WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH - EAST ASIA



REGIONAL COMMITTEE

Forty-third Session

SEA/RC43/23

22 September 1990

# DRAFT FINAL REPORT OF THE FORTY-THIRD SESSION OF THE REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

# INTRODUCTION

The forty-third session of the Regional Committee for South-East Asia was held in the WHO Regional Office for South-East Asia, New Delhi, from 18 to 24 September 1990. It was attended by representatives from the 11 Member Countries of the Region, the United Nations Development Programme, United Nations Children's Fund, United Nations Educational, Scientific and Cultural Organization, the UN Population Fund, the International Labour Organisation and World Food Programme as well as from one intergovernmental organization, 29 nongovernmental organizations having official relations with WHO and by observers from a bilateral and voluntary agencies.

The session was declared open by Dr S.L. Leimena, Chairman of the forty-second session, and was then addressed by Dr U Ko Ko, Regional Director, by Dr Hiroshi Nakajima, Director-General, WHO, and Mr R. Srinivasan, Secretary, Ministry of Health and Family Welfare, Government of India, and currently chairman of the WHO Executive Board. His Excellency Air Chief Marshal (Retd.) Arjan Singh, Lt. Governor of Delhi, inaugurated the meeting.

A Sub-committee on Credentials, consisting of representatives from DPR Korea, Maldives and Sri Lanka was constituted. The representative of DPR Korea, Dr Kim Yong Ik, was elected Chairman of the Sub-committee, which held one meeting and presented its report (SEA/RC43/20), based on which the Regional Committee recognized the validity of the credentials presented by all the representatives.

The Regional Committee elected the following office-bearers:

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| Chairman | ... | Mr M.S. Dayal (India) |
| Vice-Chairman | ... | Dr J. Norbhu (Bhutan) |

The Committee reviewed the draft provisional agenda of the eighty-seventh session of the Executive Board and of the Forty-fourth World Health Assembly (SEA/RC43/9). It established a Sub-committee on Programme Budget consisting of representatives from all Member Countries present, and adopted its terms of reference (SEA/RC43/4). Under the chairmanship of Dr S.P. Bhattarai (Nepal), the Sub-committee held two meetings and submitted a report (SEA/RC43/21), which was endorsed by the Regional Committee (resolution SEA/RC43/R__).

The Committee elected Dr U Tin U (Myanmar) as Chairman of the Technical Discussions on Health of the Underprivileged, and adopted the agenda for these discussions (SEA/RC43/5 and Add.1). The conclusions and recommendations arising out of these discussions, which were held on 20 September 1990, were later presented to the Regional Committee which endorsed the recommendations and adopted a resolution (SEA/RC43/R__).

The Regional Committee met in a private session to consider the item on "Nomination of the Regional Director". Later, at a plenary meeting, the Chairman announced the decision of the Committee to nominate Dr U Ko Ko for a three-year term from 1 March 1991 (resolution SEA/RC43/R__ ).

The Director-General of WHO, Dr Hiroshi Nakajima, presented his key-note address on the opening day.

A Sub-committee consisting of representatives from Maldives, Mongolia, India, Indonesia and Thailand was formed to draft resolutions. In the course of seven plenary meetings, the Regional Committee adopted 11 resolutions, which have been issued separately in the resolution series, and also incorporated in Part I of this report.

The Committee nominated India to the Management Committee of the Global Programme on AIDS, Thailand to the Policy and Coordination Committee of the WHO Special Programme for Research, Development and Research Training in Human Reproduction, and Indonesia and Bhutan to the Management Advisory Committee of the Action Programme on Essential Drugs, for one and two years respectively.

The Committee decided to hold its forty-fourth session in Maldives in 1991, and its forty-fifth session in Nepal in 1992.

The Committee decided to hold Technical Discussions on the subject of "Disaster Preparedness" during its forty-fourth session.

Part I of the report contains the resolutions adopted by the Committee. Parts II, III and IV of the report are devoted to summaries of the Committee's discussions on important matters.

# PART I

## RESOLUTIONS

The resolutions adopted by the Regional Committee are issued in a separate resolution series (SEA/RC43/R...) and will be incorporated in the final version of this report.

## PART II

## DISCUSSIONS ON THE FORTY-SECOND ANNUAL REPORT OF THE REGIONAL DIRECTOR

Introducing the Annual Report for the period 1 July 1989 to 30 June 1990, the Regional Director highlighted the significant activities for health development in the countries. The commitment to the Health for All movement was at a high level and all countries have made significant efforts to extend primary health care to the entire population with an endeavour to reach the underserved and the poor. Yet, several problems and constraints were challenging the movement of Health for All. At this time, therefore, it was essential to sustain political will at a high level to convert these challenges into opportunities and actions to remove the remaining obstacles.

In view of the continuing resource constraints that affected many countries, the economic analysis of health programmes and search for alternative means of health care financing emerged, without adversely affecting the health care of the underprivileged, as critical needs. It was recalled that the Eighth meeting of Ministers of Health of South-East Asia Region, held in 1989, had urged Member Countries to improve their capacity in the field of health economics. Several countries were also moving towards a more open economy and beginning to make related structural changes. This called for a fresh look at health policies and strategies as well as patterns of resource allocation in those countries. It was necessary to implement urgently the WHO initiative to intensify technical and economic support to countries in greatest need and facing serious economic constraints.

Since most countries of the Region are prone to recurrent disasters of a severe magnitude and suffered enormously during the recent past, there was a need for WHO to intensify its cooperation to enhance disaster preparedness and response, particularly during the International Decade for Natural Disaster Reduction.

The South-East Asia Region had participated in the recently-concluded Executive Board study on the criteria for setting priorities for WHO collaboration. In this context, it was felt necessary to further improve and streamline the working of the joint Government-WHO coordinating mechanism in countries.

WHO had, in the past, collaborated in health situation and trend assessment activities. The present methods and techniques of health situation trend analysis and projections needed further refinement. WHO should help in this task, disseminate information of trend analysis and projections, and also assist in the application of these techniques through

adaptation in individual countries for their use in health planning and management.

The importance of intersectoral collaboration and securing factual information on the effects of public policy on health conditions of the population, specially the poor and the unreached, was becoming more evident than before. WHO was expected to support Member Countries in their analysis of health and public policy linkages, and in implementing measures to further strengthen intersectoral collaboration for health. The concept of district health systems approach has now been fully operative in selected districts in the countries. It is hoped that this will eventually cover entire countries.

WHO has lent continued support to the efforts of the Member Countries in the field of environment and health. The countries of the Region were engaged in the maintenance and improvement of the environment by shifting to broader issues related to rapid urbanization and industrialization, population migration to urban cores and urban fringes and the adverse effects on health due to environmental pollution. The new WHO environmental health strategy addresses prevention and control of environmental pollution and health hazards, environmental health impact assessment, control of poisoning, hazardous waste management, health risk assessment and promotion of chemical safety.

In the development of health manpower, support was given for the upgrading of training facilities and educational technology and for the analysis of health manpower policy. Three monographs on Reorientation of Medical Education were published by the Regional Office. Support for teacher training, training institutions and curriculum development was provided. Based on the recommendations of the interregional Seminar on the Financing of Human Resources for Health, held in 1989, efforts were made to evolve a methodology for determining the optimal mix of human resources for health. Public awareness on priority health issues was evoked using themes of various commemorative occasions, including that of World Health Day, as well as through the distribution of information kits on a variety of topics.

It is ironic that in spite of improvement in food production, some sections of the population, including children, pregnant and lactating mothers in some countries, remain undernourished. Protein-energy malnutrition of children has shown a very small decline. However, some advance in the battle against iodine deficiency disorders (IDD) and Vitamin A deficiency has been noted. WHO is collaborating with Member Countries in the prevention of nutritional disorders and in promoting positive health through proper nutrition.

It is a welcome trend that countries have moved towards a comprehensive and integrated approach to maternal and child health services. The neglect of the mother in maternal and child health services in the past has been recognized and there is a stronger determination to lay emphasis on general maternal care and safe motherhood.

WHO has supported activities relating to quality assurance, rational use of drugs and establishment of standard treatment regimens and has laid emphasis on training in good manufacturing practices and quality control of drugs, to ensure drug quality, safety and efficacy. Cultivation, production and quality assurance of traditional herbs and medicines has also received WHO support. WHO continued to execute UNFDAC-funded drug abuse control

programmes in many countries. Health personnel have been trained and the establishment of drug abuse monitoring systems encouraged. Plans have been drawn up to establish a monitoring system concerning the route of drug administration to reduce the risk of HIV infection.

Immunization coverage has increased in all countries as a result of improved surveillance. The health infrastructure is now playing a very important role in sustaining immunization services. Though the incidence of malaria is on the decline in most of the endemic countries, malariogenic potential is still very high in the Region, with drug resistant P. falciparum malaria registering no significant change. Positive steps to prevent mortality and reduce morbidity due to malaria have been taken through control strategies adapted to the epidemiological situation.

The situation in regard to AIDS in the Region is deteriorating in some countries where its spread is causing alarm. In the absence of a cure or vaccine for preventing it, the countries are obliged to rely upon extensive health education. Short- and medium-term plans of action for preventing the spread of HIV infection have been formulated. The emphasis has logically been on epidemiological surveillance, detection of HIV infection, improvement of public information through the mass media, safe use of blood and blood products, etc. The Organization is closely involved in the planning and management of AIDS control programmes in Member Countries.

Other communicable diseases, especially Japanese encephalitis, meningococcal meningitis, viral hepatitis, and dengue haemorrhagic fever require attention. WHO collaborated with Member Countries in epidemiological studies, strengthening laboratory facilities and developing innovative strategies for their control.

Concluding, the Regional Director expressed the hope that the close working partnership between Member Countries and WHO, and the mutual trust would lead to a fruitful outcome in attaining the common goal of health for all by the year 2000.

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The Regional Committee, in its discussions on the Annual Report, made valuable comments on various items, which are detailed below.

The Committee stressed the need to further improve the infrastructure and accessibility of primary health care so as to cover the entire population, especially in the rural areas.

The need to promote the development of self-care practices in order to equip the community to participate actively in managing their own health was noted. Stress was also laid on the health of the underprivileged population groups. The importance of organization of health systems based on primary health care with emphasis on decentralized management, district health systems, national health policy, mobile health services, health services research and operational research, was recognized. Intersectoral action for health at all levels continues to be highlighted as an important contribution to the effective implementation of primary health care.

The Committee agreed on the need for continued WHO collaboration in the reorientation of medical education and development of health learning materials.

The Chairman of the SEA/ACHR reported on the work of the ACHR and on the important agenda items considered by its sixteenth session in April 1990. The Committee noted the recommendations of ACHR as well as its review of the role, functions and terms of reference of the SEA/ACHR by a Consultative Meeting and by the sixteenth session of SEA/ACHR and their considered opinion reaffirming the important advisory role of ACHR to the Regional Director on matters relating to health research, and that ACHR was not involved with the management of the Regional Research and Development Programme. The Committee further noted that the terms of reference of ACHR were still valid today as originally formulated.

The SEA/ACHR had recommended that more emphasis should be given to research on tuberculosis including a review of BCG, and that a task force on research in tuberculosis be convened. This information was received with interest by the Committee, which also expressed its views on the importance of this area for research.

The efforts of the Regional Office to promote and support health systems research, especially institutional strengthening in HSR, were noted by the Committee which appreciated the ongoing scheme for institutional strengthening in HSR in some countries of the Region, and expressed its view that these efforts should be sustained.

The representatives expressed keen interest in information regarding research being carried out in several countries on preventive cardiology, the interrelationship between indoor smoke pollution and ARI, low birth-weight and its determinants and nutrition supplement to mothers as a method of preventing low birth-weight. It noted the usefulness and applicability of these results to priority health problems and programmes in the countries.

In taking note of research projects being carried out to investigate and reduce factors responsible for diseases, the Committee expressed its view of the need also for research into positive health promoting factors, such as development of indicators for child development.

The Committee took note of World Health Assembly resolution WHA43.19 and the Report of the Technical Discussions on Health Research Strategy for HFA/2000 during the forty-third Assembly in May 1990, as a basis for renewed, intensified efforts in health research. In this connection, it was informed of various activities, within and outside WHO, to promote essential health research relevant to the needs of countries.

The Committee noted with interest the activities being implemented under the Joint Nutrition Support Programme in two countries of the Region as also the successful implementation of iodine deficiency diseases control activities in the Region. It called for further research in the operational and implementation aspects of iodization of salt as well as in exchange of experience with other regions.

While most of the representatives expressed concern at the increasing incidence of tobacco use, the Committee noted with satisfaction the efforts of Member Countries to develop national plans of action to reduce tobacco

consumption. The plans include legislation, health education and information dissemination and other efforts in changing behaviour and lifestyles. Stress has also been laid on focusing attention on educating the youth, particularly to counter the promotional activities by tobacco companies.

The Committee noted with satisfaction the progress of the integrated maternal and child health and family planning programmes as part of the Safe Motherhood initiative which had brought down the infant mortality rate in many countries. Low birth-weight continued to be a cause for concern because of the low nutritional status of the mother. Maternal mortality was still high in most of the countries due to poor quality of services.

Health of the Elderly was emerging as an important programme area in the Region. Epidemiological studies to identify the needs of the elderly have been carried out in almost all the countries. WHO support is provided to the WHO Collaborating Centre for Gerontology and Geriatrics in DPR Korea for conducting research and studies in this area. The problem of drug abuse was emerging as an ever more critical problem on its own and also in the context of its linkage with AIDS transmission.

The Committee noted that, with increased urbanization and migration of people to urban areas, urban populations often faced acute shortage of drinking water, particularly in coastal areas and islands where the intrusion of salt water into thin fresh water lenses was a common problem. It stressed the need for WHO support to educate people for better development and management of water resources.

The Committee also stressed that, beside the health sector, other sectors also should look into the need for the provision of adequate housing facilities with proper ventilation, especially in underserved rural areas to address the problems of increasing indoor air pollution. Low-cost solutions through the use of smokeless stoves in the hills and provision of fuel-efficient biogas plants in the plains are also needed for controlling indoor air pollution. Further, issues related to sociocultural traditions and behavioural practices may need to be researched with WHO support.

Noting the importance of community-based rehabilitation programmes as part of primary health care, the Committee called for WHO support for the training of community health workers and volunteers.

The Committee noted with satisfaction the progress of the Essential Drugs Programme in the Region covering the production and supply, quality assurance, procurement, distribution and logistics as well as rational use of drugs.

Member Countries are continuing to make progress in developing effective health technologies for the prevention and control of communicable and noncommunicable diseases. Malaria and vector-borne diseases are priority public health problems. Among EPI-targeted diseases, measles has shown a high incidence rate in most of the countries. Hepatitis A, B and C are now being recognized as a problem and some countries have initiated control pilot projects and are exploring the feasibility of its integration with the EPI schedule. In spite of various vector control activities, including community participation, morbidity due to DHF is on the increase while the case fatality has shown a decline. Tuberculosis continued to be a major problem due to its socioeconomic and

epidemiological aspects. Multidrug therapy has proven to be the main strategy to control leprosy and its coverage and regular treatment has been increasing. The increase in HIV prevalence, particularly amongst intravenous drug users, is also coming into focus.

The Committee felt that greater emphasis should be given to the epidemiological approach to control various communicable diseases as an integral part of the health system. It called for the promotion of technologies for diagnosis at an affordable cost which can be carried out in peripheral centres, in support of primary health care.

The Committee noted that a few countries had done some pioneering work in the control of rheumatic fever and rheumatic heart disease. The cardiovascular diseases control programmes should receive increased attention of the Member Countries as these diseases were an emerging problem.

The Committee decided to adopt a system of a long biennial report in odd-numbered years and a short report in even-numbered years, leaving the period of reporting to be reviewed by the CCPDM. The Committee adopted a resolution approving the Annual Report (SEA/RC43/R___).

## PART III

## EXAMINATION OF THE PROPOSED PROGRAMME BUDGET FOR 1992-1993

The Sub-committee on Programme Budget included representatives of eleven Member Countries. It met on 20 September 1990 and submitted its report (SEA/RC43/21) to the Regional Committee.

In accordance with its terms of reference, the Sub-committee examined the working paper relating to the review of implementation of programmes during the biennium 1988-1989 and during the first six months of the biennium 1990-1991, the planned allocations, by programme and actual expenditures, during the preceding and ongoing biennia, the Proposed Programme Budget for 1992-1993, detailed document on programme implementation (Detailed Plan of Action), review of joint government/WHO evaluation and selection of a priority national programme for evaluation during the biennium 1990-1991.

The Sub-committee noted that the delivery rate during the first six months of the 1990-1991 biennium had shown improvement, but it stressed the need for further efforts at all levels so as to accelerate the implementation process in order that funds are obligated at the earliest. It endorsed the conclusions of the Consultative Committee for Programme Development and Management (CCPDM) and made observations of its own, details of which may be found in the full report of the Sub-committee.

The Sub-committee, while reviewing the Proposed Programme Budget for 1992-1993, noted that it had been prepared in conformity with the Eighth General Programme of Work covering the period 1990-1995, the Medium-Term Programme for the same period, and the criteria for WHO support as provided in the Regional Programme Budget Policy, and that it reflected the current national and regional priorities.

In resolution SEA/RC43/R__, the Regional Committee approved the report of the Sub-committee on Programme Budget and requested the Regional Director (1) to transmit the Proposed Programme Budget, contained in documents SEA/RC43/3, and Add.1 to the Director-General for inclusion in the Proposed Programme Budget for 1992-1993, and (2) to revise the terms of reference for the Sub-committee on Programme Budget in accordance with the deliberations of that Sub-committee.

# PART IV

# DISCUSSIONS ON OTHER MATTERS

## 1. NOMINATION OF THE REGIONAL DIRECTOR

The Regional Committee renominated Dr U Ko Ko for a three-year term from 1 March 1991 and requested the Director-General to propose to the Executive Board the appointment of Dr U Ko Ko (resolution SEA/RC43/R1).

## 2. REVIEW OF THE DRAFT PROVISIONAL AGENDA OF THE EIGHTY-SEVENTH SESSION OF THE EXECUTIVE BOARD AND OF THE FORTY-FOURTH WORLD HEALTH ASSEMBLY

The Regional Committee took note of the draft provisional agenda of the eighty-seventh session of the Executive Board and of the Forty-fourth World Health Assembly.

## 3. TECHNICAL DISCUSSIONS ON HEALTH OF THE UNDERPRIVILEGED

Technical Discussions were held on the subject of "Health of the Underprivileged". During the discussions the need to develop a country-specific definition of the term "underprivileged populations", at least from a health point of view, the identification of such populations using simple indicators and a practical methodology and specific measures to improve the health of such populations were emphasized. The Technical Discussions group also considered nine country information papers.

The group noted the efforts made by Member Countries to improve the health of the underprivileged. In some countries, the criteria for identification of the underprivileged groups were clear and specific programmes to reach them and improve the quality of their life and their health status were effectively implemented. In other countries, the criteria would need further refinement for identification of the underprivileged. The non-availability of disaggregated information was a hurdle in the development of programmes aimed at such groups of population. Decentralization, democratization and delegation of power to local authorities were factors which facilitated attempts to improve the health of the underprivileged. The group reiterated that, in addition to political commitment, leadership development and actions within the health sector was

an imperative requirement to develop and implement approaches and actions in other health-related sectors.

With only a decade to go for the achievement of the goal of HFA/2000, it was considered imperative that immediate efforts to improve the health of the underprivileged be made by Member States so as to improve the economic, social, cultural and physical quality of life of all the people. As a result of detailed discussions, the group made the following recommendations.

(1) Member Countries should, in the context of the poverty line, attempt to develop an understanding of the term "underprivileged" in so far as it relates to the health sector. "Underprivileged" does not refer to individuals as such but to a congregation of individuals - be they families, communities, clusters, villages or other recognizable groups of population.

(2) Using nationally-accepted parameters, information should be gathered on the social and geographical distribution of the underprivileged, their health problems and the like. This requires improvement of the health information system and the establishment of linkages between health status and socioeconomic variables.

(3) Each Member Country should develop appropriate indicators for measuring inequities in health. The idea of developing a Health Status Index (HSI) should be explored.

(4) The ongoing efforts for HFA leadership development should be extended to cover the underprivileged population.

(5) The existing health policies and strategies should be reviewed to ascertain the extent to which they address the problem of health of the underprivileged. Health policy analysis and research should also be undertaken. This implies the need to avoid any potential conflict between short-term needs and long-term requirements and also to overcome resistance to change.

(6) Targets for improving the health of the underprivileged should be formulated. Such targets need not be uniform but can be tailored to the needs of identified underprivileged populations in the country. Equity-oriented health targets, organizational structure, financial resources and manpower needs should be vigorously reviewed.

(7) Health status data should be disaggregated to the extent necessary, since too much disaggregated quantitative data can cause information overload on decision-makers. On the other hand, overly aggregated data could obscure vital information from decision-makers. There is, therefore, a need for judicious presentation of information geared to the health of the underprivileged.

(8) Close interaction with other sectors must be established to stimulate and assist in formulating policies and initiating

coordinated action in order to improve the health of the underprivileged. For this purpose, health policy elements in related sectors should be identified and assessed from the equity point of view.

(9) The possibility of introducing legislation to secure the health rights of the population, including the underprivileged, should be explored.

(10) The present methods of increasing health services coverage, while providing for greater access, do not necessarily cover the entire population. The reorientation of the health system infrastructure, stressing the matching of needs of the underprivileged, would seem a prerequisite for reducing existing inequities in health. Till such reorientation becomes effective, the health system should seek to educate the underprivileged population in the advantages of utilizing the available health services and take steps to encourage them to do so. An important element would be the linkage to district health system development. The ongoing efforts on the district health system need to be strengthened managerially with a view to achieving the basic level of health for all major groups of the population within the existing financial constraints.

(11) The risk-oriented approach has been applied successfully to improve the health of population at risk such as mothers and children, workers in hazardous occupations, etc. The experiences gained in such a risk-oriented approach can be applied to identified underprivileged segments of the population.

(12) Noting that WHO had led the call for improving the health of the most deprived sections of the population, the group further urged that WHO should continue to play a supporting, collaborating and crusading role. In particular, it recommended that WHO should extend support to Member Countries in developing appropriate methodologies, including research/studies, for the identification of the underprivileged and in providing both technical and financial support for initiating catalytic programmes for improving the health of the underprivileged.

A resolution (SEA/RC43/R___) was adopted in support of the above recommendations.

## 4. OPERATIONAL ACTIVITIES OF THE UNITED NATIONS SYSTEM AT THE COUNTRY LEVEL - A REVIEW IN PURSUANCE OF UNGA RESOLUTION 44/211

In the discussions on the above Agenda item, the Committee was informed that in view of its far-reaching implications on WHO's technical collaboration with the Member Countries, the views of the governing bodies of WHO, including the regional committees, were being sought by the

Director-General in order to respond to the United Nations. The Committee examined the various operative paragraphs in the light of their implications on WHO's operational activities at the country level. The Consultative Committee for Programme Development and Management (CCPDM), at its eighteenth meeting held prior to the Regional Committee session, had made an analysis of the Resolution and arrived at certain conclusions.

The Committee noted that the main themes and objectives of the Resolution corresponded, to a great extent, with the policy, strategies and current practices being followed by WHO and that the Director-General of WHO intended to cooperate with other UN organizations and agencies of the UN system in this task with a clear aim of supporting the Member Countries to derive maximum benefit from coordinated UN system support in the health sector. WHO welcomed any move to improve coordination and coherence within the operational activities of the UN system and reaffirmed the right of national governments in integrating the UN system's technical cooperation into their own development framework in order to meet their own priorities and needs. The Committee noted the major issues which had important implications for WHO, such as channelling of WHO technical cooperation through the Ministry of Health or through the UN Resident Coordinator; locating the WHO country office in a common UN building; the role of the UN Resident Coordinator as a leader of a multidisciplinary team to coordinate technical operations of all agencies; the specific aspects of national execution of projects requiring implementation according to national perceptions; and whether the role of WHO at the country level be restricted to technical advice or should WHO continue to provide technical cooperation and implement programmes and projects in the health sector.

In the report of the eighteenth CCPDM submitted to the Committee, it was stated that while the general aims and objectives of the Resolution were appreciated, the solutions offered required close consideration in the light of present operational activities of the specialized agencies of the UN system, such as WHO. The nodal role in collaborative activities in the health sector should continue be that of WHO, as no advantages were seen in entrusting such a role to another UN entity. The recommendations of the CCPDM on the various issues and its comments were presented to the Committee in its report (document SEA/PDM/Meet.18/8).

The Committee felt that during the operationalization of this Resolution, the implementation of ongoing WHO collaborative programmes for health development might suffer in view of the existing bureaucratic set-up trying to reorient itself to the new system. This is likely to result in the health sector getting a smaller share of resources in the national planning effort.

In this context, the Committee felt the proposal for central funding, if implemented, would mean that all funds would have to go through the UNDP and thence to national planning authorities. If the funds were to be allocated by the national planning authorities to the different sectors, the health sector might suffer the most thus jeopardizing the present good collaboration efforts of WHO and the Ministry of Health.

The countries were quite satisfied with the way the programmes were being worked out at present and any change in the methodology might affect programme development and implementation. The Committee, therefore, believed that WHO should continue to be the leading and coordinating agency in health development. The other UN agencies did not have the expertise to

give similar leadership in the health field to the countries although the contribution of other UN agencies, such as UNICEF and FAO, in health was appreciated.

The close coordination between Member States and WHO that has existed for many years has proved to be satisfactory in so far as the development of the health sector was concerned. The Committee was of the view that, in the interest of the health of the peoples in the Region, collaboration between WHO and the national governments was of a special nature and did not lend itself to the application of the UN Resolution in letter. What was significant, however, was the coordination of efforts in the health sector of various agencies at the national level under the leadership of the Ministry of Health. The efforts of UN agencies should be subservient to the interests of the Member Countries who should themselves coordinate the inputs of UN agencies. If needed, the agencies could strengthen their coordinating capabilities. Being a technical agency, WHO's collaborative efforts and inputs were very important and its role should not be reduced to that of a technical advisory group.

The Committee also noted that various UN agencies had interpreted the execution of national programmes and projects differently and this point had been raised recently with the Economic and Social Council of the United Nations and the Administrative Committee on Coordination.

Regarding harmonizing of the programme planning cycles, the Committee felt that the planning cycles of the Member countries varied from a two-year period to a seven-year period. The UN agencies also had different programme and budgetary cycles. There was no way of synchronizing these with the planning cycles of the countries. Each agency had its own mandate and WHO also had its own programming and implementation processes which, during the last few years, had adjusted well to the existing system. In case the Resolution was to be implemented, this would call for every agency to follow a uniform planning pattern and a planning cycle. This will not be an easy task, nor will it yield any tangible benefits since the new cycle could not be related to the planning cycles of individual countries.

Though the Committee was supportive of the spirit and underlying principles of the Resolution, the inappropriateness of some of the operative paragraphs of the Resolution were pinpointed. WHO believed in the supremacy of the countries and its role was not to dictate terms to them. WHO assisted them in strengthening their coordinating capabilities. WHO as a specialized agency was a technical organization unlike most of the UN agencies. It had a technical and coordinating role, as mandated by its Constitution involving technical work which included advisory collaboration as well as operational activities in the countries.

The Resolution, the Committee noted, was a mandate from the United Nations, but the UN resolutions had no constitutional binding on individual specialized agencies which formed part of the UN family through a memorandum of understanding. The Committee felt that it was imperative that representatives explain to their respective national authorities the Resolution with all its implications to WHO as well as other specialized agencies and their national coordinating mechanisms so that a precise understanding could emerge. It was observed that the issues raised in the Resolution embraced other sectors of the government, such as ministries of planning and finance requiring discussions at the country level on an intersectoral basis. Therefore, the views of the Regional Committee would

facilitate officials of ministries of health in their discussions. The desirability of amending the Resolution or detailed planning for operationalizing it in a feasible manner could be considered. It was necessary to brief various national agencies, including those closely involved with the process of national planning, be it the planning commission, the ministry of planning or any other planning coordination agency of the government. WHO believed that the nodal ministry should implement the health programmes under the overall coordination of the government and not the UN. It would infringe national sovereignty and authority if UNDP, and not the government, assumed the role of a coordinating body for integrating extrabudgetary resources on behalf of the specialized agencies.

In conclusion, the Regional Committee appreciated the spirit of the UN Resolution, which related to coordination. In so far as the health sector was concerned, ministries of health had to coordinate, in the context of national planning, technical assistance from WHO and inputs from national, international and bilateral agencies. The proposal that support from WHO and extrabudgetary resources be channelled through UNDP to the Ministry of Finance or the Ministry of Foreign Affairs, and thereafter routed to the Ministry of Health, would not work. The spirit of coordination, underlying the Resolution, was appropriate, but the way in which it was proposed to be implemented was not considered feasible in many respects. The Committee agreed with the recommendations of the CCPDM (as contained in the document SEA/PDM/Meet.18/8), and desired that its views be forwarded to the Director-General of WHO for submission to the Executive Board and the World Health Assembly.

## 5. MONITORING AND EVALUATION OF HEALTH FOR ALL STRATEGIES - A PROGRESS REPORT ON THE SECOND EVALUATION

The Committee took note of the fact that in accordance with the decisions of the World Health Assembly and its own, the second evaluation of the implementation of the strategies to achieve HFA/2000 was to be undertaken by Member Countries between September 1990 and January 1991 and reports thereon submitted to the Regional Office by January 1991. It considered the information contained in documents SEA/RC43/6 and SEA/RC43/Inf.13 regarding the time-table of activities and the steps already taken by Member Countries to complete the evaluation exercise within the stipulated period. The Committee noted that the reports to be submitted by the Member Countries would form the input for the preparation of the Eighth World Health Situation Report, and desired that Member Countries should use the information generated by this exercise to review and refine their own national HFA strategies. In this connection, the Committee stressed the essential need to obtain as much disaggregated information as possible so that reorientation of the infrastructure could be attempted in a meaningful manner. The Committee adopted resolution SEA/RC43/R__ urging Member Countries, inter alia, to expedite the process.

## 6. AIDS - UPDATE

The Committee considered the information contained in document SEA/RC43/14 and the Global picture presented by Dr Merson, Director, GPA/WHO headquarters. Taking note of the seriousness of the situation, the

Committee discussed different aspects of the problem. The Committee noted that AIDS, which was a major problem in one country of the Region, has shown increased prevalence in two other countries amongst intravenous drug users and men and women with high-risk sexual behaviour. If unchecked, the situation could be explosive in this region, as has been witnessed in some other continents. It is estimated, that there are about 50 000-100 000 HIV positives in Thailand. High prevalence rates among females either infected through injecting method or through sex would give rise to large-scale mother-to-infant transmission. India has already reported 7 HIV positives born to infected mothers.

The Committee felt that emphasis should be placed on the following for the prevention and control of AIDS:

(1) Intensification of information, education and communication activities for the target group as well those who are sero-negative so that they do not become infected.

(2) Strengthening of MCH, STD and blood transfusion services.

(3) Improvement of sterilization facilities for injecting equipment.

(4) Development of effective counselling for HIV seropositives.

(5) Promotion of sentinel surveillance for monitoring and evaluation of the programme.

The Committee adopted a resolution on the subject (resolution SEA/RC43/R___).

## 7. NOMINATION OF A REGIONAL REPRESENTATIVE TO THE MANAGEMENT COMMITTEE OF THE GLOBAL PROGRAMME ON AIDS IN PLACE OF THAILAND WHOSE TERM EXPIRES AT THE END OF 1990

The Committee decided to nominate India to the Management Committee of the Global Programme on AIDS for a period of one year starting 1 January 1991.

## 8. WOMEN, HEALTH AND DEVELOPMENT

The Committee considered the topic of Women, Health and Development, together with sub-section 9.1 "Maternal and Child Health including Family Planning".

The role of women as health providers, especially as female health volunteers at the grassroots, was highlighted as a successful strategy in creating better health awareness among women. It was obvious that countries with low maternal and infant mortality rates have high literacy rates among women. Some countries have developed programmes on leadership capabilities of women and urged WHO to support this in all the Member Countries. It was pointed out that despite several intercountry and global meetings and

legislation passed on the subject, the implementation at the country level needed more support with a strong political commitment. Further, the involvement of women at decision- and policy-making levels is still very low and needs more attention. Hence, emphasis was laid on the need for an action-oriented programme on Women, Health and Development at the country level with the involvement of women themselves during the policy-making, planning and implementation stages. The Committee adopted a resolution on the subject (resolution SEA/RC43/R__).

## 8. WHO SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES

### Report on the Joint Coordinating Board (JCB) Session

Dr N. Kumara Rai (Indonesia) reported on the thirteenth session of the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases (TDR), held in Geneva from 26 to 27 June 1990, on behalf of Indonesia and Myanmar, who are currently the two nominees of the Regional Committee to the JCB. He gave a brief account of the main conclusions and recommendations of the session. The representative of Myanmar at the JCB had suggested that TDR look into sensitive, specific, rapid and inexpensive diagnostic tools for tropical diseases for use in the field in developing countries.

The Regional Committee decided that in future its nominees to the governing bodies of various programmes, namely, the Programme Coordinating Committee of the WHO Special Programme of Research, Development and Research Training in Human Reproduction, Management Advisory Committee of the Action Programme on Essential Drugs and the Management Committee of the Global Programme on AIDS, report to the Regional Committee on their participation at the meetings of these respective bodies, as is the current practice with regard to JCB/TDR.

## 9. WHO SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION

### Membership of the Policy and Coordination Committee (PCC)

The Regional Committee unanimously nominated Thailand under category 2 as a member of the Policy and Coordination Committee for a period of three years from 1 January 1991.

## 10. MANAGEMENT ADVISORY COMMITTEE (MAC) OF THE ACTION PROGRAMME ON ESSENTIAL DRUGS

### Selection of two regional representatives

The Regional Committee unanimously selected Indonesia as a representative on the Management Advisory Committee (MAC) of the Action Programme on Essential Drugs for one year from 1 January 1991, and Bhutan for two years from 1 January 1991.

## 11. CONSIDERATION OF RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE WORLD HEALTH ASSEMBLY AND THE EXECUTIVE BOARD

Nine resolutions of regional interest adopted by the Forty-third World Health Assembly and five by the eighty-fifth session of the Executive Board were brought to the attention of the Regional Committee. These were noted.

(1) Prevention and Control of Iodine Deficiency Disorders (WHA43.2 and EB85.R6)

(2) Improving Technical Cooperation among Developing Countries through Implementation of the Medium-Term Programme on TCDC for Health For All 1990-1995 (WHA43.9)

(3) Women, Children and AIDS (WHA43.10)

(4) Tobacco or Health (WHA43.16)

(5) Strengthening Technical and Economic Support to Countries Facing Serious Economic Constraints (WHA43.17 and EB85.R15)

(6) The Role of Health Research (WHA43.19)

(7) Action Programme on Essential Drugs (WHA43.20)

(8) Report of the International Conference for the Tenth Revision of the International Classification of Diseases (WHA43.24 and EB85.R4)

(9) Hazardous Wastes Management (WHA43.25)

(10) Monitoring and Evaluation of the Strategy for Health for All: Strengthening Epidemiological Support (EB85.R5)

(11) Collaboration within the United Nations System: General Matters - International Conference on Nutrition (EB85.R14).

## 12. TIME AND PLACE OF FORTHCOMING SESSIONS OF THE REGIONAL COMMITTEE

The Regional Committee decided to hold its forty-fourth session in Maldives, and its forty-fifth session in Nepal (resolution SEA/RC43/R__).

## 13. SELECTION OF A SUBJECT FOR THE TECHNICAL DISCUSSIONS AT THE FORTY-FOURTH SESSION OF THE REGIONAL COMMITTEE

The Regional Committee decided to hold Technical Discussions on the subject of Disaster Preparedness during its forty-fourth session in 1991 (resolution SEA/RC43/R__).