



Regional matters: reports by the Regional Directors

The Director-General has the honour to present to the Executive Board reports by the Regional Directors. The reports are presented in accordance with the request made by a number of members of the Board at its ninety-ninth session "... that a common framework should be devised for Regional Directors' reports ...". Each report contains two parts: part one covers regional committee matters requiring the particular attention of the Board and part two covers the health-for-all policy for the twenty-first century: regional perspectives.

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I. REPORT BY THE REGIONAL DIRECTOR FOR AFRICA

REGIONAL DEVELOPMENTS INCLUDING REGIONAL COMMITTEE MATTERS

Introduction

1. The Regional Office experienced, this year, the consequences of the major sociopolitical and military crisis that is still shaking Brazzaville and the rest of the country. The international staff and their dependants were evacuated in June 1997, and an interim operational management framework was immediately put in place, consisting of a core regional team in Geneva and technical teams in Libreville, Lome, Lagos, Pretoria and Nairobi. In August 1997, a longer-term temporary regional office for about 80 staff opened in Harare.

Forty-seventh session of the Regional Committee

2. The Regional Committee held its forty-seventh session from 1 to 5 September 1997 in Sun City, South Africa. It was the first session of the Committee to be held over a reduced duration of five days.

3. The Regional Committee noted with satisfaction steps taken by the Regional Director to ensure that the work of WHO in the Region continued in spite of the dislocation of the Regional Office. It also noted with gratitude the offer from the Government of the Republic of Zimbabwe to provide temporary space to house the Regional Office, and endorsed the plan of the Regional Director to decentralize its activities.

4. The Committee reviewed and adopted three regional programme strategies on: emergency and humanitarian action; reproductive health; and information, education and communication, passing a resolution on each of them. A resolution on WHO reform and African health priorities requests the Executive Board: to ensure that the health problems in Africa are considered a global challenge and accorded the highest priority; to develop more objective and equitable criteria for overall budgetary allocation taking into consideration the priority health needs of the Region; and to take steps to ensure equal opportunity and representation of persons designated by Member States to the Executive Board so that no one group of Member States can exert a controlling influence within the Organization.

5. The Committee also adopted resolutions on: the promotion of the participation of women in health and development; peace and stability in Sierra Leone and the Congo; and tobacco control.

6. The Committee discussed the Regional Director's reports on the third evaluation of the health-for-all strategy and the regional contribution to the global health-for-all policy for the twenty-first century.

HEALTH-FOR-ALL POLICY FOR THE TWENTY-FIRST CENTURY: REGIONAL PERSPECTIVES

Health situation in the Region

7. Analysis of the current health situation revealed that some achievements were to be recorded after Alma-Ata. Basic health services had progressed through improvements in health infrastructure and an increase in the numbers of health personnel. There was an overall improvement in the coverage of health services.

8. The infant mortality rate had fallen by more than 30% and average life expectancy had increased by more than 10 years, i.e. from less than 40 years in 1975 to a little over 50 years. The proportion of people in the Region with access to safe drinking-water had increased from less than 25% in the late 1970s to over 40%.

However, when these achievements were compared with achievements in other parts of the world, it was clear that progress in the Region has been slow.

Factors that influenced health development

9. Political instability and weak democratic structures, inadequate political commitment to health development, and outbreaks of wars and social conflicts had been common. Economic reforms had in many cases reduced national spending on health and increased unemployment as well as the number of poor people. The increase in population contributed to unplanned urbanization and the growth of urban slums. Climatic changes and an increasing spate of droughts compounded the problem of starvation and malnutrition. Harmful cultural beliefs and practices, breakdown of social structures and support systems, unhealthy lifestyles and behaviour all contributed to making the impact of HIV/AIDS more pronounced in the Region.

10. Problems specific to the health sector, included lack of national health policies, fragmented health systems, limited resources and poor management of available resources. The future challenges were related to the means of overcoming these obstacles to health development.

Regional strategic response

Reaffirmation of support for health for all

11. The Region wished to reaffirm: that the right to health is central to all human rights; that the call for health for all is a call for social justice; that the foundation for health for all is global and regional peace and security; and that investment in health is an essential factor of development. Health for all in the African Region was seen as health for everyone.

Vision of health for all

12. The realization of the vision of health for all in the Region would involve: a significant reduction in infant mortality, maternal mortality and mortality due to AIDS; a reduction in morbidity, especially due to diseases that can be eradicated or eliminated; a reduction in other communicable and noncommunicable diseases; and prevention of disability and occupational hazards.

Value system for health for all

13. The value system and related principles underlying the vision were seen to be: **solidarity** based on the principles of partnership, accountability and sharing of responsibilities; **equity** based on the principles of universal access to health care including individual care, as well as on the need to ensure health for everyone; **ethics** based on the principle of attainment and sharing of global, regional and national progress in health; and **cultural identity** respecting cultural differences and the specificity of conditions.

Priority policy and strategic orientations

14. Objectives that would contribute to the achievement of the overall goal of health development were: (i) to promote health-related sustainable human development initiatives, including those aimed at reducing or alleviating poverty; (ii) to promote healthy lifestyles and behaviour; (iii) to reduce morbidity and mortality, especially when due to communicable diseases, including HIV/AIDS, and maternal and perinatal morbidity and mortality.

15. In order to realize the stated objectives, **priority policy orientations** would involve the following **strategic orientations and action**: (i) undertaking of poverty alleviation measures; (ii) development of health systems and services; (iii) decentralization of health services and health care; (iv) setting-up of effective and

efficient health information management systems; (v) mobilization of human, material and financial resources for health; (vi) improvement in the quality of health care and services; (vii) reduction of environmental health hazards.

16. Other strategic orientations and action were seen to be: promotion of community participation; promotion of information, education and communication for disease prevention and control; promotion of research, especially operational research; education of the public and promotion of public literacy for health; and strengthening of professional groups.

The role of the Regional Office

17. The Regional Office is committed to supporting Member States in order to attain the health development vision for the twenty-first century. The WHO technical cooperation agreement with each Member State will be reviewed in order to reorient and facilitate necessary support to take into account the peculiarities of individual countries as well as the regional priority areas.

18. The Regional Office will continue to give support to national capacity-building and strengthening, particularly at the community level. This is considered to be a very important way of enabling people to take responsibility for their own health and also of ensuring that the ministry of health is better prepared to face the challenges ahead.

19. Increasing advocacy for health in socioeconomic development will be undertaken in order to increase the chances of general mobilization to achieve health for all and to ensure that in other sectors the ways in which health can help to achieve sectoral goals are appreciated.

20. The Regional Office will be relentless in its normative role, providing information and guidelines useful to Member States for the development, implementation, monitoring and evaluation of their national health programmes.

21. The Regional Office will ensure effective cooperation with community leaders, religious groups, political and other leaders, United Nations agencies and other international organizations working in the health field, the private sector (including industry) and nongovernmental organizations in order to **mobilize all for health** to facilitate **the attainment of health for everyone** in the Region. Threats to and opportunities for the attainment of this goal will be closely monitored and brought to the attention of Member States to enable them to take the necessary timely action.

II. REPORT BY THE REGIONAL DIRECTOR FOR THE AMERICAS

REGIONAL COMMITTEE MATTERS

1. The fortieth meeting of the Directing Council of PAHO/forty-ninth session of the Regional Committee for the Americas was held from 22 to 26 September 1997, at the Pan American Sanitary Bureau/WHO Regional Office for the Americas, in Washington, DC.

2. The Director presented his annual report for 1996. The theme of the report, "Healthy people, healthy spaces", sought to reaffirm that, to the extent that the use of space was rendered less inequitable, health could be improved. Because one of the major functions of the Organization is to determine where inequities in health conditions exist and whether the measures designed to correct them are effective, the report outlined methodological advances that allow the analysis of differences between and within countries. The report stressed the distribution and dynamics of inequalities in health status and living conditions by collating cartographic information and basic data relating to health indicators. "Healthy spaces" extends the concept of "Healthy cities and municipalities" to schools, workplaces, and the home in the belief that such sites form, nurture and preserve "social capital" and that, in turn, the formation of such capital improves health while favouring the social cohesion essential to it. Summaries of technical cooperation in all countries are also covered in the report, with more thorough analyses of 10 countries subjected to independent evaluation. Representatives noted PAHO/WHO's continued commitment to equity and sustainable development, pointing out that the report was an instrument for renewing the health-for-all policy, and that it reaffirms the relation between health and the economic aspects of human development.

3. The Executive Committee had been presented with the proposed programme budget for the 1998-1999 financial period in June 1997. At that meeting, on the basis of reservations expressed to a 3.4% increase in the proposed budget, the Regional Director had been committed to reworking and presenting a "zero nominal growth" budget to the Regional Committee session. PAHO/WHO has experienced real reductions in constant United States dollar terms since 1992 and the budget presented to the Regional Committee represented a US\$ 17 million reduction from that presented to the Executive Committee, demonstrating the Organization's willingness to absorb the decrease inherent in a zero-nominal-growth budget without compromising programmes.

4. The focus of the Regional Director's presentation was to evaluate the extent to which expected results of the previous budget had been achieved; the discussion on finances opened with presentations of the major programme areas. He pointed out that an effort had been made to allocate additional resources to those areas given priority by the WHO Executive Board, while taking into account the national priorities of the countries of the Region for technical cooperation with PAHO/WHO. Most interventions of the representatives of Member governments strongly supported the budget presentation, while noting that further institutional "streamlining" was needed as part of overall reform. The budget was approved unanimously.

5. Several representatives pointed out the need for a broader response to the threat of "new and emerging" diseases. All supported the Organization's approach to foodborne illness and zoonotic outbreaks, involving the newly redefined Pan American Institute for Food Protection and Zoonoses in Argentina, and the modification of the Pan American Foot-and-Mouth Disease Centre to deal with new and emerging zoonoses such as hantavirus, plague and equine encephalitis. Representatives also considered the need for the Organization to prepare a strategic approach to climatic phenomena such as El Niño.

6. The Regional Committee adopted a resolution that called upon Member States to continue efforts to assume a strong leadership role in the management of environmental health problems, to support the Regional Director in the decision to disestablish the Pan American Centre for Human Ecology and Health based in Mexico, and to make appropriate modifications in the programme of work of the Pan American Centre for

Sanitary Engineering and Environmental Sciences (CEPIS), with special reference to training, particularly in environmental epidemiology, and to ensure that countries have easy access to the services of CEPIS.

7. The draft document on the third evaluation of implementation of the Global Strategy for Health for All by the Year 2000 was presented. The Regional Committee recommended that it should be reviewed by national authorities in order to improve the coherence of data and the overall approach, particularly regarding policy. Representatives also noted that, in spite of the fact that much remains to be done to accomplish the targets comprising the 1978 goal of health for all, to focus merely on the attainment of targets would be an error, since what has changed most are the demands of the population for services. The traditional functions of the State have been redefined, making such demands and rights the core of health policies. They also noted that issues raised in the Directing Council, such as equity and sustainability, are not taken into account in the "evaluation tool" and that WHO should be aware of such weaknesses in order to improve the tool. It was recommended that topics related to the role of women and the elderly and the effect of such roles on health should also be covered.

8. As requested by the Executive Board's special group for the review of the Constitution, the Regional Committee considered two issues raised in the group's report on its fifth meeting; the semi-permanent representation on the Executive Board of permanent members of the Security Council of the United Nations, and extension of the term of office of members of the Board from three to four years. Representatives expressed the view that Member States of each region should be free to continue the practice of nominating those who would represent their region on the WHO Executive Board. Regarding duration of membership they noted that a term of three years permits useful contributions while giving the opportunity for a larger number of countries to participate in the governing bodies of WHO.

9. Because the Regional Committee is a forum for debate on important subjects, time was set aside for discussion of the role of ministries of health in steering reform in the health sector. That was being brought to the forefront by the explicit inclusion in the "agendas" of ministries of health of items such as: streamlining of responsibilities and operations; definition of the vital roles that cannot be delegated - the discharge of those essential public health functions which are the responsibility of the State, transforming its basic activity from direct service to the coordination and monitoring of the providers, insurers, and financers of services; and, above all, the strengthening of the regulatory role of the health authority. Following presentations by panellists from Chile, Mexico and Trinidad and Tobago, of health sector reform in each of their countries and the new challenges facing ministries of health in the context of the reform of the State, representatives of countries and nongovernmental organizations contributed to an open debate which was seen to fulfil the constitutional responsibility for the Committee to "serve as a forum for the interchange of information and ideas ...", and thus to help provide ministers of health with the elements for leadership and for the new intersectoral relationships that health sector reform demands.

HEALTH-FOR-ALL POLICY FOR THE TWENTY-FIRST CENTURY: REGIONAL PERSPECTIVES

10. The Regional Committee reviewed the document on the new health-for-all policy for the twenty-first century. Noting that health for all is a permanent task, representatives commented on the fact that it implied creating a "vision", renewing hope and recovering faith and trust in social justice as an achievable end while appreciating health as an integral part of sustainable human development. They noted that the value of this type of document lay in presenting Member States with a guide for use in critical areas and, that in this sense, it must be seen as a means to an end and not as an end in itself. Another important point mentioned was the "global perspective" such a document afforded on subjects like the leadership of national health authorities in health sector reform, the establishment of demographic and epidemiological profiles, and the organization of health services. The development of a global health policy is necessary to guide WHO, and the thoughtful approach taken, the emphasis on values, the focus on determinants of health, as well as the increased emphasis on equity, were welcome elements. The Regional Committee welcomed the fact that the document mentioned the

marginalization of countries as a result of the global liberalization of trade. The question of health for all and the document itself should be raised in other international forums, such as development banks or nongovernmental organizations.

11. Some delegates noted that although the document gave vital importance to “gender issues” matters relating to differences between sexes were never specifically or explicitly brought up in any section of the document, and the syntax of the document itself was not sensitive to such matters of concern. Further, the “gender equity” focus was not well developed in the section entitled “From policy to action”. It was essential that equity in general, not just in relation to the sexes, should receive concrete treatment in that section.

12. Many felt that emphasis should have been given to the crucial importance of action to safeguard the Planet, particularly in the light of phenomena affecting natural resources and producing ecological changes. The emergence of new diseases which threaten human existence is related to such changes. Natural disasters, and their effects on drinking-water safety and the availability of food and shelter, could have been given wider coverage, particularly in the light of the Region’s vulnerability to hurricanes, volcanic activity, earthquakes, and other natural disasters.

III. REPORT BY THE REGIONAL DIRECTOR FOR SOUTH-EAST ASIA

REGIONAL COMMITTEE MATTERS

1. The fiftieth session of the Regional Committee was held in Thimphu, Bhutan in September 1997. The Committee adopted eight resolutions and deliberated on several subjects which are relevant to the reform process in WHO. In order to strengthen links with other governing bodies, the Committee examined the regional implications of the decisions and resolutions of the Fiftieth World Health Assembly and the ninety-ninth and 100th sessions of the Executive Board. The active involvement of Executive Board members in the work of WHO at the regional level has made it easier to reflect regional views and concerns in the governing bodies. This mechanism has been greatly appreciated by the Regional Committee and it will continue to be used in future.
2. The Sub-Committee on Programme Budget reviewed the implementation of the programme budget for the biennium 1996-1997, and appreciated the efforts made by the Member States and WHO in achieving an overall delivery rate of 92%, including earmarkings as at 31 August 1997. The Sub-Committee recognized the success of innovative strategies such as the use of intercountry mechanisms to pool funds from the country budget in order to achieve quick and tangible results, and the development and effective implementation of the supplementary intercountry programme during this biennium.
3. The Sub-Committee also reviewed modifications to the proposed programme budget for the Region for the 1998-1999 biennium and reviewed and noted the detailed plans of action to implement it. With regard to modifications made to the proposed programme budget by shifting additional funds to five priority programmes, the Sub-Committee recommended that in future countries should be formally consulted before major shifts were proposed.
4. In reviewing and noting the detailed plans of action for implementing the 1998-1999 programme budget, attention was paid to the resolutions EB99.R13 and WHA50.26 regarding 3% savings in administrative and overhead costs through enhanced efficiency in implementation.
5. Consequently, the Regional Office prepared an efficiency plan to effect 3% savings from administrative costs and overheads, and through more effective programme delivery in the six appropriation sections during the 1998-1999 biennium.
6. Debating the issue of WHO priorities, the Sub-Committee on Programme Budget recommended that members of the Executive Board and delegates to the Health Assembly should be suitably briefed on regional and country priorities for the allocation of WHO resources. The Committee appreciated the positive measures taken in the area of "women, health and development", especially to increase the participation of women in the work of the Organization; in order to further promote related activities in the Region, a separate unit is being established in the Regional Office. As an indication of the importance accorded to it, the subject for technical discussions at the fifty-first session of the Committee will be "Partnerships for health development with a focus on women's health and development".
7. The Committee discussed at length regional arrangements, which are being considered by the special group of the Executive Board on review of the Constitution. The Committee paid particular attention to regular budget allocations to the regions; representation of the regions in the Executive Board and other bodies; and nomination of permanent members of the Security Council to the Executive Board, among other things. The Regional Committee reiterated its pledge to protect the Region's regular budget allocation in the context of the challenges being faced and strategies to be adopted. The Committee noted that at the global level, this Region, with 10 Member States, has the highest proportion of cases of many diseases. While recognizing the demands by other regions for an enhanced regular budget allocation due to an increase in the number of Member States,

the Committee emphasized that any increase in allocation to other Regions should not be at the expense of the allocation to this Region. The views of the Committee were conveyed to the Executive Board special group for consideration at its meeting in November 1997.

8. The Regional Office initiated thorough evaluations of WHO collaborative programmes in three countries of the Region as well as in four regional programme areas (organization and management of health systems based on primary health care, essential drugs and vaccines, malaria and the Expanded Programme on Immunization). The Committee appreciated the contribution of headquarters staff, of the Regional Office and country offices to these evaluations.

9. The Committee reviewed the progress made by the Member States towards achieving the health-for-all goal. The regional report of the third evaluation of the implementation of the health-for-all strategy and the *Regional health report 1997* clearly described the successes and failings and highlighted the challenges that are yet to be tackled. The challenges are formidable, especially where the underprivileged and marginalized are concerned, in a Region which is home to one-quarter of the world's population, and where approximately 40% of the population is poor.

HEALTH-FOR-ALL POLICY FOR THE TWENTY-FIRST CENTURY: REGIONAL PERSPECTIVES

10. The course of action for health development for the remaining years of this century and for the next is closely linked with the progress made on many fronts. For example, it is anticipated that guinea-worm disease (dracunculiasis) will be eradicated from India, the only country in the Region in which it is still present, before the year 2000. Five countries of the Region have attained the target of elimination of neonatal tetanus and eight countries are maintaining measles vaccine coverage at 80% or more.

11. WHO support to efforts to eradicate poliomyelitis has continued to yield impressive results. Intense advocacy resulted in intercountry and interregional coordination that led to the synchronization of national immunization days in all countries of the Region where the disease is endemic and in countries of the Eastern Mediterranean and Western Pacific Regions which border on them. In January 1997, 127 million children were immunized in one day in India alone, making it the largest public health intervention on a single day in the world ever undertaken. Only 1116 cases of poliomyelitis were reported in the Region in 1996, compared with 25 717 in 1986 - a reduction of more than 95%. At the same time, efforts have been made to improve the surveillance of cases of acute flaccid paralysis. There are grounds for optimism about countries of the Region achieving the global target of eradication of poliomyelitis by the year 2000.

12. The estimated number of leprosy cases in the Region declined from 5.5 million in 1985 to 830 000 in 1996, while the registered cases decreased from 3.8 million to 630 000. Two countries, Sri Lanka and Thailand, have already achieved the goal of leprosy elimination. Bhutan, Indonesia and Maldives will do so by the end of 1997 or by early 1998. There are no reported cases of leprosy in the Democratic People's Republic of Korea. Bangladesh, India, Myanmar and Nepal have extended multidrug therapy to all geographical areas. Thus, the elimination of leprosy by the year 2000 is a most realistic goal.

13. In spite of these successes, there is still much to be done. In three countries of the Region, 110 million people are at risk of contracting visceral leishmaniasis (kala-azar) while it is estimated that 53 million are carriers of lymphatic filariasis. HIV/AIDS is assuming epidemic proportions in some countries of the Region. Projections indicate that by the year 2000 the Region will have almost two million AIDS cases, and cases of HIV infection will range between eight million and 10 million. "Old" diseases such as tuberculosis still dominate the disease pattern. In 1996 alone, it is estimated that more than three million new cases of tuberculosis occurred in the Region, representing about 40% of the global burden. Malaria remains a stubborn scourge with over three million cases reported in 1996. Acute respiratory infections and diarrhoeal diseases continue to be the leading

causes of mortality among children. In addition to the burden of communicable diseases, many lifestyle-related, chronic diseases are emerging as major public health problems. This highlights the need for urgent efforts to control noncommunicable diseases through primary prevention, for example by reducing tobacco consumption, changing dietary behaviour and adopting healthy lifestyles.

14. Thus Member States have clearly made substantial progress towards the goal of health for all. However, it also appears that progress in some areas has reached a plateau. In many countries of the Region, excessive population growth, illiteracy, poverty, malnutrition, high maternal mortality and inadequate access to safe water and sanitation are hindering further advancement. In addition, in this age of rapid international travel, the spread of disease across borders can hardly be controlled single handedly by any countries. Thus there is an urgent need for innovative approaches.

15. One such approach which has been endorsed by the Regional Committee is the use of intercountry mechanism to tackle common health problems. Activities against border malaria or to integrate district health services and other efforts related to health systems development and training in epidemiology have proved very beneficial to Member States. In the spirit of regional solidarity, this mechanism will continue to be used with increased allocations from WHO country budgets for intercountry activities.

16. Another facet of the Region's approach to the future is health sector reform. This is needed to accommodate the increasing role of the private sector, the pressure to reduce public expenditures and the increasing public demand for quality care and participation in decision-making processes. In this context, "Health sector reform" was the subject of the technical discussions at the fiftieth session of the Regional Committee. The Committee urged Member States to make optimal use of national institutions and other mechanisms as well as WHO collaborating centres to plan and manage reforms effectively, and requested the Regional Director to provide technical support to Member States in the pursuit of their own health sector reforms.

17. These reforms, significant as they are, have to be supported by a far-reaching strategy which will set the course for ensuring continuous progress towards the health-for-all goal. To this end efforts to keep health "high on the political and development agendas" of the Member States have continued. These efforts have culminated in two achievements which will no doubt create a strong foundation for health development in the twenty-first century.

18. Following a series of consultations, a declaration on health development in the South-East Asia Region in the twenty-first century was developed, and it was adopted by the Health Ministers of the Region during their fifteenth meeting in August 1997. The Declaration not only contains the policy framework for the next millennium, but also provides the regional contribution to the formulation of a global health policy for health for all to be adopted by the Health Assembly in 1998. The Regional Committee endorsed this declaration as a statement of political intent to reaffirm the ministers' commitment to meeting the challenges of health development in the next century.

19. In the face of these challenges it has become increasingly evident that the health sector alone cannot provide efficient and effective health services to entire populations. The health sector must forge active "partnerships" with others, including the private sector, industry, other government sectors as well as nongovernmental organizations. In the spirit of partnership, the Regional Directors of South-East Asia and Western Pacific signed a memorandum of understanding with the Association of South-East Asian Nations (ASEAN) in May 1997. Preliminary agreement has also been reached with the South Asian Association for Regional Cooperation (SAARC) secretariat for a similar memorandum of understanding. These two agreements will provide an added impetus for effective partnerships in health development at the subregional level.

20. In this context, WHO supported the joint initiative of the Governments of Indonesia and Thailand for organizing the International conference on intercountry cooperation in health development in the twenty-first

century which was held in Bangkok from 11 to 15 December 1997. It aimed at improving intercountry cooperation in health development by strengthening the existing mechanisms as well as determining new approaches and services for effective technical cooperation among countries. The conference was a result of the growing realization of the importance of effective partnership and cooperation among the countries to face the challenges of health development in the next century.

21. Thus, on the threshold of the twenty-first century, the Member States of the South-East Asia Region of WHO have prepared themselves to face the challenges ahead, to revitalize their efforts for health for all, to undertake reforms in their health systems, and to form new partnerships and strengthen existing ones. Using such approaches, there is every reason to believe that the Region will be able to advance rapidly in its pursuit of the goal of health for all.

IV. REPORT BY THE REGIONAL DIRECTOR FOR EUROPE

REGIONAL COMMITTEE MATTERS

1. The following is a summary of the main results of the forty-seventh session of the Regional Committee for Europe, which met in Istanbul from 15 to 19 September 1997, for consideration by the Executive Board.
2. An action plan for 1998-1999 on the **prevention and control of communicable diseases** was adopted. While promising results had been achieved in recent years, the situation in most parts of eastern and central Europe was still very serious and new threats were emerging; for example, the incidence of sexually transmitted diseases showed a dramatic increase in many eastern European countries during the 1990s. While the incidence of acquired immunodeficiency syndrome (AIDS) and tuberculosis seems to have stabilized in the past few years in western Europe, a dramatic increase has been observed in several eastern European countries. Malaria has re-emerged as a very serious concern in an area in the south-eastern part of the Region. Other serious communicable disease problems in the European Region were due to typhoid fever, dysentery, hepatitis A and cholera. The effectiveness of well-planned and implemented immunization programmes has been illustrated in a considerable decrease in the incidence of diphtheria over the previous three years.
3. An action plan for 1998-1999 on the **eradication of poliomyelitis** was also adopted, designed to prepare all countries of the Region for certification as being free of the disease by the year 2000.
4. In connection with **transmissible spongiform encephalopathies** satisfaction was expressed with WHO's decision to use its technical expertise in areas where its strengths lay: disease definition, guidelines, training and surveillance.
5. A third action plan (1997-2001) for a **tobacco-free Europe** was adopted which called for determined action to protect public health from the activities of the tobacco industry. The plan proposes that all European Member States should by 1999 have national action plans drawn up with clear timetables for implementation and specific targets for reductions in tobacco use, particularly for women and young people, and calling for the involvement of other sectors, including the legal profession. A major element of the action plan is a proposal to explore the feasibility of establishing a "committee for a tobacco-free Europe" as from 1 January 1999, which would bring together a broad coalition of organizations, thus providing a more coordinated pan-European effort.
6. The Chairman of the **European Environment and Health Committee** (a joint committee with the United Nations Economic Commission for Europe) reported on preparations for the conference on "Environment and health in partnership: implementation of actions for the twenty-first century" in London in 1999, emphasizing that the involvement and full dedication of all countries would be necessary to ensure proper implementation of the action to be discussed and agreed upon at the conference. Several countries emphasized the importance of the new effort initiated by the Regional Office for Europe to promote the formulation of national environment and health action plans, as an efficient tool not only for achieving national goals but also for promoting international cooperation.
7. Consensus was reached on revised criteria for candidates for nomination for the **post of Regional Director**, the adjustments included having sufficient skills in at least one of the working languages of the Regional Committee; it was also confirmed that a candidate should normally be a national of one of the Member States of the Region. A significant change to the terms of reference for the regional search group was also adopted, namely, to give the group a mandate for an active search for candidates.
8. In connection with the discussions in the Executive Board's special group to review the Constitution, on **regional arrangements**, the Regional Committee expressed appreciation and gratitude for the work of the Standing Committee of the Regional Committee, the special group, and the Secretariat. There was extensive

and firm support for the recommendations made by the Standing Committee of the Regional Committee, which were annexed to a resolution adopted by the Regional Committee on the subject.

9. The Regional Committee welcomed a comment by the Director-General that he would consider allocating extra funds to the **EUROHEALTH programme** for support to the countries of central and eastern Europe and the newly independent States at the end of the biennium, depending on the payments by major contributors and prevailing exchange rates.

HEALTH-FOR-ALL POLICY FOR THE TWENTY-FIRST CENTURY: REGIONAL PERSPECTIVES

Global health policy

10. Following the written consultation of Member States and selected experts during October-December 1996, a draft of the global policy was reviewed in September 1997 by the Standing Committee of the Regional Committee, and by the Regional Committee itself at the forty-seventh session.

11. The Standing Committee found that while the draft document outlined a clear strategy, it should demonstrate more clearly the vision and leadership of WHO; and the need to provide “legally binding norms” was questioned. The Standing Committee also advised that finalization of the document should be postponed by one year, to enable the next Director-General to be involved in its elaboration.

12. Several representatives commended the Director-General and his staff on the new draft. The comments of the Standing Committee were generally supported, but some additional comments and reservations were also expressed: e.g., it was suggested that the role of governments and local authorities should be spelled out much more clearly, at least in respect of basic health care. Exclusively State funding of health care was not in accordance with the views of many European Member States, which were following an approach based on social insurance. Several representatives emphasized the need to strengthen the part of the document making operational recommendations.

13. The proposal of the Standing Committee of the Regional Committee to postpone finalization by one year was supported by some representatives, although reservations were also expressed; i.e., it was pointed out that according to resolution WHA48.16 adopted in 1995, the Director-General was under an obligation to have the global health-for-all policy and strategy finalized for the Fifty-first World Health Assembly in May 1998.

Regional health policy

14. When the Member States of WHO’s European Region adopted the regional policy and 38 targets for health for all in 1984, they had established a continuous cycle of policy development, in which accountability was to be achieved by setting clear “aspirational targets” and defining standard indicators for measuring progress towards them. The first review had been undertaken by the Regional Committee in 1991. The regional policy covered a very wide field of endeavour. Progress was measured using more than 200 operational indicators which were continuously monitored in all Member States.

15. A revised draft of the new policy for the twenty-first century was to be reviewed by the Standing Committee of the Regional Committee in April 1998, following which a final draft would be submitted for endorsement to the Regional Committee at its forty-eighth session in September 1998. The policy was expected to be widely published at the end of 1998.

16. The values and principles underlying the original health-for-all policy were felt to remain valid.

17. In view of the continuing exhaustive consultation on the European draft (involving all 50 active Member States and an equal number of organizations) the Regional Committee, in its preliminary discussion, welcomed the renewal of the policy. It requested that the final document be published in two parts (resolution EUR/RC47/R6): one would outline the main health policy priorities and values for Europe; the second would give more detailed guidance on strategies and options, a plan of action, a list of indicators, and methodology for target-setting.

V. REPORT BY THE REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN

REGIONAL COMMITTEE MATTERS

1. The Forty-fourth session of the Regional Committee was held in Teheran, Islamic Republic of Iran, from 4 to 7 October 1997. The technical discussions were on appropriate health technology and the technical papers presented dealt with mobilization of the community in support of health for all, the role of “academia” and health professional associations in support of health for all, the elimination and eradication of diseases with special reference to measles, tuberculosis and poliomyelitis, and “health informatics and telematics”. The third report on the regional evaluation of health-for-all strategies, the draft health-for-all policy document, and the review of the Constitution by the Executive Board special group were also discussed.
2. Concerning the review of the WHO Constitution, the Regional Committee passed a resolution confirming the importance of the regional structure of the Organization; the Committee was of the opinion that the membership of the Executive Board should be increased by two and that the period of membership should be maintained at three years; it did not favour repeated terms of office for any single member; sessions of the Regional Committee should continue to be annual, and the procedure for nominating candidates for Regional Director should be maintained until the outcome of the application of the new procedure for the election of the Director-General was known. The Committee felt that any adoption of a mathematical model for budgetary allocations should be based on authoritative data and responsive to changes, should take into account extrabudgetary resources and should be equitable in terms of national and regional needs, and that achievements in certain programmes should not adversely affect overall allocations.
3. The technical paper on the role of “academia” and professional associations in support of health for all generated considerable interest, maintaining the momentum in the area of medical education in the Region. Concerned about the ways in which programmes of education for health professionals failed to meet the needs of communities, and wishing to increase coordination between institutions providing such education and health care delivery systems, the Committee requested the Regional Director, *inter alia*, to establish a panel of experts to assist medical schools and other such institutions in evaluating the teaching.
4. The technical paper on mobilization of the community in support of health for all addressed a fundamental aspect of health promotion - the need to involve communities in the decisions and processes that affect their own health. A number of initiatives in the Eastern Mediterranean Region can serve as models for community mobilization, in particular the “basic development needs” approach now firmly established, which tackles health problems among the poor, particularly in remote and rural areas, within the context of overall development. However, methodology for community mobilization in a broad social context is lacking. Therefore the Regional Committee requested the Regional Director, *inter alia*, to establish a task force of experts, including social scientists, to prepare such methodology and guidelines.
5. On the elimination/eradication of diseases, particularly measles and tuberculosis, the Committee passed a resolution urging countries to adopt and implement strategies for the elimination of measles by 2010. It also urged countries with low incidence of tuberculosis to aim at eliminating it by 2010 and countries with intermediate to high incidence of tuberculosis to implement the regional strategy of DOTS all over as a prerequisite for its elimination. Subsequently, the Committee discussed a regional strategy for the prevention of cross-border transmission of wild poliovirus and called on Member States, *inter alia*, to coordinate their efforts to eradicate poliomyelitis especially in border areas. It also requested the Regional Director to use the facilities and resources available to WHO and its collaborating centres to support the curbing of cross-border transmission.
6. Regarding appropriate health technology, the Committee requested the Regional Director to consider establishing technical guidelines and codes for the selection and rational use of modern technology, and to

strengthen the role of the WHO collaborating centres in support of the transfer of appropriate health technology to Member States. It also requested him to convey to the Director-General the importance attached by Member States to the removal of undue barriers and restrictions on countries' access to appropriate health technology and medical equipment.

HEALTH-FOR-ALL POLICY FOR THE TWENTY-FIRST CENTURY: REGIONAL PERSPECTIVES

7. The draft document setting out the health-for-all policy for the twenty-first century evoked much comment from Member States. The Eastern Mediterranean Region has promoted several operational health policy initiatives in order to strengthen the implementation of health for all within the regional setting. The Region was instrumental in the formulation and adoption of resolution WHA37.13 which recognized that the spiritual dimension plays a great role in motivating people's achievements in all aspects of life. Countries of the Region have thus actively sought to include the spiritual dimension in their health policies and strategies, regarding it as fundamental to health promotion. The Regional Committee particularly requested the Regional Director to take necessary measures to incorporate it in the global health-for-all policy, and to the WHO Constitution at the time of its revision.

8. The Committee reaffirmed the validity and timelessness of health for all as an "aspirational goal", the need to integrate national health policy in national socioeconomic development policy, and the need for national and regional policies to take social and cultural characteristics into account.

9. During the discussion of this and other agenda items, the main concepts of regional collaboration with Member States were emphasized, as follows:

(a) WHO country offices, supported by technical expertise available at the Regional Office and WHO headquarters, provide technical resources for ministries of health and entities in other, health-related sectors. Member States are encouraged to make use of this expertise in developing their national health policies, supporting health sector reform, and to ensure during negotiations with international donors that their support corresponds to national health policy objectives.

(b) WHO has no programmes of its own at country level, its contribution being support to national health programmes. WHO and national authorities jointly review national health and health-related programmes and determine the WHO support needed. While technical support is provided to all components of national programmes, country allocations under the WHO regular budget are directed to specific priority areas in these programmes.

(c) Collaboration with Member States is mainly directed towards national capacity-building, investing in human resources development and strengthening national health systems.

VI. REPORT BY THE REGIONAL DIRECTOR FOR THE WESTERN PACIFIC

REGIONAL COMMITTEE MATTERS

1. At its forty-eighth session, the Regional Committee for the Western Pacific raised a number of questions which require the attention of the Executive Board. Most of these were discussed under the agenda item on "Regional arrangements" and concerned the work of the special group for the review of the Constitution of WHO. However, four other matters which will be of interest to the Executive Board were raised under other agenda items (paragraphs 7-10 below).
2. With regard to regional allocations, the Regional Committee felt that there should be an increase in the allocation to the Western Pacific, primarily because it has approximately 28% of the global population. Representatives also referred to a number of other criteria which could be used to determine budget allocations, including the number of least developed countries in the Region, health needs, and a human development index. Some representatives also felt that an increase could be justified on the grounds that the Region has many members with small and scattered populations.
3. The Regional Committee also believed that there should be an increase in the number of seats on the Executive Board allocated to the Region. The arguments for such an increase included population size, the number of Member States and geographical extent. There was no consensus on the optimum size of the Board.
4. It was felt that terms of office for Regional Directors should be brought into line with the Director-General, i.e., a five-year term of office, renewable once, although that restriction should not apply to incumbents. There was little discussion and no consensus on the method of selection.
5. Regarding sessions of the Regional Committee and the Health Assembly, the Committee felt that regional committees should continue to meet annually but that the Health Assembly could perhaps be held biennially. However, the potential for shortening regional committee sessions should be continuously reviewed.
6. Four other issues of interest to the Executive Board were raised.
7. The Regional Committee asked for guidance from the Director-General as to how WHO's relations with the private sector should be governed.
8. Some dissatisfaction was expressed with the global document "Health for All in the 21st Century"; the Regional Committee asked the Regional Director to convey to the Director-General its request that the document be revised for Member States' review and comment prior to its submission for discussion at the 101st session of the Executive Board.
9. The question of the haze which covered much of South-East Asia at the time of the Regional Committee session was raised by representatives from Brunei Darussalam and Malaysia. The Government of Japan agreed that extrabudgetary funds already received could be reallocated to provide immediate support to countries experiencing health problems resulting from the haze. Following the session an environmental health scientist was sent to Malaysia.
10. The representative of Mongolia pointed out that so far WHO's support for "health-promoting settings" in the Western Pacific Region had not met the needs of nomadic communities. It was agreed that this issue would be considered within the context of the regional policy document *New horizons in health*.

11. Haze is a contemporary phenomenon and nomadic communities are almost as old as humanity. WHO's response to both is essentially the same: by timely and appropriate public health interventions, WHO's policy is to ensure that the people are given the best opportunity to maximize their potential for health.

HEALTH-FOR-ALL POLICY FOR THE TWENTY-FIRST CENTURY: REGIONAL PERSPECTIVES

12. By 2020 the population of the Region will have increased by 24% from current levels and the age distribution will have changed: the 0-14 age group will decrease from 26.9% (1995) to 20.6% in 2020, and in the same period the over-65 age group will have grown from 6.5% to 9.7%. These demographic changes will be accompanied by a transformation of the disease profile: communicable diseases and nutritional, perinatal and maternal conditions are already a much smaller percentage of the total than they were in 1975; by 2020 they will represent a very small part of a regional disease profile dominated by "lifestyle-related" illnesses, other noncommunicable diseases, accidents and injuries, and conditions associated with ageing. WHO's goal in the Western Pacific Region is to support well-planned and structured public health policies to respond to these developments. Change is inevitable, but it can be influenced in many ways.

13. The Region has always been characterized by great diversity. As we look ahead to the health challenges of the next century, recognition of the range of health needs of Member States will be more important than ever. The growing prosperity of the Region will open up opportunities to improve the health status of many people, but WHO will need to remain alert to the needs of less developed countries and of the small island States of the Pacific. There are still countries in the Western Pacific Region that have not eradicated leprosy, and countries with unacceptably high maternal mortality ratios (some of which are well above the regional target of 300 deaths per 100 000 live births). Besides measures to contain increasing rates of cardiovascular diseases, cancer and other noncommunicable diseases, sufficient resources must still be allotted to combat communicable diseases and nutritional, perinatal and maternal conditions.

14. It is very important that health services should look forwards rather than backwards; in the first place they should receive sufficient resources. The vast majority of countries in the Region are enjoying strong economic growth and have established basic health infrastructures. However, there are a few countries, such as Cambodia and the Lao People's Democratic Republic, where the allocation to the health sector is less than 2% of gross national product. In these countries the health sector is not able to meet basic needs. In the South Pacific the main issue is the provision of middle-level health professionals. WHO will continue strongly to support less developed countries of the Region in improving their health services and, for Pacific island countries, in supplying adequate health services even to remote locations.

15. For most countries in the Region the issues for the next century will be qualitative rather than quantitative: how can privatization ensure that the poorer sectors of society still receive adequate coverage? How can an adequate supply of reasonably-priced drugs be made available? How much of the health budget should be allocated to curative care and how much to preventive care and health promotion? What kind of health sector is best equipped to deal with the chronic degenerative conditions of old age? These are some of the questions that Member States of WHO in the Western Pacific Region, as in other WHO regions, will be facing. WHO's role will be to support countries as they adapt their health services to meet these challenges.

16. The regional policy framework, *New horizons in health*, was endorsed by the forty-fifth session of the Regional Committee for the Western Pacific in 1994. It is based on the simple premise that people can make a difference to their own health. The role of public policy is to provide a supportive environment in which individuals and communities can make decisions that will allow people to lead longer and healthier lives.

17. *New horizons in health* recognizes that people's health needs change throughout their lives. For that reason it is organized around three themes: preparation for life; protection of life; and quality of life in later

years. It further acknowledges that the environment which people occupy at all stages of their lives influence their health. WHO has therefore been active in promoting healthier environments in the Region, through sanitation projects and sponsorship of health-promoting settings, such as schools, Healthy Cities and Healthy Islands.

18. *New horizons in health* will not provide the answers to all the health questions of the twenty-first century, but it establishes a flexible framework within which countries, communities and individuals can map their own health future. It will form the foundation of health-for-all policy in the twenty-first century in the Western Pacific Region.

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