESENTATIVES, ALTERNATES, ADVISERS, AND OBSERVERS TO THE THIRTY-FIFTH SESSION OF THE REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN REPRESENTATIVES, ALTERNATES AND ADVISERS OF MEMBER STATES**

**REPUBLIC OF AFGHANISTAN**

<table>
<thead>
<tr>
<th>Representative</th>
<th>Dr Abdul Fatah Najm</th>
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<tbody>
<tr>
<td></td>
<td>Minister of Public Health</td>
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<td>Kabul</td>
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<table>
<thead>
<tr>
<th>Alternate</th>
<th>Dr Abdul Same Waneel</th>
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<tr>
<td></td>
<td>Deputy Minister, Cadre and Foreign Relations</td>
</tr>
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<td></td>
<td>Ministry of Public Health</td>
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<thead>
<tr>
<th>Adviser</th>
<th>Dr Sona Ram Lund</th>
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<tr>
<td></td>
<td>Focal Point for HFA/2000</td>
</tr>
<tr>
<td></td>
<td>Ministry of Public Health</td>
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<td>Kabul</td>
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**BAHRAIN**

<table>
<thead>
<tr>
<th>Representative</th>
<th>H.E. Mr Jawad Salim Al-ARayed</th>
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<td></td>
<td>Minister of Health</td>
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<td>Manama</td>
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<thead>
<tr>
<th>Alternate</th>
<th>Dr Ebrahim Mohamed Yacoub</th>
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<tbody>
<tr>
<td></td>
<td>Assistant Under Secretary for Primary Health Care and Public Health</td>
</tr>
<tr>
<td></td>
<td>Ministry of Health</td>
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<td>Manama</td>
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<table>
<thead>
<tr>
<th>Advisers</th>
<th>Mr Ismail Ebrahim Akbari</th>
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<tr>
<td></td>
<td>Chief, Arab, International and Public Relations</td>
</tr>
<tr>
<td></td>
<td>Ministry of Health</td>
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<td>Manama</td>
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<thead>
<tr>
<th></th>
<th>Mr Nabeel Mohamed Issa Al-Rumaihi</th>
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<tr>
<td></td>
<td>Secretary to H.E. the Minister of Health</td>
</tr>
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<td></td>
<td>Ministry of Health</td>
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<td>Manama</td>
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</table>
CYPRUS

Representative
Mr Haralambos Hadjipanayiotou
Director-General
Ministry of Health
Nicosia

DEMOCRATIC YEMEN

Representative
H.E. Dr Saeed Sharaf Badr
Minister of Public Health
Aden

Alternate
Dr Amin A. Nasher
President of the Central Corporation for Scientific Research
Ministry of Public Health
Aden

Adviser
Dr Ali Obeid Al-Sallami
Assistant Deputy Minister for Pharmaceutical Affairs
Ministry of Public Health
Aden

DJIBOUTI

Representative
Dr Abbate Ebo Adou
Technical Director of Public Health
Ministry of Public Health and Social Affairs
Djibouti

EGYPT

Representative
H.E. Dr Mohammed Nagheb Dowidar
Minister of Health
Cairo

Alternate
Dr Helmy Sayed Helmy
Director-General
Foreign Health Relations Department
Ministry of Health
Cairo

Mrs Aleya Aboul Ezz
Second Secretary
Egyptian Permanent Mission
72, Rue de Lausanne
1202-Geneva

Mrs Suzanne Gamil
Second Secretary
Egyptian Permanent Mission
Geneva
### ISLAMIC REPUBLIC OF IRAN

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Position</th>
<th>Location</th>
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<tbody>
<tr>
<td>Representative</td>
<td>H.E. Dr Alireza Marandi</td>
<td>Minister of Health and Medical Education</td>
<td>Teheran</td>
</tr>
<tr>
<td>Alternate</td>
<td>Dr Masha-Allah Aein</td>
<td>Under-Secretary for Health Affairs</td>
<td>Teheran</td>
</tr>
<tr>
<td>Advisers</td>
<td>Dr Hossein Malek Afzali Ardekani</td>
<td>Deputy Minister to the PHC Networks</td>
<td>Teheran</td>
</tr>
<tr>
<td></td>
<td>Dr Bijan Sadrizadeh</td>
<td>Special Adviser to the Minister</td>
<td>Teheran</td>
</tr>
<tr>
<td></td>
<td>Dr Behrooz Nabaei</td>
<td>Director of Health Education Department</td>
<td>Teheran</td>
</tr>
<tr>
<td></td>
<td>Mr Mohammad Ali Abbasi Tehrani</td>
<td>Director-General</td>
<td>Teheran</td>
</tr>
<tr>
<td></td>
<td>Dr Gholo-Hassan Aghai</td>
<td>Representative of the Islamic Consultative Assembly (Parliament)</td>
<td>Teheran</td>
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### IRAQ

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<th>Role</th>
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<tbody>
<tr>
<td>Representative</td>
<td>H.E. Mr Abdul Salam Mohammed Sa'eed</td>
<td>Acting Minister of Health</td>
<td>Baghdad</td>
</tr>
<tr>
<td>Alternate</td>
<td>Dr Shawki Sabri Morkas</td>
<td>Director-General of Technical Affairs</td>
<td>Baghdad</td>
</tr>
<tr>
<td>Advisers</td>
<td>Dr Alim Salim Hassoun</td>
<td>Director, International Health Affairs</td>
<td>Baghdad</td>
</tr>
</tbody>
</table>
IRAQ (cont.)

Dr. Abdul Rahman Al-Kadhmi  
Chargé d'affaires a.i.  
de la Mission d'Irak à Genève  
28, a, ch. du Petit Saconnet  
POB 1209 Genève

JORDAN

Representative  
H.E. Dr. Zaid Hamzeh  
Minister of Health  
Amman

Alternate  
Dr. Hani Oweis  
Secretary General  
Jordan Medical Council  
POB 960411  
Amman

Adviser  
Mr. Mustafa Ibrahim Abdalla Qassem  
Assistant Director of International Health  
POB 86  
Ministry of Health  
Amman

KUWAIT

Representative  
H.E. Dr. Abdul Razzak Al-Yousuf Al-Abdul-Razzak  
Minister of Public Health  
Kuwait

Alternate  
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Secretary General of the Kuwait Institute for Medical Sciences  
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Advisers  
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Assistant Under-Secretary for Public Health Affairs  
Ministry of Public Health  
Kuwait

Mr. Mohamed Yehia Ahmed Abu El-Futouh  
Legal Adviser to the Ministry of Public Health  
Ministry of Public Health  
Kuwait

Mr. Wuqayyan Yousef Al-Wuqayyan  
Director of the Minister's Office  
Ministry of Public Health  
Kuwait
KUWAIT (cont.)

El Sheikh Salem Gaber Al Ahmad Al Sabah
Ambassador of Kuwait in Geneva
Geneva

LIBYAN ARAB JAMAHIRIYA

Representative
Dr Mustafa Mohamed El Zaidi
Secretary, General People's Committee for Health
Tripoli

Alternate
Dr Abdul Salam El Jaidi
Director-General
International Health and Cooperation
General People's Committee for Health
Tripoli

Advisers
Dr Ali Zarroug Al-Raghi
Director General, Community Health
General People's Committee for Health
Tripoli

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the Libyan Arab Jamahiriya in Geneva
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Dr Fatma Khalifa El-Megarmed
Chief, Department of Conferences
General People's Committee for Health
Tripoli

MOROCCO

Representative
S.E. M. Taieb Bencheikh
Ministre de la Santé publique
Rabat

Alternate
S.E.M. Benhima El Ghali
Ambassadeur Représentant permanent
au Koyume du Maroc auprès de l'office
des Nations Unies a Genève
1218 Le Grand-Saconnex
Genève

Advisers
Dr Mechbal Abdelhay
Directeur des Affaires Techniques
Ministère de la Santé publique
Rabat
MOROCCO (cont.)

M. Omar Chiban
Chef Division Budget Investissement
Ministère de la Santé publique
Rabat

M. Mostafa Halfaoui
Premier Secrétaire
Mission Permanente du Maroc
Genève

oman

Representative
DR Ahmed Bin Abdul-Kader Al-Ghassani
Director of Preventive Medicine
Ministry of Health
Muscat

Alternate
Ms Fatma Bint Abdullah Al-Ghazali
First Secretary
28B, Chemin Petit Saconnex
1209 Geneva

PAKISTAN

Representative
Professor A.J. Khan
Director-General (Health)
Government of Pakistan
Ministry of Health, Special Education and Social Welfare
Pakistan Secretariat block “C”
Islamabad

Alternate
Dr Basharat Jazbi
s/o Ministry of Health
Islamabad

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Representative
H.E. Ambassador Mohammad Salem Al Kawari
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Permanent Mission of the State of Qatar
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1218 Geneva

Alternate
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Director of Preventive Medicine
Ministry of Public Health
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1218 Genève

SAUDI ARABIA

Representative H.E. Sheikh Faisal Al-Hujailan
Minister of Public Health
Riyadh

Alternate Dr Jalal Mohamed Aashi
Adviser to the Minister
Ministry of Public Health
Riyadh

Adviser Dr Nazmi Hassan Qutub
Director, Foreign Relations
Minister's Office
Ministry of Public Health
Riyadh

SOMALIA

Representative Dr Abdullahi Mohamed Siad
Vice Minister of Health
Ministry of Health
Mogadishu

Alternate Dr Ahmed Sharif Abbas
Director, Preventive Medicine
Ministry of Health
Mogadishu

SUDAN

Representative H.E. Dr Ohaq Mohamed Musa
Minister of Health
Khartoum

Alternate Dr Mohamed Youssuf Al-Awad
First Under-secretary
Ministry of Health
Khartoum

Advisor Dr Ehab Ali Niu
Director General
International Health
Ministry of Health
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SYRIAN ARAB REPUBLIC

Representative  
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Vice-Minister of Health  
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Alternate  
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Ministry of Health  
Damascus

TUNISIA

Representative  
S.R. Professeur Saadeddino Smerli  
Ministre de la Santé publique  
Tunis

Alternate  
M. Youssaf Mokaddem  
Représentant permanent adjoint de la Tunisie  
arôle de l'Office des Nations Unies  
à Genève  
Geneva

Advisers  
Professeur Naima Khrouf  
Professeur de Pédriatrie  
Faculté de Médecine de Tunis  
c/o Ministère de la Santé publique  
Tunis

M. Mourad Ghachem  
Chargé de Mission et  
Coordonnateur des Projets de Coopération  
Ministère de la Santé publique  
Tunis

M. Ali Ben Malek  
Secrétaire à la Mission  
Permanente de Tunisie,  
arôle de l'Office des Nations Unies  
et des Institutions Spécialisées à Genève  
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UNITED ARAB EMIRATES

Representative  
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Ministry of Health  
Abu Dhabi

Alternate  
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Director  
Foreign Relations and International Health  
Ministry of Health  
Abu Dhabi
UNITED ARAB EMIRATES (cont.)

Adviser

Dr Abul Qadier Ahmed Ali
Director
Preventive Medicine Department
Al Ain

YEMEN

Representative

Dr Mohamed Mohamed Hajjar
Director-General of Health Administration Affairs
Ministry of Health
Sana'a

Alternate

Mr Khaled Abdel Rahman Al-Sakkaf
Director of International Health Affairs and Administrative Officer, EPI
Ministry of Health
Sana'a

OBSERVERS

Observers invited in accordance with Resolution WHA27.37

PALESTINE LIBERATION ORGANIZATION

Observers

Dr Fathi Arafat
President
Palestine Red Crescent Society
64, Al Thawra Street
Cairo

Dr Emad Saeed Taraweia
Vice President and Member of Executive Committee
Palestine Red Crescent Society
64, Al Thawra Street
Cairo

Observer

Mr Gamal Saleh
Member of Executive Committee
Palestine Red Crescent Society
Director, Public Relations
64, Al Thawra Street
Cairo

Observers representing United Nations Organizations

UNITED NATIONS CHILDREN'S FUND (UNICEF)

Dr Qussay Al-Nahi
Senior Programme Officer
UNICEF Middle East and North Africa Regional Office
Amman (Jordan)
UNITED NATIONS CHILDREN'S FUND (UNICEF) (cont.)

Mr Hassane Shawareb
Assistant Programme Officer
UNICEF Middle East and North Africa Regional Office
P.O. Box 811721
Amman (Jordan)

UNITED NATIONS and
UNITED NATIONS RELIEF AND WORKS AGENCY (UNRWA)

Dr Adib E. Jabra
Acting Director of Health and
WHO Representative
United Nations Relief and Works Agency
Vienna (Austria)

UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR)

Mr Erik Haegglund
Relief Coordination Officer
UNDRO
Palais des Nations
Geneva

Observers representing intergovernmental, non-governmental and national organizations

LEAGUE OF ARAB STATES

Mr Mahdi Mustafa El Hadi
Assistant Secretary General
League of Arab States
Tunis

Mr Mahmoud Triki
Permanent Observer of the League of Arab States
Geneva

Dr Bilal Abdel Fattah Samara
Department of Public Health
League of Arab States
Tunis

Dr Osman El Hajjé
Attaché, chargé des questions juridiques et sociales
Mission permanente de la Ligue des États Arabes à Genève
Genève
ORGANIZATION OF AFRICAN UNITY

Dr Amin Hanna Salama
Director, OAU Health Bureau
OAU General Secretariat
POB 3243
Addis Ababa (Ethiopia)

Mr Aziz Farag
Counsellor at the OAU Permanent Delegation in Geneva
13, Avenue de Budé
Geneva (Switzerland)

SECRETARIAT GENERAL OF HEALTH FOR THE ARAB COUNTRIES OF THE GULF AREA

Dr Jalal Mohamed Aashi
Secretary General
Secretariat General of Health for the Arab Countries of the Gulf Area
Riyadh (Saudi Arabia)

OFFICE INTERNATIONAL DES EPIZOOTIES (Epizootic Diseases)

DR. L. BRUCKNER
Institute Vaccinal Fédéral
Hagenaustrasse 74
CH-4054 Basle (Switzerland)

INTERNATIONAL COMMITTEE OF MILITARY MEDICINE AND PHARMACY (ICMMP)

Col. Ulrich Middendorp
Médecin Chef de la Clinique Chirurgicale
Hopital Cantonal
14, Seidenstrasse
CH-4000 Winterthur (Switzerland)

INTERNATIONAL COUNCIL ON ALCOHOL AND ADDICTIONS

Mr Archer Tongue
Executive Director
International Council on Alcohol and Addictions
Case postale 189
1001 Lausanne (Switzerland)

INTERNATIONAL SOCIETY FOR BURN INJURIES (ISBI)

Dr Essad Dam Hamza
Regional Representative
I.S.B.I.
TUNIS
WORLD FEDERATION FOR MEDICAL EDUCATION (WFME)

Dr Bashir Hamad
President, Association for
Medical Education in EMR and
Dean, Faculty of Medicine and Health Sciences
Al Ain (United Arab Emirates)

INTERNATIONAL EPIDEMIOLOGICAL ASSOCIATION (IEA)

Mrs Helga Morrow
Nurse Consultant
International Council of Nurses
4 Chemin du Repos
1213 Geneva (Switzerland)

INTERNATIONAL COUNCIL OF NURSES

Ms Katherine Mcinerney
Nurse Consultant
International Council of Nurses
3, Place Jean-Marteau
1201 Geneva (Switzerland)

WORLD FEDERATION OF PROPRIETARY MEDICINE MANUFACTURERS (WFFPM)

Dr Karlheinz Reese
Director-General
World Federation of Proprietary Medicine Manufacturers
20 Arndtstrasse
D-5300 Bonn 1 (Federal Republic of Germany)

COUNCIL FOR INTERNATIONAL ORGANIZATIONS OF MEDICAL SCIENCES (CIOMS)

Dr Zbigniew Bankowski
Executive Secretary
Council for International Organizations
of Medical Sciences
c/o WHO
1211 Geneva 27 (Switzerland)

THE SAUDI FUND FOR DEVELOPMENT

Mr Ibrahim Mohamed Al-Mofleh
Economist
The Saudi Fund for Development
P.O. Box 50863
Riyadh (Saudi Arabia) 11533

ARAB COMPANY FOR DRUG INDUSTRIES AND MEDICAL APPLIANCES (ACDIMA)

Dr M. Haddadin
Director-General
Arab Company for Drug Industries and
Medical Appliances
P.O. Box 925161
Amman (Jordan)
INTER-AFRICAN COMMITTEE (IAC) ON TRADITIONAL PRACTICES AFFECTING
THE HEALTH OF WOMEN AND CHILDREN IN AFRICA

Ms Berhane Ras-Work
President
Inter-African Committee
on Traditional Practices
147, rue de Lausanne
1202 Geneva (Switzerland)

ARAB UNION OF PHARMACISTS

Dr Aziza Ouachi
Vice President
Arab Union of Pharmacists
14, rue Pierre de Coubertin
Tunis

LIST OF WHO SECRETARIAT

Dr H. Nakajima
Dr Kheir A. Gzairy
Dr A. Khogali
Mr R. Helnholz
Dr M. H. Wahdan
Dr O. I. H. Omer
Dr M. H. Khayat
Dr M. I. Sheikh
Dr A. M. M. Aly
Dr O. Suleiman
Dr B. Hammoud
Dr N. Wig
Dr G. Haefez
Dr G. Rifka
Mr A. Salehi
Ms M. O'Doherty
Mr C. R. Stevenson
Ms A. Metata
Mrs L. Hanafi

Director-General
Regional Director
Director, Programme Management
Director, Support Programme
Director, Disease Prevention and Control
Director, Health Manpower Development
Director, Health Protection and Promotion
Chief, Environmental Health Programme
Health and Biomedical Information (STC)
Regional Adviser, HPD and HFA Strategy Coordination
Health Situation and Trend Assessment (STC)
Regional Adviser, Mental Health
Regional Adviser, MCH/FHE
Eastern Mediterranean Special Programme (STC)
Public Information Officer
Reports Officer (STC)
Reports Officer, HBI/TRA, HQ
Conference Officer
Administrative Assistant, Regional Director's Office

Translations

Mr Hassan Naguib Abdallah
Mr Ibrahim Abdallah Hassan
Mrs Magda Maged

English Booth:

Mr Pikry Gergis
Mr Ahmed Attia
Miss Delbar Karara

French Booth:

Mrs Sawsan Abdellatif
Mr Toufic Abi-Chaker
Mrs Aleya El Borai

Arabic Booth:

Ms Sosan Shafiq Touma
Mr Fethi Damergy

Secretarial Staff

Mr I. Abdel-Aziz
Mrs S. Ahmed
Miss B. El Sherif
Mrs O. Gafour
Mrs A. M. Ghorayeb
Mrs N. Kenawy
Mrs F. Khalil

Interpreters
ANNEX III

In the name of God, the Compassionate, the Merciful

Opening Address of

DR HUGBEIN A. OBBAIRY
REGIONAL DIRECTOR
WHO EASTERN MEDITERRANEAN REGION

to

THE THIRTY-FIFTH SESSION OF THE REGIONAL COMMITTEE

Geneva, 3-5 October 1988

Your Excellencies, Director-General, Ladies and Gentlemen,

I am indeed happy to see you all assembled here - the Representatives of every one of the twenty-three Governments, heads and members of diplomatic missions, participants from international and intergovernmental bodies as well as from non-governmental organizations, and all others whose presence here signals their support for, and interest in, our ever-continuing striving for health: the health of the world, and of our Region in particular. We gladly renew the ties of shared work with all these partners. It is encouraging to see several new faces among the delegations - to these I extend specially cordial greetings.

I am very pleased that Dr Hiroshi Nakajima, Director-General of WHO, is here with us and we all look forward to his valued participation in our dialogue.

We recall here, too, the great contribution of the Director-General Emeritus, Dr Halfdan Mahler, especially his dedication to HFA, a goal towards which we continue to strive untiringly.

The presence at this gathering of so many distinguished persons, all committed to health, is a renewed confirmation of caring about the so-important work entrusted to us. We anticipate a very cordial, valuable and thought-provoking exchange of ideas and experience, as well as guidance for our future work.

This major annual forum, always conducted in a spirit of genuine desire for mutual welfare, offers a splendid and unique chance to all of us: to understand better our various problems and put forward and examine possible
solutions. This must be done in complete candour. Some of these problems are purely "health" ones; some are "health-related"; still others may be administrative or financial. They are all amenable to frank discussion, leading to patient and persevering effort. All of them, I am confident, can either be solved or substantially alleviated.

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Gathered here at this point in time I feel we have more reason than ever before to be optimistic about the future of our Region - and its health development. Since the last Regional Committee Session there have been some very positive and heartening events.

Firstly, we have witnessed the end of hostilities between two sister countries, Islamic Republic of Iran and Iraq. As peace talks are under way, we look forward to increased progress of health programmes in both countries, for the enormous benefit of the two peoples.

Another very encouraging sign is the new situation in Republic of Afghanistan, where the withdrawal of foreign forces and hopefully cessation of all fighting will give the nation a chance to recover from the wounds of strife and start building up again, in health and all sectors.

Also, there is now much less tension in the Maghreb, with resolution of the Western Sahara situation in sight and democratic rule in Tunisia established. Our member States in that part of the world can look forward to a new period of prosperity and development, to which we hope to contribute actively.

Stability seems a great deal nearer too in Lebanon; we hope that, after so many conflict-torn years, that country is about to regain lasting peace and resume the important work of reconstruction. Again, we are eager to render all the assistance in our power.

The Palestinian people, now engaged in a heroic struggle which inspires respect and admiration throughout the world can, we ardently hope, expect a fair deal as peace processes advance. There is health work on a great scale waiting to be tackled here, and WHO stands ready to play its part.

The catastrophic floods which struck Sudan in August were speedily responded to by sister countries of the Region; they sent relief immediately in the form of skilled help, food, medicines and other vital materials. To all of them, Governments and peoples alike, I express sincere appreciation. We too in the Regional Office reacted swiftly - with expert staff, supplies and equipment. It was felt that what was most needed from WHO was support in developing plans for epidemic control as well as for emergency preparedness.

In fact, this tragic event has deeply underlined the need for emergency preparedness; this is the subject of an intercountry meeting to be held later this month, in Tunis.

The disaster has also strikingly confirmed that our Region can and does act together, as a Region, very effectively. Such collaborative exertions are needed not only in times of adversity - they are also vital in times of prosperity, signs of which are now, thank God, at last appearing on our
Regional horizon. As friction diminishes and peace begins to return, there will be so much wider potential for health and all development endeavours.

* * *

Since our last Regional Committee gathering in October 1987, there has been much observance, and celebration, of prominent health milestones. These are amply described in my Annual Report which I shall be presenting to you later this morning, but I may briefly mention them here. The Fortieth Anniversary of WHO was duly marked in all our Member States by appropriate events and here I would like to acknowledge the addresses given by Heads of State of our Region to honour World Health Day on 7 April 1988. Strong support for our aims and ideals was forthcoming from all Governments - and peoples - of EMR. That was no less than inspiring. It should spur us on to even greater efforts; if such support continues we shall be strongly enabled to attain our HFA targets. These celebrations, far from being mere rituals or congratulatory exercises, were real steps forward in health - in our struggle for HFA and also in fostering awareness of WHO's work. This was in fact a triumph for advocacy. We should by no means slacken our grip on what we have won.

As you know, the Alma-Ata and Smallpox Eradication decennials also fell in 1988; these too were properly and conjointly noted, thus reinforcing WHO's jihad against all forms of dis-ease and non-health.

Apart from these occasions, pin-pointed on certain dates, there have been other developments, on a broader time-base. Trends and tendencies in health; emerging and evolving emphases. New things are happening. New ideas are taking shape. Prominent among these is our initiative for improved "quality of life" based on integrated social development and fulfilment of basic minimum needs - with the related healthy lifestyles drive - as a means of attaining HFA/2000. I am especially glad to know that the Director-General shares our views about this approach. I should point out here the great usefulness of the "Thailand experience"; the visits to that country and the Colloquia held there as part of our HFA Leadership activities provided a striking example of learning from another Region. Let us hope that all Regions will continue to share their experiences in this way, thus enriching all.

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You will see that we have before us a full and important Agenda. On all these items we look forward to, and expect, constructive ideas from you, our Committee members.

In the Proposed Programme Budget for 1990-1991 - the first biennium of the Eighth General Programme of Work - you will observe in detail our financial situation and its prognosis, with the realistic measures prescribed to derive maximum benefit from our still-constrained resources.

Management is a principal key to ameliorating our fiscal problems - and, of course, it is "of the essence" throughout our programmes. "Management of WHO's resources and review of its structure", continues to be a major focus of discussion and has been a particular concern of the Regional Consultative Committee - the reports of whose last three meetings are also before you for your consideration.
I shall be presenting resolutions of Regional interest passed by the most recent sittings of the World Health Assembly and the Executive Board. Again, your views as representatives of the Regional countries are not only welcome but eagerly sought.

Of the various technical topics on which we shall be focusing, rational use of drugs comes early on the Agenda. As you will be hearing, although the superiority of this concept has been amply proven, there are still obstacles to its implementation and we are constantly on the look-out for solutions.

The Regional situation regarding health manpower development is that considerable imbalance still exists between supply and demand, which has to be remedied. However, the community-based, task-oriented curriculum being introduced in some medical schools is an innovative move, the outcome of which will be watched with great interest.

Our relations with non-governmental organizations continue to be a matter of crucial relevance to our work. This has been highlighted very recently in connection with the Sudan emergency. Coordination with these bodies has to be of the utmost efficiency; our agenda item includes "review of experience gained" with a view to improved collaborative performance.

You will be scrutinizing the progress of monitoring HFA strategies in line with the Common Framework which was distributed to you last year; this process, as you know, has been rescheduled in the interests of more streamlined effectiveness.

Our Agenda inevitably brings to mind several important deadlines. The paper on poliomyelitis reminds us that the year 2000, already so prominent because of HFA, has also been set for global eradication of this disease. The Expanded Programme on Immunization has of course set 1990 for vaccination of all the world's children against its six target diseases, including polio.

1990 is also a key date in environmental health; it marks the end of the Decade (IDWSSD) by which time it was envisaged that safe water and sanitation would be available to as many as possible of the world's people. Rapid industrialization in the Region has started to highlight the need for disposal and control of chemical and other hazardous wastes. It has become an increasingly important health issue, of concern especially in the light of recent unauthorized incidents of dumping of these wastes on to the shorelines of developing countries. You may wish to consider adopting a resolution, that this important matter be taken up at the next World Health Assembly.

For AIDS, the Progress Report on which we shall be studying, there is no deadline as such, but since, as yet, there is no vaccine either, not to mention cure, and in view of the alarming escalation of this pandemic, the need for action is just as crucially urgent.

The subject of our Technical Discussions this year is "Maternal and Infant Mortality in the Eastern Mediterranean Region" - here we have a situation which we must do our utmost to remedy. The mortality rates for both mothers and infants is more than "unacceptably" high in some parts of our Region - we shall be needing all possible insight, and input, from you as to how to reduce them. There are deadlines in this field too and it is literally a matter of life and death that we do not fail them. Our "Safe Motherhood" drive has a great bearing on this - "putting more 'M' into MCN" but not, we
stress, at the expense of the "C" component. Quite the reverse: improved health of mothers can only mean improved health of children.

Our technical paper on "Promotion and Protection of Mental Health" gives heartening evidence of a brighter outlook, Region-wide, for sufferers from neurological, psychosocial and related disorders. Here our healthy lifestyles campaign is of special relevance particularly to combat the abuse of various substances. It is particularly good to know that, as a result of WHO-sponsored approaches, more patients are being brought for treatment within primary health care and also that stigma is on the wane.

Removal of stigma is also a key tool in our anti-leprosy work. This disease is one of those covered by the Tropical Diseases Research Programme in which, as the Agenda shows, EMRO is very actively engaged.

Your views and ideas are welcome, indeed vital, in discussion of all these subjects, and others which may emerge during this Session. And may I say here that your input is very much needed, not only here in "our" forum, so to speak, but also in others - notably at the United Nations and the various international and national levels where your voices can be heard, and be effective in channelling more much-needed resources and support to your health Organization, your WHO.

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To conclude, I would like to stress that the approach in which I wholeheartedly believe and which, throughout our work in the Eastern Mediterranean Region, we are trying to apply, embodies, first and foremost, the human dimension. In our newly-oriented initiative in which the threads of integrated social development, basic minimum needs and quality of life are strongly interwoven, we are thinking of people primarily as human beings; we are focusing on caring in the widest sense and not on health care alone.

True, time is running out. But that has always been the case - there's nothing new about it: it is part of the nature of things. The Holy Koran points out that man is always facing "loss" in the light of Time. We have to try our utmost to be aware of and respond to this - that is a very real challenge, ever-present. The various deadlines are fast approaching; we are soon to enter the Eighth General Programme of Work - the Ninth will take us into the Twenty-first Century.

Already we are getting predictions of what life in that century may be like - of fundamental changes which may occur in the world environment. Geographical, climatological, ecological changes. On the whole they are not comforting. Such manifestations as the "greenhouse effect" and depletion of the earth's ozone layer are already with us - they are early warnings. The realization has been slowly dawning that nothing less than the survival of this planet may be at stake, with its billions of inhabitants. It is glaringly obvious that we must act now.

By "we" I mean all the world's populations - but especially those of us who have been assigned responsibility for others' welfare and, even more especially, those of us in "health". We are seeking out leaders for HFA but, by the very nature of WHO - the World Health Organization - we ourselves are looked on as leaders, guides and authorities in this whole issue of human welfare, well-being and survival. But, facing such a global situation, health
cannot be isolated from other sectors any more than individual countries can be isolated from their fellows.

We cannot shirk this challenge, in all its aspects. If, for example, we do not protect and preserve the environment; if we do not come up with an answer to AIDS; if we cannot fulfill basic minimum needs; if we fail to ensure healthy lifestyles – the list is virtually endless – there will be a catastrophic pay-off.

One cannot deny that the position sometimes seems very daunting. We might be excused for feeling, momentarily, overwhelmed. That would be only too "human" on our part. But there is help available for humankind – ourselves and all our brethren. We can take heart. With knowledge, hard work and faith in God's support and guidance we can – and must – pursue our great task. Our calling, our vocation. Using all our tools and resources, both the innovative and the time-proven – "maximally and optimally", we must continue unflaggingly to strive and plan – yes, to "implement" as we so often say, and to "monitor and evaluate". Let us inject new, vital meaning into those hard-worked words. We must put into efficient operation all possible strategies not only for HFA, not only for health per se, but for the welfare and well-being, in every dimension, of every man, woman and child – present and future.

Thank you.
Mr Chairman, Excellencies, Honourable Representatives, Ladies and Gentlemen, Colleagues and Friends

I wish you all a warm welcome to Geneva. It is an honour and a privilege for me to be with you, for the first time as Director-General, and to have the pleasure of addressing this Thirty-fifth Session of the Regional Committee for the Eastern Mediterranean.

This year has marked the Fortieth Anniversary of your World Health Organization, as well as the Tenth Anniversary of the Declaration of Alma-Ata on Primary Health Care - the key to attaining health and sustainable development for all the world's people.

Therefore this appears to be a very good time for us to re-dedicate ourselves to the policies and strategies, arrived at through the cooperation and consensus of all Member States, to attain the goal of Health for All.

Looking toward the future, it is clear that we, the Member States and the Secretariat together, must be prepared to face new and different challenges for the future, while drawing lessons from experience in the past.

We must build on the shoulders of those men and women who have shown the way. Personally, I owe a debt of gratitude to Dr Brock Chisholm, who was WHO's first Director-General from 1948 to 1953; to Dr Marcolino Candau, Director-General from 1953 to 1973; and to Dr Halfdan Mahler, Director-General from 1973 to 1988. Each has brought to WHO a special inspiration on which we all can draw. To know the way ahead, we should ask those who have been there before us.

I pay tribute also to Dr A.T. Shousha, and to Dr A.H. Taba as Regional Directors for the Eastern Mediterranean, and now to my close colleague and
friend, Dr Hussein Gezairy, whose collaboration and wise counsel further the purpose and work of WHO, not only in this Region but worldwide. And I express my appreciation to each and every one of you in this room, for your steadfast support of WHO, now and in the years to come.

We are building for the future. The decisions we take in the Regional Committee for the Eastern Mediterranean today will set the policies, orientations and practices of health development in the countries of the Region for tomorrow, and well into the twenty-first century. You will be discussing the Regional proposed programme budget for 1990-1991. This is the first biennium of the Eighth General Programme of Work for 1990-1995, and as such it opens an important new chapter in the work of WHO. We must have the vision today to see the needs and possibilities for tomorrow. This means new emphasis, innovation and some restructuring to accommodate change – change with continuity.

Let me share with you some of my thoughts about this change and continuity:

In the past few years, we have concentrated on completing the conceptual design of our overall strategy. I firmly believe that our global strategy of Health for All, based on the primary health care approach, is fundamentally sound. We are basically on the right track.

What we need now is the will and capacity to implement. We have to shift our emphasis to specific health problems and implement practical, cost-effective solutions. We must raise international conscience, establish clear priorities, employ the right technologies and redirect our resources. We must anticipate problems, develop solutions and implement them.

I believe that WHO, as the directing and coordinating authority on international health work, must play a more pro-active role in establishing clear health policies in nutrition, drugs, disease control, health promotion, and protection of the human environment. This requires informed decision-making at every level of the Organization, including in this Regional Committee.

The countries of the Eastern Mediterranean have made significant progress in recent years in the health of their people, but much work remains to be done. I am keenly aware of the serious health conditions in many countries of the Region, the need for trained manpower, and the limited financial resources that are available. Nevertheless, it is the role of WHO to cooperate directly with Member States to strengthen the information, research and managerial capacity to carry out specific cost-effective national health programmes.

WHO is prepared to work closely with other organizations in the United Nations system, and with bilateral and multilateral agencies and non-governmental organizations, to help mobilize and channel more external resources for health development in countries of the Eastern Mediterranean. We must find new and imaginative ways of cost-sharing, financing and utilizing national and external resources.

WHO is essentially a technical cooperation agency ensuring the transfer and sharing of health technology. But the technological requirements of no two countries are exactly alike. What different countries and communities can
afford varies at different stages of development, times and places. Therefore, we are speaking of appropriate technology, and appropriating technology that is cost-effective, practical and suitable to community needs, health problems, capacities and resources.

I place great stress on health education, health information and health promotion generally. As a means towards sound management and implementation of health programmes, within WHO, we must continue to develop and streamline our programme management information systems, using the most cost-effective informatics technology. Health information services must transmit the essential health messages of our technical programmes.

These health messages have their own special meanings in the context of each country and community. For example, the concept of "healthy lifestyle" is not the same in all countries. In some of the more industrially developed parts of the world, there is a whole "exercise industry" built up around health promotion and lifestyle. In these countries the leading nutritional problem is often over-nutrition or unbalanced diet, rather than under-nutrition.

In many developing countries in the Eastern Mediterranean the situation is different. Healthy lifestyle still depends on meeting basic minimum needs, such as basic hygiene, safe water supply and sanitation, and waging war on malnutrition. Let us meet these basic needs first. Let us put our resources where the needs are greatest. We have to accelerate our programmes in the developing countries, and thus close the gap between health conditions there and in more affluent parts of the world.

The basic foundation for sustainable health development is a sound health system based on the primary health care approach. This requires cost-conscious physical infrastructure development. The district health system must support community development. The Regional programme budget policy for the Eastern Mediterranean states that highest priority in the use of WHO's resources is to be accorded to activities that are specifically targeted towards Health for All. WHO and Member States in the Region will place initial emphasis on the introduction and attainment of intermediate targets related to the four global indicators for the availability of primary health care to the whole populations: (1) safe water in the home or within 15 minutes' walking distance, and adequate sanitary facilities in the home or immediate vicinity; (2) immunization against six target diseases of the Expanded Programme on Immunization; (3) local health care, including availability of at least 20 essential drugs, within one hour's walk or travel; and (4) trained personnel for attending pregnancy and childbirth, and caring for children up to at least one year of age. Attention will be paid to other programme targets and activities as a function of their close relationship to the essentials of primary health care. I commend you for your efforts and commitment towards Health for All in the Eastern Mediterranean.

I place great stress on human resources, first because people are our most precious resource. They are entitled to participate as decision-makers, providers and beneficiaries of health development. They are entitled to the services and support of health manpower who are technically trained, equipped and socially attuned to the primary health care approach. We are speaking of the health manpower which the world will have in the twenty-first century.

We have to focus on the specific needs of population groups: mothers, children, adolescents, workers and the elderly. For what is health
development for all if it does not cover these people? What concerns us is not merely child "survival", but sustained development. It is not enough to claim a life "saved" by immunization. That child must grow up healthy and participate in social and economic development. If people constitute our most precious resource, why waste it? We respect the life of the whole person—the mind and spirit. So we must give due attention to human behaviour and promotion of mental health. Health for All requires total social mobilization. We must address not only the physical but also the spiritual dimension of human health.

All our resources are exhaustible if they are not managed and conserved with care. The health messages, programme strategies and technologies we promote have to take account of these limitations. For example, we cannot ask a mother to boil the water she uses to make it safe if we do not also consider from where she gets her fuel. Good health demands clean air, water, land and food. A theme I intend to develop throughout all of WHO's programmes is health and sustainable development.

Development itself brings risks. We have especially seen this in developed countries, but we are beginning to see it in developing countries where environmental damage is all the less affordable. The world is increasingly assaulted by pollutants, hazardous substances, toxic chemicals, the "greenhouse effect", risk of nuclear accidents, biological contamination, deforestation, mismanagement of land, loss of plant and animal genetic diversity. I do not wish to over-dramatize, but the bottom line is human health. I believe WHO can be more active in the biomedical assessment of these risks to human health. We can also demonstrate the health technologies that contribute to sustainable development.

In the Eastern Mediterranean we have to be better prepared to deal with natural risks, disasters and emergencies, such as drought, flood, upheavals and the attendant outbreak of disease. Concerted attention has to be given to the special problems of the desert regions, including the adverse health impact of recurrent plagues of locusts that destroy crops and grazing lands. We have to carefully preserve and manage our land, forests and water supplies. All sectors are involved, but the special concern of WHO is for the impact on human health.

Inevitably, we are entering the realm of health economics. Food, housing and health services form a significant part of the gross national product of any country. They derive from exhaustible resources. But good health is not just a cost burden on economic development. Good health is a prerequisite for social and economic development. Human health and well-being are the ultimate objectives of development.

I place emphasis on the role of WHO in drug policies and management, including the development, testing and application of cost-effective drugs and vaccines. New biotechnologies make available lower-cost, more effective products that have fewer adverse side effects. We mean to ensure that such essential drugs and vaccines are widely available in all countries of the Eastern Mediterranean.

Especially important is WHO’s constitutional responsibility for work to prevent and control communicable and non-communicable diseases. We must vigorously pursue sustainable programmes for immunization, control of diarrhoeal diseases, respiratory infections, malaria and other tropical and
parasitic diseases. We must prevent Acquired Immunodeficiency Syndrome (AIDS) from gaining a foothold and spreading in this Region. Our new Global Programme on AIDS must be well managed and delivered. We are giving new attention to blindness and deafness. The new programme on Tobacco or Health should go a long way to reducing mortality and morbidity from cancer and cardiovascular diseases. New approaches, innovation and imagination are what are needed.

These are fragile times. We face a difficult political and economic climate in many parts of the world. Yet I am basically optimistic. We see signs of lessening of tensions between East and West, between North and South and between some countries of the Region. If only a small part of the energy and resources which have hitherto been tied up in such tensions could be released for health development, what a difference this could make! Already we see opportunity for additional flows of resources - bilateral and multilateral - in the Eastern Mediterranean, but we must those resources wisely.

The same is true within WHO. We are emerging from the most serious financial crisis WHO has ever faced. The crisis is by no means over, but we have reason to believe the worst is behind us. The financial crisis points to the overriding need for tight management at all levels of the Organization to ensure that WHO runs as efficiently, effectively and economically as possible. It is for this reason that I have already begun a process of reviewing the Organization's managerial and administrative procedures, and making some structural changes - all with the supreme objective of using WHO's financial and human resources in the best possible way. We shall have to streamline our Regional and field office structures to ensure optimal support to countries of the Region.

As a former Regional Director I am only too aware of the potential stresses and strains between different managerial levels of a worldwide organization like WHO. But I contend that these can be healthy if everyone involved keeps in mind the absolute and overriding necessity of maintaining the unity of the Organization in its objectives, policies and approaches. As Director-General I shall do everything in my power to preserve unity of the organization and encourage delegation of authority and responsibility consistent with sound management.

I am encouraging collegiate consultation and informed decision-making at all levels of the Organization. I rely on the advice and support of our Regional Directors. At Headquarters I am asking Assistant Directors-General to play a more direct role in programme policy orientation and decision-making. I am urging more interaction between programmes. I hope that these practices will be followed in the regions as well, involving all technical as well as administrative personnel. But more than this, I seek the advice and support of all of you, the representatives of the Member States who together make up the cooperative body of our World Health Organization.

When I had the honour of accepting election to this office of Director-General of WHO, I accepted to become your spokesman, and the chief executive of your organization of Member States cooperating in international health work. I knew the challenge would not be an easy one.

Probably, if I did not know that I had you with me, if I did not have Dr Gezairy here beside me, if I did not have each and every one of you here today, then I should have thought this task impossible. But I do have you, and it is your unity which makes the difference.
Yes, we are confronted with every imaginable man-made and natural disaster. True, we have not yet closed the gap between the haves and have-nots. But I am confident we can do the job if we close ranks behind the common goal of health and sustainable development for all.

I wish you every success in these deliberations of the Thirty-fifth Session of the Regional Committee for the Eastern Mediterranean.
REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN

Thirty-fifth Session

FINAL LIST OF DOCUMENTS

I. COMMITTEE DOCUMENTS

EM/RC35/1 Rev.3 Agenda

EM/RC35/2 Annual Report of the Regional Director to the thirty-fifth session of the Regional Committee for the Eastern Mediterranean


EM/RC35/4 Management of WHO's Resources and Review of the Organization's Structure

EM/RC35/5 Resolutions and Decisions of Regional Interest adopted by the Forty-first World Health Assembly and by the Executive Board at its Eighty-first and Eighty-second Sessions

EM/RC35/6 Reports of the Regional Consultative Committee (Eighth, Ninth and Tenth Meetings)

EM/RC35/7 Rational Use of Drugs - Report on Progress Made and Problems Encountered in Implementation of the Programme

EM/RC35/8 Report on Progress in Health Manpower Development in the Region

EM/RC35/9 Relations with NGOs at Regional and National Levels - Review of Experience Gained


EM/RC35/11 AIDS - Progress Report

EM/RC35/12 AIDS - Nomination of a Member on the GPA Management Committee
EM/RC35/13 Poliomyelitis Eradication in the EMR
EM/RC35/14 Special Programme for Research and Training in Tropical Diseases - Nomination of a Member from EMR to the Joint Coordinating Board
EM/RC35/15 Promotion and Protection of Mental Health
EM/RC35/16 Regional Office Accommodation - Progress Report
EM/RC35/18 Final list of Documents

Technical Discussions
Socio-economic Implications and Urgent Need for Control

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EM/RC35/R.4 Hazardous Wastes: Control of Health Risks and Safe Disposal
EM/RC35/R.6 Declaration for Attainment of Basic Minimum Needs in Support of HFA
EM/RC35/R.8 Promotion and Protection of Mental Health
Socio-economic Implications and Urgent Need for Control
EM/RC35/R.10 Report on Progress in Health Manpower Development in the Region
EM/RC35/R.11 Relations with Non-governmental Organizations (NGOs) at Regional and National Levels - Review of Experience Gained
EM/RC35/R.12  Acquired Immunodeficiency Syndrome (AIDS)
EM/RC35/R.13  Rational Use of Drugs
EM/RC35/R.14  Poliomyelitis Eradication in the Eastern Mediterranean Region
EM/RC35/R.15  Health Situation of the Arab Population in the Occupied Arab Territories, Including Palestine
EM/RC35/R.16  Place and Date of Future Sessions of the Regional Committee
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III. DECISIONS

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Decision 4  Nomination of a Member State to the GPA Management Committee
Decision 5  Nomination of a Member State to the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases
Decision 6  Vote of Thanks to Regional Office Secretariat
Decision 7  Adoption of the Report