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PROVISIONAL SUMMARY RECORD OF THE THIRD MEETING

Palais des Nations, Geneva
Wednesday, 7 May 1997, at 14:30

Chairman: Mr K.R.C. PILLAY (Mauritius)

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THIRD MEETING

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Dr PHILLIPS (Jamaica) observed that in the experience of certain countries, including his own, the health reform process, to which WHO assigned priority, often encountered the constraint of inadequate human resources. It was therefore with some concern that he noted the reduction in the budgetary provision for programmes 3.1 and 3.2. It was to be hoped that adequate resources would be made available to modify the scope of practice of existing categories of health-care workers and to experiment with new combinations of workers to meet needs more effectively (as proposed in paragraph 55 of the proposed programme budget) - an urgent task at both national and regional levels. Little mention had been made of the possibility of achieving a balance between countries with a surplus of human resources in some professions and others with a deficit. WHO could effectively help to put countries in touch with each other to achieve such a balance, perhaps through short-term training assignments. However, if the budgetary provisions for meeting specific human resource needs were inadequate many efforts to achieve health reform would result in disappointment.

Ms CANNON (Brazil) stressed the importance of information systems in relation to the organization and management of health systems, notably as a reliable basis for planning, evaluation and decision-making, to ensure that the most relevant policy options were taken. WHO could play a key role in helping countries to organize their own health information systems, especially those countries that were in the process of decentralization and health economic evaluation and that were seeking higher levels of efficiency. WHO could also provide valuable support for human resources development.

Dr KALITE (Central African Republic) spoke of the need in Africa to reorganize and restructure health services to increase their efficiency and their accessibility, especially to the populations of rural areas. The implementation of the new policy was however, encountering difficulties - lack of financial resources, quantitative and qualitative inadequacies in human resources, and training which was often ill adapted to the new functions required. His delegation joined with those of the United Republic of Tanzania, Zimbabwe and others in calling for more sustained attention to programmes 3.1 and 3.2 with a view to achieving effective consolidation and restructuring of the health services in African countries.

Professor LEOWSKI (Poland) suggested that the section of the proposed programme budget under discussion appeared to be more concerned with medical services development than health services development. It did not cover the whole spectrum of health care services which was extremely broad, ranging from such areas as immunization, health promotion, preventive care, food handling and school health, to social and medical care of the elderly and the chronically ill, diseases related to age or unhealthy lifestyles,

etc. Within that spectrum, public health services had an important part to play in the provision of health care, and health professionals, in determining their current and future obligations, must find an appropriate balance between individual and community health care and between curative, preventive, promotive and restorative care.

Dr OTTO (Palau), referring to programme 3.2, said that in small and developing island nations, capacity-building in human resources for health was one of the most pressing issues: he therefore noted with some disappointment the decrease in the allocation for fellowships, even though the need for budgetary constraint was understandable. He expressed gratitude to the WHO Regional Office for the Western Pacific for its assistance to his country in that area, and welcomed the recognition of the Fiji School of Medicine as a centre of excellence in the Region. He also wished to acknowledge the assistance and contributions made by the Governments of Australia, New Zealand and the United States of America.

Professor GRANGAUD (Algeria) referring to programme 3.2, said that there always tended to be a discrepancy between the model proposed to staff during their training and the reality which they subsequently experienced in their professional lives. In fact the dominant model was often hospital-focused, emphasizing the technical aspects of training rather than the socio-anthropological and psychological aspects. His country was therefore in the process of introducing socio-anthropological aspects into training, particularly in the field of maternal and child health. The relevance of training, which was one of WHO's main concerns, should be further improved in the future.

Dr ABDUL WAHAB (Bahrain) said that although there had been some success in the development and management of Bahrain's primary health care programme, there was much to be done before the objectives for the Eastern Mediterranean Region were attained, particularly in the area of human resources development, which was still dependent on imported expertise. As a result of the economic crisis, Bahrain was still in need of technical and financial assistance from WHO to meet needs and to implement health programmes, especially with regard to human resources.

Dr KONÉ DIABI (Assistant Director-General) thanked speakers for their comments. Replying to the delegate of Turkey, she said that impact evaluation was an important component of WHO's work. The Health Systems Development Programme, together with the Division of Health Situation and Trend Assessment had established and would refine indicators which could be used to measure the impact of WHO's programmes at the country level and a monitoring and evaluation unit had been set up which worked in close collaboration with the Division of Development of Policy, Programme and Evaluation. The importance of achieving the balance between the health of the individual and that of the community, referred to by the delegate of Poland, was being borne in mind in establishing the essential strategies for health systems development.

Dr TARIMO (Division of Analysis, Research and Assessment), providing further clarification said that many agencies were involved in health sector reform, and WHO would cooperate with countries in ensuring effective complementarity of the assistance provided through those agencies. In looking at ways of financing health services, for example, WHO had been working in collaboration with countries and regions to document different types of health insurance, and a number of guiding principles had been established. Moreover, WHO and ILO had produced a guidebook on social health insurance and WHO was working with the regional offices to document the various ways of providing adequate health insurance for vulnerable sections of the population in developing countries, in particular in rural areas and in the non-formal sector, with a view to disseminating relevant information to individual countries. WHO had proved successful in conducting that type of analysis, which was not generally carried out by other agencies.

WHO recognized the importance of integration of primary health care with other health programmes, and numerous joint activities were under way, for example, in the areas of maternal and child health, malaria, leprosy, tuberculosis, HIV/AIDS and vector control; an integrated approach to medical care and public health

was also essential. Programme 3.1 was aimed at enhancing organizational arrangements to ensure such integration.

Dr GOON (Division of Organization and Management of Health Systems) added that WHO recognized that health system reform must change the scope of practice of the health workforce. It was establishing a core of experts in each region to deal with the broader issues of human resources at the regional and country levels.

WHO was striving to provide better value for money in the fellowships programme, and a report on fellowships would be submitted to the Executive Board in January 1998. With regard to the offer by the delegate of India to open the country's institutions as a way of implementing the fellowships programme, he recalled that the different Regional Directors had indicated in the past that they would give priority to the placement of fellowships within their respective regions.

Dr UTON RAFEI (Regional Director for South-East Asia) said that in order to assess the efficiency and effectiveness of WHO's input to national health development through programme 3.1, the Regional Office had launched an evaluation exercise with the full involvement of the Member countries of the Region and cooperation from headquarters. The evaluation results, which would be reported to the Regional Committee in September 1997, would serve as a basis for developing detailed action plans for the 1998-1999 biennium and for formulating the 2000-2001 programme budget.

In the South-East Asia Region, fellowships were integral components of the various technical programmes, thus ensuring their relevance to programme needs. The budget allocation of approximately US$ 300 000 was used to support staff and coordinate activities relating to the management of fellowships and other training activities. In that context, the policy was to promote and encourage intraregional and intracountry training in order to minimize the cost of sending fellows outside the Region. WHO collaborating centres and national centres of excellence were also involved in training WHO fellows within countries and within the Region. A regional meeting of WHO collaborating centres was scheduled for August 1997 to discuss strategies and workplans for human resources development in the areas of reproductive health and emerging and re-emerging diseases. The Regional Office had also promoted and facilitated bilateral intercountry cooperation with a view to establishing a joint action plan to promote human resources for health.

Programme 3.3 (Essential drugs)
Programme 3.4 (Quality of care and health technology)

Dr AL-SAIF (representative of the Executive Board) said that, although programme 3.3 (Essential drugs) was a recognized priority programme, the regular budget allocation in the proposed programme budget had decreased in most regions for a number of reasons: the significant progress made in many national procurement and quality control programmes for essential drugs had made some shifting of resources possible, extrabudgetary funds had been obtained for some priority programmes and essential drugs activities were being conducted as part of primary health care in several regions.

With regard to programme 3.4 (Quality of care and health technology), the Board had discussed the role and input of WHO collaborating centres and the way in which the programme worked with national health technology assessment programmes. The Board had heard that the expertise of the collaborating centres and the results of national health technology assessments were used extensively and effectively, particularly in Europe and in the Americas. Programme 3.4 coordinated the information and made it available, particularly to developing countries. The Board had noted that new technologies were not always suited to local needs and that quality of care in relation to health technology had been a matter of concern in some contexts.

Mr COLLA (Belgium) referred to a draft resolution which Belgium was submitting for discussion under agenda item 19 (Implementation of resolutions and decisions) but which was, nevertheless, relevant to programmes 3.3 and 3.4. It concerned the growing practice of selling pharmaceutical products direct to

patients over the Internet. Belgium was not seeking to prevent that means of selling, but had evidence of a number of abuses connected with it, including the sale of time-expired or prescription-only drugs, and products which were potentially dangerous or had actually been banned in many countries. In other cases, incorrect information was supplied with the product. Such practices had obvious implications for quality control of pharmaceutical products and patient safety. The draft resolution called for the establishment of an ad hoc group to examine the problem and submit draft guidelines for the prevention of abuses; Belgium would cover most of the costs entailed. He hoped that the draft resolution would be adopted.

Referring to programme 3.4, Dr ITO (Japan) said that the setting of norms and standards in important areas such as food and drugs was an essential function of WHO and required a steady and consistent effort.

Dr LARIVIÈRE (Canada), noting that programme 3.4 had one of the lowest levels of extrabudgetary funding, welcomed the strategic approaches outlined in the proposed programme budget, but expressed concern at the lack of regular budget resources available for the important normative functions of WHO in relation to drugs and biologicals. An area which deserved further attention was that of medical devices.

Dr DINARVAND (Islamic Republic of Iran) expressed concern at the drastic reduction in the regular budget allocation for programme 3.3 in the Eastern Mediterranean Region, since access to high-quality and effective drugs was one of the most important elements in ensuring good health.

Ms STEGEMAN (Netherlands) also expressed concern at the substantial decrease in the allocation for programme 3.3, particularly in the African Region. With regard to programme 3.4, she called for greater attention to be paid to the urgent question of blood safety.

Speaking on programme 3.4, Dr SHE Jing (China) welcomed WHO's support for traditional medicine in national health policies. China had over 2500 traditional medicine clinics, and Chinese traditional medicine was accorded equal status with western medical techniques. Traditional medicine was a vital part of primary health care, particularly in rural areas, where it accounted for one-third of all consultations.

Traditional medicine was invaluable in the prevention and treatment of chronic and noncommunicable diseases, which were the theme of *The world health report 1997*. She hoped that WHO would continue its support for programmes of traditional medicine, and perhaps convene a world conference on the subject.

Dr LUETKENS (Germany) said that the Action Programme on Essential Drugs had successfully combined bilateral measures, which directly supported individual countries or regions, with a global approach. He welcomed confirmation by the Programme's Management Advisory Committee that the strategies related to national drug policy, health economics and drug financing, drug management and supply strategies, rational use of drugs, and regulations and quality assurance would be maintained. He was pleased to note that additional activities in the areas of development of financing systems and promotion of rational prescribing practices were planned for countries which were adjusting to changing health structures, that activities in the area of traditional medicine were under consideration, and that the Management Advisory Committee would consider an evaluation of the suitability of the present selection criteria and an analysis of the efficiency of the Action Programme's global measures at its next meeting.

Dr AL-MADI (Saudi Arabia) said that health services must be designed to meet the needs of patients and must be suitable for the health professionals who provided care. In recent years, with the assistance of the Regional Office for the Eastern Mediterranean, Saudi Arabia had introduced programmes to develop health care and improve its quality in a number of specific areas. A special programme for monitoring and quality control of pharmaceutical products had been under way since 1993; a handbook of essential drugs had been produced and training courses held. He called upon WHO to provide more technical and moral support for the countries of his Region, particularly in the important area of training for health professionals.

Mrs SHONGWE (Swaziland) expressed her support for programme 3.4. The demand for higher-quality health care was growing all over the world, including the developing countries. WHO should give more support to the training of human resources for quality assessment, which could be linked with general human resources training. Swaziland had introduced a national quality assurance programme and a scheme for monitoring health care with WHO support, which it hoped would be maintained.

Dr ANTEZANA (Deputy Director-General *ad interim*), replying to the points raised, noted that most speakers had emphasized the importance of availability to all countries of safe and effective drugs, a matter which had always been a WHO priority. WHO's normative functions in that area were largely financed from the regular budget, as it was essential to safeguard the interests of all Member States without any discrimination. In the area of food safety, the Organization had recently introduced activities which came under the direct responsibility of the Deputy Director-General. As the representative of Swaziland had noted, the demand for such activities came directly from countries themselves. Some speakers had expressed concern at reductions in the regular budget allocations in various regions. The Secretariat would investigate the matter further. WHO's activities in the field of traditional medicine were mostly undertaken by individual countries and WHO collaborating centres; WHO was grateful for their efforts. The delegate of Canada had referred to quality control of medical devices. WHO had begun the process of classification, recommendation and assessment of such items, with the assistance of a WHO collaborating centre and the Government of the United States of America. WHO greatly appreciated the contribution of Germany to the Action Programme on Essential Drugs. As the delegate of Germany had noted, the strategies were very effective, but the programme needed to adjust to countries' new challenges and needs.

Dr EMMANUEL (Blood Safety), responding to the remarks by the delegate of the Netherlands, said that, despite a limited budget, headquarters had cooperated successfully with regional offices to improve blood safety throughout the world. Distance-learning materials had been developed as a cost-effective way of training human resources. All WHO regions had now held workshops, and a total of 120 trainers from more than 70 countries had been trained in blood safety techniques. The programme's activities, were described further in the proposed programme budget; efforts to raise additional extrabudgetary resources would continue.

Dr UTON RAFEI (Regional Director for South-East Asia) said that the proposed programme budget document before the Committee showed that the allocation for programme 3.3 in his Region had been reduced by some US$ 400 000. However, after discussion by the Executive Board at its ninety-ninth session in January 1997, the allocation had in fact been increased to a figure approximately US$ 25 000 higher than that for 1996-1997. The regional allocation for programme 3.4 had been reduced by US$ 1 million because the assessments of specific health technologies were to be conducted by the individual programmes concerned, and the figure shown was only intended to cover the development of generic guidelines and standards. The regional allocation for traditional medicine activities had been reduced by US$ 150 000, since they were now mostly included as part of primary health care activities.

Appropriation section 4: Promotion and protection of health

Programme 4.1 (Reproductive, family and community health and population issues)
Programme 4.2 (Healthy behaviour and mental health)

Professor ABERKANE (representative of the Executive Board) said that the Board had requested a clearer definition of priorities in certain programme areas in appropriation section 4. There had been satisfaction that budgetary allocations to programme 4.1 were largely unchanged, particularly given the importance accorded to reproductive health, as demonstrated by the recent International Conferences on Population and Development (Cairo) and on Women (Beijing). The Board had questioned the wisdom of the proposed budgetary cuts in specific programme 4.1.7 (Occupational health), which might affect WHO's capacity to maintain the coordinating function required to implement resolution WHA49.12. Following a

request from the Programme Development Committee to review the matter, the Director-General had explained that, given current constraints, it was hoped that the new approach to occupational health would be largely covered by the excellent network of collaborating centres and through effective cooperation with other programmes.

In relation to programme 4.2, the Board had observed with satisfaction progress made in health promotion, particularly on the model programme in schools and on healthy-city networks. It therefore welcomed the proposed increase for health education and promotion activities. The Board had expressed concern at the growing number of people affected by mental disorders arising from domestic or ethnic conflicts, unemployment and other stress-related situations, and had therefore welcomed the expansion of the mental health programme, in close cooperation with other organizations within and beyond the United Nations system, with relevant activities linked to health education and promotion.

Dr LARIVIÈRE (Canada), while commending the improved internal coordination of reproductive health activities within the Organization, which were the result of restructuring undertaken during the previous year, voiced concern over external coordination in that area, in particular throughout the United Nations system. He requested further information on action related to the plan of cooperation among United Nations organizations arising from the Cairo Conference.

Programme 4.2 was a broad area which included tobacco control, clearly identified in *The world health report 1997* as the most important determinant of noncommunicable diseases and conditions. Canada had, on a number of occasions, urged WHO to strengthen its involvement in and support of national tobacco control strategies and in resolution WHA49.17 the Health Assembly had called for WHO support for relevant activities at country level through the elaboration of international instruments, notably a convention protocol on tobacco control. He hoped that 1998 action plans would reflect the importance Member States attached to the role of WHO in that area.

Indicating his surprise that WHO's public relations activities, which supported all programme areas at all levels, had been classified within one specific programme area (4.2), he sought clarification of the strategic value of that decision.

Dr MALYŠEV (Russian Federation) expressed general support for appropriation Section 4. Referring to programme 4.1 and resolution WHA49.12 on a WHO global strategy for occupational health for all, which had been welcomed by many countries, he stated that it was now time for the strategy to be implemented. Additional efforts were required from WHO to that end yet one year after adoption of the resolution the Health Assembly was being asked to approve a programme budget that proposed cuts in that area of 75% at headquarters level overall. While he welcomed the increase in allocations to programme 4.1 proposed in response to Executive Board concern, further resources would be needed to implement the strategy. He supported the coordinating work done by WHO in the area of occupational health and called for further integration of occupational health activities in other WHO programmes.

The Russian Federation fully supported programme 4.3 (Nutrition, food security and safety), and promised both active cooperation and the provision of technical and scientific resources. Further, it was prepared to participate fully in the programme 5.3 (Control of noncommunicable diseases), which should remain a priority area over the coming biennium.

Mr ESKOLA (Finland) commended the efforts made to improve the proposed programme budget as requested by the Executive Board. However, he shared the concerns expressed by both the Board and the previous speaker with respect to programme 4.1. Its importance had been demonstrated by the unanimous endorsement of resolution WHA49.12 on a WHO global strategy for occupational health for all. The resolution had been greeted with enthusiasm by professional associations, the 58 members of the global network of WHO collaborating centres in occupational health and numerous countries and international bodies. Collaborating centres were valuable and potentially active partners, but needed proper coordination in their efforts to promote the well-being of workers worldwide. Insufficient capacity and resources prevented them from assuming responsibility for such overall coordination, which was clearly the duty of WHO. It was therefore surprising that the programme budget presented to the Executive Board had cut total allocations by

50%, from US$ 4 million to US$ 2 million, and those made to headquarters by 75%. In response to the Board's doubts as to the subsequent ability of WHO to implement resolution WHA49.12, the Director-General had proposed the transfer of US$ 100 000, to specific programme 4.1.7 (Occupational health). That was a welcome, albeit insufficient, step and he sought clarification as to how the proposed reduction would affect activities, including support to the extensive and highly effective global network of collaborating centres. Concerned about the credibility of WHO as a guiding body in occupational health matters, he viewed the reconsideration of budgetary allocations in that field to be both a responsibility and an opportunity for the Organization.

Commenting on programme 4.1, Professor AKIN (Turkey) observed that, particularly since the International Conference on Population and Development in 1994, strategies to ameliorate reproductive health in countries and links between family and community health and population issues had become much clearer. The result had been a more thorough concept of reproductive health, covering adolescence and the period beyond menopause, i.e. defining it in relation to the individual's entire life-span. Turkey acknowledged the leadership role of WHO in shaping guidelines and new concepts, which would facilitate and direct countries in their perspectives, plans and activities.

She emphasized the value of the safe motherhood approach in promoting maternal and child health. Despite statistics indicating an overall drop in infant mortality rates in developing countries over a number of years, closer examination revealed that the bulk of that reduction was in the postnatal rather than the perinatal period. Stillbirths, early neonatal and maternal death rates had remained unchanged in developing countries for quite some time. Safe motherhood programmes therefore remained a priority and should continue to receive support at country level.

Dr VAN ETTEN (Netherlands), while endorsing the proposed increase to programme 4.1, asked for information on the figures for specific programmes. He would not like to see any cuts in the allocations to specific programme 4.1.1 (Reproductive health). He expressed satisfaction with the proposed allocation to specific programme 4.1.4 (Women's health).

Dr PRADO (Nicaragua) remarked on the importance of sections 4.1 and 4.2 for the countries of Central America, the former being crucial to peace, investment and job creation.

Pointing out that Sweden had been providing substantial voluntary funds to specific programme 4.2.5 (Rehabilitation) for quite some time, Mr ÖRTENDAHL (Sweden) praised the achievements of the community-based rehabilitation programme worldwide. However, in the absence of a long-term rehabilitation plan in many countries, community-based rehabilitation often depended on dedicated but ad hoc support from organizations and individuals. As a result, insufficient coverage led to suffering and placed demands on families and taxpayers for disabilities that could have been averted through timely access to rehabilitation. The benefits of investment in areas such as rehabilitation were obvious. WHO should intensify its research and development activities, guiding the national production of technical aids at country level, and introducing disability-related activities into the mainstream of WHO programmes.

Rule 14 of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities, adopted at the 1993 General Assembly of the United Nations, stated that countries should initiate and plan adequate policies for persons with disabilities. He therefore called for a WHO policy on disability to aid Member States in fulfilling that task. Absence of a coherent policy was reflected in the modest allocations proposed for rehabilitation and the many valuable, but fragmented activities of other programmes.

He welcomed the substantial documentation recently issued by WHO on blindness and deafness. Referring to the impressive challenges outlined in *The world health report 1997* in respect of ageing, chronic disease and disability, he stated that care and rehabilitation to facilitate the proper integration into society of persons with disabilities were as important as disability prevention. Sweden therefore proposed that the Director-General and the Global Policy Council should prepare a coordinated disability policy for WHO to guide concerned programmes. Further, clear directives should be issued for the monitoring of the implementation of the United Nations Standard Rules as they related to WHO's programmes and in close

cooperation with the United Nations Special Rapporteur on Disability. Finally, the Director-General should report to a forthcoming Health Assembly on WHO's action for equalization of opportunities for persons with disabilities.

Speaking on specific programme 4.1.7 (Occupational health), Ms VOGEL (United States of America) agreed that the network of collaborating centres was of high calibre but, like Finland and the Russian Federation, feared the impact on that network in the absence of an effective leadership and coordinating function of WHO, particularly at headquarters. She was concerned about the proposed cuts of 75% at headquarters and 50% overall. Occupational health affected a great number of people worldwide and was crucial to the well-being of workers' families. A more appropriate allocation of resources should be considered.

Mr LIU Xinming (China) said that, despite the Director-General's additional proposals, there remained a substantial decrease in the budget allocation for programme 4.1. With its rapid urbanization and industrialization, China, like the developing countries, was encountering many still unresolved problems with regard to occupational health. It was also facing severe resource problems and needed to strengthen its work in the field. The decrease in the regular budget allocation did not favour joint international action and coordination or the development and promotion of occupational health. As for programme 4.2, China considered that the best place for promoting health was the schools. Good health habits established at an early age played a very important role in the elimination of diseases and increased both life expectancy and the quality of health. It was to be hoped that health activities in schools would receive adequate financial resources in the next biennium. An increasing number of people were now suffering mental health problems as a result of social and work-related stress; mental health programmes should be emphasized in the new biennium. WHO should strengthen and consolidate its activities in the field of mental health, at the global and country level with particular attention to the development of epilepsy control programmes in developing countries.

Professor WHITWORTH (Australia) said that in recent years the Executive Board had identified and reaffirmed five priorities for WHO, three of which came under appropriation section 4. The priorities concentrated on those areas where inequity in health outcomes was most marked. Many speakers had emphasized the link between health and development and with its commitment to equity, WHO should be aiming to achieve a minimum standard of health globally and to raise that standard progressively. Some of the most cost-effective public health interventions included management of the sick child, prenatal and delivery care, tobacco and alcohol programmes and micronutrient programmes. At its ninety-ninth session, the Executive Board had been particularly exercised about the failure of the 1998-1999 programme budget adequately to reflect the priorities it had identified. Despite subsequent proposals, the allocations to programme 4 remained below those of the previous biennium and were unsatisfactory, especially in respect of programme 4.1. The priorities identified must be respected; it would be by concentrating activity in areas which could yield real, cost-effective benefits for the less developed countries that real health gains globally would be achieved.

Dr MACHADO (Brazil) said with regard to programme 4.1 that his country, following others, had in the past three years been developing a family health programme that had received general public approval. It consisted of teams comprising a doctor, a nurse, a medical technician and between four and six community health agents. Each team was responsible for the health care of 1000 families. Currently there were 850 such teams caring for 850 000 families, and in all municipalities where the programme operated there had been a rapid reduction in child mortality and almost all health indicators had improved, including those relating to women's health. The initiative was worthy of support by other countries. It was a priority programme for the Brazilian Ministry of Health which planned to have 3500 teams operating by the end of 1998 and responsible for the health care of 3.5 million families, or 17.5 million people.

Dr EL SHAFIE (Egypt), expressing her support for the regular budget allocation for programme 4.1, said the developing countries were beginning to implement their strategies for women's health, taking a holistic approach. Reproductive health did not refer only to women; it referred also to men and to adolescents, and to the early detection of cancers in both.

Dr STAMPS (Zimbabwe) said in connection with specific programme 4.2.4 (Communications and public relations) that he had become greatly concerned at the inability of health departments to get their message across through the popular press. There seemed to be a international cartel which determined the sort of news that was to be disseminated on health, and it was usually news about some exotic, unusual or negatively exciting activity or abstruse research. News of local health successes were rejected in favour of defects and mistakes. Few countries, and even fewer news organizations, had specialized reporters who could understand and properly report on health issues and achievements of genuine concern and value. The world had recently been shown degrading and dehumanizing television news footage of Africans dying in the Great Lakes Region but it had never been stated in the reports that the great majority of those deaths had been due to untreated malaria; the image of an incompetent continent had been perpetuated and the activities of WHO had not been projected at all. WHO, perhaps in collaboration with another United Nations agency such as UNESCO, should devise a system of providing general reporters and editors with the mechanisms by which they could communicate the true facts about health to lay audiences.

Professor GUIDOUM (Algeria) said with regard to programme 4.1 that important achievements had been made in family planning, assisted childbirth, prenatal care and screening for sexually transmitted diseases. He firmly supported the programme and its priorities, but the efficiency of the services provided was often too low when compared with the resources allocated. There were many causes, but the main ones were the lack of an overall vision of the health system and, consequently, the lack of any assessment of the delivery process resulting in demotivation and lack of interest in preventive action at the decision-making and professional levels. The solution was not just a financial one, although it was the element that was most decisive; it was also a question of a strategic reorientation, based on the primacy and unity of public health and giving priority to improving the efficiency of existing services and to local health development, particularly through projects of research and action that were more readily assessable and were often better linked to the realities on the ground. Algeria had good experience in the field of occupational health in which there had been a recent change of emphasis towards an approach that was more epidemiological than clinical.

Mrs AL-RIFAI (United Arab Emirates) welcomed WHO's efforts to support women's health activities under programme 4.1 and hoped that the Organization would make it possible for all regions to acquire the necessary technical and financial means to improve women's health, especially through establishing collaborating centres.

Mr WASISTO (Indonesia) said that the status of reproductive and community health was reflected, among other things, by the rate of maternal mortality, which was still very high in developing countries and was largely determined by the level of education of the population and the accessibility of modern health services to girls, women and mothers. Better education for those groups was very important, and health services had to be expanded to reach them all. Improved training and supervision of nurse-midwives was also essential. WHO and its Member States should pay greater attention to increasing budgetary resources for the improvement of maternal health.

Dr BIKANDOU (Congo), referring to programme 4.1, supported the initiatives and measures that had been taken in respect of reproductive health. With the support of WHO, UNFPA and others, Congo had undertaken a number of activities in that area since 1981, and had participated in the first regional forum on teaching the subject in medical schools and faculties in central and West Africa. An awareness-building programme was under way, with a view to establishing a national committee to draw up a national action plan during the current year. A national action plan on adolescent health, with particular emphasis on youth sex, was also being drawn up and would be the subject of a national seminar.

Dr DLAMINI (Swaziland) believed that reproductive health should be strengthened, and there was a need for greater collaboration with other sectors regarding adolescent reproductive health. There was still a high rate of teenage pregnancy in her country with consequent curtailment of women's education and economic empowerment. Turning to ageing and health, she said that in her country, as in others of the sub-region, the extended family system had broken down as families had moved to look for work further afield so that the elderly were no longer as well cared for. Swaziland would welcome more assistance in establishing a formal health care system that would help to care for the elderly rather than displace them from their environments. Swaziland would also welcome more training in the area of perinatal care and safe motherhood initiative programmes with a view to raising standards at all levels. Finally, there was a general feeling in Swaziland that not enough was being done for its communities in protecting them and preventing occupational accidents and hazards. There was a need to enhance human resources in the area of occupational health, which still came under the auspices of ministries that were not health-related.

Referring to programme 4.2, Dr DURHAM (New Zealand) welcomed the move from vertical programmes to a "settings" approach to health promotion. New Zealand wished to encourage WHO to work with indigenous populations to facilitate the development of health promotion settings that had relevance for them. With regard to programme 4.1, New Zealand joined other delegations in emphasizing the importance of the specific programmes concerned in relation to the identified priorities, but was again concerned to note that several regions were said to have limited funding available for women's health and development. Funds were limited in relative rather than absolute terms, and by giving due weight to the critical issue of women's health the available funds could be appropriately allocated; allocative efficiency was as important as technical efficiency. New Zealand would welcome information regarding the time-frame for the introduction of gender analysis and women's perspective into WHO's health research, policies and programmes, referred to in paragraph 98 of the proposed programme budget.

Dr FARSHAD (Islamic Republic of Iran), noting that 2.5 billion people in the world were working in small-scale industries, strongly recommended that more support be given to the occupational health programme.

Dr FLACHE (World Federation for Mental Health and World Association for Psychosocial Rehabilitation), speaking at the invitation of the Chairman and on behalf of 12 presidents of international nongovernmental organizations concerned with mental health issues, paid tribute to the Director-General for his contribution to the world mental health community and for the work performed in 1996 by the new Division of Mental Health and Prevention of Substance Abuse. The restructuring was bearing fruit in providing better coordination and programme impact. It was regrettable, however, that the regular budget allocation for mental health remained very low for the next biennium - indeed below the minimum required by WHO's constitutional aims of promoting the mental as well as the physical well-being of the world's population. Fortunately, the problems could be somewhat alleviated by extrabudgetary resources. In pledging full cooperation to the global initiative "Nations for mental health: an initiative for mental health in underserved populations", he urged WHO to give it the much wider scope originally planned which had, for various reasons, been abandoned. That wider scope, with close participation of the United Nations, UNESCO, UNICEF, UNHCR, UNDP and the World Bank, as well as international foundations, universities and nongovernmental organizations, would give it a far better chance of ensuring more efficient coordination and integration, and of attracting larger voluntary contributions.

Ms CANNON (Brazil) said that, despite recent progress, there was still a need to support the implementation of adolescent health care programmes within countries and train health professionals working in that area, particularly in relation to adolescent reproductive health. In Brazil in 1996, 18% of adolescents aged 15-19 years had had at least one pregnancy, over half of the women who gave birth in hospital were aged between 10 and 24 years and some 10% of them were under 19. WHO should therefore continue to stress the importance of adolescent health care at regional and country level.

Speaking on programme 4.1, Dr KILIMA (United Republic of Tanzania) found it difficult to relate the resources available to such a broad issue. He pointed to the relative absence of activities geared to the under-fives, a very vulnerable group in most countries, who were subject to relatively high mortality.

Ms McCOWAN (United Kingdom of Great Britain and Northern Ireland), also referring to programme 4.1, expressed her concern at the lack of clarity in regard to the relationships and coordination between WHO and other United Nations organizations working in the field of reproductive health, particularly the work of UNFPA and UNICEF at country level. She was especially interested in the local use of project appraisal committees in that context and the extent to which the comparative advantages of the various agencies were decided at the project and programme level.

Dr OTTO (Palau) agreed with the priorities as elaborated in appropriate section 4 and was encouraged by the increase in the amount allocated to health promotion. He endorsed the concern expressed regarding tobacco use and requested that WHO assist in collecting and disseminating information on chewing tobacco, particularly in regard to its impact on the foetus and on breast-feeding infants.

Dr MAJORI (Italy), speaking on programme 4.2, welcomed the initiative for mental health in underserved populations which could represent an important vehicle for raising the awareness of people, communities and governments to the effects of mental and behavioural problems on the psychological well-being and physical health of underserved populations throughout the world.

Mr SHAHARE (India) attached great importance to programme 4.1 and was therefore particularly concerned at the drop in the amount allocated for that programme. Reproductive health was a central element of human development, as had been globally acknowledged at the recent International Conference on Population and Development in Cairo and at the past two World Health Assemblies. The new reproductive health approach emphasized the importance of ensuring that fertility could be regulated and that pregnancy, childbirth and sexual relations could be embarked on in safety. India had organized workshops and joint sector reviews and had established a task force on that subject. In relation to programme 4.2, he asked for information regarding the source of the figures regarding India cited in paragraph 111 of document PB/98-99.

Mrs HERZOG (Israel) said that all the areas covered by programmes 4.1 and 4.2 were very important yet she believed that investment in the young should be given priority if future generations were to be healthier and have a better quality of life. WHO should therefore strengthen existing frameworks, such as health-promoting schools, healthy cities and healthy communities. In addition, she considered that the special needs of women in mid-life should be paid particular attention.

Dr TÜRMEN (Executive Director) thanked all the speakers who had supported programme 4.1 and assured them that their concerns had been noted. Reproductive health was a challenge for WHO and recognition of the shortcomings of existing health programmes had resulted in an expansion of maternal and child health and family planning to the broader concept of reproductive health. The adoption of a comprehensive approach to the topic was now seen as a necessary response to expanding needs in that field, including the threat posed by the HIV/AIDS pandemic, and the recognition of sexuality and sexual health as a component of reproductive health.

Replying to questions raised, she said that WHO worked closely with other United Nations agencies, in particular with UNFPA, UNICEF, UNDP and the World Bank in following up the internationally agreed plans of action of the Cairo and Beijing conferences and, more generally, in pursuing both formal mechanisms for inter-agency coordination and inter-agency activities, which contributed greatly to consistency in the strategies adopted by the various agencies. WHO also worked closely with a number of national and international nongovernmental organizations. In regard to comments made on the budget allocation for the reproductive health programme in which - as had been pointed out - there had been a small increase, she noted that WHO reproductive health programmes were mainly funded through extrabudgetary resources.

In regard to the time-frame on activities related to gender perspectives and analysis, the work was carried out through a network of focal points in the regions as well as by women's groups around the world and was a long-term process. At global level, a gender advisory panel had been established to help guide the process in research and programme planning. At national level, a series of training courses on gender and reproductive work for health programme managers was being launched in collaboration with academic institutions and nongovernmental organizations in the hope of stimulating the introduction of a gender perspective in that area. The plan of work for the women's health activities at WHO would also be made available to interested delegations. On the question of activities for under-fives, she suggested that satisfactory answers would be provided during discussion of programme 5.2 (Control of other communicable diseases). In regard to the question on country-level coordination, she explained that WHO executed UNFPA country projects, was part of the country support system aimed at providing inter-agency technical support at country level, participated in high-level inter-secretariat mechanisms between agencies to identify strategies for improving collaboration at country level, and gave joint briefings to country representatives.

Dr NAPALKOV (Assistant Director-General), in response to the interest expressed in the programme for the promotion of mental health in underserved populations, assured delegates that the work would continue and that the programme had good prospects for further development.

In regard to specific programme 4.1.7 (Occupational health), he stressed that, despite budgetary restraints, WHO considered the programme of great importance and shared the concerns voiced regarding the budget decrease for the topic. Efforts were continuing to facilitate the development of the programme and to re-allocate internal resources for that purpose. Efforts were also being made to mobilize extrabudgetary resources through WHO collaborating centres, governments and nongovernmental organizations. In fact, several countries, in particular Germany, had offered material support for activities. Although the Executive Board had not decided to place the topic on the list of five priority activities, he hoped that it would be possible to stimulate support for the programme. Referring to paragraph 22 of document A50/4, he was pleased to report that the Director-General had decided to increase the 1998-1999 budget of the programme by US$ 100 000 in response to the request of the Executive Board.

In regard to the development of national tobacco control strategies, he reported that the project proposal required to finalize an international framework convention for tobacco control had already been prepared and that a draft convention would be submitted for consideration by the Health Assembly in the year 2000. The preparatory process involved close consultation with Member States and experts on public health, international law and convention administration, and the preparation of the convention was dependent on extrabudgetary funding. Several governments had indicated their interest in supporting that activity; initial funding had already been made available by Canada, Finland and Switzerland, while France, Norway and Sweden had also shown interest. A meeting to establish a consultative group to work on the framework convention was planned for June 1997. In addition, WHO was planning to call a special anti-tobacco conference in Moscow, in the hope of improving tobacco control in many of the countries with an economy in transition. He assured the delegate of Sweden that the activities mentioned in regard to rehabilitation programmes had already found support from certain extrabudgetary sources.

Dr KICKBUSCH (Division of Health Promotion, Education and Communication) assured the delegate of Sweden that many of the actions he had touched upon in relation to specific programme 4.2.5 were well under way. WHO worked closely with the United Nations Special Rapporteur on Disability on the Standard Rules for Equalization of Opportunities for Persons with Disabilities and was keen to take on the task of monitoring the rules; it was awaiting a specific request to do so which should be received in the near future. Secondly, WHO was actively expanding the community-based rehabilitation approach to include extremely vulnerable populations in slums and refugee camps and indigenous populations and had been able - as Dr Napalkov had mentioned - to attract considerable additional voluntary funds to the programme. Thirdly, a major consultation process had begun through creating a strategic programme support group to specific programme 4.2.5 with the participation of major nongovernmental organizations, disability groups, other United Nations agencies and other programmes within WHO to develop a new coordinated approach to rehabilitation and disability. She hoped that its work would form the basis for the policy paper which had

been proposed. Fourthly, she expressed her thanks to the Government of Sweden for its support for the specific programme over many years, thus allowing it to go through a number of developmental phases and to raise awareness of the importance of rehabilitation and disability. More funds were being made available and she believed it was time to give the programme a higher profile, thus gaining greater support.

Dr UTON RAFEI (Regional Director for South-East Asia) said that following the International Conference on Population and Development, WHO had launched a special effort to support Member countries in the Region to formulate country action plans on reproductive health within the framework of regional strategies and global action plans. Most of the countries had now completed their formulations and special activities had been launched to reduce maternal mortality rates. In addition, on the research side, the regional Advisory Committee on Health Research had recommended in 1996 that a scientific working group be convened to identify priority areas for operational research in reproductive health and mechanisms for the implementation of such research. The group had been established and had held its first meeting in August 1996.

Dr ALLEYNE (Regional Director for the Americas) agreed with the delegate of Brazil on the need to intensify programmes on adolescent health at the regional level. There had been a change in emphasis, to encourage adolescents to be agents for change in health behaviour. In that context, it was essential to link programmes for adolescents or with adolescents with those on mental health as it was generally agreed that adult behaviour was essentially generated during adolescence. He was grateful to the Government of Italy for the support it gave to many of those programmes. Finally, he hoped that delegates would not receive the impression that programmes for the benefit of women related only to reproductive health: in fact, issues of gender, and of gender equity in particular, permeated all the programmes of the Organization.

The meeting rose at 17:55.

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