



PROVISIONAL SUMMARY RECORD OF THE SECOND MEETING

WHO Headquarters, Geneva
Monday, 16 January 1995, at 14:30

Chairman: Dr J. KUMATE

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Note

This summary record is **provisional only**. The summaries of statements have not yet been approved by the speakers, and the text should not be quoted.

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The final text will appear subsequently in **Executive Board, Ninety-fifth session: Summary records** (document EB95/1995/REC/2).

SECOND MEETING**Monday, 16 January 1995 at 14:30****Chairman: Dr J. KUMATE**

- 1. REPORTS OF THE REGIONAL DIRECTORS ON STRATEGIES AND PROGRESS ON KEY OPERATIONAL AND MANAGEMENT REFORM ISSUES IN THE REGIONS:** Item 8 of the Agenda (Documents EB95/6, EB95/7, EB95/8, EB95/9, EB95/10 and EB95/11) (continued)

The Americas

Dr GUERRA DE MACEDO (Regional Director for the Americas) reported on the process of change in the Regional Office which had begun in 1983 had become a continuing process in line with a constantly changing environment, and was now further strengthened by the global reform process. As a doctrine it was based on the concept of health for all and its central strategy of primary health care. To that was added the principle of health as a bridge to peace and as a means of fostering solidarity between peoples, societies and governments and the promotion of health as a basic human right as well as a responsibility for individuals, communities and the population as a whole, which meant effective individual and social participation. Emphasis had been placed on the role of the Organization in the "management of knowledge" from its generation, mobilization and analysis to its adaptation for appropriate application to the varying realities in the Region. It was also necessary to go beyond the traditional limitations of public health and to see health as part of the development process and, indeed, as an element in the definition of that process. The concept of equity was perhaps the most powerful factor in defining guiding principles and values. An example of the existing inequities in the Region was the fact that, when resources and economic and financial variables were taken into account, the Americas has 1 200 000 deaths per year from causes that were avoidable with existing resources and knowledge.

That concept was fundamental to making the Organization's mission operational and to the definition of its policies, priorities and general strategies. On their basis and that of the WHO General Programmes of Work "Strategic and Programmatic Orientations" were prepared every four years. At the last Pan American Sanitary Conference (also the forty-sixth session of the Regional Committee) the quadrennial orientations for the period 1995-1998, corresponding to the first mandate of the new Director of PAHO/Regional Director for the Americas, had been approved, one of the basic points of concern being the identification of areas for priority action. Five such areas had been identified. The first was "health in the development process", action being focused on defining policies and particularly the process of sectoral reform; a document prepared jointly with ECLAC (*Health in the changing productive process with equity*) was the main proposal in that area. Second was "strengthening health systems and services", with emphasis on the process of decentralization and the local health systems. Third was "health promotion" as an integral concept, focusing on healthy public policies, healthy communities, living conditions and lifestyles, food and nutrition, and the increasing problem of violence (the first Pan American Conference on Violence, Society and Health, held in November 1994 had produced a regional declaration and plan of action). Charters on health promotion for the Caribbean and Latin America had also been produced that took the different cultural settings into consideration. Fourth was "environmental health", which focused on ensuring, as a basic human right, access to adequate drinking-water and sanitation and above all on protecting the quality of water and the environment; a Pan American conference in 1995 was expected to produce a charter and a regional plan of action in this regard. The fifth area was "prevention and control of diseases", including emerging diseases such as AIDS and HIV. He was proud to be able to inform the Board that an independent International Commission has declared the Region of the Americas free of poliomyelitis, while the elimination of measles, tetanus and foot-and-mouth disease, among other diseases, was fast becoming a reality in the Region. A complementary preoccupation was "emergency and humanitarian action", including disaster preparedness and

mitigation. The Organization had played a vital role on behalf of the United Nations and inter-American systems in Haiti during the crisis affecting that country, as in other instances previously.

To support those five priority areas, a number of complementary programmes had been set up. Public health action had been focused on specific groups - women, mothers and children, the elderly, indigenous groups and the marginalized poor. Human resources development was a special concern, linked to the development of scientific and technical information not only through publications but also by making information accessible both in centres of learning or research and directly for health care and assistance services. There were now over 400 centres disseminating scientific and technical information as part of the network coordinated by the Regional Library of Medicine in São Paulo, Brazil. The Region produced its own CD-ROM compact discs and had created several specific databases and the capacity for electronic dissemination to almost all centres in the Americas. The latest version of *Health conditions in the Americas* had been produced in 1994, a most important quadrennial reference work, by the Programme of Health Situation Analysis and Trend Assessment, whose main purpose was to strengthen national and regional capacities for such analysis and assessment. A Programme of Public Information had been established and was increasing its capability, especially in regard to health information for the public.

Over 12% of the total resources available were allocated to research, especially the development of research capacity and training. In November 1994, the regional programme on bioethics had been formally established, covering three main areas: public health and health policies; health care, particularly in the clinical field; and research and technology.

The main components of the Organization's cooperation activities in the three main fields in which it operated - political, scientific and technical, and managerial - had been defined, and such activities were underpinned.

All of these are served by three basic operational strategic elements. First was the principle that the countries were the sole point of reference and the basis for the Organization's action; no activity that did not contribute to support country-level action was justified. The second element was the mobilization of resources and the promotion of cooperation between and among countries; mobilization concerned not only financial resources, but also human, scientific, institutional, moral and political resources in support of health. To give concrete expression to intercountry cooperation, a special programme had been established and subregional cooperative initiatives had been developed. Thirdly, strategic alliances had been set up with multinational financial institutions which were responsible for spending over US\$ 4000 million per year in support of health and environmental activities in the Region, with the United Nations and inter-American agencies, with bilateral donors and particularly with nongovernmental organizations - for which a specific programme had been established four years earlier. Above all, there was the strategic alliance with governments of Member States, especially with the ministries of health and, through and with them, with other governmental sectors.

Instruments and mechanisms of work had been established to execute the Organization's mission and programme. For the decision-making process there were the governing bodies, including the Regional Committee/Directing Council of PAHO, the Executive Committee of the Directing Council, and subcommittees of the Executive Committee; the councils and committees of the technical programmes and centres; internal collective mechanisms; and a permanent process of consultation with the governments of Member States and with donors. For planning and programming, considerable attempts had been made to perfect planning by improving the Americas Planning and Evaluation System (AMPES), which included the biennial programme budgeting, the annual programme budgeting, the quarterly review and planning of specific activities, and project preparation and management. In monitoring and evaluation, much remained to be done: a six-month monitoring report was produced by AMPES, annual in-depth evaluation was carried out for every programme and operational unit, a joint evaluation of country programmes was conducted every two to four years by PAHO/WHO and the governments concerned, and projects that received extrabudgetary funding were evaluated with donors. Several major programmes and the specialized centres were periodically evaluated by their councils or committees and regular evaluations were performed by the Subcommittee on Planning of the Executive Committee. As to organizational matters, regional structures had been adapted in 1993 to the Ninth General Programme of Work and the Strategic and Programmatic Orientations. The decentralization process continued with the strengthening of country offices and specialized field units, almost

all 37 of which now had sufficient authority to make optimum use of their approved budgets. Less than 20% of permanent staff were at regional headquarters. Efforts had been made to redefine administrative systems and to improve communication: it was hoped that all the organizational units in the Region would be linked by Internet, E-mail, and the like by the end of the year. Only 11% of the regular budget was allocated to support and administrative activities, including supplies, and when extrabudgetary resources were included overheads fell to 8%.

Regarding staff matters, progress had been made in the recruitment of women: almost two-thirds of the professional posts filled in the past two years going to women, raising the total in all to 31% and at regional headquarters to 36%. Over 2% of resources had been allocated to staff development.

He stressed the crucial importance of the inclusion of health issues in the major summit conferences held over the last few years. Three of those meetings, in 1994, were of special importance. The Assembly of Governors of the Inter-American Development Bank had approved the increase of the capital of the Bank in order to sustain a yearly programme of loans of about US\$ 8000 million, with at least 45% to be available for social programmes. At the Fourth Ibero-American Summit, in Colombia in July 1994, the heads of government had reaffirmed their support for social development and in particular for the regional plan of investments in health and the environment. Finally, at the Summit of the Americas, held in December in Miami, the heads of government had decided to endorse a basic package of health services to be made universal and to be recommended by WHO/PAHO, the World Bank and the Inter-American Development Bank; to recommend a broad reform process in the health sector, the mechanisms for which would be defined at a special meeting of governments and donors to be hosted by PAHO, the World Bank and the Inter-American Development Bank, with PAHO being responsible for monitoring; to convene a special meeting of ministers of health to approve regional plans of action against the main communicable diseases, particularly AIDS/HIV; and to carry out several activities in regard to environmental protection. At the same time the First Ladies of the Region had constituted themselves as a permanent body to advocate children's health and welfare and had asked PAHO to assist them.

He expressed his sense of the privilege he had enjoyed in being able to participate in the work of the Board for the past 12 years and asked that his successor, Sir George Alleyne, should receive the same well-merited consideration.

The CHAIRMAN expressed appreciation of Dr Guerra de Macedo's invaluable contribution to health in the Americas during his 12 years of office.

Dr UTON RAFEI (Regional Director for South-East Asia) said that during the 10 months since he had assumed the office of Regional Director the pace and extent of the social, economic and political changes occurring the world over had also involved the countries of the South-East Asia Region, which, while making gains in health development, were facing the double burden of diseases of poverty and affluence. WHO, in collaboration with the Member States, was continuing to address the major health problems of the Region and to develop the national health system infrastructures.

The South-East Asia Region had worked closely with national governments in their efforts to eliminate leprosy by the end of the century. The Intercountry Consultative Meeting of the Leprosy Programme Managers held recently in Bali, Indonesia, had endorsed that undertaking. Member States also continued to work with WHO both to sustain immunization programmes and to increase immunization coverage with the aim of eliminating or controlling the maximum number of vaccine-preventable diseases. An extensive health system infrastructure was already in place in the Member States to reach targeted groups; however, they faced major constraints in the provision of vaccines.

The Regional Office for South-East Asia had recognized the need to see how it could best restructure itself to meet existing and emerging challenges; and with a view to fostering a spirit of partnership and progress he had stressed two aspects of WHO's functioning: transparency and regional cooperation with solidarity.

Member States had realized that no single country could stand alone in meeting all its existing and emerging public health problems. The forty-seventh session of the Regional Committee for South-East Asia had addressed and endorsed the need for intensifying regional cooperation and adopting a common approach.

In accordance with the Committee's guidance, he had established a working group to recommend practical modalities of a renewal of regional and intercountry programmes.

At the same session, the Regional Committee had reviewed its own method of work with a view to improving its functioning, its relationship with the Executive Board and the World Health Assembly, and the follow-up of its resolutions. It had also reviewed the method of work and functioning of two other committees: the Sub-Committee on Programme Budget and the Consultative Committee for Programme Management and Development. The main aim had been to strengthen the partnership between WHO and Member States: to make its work transparent while improving its close collaboration with them.

On taking charge as Regional Director, he had initiated restructuring of the Regional Office in order to implement the policy framework of the Ninth General Programme of Work. Some staff posts had been frozen while others had been revived. Necessary physical improvements were being made and appropriate administrative support was being provided to improve the work environment. A computerized information system using the local area network had been instituted. Efforts were being made to upgrade and improve the existing regional management information system within the framework of the proposed worldwide WHO information system.

At a meeting with WHO Representatives in November 1994 he had briefed them on the whole range of activities of WHO's response to global change. They had also had discussions with two senior staff members of the Asian Development Bank on resource mobilization at the country level as well as on the identification of areas for future collaboration between WHO and the Bank.

He reiterated his belief in, and firm commitment to, closer collaboration at all levels of the Organization to respond effectively to the needs of Member States. As an international organization, WHO should look forward to dealing with challenges in a spirit of partnership with all other interested agencies: he looked forward to the Board's guidance and advice and sought its cooperation in accelerating the implementation of health development efforts in his Region.

The CHAIRMAN invited questions and comments from members on the issues raised in the reports by the Director-General and the Regional Directors.

Dr PIEL (Cabinet of the Director-General) wished to clarify two points concerning the European Region. First, the request for an increase in the number of members of the Executive Board from 32 to 33 would require amendment of Article 24 of WHO's Constitution by the Health Assembly, and accordingly the Chairman had proposed at the previous meeting, and the Board had agreed, to include the matter as an item of the agenda of the ninety-sixth session of the Executive Board, where background information would be provided so that the Board could give guidance and advice to the Health Assembly in May 1997 for eventual decision by a two-thirds majority of the Member States voting. Secondly, he said that it was also proposed to consider the question of regional allocations at the ninety-sixth session of the Board and that - in response to the point raised at the first meeting by Professor Mtulia - a number of considerations went into the allocation of resources by regions and countries, including the number of Member States in a region, their populations, their state of development, the status of health and the availability of other sources of financing and support. Very specific criteria were applied in the different regions in country allocations; in particular, that national policies and strategies were in place for self-sustaining health-for-all development, as was mentioned in the Director-General's progress report on global change (document EB95/12 Section III.F), which would be discussed under item 9.1 of the agenda.

Professor MTULIA, in response to an inquiry by the CHAIRMAN, said that the point he had raised had been only partly dealt with. The Director-General in his statement had referred clearly to inequities that persisted in different regions. In that connection, the report on monitoring of progress in implementation of strategies for health for all (document EB95/5) led him to think of terms of "graduation": some regions or countries - for example, northern and western Europe, the Pacific area and the Americas had already "graduated" and did not need health for all by the year 2000. At the opposite end of the scale, the least developed countries had the worst indices (using the World Bank's classification). In his own country analysis of the burden of disease had shown that over 66% of children dying under the age of 5 years died

from one of three diseases - diarrhoea, acute respiratory infection, or malaria - and in the preceding year there had been some 2000 cases of cholera, with 200 deaths: in the African Region as a whole the numbers of cases were colossal. Those simple figures showed that there was no safe water and that the infrastructure and general health standard tallied with those of least development. Funding and allocation should not be based on population indices but real needs and on what WHO seriously desired to achieve; on whether it wished seriously to change the health status. If so, investment had to be made more heavily where more lives could be saved.

The CHAIRMAN said that it would be possible to deal with other aspects of the point Professor Mtulia was raising when the Board came to consider the report (document EB95/20) of its Administration, Budget and Finance Committee.

Dr AL-MUHAILAN expressed surprise that the Regional Directors had not mentioned the important outbreak of plague in India the previous September, except briefly in the report of the Regional Director for the Eastern Mediterranean. Plague had been in the public eye for several weeks and a number of countries had been mobilized to combat it; some countries had stopped air traffic to India, which had suffered heavily and had asked the Director-General to visit the country. Countries affected by plague suffered from lack of information or information that came too late; the scourge could not be combated when countries were left in ignorance. Some countries had taken unjustified measures and had made errors. Silence would not overcome the problem; defining problems was in itself a step towards their solution. He called for plague to be included in the reports and documentation.

Dr UTON RAFEI (Regional Director for South-East Asia) said that the magnitude of the outbreak of plague had been blown up out of proportion, and it had been as important to contain the spate of rumours as to conduct epidemiological work. At the first news from the Surat District, monitoring had begun and a 24-hour operations centre had been opened in the Regional Office, which had immediately started continuous communication with the National Institute of Communicable Diseases and the Government and had promptly and regularly reported to the Director-General at WHO headquarters. The Director-General had visited the area, laboratory and clinical investigations had been made, and the press had been kept informed. Meetings had been held with the Prime Minister, the health ministers and other senior officials, and safety measures had been taken at airports. Perhaps ancestral memories of several million deaths in 1910 had led 600 000 people to flee Surat in a single day, but the fear had been disproportionate: the total mortality from the whole outbreak had been 61, less than that from numerous other diseases. A meeting was planned at WHO headquarters in March 1995 to discuss the plague epidemic in India and the lessons to be learned from it: it was more a matter of combating rumour than of genuine epidemic investigation.

Professor BERTAN, thanking the Director-General and the Regional Directors for their reports, said that, while equity was essential, each Region had its own priorities and different regional priorities required different approaches. Attention should therefore be paid to some Regions in greater need, but that did not mean that the improvement of health in others should be neglected. The European Region was facing problems that were different from those of a decade ago. Whereas past epidemics of communicable diseases had been almost unheard of in the recent past, now there were epidemics of diseases such as diphtheria that were causing many deaths. In other Regions there were, for instance, cholera and plague. She congratulated the Regional Office for Europe on its attempt to meet all problems from existing resources and hoped that extrabudgetary assistance would become available. Given the increase in the number of Member States in Europe, she also strongly supported the proposal to increase by one the number of members of the Executive Board.

She wondered whether the six regional development teams in the Eastern Mediterranean Region had any executive power at local level or whether they simply functioned on behalf of the Regional Director.

Congratulating the Regional Director for the Western Pacific on his document, *New horizons for health*, she observed that prevention of disease was important but that a further step was the promotion of health,

and she welcomed the fact that the strongest emphasis had been placed on health promotion. If individuals took responsibility for being healthy it would be a step closer to WHO's policy of health for all.

Professor SHEIKH especially welcomed the emphasis in the report of the Regional Director for the Eastern Mediterranean on technical guidance and promotion of school health services. Technical guidance and support were especially needed where a grass-roots infrastructure was lacking. He also supported the decentralization of some authority to WHO Representatives in Member States.

The report by the Regional Director for the Western Pacific had put forward many new ideas, and he was interested to know how far they had been implemented. He supported the introduction of health education at primary school level in both the Eastern Mediterranean and Western Pacific Regions. The document *New horizons in health* was extremely important, especially concerning the role of the individual in achieving health for himself and the role of the community in developing a healthy lifestyle. Although economic and manpower resources were available, not enough was being done to develop a system for maximum output for a particular input in a Member State. An in-depth study was needed on how to gain maximum output from available resources. He strongly supported the view of Professor Mtulia that resource allocation should take account of the disease pattern and problems of particular countries and not be based on other indicators. Crash programmes should be promoted in developing countries which had acute problems. He also supported the development of collaborating centres for excellence, and moving WHO programmes from headquarters to other countries when that would make them cheaper and more cost-effective.

Dr CALMAN congratulated the Regional Directors on dealing with some very difficult issues during a period of great change and asked them to transmit to their staff his appreciation for the work done which, as he knew, had involved much time and effort. Each of the Regional Directors' reports clearly highlighted ethical and moral issues and he supported Professor Girard's point at the previous meeting that WHO should address such issues more explicitly; other international organizations' expertise on the subject could also be contributed and the topic might provide the right focus in the health-for-all policy update.

He welcomed the proposal to increase the membership of the Executive Board and the agreement to discuss it at the next session.

The Regional Director for Europe had raised the matter of the regional budget; that issue had very broad connotations and, as a previous speaker had noted, priorities should be considered so that the available money was used wisely. He hoped that the Board would return to the question of value for money when it considered the proposed programme budget.

Professor LI Shichuo expressed his agreement with the reports of the Regional Directors and, in particular, the report on activities in the Western Pacific Region which, under the leadership of Dr Han, had achieved encouraging results through persistent implementation of WHO programmes. In accordance with the requirements of WHO's reforms and on the basis of systematic analysis of the Organization's role, the Regional Director had also prepared an important document entitled *New horizons in health* containing strategic ideas on health development in the Region and how to meet the challenges of the next century. The document advocated shifting the emphasis from illness to the high-risk factors contributing to the problem and the elements promoting good health and human development.

He appreciated the document, which should be further developed to serve as a guideline for the future activities of the Regional Office and a strategic document in facing the challenges of the new century.

As well as playing its role in WHO reform, the Western Pacific Regional Office was also committed to reform. It had improved programme management, increased efficiency of its work and strengthened programme implementation in line with countries' needs, promoting municipal and environmental health development. Furthermore, in 1995, the Region had achieved decisive progress towards eliminating poliomyelitis through unprecedented immunization activities.

Much remained to be done, however, and he believed that the Regional Office would further strengthen effective cooperation with Member States and implement further programmes promoting health development to attain the aim of health for all.

Mrs HERZOG said she was particularly interested in the Director-General's remarks regarding the responsibility of all members of the family for their own health; indeed, each had special health needs requiring individual consideration, which should constitute WHO's new comprehensive, integrated approach to health issues. Members of the family should also take mutual responsibility for each other's health across the generations; that could serve as a crucial component of WHO's work and she hoped that the pertinent division would take all necessary measures to promote that holistic, community-based approach to family health in conjunction with the programmes related to the various age-groups. That approach might provide an answer to the changing needs of present times and should be given priority consideration since the health of the family was an issue for all countries.

Professor GIRARD said he wished to make five points regarding the European Region that were of major political importance and also of relevance to other regions and to the Organization as a whole. Regarding the reform mechanism, which had begun in the European Region, it was essential for Member States to assume their full responsibility for the role and functioning of the Organization, both in the regional offices and at headquarters.

Secondly, although it was a laborious and difficult task, it was absolutely vital to achieve the harmonious coordination of the activities of European regional and subregional intergovernmental institutions active in the health field. That was one way of dealing with the question of redistributing funds within the region - and even, by extension, among regions - especially when there was some disparity between countries; the mechanism, which was partly the responsibility of the Regional Director, also required the full involvement of the Director-General.

The third point he wished to make concerned the ethical dimension. It was a difficult area because of cultural, religious and historical diversity, but certain ethical principles applied to all mankind and it was intolerable that some poor countries, and even poor sections of the populations of rich countries, did not enjoy the benefits of medical care and treatment that were available to others. There were certainly other institutions and agencies, such as UNESCO, which dealt with the subject, but it was important to define the role of WHO and establish minimum standards in the ethical field.

Fourthly, he said it was paradoxical - to judge from his experience in the European Region - that the Organization was doing more in the area of the environment than in that of communicable diseases; he did not regret what was being done for the environment, but WHO should do as much for communicable diseases.

Finally, the Organization's role and activities in health and humanitarian matters in the former Yugoslavia and certain other countries should be clearly analysed. WHO had definite responsibilities that it could not escape, and regrettably it would have to deal with such local conflicts more often in the future.

Dr AL-JABER said that there was undoubtedly regression in some areas, particularly communicable diseases, despite progress in other fields. He expressed his thanks to the Regional Director for the Eastern Mediterranean for his interest in noncommunicable diseases, including diabetes which had increased by more than 10% in the Region. Noting with regret that communicable diseases were becoming more widespread in eastern Europe, he stressed the need for concentration on health programmes. Allocations to the regions should be increased to 75% of the regular budget. While certain regions warranted special interest because of the widespread occurrence of disease and epidemics, regional budget allocations should be fair and recent increases in contributions should be distributed to benefit all regions equally. An attempt should also be made to eradicate poverty, enabling everyone to make progress. Finally, programmes should be implemented in such a way that they had a positive impact on the situation.

With respect to AIDS, increases had been noted everywhere but some regions had not given a clear indication of the percentage increase in the epidemic. On the question of vaccine supply, he requested WHO to assist regions in supporting the manufacture of vaccines at local level in order to avoid the need for expensive imports.

In conclusion, he agreed with Professor Girard on the topic of ethics in health which was very important for everyone.

Dr NAKAMURA, commenting on the activities of the Western Pacific Regional Office, said that the Regional Director's document, *New horizons in health*, illustrated the future direction for WHO's work in the Region and emphasized multisectoral and multidisciplinary approaches which were extremely important at both global and regional levels.

The Regional Director had also referred to the remarkable progress made in poliomyelitis eradication in the Region; the indications were that the target of eradication by the end of 1995 would be achieved.

Dr LARIVIERE said he had felt a certain sadness on hearing Dr Macedo and Dr Monekosso report to the Board for the last time as Regional Directors on activities in their Regions.

The Director-General had referred to WHO's competitive advantage in its collaborative work both within the United Nations and with other international organizations. The Organization's future role would depend on that competitive advantage being maintained, and the Board, the Health Assembly and Member States would have to reflect very carefully on what in fact they wanted WHO to provide.

The report of the Regional Director for Europe (document EB95/11) indicated that, as a result of events in the Region, activities and staff had been dramatically decentralized, so that 31% of regional staff now worked outside the Regional Office. He would be interested to hear of the effects of that decentralization, since there might be lessons to be learnt from it for headquarters. The Regional Director had pointed out that WHO must be relevant to all its Member States, or it would risk becoming relevant to none of them. It should be borne in mind that WHO was more than a mere normative body, or an organization that responded selectively to the needs of Member States.

The document produced by the Regional Director for the Western Pacific, *New horizons in health*, was an excellent contribution to the development of a renewed global vision of health for all. Other regions had also given thought to the question of where they wished to go in the twenty-first century, and had published the results of their reflections. It was important that the process of renewing the health-for-all strategy which was proposed in document EB95/15 should involve all the regions, and should take into account all contributions, including that of the Task Force on Health in Development, to be considered under agenda item 14 (document EB95/34). WHO could not afford to have divergent visions about health development, or about its future role.

The Regional Director for Africa and the Regional Director for the Americas had each claimed that the reform process had originated in their own Region. There should be healthy rivalry between regions regarding the application of the reforms, as well as on their origins.

He had been pleased to hear that in the Region of the Americas the target set for employment of women in the Organization had been surpassed, and that in the past two years more women than men had been recruited. It was to be hoped that by the time PAHO celebrated its centenary, parity could be achieved.

The Regional Director for the Americas had expressed the view that the endorsement by heads of state and government of a regional plan of action on HIV/AIDS ran counter to actions being taken in connection with the development of a joint and cosponsored United Nations programme on HIV/AIDS. He himself saw no contradiction; regional activities would complement the discussions that had taken place, and should eventually help promote implementation of activities at country level.

Dr DLAMINI noted that the Director-General had referred in his statement to the link between poverty and ill health, an issue of particular concern to developing countries. Agencies such as the United Nations Development Programme (UNDP), which worked alongside WHO at country level, were helping to alleviate poverty and also to promote sustainable development. In view of the importance of a people-centred approach, and of involving individuals and communities in health development, poverty should receive priority attention at policy-making level, and concrete action should be taken.

The Regional Director for the Eastern Mediterranean had laid particular stress on the development of health systems based on primary health care, and had pointed out that a reorientation in that direction was crucial if the goal of health for all was to be achieved. Some systems had still not developed a primary health care approach, and the thinking of health workers and policy-makers alike needed to be reoriented accordingly. The decentralization of health systems, and the improvement of referral systems to ensure that

they reached families and individuals, was important, as was increased focus on health promotion activities. She was happy to note that those issues were receiving attention in a number of regions.

The Regional Director for the Eastern Mediterranean had referred in his statement to a shift towards noncommunicable diseases. Communicable diseases that were still a problem should not be overlooked; unfortunately, while efforts were being concentrated on combating new and re-emerging infectious diseases, noncommunicable diseases were becoming a major problem, particularly in developing countries, and with time would impose an increasing burden on health care systems.

Regarding the report of the Regional Director for the Western Pacific (document EB95/7), she wished to comment on the health systems reforms, particularly concerning financing and cost containment. With dwindling economic resources, it was necessary to explore alternative means of financing, notably cost-sharing. The private sector also had a role to play in health development, particularly through the financing of health services. She welcomed the encouragement of private sector involvement in the African Region, since in some areas its resources had not been sufficiently tapped.

The Regional Director for Africa had referred to a district health-for-all package and to the Africa 2000 initiative. Efforts to implement those two initiatives should be continued, since they offered a means of getting closer to the people and of achieving sustainable health development. The Regional Director's report (document EB95/8) stated that of the 30 national plans of action to combat acute respiratory infections that had been developed, so far only 19 were being implemented. Was that because of financial constraints, or were there other reasons? Acute respiratory infections continued to be one of the leading causes of mortality in children under five in the Region, and implementation of the plans must be ensured. Management of pneumonia, in particular, needed to be improved.

She welcomed the increased recruitment of women reported by the Regional Director for the Americas. Other regions should try to emulate that achievement, since women could contribute a great deal towards health development at every level.

The strengthening of WHO country offices had been mentioned by several Regional Directors. Those offices were crucial in supporting country health development initiatives, and now that reforms had been introduced to facilitate implementation of programmes, the offices should be given the support they needed to enable them to meet health challenges at country level.

Finally, she supported the suggestion for an additional member of the Board for the European Region.

Dr MONEKOSSO (Regional Director for Africa) said that the low implementation rate of national plans of action for control of acute respiratory infections was mainly due to financial constraints. Other reasons included the lack of trained personnel in the countries concerned, and the need to ensure that such plans were sustainable and fully integrated into community health or district health programmes. Efforts were being made to improve the situation.

Dr NYMADAWA joined in thanking the Regional Directors for their excellent reports. In the Western Pacific Region, the reforms introduced in response to global change had made great progress. He commended the Regional Director's document *New horizons in health*: in the tasks of renewing the health-for-all strategy and reshaping health policy that would need to be carried out in the years to come, such contributions from the regions would be of great value.

WHO's communicable disease control activities were often praised. However, although good programmes existed for individual infectious diseases such as malaria and AIDS, there was room for improvement in global surveillance systems and in integrated responses to combat the resurgence of diseases, such as tuberculosis, diphtheria and plague, and the emergence of new ones. In particular, special mechanisms for the obligatory reporting of diseases at short intervals should be introduced, since otherwise there was a danger that with modern communications infectious diseases could quickly spread to every corner of the globe. Microbiological surveillance systems should also be improved, since without them it was impossible to predict which diseases were likely to emerge in years to come. Finally, harmonization of infectious disease control measures was vital, and should be seen by WHO as a global challenge.

Professor CALDEIRA DA SILVA offered his best wishes to the outgoing Regional Directors for Africa and the Americas. He had listened with interest to the statement made by Professor Mtulia. He considered himself, as a member of the Board, to be serving as a citizen of the world rather than as a representative of a specific country or region.

He had been particularly impressed by two projects mentioned in the report by the Regional Director for Europe (document EB95/11), the Healthy Cities network and the "Health-Promoting Schools" project. However, he had been somewhat surprised at the emphasis given in the report to patients' rights: stress should more properly be laid on the individual's obligations and responsibilities in the field of health.

In his statement, the Regional Director for Europe had called for WHO to be innovative and inspirational, and to act as a public health leader. He welcomed that approach which would seem to be opposed to a bureaucratic and normative role for the Organization, and to favour radical reforms.

Lastly, he had been surprised to see that there was no mention of mental health in any of the six reports by the Regional Directors.

Dr EL BAATH (alternate to Professor Chatty) congratulated the Regional Directors on their close cooperation with governments, in line with the Organization's new policies. Health for all was a noble objective, and all WHO's Member States should strive to achieve it as soon as possible, despite their economic and financial constraints. Each Region had its own health development priorities, which might differ from priorities adopted at national level; both local and regional decisions should be respected. On the other hand, disease knew no frontiers, and each region needed to look beyond its own specific problems and work together with other regions if effective control was to be achieved.

Budgetary allocations to the various regions were far from uniform, some regions receiving considerably less than others. WHO's governing bodies needed to examine ways of rationalizing expenditure, so that the health of populations in the regions did not suffer.

Dr NGO VAN HOP said that in the Western Pacific Region, the reforms had been implemented in all countries and new health policies were being developed. Following the example of the Philippines, national immunization days had been organized in other countries, such as Viet Nam and China. Poliomyelitis vaccine coverage had reached more than 90% in all countries of the Region, which gave grounds for hope that it could be eradicated by the end of 1995. Progress had been assisted by efforts under the Expanded Programme on Immunization. The Regional Office had done much to promote technology transfer for the local production of vaccines. With the help of the Regional Office and with assistance from Japan, Viet Nam had been able to produce 16 million doses of poliomyelitis vaccine in 1994, which was more than half the country's requirement.

The Regional Directors' reports had not indicated clearly WHO's leadership role in programmes such as the Expanded Programme on Immunization or the Global Programme on AIDS in which other United Nations agencies were involved.

Dr SHRESTHA, welcoming the Regional Directors' reports, commended in particular the innovative approach proposed by the Regional Director for the Western Pacific in his document *New horizons in health*. Similar innovative approaches from other regions would be extremely useful.

Mrs HERZOG, referring to the subject of mental health mentioned by Professor Caldeira da Silva, drew attention to the relevant section, section 4.2 of the proposed programme budget (document PB/96-97). Although the Programme Development Committee had considered that greater emphasis should be placed on community-based services in general and on community-based mental health services in particular, that could not be taken to imply that governments ought thereby to transfer their responsibility for mental health to the community; on the contrary governments should play a greater part in such services.

Dr TANGCHAROENSATHIEN (alternate to Dr Sangsingkeo) said that the Regional Directors' reports tended to focus on ways to make health systems more efficient and somewhat to neglect the question of

equity in access to health care, an aspect that merited serious attention in the coming biennium in view of the wide variation in health status within regions and in individual countries.

Work in the regions tended to be somewhat target-oriented. Although targets, for example the eradication of specific diseases, were important, greater emphasis should be placed on the development of basic comprehensive health systems through a multisectoral integrated district approach.

The CHAIRMAN said that the points raised in the discussion would undoubtedly provide the Regional Directors with considerable food for thought. He proposed that letters should be sent on behalf of the Board by the Director-General to the two Regional Directors whose term of office was ending thanking them for all their efforts and offering them best wishes for the future.

It was so agreed.

2. WHO RESPONSE TO GLOBAL CHANGE: Item 9 of the Agenda (Document EB95/19)

PROGRESS REPORT ON IMPLEMENTATION OF RECOMMENDATIONS: Item 9.1 of the Agenda (Documents EB95/12 and EB95/12 Corr.1)

Dr CHOLLAT-TRAQUET (Cabinet of the Director-General) said that document EB95/12 provided an overview of the state of implementation of the recommendations made by the Executive Board Working Group on the WHO Response to Global Change. Since May 1993, steady progress had been made, which would continue in line with the agenda set by the Board in January 1994 and by the Health Assembly in May 1994. Although the Director-General had given priority of implementation to all the recommendations, the provisions of some - such as recommendations 5, 6, 7, 8 and 9 - were already operational as they had not required extensive research and/or global coordination and had thus been relatively easy to introduce. Others were more complex. Although the final proposals for implementation would be submitted in 1996, integration of the substance of the recommendations into the Organization's routine management procedures would not signal the end of WHO's endeavours to adapt to global change.

The Global Policy Council, the Management Development Committee and six development teams had been created to facilitate the process of change. The development teams, each of which included a Board member, had found it necessary to extend their work beyond the area of the recommendations, in order to take into account the actual management framework within which WHO operated. The 47 recommendations had been grouped according to the mechanisms necessary for their implementation and the work of the various teams had been coordinated carefully, since many of the recommendations were closely connected. Finally, in view of the link between the groups and the Board, the latter had received regular reports on their progress. Coordination between the teams at headquarters and in the regions had been good and had been buttressed by the fact that each team had subgroups in all the regional offices and at headquarters.

Reviewing the work of the individual teams, she said that the development team on WHO policy and mission had operated principally at the sub-group level, and its work on the renewal of the health-for-all strategy would be reviewed during consideration of document EB95/15. It had held its first full meeting in August 1994, attended by Professor Caldeira da Silva. The development team on WHO programme development and management, responsible for a large number of recommendations, had held two meetings in August and October 1994, attended by Dr Chávez Peón. The team, whose complex tasks were set out in paragraph 9 of document EB95/12, was expected to submit its final report to the Board in May 1995. Approval of the report would be followed by the publication of a manual providing guidelines on all aspects of programme development and management, and staff would be trained in the new management approaches. The development team on the WHO management information system had held two meetings, attended by Dr Al-Jaber, and had made rapid progress. Its interim report was before the Board for consideration and a detailed report would be ready by May 1995. The development team on WHO's information and public relations policy had met in June 1994, with the participation of Dr Kamanga. It had completed its work and

its final report was before the Board. The development team on the role of WHO country offices would submit a report in May 1995, which would recommend WHO's presence in all countries at a level determined by the size and nature of the relevant country programme. The team had met once with Professor Li Shichuo, and would meet again. The team's work and the Board's consideration of new approaches to the health-for-all strategy would demonstrate the important role played by WHO Representatives, who, in the team's view, must receive proper training and support, in particular from the new management information system. A report from the development team on WHO's personnel policy was not expected until January 1996. A number of existing projects to improve personnel management had been taken into account in its work. In addition, as set out in paragraph 18 of document EB95/12, a number of working groups had been established to consider different aspects of personnel policy; attention had also been paid to career prospects and staff development and training. A second meeting of the team was planned for May 1995.

Approximately 80% of the work of responding to the recommendations on global change was being covered by the development teams; whereas recommendations 13 and 14 came under the purview of the Legal Counsel, recommendations 16 and 24 were being dealt with by the Management Development Committee, which was also considering recommendations 36, 37 and 38 in close cooperation with the development team on programme development and management. The Global Policy Council was dealing with recommendation 23, and, as set out in section IV of the document, it was also coordinating the work of all the development teams and the implementation of the recommendations on global change.

As the reports of the various teams and groups were considered and approved by the Board, the Director-General would introduce them into the daily work of the Organization, a process which would necessarily entail some staff training.

Dr NYMADAWA (Chairman, Programme Development Committee) said his Committee had reviewed implementation of the recommendations of the Board's Working Group on the WHO Response to Global Change, with emphasis on follow-up, the effect of reforms initiated, and participation in the process of programme development. The Committee had recommended that the Board commend the progress made, and endorsed the proposed reporting schedule. It had also recommended that the Board request that measures be taken to ensure that changes continued to permeate all levels of the Organization. It had also considered the nomination and terms of office of the Director-General and Regional Directors; the opinions of Member States on the Organization's work; the methods of work of Regional Committees; and the management of extrabudgetary-funded programmes. The report of its deliberations was to be found in document EB95/19.

The meeting rose at 17:25.

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