



*Twenty-eighth Meeting of the Consultative Committee  
for Programme Development and Management  
Colombo, Sri Lanka, 8-11 September 1995*

SEAIPDM/Meet.28/8

11 September 1995

*Agenda item 7*

## REPORT OF THE TWENTY-EIGHTH MEETING OF THE CONSULTATIVE COMMITTEE FOR PROGRAMME DEVELOPMENT AND MANAGEMENT

THE TWENTY-EIGHTH meeting of the CCPDM was held in Colombo, Sri Lanka, from 8 to 11 September 1995. The Committee's conclusions and recommendations on the four subjects included in the Agenda are contained in Sections 5 to 8 of this report.

Section 5 contains the observations and recommendations of the CCPDM on the regional health situation and their bearing on priority determination in WHO programme development in the South-East Asia Region, with particular reference to the eradication of poliomyelitis. This will be considered by the Regional Committee under Agenda item 10.

**Section 6** contains the observations of the CCPDM on resolutions of regional interest adopted by the Forty-eighth World Health Assembly and decisions of the ninety-sixth session of the Executive Board. This section will be considered by the Regional Committee under Agenda item 11.

Section 7 contains the comments of the CCPDM on the draft provisional agendas of the ninety-seventh session of the Executive Board and the Forty-ninth World Health Assembly. This section will be considered by the Regional Committee under Agenda item 8.

**Section 8** contains the deliberations and recommendations of the CCPDM on the consultative process on renewing the Health-for-All Strategy. This section will be considered by the Regional Committee under Agenda item 13.

## 1. INTRODUCTION

The twenty-eighth meeting of the Consultative Committee for Programme Development and Management (CCPDM) was convened by the Regional Director in Colombo, Sri Lanka, from 8 to 11 September 1995, with the Agenda as contained in Annex 1.

## 2. INAUGURAL SESSION

The meeting was opened by Dr M. Zakir Husain, Director, Programme Management, on behalf of the Regional Director. In his inaugural address, Dr Husain welcomed the participants and extended his warm greetings.

He said that the terms of reference of the CCPDM, which usually looked at programme implementation in detail over a period of time, had been changed in 1994. These terms of reference had moved towards a macro-level review of the regional health situation which could be taken into account in country, intercountry and regional collaboration by WHO. He referred to two Agenda items of topical interest at the current meeting, viz., review of the regional health situation and trends, with special reference to the eradication of poliomyelitis, and the renewing of the health-for-all strategy. He said that the CCPDM, at its twenty-seventh meeting, had carried out a general review of the regional health situation and trends. The current meeting would undertake an in-depth review of the regional situation of poliomyelitis. The South-East Asia Region had adopted a strategy of "National Immunization Days", which had helped to enhance mass awareness, political commitment and community action while, at the same time, improving intersectoral coordination. He urged the representatives to present their observations on the eradication of poliomyelitis from their country perspectives.

He said that as part of the WHO-wide reform process, an elaboration on renewing of the HFA strategy had been launched. Following a resolution adopted by the Forty-eighth World Health Assembly on the subject, WHO and the Member States were embarking on extensive consultation processes for renewing the health-for-all strategy at national, regional and global levels. WHO had developed a consultative reference document. He suggested that the representatives note the working paper and the document, particularly on the proposed policy framework and the consultation process since country formulation of the new HFA policy strategy would be the bedrock of regional and global HFA strategy. He hoped that the deliberations and guidance of the CCPDM would be useful for discussion at the Regional Committee and for follow-up action by Member States and WHO.

While wishing the meeting success in its deliberations, he expressed the hope that it would formulate useful recommendations.

## 3. ELECTION OF CHAIRMAN AND RAPPORTEUR

Mr M.A. Majid (Bangladesh) was elected Chairman, and Dr B.D. Chataut (Nepal) as Rapporteur of the meeting.

## 4. ADOPTION OF AGENDA (*Agenda item 2*)

The Committee adopted the Agenda as contained in document SEA/PDM/Meet.28/1 (Annex 1). The programme of the meeting and the list of participants are given in Annexes 2 and 3 respectively.

## 5. REGIONAL HEALTH SITUATION AND ITS BEARING ON PRIORITY DETERMINATION IN WHO PROGRAMME DEVELOPMENT OF THE SOUTH-EAST ASIA REGION, WITH REFERENCE TO THE ERADICATION OF POLIOMYELITIS (*Agenda item 3*)

The CCPDM noted that, pursuant to the revision of its terms of reference, this Agenda item had been included as part of an ongoing effort to review the regional health situation and its bearing on priority determination

in the WHO collaborative programmes with the Member Countries of the Region. These programme reviews would also help identify the constraints encountered at country and regional levels and in readjusting the strategies. In a brief review of the regional health situation, the Committee noted the decline of mortality and morbidity in general, though the infant and maternal mortality rates in some countries of the Region were still high. Changes in the morbidity and mortality patterns in the Region during the past decade reflected a decline in EPI-targeted diseases and leprosy. At the same time, there was an emergence of new diseases, such as HIV/AIDS, and a re-emergence of infectious diseases, such as cholera and plague. The emergence of noncommunicable diseases, such as CVD and cancer, had further compounded the situation.

While reviewing the background document (SEA/PDM/Meet.28/4), the Committee noted that the South-East Asia Region accounted for a high proportion of the total polio cases in the world and, as such, required particular attention. Most countries of the Region were endemic for wild polio and the majority of the cases were children of under 5 years. Since the epidemiological situation varied from country to country, there could not be a common approach in regard to disease eradication. Within the countries too, there were significant variations. The observance of National Immunization Days or Weeks (NIDs/NiWs) had facilitated high coverage by immunization, and mobilization of financial and technical resources as well as the commitment of the community to the goal of polio eradication.

During the discussion, the following observations were made:

- More attention needs to be given in countries with low immunization coverage, because, unless the Region as a whole achieved immunization targets, countries would not be able to achieve success in polio eradication.
- In addition to improving and sustaining high coverage by routine immunization, National Immunization Days/Weeks should be organized continuously over a period of 3-5 years.
- Support of multilateral and bilateral donor agencies is essential for the success of the polio eradication programme.
- The importance of laboratory support for the programme was stressed.
- While sustaining the high coverage of routine immunization for all antigens, other prevention and control measures should also be strengthened.
- The idea of "tranquillity days" in areas of civil strife, for the implementation of National Immunization Days, was supported.
- Post-eradication surveillance is essential for achieving success in the programme.
- In the context of interregional and intercountry collaboration, there is a need for close cooperation with neighbouring countries, especially in border areas. In order to support this, there is also a need for the WHO Regional Offices and the WRs' offices to establish closer cooperation and to identify constraints in order to overcome them.
- Bilateral technical cooperation among countries, as also the involvement of voluntary NGOs and the private sector, should be encouraged.
- While cost-saving was an interesting aspect, it was difficult to make an estimate of the saving that might accrue as a result of the eradication of polio.

After further discussions, the Committee made the following recommendations:

- (1) Countries should be encouraged to implement National Immunization Days/weeks each year continuously over a period of 3-5 years.
- (2) Surveillance, including mopping-up operations and quick response to outbreaks, should be strengthened with a view to sustaining the eradication status of the programme.
- (3) WHO should take steps to further strengthen regional and intercountry collaboration in the implementation of the programme, especially in border areas.

- (4) WHO should continue to support resource mobilization efforts of the countries to implement the programme.

## **6. REVIEW OF RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE FORTY-EIGHTH WORLD HEALTH ASSEMBLY AND OF DECISIONS OF THE NINETY-SIXTH SESSION OF THE EXECUTIVE BOARD (Agenda item 4)**

The CCPDM was informed that, in accordance with its revised terms of reference, selected decisions and resolutions of the Forty-eighth World Health Assembly and the ninety-sixth session of the Executive Board were being brought to the attention of the CCPDM for review prior to discussion of the same by the Regional Committee. The working document (SEA/PDM/Meet.28/5) contained ten resolutions of the World Health Assembly and five resolutions of the Executive Board.

After a review of the resolutions, the Committee made the following observations:

- Countries of the Region prone to natural disasters had initiated necessary action to strengthen their respective national programmes on emergency preparedness and management. A plan had already been drawn up to establish a regional centre for disaster preparedness and management in Bangladesh in order to support the countries in emergency situations.
- WHO should continue to extend necessary support to countries in revising/updating the international health regulations.
- The countries had taken necessary steps to improve the relevance and quality of medical education programmes in the context of renewing the HFA strategy and to combat new, emerging and re-emerging communicable diseases.
- As a follow-up to the International Conference on Population and Development, countries had further strengthened their national programmes on reproductive health, which, in some countries, encompassed child survival and safe motherhood.
- Countries of the Region had taken legal measures to control the use of tobacco. In this context, there was a need for unified action, through the mass media and other ways, to counter the propaganda being generated by multinational and national tobacco companies against the health authorities. The involvement of nongovernmental organizations should be encouraged in changing people's behaviour so that they give up the use of tobacco.
- In most countries of the Region, activities related to integrated management of the sick child are carried out through CDD/ARI programmes.
- Countries had also taken the necessary measures to develop comprehensive plans for surveillance and laboratory facilities for rapid diagnosis and management in the context of prevention and control of new, emerging and re-emerging infectious diseases. At the regional level, two intercountry consultations had been organized to assess the situation with a view to preparing the countries and WHO for tackling the future situation.
- The Committee noted the progress made by the Organization in bringing about reforms in the programme budgeting process, laying stress on strategic programme budgeting with emphasis on the development of activities with clearly-identified products. Related to this, the Committee noted the DG's statement, in the introduction to the 1996-1997 draft Programme Budget, that it was the seventh consecutive biennium where a zero-growth budget was being presented.
- The Committee also noted the trend in the shift of resources to priority areas as identified by the Governing Bodies.

It was pointed out that two resolutions of regional importance, viz., the Joint and Co-sponsored UN Programme on HIV/AIDS (UNAIDS) QVHA48.30) and the review of the WHO constitution (WHA48.14), had

not been included among the ten resolutions presented to the Committee. It was clarified that with regard to the resolution on UNAIDS, the functioning of the programme at the country level was yet to be clarified, although the programme did envisage coordination of country activities of the UN Agencies in providing assistance and support to the national programmes. Also, the funding of the programme was yet to be determined. It was not clear whether WHO was expected to allocate a certain portion of its budget for the country programme. There were still many uncertainties and unresolved issues even though the UNAIDS programme was expected to become operational from January 1996. This subject would be further deliberated upon by the Regional Committee during its current session, under a separate agenda item.

As regards the resolution on the review of the WHO constitution, it was clarified that the matter was still in a preliminary stage and no actual revision of the constitution was contemplated yet. The Executive Board, at its ninety-seventh session, would review whether all parts of the Constitution of the Organization were appropriate and relevant, and whether there was a need to review the Constitution. At this stage, the countries should be aware of the contents of the resolution and might make their comments/observations in the Regional Committee meeting, under agenda item 12 (WHO Response to Global Change - Progress Report).

The Committee felt that, in future, some background information on resolutions, where relevant, should be provided.

## **7. EXAMINATION OF THE AGENDAS OF THE NINETY-SEVENTH SESSION OF THE EXECUTIVE BOARD AND THE FORTY-NINTH WORLD HEALTH ASSEMBLY WITH REGARD TO THEIR REGIONAL IMPLICATIONS** (*Agenda item 5*)

In accordance with the revised Terms of Reference of the CCPDM, the draft agendas of the Forty-ninth World Health Assembly (WHA49) and the ninety-seventh session of the Executive Board (EB97) were being brought to the attention of the CCPDM for its review before they were considered by the Regional Committee under its Agenda item 8.

The Committee examined the draft agendas of WHA49 and EB97, and noted the correlation of their work with that of the Regional Committee, in that four items being considered by the Regional Committee at its current session would also be reviewed by the Executive Board and World Health Assembly at their respective sessions in 1996. In this regard, the CCPDM recommended that in future the working paper related to this agenda item and the one on resolutions of regional interest should be brought out as one document, with appropriate background information.

## **8. REVIEW OF THE CONSULTATIVE PROCESS ON RENEWING THE HEALTH-FOR-ALL STRATEGY** (*Agenda item 6*)

While reviewing the background document, the Committee noted that the Executive Board, in January 1995, had reviewed the Director-General's report on WHO's Policy and Mission and suggested that the World Health Assembly request the Director-General to take appropriate steps to elaborate a new global health policy. In May 1995, the Forty-eighth World Health Assembly deliberated on the subject and adopted a resolution (WHA48.16) requesting the Director-General to initiate appropriate steps, in consultation with Member States, to obtain their views on health challenges and major policy orientations resulting from national consultations in order to use them as a basis for the elaboration of the global health policy. Subsequently, WHO prepared a consultation document "Renewing the Health-for-All Strategy - Elaboration of a policy for equity, solidarity and health" (WHO/PAC/95.1) that provides the framework, with a view to assisting Member States in participating effectively in the consultation process. In this context, the Regional Office for South-East Asia organized an Informal Consultation on the Renewal of the Health-for-All Strategy in New Delhi on 3-4 August 1995. The outcome of the discussions of this meeting was noted by the CCPDM.

During the discussion that ensued, the following points emerged:

- The CCPDM, while stressing the continued validity of Health For All as a timeless aspirational goal, recognized that it may not be universally attainable by the year 2000. The targets for reaching the goal should be set for another 20-25 years and socioeconomic and political changes taken into account. At the same time, it was necessary to think beyond the health sector.
- It was imperative that clear targets and vision needed to be established while renewing the HFA strategies in order to enable the Member Countries to attain the goal. The countries should evolve their own targets and strategies through national consensus. The framework described in the WHO consultation document will be used as a basis for comparative analysis and for defining future action.
- It was necessary to analyse why the health scenario in some countries continued to be bleak despite good health infrastructure.
- Political action for health needed to be translated into concrete and practical action. Countries should find ways to do this, especially in the area of ensuring health accountability, enhancing technical leadership and taking initiative etc.
- There was a need to put health high on the political and developmental agendas. Reduction of poverty and its health consequences can contribute significantly to the health of a nation.
- The consultation process is relevant and valid in the sense that it stimulates the countries to prepare for serious health challenges of the coming decades. The process should also be broad-based, involving all partners, and evolve within the national planning mechanism.
- The process of elaboration and adoption of the renewed HFA policy and strategies should begin at the country level, and the strategies should be country-specific and emerge from broad-based consultations.
- There was a need to identify factors which affect health and related trends, and to reassess health programmes and targets in the light of recent political, socioeconomic and environmental changes. This process should begin in the countries.
- Information on how good health can contribute to the reduction of poverty and its health consequences should be made available, with concrete examples, for others to review and adapt.
- There was a need to improve the information system in order to have valid, disaggregated and decentralized data for monitoring and evaluating Health for All.
- Improvement of the status of women and an increase in literacy rates, especially of women, should be highlighted in the implementation of HFA strategies.
- There was a need to mobilize financial resources from the community and the private sector within a country, in addition to enlisting the support of international agencies.
- Though other partners can play catalytic roles in the attainment of the goal of HFA, the countries have to take the initiative to implement the strategies and to allocate more resources to the health sector in their national budgets.
- Health care at the secondary and tertiary levels need to be strengthened in order to have easy accessibility and better utilization.
- Innovative attitudes should be explored for bringing about behavioural changes to protect and promote health.

After the discussion, the Committee made the following recommendations:

- (I) Extensive consultation processes should be initiated at sub-national, national, sub-regional and regional levels, in accordance with the schedule agreed upon by the Forty-eighth World Health Assembly. These consultations should fully involve all partners in health e.g. public and private organizations, including NGOs, international agencies, and academic and research institutions.

- (2) Consensus on the health challenges for the next 20 years and the strategies to combat them should be evolved, while, at the same time, assuring the strengthening of planning and managerial capacities of the countries.
- (3) An elaboration of health challenges, programme targets and strategies should be made within the framework of the national health development planning processes.
- (4.) In addition to the existing methodology and mechanisms for intensive consultations, new and innovative approaches should be initiated in order to have wider involvement of all relevant partners, stretching beyond the health sector.

## **9. ADOPTION OF REPORT (*Agenda item 7*)**

The CCPDM adopted the report of its twenty-eighth meeting as contained in the document SEA/PDM/Meet.28/8 with certain changes.

## **10. CLOSURE**

The Regional Director thanked the participants for critically reviewing the Agenda items of the meeting and for making useful contributions during the deliberations. This had been an important meeting in view of the fact that the CCPDM was required to review the consultation process related to the renewal of the Health-for-All Strategy, which was one of the Agenda items of the ensuing Regional Committee meeting.

Dr Uton said that the CCPDM had, in recent times, shifted its concern from routine budget implementation review to more substantive review of health situations and trends. Such reviews allowed the CCPDM to identify priority health problems where regional cooperation and WHO collaboration could make a bigger impact on national health development. The views of the CCPDM on the eradication of poliomyelitis would help to sustain the campaign through concerted country level and regional actions in a spirit of solidarity and mutual help. The discussions at the CCPDM meeting would assist the members of the Executive Board from this Region in putting forward the interests of the Region at the sessions of the governing bodies. In conclusion, he expressed the hope that the participants had had a pleasant stay in Colombo.

The Director, Programme Management, congratulated the Chairman and the members of the CCPDM for their active participation and for bringing the meeting to a smooth conclusion. He said that it had been a wonderful experience to have such open, useful and informal discussion. The Regional Office had benefited a great deal from the observations of the participants, which the Secretariat had taken note of and which would be followed up. Over the past few years, the CCPDM had taken up more substantive issues than routine budgetary implementation review. He expressed the hope that in the years to come its meetings would prove even more productive and would further benefit programme development and management at the country level. He expressed appreciation of the facilities and courtesies extended by the host government as well as of the support of the secretariat, which had helped the meeting come to a successful end.

The Chairman extended his heartfelt thanks to all the participants and the Rapporteur for their active participation and for their spirit of cooperation and solidarity. During the meeting many new ideas had emerged and the participants had benefited tremendously by the exchange of views. Their contribution would certainly help to improve the health of the people in the Member Countries. He thanked the Regional Director for his valuable address, and the members of the Secretariat for their valuable support as well as for providing useful documentation.

He then declared the meeting closed.

*Annex I*

AGENDA\*

1. Opening of the meeting
2. Adoption of Agenda
3. Review of the regional health situation and its bearing on priority determination in WHO programme development of the South-East Asia Region, with reference to the eradication of polio
4. Review of resolutions of regional interest adopted by the Forty-eighth World Health Assembly and decisions of the ninety-sixth session of the Executive Board
5. Examination of the agendas of the ninety-seventh session of the Executive Board and the Forty-ninth World Health Assembly with regard to their regional implications
6. Review of the consultative process on Renewing the Health-for-All Strategy
7. Adoption of report and closure.

Annex 2

PROGRAMME\*

Friday, 8 September 1995

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|-----------------|--|
| 0900 - 0930 hrs | Agenda item 1 - Opening of the meeting and election of Chairman and Rapporteur<br>Agenda item 2 - Adoption of Agenda   |
| 0930 - 1100     | Agenda item 3 - Review of the regional health situation and its bearing on priority determination in WHO programme development of the South-East Asia Region, with reference to the eradication of polio |
| 1100 - 1200     | Agenda item 4 - Review of resolutions of regional interest adopted by the Forty-eighth World Health Assembly and decisions of the ninety-sixth session of the Executive Board                            |
| 1400 - 1515     | Agenda item 5 - Examination of the agendas of the ninety-seventh session of the Executive Board and the Forty-ninth World Health Assembly with regard to their regional implications                     |
| 1530 - 1700     | Agenda item 6 - Review of the consultative process on Renewing the Health-for-All Strategy   |

Saturday, 9 September 1995

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|-----------------|--|
| 0900 - 1000 hrs | Agenda item 6 - Review of the consultative process on Renewing the Health-for-All Strategy - Continued |
| 1130 - 1230 hrs | Chairman and Rapporteur to meet with the Secretariat to finalize draft report                          |

Monday, 11 September 1995

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| 1000 hrs | Agenda item 7 - Adoption of report and closure |
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## Annex 3

## LIST OF PARTICIPANTS

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Dr Than Sein, Director, Planning, Coordination  
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Mr S. Vedanarayanan, Administrative Officer  
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