WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTÉ

EB75/SR/10

15 January 1985

EXECUTIVE BOARD

Seventy-fifth Session

PROVISIONAL SUMMARY RECORD OF THE TENTH MEETING

WHO Headquarters, Geneva
Tuesday, 15 January 1985, at 9h30

CHAIRMAN: Professor J. ROUX

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TENTH MEETING

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Eastern Mediterranean (Document EB75/9)

Dr GEZAIRY (Regional Director for the Eastern Mediterranean) said that adverse political, economic and social conditions still prevailed in the Region: fratricidal warfare between Iraq and Iran continued, tyrannical aggression persisted against a number of Member States with the consequent occupation of lands and the expulsion and suffering of the population in Palestine, Syrian Arab Republic and Lebanon, and other types of civil strife were maintained with the help of foreign intervention, both open and disguised. Under such distressing conditions of suffering, migration of refugees - the refugee problem in the Region was no less acute than in Africa, with Afghan refugees in Iran, Pakistan, refugees in Sudan and Somalia, as well as long-term refugees from occupied Palestine - economic recession and drought, fewer resources were available for health either within countries or to assist other countries. Intense efforts had been made by the Regional Office and Member States in a spirit of full understanding and cooperation, in the hope that reason and wisdom would prevail in the Region.

Introducing his report (document EB75/9), he said that the principal aim in the Region for the 1983-1984 period had been to stress country activities, especially those that would increase national self-reliance. In health systems infrastructures and the managerial process for national health development, for example, the target had been the promotion of national self-sufficiency. All activities were to be closely related to health-for-all strategies to be achieved through primary health care in line with the objectives, targets and approaches set down in the Seventh General Programme of Work. In order to achieve that in a proper balance with the immediate and future needs of the countries, joint government/WHO programme review missions had been undertaken in 22 Member States of the Region, bringing together Senior officals of the ministries of health and WHO staff from the Regional Office, headquarters and in the Member States concerned. Meetings had been held with senior officials from different sectors and with representatives of the United Nations and other bodies active in the countries. The frank discussions which had resulted had given the staff of the Organization a real understanding of factors facilitating and constraining programme delivery in Member States. The missions had been well received by Member States, which had requested that they be continued as a regular collaborative activity, as reflected in Regional Committee resolution EM/RC31A/R.5, that such missions "consider all important matters ... pertaining to policy matters, programme budgeting, programme implementation and programme evaluation" and "that the recommendations of these Joint Programme Review Missions constitute guidelines for Governments and the Organization for implementation, monitoring and evaluation of collaborative activities".

The work of the missions had been supplemented by that of WHO representatives and programme coordinators and by in-depth reviews by the Regional Office of country programme implementation with a view to ensuring that in all planning and implementation of country activities the best possible use would be made of the Organization's resources.

WHO activities in support of national health programmes had been vital for the preparation of the proposed programme budget for 1986-1987 which had been undertaken in close collaboration with Member States and reviewed in detail by the Regional Consultative Committee before being submitted to the Regional Committee. It was based on an approach in which all activities were reviewed and not simply projected forward. Special note had been taken of projects that had continued over long periods of time. The suspension of a number of those projects was considered because they had achieved their objectives.

The resulting proposals under the regular budget were based on a tentative allocation of US$ 62 405 000 for 1986-1987 - an increase of 17.5% for country activities and 13.5% for Regional Office and intercountry activities. Of the 17.5%, 13.5% was to cover cost increases and inflation, while the real increase of 4% was to be exclusively distributed to country activities. Of the US$ 62.4 million, US$ 39.1 million (63%) had been allocated for country activities, of which US$ 21.8 million were to meet the needs of the six least developed countries in the Region. Intercountry activities accounted for US$ 15 million (24%) and Regional Office activities for US$ 8.3 million (13%).

A commendable and well established feature in the Region was that the more affluent countries financed most of the requirements under funds-in-trust arrangements. In addition, generous contributions by a number of governments supplemented the regular budget programme and were used largely for programmes in the least developed countries.

The report highlighted priorities in various programme areas in an attempt to chart a path for the 1986-1987 biennium. Looking at the programme budget by appropriation section, by far the largest part - US$ 26.5 million, or 42.6% - had been allocated to health system infrastructure. That was hardly surprising as it was the main pillar of the WHO programme in the Region. Health promotion and care - US$ 13.1 million, or 21% - and disease prevention and control - US$ 10.8 million, or 17.3% - were the other major items of planned expenditure. Direction, coordination and management accounted for US$ 5.8 million (9.3%) and was the smallest item. Programme support - US$ 6.2 million - was best considered in two parts: health information support, comprising translation and publication services and the regional Arabic programme - which could hardly be considered as administrative support - which accounted for US$ 1.94 million (3.1%), and true administrative support, which accounted for US$ 4.23 million (6.8%).

Funding data shown in the programme budget for regional health programmes other than data for the regular budget were only preliminary, since other United Nations bodies were unable to provide detailed information about their support in view of their different planning cycles. Additional funds would doubtless be available at the time of programme implementation. Discussions were also under way concerning funds-in-trust arrangements.

Two features were to be noted in relation to regional programmes: firstly, in addition to the global objective for the programme set out in the Seventh General Programme of Work, some regional programmes had specific objectives more accurately reflecting the needs of the Region; and, secondly, certain programme targets had been revised with the aim of presenting a more realistic picture of what it was believed would be achieved by the date indicated.

A start had been made in giving preferential support to country-level activities that combined or helped to integrate two or more programme areas; in other words, intrasectoral activities were being promoted by the Regional Offce which, in turn, required intersectoral collaboration at country level at both planning and implementation stages. That was one example of the efforts being made to further intersectoral collaboration in Member States, recognized by Sub-Committee A of the Regional Committee as essential for achieving the goal of health for all by the year 2000 (resolution EM/RC31A/R.9). The effect on the programme budget was a more efficient use of WHO funds as a result of sharing human and material resources among programmes. Programmes that could be integrated to support the concept of improving and preserving family health, and thereby the health of the community, had been given a certain priority; for example, integration of maternal and child health, immunization and diarrhoeal disease programmes.

Throughout the different programme areas concerned with prevention and treatment of disease and injuries the importance of education had been stressed in a form which was in keeping with local culture and traditions.

Criteria for selecting intercountry activities emphasized that (1) similar needs had been identified by a number of countries in the Region; (2) the pursuit of an activity as a cooperative effort by a number of countries was likely to contribute significantly to attaining programme objectives; (3) countries practising TCDC/ECDC had requested WHO to facilitate and support such activities; and (4) the intercountry "framework" was a useful way of sharing scarce of costly human and material resources. There had been a substantial swing towards support for primary health care, and special stress was being laid on furthering community involvement and community dialogue with health professionals.

Particular emphasis had been placed on all aspects of training at every level. Institutions of higher education, such as universities, and institutes training health professionals and paramedical staff were being strongly encouraged by ministries of health to reorient their teaching towards primary health care. Teacher training was receiving special attention and intercountry training courses were being held on appropriate topics, such as the managerial process for national health development, on completion of which participants were expected to be ready to pass on their knowledge by supporting national training courses. In addition, in-service training and continuing education were receiving support in several programme areas.

Many of the above aspects were also reflected in the proposals for collaborative programmes on country activities.

Through the joint programme review missions, Member States had become more aware of the need to use the WHO support wisely and efficiently towards health for all strategies. The same was true for fellowship applications: it had regularly been emphasized that the fellowships programme was not a separate entity and that Member States and WHO had a common responsibility to see that fellowship resources were used directly to promote the goals of their common programme.

Another aspect - the need for coordination of health programmes receiving support from external sources of funds - was becoming better understood. Duplication of effort and the counter-productiveness of conflicting activities were coming to be recognized as a waste of national resources.

Very stringent methods had been applied to ensure that the Region's share of the regular budget was used carefully and effectively and the programme budget for 1986-1987 would doubtless provide all concerned with valuable guidance and a basis for firm control. It would be supported by the results of monitoring and evaluation activities in Member States and detailed planning of approved activities in the course of the next round of joint government/WHO programme review missions in 1985.

He concluded by quoting from the Koran: "To all are degrees according to their deeds, which God shall reward justly".

Professor JAZBI congratulated the Regional Director on the proposed regional programme budget for 1986-1987 and his comprehensive and informative report.

As a member of the Regional Consultative Committee, he himself had attended the meetings held in Tunis and had also been actively involved in the formulation of the proposed programme budget and could therefore assure members of the Board that both programme and budget had been prepared in a very realistic manner, keeping in view the needs of individual member countries as well as the objectives set out in the Seventh General Programme of Work. The creation of the Regional Consultative Committee - thanks to the personal involvement of the dynamic Regional Director who had revolutionized the working of the office since taking over - had proved to be very useful in providing a correct picture of the needs of the Region as a whole in order to attain health for all by the year 2000 and in translating them into programmes to be carried out during and beyond the coming biennium.

The joint WHO/government programme reviews in all countries had produced very good results in assessing actual requirements and streamlining mutual collaborative efforts to achieve their targets. In addition, annual meetings of programme coordinators were being held to carry out in-depth study of country programmes. A clear understanding had emerged between governments and the Regional Office concerning their respective responsibilities in moving towards national self-reliance in the health field. The joint WHO/government review missions had also started monitoring progress. Recently, in Pakistan, a joint review had been carried out of the accelerated health programme to step up the pace of the expanded programme on immunization, the oral rehydration salts programme and the training of traditional birth attendants within the overall context of primary health care. What the Director-General had emphasized in his introductory statement was therefore already taking place in the Region at the initiative of the Regional Director.

Member States in the Region were suffering from inadequate health planning, unsufficiently balanced health manpower development and a lack of managerial capabilities. Medical education was unrelated to community needs and there was no system of continuing education of health personnel. However, under the recent dynamic leadership and able guidance of the Regional Director, himself an educationalist, there had been a move towards community-oriented teaching and many new schools had revised traditional curricula and teaching methodology. Efforts were being made to reorientate teaching of all categories of health personnel within countries, and teaching materials were being provided for that purpose. A clearing-house had been established in the Regional Office to collect and disseminate information on appropriate teaching materials for all categories of health personnel, including primary health care workers. Countries were being assisted by means of joint teaching ventures and learning material surveys to assess their requirements. Learner was published quarterly by the Regional Office to provide information to teaching institutions on innovations in curricula and teaching methodology. Particular emphasis was thus being placed on manpower development, as was reflected in the proposed programme budget. Priority was being given to the managerial process for national health development, health education, maternal and child health, nutrition and disease prevention and control, particularly diarrhoea control, malaria, acute respiratory infections, tuberculosis and immunization, all of which were genuine requirements in the Region and all of which were to be carried out in the framework of primary health care. More funds had been allocated for essential drugs and vaccines and their quality and safety. With increasing industrialization environmental hazards were also having to be taken into consideration.

The more affluent Member States, who had assumed their own share of the budget and also helped their more needy brothers, were to be commended. AGFUND had provided valuable assistance to a number of Member States through WHO to carry on specific health programmes. Pakistan was receiving such assistance for its tuberculosis control and acute respiratory infections programmes.

He expressed appreciation for the benevolence shown by his Arab brothers in the cause of health for all.

Much good work was being done in the Region for health promotion. Services for primary health care had been established in almost all countries and good cooperation and understanding existed between WHO and Member States. There was also closer collaboration between WHO and UNICEF in the Region thanks to the efforts of the Regional Director. The proposed programme budget for 1986-1987 had been prepared in close cooperation with Member States, reflecting their needs and requirements, and he consequently fully supported it.

Dr ADOU said that, while in January 1984 Board members had expressed their gratitude to the Regional Director for the new direction he had given in a Region which had known a troubled period, the time had come to express the assurance that was generally felt in the Region. When Sub-Committee A of the Regional Committee had met in Tunis in October 1984, the will of the countries of the Region to implement the health-for-all strategy had been clear, and practical mesures had been taken to implement organizational and administrative aspects of the strategy, including the redefining of the role of WHO programme coordinators, the establishment of the proposed programme budget for 1986-1987 with the help of joint WHO/government programme review missions, and the rationalization of methods of transfer of the Organization's knowledge by means of seminars and visits by experts. Those and other items were in line with the Director-General's appeal to Member States to utilize to the full the resources of the Organization, and it was to the honour of the countries of the Region and above all to the dynamism of the Regional Director that much progress had been made in that respect.

Dr AL-TAWEEL congratulated the Regional Director on his full, realistic and objective report. After over four years in which the work of the Regional Office for the Eastern Mediterranean had stagnated and had been isolated at WHO headquarters, the situation was returning to normal and joint projects between the Regional Office and headquarters were under way, thanks largely to the efforts made by Dr Gezairy and Dr Mahler. Once again seminars and regional meetings were being held in the Region. Experts were visiting the Region, training cycles were being organized, and fellowships were being provided - all on a regular basis. It was therefore not surprising that the programme budget had finally been implemented in a proportion of 99.9%.

In 1985 Iraq, for example, had been visited by WHO experts on many subjects. National seminars on diarrhoeal disease control and on vaccines had also been held, while regional seminars had been organized on occupational hazards in rural areas and on natural disasters. Fellowships and training cycles had been reintroduced in a new atmosphere of enthusiasm for the cause of health for all. Fresh impetus had been given to the joint government/WHO review missions. Also appreciated was the Regional Director's decision to reintroduce a WHO representative in Iraq - a decision which ought to be put into practice as soon as possible. The plans to create a critical mass of health leaders in the Eastern Mediterreanean Region were fundamental to the success of the strategy for health for all by the year 2000.

He did not wish to politicize the discussion in the Board, but Iraq was still engaged in a defensive war along a front of 1150 km, despite the attempts by many parties to mediate in the dispute, and WHO could help to prevent the spread of epidemics such as malaria and leishmaniasis in the area, and assist the disabled.

Finally, he expressed regret at the departure of Dr Kaprio, who had served not only in the European Region but also in the Eastern Mediterranean Region, where he had worked as a consultant in Iraq. He wished Dr Kaprio health and happiness in his retirement.

Dr RIFAI thanked the Regional Director for his valuable and clear report, which reflected the great effort which he had made in a very short time. The Eastern Mediterranean Region had suffered from a terrible upheaval that had disrupted cooperation between governments and the Regional Office, leading to a paralysis of the latter's work. However, during that period the Director-Général had played a highly commendable role in saving certain projects and in safegarding the Region's relationship with WHO. Dr Gezairy, with his political and technical skills, had also done much to improve the situation and to restore confidence in the Region.

The Eastern Mediterranean was a Region of irreconcilable differences: some countries were extremely rich, while others were extremely poor; in many countries almost total ignorance prevailed, while others possessed a great deal of sophisticated technology and know-how; political systems also differed enormously. However, the basic problem was the situation of the Palestinian refugees and the occupation of Arab territory. There could be no real progress and no real implementation of health programmes unless peace was brought about, since so much of the Region's human and material resources were being devoted to seeking a solution to the Palestinian problem. In addition, there were armed conflicts and natural disasters in some other parts of the Region. The primary issue facing the peoples of the Region was therefore the struggle for survival.

In spite of those conditions, however, the countries of the Region had accepted the goal of health for all and had adjusted their programmes accordingly, working in collaboration with the Regional Office with a view to attaining self-reliance in health matters. Some of the positive factors had been mentioned by the Regional Director. For example, the Region had initiated a pioneer project on training cycles for country managers. Special committees had been established to review the implementation of national plans. Some countries were implementing their plans with their own resources, while others were receiving support from WHO. The rich countries in the Region had sacrificed part of their funds to help the poorer countries. Many seminars had also been held, with the result that the Region's problems were now properly understood and health programmes could now be implemented, due account being taken of the great differences in political, social, scientific and health backgrounds. There was, however, a need to intensify cooperation with other organizations in the United Nations system.

Dr BASSIOUNI (alternate to Dr El Gamal) said that when Dr Gezairy had taken up his duties the Eastern Mediterranean Region had been in a very poor state. The Executive Board had not even been able to obtain a report on what was happening there. Now, however, after an interval of four years, the Regional Committee had held two meetings and there was an awareness of what work was being done. The rational leadership shown by Dr Mahler and Dr Gezairy had done much to bring about the rebirth of the Regional Office. Nevertheless, he hoped that the temporary measures mentioned by Dr Gezairy would be discontinued and that normal conditions would be restored so that the dialogue between the Regional Office and the countries of the Region could be fruitfully pursued and the goal of health for all by the year 2000 could be achieved with the active collaboration of all concerned.

Environmental health, occupational health, sanitation, disease control and the role of women in development and health had received full attention in the Region, which had been a pioneer in manpower development; its programme in that field could be considered as a model for all to follow. He was glad to note that the great importance traditionally attached to it would not be diminished.

Serious attempts were being made to overcome language problems and other difficulties associated with fellowships. Moreover, the training cycles for health leaders were now starting up as part of the drive to develop managerial skills. Unfortunately, in six Member States in the Region armed conflict and internal troubles had led to a delay in the implementation of the long-term plan. The fact that the Palestinian people could not benefit from the resources available had had harmful consequences in all countries of the Region.

In the past two years the Arabic publications programme had received great attention, and he hoped that would continue. Of particular importance was the encyclopaedia which would standardize the use of the Arabic language in science and medicine.

Dr BORGOÑO noted the great progress made in restoring the normal operation of the Regional Office. If a similar crisis ever occurred in another region, it should be overcome in the same commendable fashion. He asked what impact the Expanded Programme on Immunization was having on the eradication of neonatal tetanus; and what action was being taken to promote chemical safety and to prevent oil spills at sea and accidents at oil refineries.

Mr BOYER (adviser to Dr Gardner) commended Dr Gezairy on paragraph 12 of his report (document EB75/9), which stressed the importance of using funds strictly for activities directly supporting the strategies for health for all. He also welcomed the courageous statement, closely in keeping with the approach adopted by the Director-General in his Introduction to the proposed programme budget, that unused funds from the regional budget were not the "inalienable property" of a specific Member State.

Paragraph 9 of the report, with its reference to the lively discussion on ways of improving the usefulness of WHO meetings, was also noteworthy. Dr Gezairy might wish to expand upon that statement, since it might be possible to draw some conclusion of benefit to the Executive Board or to other regional committees.

Dr SUDSUKH noted that in paragraph 7 of the programme statement on pages 356 to 358 of document PB/86-87 it was stated that in preparing the programme budget Member States had taken seriously their commitment to health for all, the reorienting of health systems towards primary health care, and efforts to improve national capacities for health management. He was quite satisfied with that approach, particularly as far as the improvement of national capacities for health management was concerned. He would, however, be grateful if the Regional Director could elaborate on the main strategy used to improve national capacities for health planning and management, both at the regional and at country levels, and indicate how much progress had been made so far.

The Eastern Mediterranean Region had apparently attached great importance to intercountry programmes, which accounted for 24% of the regional budget. The establishment of a number of criteria to ensure the inclusion of high priority activities of common concern was most welcome.

The problem referred to in paragraph 15 of the programme statement - the lack of effective coordination or integration between the development of health services and the development of health manpower - was common to all regions and required further efforts.

Dr HAPSARA joined in congratulating the Regional Director on his comprehensive report. He particularly appreciated the efforts being made in the Region to relate many small-scale projects to larger-scale ones and so provide the multipurpose coordination and integration that was so important for overall health development. He noted that the highest allocation (US$ 11.9 million) in the 1986-1987 budget for the Region had gone to health manpower development. He asked what major problems the Region was facing in the field of health manpower development, and in particular whether difficulties were being encountered in correlating the production, utilization and career development aspects.

Dr LEE also expressed his appreciation of the Regional Director's excellent report, and particularly of the way in which he had managed, within the framework of a "stand-still" budget for 1986-1987, to increase the resources devoted to general health protection and promotion, which comprised nutrition, oral health and accident prevention. The allocation for the latter had been increased over 20-fold, from US$ 10 000 in 1984-1985 to US$ 208 900 in 1986-1987.

Dr GEZAIRY (Regional Director for the Eastern Mediterranean) expressed his gratitude for the appreciation shown for the Director-General's and his own efforts in the Eastern Mediterranean. He would continue to do his best to live up to expectations. He had been greatly assisted by the great interest the Director-General had taken in the Region in the past four difficult years and the great concern he had shown for its problems. Despite the fact that the Regional Committee had not met, the Regional Office had tried to pursue the impetus of its various activities even in the difficult political conditions then prevailing. The Director-General's responsible stance had been a major factor in enabling the Regional Office to carry on its work and, with the slight improvement in the political climate, to surmount its difficulties and stand once more on its feet. He assured the Board that the Regional Office would take into consideration the additional regional activities that had been recommended in the course of the debate.

Dr Borgoño's questions had highlighted one of the most complex problems in the Region: that of making accurate health information and statistics available to assist in the deployment of scarce resources. Accurate figures were not available on the current status of neonatal tetanus. In some countries the problem did not exist. However, immunization of pregnant women was not the sole answer, traditional birth attendants had to be trained to recognize the danger of non-sterile conditions during delivery; that was where the difficulty lay. In countries that had embarked on education and training for traditional birth attendants, the morbidity rate for the disease had already declined and would continue to do so since those countries were now convinced of the importance of such education. Pakistan, for example, now had an extensive accelerated programme for the development of health services, one of its three main goals being to train enough such staff to provide at least one for every village. However, to start with - as in many of the Region's most developed countries - the health care services and the medical profession had not been fully convinced of the feasibility of training traditional birth attendants and had strongly opposed the scheme. It had taken the intervention of a country's President himself to insist on its introduction in view of the impossibility of providing enough specialized obstetrical personnel to cover the services required.

In answer to Dr Borgoño's question on toxic and other hazards associated with oil production, he said that the countries of the Region were tackling the problem in a responsible way; they had always sought to introduce legislation on the handling of oil that complied with the most advanced medical thinking. A considerable area of health care planning and services was devoted to the issue, and the rate of oil-related disease and injury throughout the Region was decreasing. Furthermore, ministries of industry in the Region based their criteria for the allocation of production permits on the most up-to-date medical and legislative standards. Ministries of health had assumed responsibility for workers' health and there was a considerable regional budget allocation for that activity. Oil pollution of the sea in the Gulf countries had been greatly exaggerated by the world press. Despite offers of expertise from outside, those countries had been able themselves to deal with oil slicks.

Mr Boyer had requested further details of the Regional Committee's views on ways to improve WHO meetings. Many WHO staff and others involved in WHO activities realized that if meetings were not carefully prepared their usefulness would be limited. For that reason he had submitted a proposal to the Regional Committee relating to the difficulties associated with WHO meetings. The Regional Consultative Committee and the Regional Committee, at the outcome of their discussions, had made a number of concrete proposals, which were embodied in a resolution which he had attached to his report. A preliminary study was essential to determine the appropriate size and venue of a meeting, and countries must be informed in time to acquaint themselves with the purpose of the meeting and nominate participants who would contribute and benefit most from attendance. One of the Regional Committee's proposals had been that each ministry of health should set up a permanent committee to nominate participants for meetings (and replacements in case the original nominee was unable to attend). Participants should be given enough time to familiarize themselves with the subjects to be discussed at the meeting. A full account of all those points appeared in the report of the Regional Committee, which could be usefully consulted for further information.

Dr Sudsukh had asked about the role WHO was playing in health manpower development and national managerial activities in the Region. As set out in its programmes, its function was to organize meetings, first at regional and then at national level under the auspices of the ministry of health concerned, for the purpose of informing and training participants in relevant ways. The Regional Office had organized a number of intercountry meetings which had been attended by all countries of the Region, and 30% of countries had held national or local meetings. It was to WHO's benefit to participate in all meetings held at country level concerned with any topic of relevance to health for all or health manpower development, even if it was not a WHO-organized meeting and no specific invitation had been received by WHO. That had not been the practice of the Regional Office in the past, but staff were now attending national meetings on a wide range of medical issues in order to be able to convey the Organization's message to various medical circles. It should be remembered in that context that many of the difficulties facing WHO projects arose from the fact that many medical professionals did not support the Organization's approach because they were not sufficiently well informed of the reasoning behind it. It had been found useful to organize a number of programmes on an intercountry basis since the Region contained a considerable number of small countries that could be grouped together to benefit from joint efforts rather than tackling matters on an individual basis. The Eastern Mediterranean had indeed been in the vanguard of health manpower development activities. One reason had been that the late Dr Taba had taken a deep interest in the field. On his initiative two regional meetings had been held on the topic. The latest one, which the Director-General had attended, had brought together ministers of health and of education and representatives of universities in order to prepare general principles and guidelines. Work was still continuing on implementation of the recommendations that had resulted from that meeting.

In answer to Dr Hapsara's question, he said that the main problems the Region experienced in the field of health manpower development varied: in some countries the number of physicians exceeded those of nurses; in others universities and medical schools were producing graduates more suited to work in the sophisticated conditions prevailing in the medical field in developed countries rather than in the framework of primary health care. Again, in a number of paramedical professions in some countries, although sufficient trainees were produced to fill requirements, the lack of career prospects resulting from a lack of prior planning had caused many to move from those professions into other fields. A further difficulty in the Region was the low government salary structures, rigidly regulated, that applied to physicians among others. That led to a great wastage of manpower despite the large sums being spent on university education. Consideration of the situation at the highest national level was required before the necessary changes could be made. Many of the difficulties the Region was facing in health manpower development were shared by other regions; that was why the Regional Office was trying to benefit from the experience of other regions in coping with such problems.

He thanked Board members for their guidance and their observations and assured them that their comments would be taken into consideration by the Regional Office. It was hoped that the Regional Office's efforts to serve the needs of the peoples of the Region would meet with success.

Dr OTOO, congratulating the Regional Director on his lucid and comprehensive report, noted that paragraph 5 referred to a very active interest in promoting intersectoral collaboration between health and health related agencies in Member States. Could the Regional Director give some examples of the mechanisms used to achieve such collaboration, and also inform the Board whether there was any collaboration at the regional level between WHO and other international agencies and if so how it operated.

Professor BAH recalled that the Health Assembly had on several occasions determined that vaccination against cholera was no longer necessary. However, in the context of the annual pilgrimage to Mecca, the Government of Saudi Arabia quite understandably, in view of the large influx of people from different parts of the world, insisted on such vaccination for pilgrims. Between four and five thousand of his own compatriots made the journey to Mecca each year and his country was having great difficulty in obtaining vaccine; it was only able to do so thanks to assistance from a friendly country. Was there some way in which the Regional Office for the Eastern Mediterranean could help on that issue?

Dr GEZAIRY (Regional Director for the Eastern Mediterranean) said that the Region had many integrated projects in which various activities related to such programmes as maternal and child health, immunization, nutrition and primary health care were carried out in concert. The Regional Office also promoted intersectoral collaboration, seeking to achieve that in full cooperation and understanding with ministries of health. The Regional Office thus maintained contacts with ministries and authorities other than the ministries of health in those areas of their activities affecting the health field. For example, in accident prevention, contact was maintained with ministries of the interior and with police authorities. As regarded cooperation with other organizations, the Regional Office had a very close relationship with the UNICEF representatives in the Region, particularly with the Resident Representative based in Beirut (now stationed in Amman). The two regional organizations attended each other's meetings and there were plans in 1985 for a short joint WHO/UNICEF meeting. Joint WHO/UNICEF mission had visited Member States and thus had ensured that their respective projects were coordinated and not competitive. The Regional Office also had a full understanding with UNDP and the other UN agencies and other organizations in the Region. Every endeavour was made to inform the representatives of those various organizations of what WHO was doing in the Region and the Regional Office tried to keep informed on their activities.

In reply to Professor Bah, he said that during the period he had held the post of Minister of Health in Saudi Arabia, it had been decided not to require the vaccination of pilgrims against cholera. That decision had followed a debate during the technical discussion at one Regional Committee, to which various international experts had contributed, which had concluded that such vaccination was not essential. Cholera immunization was at best only 30% effective and the protection it conferred limited in time. Vaccination could also increase the carrier rate. Hence vaccination increased rather than decreased the problems created by cholera. Saudi Arabia had instead instituted a very strict system of control and follow-up of cases and in addition took great care to provide safe water supplies and proper waste disposal. Such measures provided a more effective way of preventing epidemics than requiring the vaccination of pilgrims.

Dr EL GAMAL, commenting on the point raised by Dr Otoo regarding intersectoral collaboration, recalled, from his own experience, that the Regional Office had, in connection with the International Drinking Water Supply and Sanitation Decade, arranged a meeting of the representatives of all government bodies and international organizations concerned, which had led to an extensive exchange of information. He was sure that the steering committee set up to monitor the progress of the Decade, and in which UNDP and UNICEF were collaborating with the Regional Office, would exert a most beneficial influence and be a constructive step towards the achievement of health for all.

With regard to the matter of vaccination against cholera, he said that Egypt had been one of the few countries requiring vaccination certificates on entry. However, the results of a survey carried out at the Regional Office in respect of cholera vaccination showed that it could be dispensed with, and that it could indeed have a role in the spread of hepatitis.

Professor JAZBI said, on the point made by Professor Bah, that Pakistan was ready and willing to supply quantities of cholera vaccine, provided that relevant requests were transmitted through the Regional Office. Over 60 000 pilgrims from that country had gone to Mecca the previous year, and it was anticipated that some 75 000 would do so in 1985. In fact, those people were accompanied by their own medical contingent, consisting of up to 60 doctors and paramedical staff.

In view of the numbers involved in the pilgrimage to Mecca, he believed that WHO should be prepared to respond immediately to any request for assistance that might be forthcoming from the Government of Saudi Arabia.

Dr BELLA associated himself with the concerns expressed by Professor Bah. Pilgrims travelled from the Ivory Coast to Mecca every year, and it would be useful if up-to-date information on the situation and on vaccination requirements were disseminated by the Regional Office.

Dr GEZAIRY (Regional Director for the Eastern Mediterranean) did not believe that the authorities of Saudi Arabia now required cholera vaccination or any other, with the exception of yellow fever vaccination in respect of persons coming from countries exposed to that disease.

Professor BAH begged to disagree, on the basis of personal experience: cholera vaccination had been required in 1983, and again of the 4011 pilgrims travelling to Mecca from Guinea in September 1984. He reiterated that acquiring vaccines had proved a considerable problem. He commended the manner in which the pilgrims were looked after in Saudi Arabia, where the health control was good.

Dr GEZAIRY (Regional Director for the Eastern Mediterranean) said he hoped to be in a position, before the end of the present session, to supply the Board with definite information on the position regarding cholera vaccination for persons entering Saudi Arabia.

The CHAIRMAN said that France had a large number of Moslems who went to Mecca on a pilgrimage among its immigrant workers. Speaking from his own experience, he did not think that vaccination against cholera was any longer obligatory; that state of affairs seemed reasonable, since the protection afforded by present vaccines was limited, the level of 30% mentioned earlier being somewhat optimistic in his own view. Should new research lead to more effective vaccines, there could be cautious consideration of the possibility of reintroducing the requirement. It would be most useful to have clarification on the present attitude of the Saudi Arabian authorities.

It had been gratifying to hear the Board pass positive judgement on the activities in the Eastern Mediterranean and on the progress made there, in spite of the great difficulties the Region was undergoing. Dr Gezairy deserved the warmest congratulations.

Western Pacific (Document EB75/10)

Dr NAKAJIMA (Regional Director for the Western Pacific) called attention to the extremely heterogeneous nature of the Western Pacific Region, in regard both to its geography and to its population. As for the situation concerning economic development, even the developed countries in the Region suffered from difficulties arising out of chronic budget deficits and shortages of hard currencies. Countries undergoing a rapid development process were faced with social changes, calling for a different slant in programmes. Other countries were faced with economic crises arising out of political difficulties, and yet others which had recently acquired independence encountered problems in raising adequate financial resources and also suffered from a lack of adequate essential trained health personnel. It was noteworthy that, in spite of its vast surface area, the budget of the Region was the smallest among all WHO regions, which showed both careful preparation of the budget and proper supervision of the utilization of resources.

Introducing the regional programme statement, he said that the proposed programme budget estimates for the Western Pacific Region for 1986-1987 reflected the continuing reorientation of programmes towards achievement of the goal of health for all. Those estimates, which had been prepared in close consultation with governments through a joint planning process involving national authorities and members of the Secretariat both at country and regional levels, accordingly provided for activities responding to the needs and priorities of countries within the framework of the goal. In addition to the usual consultations between national authorities and WHO staff at country level and to visits by himself and other senior Regional Office staff, joint reviews were also being conducted with other United Nations agencies, such as UNICEF and UNDP, at country level together with national authorities to ensure coordinated efforts for better use of national and international resources in the health field.

As to the formulation of the proposed programme budget estimates, he said that the proposed regular programme budget for 1986-1987 had been prepared on the basis of a provisional allocation by the Director-General of US$ 54 748 000. However, following a series of changes in the Philippine peso/US dollar exchange rate, the estimates had been adjusted downwards, as a result of which currency exchange savings of US$ 3 460 500 had been relinquished. Thus, the 1986-1987 estimates for the Region now totalled US$ 51 287 500, which, compared with the 1984-1985 approved budget of US$ 46 125 000, represented a net increase of US$ 5 162 500 or 11.2%.

In accordance with the directives received from the Director-General, the estimates for country activities included a real increase of 4% as compared with the approved level of 1984-1985. Cost increases at country level had to be contained within a maximum increase of 13.5% over 1984-1985.

He emphasized the facts that Regional Office and intercountry activities reflected no net real increase. Cost increases had taken into account the present high rate of inflation and, based on reasonably assumed projections for 1986-1987, had been limited to 20%. Estimates for certain Regional Office activities had been subsequently recalculated, namely, on items relating to the post adjustment for professional staff, salaries and related costs for general service staff, and common services, a rate of exchange of Philippine peso 14 to the US dollar was being applied. As a result, a currency exchange adjustment had been made, representing a reduction of 15.7% on the 1984-1985 estimates for Regional Office and intercountry activities, and that reduction had been noted with satisfaction by many representatives during the thirty-fifth session of the Regional Committee.

Considered on an overall basis, the proposed budget for 1986-1987 for the Western Pacific Region reflected an increase of 11.2% as compared with the approved budget for 1984-1985. The increase was composed of a real increase of 2.1%, statutory costs and inflation of 16.6%, and a reduction resulting from currency adjustment of 7.5%.

Most of WHO's cooperative activities during 1986-1987 would be provided through country programmes. In addition, an intercountry programme had been maintained in view of the heterogeneous nature of the Region, which made that kind of programme a more effective and economical means of providing cooperation. The Regional Committee had observed that the general policy had been to maximize country allocations at the expense of Regional Office and intercountry activities. It had noted the additional inflation in the Region, stimulated by the high exchange rate of the dollar, and had welcomed the efforts to absorb some of the cost increases in the Regional Office and intercountry programme.

Referring to some of the regional policies applied in the development of the 1986-1987 proposed programme budget for the Region, especially insofar as countries were concerned, he first pointed out that the real increase had been applied only to the countries. In establishing country planning figures, a number of factors had been taken into consideration so as to ensure that WHO resources would be utilized for priority programmes in support of the health-for-all strategies. Foremost among those were the existence of national health-for-all strategies and the progress actually achieved in implementation of those strategies. In that connection, it was interesting to note that an analysis of progress reports submitted by Member States following their first round of monitoring the implementation of their strategies revealed that more action was indeed taking place throughout the Region in the field of implementation. Various developments in the field of health, such as expansion of health care coverage, reorientation and retraining of health manpower, strengthening of managerial capabilities, particularly at the intermediate level, and active community participation on the basis of the principle of self-reliance reflected the new thinking at policy level, stimulated by primary health care principles and the health-for-all concept. However, countries differed considerably insofar as the content, direction and pace of their health development were concerned.

Other factors taken into account for the country planning figures were the stage of development of countries, partly measured on the basis of such socioeconomic and health indicators as population size and per capita GNP, the managerial absorption capacities of countries for external resources and other country-specific considerations, such as commitment to WHO membership. In that regard, both at the Regional Office and country levels, mechanisms were developed for information support to planning efficient operations and continuous monitoring and evaluation of country/WHO collaborative programmes, not only from the financial, but also from the programme point of view. An advanced and appropriate data and text processing technology and communication system were being introduced for that purpose.

The proposals received from countries confirmed the soundness of those criteria, since most of the countries and areas in the region identified as priority activities those relating to the broad category of programmes classified under health system infrastructure, and that had resulted in 45.8% of the regular budget being allocated to that category. The health system infrastructure was being built up in accordance with primary health care principles. Countries had become much more realistic in that regard by commissioning reviews and studies and conducting research and development projects to arrive at more pragmatic solutions. WHO had provided and would continue to provide support for such studies, including the formulation and implementation of necessary measures geared to the re-orientation of the health system. Since such exercises were of a national character, a major direction of WHO collaboration consisted of strengthening national capabilities for

health planning and management, including evaluation and health systems research. Some of the issues which the countries themselves would have to deal with in varying degrees, depending on local circumstances, and for which WHO must be ready to provide technical backstopping were redistribution/reallocation of health resources, development of alternative means of financing, improvement of the efficiency of health care delivery, containment of the rising costs of health care, enhancement of the relevance of health manpower development programmes, use of appropriate technology, promotion and support of community participation, and intrasectoral and intersectoral coordination.

Health system infrastructure included the health manpower programme, which accounted for the highest proportion of resources (19.1%), approximately 89% of that provision going directly to the countries. Although a few reservations about the large amount allocated to the health manpower programme had been expressed during the last session, the Regional Committee had noted that the allocation for the programme, based on government requests, reflected the high priority accorded to health manpower development by most Member States in the Region. That had been confirmed by a number of Member States which had welcomed the allocation for health manpwer in their country programmes. The total amount allocated, including $ 4.9 million for fellowships in other programme areas, had been, $ 13.7 million, representing 30% of the total regular budget for the Region. The Committee had noted that the fellowship programme gave particularly valuable support to small newly independent States in developing national personnel for their health services, since it was not feasible for them to set up schools for such staff.

Shortage of appropriate health manpower was a situation faced by virtually all the countries in the Region and was regarded as a major obstacle to the attainment of the health-for-all goal. Lack of resources, skills and coherent policies and plans were the most frequently cited factors, and WHO would therefore focus its collaboration on supporting Member States in formulating manpower policies and plans and in such areas as manpower production and management. Support would be provided for the necessary reorientation of curricula, faculty preparation and institutional strengthening. Steps would be taken to improve coordination between producers and users of health manpower, with a view to enhancing the relevance of training programmes in meeting the requirements of the health systems. The development and strengthening of national mechanisms to improve the integration of the fellowship programme in national health manpower plans would continue to receive attention.

Community partnership in health was the most important element of primary health care. Efforts in the area of public information and education for health would therefore be focused on enhancing community participation and promoting healthy life styles. Closer links would be established between health education units and public information networks.

The research promotion and development programme would continue to emphasize the strengthening of research infrastructure in Member States in support of their health-for-all strategies. Priority would be given to operational or applied research, rather than to basic research. Among the components of the general health protection and promotion programmes, diagnosis and management of nutrition problems at the peripheral level would be the main consideration. To that end, training of different categories of health workers and those from other sectors would be emphasized, and support would be given to countries in developing their national food and nutrition policies and programmes. The oral health programme would stress prevention through the wider use of fluorides and improved oral hygiene in order to reduce the existing quantum of oral health diseases to a more manageable level.

The programme for protection and promotion of the health of specific population groups covered the health problems of women of child-bearing age, children, workers and the elderly. In the area of maternal and child health, efforts would be made further to reduce morbidity and mortality by improving perinatal surveillance and care and monitoring the physical and mental development of infants and children. Priority would be given to the early detection of high risk factors for mothers and children requiring special care and to the provision of wider coverage by the basic antenatal and postnatal services based on primary health care, including an appropriate referral system.

The protection and promotion of mental health included programmes of increasing importance in the fields of mental and neurological disorders, psychosocial problems and alcohol and drug abuse. Attention would be focused on research and training for the development of community based mental health services, which in many countries were still custodial in nature and poorly developed.

The promotion of environment health programme would continue to play a significant role in the strategy for attaining the health and well being of people everywhere. Support for the International Drinking Water Supply and Sanitation Decade would continue and efforts to improve basic sanitation would be directed to such areas as manpower training at all levels and strengthening the capacity of communities to operate and maintain the systems themselves. For programmes on environmental health in urban and rural development and housing and control of environmental health hazards, technical cooperation would be provided mainly through the Western Pacific Regional Centre for the Promotion of Environmental Planning and Applied Studies (PEPAS).

The concept of technical cooperation among the developing countries of the Region was being applied with notable success with regard to essential drugs and vaccines, and efforts would be made to increase the availability of safe and effective drugs for primary health care. In its review of the programme budget, the Regional Committee had welcomed the offer of the United States Food and Drug Administration to provide countries of the Region with training in good manufacturing practices and quality control, together with advice and information on the quality, safety and efficacy of drugs and vaccines and also to share its expertise on the quality control and development of hepatitis B vaccine.

The role of traditional medicine in primary health care was being increasingly recognized and had focused attention on the need to integrate traditional medicine into the general health system. Following the initial publication of the Standard Acupuncture Nomenclature, it was proposed to conduct more activities in that area, including training.

With regard to disease prevention and control, support would continue to be given to such traditional programmes as malaria, tuberculosis, leprosy, immunization, acute respiratory infections and diarrhoeal diseases. One of the most significant activities concerned the programme of viral hepatitis B, which was a major concern in the Region.

Among the noncommunicable diseases, cancer and cardiovascular diseases would be given increasing attention. Efforts would be focused on the primary prevention of some major cancers prevalent in the Region, such as stomach and liver cancer, liver cancer through hepatitis B vaccination, and lung cancer through an intensified anti-smoking and health education campaign, as well as studies on the possible environmental influence on etiology of a particular type of lung cancer prevalent in women which was now increasing in certain parts of the Region.

Research into the causes of other common cancers would be promoted in close cooperation with WHO collaborating centres. Support would also be provided, where necessary, to countries in the development of national cancer policies and control programmes. Efforts in pursuing community based cardiovascular disease prevention and control activities would be continued in selected countries, with emphasis on a healthy life-style and the nutritional aspects of the diseases.

The health information programme would continue to promote the development of national and regional capacities for the collection and exchange of biomedical information. Institutional strengthening, training of core or focal groups and the development of links between such groups at the the national and regional levels would be promoted.

He now wished to review briefly some of the highlights of the Regional Committee session held in Suva from 5-11 September 1984. He had already referred to the discussion of the programme budget for 1986-1987; another topic of major importance discussed by the Committee had been the impending evaluation of national strategies for health for all. Preparations for the evaluation were now gathering momentum. During the thirty-fourth session of the Regional Committee in 1983, a number of representatives had described their difficulties in understanding the wording of questions and the signficance of indicators used in the Common Framework and Format for monitoring the strategies. It had therefore been felt that, in the best interests of Members States and the Secretariat, the Common Framework and Format to be used for evaluating strategies should be reviewed by the Regional Committee's Subcommittee on the General Programme of Work at its meeting in June 1984. That review had resulted in the preparation of the supplementary information document which was now appended to the Common Framework and Format and was intended to help Member States to prepare evaluation reports.

An important issue on the Regional Committee's agenda had been viral hepatitis B, hyperendemic in most countries of the Region, where between 5-15% of the population were persistent carriers of the virus. There was also strong evidence that the hepatitis B virus could be one of the major causative factors in cirrhosis of the liver and liver cancer, which was one of the most common cancers in the Region. Expressing its concern at that high prevalence of viral hepatitis B, the Regional Committee had adopted a resolution requesting the Regional Director, among other things, to stimulate the further development, production and monitoring of safe, effective and low cost hepatitis B vaccine derived from human plasma and to encourage research on the development of a new hepatitis B vaccine, in particular using recombinant DNA technology. It should be noted that a stage had now been reached where commercial hepatitis B vaccine and diagnostic reagents were available, but their high cost had limited their use in the routine surveillance of hepatitis in many countries of the Region; as some representatives had pointed out in the Regional Committee, a number of countries had had to adopt a strategy of selective immunization for certain high risk groups. At the present time, hepatitis B vaccine was being produced in Japan and the Republic of Korea and on a limited scale in China.

At the request of the Government of New Zealand, the WHO Guidelines for Drinking-Water Quality had been on the agenda of the session. The discussion on that item had led to the identification of a number of technical and operational problems which needed to be solved if the objectives of the Decade were to be achieved.

During the discussion of resolution WHA37.32, "Action programme on essential drugs and vaccines", it had been suggested that, in view of the concern shown by many countries, the Committee should convene an ad hoc sub-committee to consider means for cooperation between Member States in the field of drugs and vaccines. A resolution had been adopted to that effect and the first meeting of the ad hoc sub-committee was scheduled for June 1985; meanwhile, information about drug production, supply, distribution and management, including utilization, was being obtained from Member States. The ad hoc sub-committee would report to the Regional Committee at its next session, in September 1985.

During discussions of the agenda for the seventy-fifth session of the Executive Board, the question of the Members of WHO in the Western Pacific Region entitled to designate a person to serve on the Board had been brought up. It was common knowledge that the number of Member States in that Region had steadily increased: In 1983, Solomon Islands and Vanuatu had been welcomed as Members and at the last session of the Regional Committee two more countries, Cook Islands and Kiribati, had become Member States of the Organization. That brought the number of Member States in the Region to 23, a figure which, of course included the four so-called metropolitan governments having responsibility for certain areas in the Region. Moreover, the Western Pacific Region had the highest population of any WHO region and in fact comprised more than one quarter of the world's total population. It was the consensus of the Committee, reflected in its resolution WPR/RC35.R10, that if the principle that health for all by the year 2000 meant health through the people was to be maintained, consideration should be given to the increasing the number of members in the Western Pacific Region entitled to designate a member of the Board from the present three to four, which would be a more equitable geographical distribution. He therefore requested the Members of the Board to look into the matter and to recommend to the World Health Assembly that consideration should be given to that request.

A number of points had been raised in connection with the Health Resources Group. Since the Group was global in character, reference had been made to the need for a mechanism for transmitting the views of the Regional Committee to the Group and for providing feedback from the Group to the Regional Committee in the form of a report on its proceedings.

During the discussion on the topic "Women, health and development", a large number of representatives had supported the proposed action to improve the data base on the subject, to design strategies for more active involvement of women's organizations in health development and to formulate a monitoring system for improving the social and health status of women.

Finally, shortly before the closure of the session, a long discussion had been initiated by the representative of Vanuatu who had proposed the insertion in the agenda of the next session of an item concerning the health hazards to the people of the Western Pacific Region caused by the testing of nuclear weapons and the dumping of nuclear wastes. During the discussion, it had been proposed that a report should be prepared by an expert technical

committee for submission to the Committee's next session. It had been observed, however, that insufficient expertise was available and that time would be required for that type of study. It had further been noted that the subject went beyond WHO's area of responsibility and that, in view of its political overtones and complexity, the matter could be more appropriately dealt with either at a global WHO body such as the Executive Board or the World Health Assembly or in another international forum such as the United Nations General Assembly. The Regional Committee had finally decided that the discussion should be reported in the records, and he had undertaken to convey to the Executive Board the grave concern expressed by Member States of the Western Pacific Region on that most important issue.

The meeting rose at 12h25.

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