

Sixteenth Meeting of the Consultative Committee  
for Programme Development and Management,  
Bandung, Indonesia, 22 - 25 September 1989

**SEA/PDM/Meet.16/7**

25 September 1989

REPORT OF THE SIXTEENTH MEETING OF THE CONSULTATIVE COMMITTEE  
FOR PROGRAMME DEVELOPMENT AND MANAGEMENT

In pursuance of the directive from the Regional Committee that the CCPDM meet every six months to carry out a review of the implementation of the Organization's collaborative programmes in the Member States, the sixteenth meeting of the CCPDM was held at **Bandung**, Indonesia from 22 to 25 September 1989. A summary of the Committee's conclusions and recommendations are contained in this report, which has three distinct sections.

Section 1 contains the deliberations of the Committee on the "Forty-first Annual Report of the Regional Director", covering the period 1 July 1988 to 30 June 1989. This section may be considered by the Regional Committee in the plenary session along with agenda item No.9.

In Section 2, the comments of the CCPDM on the "Implementation of WHO's Collaborative Programmes in the Member States during the first eighteen months of the biennium 1988-1989, i.e. 1 January 1988 to 30 June 1989" are given. This section will be discussed by the Sub-Committee on Programme Budget.

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## INTRODUCTION

Pursuant to the decision of the thirty-fifth session of the Regional Committee that the Consultative Committee for **Programme** Development and Management (CCPDM) should meet every six months to undertake a review of the implementation of WHO collaborative programmes in the Member States of the Region, the Regional Director convened the sixteenth meeting of the CCPDM at Savoy Homman Hotel, **Bandung**, Indonesia, from 22 to 25 September 1989, with the following terms of reference:

- (1) review of the Forty-first Annual Report of the Regional Director for the period 1 July 1988 to 30 June 1989;
- (2) review of the Implementation of WHO's Collaborative Programmes in the Member States during the first eighteen months of the biennium 1988-1989, i.e., 1 January 1988 to 30 June 1989; and
- (3) review of reporting requirements to the Consultative Committee for Programme Development and Management.

In his introductory remarks, Dr D.B. Bisht, Director, Programme Management in the WHO South-East Asia Regional Office, referred to the background to the establishment of the CCPDM and said that the primary task of the CCPDM was to undertake a periodic review of the implementation of the Organization's collaborative programmes in the countries of the Region. The Committee had also been assigned important tasks relating to programme development and management, during the past few years, by the Regional Committee or by the Regional Director and its recommendations had been found useful both by the Member States and the Organization. The Member States had effectively utilized the mechanism of the CCPDM to participate in the formulation and implementation of the Organization's collaborative programmes, which had brought them closer together in their joint endeavour for the attainment of the social goal of health for all by the year 2000.

Mr Mohamed Rasheed of Maldives was elected as Chairman and Dr Somsak Chunharas of Thailand as Rapporteur. The list of participants is in Annex 1.

## Section 1

REVIEW OF THE FORTY-FIRST ANNUAL  
REPORT 'OF THE  
REGIONAL DIRECTOR  
FOR THE PERIOD  
1 JULY 1988 TO 30 JUNE 1989

REVIEW OF **THE** FORTY-FIRST ANNUAL REPORT OF **THE** REGIONAL  
DIRECTOR **FOR THE** PERIOD **1 JULY 1988** TO 30 JUNE 1989

The CCPDM noted that in pursuance to the directive of the thirty-fifth session of the Regional Committee, it had been undertaking since 1983 an **indepth** review of the- Regional Director's Annual Report. The need for the CCPDM to undertake such a review, in view of the duplication of efforts involved both by the CCPDM and the Regional Committee, was raised. The Committee felt that, as an advisory committee to the Regional Director, its most important assignment was to review programme implementation every six months and it should, therefore, devote more time to review critically the status of programme delivery at the country level with a view to identifying constraints encountered and advise the Regional Director on suitable remedial measures to overcome the constraints identified as well as ensure smooth and speedy programme delivery. The Committee felt that, in view of the limited duration of the meeting, which was held prior to the Regional Committee, and the need to do full justice to the main task of reviewing the implementation of WHO's collaborative programmes, it need not review the Regional Director's Annual Report and let it be taken up by the Regional Committee since a review of the Annual Report both by the CCPDM and the Regional Committee amounted to avoidable duplication of efforts. Also, as most of the members of the CCPDM were also either delegates or advisers at the Regional Committee, it was **felt** that the Regional Committee should-be the right forum for a review **of** the Regional Director's Annual Report. The CCPDM, therefore, recommended that this item be deleted from its terms of reference for the future meetings. However, the Regional Director's Annual Report would be included as an information document for the agenda item on the review of programme implementation during the sessions of the CCPDM held in September.

The CCPDM then reviewed the Forty-first Annual Report of the Regional Director (document **SEA/PDM/Meet. 16/4**) as per the schema at Annex 2, and noted with appreciation the numerous collaborative activities during the year that the Organization undertook in the countries of the Region in response to their needs, and made certain recommendations for consideration by the Regional 'Committee, which are presented in the following pages under respective subject and chapter headings.

**EXECUTIVE SUMMARY**

(pp.iii-xxiii)

The CCPDM found the information provided in the Executive Summary quite useful, as it gave a synopsis of activities undertaken by the Member countries in collaboration with WHO under the various programme areas and the progress achieved. In response to a query with regard to the **inclusion** of more detailed and recent information on funds budgeted and obligated by component, the Committee was informed that as the annual report covered a specific period, only a general picture with regard to programme implementation was provided in the Executive Summary. However, the report on implementation status- of **programme** delivery contained more detailed and

latest information by country, by programme and by component. The CCPDM made the following recommendation for consideration by the Regional Committee:

The Executive Summary should also focus on some of the major issues and constraints faced by the Organization and the Member countries in programme implementation.

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## SECTION I - **DIRECTION**, COORDINATION AND MANAGEMENT

### Chapter 1 - Governing Bodies (PP. 1-5)

The Committee noted that the write-up under Chapter 1.3 - World Health Assembly could be discussed in detail by the Regional Committee, while considering the agenda item on rescheduling of the World Health Assembly and meetings of other governing bodies (**RC** agenda item 18).

### Chapter 2 - WHO's General Programme Development and Management (PP. 6-17)

The Committee noted, with satisfaction, that continued efforts were made for the optimal management of WHO's resources in accordance with the agreed policies of the Organization through the joint Government/WHO mechanisms established at the country level. The Committee was informed that information systems at the Regional Office were being proposed to be strengthened or improved through the introduction of an AFI system and the establishment of a local area network (LAN). A minicomputer, when installed, would link countries and the Regional Office with other national and international bodies and would also make their databases accessible. The Committee noted that due to resource constraints, expansion of activities in this area was slow. The Committee was informed that **UNDP** would be providing support particularly to areas such as improved health care services, strengthening of laboratory services and laboratories and production of health learning materials.

The Committee was appreciative of the timely technical and financial support extended by the Organization to countries of the Region during the recent natural calamities and emergency situations. The efforts made by Bangladesh during floods and cyclones were much appreciated and the experience gained could help in the preparation of the plans for the prevention of adverse health consequences of natural disasters. The Committee was informed that the 1990s had been designated by the UN General Assembly as the International Decade for Natural Disasters Reduction (IDNDR). It was expected that the countries as well as the Regional **Office** would be undertaking important activities during this Decade.

The following points were recommended for consideration by the Regional Committee:

- (1) There was a need to strengthen and further improve the information system at the Regional Office and the country levels with a view to providing timely and ready information on technical and administrative aspects of programme development and management.
- (2) Coordination and collaboration between WHO and other UN agencies, especially **UNICEF**, should continue to be strengthened right from the programme formulation stage to achieve maximum benefit for the countries in their joint activities both at the country as well as regional levels.
- (3) As there had been a decline in funding from extrabudgetary resources towards health development activities, the countries should make special efforts to formulate viable and concrete proposals which should meet the **criteria and** targets established by funding agencies, particularly UNDP.
- (4) The countries should evolve their own methodology for rapid assessment of health consequences of natural disasters through development of certain institutions for research and planning and the establishment of focal points for natural disaster and emergency preparedness. They should take advantage of the regional action plan for disaster preparedness, as well as share country experiences in programme development and training of their personnel, particularly in epidemiological studies.

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## SECTION II - **HEALTH SYSTEM** INFRASTRUCTURE

### Chapter 3 - Health System Development (pp. 19-27)

The Committee noted that there was growing awareness among the Member States of the importance of health economics and alternate approaches to health care financing. Monitoring and evaluation of HFA strategies had also brought to light the need for organizing the work on collection and dissemination of information on a more rational, systematic and scientific basis. Though the Organization's edifice was built on equity and social

justice, unfortunately the health indicators and parameters vis-a-vis the socio-economic scene were not available to allow specific identification of the least served part of population.

The following point was recommended for consideration by the Regional Committee:

Special initiatives should be undertaken for ensuring that poor and deprived populations received better health care, and should include:

- developing and using indicators of health status;
- access to health care and quality of life;
- adequate resource allocation with decentralized authority and responsibility;
- extending **health** services to them, with their active participation in determining the nature and access of these services, and
- integration of health services with efforts of other sectors to promote integrated development.

#### Chapter 4 - Organization of Health Systems Based on Primary Health Care (pp. 28-35)

Much progress had been made in the promotion of primary health care in the countries of the Region. The Member States had increased health infrastructure coverage and also reiterated their commitment to primary health care and **HFA/2000** and beyond. Transfer of knowledge, skills and technology, including training of village-level health workers, contributed to self-reliance in communities. Greater efforts were needed for providing the much-needed primary health care to the urban populations.

The following points were recommended for consideration by the Regional Committee:

- (1) With rapid urbanization, particularly due to unplanned growth of the cities, a **sizeable** population lacked the basic health care. Therefore, there was a need to pay special attention to the development of urban PHC system.
- (2) Wherever PHC coverage has been adequately established, efforts should be made towards quality assurance and strengthening of the referral systems.

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Chapter 5 - Health Manpower Development  
(pp. 36-48)

Strengthening of training institutions, improving the health systems manpower development (HSMD), promotion of health manpower development research, etc. received increased attention with a view to reorienting medical education for ensuring the development of health manpower in consonance with the HFA objectives in the countries. Similar need for other categories of health manpower was also required, both in quantitative and qualitative terms. Problems and constraints in national health manpower development, including those relating to the implementation of the WHO fellowship programme were reviewed.

The following points were recommended for consideration by the Regional Committee:

- (1) In the true spirit of TCDC, the available mechanisms should be geared to utilize fully the WHO fellowship programme. Countries should take timely action for any reprogramming arising out of non-implementation of fellowships.
- (2) WHO should support the countries in undertaking research studies in health manpower development, both qualitatively and quantitatively, through reorientation of medical and health sciences education to suit the needs of the countries.

Chapter 6 - Public Information and Education for Health  
(pp. 49-52)

The countries of the Region continued to strengthen activities in the field of information and education for health through organization of various functions marking the World Health Day, the fortieth anniversary of WHO, No-Tobacco **Day** and the World AIDS Day, enabling the community to become partners in health development.

The following points were recommended for consideration by the Regional Committee:

- (1) WHO may support further development of health education activities at the **country** level by adopting new technologies, such as social marketing in the health sector.
- (2) More emphasis should need to be given to health behaviour research in order to provide for more effective health education approaches to the communities in addition to the production of appropriate health information materials.

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SECTION III - HEALTH SCIENCE AND **TECHNOLOGY** -  
**HEALTH PROMOTION AND CARE**

Chapter 7 - Research Promotion and Development  
(pp. 53-57)

Notable progress had been made by the countries of the Region in strengthening research capability and undertaking activities relating to research promotion and development for achieving the goal of **HFA/2000**. The major thrusts of the Organization's research programme were directed towards integration of health systems research and health behaviour research, transfer of health technology, exchange of technical information and reference and research material, and national health research capability development, including institutional strengthening. These research activities were reviewed at the fifteenth meeting of **SEA/ACHR** held in Jakarta, Indonesia, in June 1989.

The following point was recommended for consideration by the Regional Committee:

Although research in certain advanced technologies was being undertaken in the Region, more support was needed in promoting research in the utilization of advanced scientific technologies, such as DNA transfer technology.

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Chapter 8 - General Health Protection and Promotion  
(pp. 58-62)

Progress was noted in tackling the problems related to vitamin A deficiency and iodine-deficiency disorders in the countries, despite the obvious magnitude of the problem of malnutrition. Stress was laid on promoting actively the development of nutrition monitoring and surveillance capabilities in the countries of the Region. A suitable monitoring mechanism should be established to ensure utilization of appropriate strategy for both long- and short-term interventions.

The following point was recommended for consideration by the Regional Committee:

Support should be continued for the development of suitable information **system** for the monitoring of iodine-deficiency disorders and the logistics of iodine supply so that long-term efforts, as well as short-term interventions, can be better formulated and targeted.

Chapter 9 - Protection and Promotion of Health of Specific  
Population Groups (pp. 63-70)

Effective steps were taken by Member States for achieving the quality of health manpower involved in the delivery of MCH/FP and improving further

the health care of mothers and children. The maternal and infant mortality rates have not shown any significant changes as compared to previous years.

The following points were recommended for consideration by the Regional Committee:

- (1) There is a need to undertake a stratification of the population, based on infant mortality rates in the countries of the Region in order to identify the most vulnerable groups and to take action to provide appropriate health care to them on a priority basis.
- (2) With the introduction of HIV infection in the countries of the Region, the programme for the prevention of HIV infection could be a good entry point to bring about a much broader concern regarding the health and status of women in the society.

#### Chapter 10 -- Protection and Promotion of Mental Health (pp. 71-73)

The progress made by the countries of the Region in this programme area was noted.

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#### Chapter 11 - Promotion of Environmental Health (pp. 74-80)

The main thrust of the WHO programme on environmental health continued to be on provision of safe community water supply and sanitation facilities, institutional strengthening, manpower development, community participation, etc. Countries received support, particularly in the computerized management information **system**, improved operation and maintenance facilities, water quality surveillance and groundwater development. Support also continued for monitoring of food contamination and training of national staff in relevant fields. The increasing concern towards the issues of environmental health hazards in the countries was noted.

The following point was recommended for consideration by the Regional Committee:

Member Countries should take action as recommended by the regional consultation on IDWSSD held in New Delhi, in July 1988, through (a) the establishment of new targets for the period beyond the Decade, (b) prepare and review sector plan and **programme** and secure their incorporation in the overall national plan of the country; and (c) identify manpower and financial resources required to implement the action plan.

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Chapter 12 -- Diagnostic, Therapeutic and Rehabilitative Technology  
(pp. 81-89)

The Committee appreciated the support being provided to the countries for strengthening health laboratory services, particularly in relation to the strengthening of infrastructure, the introduction of appropriate technology and quality control measures and the development of country's capability for the production of reagents.

The following points were recommended for consideration by the Regional Committee:

- (1) There is a need for continued assessment of the advanced technologies so as to incorporate them in an appropriate manner towards better health care.
- (2) With regard to the provision of equipment, like BRS, to countries it is necessary to ensure that WHO specifications are met at the time of procurement to ensure that the countries received the right type of equipment/accessories to meet the needs of the programme.
- (3) The WHO information system needed strengthening in order to include information on the safety and efficacy of drugs and blood products available in the open market.

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SECTION IV - HEALTH SCIENCE AND TECHNOLOGY -  
DISEASE **PREVENTION** AND CONTROL

Chapter 13 - Disease Prevention and Control  
(pp. 91-132)

All the Member States have made considerable progress in **developing health** technologies for the prevention and control of communicable and noncommunicable diseases. There was a high rate of infant mortality in some countries of the Region. As regards EPI-targeted diseases, measles showed a high incidence rate in all countries of the Region. Malaria and other vector-borne diseases continued to be major public health problems, while the number of projects supported by the TDR Programme showed a declining trend. Specific goals and strategies were formulated by nine endemic countries of the Region for bringing all leprosy cases under MDT before the year 2000. In spite of the effective steps taken by all countries to prevent and control the spread of AIDS, the increase in the number of cases and detection of HIV positives among intravenous drug abusers were causing grave concern. The main thrust of the cancer control programmes remained on primary and secondary prevention of common preventable and treatable cancers.

The following points were recommended for consideration by the Regional Committee:

- (1) There was a need to ensure the quality of vaccine and the provision of facilities for cold chain and its maintenance. Training of personnel, particularly in remote rural areas, in cold chain maintenance should receive priority attention.
- (2) WHO should support exploration of the possibility of obtaining extrabudgetary resources for the control of malaria and other vector-borne diseases.
- (3) WHO should continue to provide support to countries for the control of malaria, particularly in the efforts for undertaking stratification measures.
- (4) Countries should formulate suitable research projects for support by the TDR Programme, by developing appropriate project protocols, with emphasis on operational research.
- (5) Efforts should be made to mobilize resources from extrabudgetary sources for tuberculosis control programmes.
- (6) More emphasis on social rehabilitation of leprosy patients needs to be paid along with multidrug therapy, in view of more cases returning to the community after successful treatment.

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## SECTION V - PROGRAMME SUPPORT

Chapter 14 - Health Information Support  
(pp. 133-137)

Most countries of the Region had fully operational **HeLLIS** networks providing access to national, regional and international literature. Support was provided from **MEDLINE/MEDLARS** systems by the Regional Office library to some countries.

The following point was recommended for consideration by the Regional Committee:

There is a need to ensure that the services provided under the **HeLLIS** network and **MEDLAR/MEDLINE** system were complementary to each other.

## Section 2

REVIEW OF THE IMPLEMENTATION OF THE  
WHO'S COLLABORATIVE PROGRAMMES IN THE MEMBER STATES  
DURING THE FIRST EIGHTEEN MONTHS  
OF THE BIENNIUM 1988-1989  
*i.e.* 1 JANUARY 1988 TO 30 JUNE 1989

REVIEW OF THE IMPLEMENTATION OF THE WHO'S COLLABORATIVE  
PROGRAMMES IN THE MEMBER STATES DURING THE FIRST EIGHTEEN  
MONTHS OF THE BIENNIUM 1988-1989,  
i.e. 1 JANUARY 1988 TO 30 JUNE 1989

The Committee noted that the working paper on the implementation of the Organization's collaborative programmes in the Member States during the first eighteen months of the biennium 1988-1989 (document SEA/PDM/Meet. 16/5), reflected a delivery rate of 69% for the Region as a whole in financial terms under the Regular Budget and that, if the pipeline activities under process in the Regional Office were also taken into consideration, the total delivery came to 89%; The Committee appreciated that the Secretariat had provided information on programme delivery as of 15 September 1989. The overall programme delivery had already reached 83%, and that fellowships and CSA components were lagging behind with a delivery rate of 69%.

The Committee noted with satisfaction that programme delivery during the current biennium showed a distinct improvement, as compared to 1986-1987, due to renewed efforts of the countries and the Organization. However, this should not lead to any slackening of effort because a sizeable amount of the country programme funds had yet to be obligated. In view of the fact that the WHO South-East Asia Region had to surrender nearly two million US dollars during the last biennium, owing to the large surplus of unobligated funds, the Committee urged 'the Member countries to give priority attention to the identification of activities to be implemented during the remaining three months of 1989, including reprogramming of resources and subject to the provision of adequate justification for transfer of funds from one activity to the other in view of the criticism expressed by the External Auditors about large-scale reprogramming during the later part of the biennium. It was imperative, the Committee felt, that the national authorities' and the Organization pooled their resources to ensure that full implementation of the 1988-1989 programme budget was achieved during the remaining period of the biennium.

The following points emerged from the discussions on the subject:

- (1) All countries, except India and Sri Lanka, had already achieved a rate of delivery of more than 86% as of 15 September 1989. However, with the pipeline activities still under processing in the Regional Office, it was expected that all countries would achieve full implementation.
- (2) About US\$3.6 millions had been obligated during the month of August 1989, of which S&E component accounted for US\$1.1 million, fellowship US\$957 000 and LCS US\$840 000. Again, during the first fortnight of September 1989, a sum of US\$1.4 million was obligated indicating that the obligation rate had picked up after June 1989.

- (3) In spite of the fact that the South--East Asia Region had attracted a larger share of additional reductions in the previous biennial programme implementation owing to its low rate of delivery and higher proportion of unobligated funds, had the highest percentage of unobligated funds as of 31 July 1989, in comparison to other **regions**, in the current biennium.
- (4) As implementation of fellowship programmes always presented problems, there was a greater need on the part of the countries to identify well in advance their requirements for utilization of the fellowships programme (irrespective of the formal approval of the budget by the World Health Assembly).
- (5) The Regional Office has been extending the necessary assistance to strengthening administrative aspects of the functioning of WR offices, through training in informatics for monitoring and reporting on programme implementation, provision of computers and additional equipment.
- (6) SEAR has developed its programme budget policy in consonance with the views and requirements of the Member States. In order to avoid reversion of unobligated funds to Headquarters, the SEAR policy provides for advance implementation of activities planned in the next biennium.
- (7) As regards LCS, an amount of **US\$3.2** millions still remained to be accounted for by the countries from the advances made in the previous several years and this had attracted criticism from the auditors. Although further release of funds for LCS activities had not been stopped, Member countries should ensure timely submission of accounts for completed activities.
- (8) As the planning process for WHO programme development started far ahead of the period of implementation, the countries experienced difficulties in formulating realistic programmes. This was due to the fact that national planning processes were often at different points in time than that of the WHO. This led to frequent and often massive programme changes, especially during the last quarter of the biennium, causing further delays in programme delivery. There was, therefore, a need to reduce the gap between the planning process and the commencement of implementation.
- (9) With a view to facilitating quicker and better programme delivery at the country level, additional authority had been delegated to the **WRs**, particularly in respect of programme changes. In addition, the delegation of authority to the **WRs** was being kept under constant review by the Regional Director.

The Committee made the following recommendations with regard to improving the programme delivery in the countries, especially the fellowships component:

- 1) There was a need to improve the mechanisms for better delivery under the fellowship component, which, by and large, accounted for slow or low delivery rate in view of procedural difficulties in the selection of candidates, language proficiency, placement in suitable training institutions, etc. In this connection, the recommendations made by the CCPDM at its ninth meeting in Chiang **Mai**, Thailand, and approved by the Regional Committee in September 1986, were relevant. The recommendations made at the Third South- East Asia Regional Conference on **WHO** Fellowship Programme, held in New Delhi in November/December 1988, were also pertinent, and should be kept in view by the countries and the Regional Office for effective implementation of fellowship programmes. There should be timely feedback from the Regional Office to the countries on the processing of various requests, especially under the fellowship component so that, in case of any difficulty in obtaining suitable placements for selected candidates, the country concerned would be able to reprogramme these funds well in advance for implementation of alternate planned activities.
- (2) The facilities available under the TCDC mechanism for the training of nationals within the Region should be fully exploited by the countries to develop their health manpower. The Regional Office should update the Directory of Training Institutions Within the Region, and distribute copies to the countries. The Regional Office should also obtain information on similar facilities available in other regions, especially EMR and WPR, and make it available to countries, In addition, it would be useful for the countries to know in advance about courses offered in various disciplines by training institutions in the developed countries and such information should be periodically disseminated to the countries by the Regional Office.
- (3) In cases where placements have been obtained by the Regional Office in training institutions, the countries should avoid last minute cancellation of fellowships awarded, as it adversely affected the image of the Organization and the government concerned and makes it additionally difficult to secure future **placements**.
- (4) As the Director-General is required to report to the Executive Board in 1991 on the evaluation of the **WHO** fellowship **programme** in the countries of the Region, the countries should follow the guidelines for the

implementation of the fellowships programmes, as approved by the Regional Committee in September 1986. The countries will be required to submit their report to the Regional Office on fellowships in 1990.

- (5) In case of reprogramming of unspent funds in their respective country programmes, the countries should provide appropriate justification for such reprogramming, showing the relationship of the new activities to the planned objectives of the **programme/project**, as well as the effect of such reprogramming on the objective/activities of the **programme/project** from which funds were diverted, if possible.
- (6) Country support team (CST) mechanism should be utilized by the countries keeping in view the terms of reference and method of functioning of the CST, particularly for the planning phase of the programme.
- (7) There should be effective monitoring and closer collaboration between the countries, the WR, and the Regional Office on the processing of pipeline activities, and there should be regular feedback from the Regional Office to the countries as to the extent of processing of such activities.
- (8) The allocation of resources for country activities was maintained at the level of the previous biennium by the Director-General. Any increase in such an allocation was a matter of policy to be raised by the countries at the World Health Assembly, as was explained by the Regional Director at the fifteenth meeting of the **CCPDM** in April 1989.
- (9) In view of the static level of resources under the Regular Budget, countries should make every effort to achieve proper and timely utilization of extrabudgetary funds in order to attract more resources from this source.
- (10) The planning process at the country level should be improved and further strengthened. In view of the large time gap which presently exists between the planning process and the commencement of implementation, the possibility of formulating a realistic programme budget nearer the implementation period should be explored, obviating the need for frequent programme changes. In this context, it would be appropriate for the Secretariat to submit a note to the Sub-Committee on Programme Budget of the forty-second session of the Regional Committee for consideration.

## Section 3

REVIEW OF THE REPORTING REQUIREMENTS  
TO THE CONSULTATIVE COMMITTEE FOR PROGRAMME  
DEVELOPMENT AND MANAGEMENT

REVIEW OF **THE** RRPORTING **REQUIREMENTS** TO **THE** CONSULTATIVE  
**COMMITTEE FOR PROGRAMME DEVELOPMENT AND MANAGEMENT**

The Committee noted that, as a result of several suggestions and recommendations made by it with regard to the presentation of **information** on technical and financial aspects of **programme** delivery, the background document on the implementation of WHO's collaborative **programmes** had undergone not only substantial qualitative changes in the presentation of the required information, but had also resulted in considerable quantitative increase in the volume of the document. Hence, the question of reducing the content and volume of documentation was discussed by the Committee at its fifteenth meeting held in April 1989 and, in accordance with its decision, the national officials concerned in the Member countries had been consulted, and their views on this issue obtained.

The Committee reviewed the comments and suggestions received from the countries, and noted that the majority of them considered the present style and manner of reporting quite adequate and there was no need to introduce any changes in the presentation of information in the background document relating to technical and financial aspects of programme delivery. In the circumstances, it recommended the maintenance of status quo.

## ANNEXES

Annex1

LIST OF PARTICIPANTS

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Annex 2

**SCHEMA FOR CONSIDERATION OF FORTY-FIRST ANNUAL REPORT  
OF THE REGIONAL DIRECTOR (DOCUMENT SEA/RC42/2)**

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Executive Summary (pp.iii - xxiii)

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SECTION I - DIRECTION, COORDINATION AND MANAGEMENT

Chapter 1: GOVERNING BODIES (pp.1 - 5)

Chapter 2: WHO'S GENERAL **PROGRAMME DEVELOPMENT AND MANAGEMENT**  
(pp.6 - 17)

- 2.1: Managerial Process for WHO's **Programme** Development
  - 2.2: WHO's Information System
  - 2.3: Health for All Leadership Development
  - 2.4: Staff Development and Training
  - 2.5: Coordination
  - 2.6: Health Emergency Preparedness and Response Operations
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SECTION II - HEALTH SYSTEM INFRASTRUCTURE

Chapter 3: HEALTH **SYSTEM DEVELOPMENT** (pp.19 - 27)

- 3.1: Health Situation and Trend Assessment
- 3.2: Managerial Process for National Health Development
- 3.3: Health Systems Research

Chapter 4: ORGANIZATION OF HEALTH **SYSTEMS** BASED ON PRIMARY  
HEALTH CARE (pp.28 - 35)

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Chapter 5: **HEALTH MANPOWER** DEVELOPMENT (pp.36 - 48)

- 5.1: Managerial Process for Health Manpower Development
- 5.2: Health Manpower Development Research
- 5.3:** Medical Education
- 5.4: Nursing Education
- 5.5:** Teacher Training
- 5.6: Health Learning Materials
- 5.7: Fellowships
- 5.8: Group Educational Activities

Chapter 6: **PUBLIC INFORMATION AND EDUCATION FOR HEALTH** (pp.49 - 52)

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SECTION III - HEALTH SCIENCE AND TECHNOLOGY - HEALTH PROMOTION AND CARE

Chapter 7: RESEARCH PROMOTION AND **DEVELOPMENT** (pp.53 - 57)

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Chapter 8: GENERAL HEALTH PROTECTION AND **PROMOTION** (pp.68 - 62)

- 8.1: Nutrition
- 8.2: Oral Health
- 8.3: Accident Prevention

Chapter 9: **PROTECTION AND PROMOTION OF HEALTH OF SPECIFIC**  
POPULATION GROUPS (pp.63 - 70)

- 9.1: Maternal and Child Health, including Family Planning
- 9.2: Human Reproduction Research
- 9.3: Workers' Health
- 9.4: Health of the Elderly
- 9.5: Women in Health and Development

Chapter 10: PROTECTION AND PROMOTION OF MENTAL HEALTH (**pp.71 - 73**)

- 10.1: Psychosocial Factors in the Promotion of Health and Human Development
- 10.2: Prevention and Control of Alcohol and Drug Abuse'
- 10.3: Prevention and Treatment of Mental and Neurological Disorders

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Chapter 11: **PROMOTION OF ENVIRONMENTAL HEALTH** (pp.74 - 80)

- 11.1: Community Water Supply and Sanitation
- 11.2: Environmental Health in Rural and Urban development and Housing
- 11.3: Control of Environmental Health Hazards
- 11.4: Food Safety.

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Chapter 12: **DIAGNOSTIC, THERAPEUTIC AND REHABILITATIVE TECHNOLOGY**  
(pp.81 - 89)

- 12.1: Clinical, Laboratory and Radiological Technology for Health Systems Based on Primary Health Care
  - 12.2: Essential Drugs and Vaccines
  - 12.3: Drug and Vaccine **Quality**, Safety and Efficacy
  - 12.4: Traditional Medicine
  - 12.5: Rehabilitation
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SECTION IV -- HEALTH SCIENCE AND **TECHNOLOGY** - DISEASE PREVENTION AND CONTROL

Chapter 13: DISEASE PREVENTION AND CONTROL (pp.91 - 132)

- 13.1: Immunization
  - 13.2: Disease Vector Control
  - 13.3: Malaria
  - 13.4: Parasitic Diseases
  - 13.5:** Tropical Diseases Research
  - 13.6:** Diarrhoeal Diseases
  - 13.7:** Acute Respiratory Infections
  - 13.8:** Tuberculosis
  - 13.9: Leprosy
  - 13.10: Zoonoses**
  - 13.11:** Sexually-Transmitted Diseases
  - 13.12:** Other Communicable Diseases
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- 13.13:** Prevention of Blindness
  - 13.14: Cancer
  - 13.15: Cardiovascular Diseases
  - 13.16: Other Noncommunicable Diseases
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SECTION V -- **PROGRAMME** SUPP'ORT

Chapter 14: **HEALTH** INFORMATION SUPPORT (pp.133 - 137)

- 14.1:** Health Literature and Library Services  
(including **HeLLIS**)
- 14.2: Publications and Documents

Chapter 15: SUPPORT SERVICES (pp.138 - 143)

- 15.1:** General
- 15.2: Personnel
- 15.3:** General Administrative Services
- 15.4: Budget and Finance
- 15.5: Supplies and Equipment

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