



REGIONAL COMMITTEE

SEA/RC47/28

Forty-seventh Session

28 August 1994

**DRAFT FINAL REPORT
OF
THE FORTY-SEVENTH SESSION OF
THE REGIONAL COMMITTEE**

REGIONAL COMMITTEE DOCUMENT

INTRODUCTION

THE FORTY-SEVENTH SESSION of the Regional Committee for South-East Asia was held in Ulaanbaatar, Mongolia, from 23 to 29 August 1994. It was attended by representatives of all the eleven Member States of the Region. The representatives of UNDP and UNFPA in Mongolia and of three nongovernmental organizations having official relations with WHO attended.

In the absence of the Chairman of the forty-sixth session, the meeting was declared open by the Vice-Chairman, Mr U Kyi Soe. It was inaugurated by the Minister of Health of Mongolia, His Excellency Dr P. Nymadawa, who delivered the inaugural address. The inaugural session was also addressed by the Regional Director, who read out a message from the Director-General, who could not be present at the inaugural session.

A Sub-committee on Credentials, consisting of representatives from DPR Korea, Indonesia, Nepal and Thailand, was constituted. The representative of Nepal was elected Chairman of the Sub-committee, which held its meeting and presented its report (SEA/RC47/25), based on which the Regional Committee recognized the validity of the credentials presented by the representatives of all the Member States.

The Regional Committee elected the following office-bearers:

Chairman : Mr D. Bayarsaihan (Mongolia)

Vice-Chairman : Dr M.A.L.R. Perera (Sri Lanka)

The Regional Committee reviewed the draft provisional agendas of the ninety-fifth session of the Executive Board and the Forty-eighth World Health Assembly (SEA/RC47/21). It established a Sub-committee on Programme Budget consisting of representatives from all Member States, and adopted its terms of reference (SEA/RC47/5). Under the chairmanship of Dr Jigmi Singay (Bhutan), the Sub-committee held two meetings and submitted its report (SEA/RC47/26 Rev.1), which was adopted by the Regional Committee.

The Regional Committee elected Dr Hadi M. Abednego (Indonesia) as Chairman of the Technical Discussions on 'Resurgence of tuberculosis - The challenge', and adopted the agenda for these discussions (SEA/RC47/5 and Add.1). The conclusions and recommendations arising out of these technical discussions (SEA/RC47/27), which were held on 25 August 1994, were presented to the Regional Committee, which endorsed them and also adopted a resolution (SEA/RC47/R___).

A drafting committee consisting of representatives from Bangladesh, Bhutan, India, Maldives, Mongolia and Sri Lanka was formed. The drafting committee met in four sessions and drafted eleven resolutions. The Regional Committee met in eight plenary meetings, and adopted eleven resolutions, which have been issued separately in the resolution series and are incorporated in Part I of this report.

The Committee agreed that Myanmar continue as a member of the Management Committee of the Global Programme on AIDS until its last meeting, scheduled for April 1995. India was nominated to the Joint Coordinating Board of the WHO Special Programme for Research and Training in Tropical Diseases; Indonesia was nominated to the Policy and Coordination Committee of the WHO Special Programme for Research, Development and Research Training in Human Reproduction; and

Sri Lanka was nominated to the Management Advisory Committee of the Action Programme on Essential Drugs.

The Regional Committee decided to hold its forty-eighth session in Colombo, Sri Lanka, in 1995, and noted with appreciation the offer of the Government of the Union of Myanmar to host the forty-ninth session in Yangon, Myanmar, in 1996.

The Committee decided to hold Technical Discussions on the subject of 'Alternative Health Care Financing' during its forty-eighth session in 1995.

Parts II, III and IV contain summaries of the Regional Committee's discussions.

Part I

RESOLUTIONS

THE resolutions adopted by the Regional Committee are issued in a separate resolution series (SEA/RC47/R____) and will be incorporated in the final version of this report.

Part II

DISCUSSION ON THE REPORT OF THE REGIONAL DIRECTOR 1 JULY 1993 - 30 JUNE 1994

PRESENTING his annual report (July 1993 to June 1994), the Regional Director said that WHO's collaborative programme in the Member Countries had made a visible contribution to the progress by the Member States towards the goal of Health For All despite severe financial constraints. He assured the Regional Committee of WHO's continued support in the realization of the health goals of the Member States.

In pursuance of the importance attached to technical cooperation among Member Countries of the Region, reiterated at earlier meetings of ministers of health, WHO had played a supportive role in the possible establishment of an emergency preparedness and response centre for Asia and the Pacific in Bangladesh.

The Regional Committee noted the importance of the role of epidemiology, and called for further strengthening of epidemiological surveillance and greater attention to the use of epidemiological information and improved laboratory support in the countries. While Member Countries had continued to give high priority to child survival and women's health, infant and maternal mortality rates continued to remain high in many countries.

In the field of immunization, the Committee noted that with high rates of immunization, improved disease surveillance and a decrease in the reported cases of EPI-preventable diseases, the countries had embarked on initiatives aimed at eradication of polio and neonatal tetanus and reduction in the incidence of measles.

Referring to the severe socioeconomic constraints being faced by many countries in the Region, which were hampering health development efforts, the Committee urged that greater efforts be made to mobilize additional resources for health development. The need for closer financial and technical coordination among all external agencies supporting health programmes to achieve greater impact was stressed. With the UN agencies, the Asian Development Bank and the World Bank becoming increasingly involved in social sector development, it was a challenge as well as an opportunity for countries and WHO to augment the flow of resources to the health sector and other sectors that contributed to health development.

Without reducing the importance of sustaining primary health care, strengthening district health systems and appropriately training health workers, the Committee noted that attention should now also be paid to developing secondary and tertiary-level care to improve the credibility of the health system based on primary health care.

In this regard, it was essential to mobilize all possible resources for the health sector, since governments could not exclusively bear the burden of providing health care to their entire populations. Therefore, the private sector had to play a significant role in secondary and tertiary-level care within the nationally determined guidelines.

Recognizing the need to strengthen health care, particularly at the peripheral level, the Committee noted the efforts made by many Member Countries to strengthen health systems at the district level.

Stressing the need for strengthening epidemiological services, the Committee felt that a regional collaborative approach might be useful, particularly in view of the critical importance of epidemiological surveillance and capacity building for monitoring the elimination of leprosy and EPI-targeted diseases. Mechanisms for sentinel surveillance and collection of epidemiological data were essential for the achievement of these targets.

Referring to WHO's intensified technical cooperation with countries in greatest need (IWC), the Committee observed with satisfaction that under this initiative, specific activities in health sector review and policy analysis, studies in health economics and health care financing and the development of a human resources master plan had been supported.

In support of the development of human resources for health, the Committee highlighted the contributions of WHO's fellowships programme. It also stressed the need for developing an updated inventory to facilitate easy access to information regarding the availability of placements, grants and fellowships in various countries. Cost-effective standard packages of short-term fellowships/study tours should be developed, and the award of national fellowships of acceptable quality explored.

Stressing the need to improve the quality of medical education, the Committee noted with appreciation WHO's continuing endeavours in the reorientation of medical education and quality assurance.

Due to increasing competition from the private medical care sector in some countries, doctors were moving from public services to the private sector, thereby undermining the capacity of government hospitals to maintain quality care.

Regarding the state of nursing and midwifery education and services, the Committee underlined the importance of curriculum revision and improving the quality of education and practice, particularly in the context of the Safe Motherhood Initiative and reduction of maternal mortality as well as the improvement of medical and nursing care at peripheral-level institutions.

The Committee stressed the need to accord renewed priority and allocate necessary resources to public information and health education as a means of creating health awareness among the people and to promote health behaviour in families and communities. It was important to keep in mind the socioeconomic and cultural differences in the Region and within countries while planning health communication messages and methods. Considering the vast amount of information and education materials available in different countries, the need to exchange such information and material for appropriate adaptation was stressed, as was the introduction of innovative and effective media technologies.

Emphasizing the importance of health learning materials, the Committee urged support for the production of such materials, particularly in critical areas of greatest need and where there was potential for greater impact. The need for research in and evaluation of IEH programmes was necessary since the use of available services by the community could not be taken to be an impact of IEH message delivery. There was a need to adapt the communication techniques that have been used successfully in the private sector.

The Committee highlighted the importance and need to strengthen comprehensive school health education programmes, through close collaboration with the ministries of health and education which would help to inculcate in the young all aspects of healthy living.

The Committee underlined the importance of regular interaction with the mass media to create a positive impact for health promotion, and to promote healthy behaviour. Collaboration with nongovernmental organizations could be intensified in this regard.

Referring to accident prevention and trauma care management, the Committee noted that accidents were emerging as one of the leading causes of mortality and disability in the countries of the Region in view of increasing industrialization and urbanization, and the growing number of small-scale industries. Data collection relating to accidents should be incorporated in national health information systems. Prevention was a major part of trauma care and required considerable resources but had the potential of greater impact, while mortality could be reduced by providing immediate medical care to accident victims.

In order to reduce motor traffic accidents, there was an urgent need for coordinated action between different sectors as well as political commitment at the highest level. Ministries of health, however, had to play a leading role since it was the health authorities who had to deal with the immediate and long-term physical effect of accidents. Simultaneously, it was essential to enforce safety laws and regulations through widespread information and educational efforts. The preventive aspects of trauma care could be combined with disability prevention activities in a balanced manner.

The Committee called for the standardization of traditional medicines through the promotion of quality assurance. Exchange of information among the Member Countries in this regard would be very useful. Though traditional medicines were found effective in treating the chronically ill, there was a lack of scientific research in this area, which merited attention.

In research promotion and development, the Committee identified the urgent need for multicentre research on drug-resistant *P. falciparum*, research on adaptation and transfer of diagnostic technology for basic health care, health policy research, and research in ecology and the environment in relation to health and safe disposal of toxic waste materials.

Referring to the problem of mental health, the Committee felt that it had to be dealt with in a comprehensive manner by integrating mental health care into existing basic health services and by providing adequate training to general medical and paramedical personnel. Since mental illness affected many millions in the Region, it was essential, *inter alia*, to create the necessary social awareness among the people to promote an open approach and community and family-based care of the mentally ill.

The Committee felt that, while high priority was accorded to maternal and child health, maternal and infant mortality rates in some countries of the Region were still unacceptably high. These could be reduced by improving, among other things, pre-natal and ante-natal care. Due to the high population growth rates in some countries, it was essential to offer the population a choice of safe and effective birth control methods which were voluntary and non-coercive.

Referring to women, health and development, the Committee noted that the term 'health' very often had the connotation of 'health of men', not taking into account the other half of the population, i.e., women. It was, therefore, important to have action-oriented and gender-specific data with regard to various diseases and disease control programmes, in order to address the particular health issues affecting the female population.

With regard to environmental health, the Committee noted with concern the often indiscriminate use of pesticides in agriculture with unmonitored toxic effects. A major impediment to environmental health programmes was the lack of coordination which resulted from the involvement of several sectors besides health. However, the involvement of the community and nongovernmental organizations

in environmental health activities, particularly in water supply and sanitation projects, was important to ensure their sustainability.

In the field of essential drugs, the Committee noted that most countries in the Region had defined their drug policies and drawn up lists of essential drugs, while some countries had also achieved self-sufficiency in their production. Almost all of them had enacted drug laws, although pharmaceutical formulations and drug laws varied from country to country. Further emphasis needed to be laid on rational use of drugs, quality assurance and ethical drug promotion.

Regarding the expanded programme on immunization, the Committee noted with satisfaction that the Member Countries had achieved nearly 90% coverage for all vaccine-preventable diseases, and that there were plans to achieve regional cooperation and self-sufficiency in vaccine production.

In regard to malaria control the Committee noted that the revised strategy formulated at the International Conference in Amsterdam was being adopted in the affected countries of the Region. It would be essential to implement national action plans with multisectoral cooperation and community involvement supporting the revised control strategy. Regional cooperation involving neighbouring countries would be essential as well as mobilization of national commitment and the harnessing of additional resources.

The Committee adopted a resolution congratulating the Regional Director on his concise report (SEA/RC47/R___).

Part III

DISCUSSION ON THE REPORT OF THE SUB-COMMITTEE ON PROGRAMME BUDGET

THE REPORT of the Sub-committee on Programme Budget (document SEA/RC47/26 Rev.1) was presented by the Chairman of the Sub-committee, who stated that the report reflected the views, observations and recommendations of the representatives of all eleven Member States who attended its meetings. The Chairman informed the Regional Committee that the Sub-committee had held detailed discussions on the issues before it in accordance with its terms of reference (documents SEA/RC47/PB/WP/1(a) to SEA/RC47/PB/WP/3). He highlighted the observations and recommendations of the Sub-committee on the various items. He thanked the members of the Sub-committee for their valuable contributions during the discussions on the agenda and expressed his appreciation to the secretariat for its support in facilitating the discussions and the preparation of the report.

The Regional Director, referring to the deliberations of the twenty-sixth CCPDM and the Sub-committee on Programme Budget on review of programme implementation during the past and current biennia, noted that the coordinated and complementary manner of work of these two bodies could provide useful guidance to Member countries and WHO in further improving programme delivery. The 1996-1997 Programme Budget, relating to the first biennium of the Ninth General Programme of Work and the first programme budget developed since the World Health Assembly had adopted resolution WHA46.35 on Budgetary Reform, would be a useful and efficient tool to enable the Member Countries to achieve the goal of Health for All.

Referring to the linkage between the CCPDM and the Sub-committee on Programme Budget, it was noted that the Sub-committee had reviewed the revised terms of reference of the CCPDM which the latter had drafted in an effort to adjust these to the changing requirements and to avoid duplication with the work of the Sub-committee. The Sub-committee had recommended that the review of the programme budget implementation by the CCPDM should cover twelve- and twenty-four-month periods of the biennium, while six- and eighteen-month implementation reviews should be carried out by the Sub-committee, in order to enable the CCPDM to devote more attention than previously to the qualitative terms of programme implementation and to regional programme priorities.

The Regional Director referred to the unanimous agreement arrived at by the Sub-committee to increase the allocation to the intercountry programme in order to provide additional support to newly emerging health problems common to the Region and to foster regional solidarity and cooperation. He had noted the specific recommendation of the Sub-committee to establish a working group to advise on the modalities of implementing this recommendation. He assured his early attention to this recommendation after it received the approval of the Regional Committee.

The Regional Committee noted the proposed programme budget for 1996-1997 and unanimously adopted the report of the Sub-committee on Programme Budget. A resolution was adopted (SEA/RC47/R____).

Part IV

DISCUSSION ON OTHER MATTERS

1. Review of the Draft Provisional Agendas of the Ninety-fifth Session of the Executive Board and the Forty-eighth World Health Assembly

The Regional Committee took note of the draft provisional agendas of the ninety-fifth session of the Executive Board and the Forty-eighth World Health Assembly.

2. Technical Discussions on Resurgence of Tuberculosis – The Challenge

During the discussions, the participants voiced concern at the high incidence of tuberculosis in the Region. More than 2.1 million tuberculosis cases had been notified, with India and Indonesia being the major contributors of cases. Though almost all countries in the Region had established national tuberculosis control programmes, the lack of diagnostic facilities and appropriate programme personnel was a serious impediment.

Though undetermined in specific terms, the socioeconomic impact of tuberculosis was considerable. The subject of tuberculosis control was assuming greater importance in view of the link between tuberculosis and HIV and projections that the problem was going to get worse in the near future. It was estimated that 3.5 million tuberculosis cases in young people, representing 40% of the global figure, and one million tuberculosis deaths – one third of global deaths – would occur in this Region in 1994. The situation was likely to get worse without urgent and effective action.

The participants stressed the need for appropriate training of field-level workers and the strengthening of technical capabilities at all levels. Tuberculosis control activities needed to be integrated with the general health services using the primary health care approach to ensure sustainability. The participants felt that, in view of the stigma attached to the disease, there was an urgent need to create the necessary awareness in the population and to stress that tuberculosis was curable if treatment was proper and timely.

Considering the shortcomings and operational problems in the conventional methods of sputum examination for the detection of tuberculosis, there was an urgent need to strengthen operational research in this area.

In view of the growing link between HIV and tuberculosis, participants stressed the urgent need to strengthen sentinel surveillance and to formulate a coordinated policy.

The technical discussions group made recommendations, which, *inter alia*, included the following:

- (1) **Advocacy** efforts must be devised to improve the visibility of the problem and the national tuberculosis programme in each country.
- (2) **Resource mobilization.** For effective tuberculosis control all Member States need to mobilize additional resources for the control programme internally.

- (3) **Adoption of WHO's new TB Control Strategy.** Bangladesh, Bhutan, India, Maldives and Mongolia have already adopted WHO's new TB control strategy and policy package. The remaining countries are urged to adopt it as soon as possible.
- (4) **Effective Implementation of WHO's new TB Control Strategy.** All Member States are urged to effectively implement WHO's new TB control strategy and policy package.
- (5) **Tuberculosis and HIV.** While recognizing the essential difference between HIV and tuberculosis and considering the growing link between them, it is essential to develop a coordinated policy on HIV prevention and tuberculosis control.

A resolution was adopted (SEA/RC47/R___).

3. Monitoring and Evaluation of Health for All Strategies – A Progress Report on the Third Monitoring

The Committee noted that the monitoring report had confirmed the commendable achievements in the Region, as reflected in the decline in crude death rates, the gradual increase in life expectancy, the decline in childhood diseases as a result of effective immunization programmes, awareness of the necessity for safe drinking water and sanitation, acceptance of the primary health care approach and improvement in health education and the literacy standards of the populations. Despite these improvements, several health problems persisted.

While accepting that the document provided valuable information about health indicators in the Region, the Committee called for further analysis of the third monitoring report to bring into sharper focus the regional health situation, which called for intercountry cooperation.

The Committee noted that the report could be used to highlight the common health problems in the Region with a view to updating regional programmes and targets. The common framework developed for the third monitoring could also be extensively utilized by the countries and could gradually become a mechanism and process to monitor country activities in relation to HFA targets. The regional report on the third monitoring, after incorporation of its comments and suggestions, would be sent to WHO headquarters to help formulate the global health situation report which would be considered by the Executive Board in January 1995 and the World Health Assembly in May 1995.

The Committee also noted that besides meeting the reporting requirement, the monitoring and evaluation exercises should lead to the use of the findings to improve the country strategies and the integration of the process into the national plan formulation and management system.

A resolution was adopted (SEA/RC47/R___).

4. WHO Response to Global Change – Progress Report

The Committee noted with appreciation that there was an ongoing attempt to involve WHO's regional bodies, and through them the Member Countries, in the entire process of reform within the Organization, and that nearly half of the 47 recommendations of the working group of the Executive Board had been implemented in varying degrees. The twenty-sixth meeting of the CCPDM discussed, *inter alia*, the method of work of the Regional Committee and arrived at certain conclusions and recommendations. These were *unanimously endorsed by the Regional Committee*.

The Committee agreed to the various measures to link further the work of the Regional Committee with that of the Executive Board and the World Health Assembly.

The Committee agreed, *inter-alia*, to revise the method of preparation of its report, and requested the Secretariat to table a suitable proposal for amendment of the relevant rule of the Rules of Procedure of the Regional Committee for adoption at its next session.

A resolution was adopted (SEA/RC47/R___).

5. Control of Preventable Diseases

Recalling the resolution adopted by the Regional Committee in 1993 (SEA/RC46/R3) asking the Member Countries to incorporate preventive health care as an essential part of economic development, the Committee noted the progress made by the Member Countries in the reduction and elimination of preventable diseases. This was evidenced particularly in poliomyelitis, leprosy, guineaworm disease, neonatal tetanus and measles. The Committee noted the high immunization coverage which had started showing results in terms of reduction of both morbidity and mortality. Yet several diseases remained major public health problems requiring WHO's continued support.

Malaria control strategies were being revised with greater emphasis on treatment and selective spraying. In some countries diarrhoeal diseases and cholera were the major causes of morbidity and mortality among children, being widespread during the summer and monsoon months. The goal of elimination of leprosy was near and its achievement would be a significant milestone.

The Committee felt that sustained prevention and control efforts were necessary in order to maintain the gains made and eradicate/eliminate specific preventable diseases.

Strategies for disease control, it was felt, could be more successful with multisectoral efforts. The need to enlist the cooperation of nongovernmental organizations was also emphasized. The continuous and coordinated efforts of various ministries and departments were essential in view of the socioeconomic impact of diseases. A strong plea was made for according priority to the underserved and unserved sections of population.

A resolution was adopted to this effect (SEA/RC47/R___).

6. Intensified WHO Cooperation

The origin and purpose of the IWC initiative, launched by the Director-General in 1988, was explained to the Committee. The initiative was prompted by the realization that some countries might not be able to achieve the goal of health for all due to economic and other constraints. The overall aim of this initiative was to help countries in greatest need establish and maintain equitable and sustainable health systems. In this region, Bangladesh, Bhutan, Maldives, Mongolia, Myanmar and Nepal were participating in the programme. It was explained that since the IWC was a time-bound activity, countries were expected to assume responsibility, through either the regular budget or extrabudgetary funds, to acquire longer term sustainability in the areas supported by the initiative.

It was generally agreed that IWC had played a catalytic role in providing assistance to the strengthening of district health systems, preparation of master plans for health manpower development, improvement of health services management, and financing and management of information systems. It was felt that the use of the intercountry and country budget in support of IWC activities would be necessary, and that further support through IWC should be provided.

7. AIDS

The Committee noted with concern that the HIV/AIDS situation in the Region had further deteriorated since its last meeting, with more than two million estimated HIV-infected cases in the Region

accounting for nearly 14% of the global total. It was further estimated that by the year 2000, the cumulative infection in Asia would be 8-10 million and the annual numbers could far exceed those seen in sub-Saharan Africa. HIV was now spreading not only among those with high-risk behaviour but was also among the general population, especially women and young people in some countries. A link between HIV and tuberculosis had resulted in a resurgence of tuberculosis, particularly in parts of India and Thailand. Apart from the health impact, the AIDS pandemic had serious socioeconomic consequences with grave development implications. In view of its all-pervasive character, countries needed to launch effective national programmes on AIDS prevention and control using an integrated and multisectoral approach.

The Committee noted that care and clinical management of HIV-AIDS patients was as important as prevention for meaningful implementation of the programme. In the absence of a vaccine, as of now, educating the public in order to create awareness about AIDS was the only way to deal with the problem. The Committee noted that, while the countries of the Region were addressing this problem to the best of their abilities, there was room for more energetic efforts. A strong political commitment followed by its translation into practical terms was needed. All sectors, including nongovernmental organizations and the private sector, had to pool their efforts under the technical, leadership of the ministry of health.

7.1 Report on the Tenth Meeting of the Management Committee

Mrs Namita Pradhan (India) reported, on behalf of Myanmar and India, on their attendance at the tenth meeting of the Management Committee, held in Geneva in May 1994.

7.2 Nomination of a member to the Management Committee

The Committee agreed that Myanmar continue as a member of the Management Committee until its last meeting, scheduled for April 1995.

8. WHO Special Programme For Research and Training in Tropical Diseases

8.1 Report on the Seventeenth Meeting of the Joint Coordinating Board

Dr Piya Siriphant (Thailand) reported, on behalf of Nepal and Thailand, on their attendance at the seventeenth meeting of the Joint Coordinating Board, held in Geneva in June 1994.

8.2 Nomination of a Member to the JCB in place of Thailand whose term expires on 31 December 1994

The Committee unanimously nominated India as a member of the Joint Coordinating Board for a period of three years from 1 January 1995.

9. WHO Special Programme for Research, Development and Research Training in Human Reproduction

9.1 Report on the Seventh Meeting of the Policy and Coordination Committee

Dr Hadi Abednego (Indonesia) reported, on behalf of India, Indonesia and Sri Lanka, on their attendance at the seventh meeting of the Policy and Coordination Committee, held in Geneva in June 1994.

9.2 Nomination of a Member to the Policy and Coordination Committee in place of Indonesia whose term expires on 31 December 1994

The Committee unanimously nominated Indonesia under category 2 as a member of the Policy and Coordination Committee for a period of three years from 1 January 1995.

10. Management Advisory Committee of the Action Programme on Essential Drugs

10.1 Report on the Sixth Meeting of the Management Advisory Committee

Dr Jigmi Singay (Bhutan) reported, on behalf of Bhutan and Indonesia, on their attendance at the sixth meeting of the Management Advisory Committee, held in Geneva in January 1994.

10.2 Nomination of a Member to the Management Advisory Committee in place of Indonesia whose term expires on 31 December 1994

The Committee unanimously nominated Sri Lanka as a member of the Management Advisory Committee for a period of three years from 1 January 1995.

11. Consideration of Resolutions of Regional Interest Adopted by the World Health Assembly and the Executive Board

Sixteen resolutions of regional interest adopted by the Forty-seventh World Health Assembly and the ninety-fourth session of the Executive Board were brought to the attention of the Committee. They were noted.

12. Time and Place of Forthcoming Sessions of the Regional Committee

The Regional Committee decided to hold its forty-eighth session in Colombo, Sri Lanka in 1995, and noted with appreciation the offer of the Government of the Union of Myanmar to hold its forty-ninth session in Yangon, in 1996 (resolution SEA/RC47/R__).

13. Selection of a Subject for the Technical Discussions at the Forty-eighth Session of the Regional Committee

The Regional Committee decided to hold Technical Discussions on the subject of "Alternative Health Care Financing" during its forty-eighth session in 1995 (resolution SEA/RC47/R__).