WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH-EAST ASIA

REGIONAL COMMITTEE

Fifty-second Session

Provisional Agenda item 14

SEA/RC52/3

25 June 1999

REGIONAL COMMITTEE DOCUMENT

TIME AND PLACE OF FORTHCOMING SESSIONS OF THE REGIONAL COMMITTEE

FIFTY-THIRD SESSION

The Regional Committee decided, at its fifty-first session in September 1998, to hold the fifty-third session of the Regional Committee in India in 2000 (resolution SEA/RC51/R5). Accordingly, the Regional Director proposes to make suitable arrangements to convene the session in India in September 2000. The Government of India may wish to reconfirm its invitation, allowing the Regional Committee to decide on the venue and time of the fifty-third session.

The Regional Committee for South-East Asia is normally held in the second week of September so as not to overlap with the timings of other regional committees.

FIFTY-FOURTH SESSION

The invitation of the Government of the Union of Myanmar to host the fifty-fourth session in Myanmar in 2001 was noted by the fifty-first session of the Regional Committee (resolution SEA/RC51/R5). The Government of the Union of Myanmar may wish to confirm its invitation to host the fifty-fourth session of the Regional Committee in September 2001.

The Regional Committee may also consider proposals, if any, for the fifty-fifth session in 2002.

In considering such proposals, the Committee may keep in view the resolution of the Seventh World Health Assembly (WHA7.26) which recommended:

> "....that, in deciding on the place of their meetings, Regional Committees should consider holding them from time to time at the site of the Regional Office, taking into account the costs involved for the Organization and the Member States concerned."

These decisions will enable the Regional Director to make appropriate adjustments in the programme budget for the concerned biennium.

RESOLUTION OF THE WORLD HEALTH ASSEMBLY

FIFTY-SECOND WORLD HEALTH ASSEMBLY **WHA52.19**

Agenda item 13 **24 May 1999**

Revised drug strategy

The Fifty-second World Health Assembly,

Recalling resolutions WHA39.27, WHA41.16, WHA43.20, WHA45.27, WHA47.12, WHA47.13, WHA47.16, WHA47.17, and WHA49.14;

Having considered the report of the Director-General on the revised drug strategy;[1]

Noting the activities of WHO to further the implementation of the revised drug strategy, in particular through support to the development and implementation of national drug policies; the strategy to review and assess the effectiveness of the WHO Ethical Criteria for Medicinal Drug Promotion; the flow of market information; guidelines for drug donations; and model drug information;

Recognizing with satisfaction the progress made, and approving WHO's comprehensive response to current and new challenges in the pharmaceutical sector;

Commending the strong leadership shown by WHO in promoting the essential drugs concept and national drug policies, which are contributing to the rational use of resources in the pharmaceutical sector and to improved health care;

Noting with satisfaction that a number of Member States have adopted guidelines for drug donations that are based on the interagency guidelines issued by WHO, but concerned that inappropriate drug donations, such as donations of expired, mislabelled, inessential products, continue to be common, and further concerned that evaluation of the impact of the guidelines has not yet been completed;

Concerned about the situation in which (a) one-third of the world's population has no guaranteed access to essential drugs, and (b) poor quality pharmaceutical raw materials and finished products continue to move in international trade;

Noting that there are trade issues which require a public health perspective;

Recognizing that the Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS) provides scope for the protection of public health;

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[1] Document EB101/10, section VII and Corr.1.

Taking note of concerns of many Member States about the impact of relevant international agreements, including trade agreements, on local manufacturing capacity and on access to and prices of pharmaceuticals in developing and least developed countries;

Concerned also that drugs continue to be irrationally used by prescribers, dispensers and the general public, and that unethical promotion in developed and developing countries and a lack of access to independent, scientifically validated drug information contribute to such abuse,

1. URGES Member States:

(1) to reaffirm their commitment to developing, implementing and monitoring national drug policies and to taking all necessary concrete measures in order to ensure equitable access to essential drugs;

(2) to ensure that public health interests are paramount in pharmaceutical and health policies;

(3) to explore and review their options under relevant international agreements, including trade agreements, to safeguard access to essential drugs;

(4) to establish and enforce regulations that ensure good uniform standards of quality assurance for all pharmaceutical materials and products manufactured in, imported to, exported from, or in transit through their countries;

(5) to enact and enforce legislation or regulations in accordance with the principles of the WHO Ethical Criteria for Medicinal Drug Promotion, to encourage the pharmaceutical industry and the health community to establish an ethical code, and to monitor drug promotion in collaboration with interested parties;

(6) to develop or maintain national guidelines governing drug donations that are compatible with the interagency guidelines issued by WHO and to work with all interested parties to promote adherence to such guidelines;

(7) to promote the rational use of drugs through the provision of independent, up-to-date and comparative drug information, and to integrate the rational use of drugs and information about commercial marketing strategies into training for health practitioners at all levels;

(8) to promote and support education of consumers in the rational use of drugs and its inclusion into school curricula;

(9) to evaluate progress regularly, making use of indicators developed by WHO or of other suitable mechanisms;

(10) to continue their funding and material support for the revised drug strategy, especially through the provision of extrabudgetary resources to WHO;

2. REQUESTS the Director-General:

(1) to support Member States in their efforts to develop and implement policies and programmes that achieve the objectives of the revised drug strategy, including the development of tools, guidelines and methodology for evaluation and monitoring;

(2) to adopt a comprehensive strategy to implement the WHO Ethical Criteria for Medicinal Drug Promotion and to continue to review its effectiveness with all interested parties;

(3) to extend the guidelines incorporated in the WHO Certification Scheme on the Quality of Pharmaceutical Products Moving in International Commerce to cover pharmaceutical starting materials; to develop and disseminate uniform guidelines on the regulatory control, export, import and transit conditions of pharmaceutical products; and to develop standards of practice for entities involved in international trade in pharmaceuticals and pharmaceutical starting materials;

(4) to establish and develop a model inspection certificate for the national inspection of pharmaceutical manufacturing sites of starting materials and finished pharmaceutical products in order to ensure compliance with WHO Good Manufacturing Practices, and to collaborate with Member States, at their request, in implementation;

(5) to strengthen and expand the provision of independent information on market prices of starting materials of assured quality for production of essential drugs;

(6) to continue the development and dissemination, also using electronic media such as the Internet, of independent information on safety of pharmaceutical products and instances of counterfeit drugs or medicines, on drug selection and on rational prescribing;

(7) to cooperate with Member States, at their request, and with international organizations in monitoring and analysing the pharmaceutical and public health implications of relevant international agreements, including trade agreements, so that Member States can effectively assess and subsequently develop pharmaceutical and health policies and regulatory measures that address their concerns and priorities, and are able to maximize the positive and mitigate the negative impact of those agreements;

(8) to review and update the revised drug strategy to reflect current and continued challenges in the pharmaceutical sector and the principles articulated in the renewed health-for-all policy;

(9) to report to the Fifty-third World Health Assembly on progress achieved and problems encountered in the implementation and renewal of WHO's revised drug strategy, with recommendations for action.

Ninth plenary meeting, 24 May 1999
A52/VR/9

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RESOLUTION OF THE EXECUTIVE BOARD OF THE WHO

103rd Session **EB103.R1**

Agenda item 3 **26 January 1999**

Revised drug strategy

The Executive Board

RECOMMENDS to the Fifty-second World Health Assembly the adoption of the following resolution:

The Fifty-second World Health Assembly,

Recalling resolutions WHA39.27, WHA41.16, WHA43.20, WHA45.27, WHA47.12, WHA47.13, WHA47.16, WHA47.17, and WHA49.14;

Having considered the report of the Director-General on the revised drug strategy;[1]

Noting the activities of WHO to further the implementation of the revised drug strategy, in particular through support to the development and implementation of national drug policies; the strategy to review and assess the effectiveness of the WHO Ethical Criteria for Medicinal Drug Promotion; the flow of market information; guidelines for drug donations; and model drug information;

Recognizing with satisfaction the progress made, and approving WHO's comprehensive response to current and new challenges in the pharmaceutical sector;

Commending the strong leadership shown by WHO in promoting the essential drugs concept and national drug policies, which are contributing to the rational use of resources in the pharmaceutical sector and to improved health care;

Noting with satisfaction that a number of Member States have adopted guidelines for drug donations that were based on the interagency guidelines issued by WHO, but concerned that inappropriate drug donations, such as donations of expired, mislabelled, inessential products, continue to be common, and further concerned that the evaluation of the impact of the guidelines has not yet been completed;

Concerned about the situation in which (a) one third of the world's population has no guaranteed access to essential drugs, and (b) poor quality pharmaceutical raw materials and finished products continue to move in international trade;

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[1] Document EB101/10, Chapter VII, and Corr.2.

Noting that there are trade issues which require a public health perspective;

Recognizing that the Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS) provides scope for the protection of public health;

Taking note of concerns of many Member States about the impact of relevant international agreements, including trade agreements, on local manufacturing capacity and on access to and prices of pharmaceuticals in developing and least developed countries;

Concerned also that drugs continue to be irrationally used by prescribers, dispensers and the general public, and because unethical promotion in developed and developing countries and a lack of access to independent, scientifically validated drug information contribute to such abuse,

1. URGES Member States:

(1) to reaffirm their commitment to developing, implementing and monitoring national drug policies and to taking all necessary concrete measures in order to ensure equitable access to essential drugs;

(2) to ensure that public health interests are paramount in pharmaceutical and health policies;

(3) to explore and review their options under relevant international agreements, including trade agreements, to safeguard access to essential drugs;

(4) to establish and enforce regulations that ensure good uniform standards of quality assurance for all pharmaceutical materials and products manufactured in, imported to, exported from, or in transit through their countries;

(5) to enact and enforce legislation or regulations in accordance with the principles of the WHO Ethical Criteria for Medicinal Drug Promotion, to encourage the pharmaceutical industry and the health community to establish an ethical code, and to monitor drug promotion in collaboration with interested parties;

(6) to develop or maintain national guidelines governing drug donations that are compatible with the interagency guidelines issued by WHO and to work with all interested parties to promote adherence to such guidelines;

(7) to promote the rational use of drugs through the provision of independent, up-to-date and comparative drug information, and to integrate the rational use of drugs and information about commercial marketing strategies into training for health practitioners at all levels;

(8) to promote and support education of consumers in the rational use of drugs and its inclusion into school curricula;

(9) to evaluate progress regularly, making use of indicators developed by WHO or other suitable mechanisms;

(10) to continue their funding and material support for the revised drug strategy especially by the provision of extrabudgetary resources to WHO;

2. REQUESTS the Director-General:

(1) to support Member States in their efforts to develop and implement policies and programmes that achieve the objectives of the revised drug strategy, including the development of tools, guidelines and methodology for evaluation and monitoring;

(2) to adopt a comprehensive strategy to implement the WHO Ethical Criteria for Medicinal Drug Promotion and to continue to review its effectiveness with all interested parties;

(3) to extend the guidelines incorporated in the WHO Certification Scheme on the Quality of Pharmaceutical Products Moving in International Commerce to cover pharmaceutical starting materials; develop and disseminate uniform guidelines on the regulatory control, export, import and transit conditions of pharmaceutical products; and develop standards of practice for entities involved in international trade in pharmaceuticals and pharmaceutical starting materials;

(4) to establish and develop a model inspection certificate for the national inspection of pharmaceutical manufacturing sites of starting materials and finished pharmaceutical products to ensure compliance with WHO Good Manufacturing Practices, and to collaborate with Member States, at their request, in implementation;

(5) to strengthen and expand the provision of independent information on market prices of starting materials of assured quality for production of essential drugs;

(6) to continue the development and dissemination, also using electronic media such as the Internet, of independent information on safety of pharmaceutical products and instances of counterfeit drugs or medicines, on drug selection and on rational prescribing;

(7) to cooperate with Member States, at their request, and with international organizations in monitoring and analysing the pharmaceutical and public health implications of relevant international agreements, including trade agreements, so that Member States can effectively assess and subsequently develop pharmaceutical and health policies and regulatory measures that address their concerns and priorities, and are able to maximize the positive and mitigate the negative impact of those agreements;

(8) to review and update the revised drug strategy to reflect current and continued challenges in the pharmaceutical sector and the principles articulated in the renewed health-for-all policy;

(9) to report to the Fifty-third World Health Assembly on progress achieved and problems encountered in the implementation and renewal of WHO's revised drug strategy, with recommendations for action.

Third meeting, 26 January 1999
EB103/SR/3

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RESOLUTION OF THE WORLD HEALTH ASSEMBLY

FIFTY-SECOND WORLD HEALTH ASSEMBLY **WHA52.20**

Agenda item 12 **24 May 1999**

Appropriation resolution for the financial period 2000-2001

The Fifty-second World Health Assembly

1. COMMENDS the Director-General on the remarkable progress made in the integrated presentation of the proposed programme budget for 2000-2001, including the strategic approach to result-based budgeting;

2. RECOGNIZES the importance of maintaining programme expenditure levels in compensation for possible cost adjustments; the practice of appropriating casual income to reduce Member States' contributions, in accordance with the provisions of the Financial Regulations; and the current difficulty of some Member States to increase their assessed contributions;

3. RESOLVES to appropriate for the financial period 2000-2001 an amount of US$ 922 654 000 as follows:

A.

Appropriation section	Purpose of appropriation	Amount US$
1.	Communicable diseases	52 227 000
2.	Noncommunicable diseases	14 838 000
3.	Health systems and community health	59 634 000
4.	Sustainable development and healthy environments	48 756 000
5.	Social change and mental health	21 181 000
6.	Health technology and pharmaceuticals	33 082 000
7.	Evidence and information for policy	59 077 000
8.	External relations and governing bodies	50 209 000
9	General management	144 281 000
10.	Director-General, Regional Directors and independent functions	27 586 000
11.	Country programmes	331 783 000
	Effective working budget	842 654 000
12.	Transfer to Tax Equalization Fund	80 000 000
	Total	922 654 000

B. Amounts not exceeding the appropriations voted under paragraph A shall be available for the payment of obligations incurred during the financial period 1 January 2000 to 31 December 2001 in accordance with the provisions of the Financial Regulations. Notwithstanding the provisions of the present paragraph, the Director-General shall limit the obligations to be incurred during the financial period 2000-2001 to sections 1 to 11.

C. Notwithstanding the provisions of Financial Regulation 4.5, the Director-General is authorized to make transfers between those appropriation sections that constitute the effective working budget up to an amount not exceeding 10% of the amount appropriated for the section from which the transfer is made. All such transfers shall be reported in the financial report for the financial period 2000-2001. Any other transfers required shall be made and reported in accordance with the provisions of Financial Regulation 4.5.

D. The appropriations voted under paragraph A shall be financed by assessments on Members after deduction of the reimbursement of programme support costs by the United Nations Development Programme in the estimated amount of US$ 1 700 000 thus resulting in assessments on Members of US$ 920 954 000. In establishing the amounts of contributions to be paid by individual Members, their assessments shall be reduced further by (a) the amount standing to their credit in the Tax Equalization Fund, except that the credits of those Members that require staff members of WHO to pay taxes on their WHO emoluments shall be reduced by the estimated amounts of such tax reimbursements to be made by the Organization and (b) the amount of interest

earned and available for appropriation (US$ 5 555 567) credited to them in accordance with the incentive scheme provided for under Financial Regulation 5.3.

E. The maximum net level of the exchange rate facility provided for under Financial Regulation 4.6 is established at US$ 31 000 000 for the biennium 2000-2001.

4. DECIDES to apply the balance of casual income available on 31 December 1998 (US$ 17 765 347) as follows:

(i) US$ 15 000 000 to high-priority programmes, including the programmes for eradication of poliomyelitis, and for Roll Back Malaria, tuberculosis, HIV/AIDS and the Tobacco Free Initiative, appropriately and in a balanced manner; and

(ii) to return the balance of US$ 2 765 347 to Member States in accordance with Financial Regulation 5.2;

5. ENCOURAGES the Director-General to continue to identify additional efficiency savings in the order of 2%-3% throughout the whole Organization, for reallocation to high-priority programmes in particular at country level, and requests the Director-General to report to the Executive Board on the implementation of this paragraph;

6. REQUESTS the Director-General, in order to further improve transparency, accountability and effectiveness of the financial system, in accordance with best management practice, to undertake a study of the existing Financial Regulations and Financial Rules, in particular related to management of assessed contributions of Members, including but not limited to:

- principles and criteria governing casual income
- exchange rate facility
- late payment/arrears of Members' contributions
- Working Capital Fund, including replenishment arrangements
- internal borrowing
- financial incentive scheme
- unliquidated obligations

and to report and make recommendations to the 105th session of the Executive Board in January 2000 for proposed follow-up action and changes to the regulatory framework of the Organization.

Ninth plenary meeting, 24 May 1999
A52/VR/9

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RESOLUTION OF THE WORLD HEALTH ASSEMBLY

FIFTY-SECOND WORLD HEALTH ASSEMBLY **WHA52.22**

Agenda item 13 **25 May 1999**

Poliomyelitis eradication

The Fifty-second World Health Assembly,

Reaffirming WHO's commitment to the global eradication of poliomyelitis by the end of the year 2000;

Recognizing that substantial progress has been made towards eradication of poliomyelitis, with large geographic areas of the world now free of the disease, and a fall of 85% in annually reported cases since global eradication began in 1988;

Noting that, as of May 1999, poliomyelitis remains endemic in a number of countries of southern and western Asia and the African continent, some of which are either affected by conflict or constitute densely populated wild poliovirus "reservoirs";

Realizing that civil strife and funding shortfalls represent the two major obstacles to achieving poliomyelitis eradication;

Affirming that poliomyelitis eradication will have humanitarian and economic benefits for all countries,

1. URGES poliomyelitis-endemic Member States to accelerate eradication activities by conducting additional immunization rounds each year, on either a national or subnational basis; to improve the quality of national immunization days by ensuring that every child is reached; to implement house-to-house "mopping-up" campaigns; and to enhance surveillance by ensuring that all cases of acute flaccid paralysis are detected and promptly investigated;

2. URGES poliomyelitis-free Member States:

   (1) to sustain high levels of immunization coverage until eradication is certified globally;

   (2) to maintain high quality surveillance for importation of wild poliovirus and establish action plans for rapidly responding to such events;

3. URGES all Member States:

   (1) to mobilize the human and financial resources necessary to accelerate eradication in poliomyelitis-endemic countries;

(2) to support the peace-building process by facilitating ceasefires for national immunization days in countries affected by conflict;

(3) to support the work of the poliomyelitis eradication initiative in strengthening health systems and services;

(4) to begin, in collaboration with WHO, the process leading to the laboratory containment of wild poliovirus in maximum containment laboratories;

4. REQUESTS the Director-General:

(1) to urge all partners to facilitate acceleration of the initiative to eradicate poliomyelitis during the critical period 1999 to 2001;

(2) to facilitate, when necessary, coordinated mass immunization activities in bordering areas of Member States and WHO regions;

(3) to collaborate with other organizations of the United Nations system and other international bodies in arranging ceasefires for poliomyelitis eradication and facilitating eradication activities in countries affected by conflict;

(4) to help mobilize the necessary financing to implement eradication activities, including establishment of an emergency fund to meet the needs of countries affected by conflict, countries classified as major wild poliovirus reservoirs, and other countries in particularly difficult circumstances, and to draw upon the strengths of the regional offices in the use of these resources;

(5) to collaborate with Member States in the establishment of a mechanism for overseeing the process of laboratory containment of wild poliovirus in maximum containment laboratories;

(6) to facilitate ongoing research to define the optimum strategy for eventually stopping immunization against poliomyelitis.

Tenth plenary meeting, 25 May 1999
A52/VR/10

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RESOLUTION OF THE EXECUTIVE BOARD OF THE WHO

103rd Session **EB103.R10**

Agenda item 3 **29 January 1999**

Poliomyelitis eradication

The Executive Board,

Noting the report of the Director-General on the global eradication of poliomyelitis,[1]

RECOMMENDS to the Fifty-second World Health Assembly the adoption of the following resolution:

The Fifty-second World Health Assembly,

Reaffirming WHO's commitment to the global eradication of poliomyelitis by the end of the year 2000;

Recognizing that substantial progress has been made towards eradication of poliomyelitis, with large geographic areas of the world now free of poliomyelitis, and a fall of 85% in annually reported cases since global eradication began in 1988;

Noting that as of May 1999, poliomyelitis remains endemic in a number of countries of southern and western Asia and the African continent, some of which are either affected by conflict or constitute densely populated wild poliovirus "reservoirs";

Realizing that civil strife and funding shortfalls represent the two major obstacles to achieve poliomyelitis eradication;

Affirming that poliomyelitis eradication will have humanitarian and economic benefits for all countries,

1. URGES poliomyelitis-endemic Member States to accelerate eradication activities by conducting additional immunization rounds each year, on either a national or subnational basis; to improve the quality of national immunization days by ensuring that every child is reached; to implement house-to-house "mopping-up" campaigns; and to enhance surveillance by ensuring that all cases of acute flaccid paralysis are detected and promptly investigated;

2. URGES poliomyelitis-free Member States:

(1) to sustain high levels of immunization coverage until eradication is certified globally;

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[1] Document EB103/7.

(2) to maintain high quality surveillance for wild poliovirus importations and establish action plans for rapidly responding to such events;

3. URGES all Members States:

(1) to mobilize the human and financial resources necessary to accelerate eradication in poliomyelitis-endemic countries;

(2) to support the peace-building process by facilitating ceasefires for National Immunization Days in countries affected by conflict;

(3) to support the work of the poliomyelitis eradication initiative in strengthening health systems and services;

(4) to begin, in collaboration with WHO, the process leading to the laboratory containment of wild poliovirus;

4. REQUESTS the Director-General:

(1) to urge all partners to facilitate acceleration of the initiative to eradicate poliomyelitis during the critical period 1999 to 2001;

(2) to facilitate, when necessary, coordinated mass immunization activities in bordering areas of Member States and WHO regions;

(3) to collaborate with other organizations of the United Nations system and other international bodies in arranging ceasefires for poliomyelitis eradication, and facilitating eradication activities, in countries affected by conflict;

(4) to help mobilize the necessary financing to implement eradication activities, including establishment of an emergency fund to meet the needs of countries affected by conflict, countries classified as major wild poliovirus reservoirs, and other countries in particularly difficult circumstances, and to draw upon the strengths of the regional offices in the use of these resources;

(5) to collaborate with Member States in the establishment of a mechanism for overseeing the process of laboratory containment of wild poliovirus;

(6) to facilitate ongoing research to define the optimum strategy for eventually stopping immunization against poliomyelitis.

Ninth meeting, 29 January 1999
EB103/SR/9

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RESOLUTION OF THE WORLD HEALTH ASSEMBLY

FIFTY-SECOND WORLD HEALTH ASSEMBLY **WHA52.23**

Agenda item 13 **25 May 1999**

Strengthening health systems in developing countries

The Fifty-second World Health Assembly,

Mindful of the principles of, and obvious need for, technical cooperation among developing countries (TCDC) and of the interest shown by the Health Assembly by virtue of its resolutions WHA31.41, WHA31.54, WHA32.27, WHA35.24, WHA36.34, WHA37.15, WHA37.16, WHA38.23, WHA39.23, WHA40.17, WHA40.30, WHA50.27 and WHA51.16, in strengthening this type of cooperation with a view to improving the health situation in developing countries;

Underlining the principles and purposes of the United Nations as set out in the United Nations Charter, including the sovereign equality of States and the development of friendly relations among nations based on the respect for equal rights and the self-determination of peoples, which have been consistently reaffirmed by members of the Non-aligned Movement;

Recognizing that in order to realize aspirations and achieve the social development and well-being of people, it is a central responsibility of governments and all sectors of society to put into place measures which would facilitate the attainment of goals relating to the eradication of poverty and to food security, health, education, employment, housing and social integration;

Recognizing that poverty and the lack of access to safe drinking-water are important causes of ill-health and disease;

Mindful of the fact that globalization presents opportunities and challenges for all countries and that developing countries, especially the poorest, are vulnerable to those adverse effects of globalization which lead to greater inequities in health and health care both within such countries and between developed and developing countries;

Recalling that the lack of access to safe and affordable essential medicines and other health technologies is a significant factor in perpetuating and extending such inequities;

Noting with concern the progressive decrease in funds available for development assistance and recognizing that such funds are essential to the work of WHO;

Acknowledging the valued services that the World Health Organization provides to all its Member States and anticipating that the delivery of these services will be enhanced by the organizational changes and initiatives introduced by the Director-General;

Welcoming WHO's initiatives with regard to the promotion of horizontal cooperation among developing countries,

1. REAFFIRMS its commitment to the objectives of the health-for-all strategy, in particular the achievement of equitable, affordable, accessible and sustainable health care systems based on primary health care in all Member States;

2. RECOGNIZES the sovereign right of each country to adopt national policies appropriate to the specific needs of its people;

3. URGES Member States:

(1) to reaffirm the importance of health as an indispensable resource for sustainable development;

(2) to continue to develop health systems in accordance with the principles listed above;

(3) to adopt, as a matter of priority, measures that will serve the needs of the most vulnerable of their populations;

(4) to refrain from all measures and conditionalities that are contrary to international law including international conventions and which hinder health service delivery and deny care to those in greatest need;

4. CALLS UPON developed countries:

(1) to continue to facilitate the transfer of materials, equipment, and technology, including safe medicines and resources appropriate to the health needs of developing countries;

(2) to support the application of technical cooperation with and among developing countries;

(3) to provide WHO with the appropriate resources to address mutually agreed priority areas;

5. REQUESTS the international community and multilateral institutions:

(1) to support efforts aimed at strengthening the health systems of developing countries, according to their mandate and particular expertise and with special emphasis on the promotion of technical cooperation among developing countries;

(2) to maintain a people-centred focus in their deliberations, particularly where such deliberations could impact negatively on the health status of the most vulnerable;

(3) to implement the conclusions of the United Nations summits and conferences that address health problems and to make further recommendations in this regard;

6. REQUESTS the Director-General:

(1) to continue to support Member States in their efforts to meet the health needs of their people, especially those who are most vulnerable;

(2) to assist Member States in achieving access to safe and affordable essential medicines and other appropriate health technologies;

(3) to strengthen the capacity of the health sector to participate effectively in multisectoral efforts which seek to address the root causes of ill-health such as poverty and the lack of access to safe drinking-water;

(4) to continue support for the work being undertaken to consolidate and develop a network of institutions in developing countries in the area of health sector reform, and to validate and collate the work of these and other institutions, in order to ensure that future policies and advice are founded on the best available evidence;

(5) to expand on the opportunities for interaction with members of the Non-aligned Movement and other developing countries, aimed at facilitating and enhancing the work of WHO;

(6) to report to the Fifty-third World Health Assembly on the steps taken and progress made in implementing this resolution.

Tenth plenary meeting, 25 May 1999
A52/VR/10

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RESOLUTION OF THE WORLD HEALTH ASSEMBLY

FIFTY-SECOND WORLD HEALTH ASSEMBLY WHA52.24

Agenda item 13 25 May 1999

Prevention and control of iodine deficiency disorders

The Fifty-second World Health Assembly,

Having considered the report on progress achieved in preventing and controlling iodine deficiency disorders;

Recalling resolutions WHA39.31, WHA43.2 and WHA49.13 on the prevention and control of iodine deficiency disorders;

Concerned that iodine deficiency remains a major threat to the health and development of populations worldwide and that it may result in goitre, stillbirth and miscarriage, neonatal and juvenile thyroid deficiency, dwarfism, brain damage and intellectual impairment, deaf mutism, spastic weakness and paralysis, as well as lesser degrees of loss of physical and mental function;

Recognizing that the elimination of iodine deficiency will therefore represent a major public health triumph of truly global proportions and an important contribution to national economic development,

1. COMMENDS:

(1) governments, international organizations, bilateral agencies and nongovernmental organizations, in particular the International Council for Control of Iodine Deficiency Disorders, on their support in the struggle to eliminate iodine deficiency disorders throughout the world, and on the progress to which they have contributed over the last decade to prevent and control iodine deficiency at global, regional and national levels;

(2) the salt industry for its collaboration and key role in making iodized salt available to populations at risk of iodine deficiency, and for its initiative in highlighting iodization of salt at the 8th International Salt Symposium at The Hague in May 2000;

2. REAFFIRMS the goal of eliminating iodine deficiency disorders as a major public health problem, while recognizing that some countries still face considerable obstacles in meeting this goal and consequently require additional intensive support;

3. URGES Member States:

(1) to assess the extent and severity of iodine deficiency disorders, where they have not already done so;

(2) to redouble their efforts to promote universal salt iodization, including the adoption of relevant legislation, and to implement alternative strategies for iodine supplementation in areas where iodized salt is not yet available;

(3) to monitor the iodine status of their populations and the quality of iodized salt in all areas, including those where current iodine intakes are thought to be adequate, in order to gauge progress towards achieving the goal of sustainable elimination of iodine deficiency disorders as a public health problem;

(4) to collaborate in the process of verification that the goal of sustainable elimination of iodine deficiency disorders as a public health problem has been achieved;

4. REQUESTS the Director-General:

(1) to provide, on request, technical support to Member States in formulating and implementing programmes for the control of iodine deficiency, including the development of appropriate communication strategies, and the promotion of effective programme implementation;

(2) to mobilize, and collaborate with, international and bilateral development agencies, nongovernmental organizations and the private sector in support of the efficient and effective iodization of salt by both large- and small-scale salt producers being cognizant of their particular characteristics;

(3) to consider the elimination of iodine deficiency disorders as a priority programme for WHO and to provide technical support to Member States in establishing and strengthening systems for monitoring the iodine status of their populations and the quality of iodized salt, to identify the required financial and technical resources for this purpose, and to support Member States in developing links with the salt industry;

(4) to facilitate intercountry cooperation and collaboration for sustainable elimination of iodine deficiency disorders, in particular by developing and supporting subregional networks of laboratories to ensure adequate surveillance and monitoring of these disorders;

(5) to maintain and update the WHO global database on the prevalence of iodine deficiency disorders as a means of monitoring the status of control programmes, assessing progress towards eliminating iodine deficiency disorders, and increasing awareness of their public health implications;

(6) to report to the Health Assembly by 2005 on progress achieved in eliminating iodine deficiency disorders.

Tenth plenary meeting, 25 May 1999
A52/VR/10

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RESOLUTION OF THE EXECUTIVE BOARD OF THE WHO

103rd Session **EB103.R3**

Agenda item 7 **26 January 1999**

Appointment of the Regional Director for South-East Asia

The Executive Board,

Considering the provisions of Article 52 of the Constitution;

Considering the nomination and recommendation made by the Regional Committee for South-East Asia at its fifty-first session,

1. REAPPOINTS Dr Uton Muchtar Rafei as Regional Director for South-East Asia as from 1 March 1999;

2. AUTHORIZES the Director-General to issue to Dr Uton Muchtar Rafei a contract for a period of five years from 1 March 1999, subject to the provisions of the Staff Regulations and Staff Rules.

Fourth meeting, 26 January 1999
EB103/SR/4

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RESOLUTION OF THE EXECUTIVE BOARD OF THE WHO

103rd Session **EB103.R6**

Agenda item 5 **28 January 1999**

Budget presentation and process

The Executive Board,

Recalling resolutions WHA46.35, WHA48.25, EB99.R13 and EB101.R1 on continued development of a strategic approach to budget development, presentation and evaluation;

Endorsing the joint report of the Administration, Budget and Finance Committee and the Programme Development Committee on their discussion of the Proposed budget 2000-2001;

Welcoming the efforts of the Director-General to revitalize WHO through a process of restructuring and streamlining;

Commending the Director-General on the substantive progress made in the presentation of the Proposed budget 2000-2001 in the very short time available since taking office;

Welcoming the clarity of the programme descriptions for clusters, outlining issues, objectives and expected results;

Welcoming the integrated presentation of regular and extrabudgetary funds indicating total resources associated with cluster programmes, but registering concern over basing of programme achievements on the full realization of the ambitious 19% targeted increase in extrabudgetary resources;

Welcoming the correspondence between the budget and management structures and expecting a uniform presentation by cluster of headquarters and regional programmes;

Reiterating that a strategic approach to results-based budgeting is based on a clear statement of cluster and departmental objectives in terms of measurable results for a specific period, and a process for continuous monitoring of progress and reporting of results to governing bodies;

Noting the need to deliver programme objectives and results in the most efficient manner;

Encouraging greater transparency in identifying actual programme allocations and expenditures, including the basis on which cost increases are calculated, from all external and internal sources;

Noting the need of governing bodies to have timely progress reports to provide judgements on progress, required adjustments on programme activities, value for money, and achievement of results, as requested in resolution EB101.R1;

Acknowledging the increased emphasis now being given within WHO to evaluation plans and methodologies, including targets for expected results, cluster by cluster;

Recognizing the complexities of the transitional period now under way in WHO,

1. COMMENDS the Director-General on progress made in advancing the concept of a strategic approach to programme preparation and presentation;

2. REQUESTS the Director-General to consider:

A. prior to the Fifty-second World Health Assembly:

(1) providing information on the administrative costs of each cluster;

(2) further defining in measurable terms the specific targets and results for the Proposed budget 2000-2001;

(3) presenting a preliminary outline of key indicators for measuring achievements of results against the stated cluster and departmental programmes;

(4) clarifying, to the extent possible, expected sources of extrabudgetary resources and actions planned to raise such resources, and the impact on programme activities if targets are not reached by prioritizing statements of results;

(5) providing an overview of two or three key evaluation findings and lessons learned for each cluster during the current biennium, indicating any consequent adjustments made to programme activities or delivery strategies;

(6) presenting the budget in a format that includes regional programme activities in the cluster structure in order to permit judgements on relative priorities across the entirety of WHO's regular budget;

(7) providing a budget table tracking programme allocations from the 1998-1999 biennium into the cluster structure for the 2000-2001 biennium;

(8) presenting an interim report on actual expenditures for the 1998-1999 programme budget, with indications of any further reallocations to priority programmes;

(9) providing indicative resource allocations within the related cluster for Cabinet and any other major projects based on intercluster cooperation;

(10) presenting actual staffing tables (as opposed to posts), with budget and actual expenditures, showing trend lines for the past decade on numbers, grades and costs of senior salaried personnel (P.6 and above), and contracted personnel at all grades, including the specific number on 11-month contracts;

(11) providing budgetary and actual expenditures for the last decade (1988 to 1998), including transfers to the regular budget from internal sources;

B. for future programme budgets:

(1) developing, for consideration by the Executive Board at its 105th session in January 2000, an integrated plan for monitoring, evaluating and reporting results to the governing bodies, including any programme adjustments derived from evaluation results and lessons learned, and any programme reorientation requiring Executive Board guidance;

(2) drawing up an efficiency savings plan in non-programme costs to ensure that maximum resources are made available for programme activities;

(3) defining more precisely WHO's role in working with specific partners to mobilize global support for WHO's health agenda, with indicators of success;

(4) providing an evaluation of the new management support units, comparing their performance with that of the previous system.

Seventh meeting, 28 January 1999
EB103/SR/7

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RESOLUTION OF THE EXECUTIVE BOARD OF THE WHO

103rd Session **EB103.R17**

Agenda item 7 **29 January 1999**

WHO/UNICEF/UNFPA Coordinating Committee on Health

Terms of reference

The Executive Board,

Noting the report of the Director-General on the terms of reference of the WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH),[1]

1. APPROVES the terms of reference for CCH as proposed by the Director-General in consultation with the Executive Director of UNICEF, the Executive Director of UNFPA and as recommended by the First Meeting of CCH at WHO headquarters, 3 and 4 July 1998, and annexed to this resolution;

2. REQUESTS the Director-General to transmit this resolution to the Executive Boards of UNICEF and UNFPA.

Tenth meeting, 29 January 1999
EB103/SR/10

[1] Document EB103/22.

ANNEX

WHO/UNICEF/UNFPA COORDINATING COMMITTEE ON HEALTH

TERMS OF REFERENCE

1. The WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH) shall meet biennially, or in special session if required, normally in Geneva. The Committee shall be chaired in rotation by a member of the Executive Board of each organization; WHO, as the lead agency in international health, will chair the first session.

2. The role of the Committee will be:

- to facilitate the coordination of health policies and programmes of the three organizations;

- to review the overall needs for strategic, operational and technical coordination in the fields of maternal, child, adolescent and women's health, with a prioritized focus on disease and health ramifications based on WHO mortality and morbidity statistics, and reproductive health, including family planning and sexual health, to ensure regular exchange of information in these areas and to make recommendations to the respective Executive Boards for follow-up action by the secretariats, as appropriate, with due regard for the respective mandates of the organizations involved;

- to promote consistency in implementation strategies and activities among the three organizations and with other partners, for the maximum benefit of Member States, especially at the country level within the context of the Resident Coordinator system and, in this context, to ensure that these are guided by the overall policy framework for health development as defined by the World Health Assembly;

- to receive and review progress and assessment reports presented by the Director-General of WHO, the Executive Director of UNICEF or the Executive Director of UNFPA, on activities pertaining to the health of children, young people and women, with a prioritized focus on disease and health ramifications based on WHO mortality and morbidity statistics, including reproductive health, and to review any orientation of strategy that may be necessary to meet agreed objectives, with due regard for the respective mandates of the agencies involved;

- to consider matters of common concern to WHO, UNICEF and UNFPA which the Executive Boards or the secretariats of the respective organizations may refer to this Committee;

- to report to the WHO, UNICEF and UNFPA Executive Boards on the foregoing matters.

3. The WHO/UNICEF/UNFPA Coordinating Committee on Health shall be composed of 16 members of the Executive Boards of the three organizations, such members being selected by their respective Boards on the basis of one from each region of the organization concerned.

4. WHO shall provide the Secretariat for the Committee and, in consultation with UNICEF and UNFPA, jointly convene intersecretariat meetings to prepare the agenda and supporting documentation for the sessions of the Committee.

5. Further intersecretariat meetings may be convened in alternate years, where appropriate with other organizations active in health, to ensure a coordinated approach at country level.

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PART 2

REVIEW OF THE DRAFT PROVISIONAL AGENDAS OF THE 105TH SESSION OF THE EXECUTIVE BOARD AND THE FIFTY-THIRD WORLD HEALTH ASSEMBLY

In order to foster greater correlation of the work of the Regional Committee with that of the Executive Board and of the World Health Assembly, the Regional Committee has adopted the practice, since, 1980, of reviewing the draft provisional agendas of the Executive Board and the World Health Assembly so that it could note important matters of regional and global interest.

Regional Committees are urged to take an active part in the work of the Organization and to submit to the Executive Board their recommendations and concrete proposals on matters of regional and global interest. In its turn, the Executive Board routinely reviews the policy proposals of the Regional Committees concerning matters of worldwide interest, particularly for the ensuing sessions of the Executive Board and the World Health Assembly.

The draft provisional agendas of the 105th session of the Executive Board (January 2000) and the Fifty-third World Health Assembly (May 2000) are awaited from WHO/HQ and will be submitted to the Regional Committee for its review.

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH-EAST ASIA

REGIONAL COMMITTEE

Fifty-second session

Provisional Agenda item 9

SEA/RC52/10

15 July 1999

REGIONAL COMMITTEE DOCUMENT

REGIONAL IMPLICATIONS OF THE DECISIONS AND RESOLUTIONS OF THE FIFTY-SECOND WORLD HEALTH ASSEMBLY AND THE 103RD AND 104TH SESSIONS OF THE EXECUTIVE BOARD

AND

REVIEW OF THE DRAFT PROVISIONAL AGENDAS OF THE 105TH SESSION OF THE EXECUTIVE BOARD AND THE FIFTY-THIRD WORLD HEALTH ASSEMBLY

The twenty-eighth meeting of the Consultative Committee for Programme Development and Management (CCPDM) recommended that the working papers relating to resolutions of regional interest adopted by the previous sessions of the Executive Board and the World Health Assembly, and review of the draft provisional agendas of the future sessions of the Executive Board and the World Health Assembly be combined and brought out as one document. This recommendation was endorsed by the forty-eighth session of the Regional Committee. In accordance with this decision, a combined working paper on the two items has been prepared and is submitted for the consideration of the Regional Committee.

Part 1 of the document relates to resolutions of regional interest while Part 2 relates to review of the draft provisional agendas of the governing bodies.

CONTENTS

Part 1

Regional implications of the decisions and resolutions of the Fifty-second World Health Assembly and the 103rd and 104th Sessions of the Executive Board

Part 2

Review of the draft provisional agendas of the 105th session of the Executive Board and the Fifty-third World Health Assembly

PART 1

REGIONAL IMPLICATIONS OF THE DECISIONS AND RESOLUTIONS OF THE FIFTY-SECOND WORLD HEALTH ASSEMBLY AND THE 103RD AND 104TH SESSIONS OF THE EXECUTIVE BOARD

The working paper includes 15 resolutions of the governing bodies which are considered significant in the context of the regional perspective. These resolutions were selected out of 24 resolutions of the Fifty-second World Health Assembly and 33 resolutions/decisions of the 103rd and 104th sessions of the Executive Board. Salient information from the operative paragraphs of the resolutions, particularly that related to Member States, as well as actions proposed to date, are briefly presented in this paper.

Copies of the resolutions referred to in this paper are placed at the end of Part 1. (A complete set of the resolutions of the Fifty-second World Health Assembly is available for reference).

1. Active ageing (WHA52.7)

The Assembly called upon all Member States to take appropriate steps to carry out measures to ensure the highest attainable standard of health and well-being for the growing numbers of their older citizens. It also called for support for WHO's advocacy efforts for active and healthy ageing through multisectoral partnerships with intergovernmental and nongovernmental organizations, voluntary organizations and the establishment of a global network for active ageing.

2. Reimbursement of travel expenses for attendance at Regional Committees (WHA52.9 and EB103.R7)

Taking into consideration the criteria for reimbursement of travel expenses provided for the representatives attending the World Health Assembly and Regional Committee sessions, the Assembly decided that actual travel expenses of one representative attending Regional Committee sessions may be financed by the Organization upon the request of those Members and Associate Members classified as least developed countries. The maximum reimbursement would be restricted to the equivalent of one economy or tourist return air ticket from the capital city of the Member to the place of the session.

3. Smallpox eradication: Destruction of variola virus stocks (WHA52.10)

The Forty-ninth World Health Assembly had recommended that the only known remaining stocks of variola virus (which causes smallpox) located in two centres, one each in the USA and Russia, be destroyed by 30 June 1999, after a final decision by the Assembly.

While reviewing this recommendation, the Forty-second World Health Assembly considered the report of the WHO secretariat on destruction of the variola virus, and also on implications in research for public health purposes including development of antiviral agents and safer vaccines. Reaffirming the goal of WHO to finally eliminate all variola virus, the Assembly authorized temporary retention of existing stocks of variola virus up to not later than 2002 for further international research and to permit high priority investigations of the genetic structure and pathogenesis of smallpox.

The Assembly also requested the Director-General to appoint a new group of experts to establish what research was needed to reach global consensus on the timing for destruction of existing variola virus stocks. The new group will comprise a limited number of scientists and public health experts from Member States of each of the WHO regions. They would submit their initial recommendations to the Executive Board at its 106th session in May 2000.

4. Roll Back Malaria (WHA52.11 and EB103.R9)

Malaria contributes significantly to the global disease burden. Primarily, malaria affects impoverished and disadvantaged communities, with the highest association of any disease category with poverty.

Resolutions on Roll Back Malaria (RBM) call for reducing malaria-related suffering and promoting national development in a sustained way. RBM stresses the importance of improvement of malaria control activities as part of health sector development, effective utilization of relevant technical expertise within the countries and the Region and establishment of sustainable country-level partnerships.

Member States are advised to enhance commitment to support national malaria control programmes as part of health sector development and development of sustainable broad-based partnerships with civil society, the private sector and other development partners. Member States are also encouraged to make strategic investments that are evidence-based and closely linked with partnership initiatives to ensure concerted and sustainable efforts for RBM. Member States are also urged to strengthen intercountry collaboration and inter-regional initiatives to solve common problems of border malaria.

5. Unaudited interim financial report on the accounts of WHO for 1998; report of the External Auditor; report of the Internal Auditor (WHA52.14)

The reports of the External Auditor and the Internal Auditor had indicated the need to improve programme implementation, monitoring and evaluation. As a matter of priority, standardized business rules and procedures were needed for a unified evaluation system which would include linking of statements of intent in the strategic programme budget to annual plans of action. Institutionalization of external as well as independent internal evaluations of both regular and extrabudgetary programme activities were needed. Improved accountability for local expenditure and follow-through on consultancy recommendations, fellowships and other training results were also needed.

6. Scale of assessment for the financial period 2000-2001 (WHA52.17)

The Assembly adopted a new scale of assessment for the years 2000 and 2001. While the scale of assessment for seven of the ten SEAR countries is maintained with no change from 1999, changes have been noted in respect of three countries. The assessments for Indonesia and Thailand will increase by 0.004% and 0.003% respectively, while for the Democratic People's Republic of Korea, the assessment will decrease by 0.004% compared to 1999. The scale of assessment for the ten SEAR countries are shown below (extracted from resolutions WHA51.21 and WHA52).

Country	1999 (Percentage)	2000-2001 (Percentage)	Change (Percentage)
Bangladesh	0.010	0.010	Nil
Bhutan	0.001	0.001	Nil
DPR Korea	0.019	0.015	(-) 0.004
India	0.294	0.294	Nil
Indonesia	0.181	0.185	(+) 0.004
Maldives	0.001	0.001	Nil
Myanmar	0.008	0.008	Nil
Nepal	0.004	0.004	Nil
Sri Lanka	0.012	0.012	Nil
Thailand	0.164	0.167	(+) 0.003

7. Towards a WHO framework Convention on Tobacco Control (WHA52.18 and EB103.R11)

The use of tobacco is a major public health threat all over the world. It is estimated that deaths due to tobacco-related diseases will rise from the current 3.5 million to 10 million by 2030 of which 70% will be in developing countries. Being concerned, the Director-General has launched the Tobacco Free Initiative (TFI) with a long-term mission to reduce the prevalence of global use of tobacco. She proposed to the Executive Board to accelerate tobacco control initiatives through a fast track approach for the development and negotiation of a Framework Convention on Tobacco Control (FCTC). FCTC would be an international legal instrument to be developed by WHO's 191 Member States for limiting the global spread of tobacco and tobacco projects.

The Executive Board, at its 103rd session, recommended to the World Health Assembly a resolution for consideration. The Assembly adopted the resolution. It decided:

(a) to establish an intergovernmental negotiating body open to all Member States to draft and negotiate the proposed WHO Framework Convention on Tobacco Control and possible related protocols;

(b) to establish a working group on the WHO Framework Convention on Tobacco Control open to all Member States in order to prepare the work of the negotiating body. This group will prepare the proposed draft elements of the WHO Framework Convention on Tobacco Control. The working group will report on the progress to the Executive Board at its 105th session.

(c) that the regional economic integration organizations may actively participate in the drafting and negotiations of the intergovernmental negotiating body.

The Assembly urged the Member States, *inter alia*, to give high priority to accelerating work on development of the WHO Framework Convention, to promote intergovernmental consultations to address specific issues of public health and other technical matters relating to negotiation of the proposed Framework Convention, to establish national commissions for the WHO Framework Convention on Tobacco Control and mechanisms to examine the implications of a framework convention within the context of health and economic issues, especially its effects on the economy of agriculturally-dependent States, to facilitate and support the participation of nongovernmental organizations and to consider further development and strengthening of national and regional tobacco policies.

8. Revised drug strategy (WHA52.19 and EB103.R1)

The Executive Board, at its 103rd session in January 1999, reformulated the resolution on the Revised Drug Strategy proposed by the *ad hoc* working group and recommended it to the Fifty-second World Health Assembly for consideration. In revising the resolution, commercial and trade issues have been toned down in favour of public health issues.

The Assembly endorsed the revised resolution after reviewing all its aspects. It urged Member States, *inter alia*, to reaffirm their commitment for the development, implementation and monitoring of national drug policies to ensure global access to essential drugs and to ensure public health interests in pharmaceutical and health policies. Member States were also urged to establish and enforce regulations on good uniform quality assurance standards, to develop or maintain national guidelines governing drug donations and promotion of rational use of drugs.

9. Appropriation resolution for the financial period 2000-2001 (WHA52.20)

The World Health Assembly passed a zero real growth effective working budget of US$ 842,654,000 representing the same dollar amount as for 1998-1999. In addition, the Assembly decided that:

- US$ 15 million casual income be applied to Polio eradication, Roll Back Malaria, Tuberculosis, HIV/AIDS and the Tobacco Free Initiative.
- 2-3% (around US$ 25.3 million) efficiency savings be identified and reallocated to high priority programmes at country level; and

- the Director-General undertake a study of the Financial Rules and Regulations concerning:
  - — casual income
  - — exchange rate facility
  - — late payment/arrears of Members' contribution
  - — Working Capital Fund
  - — Internal borrowing
  - — Financial incentive scheme
  - — Unliqudiated obligations

Further implications from this resolution may be found in the Regional Committee document under agenda item 7: Programme Budget.

10. Poliomyelitis eradication (WHA52.22 and EB103.R10)

Noting that poliomyelitis remains endemic in a number of countries and realizing that eradication of this disease will have humanitarian and economic benefits for all poliomyelitic endemic countries, the Assembly urged Member States, among others, to accelerate eradication activities by conducting additional immunization rounds each year and enhance surveillance to detect acute flaccid paralysis cases promptly. The Assembly also urged mobilization of human and financial resources to achieve eradication.

11. Strengthening health systems in developing countries (WHA52.23)

The World Health Assembly, mindful of the principles of technical cooperation among developing countries (TCDC), and its previous resolutions in strengthening such cooperation to improve the health situation in developing countries, recognized the central responsibility of governments and all sectors of society in attaining the goals relating to eradication of poverty and to food security, health, education, employment, housing and social integration. It considered the fact that globalization presents opportunities and challenges for all countries and that developing countries, especially the poorest, are vulnerable to those adverse effects of globalization which lead to greater inequalities in health and health care. It acknowledged the valued services that WHO provides to all its Member States and anticipated that the services will be enhanced by the new organizational changes initiated by the Director-General.

The Assembly, while welcoming WHO's initiative, reaffirmed its commitment to the objectives of the health-for-all strategy, particularly the achievement of equitable, affordable, accessible and sustainable health care systems based on primary health care in all Member States.

The Assembly urged Member States, among others, to reaffirm the importance of health as an indispensable resource for sustainable development and adopt measures as a matter of priority to serve the needs of the most vulnerable population. It also called upon developed countries to continue to facilitate transfer of materials, equipment and technology, including safe medicines and resources appropriate to the health needs of developing countries.

12. Prevention and Control of Iodine Deficiency Disorders (WHA52.24)

The World Health Assembly was concerned that iodine deficiency disorders (IDDs) are a major threat to the health and development of populations worldwide and many result in goitre, stillbirth, miscarriage, dwarfism, brain damage, intellectual impairment, etc. It recognized that elimination of iodine deficiency will truly be a public health triumph and commended the governments, international organizations, bilateral agencies and nongovernmental organizations, particularly the International Council for Control of Iodine Deficiency Disorders, on their support to eliminate IDDs throughout the world. The Assembly also commended the salt industry for its collaboration and key role in salt iodization.

Reviewing the existing situation and status of salt iodization, the Assembly urged Member States to assess the extent of IDDs in their countries and to redouble their efforts to promote salt iodization, including adoption of relevant legislation and to monitor the quality the of iodized salt used.

13. Appointment of the Regional Director for South-East Asia (EB103.R3)

Article 52 of the WHO Constitution provides that the head of the Regional Office shall be the Regional Director appointed by the Board in agreement with the Regional Committee. Accordingly, the Regional Committee for South-East Asia, at its fifty-first session held in New Delhi in September 1998, nominated Dr Uton Muchtar Rafei for the post of Regional Director for the WHO South-East Asia Region and requested the Director-General to propose to the Executive Board his reappointment.

The Executive Board reappointed Dr Uton Muchtar Rafei as Regional Director for South-East Asia for a period of five years from 1 March 1999.

14. Budget Presentation and Process (EB103.R6)

The Executive Board welcomed the efforts of the Director-General to revitalize WHO through a process of restructuring and streamlining and reiterated that a strategic approach to results-based budgeting is based on a clear statement of cluster and departmental objectives in terms of measurable results for a specific period, and on a process for continuous monitoring of progress and reporting of results to governing bodies.

The Board requested the Director-General to consider for future programme budgets the following:

(a) Development of an integrated plan for monitoring, evaluating and reporting results to the governing bodies, for consideration by the Executive Board at its 105th session;

(b) Drawing up an efficiency savings plan to maximize resources for programme activities, and

(c) Providing an evaluation of the new management support units comparing and performances with that of the previous system.

15. WHO/UNICEF Committee on Health (EB103.R17)

The Executive Board, at its twenty-fifty session in January 1960, established the UNICEF/WHO Joint Committee on Health Policy (JCHP) to foster health development in a spirit of coordination and collaboration within the UN system. The Board, at its 31st session, expanded the JCHP through inclusion of UNFPA and named it the WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH).

Through resolution EB103.R17, the Board endorsed the composition and roles of the Committee. The Committee will consist of 16 Members of the Executive Boards of the three organizations, such members being selected by their respective Boards on the basis of one from each Region of the organization concerned. The role of the Committee, among others, will be:

- to facilitate the coordination of health policies and programmes of the three organizations;
- to review the overall needs for strategic, operational and technical coordination in the fields of maternal, child, adolescent and women's health, to ensure regular exchange of information in these areas and to make recommendations to the respective Executive Boards for follow-up action by the secretariats;
- to promote consistency in implementation strategies and activities among the three organizations and with other partners, for the maximum benefit of Member States, especially at the country level, within the context of the Resident Coordinator system and, in this context, to ensure that these are guided by the overall policy framework for health development as defined by the World Health Assembly.

The CCH shall meet biennially or, in special session, normally in Geneva. Chairmanship will be rotational by a member of the Executive Board of each organization. WHO shall provide the secretariat for the Committee and, in consultation with UNICEF and UNFPA, jointly convene intersecretariat meetings to prepare the agenda and supporting documentation for the sessions.

RESOLUTION OF THE WORLD HEALTH ASSEMBLY

FIFTY-SECOND WORLD HEALTH ASSEMBLY **WHA52.7**

Agenda item 18 **24 May 1999**

Active ageing

The Fifty-second World Health Assembly,

Recalling United Nations General Assembly resolution 53/109 which encourages all States, the United Nations system and all other actors, in reaching out for a future society for all ages, to take advantage of the International Year of Older Persons (1999) so as to increase awareness of the challenge of the demographic ageing of societies, the individual and social needs of older persons, the contributions of older persons to society and the need for a change in attitudes towards older persons;

Mindful of the important role of WHO in implementing the objectives of the International Year of Older Persons, including the promotion of investments in human development over the entire life span;

Stressing the central role of health in ensuring the future contributions and well-being of all older persons in both developing and developed countries;

Aware of the fact that the vast majority of older persons will be living in developing countries in the twenty-first century, which has fundamental implications for their health and social care systems;

Recognizing the important role of public health policies and programmes in ensuring that the rapidly growing numbers of older people in both developed and developing countries will remain in good health and able to maintain their many vital contributions to the well-being of their families, communities, and societies;

Underlining the need for incorporating a gender perspective into all policies and programmes relating to healthy ageing;

Noting with appreciation the successful 1999 World Health Day campaign which focused global attention on the benefits of healthy lifestyles throughout the life span in order to remain healthy and active for as long as possible in later life,

1. CALLS UPON all Member States:

(1) to show greater concern and to take appropriate steps to carry out measures that ensure the highest attainable standard of health and well-being for the growing numbers of their older citizens;

(2) to support WHO's advocacy for active and healthy ageing through new, multisectoral partnerships with intergovernmental and nongovernmental organizations, voluntary organizations and the establishment of a global network for active ageing;

2. URGES the Director-General:

(1) in cooperation with other organizations of the United Nations system, to ensure intersectoral action towards active and healthy ageing and relevant research;

(2) to strengthen WHO action to foster healthy lifestyles for active ageing at international, regional and country levels by promoting community-based approaches;

(3) to implement cross-cutting activities on ageing from a health promotion and life span perspective;

(4) to address the needs of ageing populations with regard to disease prevention and service delivery by building up capacity within primary health care;

(5) to ensure that the different needs of men and women are taken into account with respect to healthy ageing and health care provision;

(6) to consolidate WHO's current efforts in research and policy development in order to identify and disseminate information on the determinants of healthy ageing.

Ninth plenary meeting, 24 May 1999
A52/VR/9

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RESOLUTION OF THE WORLD HEALTH ASSEMBLY

FIFTY-SECOND WORLD HEALTH ASSEMBLY **WHA52.9**

Agenda item 12 **24 May 1999**

Reimbursement of travel expenses for attendance at regional committees

The Fifty-second World Health Assembly,

Recalling resolution WHA50.1 on reimbursement of travel expenses for attendance at the Health Assembly and resolution WHA34.4 on reimbursement of travel costs of representatives to regional committees;

Noting the inconsistency in the criteria for reimbursement of travel expenses contained in these two resolutions and desiring to harmonize policies on reimbursement,

DECIDES that the actual travel expenses of one representative to sessions of regional committees may be financed by the Organization upon the request of those Members and Associate Members that are classified as least developed countries, the maximum reimbursement being restricted to the equivalent of one economy or tourist return air ticket from the capital city of the Member to the place of the session.

Ninth plenary meeting, 24 May 1999
A52/VR/9

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RESOLUTION OF THE EXECUTIVE BOARD OF THE WHO

103rd Session

EB103.R7

Agenda item 5

28 January 1999

Reimbursement of travel expenses for attendance at regional committees

The Executive Board

RECOMMENDS to the Fifty-second World Health Assembly that it should adopt the following resolution:

The Fifty-second World Health Assembly,

Recalling resolution WHA50.1 on reimbursement of travel expenses for attendance at the Health Assembly and resolution WHA34.4 on reimbursement of travel costs of representatives to regional committees;

Noting the inconsistency in the criteria for reimbursement of travel expenses contained in these two resolutions and in an effort to harmonize policies on reimbursement,

DECIDES that the actual travel expenses of one representative to sessions of regional committees may be financed by the Organization upon request of those Members and Associate Members that are classified as least developed countries, the maximum reimbursement being restricted to the equivalent of one economy/tourist return air ticket from the capital city of the Member to the place of the session.

Seventh meeting, 28 January 1999
EB103/SR/7

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RESOLUTION OF THE WORLD HEALTH ASSEMBLY

FIFTY-SECOND WORLD HEALTH ASSEMBLY **WHA52.10**

Agenda item 13 **24 May 1999**

Smallpox eradication: destruction of variola virus stocks

The Fifty-second World Health Assembly,

Recalling that resolution WHA49.10 recommended that the remaining stocks of variola virus should be destroyed on 30 June 1999 after a final decision had been taken by the Health Assembly;

Having considered the report of the Secretariat on destruction of the variola virus stocks, as well as the report of the January 1999 meeting of the WHO ad hoc Committee on Orthopox Virus Infections;

Affirming that the final elimination of all variola virus remains the goal of the World Health Organization and all Member States;

Noting that recent scientific reviews of the smallpox issue have presented arguments that retention of the variola virus stocks for the present would permit research for public health purposes, including the development of antiviral agents as well as an improved and safer vaccine;

Having noted a lack of consensus among Member States as to whether the Assembly should proceed to authorize destruction of the variola virus stocks on 30 June 1999, as proposed by the Assembly in 1996,

1. STRONGLY REAFFIRMS the decision of previous Assemblies that the remaining stocks of variola virus should be destroyed;

2. DECIDES to authorize temporary retention up to not later than 2002 and subject to annual review by the World Health Assembly of the existing stocks of variola virus at the current locations - the Centers for Disease Control and Prevention, Atlanta, Georgia, United States of America, and the Russian State Centre for Research on Virology and Biotechnology, Koltsovo, Novosibirsk Region, Russian Federation - for the purpose of further international research into antiviral agents and improved vaccines, and to permit high-priority investigations of the genetic structure and pathogenesis of smallpox;

3. FURTHER DECIDES that any such research shall be funded by Member States or by other national or international bodies and shall be conducted in an open and transparent manner only with the agreement and under the control of WHO;

4. REQUESTS the Director-General:

(1) to appoint a new group of experts which will establish what research, if any, must be carried out in order to reach global consensus on the timing for the destruction of existing variola virus stocks, and will:

(a) advise WHO on all actions to be taken with respect to variola;

(b) develop a research plan for priority work on the variola virus;

(c) devise a mechanism for reporting of research results to the world health community;

(d) outline an inspection schedule to confirm the strict containment of existing stocks and to assure a safe and secure research environment for work on the variola virus, and make recommendations on these points;

(2) to facilitate the full participation in the work of the new group of experts of a limited number of scientists and public health experts from Member States of each of the WHO regions;

(3) to report the initial recommendations and plans of the group of experts, including relevant costs for WHO, to the Executive Board at its 106th session in May 2000, providing that external funding has been made available for this purpose;

(4) to present a detailed report, including progress of the research programme on the smallpox virus, to the Executive Board and Health Assembly as soon as possible, but in any event not later than 2002, and to make recommendations to the Executive Board and Health Assembly regarding their proposals for the date of final destruction of the remaining stocks of variola virus.

Ninth plenary meeting, 24 May 1999
A52/VR/9

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RESOLUTION OF THE WORLD HEALTH ASSEMBLY

FIFTY-SECOND WORLD HEALTH ASSEMBLY WHA52.11

Agenda item 13 24 May 1999

Roll Back Malaria

The Fifty-second World Health Assembly,

Having considered the report of the Director-General on Roll Back Malaria;

Concerned that the global burden of malaria is a challenge to human development and a significant cause of poverty and human suffering, particularly in the poorest nations of the world;

Mindful of the efficacious tools currently available to reduce this burden, and the potential for their more effective use within malaria-affected communities;

Welcoming the decision by the Director-General to establish a Cabinet project to support rolling back malaria which works across the Organization;

Noting that Roll Back Malaria represents a new approach promoted by WHO, in which all concerned parties are encouraged to work in a coordinated partnership, united by common goals, consistent strategies and agreed methods of working, and that Roll Back Malaria is serving as a pathfinder in bringing these concepts into operation in relation to other international health issues;

Commending the key features of the new approach, namely, increased focus on the needs of people at risk, better response to those needs with evidence-based action, greater use of existing tools, their full integration into the health sector as a horizontal programme, and innovative public-private partnerships to develop cost-effective products and tools in view of the emergence of drug and insecticide resistance;

Appreciating the strong commitment to Roll Back Malaria from several heads of State, the Administrator of UNDP, the President of the World Bank, the Executive Director of UNICEF, and directors of other development banks, foundations and bilateral assistance agencies, expressed when the global partnership was established in December 1998,

1. ENCOURAGES Member States to reduce malaria-related suffering and promote national development in a sustained way by rolling back malaria and preventing its resurgence or reintroduction, by:

(1) engaging a wide range of personnel and institutions involved in health systems, disease control, and research, with representatives of civil society, the private sector, development agencies and other sectors;

and, where relevant, by:

(2) ensuring that sufficient resources are available to meet the challenge of rolling back malaria;

(3) establishing and sustaining country-level partnerships to roll back malaria within the context of health sector and human development;

(4) utilizing relevant technical expertise that exists within countries and regions in an effective manner;

2. REQUESTS the Director-General to draw on the whole Organization in supporting Member States by:

(1) promoting harmonized strategies and encouraging consistent technical guidance for efforts to roll back malaria;

(2) working with them as they establish criteria for success in rolling back malaria, and monitoring progress of country and global efforts within the context of health sector and human development;

(3) promoting international investment in cost-effective new approaches and products through focused support for research and for strategic public and private initiatives;

(4) brokering the technical and financial support that is required for success;

3. REQUESTS the Director-General:

(1) to report regularly on progress of the global Roll Back Malaria partnership to the Executive Board and the Health Assembly, stressing the contribution that Roll Back Malaria makes to the reduction of poverty, and reviewing the extent to which the partnership serves as a pathfinder for effective joint action on other international health issues;

(2) to promote the aims and outcomes of the Roll Back Malaria partnership in relevant intergovernmental bodies, organizations of the United Nations system, and - when appropriate - other bodies committed to equitable human development.

Ninth plenary meeting, 24 May 1999
A52/VR/9

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RESOLUTION OF THE EXECUTIVE BOARD OF THE WHO

103rd Session **EB103.R9**

Agenda item 3 **29 January 1999**

Roll Back Malaria

The Executive Board,

Reaffirming the impact of malaria in constraining human development, and appreciating the innovative concepts and operational mechanisms in the Director-General's report on Roll Back Malaria,[1]

RECOMMENDS to the Fifty-second World Health Assembly the adoption of the following resolution:

The Fifty-second World Health Assembly,

Having considered the report of the Director-General on Roll Back Malaria;

Concerned that the global burden of malaria is a challenge to human development and a significant cause of poverty and human suffering, particularly in the poorest nations of the world;

Mindful of the efficacious tools currently available to reduce this burden, and the potential for their more effective use within malaria-affected communities;

Welcoming the decision by the Director-General to establish a Cabinet project to support rolling back malaria which works across the Organization;

Noting that Roll Back Malaria represents a new approach promoted by WHO, in which all concerned parties are encouraged to work in a coordinated partnership, united by common goals, consistent strategies and agreed methods of working, and that Roll Back Malaria is serving as a pathfinder in bringing these concepts into operation in relation to other international health issues;

Commending the key features of the new approach, namely, increased focus on the needs of people at risk, better response to those needs with evidence-based action, greater use of existing tools, their full integration into the health sector as a horizontal programme, and innovative public-private partnerships to develop cost-effective products and tools in view of the emergence of drug and insecticide resistance;

Appreciating the strong commitment to Roll Back Malaria from several heads of State, the Administrator of UNDP, the President of the World Bank, the Executive Director of UNICEF, and

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[1] Document EB103/6.

directors of other development banks, foundations and bilateral assistance agencies, expressed when the global partnership was established in December 1998,

1. ENCOURAGES Member States to reduce malaria-related suffering and promote national development in a sustained way, by rolling back malaria and preventing its resurgence or reintroduction, by:

(1) engaging a wide range of personnel and institutions involved in health systems, disease control, and research, with representatives of civil society, the private sector, development agencies and other sectors;

and, where relevant, by:

(2) ensuring that sufficient resources are available to meet the challenge of rolling back malaria;

(3) establishing and sustaining country-level partnerships to roll back malaria within the context of health sector and human development;

(4) utilizing relevant technical expertise that exists within countries and regions in an effective manner;

2. REQUESTS the Director-General to draw on the whole Organization in supporting Member States by:

(1) promoting harmonized strategies and encouraging consistent technical guidance for efforts to roll back malaria;

(2) working with them as they establish criteria for success in rolling back malaria, and monitoring progress of country and global efforts within the context of health sector and human development;

(3) promoting international investment in cost-effective new approaches and products through focused support for research and for strategic public and private initiatives;

(4) brokering the technical and financial assistance that is required for success;

3. REQUESTS the Director-General:

(1) to report regularly on progress of the global Roll Back Malaria partnership to the Executive Board and the Health Assembly, stressing the contribution that Roll Back Malaria makes to the reduction of poverty, and reviewing the extent to which the partnership serves as a pathfinder for effective joint action on other international health issues;

(2) to promote the aims and outcomes of the Roll Back Malaria partnership in relevant intergovernmental bodies, organizations of the United Nations system, and - when appropriate - other bodies committed to equitable human development.

Ninth meeting, 29 January 1999
EB103/SR/9

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RESOLUTION OF THE WORLD HEALTH ASSEMBLY

FIFTY-SECOND WORLD HEALTH ASSEMBLY **WHA52.14**

Agenda item 15 **24 May 1999**

Unaudited interim financial report on the accounts of WHO for 1998; report of the External Auditor; report of the Internal Auditor

The Fifty-second World Health Assembly,

Having examined the unaudited interim financial report for the year 1998 of the financial period 1998-1999;[1]

Having noted the report of the Administration, Budget and Finance Committee of the Executive Board,

ACCEPTS the Director-General's unaudited interim financial report for the year 1998.

Ninth plenary meeting, 24 May 1999
A52/VR/9

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[1] Documents A52/13 and Add.1 (see also documents A52/14 and A52/15).

RESOLUTION OF THE WORLD HEALTH ASSEMBLY

FIFTY-SECOND WORLD HEALTH ASSEMBLY **WHA52.17**

Agenda item 15 **24 May 1999**

Scale of assessments for the financial period 2000-2001

The Fifty-second World Health Assembly

DECIDES that the scale of assessments for the years 2000 and 2001 shall be as follows:

(1) Members and Associate Members	(2) WHO scales 2000-2001 %
Afghanistan	0.003
Albania	0.003
Algeria	0.085
Andorra	0.004
Angola	0.010
Antigua and Barbuda	0.002
Argentina	1.085
Armenia	0.006
Australia	1.459
Austria	0.927
Azerbaijan	0.011
Bahamas	0.015
Bahrain	0.017
Bangladesh	0.010
Barbados	0.008
Belarus	0.056
Belgium	1.086
Belize	0.001
Benin	0.002
Bhutan	0.001
Bolivia	0.007
Bosnia and Herzegovina	0.005
Botswana	0.010
Brazil	1.447

(1) Members and Associate Members	(2) WHO scales 2000-2001 %
Brunei Darussalam	0.020
Bulgaria	0.011
Burkina Faso	0.002
Burundi	0.001
Cambodia	0.001
Cameroon	0.013
Canada	2.688
Cape Verde	0.002
Central African Republic	0.001
Chad	0.001
Chile	0.134
China	0.979
Colombia	0.107
Comoros	0.001
Congo	0.003
Cook Islands[a]	0.001
Costa Rica	0.016
Côte d'Ivoire	0.009
Croatia	0.029
Cuba	0.024
Cyprus	0.033
Czech Republic	0.105
Democratic People's Republic of Korea	0.015
Democratic Republic of the Congo	0.007
Denmark	0.681
Djibouti	0.001
Dominica	0.001
Dominican Republic	0.015
Ecuador	0.020
Egypt	0.064
El Salvador	0.012
Equatorial Guinea	0.001
Eritrea	0.001
Estonia	0.012
Ethiopia	0.006
Fiji	0.004
Finland	0.534
France	6.440
Gabon	0.015
Gambia	0.001
Georgia	0.007

[a] Not a Member of the United Nations.

(1) Members and Associate Members	(2) WHO scales 2000-2001 %
Germany	9.699
Ghana	0.007
Greece	0.345
Grenada	0.001
Guatemala	0.018
Guinea	0.003
Guinea-Bissau	0.001
Guyana	0.001
Haiti	0.002
Honduras	0.003
Hungary	0.118
Iceland	0.031
India	0.294
Indonesia	0.185
Iran (Islamic Republic of)	0.158
Iraq	0.031
Ireland	0.220
Israel	0.344
Italy	5.350
Jamaica	0.006
Japan	20.244
Jordan	0.006
Kazakhstan	0.047
Kenya	0.007
Kiribati[a]	0.001
Kuwait	0.126
Kyrgyzstan	0.006
Lao People's Democratic Republic	0.001
Latvia	0.017
Lebanon	0.016
Lesotho	0.002
Liberia	0.002
Libyan Arab Jamahiriya	0.122
Lithuania	0.015
Luxembourg	0.067
Madagascar	0.003
Malawi	0.002
Malaysia	0.180
Maldives	0.001
Mali	0.002
Malta	0.014

[a] Not a Member of the United Nations.

(1) Members and Associate Members	(2) WHO scales 2000-2001 %
Marshall Islands	0.001
Mauritania	0.001
Mauritius	0.009
Mexico	0.979
Micronesia (Federated States of)	0.001
Monaco	0.004
Mongolia	0.002
Morocco	0.040
Mozambique	0.001
Myanmar	0.008
Namibia	0.007
Nauru[a]	0.001
Nepal	0.004
Netherlands	1.606
New Zealand	0.217
Nicaragua	0.001
Niger	0.002
Nigeria	0.031
Niue[a]	0.001
Norway	0.600
Oman	0.050
Pakistan	0.058
Palau	0.001
Panama	0.013
Papua New Guinea	0.007
Paraguay	0.014
Peru	0.097
Philippines	0.080
Poland	0.193
Portugal	0.424
Puerto Rico[a,b]	0.001
Qatar	0.032
Republic of Korea	0.990
Republic of Moldova	0.010
Romania	0.055
Russian Federation	1.060
Rwanda	0.001
Saint Kitts and Nevis	0.001
Saint Lucia	0.001
Saint Vincent and the Grenadines	0.001

[a] Not a Member of the United Nations.

[b] Associate Member of WHO.

(1) Members and Associate Members	(2) WHO scales 2000-2001 %
Samoa	0.001
San Marino	0.002
Sao Tome and Principe	0.001
Saudi Arabia	0.553
Senegal	0.006
Seychelles	0.002
Sierra Leone	0.001
Singapore	0.176
Slovakia	0.034
Slovenia	0.060
Solomon Islands	0.001
Somalia	0.001
South Africa	0.360
Spain	2.550
Sri Lanka	0.012
Sudan	0.007
Suriname	0.004
Swaziland	0.002
Sweden	1.062
Switzerland[a]	1.196
Syrian Arab Republic	0.063
Tajikistan	0.004
Thailand	0.167
The Former Yugoslav Republic of Macedonia	0.004
Togo	0.001
Tokelau[a,b]	0.001
Tonga[a]	0.001
Trinidad and Tobago	0.016
Tunisia	0.027
Turkey	0.433
Turkmenistan	0.006
Tuvalu[a]	0.001
Uganda	0.004
Ukraine	0.187
United Arab Emirates	0.175
United Kingdom of Great Britain and Northern Ireland	5.011
United Republic of Tanzania	0.003
United States of America	25.000

[a] Not a Member of the United Nations.

[b] Associate Member of WHO.

(1) Members and Associate Members	(2) WHO scales 2000-2001 %
Uruguay	0.047
Uzbekistan	0.025
Vanuatu	0.001
Venezuela	0.157
Viet Nam	0.007
Yemen	0.010
Yugoslavia	0.026
Zambia	0.002
Zimbabwe	0.009

Ninth plenary meeting, 24 May 1999
A52/VR/9

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WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH-EAST ASIA

REGIONAL COMMITTEE

Fifty-second Session

Provisional Agenda item 13.2

SEA/RC52/5

16 July 1999

REGIONAL COMMITTEE DOCUMENT

SPECIAL PROGRAMME FOR RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION – REPORT ON THE POLICY AND COORDINATION COMMITTEE (PCC) SESSION AND NOMINATION OF A MEMBER TO PCC IN PLACE OF THAILAND WHOSE TERM EXPIRES ON 31 DECEMBER 1999

1. BACKGROUND

The Policy and Coordination Committee (PCC) of the Special Programme for Research, Development and Research Training in Human Reproduction acts as a governing body of the Special Programme and is responsible for its overall policy and strategy. For the purpose of coordinating the interests and responsibilities of the parties cooperating in the Special Programme, it:

- reviews and decides upon the planning and execution of the Special Programme;
- reviews and approves the plan of action and budget for the coming financial period prepared by the Executing Agency and reviewed by the Scientific and Technical Advisory Group (STAG) and the Standing Committee;
- reviews the proposals of the Standing Committee and approves arrangements for the financing of the Special Programme;
- reviews proposed longer-term plans of action and their financial implications;
- reviews the annual financial statements submitted by the Executing Agency, and the audit report thereon, submitted by the External Auditor of the Executing Agency;
- reviews periodic reports that will evaluate the progress of the Special Programme towards the achievement of its objectives;
- reviews and endorses the selection of members of STAG by the Executing Agency in consultation with the Standing Committee, and
- considers such other matters relating to the Special Programme as may be referred to it by any Cooperating Party.

2. COMPOSITION

PCC consists of 32 members from among the Cooperating Parties (see Annex) as follows:

(1) **Largest financial contributors:** Eleven government representatives from the countries which were the largest financial contributors to the Special Programme in the previous biennium.

(2) **Countries elected by WHO Regional Committees:** Fourteen Member Countries elected by the WHO Regional Committees for three-year terms according to population distribution and regional needs. Three countries represent South-East Asia under this category.

In their election, due account is taken of a country's financial and/or technical support to the Special Programme as well as its interest in the fields of family planning, research and development in human reproduction and fertility regulation as demonstrated by national policies and programmes.

(3) **Other interested Cooperating Parties:** Two members elected by PCC for three-year terms from the remaining Cooperating Parties.

(4) **Permanent members:** The co-sponsors of the Special Programme viz., UNDP, UNFPA, WHO, the World Bank and the International Planned Parenthood Federation (IPPF).

Members of PCC in categories (2) and (3) may be re-elected.

(5) **Observers:** Other Cooperating Parties may be represented as observers upon approval of the Executing Agency, which is the World Health Organization, after consultation with the Standing Committee. Observers may attend sessions of PCC at their own expense.

3. ACTION TO BE TAKEN BY THE REGIONAL COMMITTEE

3.1 Noting of the Report on PCC Session

The Regional Committee, at its previous session, recommended that the PCC members elected by it should report to the Consultative Committee for Programme Development and Management (CCPDM), giving a summary of the deliberations of the last PCC session attended by them.

The delegates from India, Indonesia and Thailand attended the 12th meeting of PCC, held in Geneva from 17-18 June 1999, and a report on their participation was presented at the 36th meeting of CCPDM, held at Dhaka from 30 August to 4 September 1999. The Regional Committee may note this presentation, contained in the report of the CCPDM.

3.2 Nomination of Members from the South-East Asia Region under Category 2

The current membership of PCC from the South-East Asia Region is as follows:

Country	Period	Elected by	Paragraph of the Memorandum on the administrative structure under which elected
Bangladesh	1987-1989	Regional Committee	2.2.2
	1990-1992	Regional Committee	2.2.2
India	1988-1989	PCC	2.2.1
	1990-1991	PCC	2.2.1
	1993-1995	Regional Committee	2.2.2
	1996-1998	Regional Committee	2.2.2
	1999-2001	Regional Committee	2.2.2
Indonesia	1992-1994	Regional Committee	2.2.2
	1995-1997	Regional Committee	2.2.2
	1998-2000	Regional Committee	2.2.2
Nepal	1989-1991	Regional Committee	2.2.2
Sri Lanka	1988-1990	Regional Committee	2.2.2
	1994-1996	Regional Committee	2.2.2
Thailand	1988-1990	PCC	2.2.3
	1991-1993	Regional Committee	2.2.2
	1997-1999	Regional Committee	2.2.2

At present, the three Member Countries from the South-East Asia Region that are members of PCC are India, Indonesia and Thailand. Since the term of office of Thailand ends on 31 December 1999, the Regional Committee may consider electing, in this session, one of its Member States to serve on PCC for a three-year term of office from 1 January 2000. In this connection, it may be noted that India and Indonesia have already been elected under category (2) to serve until December 2001 and December 2000 respectively. Another SEAR Member State, Nepal, has been elected under category (3). Nepal's term of office will start from 1 January 2000 and last until December 2002. With the exception, therefore, of India, Indonesia and Nepal, all other countries in the Region may be considered for election.

In selecting a Member Country, the Regional Committee may keep in view that due account has to be taken of a country's financial and/or technical support to the Special Programme as well as its interest in the field of family planning, research and development in human reproduction and fertility regulation as demonstrated by the national policies and programmes.

Annex

COMPOSITION OF THE POLICY AND COORDINATION COMMITTEE (PCC)

(1) LARGEST FINANCIAL CONTRIBUTORS IN THE PREVIOUS BIENNIUM – CATEGORY (1)

Australia
Canada
Finland
Germany
Japan
Netherlands
Norway
Sweden
Switzerland
United Kingdom
United States of America

(2) COUNTRIES ELECTED BY THE WHO REGIONAL COMMITTEES – CATEGORY (2)

Algeria
Angola
Benin
Botswana
Costa Rica
India
Indonesia
Jamaica
Malaysia
Pakistan
Republic of Korea
Singapore
Thailand
The former Yugoslav Republic of Macedonia

14 government representatives from Member States are distributed as follows:

Africa	4
Americas	2
South-East Asia	3
Europe	1
Eastern Mediterranean	1
Western Pacific	3

(3) OTHER INTERESTED COOPERATING PARTIES – CATEGORY (3)

China
Egypt

(4) PERMANENT MEMBERS – CATEGORY (4)

UNDP
UNFPA
WHO
The World Bank
} Co-sponsors

IPPF

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH-EAST ASIA

REGIONAL COMMITTEE

Fifty-second session

Provisional Agenda item 13.2

SEA/RC52/5 Add.1

5 September 1999

REGIONAL COMMITTEE DOCUMENT

WHO SPECIAL PROGRAMME FOR RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: POLICY AND COORDINATION COMMITTEE (PCC) - ATTENDANCE AT 1999 PCC

This document contains highlights of the report to the Thirty-sixth Meeting of the Consultative Committee for Programme Development and Management (CCPDM) made by the representative of Thailand on the subject item.

Last 5 min. - extended time

WHO SPECIAL PROGRAMME FOR RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: POLICY AND COORDINATION COMMITTEE (PCC) - ATTENDANCE AT 1999 PCC

The member from Thailand presented the report on behalf of the representatives from Indonesia and Thailand on the participation of these countries in the 12th meeting of the Policy and Coordination Committee (PCC) of the WHO Special Programme for Research, Development and Research Training in Human Reproduction. It was noted that the WHO Headquarters had decided to establish a small working group to look into the interaction between the new structure and work of clusters and the structure and work of the co-sponsored programmes such as TDR and HRP. A consultant would review the HRP programme and propose possible future restructuring. The HRP's objectives drawn up at the time of its establishment were still valid. The Programme had made useful contribution in the area of technical information and technology transfer and strengthening capacity building for health services research at national levels. The need for a multisectoral and multi-disciplinary approach was emphasized.

The PCC also discussed matters relating to the Meeting of the Scientific and Ethical Review Group. It endorsed the mechanisms adopted by the Programme to ensure that the views of the developing countries contributed to priority setting in the Programme's activities and recommended that WHO address ethical responsibilities of researchers at country level. Reports of the STAG and Gender Advisory Panel were noted. The PCC also discussed the 1998-1999 interim financial report and the current funding situation and noted with some concern the financial constraints that existed. The PCC re-elected Egypt and Nepal under category – 3 (Other Interested Cooperating Parties) for the period 2000-2002 and agreed on the dates for its future meetings.

THE CCPDM NOTED THE REPORT PRESENTED BY THE MEMBER FROM THAILAND.

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH-EAST ASIA

REGIONAL COMMITTEE

Fifty-second session

Provisional Agenda item 13.3

SEA/RC52/Inf.3

2 July 1999

REGIONAL COMMITTEE DOCUMENT

WHO ACTION PROGRAMME ON ESSENTIAL DRUGS – INFORMATION PAPER ON THE SESSION OF THE MANAGEMENT ADVISORY COMMITTEE (MAC)

1. BACKGROUND

The concept of Health for All by the Year 2000 (HFA/2000) was adopted by the World Health Assembly in 1977. The importance of primary health care (PHC) as a key approach was highlighted by the Declaration of Alma-Ata in 1978, which identified eight components of PHC, of which one is the provision of essential drugs.

The HFA/2000 strategy, the Conference of Experts on the Rational Use of Drugs, held in Nairobi in 1985, WHO's Revised Drugs Strategy, adopted by the World Health Assembly in 1986, and the report of the WHO Expert Committee on National Drug Policies, published in 1995, have all contributed to the development of the Action Programme on Essential Drugs of WHO.

The Action Programme on Essential Drugs, also known as the Drug Action Programme (DAP), is, *inter alia* promoting the availability of essential drugs of proven efficacy and safety at a low cost without sacrificing the quality of the product. The supply of essential drugs for PHC requires development and implementation of national drug policies based on the essential drugs concept. Hence DAP is involved in providing direct technical input, managerial expertise and financial support for the implementation of country programmes on essential drugs. Consequently, guidelines for teaching and training materials have also been developed in the areas of drug quantification and rational use of drugs. Regular evaluation and review of project activities are planned and carried out at global, regional and country levels by WHO.

2. MANAGEMENT ADVISORY COMMITTEE

The Management Advisory Committee (MAC) acts as an advisory body to the Director-General of WHO, making recommendations on matters related to the policy, strategy, finance, management, monitoring and evaluation of WHO's Action Programme on Essential Drugs. The Committee represents the interest and responsibility of WHO's external partners collaborating with WHO in its Action Programme on Essential Drugs. The eleventh meeting of the Action Programme on Essential Drugs Management Advisory Committee took place in Geneva on 16 and 17 March 1999.

The functions of the Committee are to:

- review, analyse and guide the programme of activities and related budget of Essential Drugs and Other Medicines (EDM) Department and make appropriate recommendations to the Director-General;
- review the arrangements envisaged by the Director-General of WHO for financing and managing EDM;
- review proposed longer-term plans of action and their financial implications;
- review financial statements of EDM;

- review periodic reports evaluating the progress of EDM towards the achievement of its objectives and submit its findings and recommendations to the Director-General;
- recommend ways of improving, as appropriate, coordination between the activities of EDM and of other relevant programmes and organizations; and
- consider any other matters relating to EDM referred to it by the Director-General of WHO, EDM Department or any member of the Committee.

In carrying out its functions, MAC is informed of all policy decisions and recommendations concerning EDM or WHO's Revised Strategy on Drugs made by the World Health Assembly and the Executive Board.

3. COMPOSITION OF THE COMMITTEE

The Committee is formed as follows:

Members

- The government representatives of those countries which contributed funding in support of EDM's budget in the previous two years;
- Two Member States undertaking drug policy and programme development from each of WHO's six regions selected by the respective Regional Committees for three-year terms. Regional Committees, responsible for choosing representatives, should be asked to select from countries undertaking drug policy and programme development;
- Major international organizations collaborating in the implementation of WHO's Revised Drug Strategy, such as UNDP, UNICEF, UNIDO and the World Bank.

Observers

Other concerned parties invited by the Director-General to attend as observers.

- Members selected from the six regions of WHO may be reappointed. The Chairperson of MAC shall, in principle, be a government representative and shall be elected from and by members of MAC for a period of two years, but, while eligible for re-election, may not serve consecutive terms. The Chairperson shall preside over meetings of MAC and undertake whatever additional duties may be assigned by MAC, in agreement with the Director-General of WHO. Observers are encouraged to take part in the deliberations of MAC.

4. OPERATION

MAC shall meet once a year. It concentrates on reviewing EDM's programme in light of the financial support that will have been pledged and the past, present and future coordination of external support for EDM's principal areas of activity (country support, development work, operational research, and management). The meeting also reviews and guides the following year's programme and related budget. MAC may also meet more often upon the proposal of

either its Chairperson or the Director-General of WHO, and with the latter's agreement. MAC decides its method of work, which may include the establishment of a number of functional sub-committees. All such sub-committees shall have an advisory role of MAC. Each MAC meeting elects a rapporteur from among its members who assists in ensuring that the decisions reached by the meeting are adopted and recorded before its closure. MAC, whenever possible, adopts its conclusions by consensus. Director, EDM is the Secretary of MAC.

For these purposes, MAC is assisted in its endeavours by WHO of whatever secretariat and other support services which are considered to be necessary and reasonable.

5. REPRESENTATION OF SEAR IN MAC

The two countries selected to represent the South-East Asia Region are Bangladesh (whose present mandate extends from 1999 to 2001 and is in the first year of the mandate) and Myanmar (whose present mandate extends from 1998 to 2000 and is in the second year of the mandate). The tenure of each country is three years.

6. ACTION TO BE TAKEN BY THE REGIONAL COMMITTEE

The Regional Committee is requested to note that a delegate each from Bangladesh and Myanmar attended the Eleventh MAC meeting, held in Geneva on 16 and 17 March 1999. The report on the MAC meeting was presented at the 36th meeting of CCPDM, which was held from 30 August to 4 September 1999.

A table of countries from South-East Asia that have been a member of MAC since its first meeting in 1989 is given below.

Representation of Member Countries of SEAR at MAC Meetings

Country	MAC 1 1989	MAC 2 1990	MAC 3 1991	MAC 4 1992	MAC 5 1993	MAC 6 1994	MAC 7 1995	MAC 8 1996	MAC 9 1997	MAC 10 1998	MAC 11 1999	MAC 12 2000	MAC 13 2001
Bhutan			xxx	xxx									
Indonesia	xxx	xxx	xxx	xxx	xxx	xxx							
Bhutan					xxx	xxx	xxx						
Sri Lanka							xxx	xxx	xxx				
Thailand								xxx	xxx	xxx			
Myanmar										xxx	xxx	xxx	
Bangladesh											xxx	xxx	xxx

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH-EAST ASIA

REGIONAL COMMITTEE

Fifty-second session

Provisional Agenda item 13.3

SEA/RC52/Inf.3 Add.1

5 September 1999

REGIONAL COMMITTEE DOCUMENT

WHO ACTION PROGRAMME ON ESSENTIAL DRUGS MANAGEMENT ADVISORY COMMITTEE (MAC) - ATTENDANCE AT 1999 MAC

This document contains the highlights of the report to the Thirty-sixth Meeting of the Consultative Committee for Programme Development and Management (CCPDM) made by the representative of Bangladesh on the subject item.

WHO ACTION PROGRAMME ON ESSENTIAL DRUGS MANAGEMENT ADVISORY COMMITTEE (MAC) - ATTENDANCE AT 1999 MAC

The member from Bangladesh presented the report on behalf of representatives from Bangladesh and Myanmar on the participation of these countries in the 11th meeting of the Management Advisory Committee (MAC), held in March 1999. MAC discussed a theme paper on effective regulation of drugs. The MAC noted that there was a need to develop capacity in developing drugs regulation in some countries. Surveillance for safety and efficacy of drugs was necessary. Effective enforcement of drugs law was important in order to achieve effective drug regulation. Establishment of national quality control laboratory would facilitate carrying out quality assessment of the drug before and after procurement. Apart from WHO regular budget, enhanced extrabudgetary funds and increased financial contribution from the Government would go a long way in implementing activities under Essential Drugs and other Medicines (EDM) within the countries. Additionally, alternative health care financing mechanisms such as user fees, fees for drugs, community donation, health insurance scheme etc. could also bring in additional funds. A review of the activities of the EDM for 1998-1999 was presented. It was essential to give high priority to drug regulation and quality of drugs and assist countries in determining needs within the context of their overall health strategies and their regulatory and resource capacity.

He also briefly described the action taken in his country on the recommendations of the MAC.

THE FOLLOWING ARE THE HIGHLIGHTS OF THE CCPDM DISCUSSIONS:

- The recommended ways of improving Essential Drugs and Medicines assistance to Member Countries in SEAR should be considered for support under the ICP II mechanism. However, the emphasis should be more on the National Drug Policy/National Essential Drugs List and rational use of drugs.

- It is important to ensure continuous availability of essential drugs to developing countries.

- There was concern at the growing tendency to utilize representatives of multinational pharmaceutical companies at policy making levels in WHO Headquarters as this could influence decisions to the detriment of developing countries. Thus, developing countries should closely monitor the structural and leadership reform in WHO Headquarters.

THE CCPDM NOTED THE REPORT PRESENTED BY THE MEMBER FROM BANGLADESH.

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH-EAST ASIA

REGIONAL COMMITTEE

Fifty-second Session

Provisional Agenda item 5

SEA/RC52/Inf.1

8 July 1999

REGIONAL COMMITTEE DOCUMENT

PLANS OF ACTION IN OPERATION IN MEMBER COUNTRIES

In the list of plans of action, the following abbreviations are used under "Funds":

AS	Special Account for Servicing Costs
DP	United Nations Development Programme
FB	Associate Professional Officers
FT	Trust Funds
RB	Regular Budget
ST	Sasakawa Health Trust Fund
VB	Voluntary Fund for Prevention of Blindness
VC	Voluntary Fund for Diarrhoeal Diseases and Acute Respiratory Infections
VD	Voluntary Fund for Others
VI	Voluntary Fund for Expanded Programme on Immunization
VM	Voluntary Fund for Malaria
VN	Voluntary Fund for Disasters and Natural Catastrophes
VP	Voluntary Fund for Mental Health Programme
VT	Voluntary Fund for Tuberculosis

Plan of Action Number	Funds	Title
BANGLADESH		
BAN COR 003	AS	Resource mobilization and aid management and coordination
BAN HSD 031	RB	Women, health and development
BAN RPS 001	VD	Strengthening of Bangladesh Medical Research Council
BAN TCC 020	RB	WHO Country Office
BAN ICO 011	RB	Health development strategies and plans
BAN EHA 011	RB	Emergency preparedness programme
BAN HST 001	VD	Further development of TB and leprosy control services
BAN HST 060	VD	Management information system for health
BAN HST 061	VD	Strengthening of management information system/family planning unit
BAN HST 062	RB	Strengthening country health information to support national health futures, planning, monitoring and evaluation
BAN PLL 061	RB	Library and health literature services
BAN HSR 011	RB	Promotion, coordination and information exchange in the practice of health systems research: Strengthening of Bangladesh Medical Research Council
BAN DHS 001	RB	Support of PHC development in Bangladesh through district health system
BAN DHS 020	VD	Health care quality assurance
BAN HRH 001	VD	Training of all categories of health personnel in operational management of different clinical specialities
BAN HRH 010	VD	Master Plan for human resources for health development (TAPP)
BAN HRH 020	VD	Expansion and development of National Institute of Preventive and Social Medicine (NIPSOM)
BAN HRH 021	RB	Educational development for health care providers: Strengthening of medical education in Bangladesh
BAN HRH 022	RB	Strengthening of para-medical education (health technology)
BAN HRH 031	RB	Strengthening nursing and midwifery
BAN HRH 040	VD	Further development of medical colleges
BAN HRH 041	RB	Direct support to training institutions: Strengthening of Bangladesh College of Physicians and Surgeons
BAN HRH 042	RB	Direct support to training institute: Strengthening of postgraduate medical education
BAN DAP 021	RB	National drug policy and essential drugs programme
BAN THC 021	RB	Health laboratory technology and related services
BAN THC 041	RB	Repair and maintenance of electro-medical equipment
BAN DSE 021	RB	Quality assurance of pharmaceuticals and biologicals
BAN DSE 022	RB	Quality assurance of essential drugs to public health delivery
BAN TRM 011	RB	Integration of traditional medicine into national health care system
BAN RPH 001	RB	Alliance for women's health and safe motherhood

Plan of Action Number	Funds	Title
BAN RPH 001	VD	Pilot project for development of maternal and neonatal health care
BAN RPH 040	VD	Sterilization surveillance team
BAN AHE 011	RB	Community based care for ageing and health
BAN OCH 001	RB	Promotion of occupational health in Bangladesh
BAN MNH 011	RB	Prevention, treatment and management of neuropsychiatric disorders
BAN ADT 001	RB	Prevention of substance abuse including alcohol and tobacco
BAN HEP 002	VD	Strengthening of school health services
BAN HEP 021	RB	Development of health promotion and education by strengthening communication, media and new information technology
BAN INF 001	RB	Establishment of mechanism for information dissemination
BAN RHB 011	RB	Community based rehabilitation
BAN NUT 001	RB	Strengthening nutrition education, acceptable nutritional practices and research in nutrition at all levels
BAN FOS 001	RB	Awareness raising on food safety
BAN CWS 001	RB	Strengthening water supply and sanitation programme
BAN EUD 001	RB	Healthy environments
BAN EHH 001	RB	Assessment of environmental health hazards
BAN GEE 020	ST	Leprosy elimination and control
BAN GEE 021	RB	Elimination of leprosy by the year 2000 AD
BAN GEE 030	VI	Eradication of poliomyelitis
BAN GEE 032	VI	Strengthening of acute flaccid paralysis surveillance
BAN VID 011	RB	Immunization
BAN CDR 001	RB	Diarrhoea and acute respiratory infections
BAN CDR 010	VD/VC	ARI control programme
BAN CDR 011	VD	Control of diarrhoeal diseases
BAN TUB 001	RB	Control of tuberculosis
BAN EMC 011	RB	Epidemiological surveillance and control
BAN OCD 011	RB	Control of rabies
BAN OCD 040	VD	Prevention and control of sexually transmitted diseases
BAN OCD 041	RB	Prevention and control of HIV/AIDS/STDs
BAN CTD 001	RB	Vector borne disease control
BAN CTD 090	VD	Integrated control of vector borne diseases
BAN PBD 001	VD	Primary eye care
BAN PBD 011	RB	Prevention of blindness
BAN PBD 021	RB	Prevention of deafness
BAN NCD 031	RB	Cancer and palliative care
BAN NCD 041	RB	Control of cardiovascular diseases
BAN NCD 061	RB	Prevention and control of diabetes
BAN NCD 081	RB	Oral health

Plan of Action Number	Funds	Title
BHUTAN		
BHU RPS 001	RB	Research policy and strategy coordination
BHU TCC 020	RB	WHO Country Office
BHU ICO 011	RB	Health development strategies and plans
BHU HST 061	RB	Strengthening country health information
BHU DHS 001	RB	District health systems
BHU HRH 001	RB	Human resources for health
BHU DAP 001	RB	National essential drugs programme
BHU DAP 010	VD	National essential drugs programme
BHU THC 001	RB	Quality assurance in health care technology
BHU TRM 001	RB	Traditional medicine
BHU RPH 001	RB	Reproductive health
BHU MNH 001	RB	Community-based mental health
BHU HEP 001	RB	Health promotion
BHU RHB 001	RB	Community-based rehabilitation
BHU NUT 001	RB	Nutrition
BHU CWS 001	RB	Water supply and sanitation
BHU GEE 001	RB	Polio eradication and leprosy elimination
BHU CDR 001	RB	Diarrhoeal and acute respiratory disease control
BHU TUB 001	RB	Tuberculosis prevention and control
BHU OCD 001	RB	Other communicable diseases prevention and control
BHU CTD 011	RB	Malaria control
BHU NCD 001	RB	Noncommunicable diseases control
DPR KOREA		
KRD RPS 001	RB	Biomedical and health systems research
KRD TCC 001	RB	Strengthening national capabilities in programme development and management
KRD EHA 001	VN	Emergency programme for water and sanitation
KRD EHA 020	VN	Emergency assistance for disease surveillance system
KRD EHA 021	VN	Emergency assistance for tuberculosis control
KRD EHA 022	VN	Strengthening of early warning system and control of epidemics
KRD DHS 001	RB	Strengthening of district health systems
KRD HRH 001	RB	Human resources for health
KRD DAP 001	RB	Essential drugs and biologicals
KRD THC 001	RB	Technology for health care
KRD TRM 001	RB	Traditional medicine
KRD RPH 011	RB	Strengthening maternity care

Plan of Action Number	Funds	Title
KRD CHD 001	RB	Child health
KRD AHE 001	RB	Health care of elderly
KRD GEE 031	RB	Eradication of poliomyelitis
KRD OCD 001	RB	Prevention and control of other communicable diseases
KRD NCD 001	RB	Control of cancer and other noncommunicable diseases
KRD NCD 041	RB	Prevention and control of cardiovascular diseases
KRD NUT 001	RB	Strengthening community-based nutritional activities
INDIA		
IND GPD 011	RB	Supporting the new health for all strategy
IND HSD 051	RB	Health legislation and medical ethics
IND RPS 001	RB	Research promotion and strategy coordination
IND TCC 001	RB	Technical cooperation with countries
IND TCC 020	RB/AS	WHO Country Office
IND HSR 001	RB	Health systems research and development
IND DHS 001	RB	Strengthening of primary health care infrastructure
IND DHS 011	RB	Health education for empowerment of poor
IND DHS 012	RB	Strengthening primary health care for tribal people
IND HRH 001	RB	Development of human resources for health
IND HRH 002	RB	Training in primary health care and reproductive child health
IND HRH 031	RB	Strengthening nursing and midwifery
IND DAP 001	RB	Action programme on essential drugs
IND DAP 010	VD	Essential drugs programme
IND TRM 001	RB	Traditional medicine
IND TRM 011	RB	Integration of indigenous systems of medicine for primary health care in tribal areas
IND RPH 041	RB	Family planning services and quality assurance
IND AHD 011	RB	Promotion of health education for adolescents
IND AHE 001	RB	Health care of the elderly
IND OCH 031	RB	Occupational health
IND MNH 001	RB	Mental health
IND ADT 001	RB	Prevention and control of substance abuse
IND RHB 011	RB	Community-based rehabilitation
IND NUT 001	RB	Nutrition
IND FOS 001	RB	National food safety programme
IND CWS 001	RB	Urban community water supply and sanitation
IND EUD 011	RB	Healthy cities
IND EHH 001	RB	Support to hospital waste management

Plan of Action Number	Funds	Title
IND PCS 001	RB	Strengthening national capabilities and capacities in environmental epidemiological surveillance and chemical risk assessment
IND GEE 021	RB	Leprosy elimination
IND GEE 022	ST	Leprosy elimination campaign
IND GEE 030	VI	Eradication of poliomyelitis
IND GEE 031	VI	Eradication of poliomyelitis (Laboratory: New Delhi)
IND GEE 032	VI	Eradication of poliomyelitis (Laboratory: Bombay)
IND REE 001	RB	Guineaworm eradication
IND REE 002	RB	Yaws eradication
IND VID 001	RB	Vaccine-preventable diseases control
IND VID 032	VI	Vaccine-preventable diseases
IND TUB 001	RB	Tuberculosis control
IND EMC 000	FT	Strengthening HIV/AIDS surveillance within an integrated national surveillance system
IND OCD 001	RB	Control of other communicable diseases
IND OCD 041	RB	Prevention and control of sexually transmitted diseases
IND CTD 001	RB	Visceral leishmaniasis, filariasis and Japanese Encephalitis control
IND CTD 011	RB	Malaria control
IND TDR 001	RB	Research on tropical diseases
IND PBD 021	RB	Prevention and control of deafness
IND NCD 031	RB	Cancer control and palliative care
INDONESIA		
INO TCC 011	RB	Health planning and management
INO TCC 012	RB	Small scale technical support
INO TCC 020	RB	WHO Country Office
INO TCC 031	RB	International meetings and comparative studies
INO NHP 021	RB	Health financing
INO DHS 001	RB	Strengthening the district referral system
INO DHS 021	RB	Quality of health care services
INO HRH 001	RB	Human resources for health
INO DAP 010	VD	National essential drugs programme
INO DAP 011	RB	National drug policy and rational drug use
INO DAP 011	VD	Support to the national drugs programme
INO RPH 001	RB	Reproductive health
INO OCH 001	RB	Occupational health
INO FOS 001	RB	Food safety
INO CWS 001	RB	Water sanitation and environmental health

Plan of Action Number	Funds	Title
INO PCS 001	RB	Promotion of chemical safety
INO GEE 021	RB	Elimination of leprosy
INO GEE 030	VI	Support to eradication of poliomyelitis: Laboratory
INO GEE 031	RB	Poliomyelitis eradication
INO GEE 031	VI	Acute flaccid paralysis surveillance
INO GEE 032	VI	Poliomyelitis eradication – Acute flaccid paralysis surveillance
INO VID 001	RB	Other vaccine-preventable diseases
INO CDR 010	VC	Acute respiratory infection and diarrhoea
INO CDR 011	RB	Control of acute respiratory infections and diarrhoeal diseases
INO CDR 021	RB	Integrated management of childhood illness
INO TUB 001	RB	Prevention and control of tuberculosis
INO TUB 030	VT	Tuberculosis control
INO EMC 011	RB	Epidemiological surveillance
INO OCD 041	RB	STD/AIDS prevention and control
INO CTD 011	RB	Malaria control
INO PBD 010	VD	Primary eye care
INO NCD 001	RB	Noncommunicable diseases control
MALDIVES		
MAV TCC 020	RB	WHO Country Office
MAV TCC 031	RB	Technical cooperation among countries
MAV ICO 021	RB	Health planning, management and resource mobilization
MAV HST 061	RB	Strengthening country health information systems
MAV DHS 021	RB	Hospitals and health centres, performance and quality assurance
MAV HRH 001	RB	Development of human resources for health
MAV DAP 010	VD	National essential drugs programme
MAV DAP 011	RB	Action programme on essential drugs
MAV THC 011	RB	Quality assurance in public health laboratories
MAV RPH 001	RB	Strengthening of reproductive health programme
MAV HEP 001	RB	Health promotion
MAV NUT 001	RB	Nutrition
MAV FOS 001	RB	Food safety
MAV CWS 001	RB	Safe drinking water and sanitation
MAV HCE 001	RB	Environmental health management plan
MAV GEE 021	RB	Elimination of leprosy
MAV VID 001	RB	Vaccine-preventable diseases control
MAV TUB 001	RB	Prevention and control of tuberculosis

Plan of Action Number	Funds	Title
MAV EMC 001	RB	Strengthening epidemiological surveillance and administration of international health regulations
MAV OCD 041	RB	AIDS and sexually transmitted diseases control
MAV CTD 001	RB	Prevention and control of vector-borne diseases
MAV NCD 001	RB	Prevention and control of noncommunicable diseases
MAV NCD 071	RB	Prevention and control of thalassaemia
MYANMAR		
MMR HSD 001	RB	Health in socioeconomic development
MMR HSD 031	RB	Women, health and development
MMR RPS 001	RB	Research policy and strategy coordination
MMR TCC 020	RB	WHO Country Office
MMR ICO 021	RB	Resource mobilization and aid management coordination
MMR EHA 011	RB	Emergency and humanitarian action
MMR HST 001	RB	Epidemiology, statistics, trend assessment and country health information
MMR HSR 001	RB	Health systems research
MMR DHS 001	RB	District health systems
MMR DHS 002	DP	Improving rural community access to PHC
MMR DHS 021	RB	Quality of care at hospitals
MMR HRH 001	RB	Human resources for health
MMR DAP 001	RB	Action programme on essential drugs
MMR DAP 010	VD	National essential drugs programme
MMR THC 021	RB	Health laboratory technology and related services
MMR DSE 021	RB	Quality assurance of biologicals and pharmaceuticals
MMR DSE 041	RB	Technical assistance to national drug regulatory administration
MMR TRM 001	RB	Traditional medicine
MMR RPH 001	RB	Reproductive health
MMR ADH 001	RB	Adolescent health
MMR AHE 001	RB	Health of the elderly
MMR OCH 001	RB	Occupational health
MMR MNH 001	RB	Mental health
MMR ADT 001	RB	Prevention and control of substance abuse
MMR HEP 011	RB	Health education and information for the public
MMR HEP 031	RB	School health
MMR RHB 001	RB	Rehabilitation and accident prevention
MMR NUT 001	RB	Nutrition
MMR FOS 001	RB	Food safety
MMR CWS 001	RB	Water supply and sanitation

Plan of Action Number	Funds	Title
MMR EUD 011	RB	Healthy cities (Mandalay)
MMR EHH 001	RB	Assessment of environmental health hazards
MMR GEE 020	VI	Leprosy control programme
MMR GEE 021	RB	Leprosy elimination
MMR GEE 030	VI	Poliomyelitis eradication – Strengthening of acute flaccid paralysis surveillance
MMR GEE 031	RB	Eradication of poliomyelitis
MMR GEE 032	VI	Global eradication of poliomyelitis: Strengthening of acute flaccid paralysis surveillance
MMR VID 001	RB	Vaccine-preventable diseases and immunization
MMR VID 002	VI	Polio eradication initiative
MMR CDR 001	RB	Diarrhoeal and acute respiratory diseases control
MMR TUB 001	RB	Tuberculosis control
MMR OCD 011	RB	Epidemiological surveillance
MMR OCD 041	RB	HIV/STD prevention and control
MMR OCD 042	DP	Enhancing capacity for HIV/STD prevention and care
MMR CTD 001	RB	Control of tropical diseases
MMR CTD 090	VD	Control of tropical diseases
MMR PBD 001	RB	Prevention of blindness and deafness
MMR NCD 001	RB	Control of other noncommunicable diseases
MMR NCD 081	RB	Oral health care
NEPAL		
NEP TCC 020	RB	WHO Country Office
NEP ICO 021	RB	Resource mobilization, aid management and coordination
NEP ICO 002	ST	Country health planning programming and health information system and development of informatics facilities in support of health system
NEP EHA 022	VN	Earthquake preparedness and mitigation project
NEP HSR 001	RB	Health systems research
NEP NHP 011	RB	Policy reform and restructuring of health systems
NEP DHS 011	RB	District, local and community health action for strengthening district health systems
NEP HRH 001	RB	Human resources for health
NEP DAP 001	RB	Rational use of essential drugs
NEP THC 001	RB	Health laboratory technology
NEP TRM 001	RB	Traditional medicine
NEP RPH 010	DP	Strengthening national capacity to reduce maternal deaths and disabilities
NEP RPH 011	RB	Safe motherhood
NEP MNH 011	RB	Prevention, treatment and management of neuropsychiatric disorders

Plan of Action Number	Funds	Title
NEP HEP 011	RB	Promotion of healthy lifestyles
NEP RHB 011	RB	Community-based rehabilitation
NEP NUT 031	RB	Infant, young child and maternal nutrition
NEP CWS 001	RB	Water supply and sanitation
NEP EUD 011	RB	Healthy cities
NEP EHH 001	RB	Environmental health
NEP GEE 001	RB	Eradication and elimination of polio, neonatal tetanus and measles
NEP GEE 021	RB	Leprosy elimination
NEP GEE 030	VI	Poliomyelitis eradication
NEP GEE 040	VI	Elimination of neonatal tetanus
NEP VID 011	RB	Immunization
NEP VID 011	VI	National immunization days
NEP CDR 001	RB	Diarrhoea and ARI control
NEP CDR 001	FB	Diarrhoea and ARI control
NEP TUB 002	VT	Planning and management – Control of tuberculosis
NEP TUB 021	RB	Coordination and resource mobilization for prevention and control of tuberculosis
NEP TUB 030	VT	Tuberculosis – National programme support – Medical Officer
NEP TUB 030/M	VT	Tuberculosis – National programme support – Medical Officer
NEP EMC 011	RB	Surveillance and control of emerging diseases
NEP OCD 041	RB	Prevention and control of STD and HIV/AIDS
NEP CTD 001	RB	Prevention and control of malaria and other vector-borne diseases
NEP PBD 001	RB	Prevention of blindness and deafness
NEP PBD 010	VB	Prevention of blindness programme
NEP PBD 010	VD	Primary eye care
NEP NCD 081	RB	Oral health
SRI LANKA		
SRL TCC 011	RB	Country needs analysis and WHO support to countries
SRL TCC 020	RB	WHO Country Office
SRL HST 061	RB	Strengthening health information to support national health planning, monitoring and evaluation
SRL PLL 061	RB	Library and health literature services
SRL HSR 011	RB	Promotion of health systems research
SRL DHS 011	RB	Primary health care through district health system and community participation
SRL DHS 021	RB	Management and performance of hospitals and health centres
SRL DHS 031	RB	Health systems response to rapid urbanization

Plan of Action Number	Funds	Title
SRL HRH 021	RB	Educational development for health care providers
SRL HRH 031	RB	Strengthening nursing and midwifery services
SRL HRH 041	RB	Direct support to training institutions
SRL DAP 021	RB	Rational use of essential drugs and quality assurance of pharmaceuticals and biologicals
SRL THC 001	RB	Health laboratory technology and related services
SRL TRM 011	RB	Integration of traditional medicine into the national health care system
SRL RPH 001	RB	Reproductive health
SRL OCH 001	RB	Promotion of occupational health
SRL MNH 001	RB	Promotion of mental health
SRL MNH 002	VP	Nations for mental health initiative -- Sri Lanka
SRL HEP 021	RB	IEC activities for health promotion
SRL RHB 011	RB	Community-based rehabilitation
SRL NUT 001	RB	Nutrition and food safety
SRL CWS 001	RB	Water supply and sanitation
SRL EUD 001	RB	Environmental health assessment
SRL GEE 021	RB	Elimination of leprosy
SRL REE 041	RB	Elimination of urban rabies
SRL VID 011	RB	Immunization
SRL CDR 001	RB	Strengthening diarrhoea and ARI control measures
SRL TUB 001	RB	Prevention and control of tuberculosis
SRL OCD 001	VD	Accelerated rabies control campaign
SRL OCD 041	RB	Prevention and control of HIV/AIDS and STD
SRL CTD 001	RB	Control of malaria and other vector-borne diseases
SRL PBD 010	VD	Primary eye care
SRL PBD 011	RB	Development and integration of primary eye care services with primary health care
SRL NCD 001	RB	Prevention and control of noncommunicable diseases
SRL NCD 050	VD	Prevention of rheumatic fever/rheumatic heart disease
THAILAND		
THA RPS 021	RB	Research policy and strategy coordination
THA TCC 001	RB	Development of WHO support to countries
THA TCC 020	RB	WHO Country Office
THA HST 011	RB	Quality of health data/information
THA NHP 011	RB	Health care reform
THA DAP 001	RB	Quality use of medicine
THA DAP 010	VD	National programme on essential drugs programme

Plan of Action Number	Funds	Title
THA HEP 001	RB	Health promotion
THA TUB 031	RB	Technical assistance for TB control
THA TUB 031	VT	Technical assistance to Member States for tuberculosis control
THA OCD 001	RB	Control of emerging and other communicable diseases
THA OCD 041	RB	Technical assistance for AIDS and STDs
THA PBD 010	VD	Primary eye care
THA GEE 030	VI	Eradication of poliomyelitis: Laboratory
INTERCOUNTRY		
ICP DGP 020	RB	Regional Director's Development Fund
ICP COR 001/901	RB	External and interagency coordination and resource mobilization
ICP COR 001	AS	Coordination with other organizations
ICP HSD 001/901	RB	Health in socioeconomic development
ICP HSD 031/931	RB	Women, health and development
ICP RPS 001/901	RB	Regional promotion and strategy coordination
ICP RPS 001	FB	Research policy and strategy coordination
ICP RPS 002/902	RB	Research capability strengthening
ICP TCC 011/911	RB	WHO technical cooperation with countries
ICP ICO 001	FB	Collaboration with countries and peoples in greatest need
ICP ICO 004	ST	Strengthening of the capacity of WR's office and joint Government/WHO coordination mechanisms
ICP SUP 901	RB	Procurement services
ICP EHA 001/901	RB	Emergency preparedness and humanitarian action
ICP EHA 001	FB	Emergency and humanitarian action, relief and rehabilitation operation and emergency preparedness programme
ICP EHA 002	VN	Health as a bridge for peace
ICP EHA 020	VN	Information system programme
ICP HST 001/901	RB	Health situation, trends and strengthening of national health information systems and methodologies
ICP PLL 061/961	EB	Library and health literature services
ICP PLL 920	RB	Publications and documentation
ICP HSR 001	RB	Regional health systems research promotion
ICP NHP 001/901	RB	Strengthening national health systems and policies
ICP DHS 001/901	RB	Strengthening the organization, planning and management of district health systems
ICP DHS 002/902	RB	Strengthening local health care and district health systems
ICP HRH 001/901	RB	Development of human resources for health
ICP HRH 020	VD	Support for management of health learning materials programme
ICP MFP 901	RB	Management of fellowships

Plan of Action Number	Funds	Title
ICP DAP 001/901	RB	Regional action progamme on essential drugs
ICP DAP 010	VD	Support to countries
ICP DAP 011	VD	Country progamme development
ICP DAP 012	VD	Technical cooperation in drug control among ASEAN countries
ICP DAP 013	VD	Technical cooperation among countries
ICP DAP 020	VD	Drug financing working group
ICP THC 001/901	RB	Technology for health care
ICP DSE 001	RB	Drug quality and safety
ICP TRM 001	RB	Promotion of traditional medicine
ICP RPH 001/901	RB	Promotion of reproductive health
ICP AHE 001	RB	Health of elderly
ICP MNH 001/901	RB	Mental health
ICP HEP 001/901	RB	Health promotion and education
ICP INF 001	RB	Strengthening media and public relations
ICP RHB 001	RB	Rehabilitation
ICP RHB 001	VD	Development of community-based rehabilitation programmes for disabled people in slum areas
ICP NUT 001/901	RB	Nutrition and food safety
ICP CWS 001/901	RB	Support for water supply and sanitation services
ICP PCS 001	RB	Promotion of chemical safety
ICP HCE 011/911	RB	Support for national planning for sustainable development
ICP GEE 020	ST	Leprosy control
ICP GEE 030	VI	Eradication of poliomyelitis
ICP GEE 032	VI	Global eradication of poliomyelitis: Supplies and equipment
ICP GEE 033	VI	Global programme for vaccine and immunization: Global eradication – poliomyelitis
ICP GEE 035	VI	Poliomyelitis eradication – Strengthening of acute flaccid paralysis surveillance
ICP GEE 932	VI	Disease control: Poliomyelitis eradication
ICP VID 001/901	RB	Expanded programme on immunization
ICP VID 001	VI	Vaccine-preventable diseases
ICP VID 002	VI	Training: National level training activities
ICP VID 010	VI	Immunization activities
ICP VID 901	VI	Vaccine-preventable diseases
ICP CDR 001	RB	Prevention and control of diarrhoeal diseases and ARI
ICP CDR 010	VC	Acute respiratory infections and diarrhoea
ICP TUB 001	RB	Prevention and control of tuberculosis
ICP TUB 001	VT	Operational research on tuberculosis

Plan of Action Number	Funds	Title
ICP TUB 030	VT	Support to national programme activities
ICP TUB 040	VT	Operational research on tuberculosis
ICP EMC 001/901	RB	Epidemiological surveillance and control
ICP OCD 001/901	RB	Control of other communicable diseases
ICP OCD 041/941	RB	Prevention and control of STD and AIDS
ICP OCD 041	FT	HIV/AIDS prevention and care
ICP CTD 001/901	RB	Control of tropical diseases
ICP CTD 010	VM	Malaria control and coordination
ICP PBD 001	RB	Prevention of blindness and deafness
ICP PBD 010	ST	Prevention of blindness
ICP PBD 020	VD	Prevention and control of deafness in six ASEAN countries
ICP NCD 001/901	RB	Integrated control of noncommunicable diseases
REGIONAL OFFICE		
000 RCO 001	RB	Regional Committee and other policy and advisory bodies
000 EXM 001/901	RB	Executive management
000 GPD 001/901	RB	WHO management process
000 GPD 041	RB	Staff development and training
000 ISM 011/911	RB	Informatics support
000 SUP 001/901	RB	Procurement services
000 PLL 021/921	RB	Editing and production of WHO books and periodicals
000 MFP 001/901	RB	Management of fellowships
000 INF 001/901	RB	Strengthening media and public relations for health
000 PER 001/901	RB	Personnel services and administration
000 GAD 001/901	RB	Administrative support to technical programmes
000 GAD 002	RB	Hospitality – Administrative support
000 BFI 001/901	RB	Budget and Finance

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH-EAST ASIA

REGIONAL COMMITTEE

Fifty-second Session

Provisional Agenda item 5

SEA/RC52/Inf.2

16 July 1999

REGIONAL COMMITTEE DOCUMENT

LIST OF TECHNICAL REPORTS ISSUED AND MEETINGS AND COURSES ORGANIZED DURING 1 JULY 1998 – 30 JUNE 1999

1. List of Technical Reports Issued

Document	Title	Author
Acquired Immunodeficiency Syndrome		
SEA/AIDS/105	Strengthening of HIV/AIDS and STD surveillance system, Maldives (MAV OCD 041), 8-17 December 1997	Dr S.R. Salunke
SEA/AIDS/106	Planning and implementing HIV/AIDS care programmes: A step-by-step approach (ICP OCD 041), December 1998	Dr Jai P. Narain, Dr Clement Chela and Dr Eric van Praag
SEA/AIDS/107	Evaluation of the Regional STD/AIDS Programme (ICP OCD 041), 6-28 August 1998	Regional Office
SEA/AIDS/108	Combating HIV/AIDS in the South-East Asia Region – Report on the meeting of National AIDS Programme Managers, Yangon, Myanmar (ICP OCD 041), 15-17 December 1998	Regional Office
Advisory Committee on Health Research		
SEA/ACHR/24	Twenty-fourth session of the WHO South-East Asia Advisory Committee on Health Research – Report to the Regional Director, Yangon (ICP RPS 001), 20-23 April 1999	Regional Office
Communicable Diseases		
SEA/CD/121	Third SEAR/WPR Bi-regional Meeting on Control of Communicable Diseases, Chiang Mai, Thailand (ICP OCD 001),	Regional Office
SEA/CD/122	Strategies for control of measles in SEAR countries – Report of an inter-agency consultation, WHO/SEARO, New Delhi (ICP GEE 030), 24-25 February 1999	Regional Office
Diarrrhoeal Diseases		
SEA/DD/46	Control of diarrhoeal and respiratory diseases (ICP CDR 010), 15 July – 15 December 1998	Dr Neena Raina
Drugs		
SEA/Drugs/127	Medical drugs programme in Thailand (ICP EDV 001), 1997	Dr B.B. Gaitonde
SEA/Drugs/128	Drugs programme in Sri Lanka (ICP EDV 001), 1997	Dr B.B. Gaitonde
SEA/Drugs/129	Drugs programme in Nepal (ICP EDV 001), 1997	Dr B.B. Gaitonde

Document	Title	Author
SEA/Drugs/130	Drug policies in Mongolia (up to June 1995) (ICP EDV 001), 1997	Dr B.B. Gaitonde
SEA/Drugs/131	Essential drugs programme in Myanmar (ICP EDV 001), 1997	Dr B.B. Gaitonde
SEA/Drugs/132	Drug policy and development in the Republic of Myanmar (ICP EDV 001), 1997	Dr B.B. Gaitonde
SEA/Drugs/133	Indonesian experiences in drug policy and management (ICP EDV 001), 1997	Dr B.B. Gaitonde
SEA/Drugs/134	Medical drugs situation in DPR Korea (ICP EDV 001), 1997	Dr B.B. Gaitonde
SEA/Drugs/135	Essential drugs programme in Bhutan (ICP EDV 001), 1997	Dr B.B. Gaitonde
SEA/Drugs/136	Drug programme in Bangladesh (ICP EDV 001), 1997	Dr B.B. Gaitonde
SEA/Drugs/137	Pharmaceuticals: Indian scenario (ICP EDV 001), 1997	Dr B.B. Gaitonde
SEA/Drugs/138	Medical drugs programme in the WHO South-East Asia Region (ICP EDV 001), 1997-1996	Dr B.B. Gaitonde
SEA/Drugs/139	ASEAN TCAC in pharmaceuticals – A success story (ICP EDV 001)	Dr B.B. Gaitonde
SEA/Drugs/140	Financing drugs in South-East Asia (Health Economics and Drugs: DAP series)	SEARO/HQ
SEA/Drugs/141	Management of drugs regulators from SE Asia and WP Regions	
SEA/Drugs/142 SEA/HLM/315	Quality assurance of pharmaceuticals in DPR Korea (ICP DAP 010), 6-26 October 1998)	Dr Mrinal Kanti Majumdar
SEA/Drugs/143	Meeting of drug regulators from South-East Asia and Western Pacific Regions (ICP DAP 001), Tokyo, Japan, 4 September 1998	Regional Office
SEA/Drugs/144 SEA/HLM/318	Standardization and validation of potency testing of oral polio vaccine and measles vaccine at the National Quality Control Laboratory of Drugs and Food, Indonesia (INO DAP 011), 9-27 November 1998	Fred W. van Nimwegen
SEA/Drugs/145	Production of essential drugs in Myanmar (MMR DAP 001), 14-23 December 1998	Dr B.B. Gaitonde
SEA/Drugs/146	Bi-regional technical cooperation among countries in essential drugs, Bangkok (ICP DAP 001), 22-23 March 1999	Regional Office
SEA/Drugs/147	Good manufacturing practices of pharmaceuticals in DPR Korea (KRD DAP 001), 13-27 March 1999	Rudy F.B. Mantik

Document	Title	Author
Economics		
SEA/Econ./17	Parliamentarians' Call for Action, adopted at the Regional Meeting of Parliamentarians on Economic Crisis and its Impact on Health, Jakarta, Indonesia (INO TCC 012), 7-9 December 1998	Regional Office
SEA/Econ./18	Health planning and management (ICP NHP 001), 9 December 1998 – 8 January 1999	Dr Malinga Fernando
SEA/Econ./19	Regional meeting of Parliamentarians on Economic Crisis and its Impact on Health, Jakarta, Indonesia (INO TCC 012), 7-9 December 1998)	Regional Office
Environmental Health		
SEA/EH/519	Health impacts from forest fires disaster in Indonesia (air quality activities) (INO CWS 001), 29 April – 28 May 1998	Dr Keith Bentley
SEA/EH/520	Bhutan water supply and sanitation sector master plan (ICP CWS 001), 23 December 1997 – 23 February 1998	M.L. Gupta
SEA/EH/521	Outline for a corrective programme intended to reduce the levels of hydrogen sulphide in the Male sewerage collection system and pump sumps (MAV CWS 001), 17 July – 2 August 1998	Lloyd H. Belz
SEA/EH/522	Framework for action for the development of new approach to sanitation: An outcome of the Regional Consultation on New Approach to Sanitation: Pokhara, Nepal (ICP CWS 001), 17-19 November 1998	Regional Office
SEA/EH/523	New approach to sanitation – Proceedings of the regional consultation, Pokhara, Nepal (ICP CWS 001), 17-19 November 1998	Regional Office
SEA/EH/524	Pourashava water supply and sanitation, Bangladesh (BAN CWS 001)	Alex Redekopp
SEA/EH/525	Rural drinking water supply surveillance (BHU CWS 001), Bhutan, 7 April – 4 May 1999	A.P. Hirano
SEA/EH/526	Development of environmental programmes (BAN TCC 001), 19 May – 3 June 1999-	Alex Redekopp
SEA/EH/527	Regional Consultation on Healthy Cities (ICP RPS 001), 20-22 April 1999	Regional Office
SEA/EH/528	Pesticides poisoning database in SEAR countries – Report of a regional workshop, New Delhi (ICP PCS 001), 5-7 May 1999	Regional Office

Document	Title	Author
Emergency and Humanitarian Action		
SEA/EHA/2	Interregional Workshop on Project Proposal Development, Monitoring and Reporting, Bangkok, (ICP EHA 001), 29 June – 1 July 1998	Regional Office
Epidemiology		
SEA/Epid./126	Epidemiological surveillance and international health regulations – Report of an intercountry meeting, Colombo (ICP EMC 001), 15-18 December 1998	Regional Office
Expanded Programme on Immunization		
SEA/EPI/136	Fifth meeting of the WHO/SEAR EPI Technical Consultative Group on Vaccine-preventable Diseases – Conclusions and Recommendations (ICP VID 010), 2-4 April 1998	Regional Office
SEA/EPI/137	EPI vaccine supply and quality: Laboratory quality system – Report of the fourth workshop, Himachal Pradesh, India (ICP VID 001), 14-18 September 1998	Dr Cato B. de Savigny
SEA/EPI/138	Sixth meeting of the WHO/SEAR EPI Technical Consultative Group on Vaccine-preventable Diseases: Conclusions and recommendations, Dhaka (ICP GEE 030), 3-6 May 1999	Regional Office
Filariasis		
SEA/Fil./26	Intercountry Workshop on Control of Lymphatic Filariasis in the SEA, Pondicherry, India (ICP CTD 001), 26-28 November 1997	Regional Office
Food Hygiene		
SEA/Food Hyg./18	Development of a strategic plan for food safety in SEAR – Report of a regional consultation, New Delhi (ICP NUT 001), 27-30 October 1998	Regional Office
Haemorrhagic Fever		
SEA/Haem.Fev./67 SEA/VBC/64	Dengue/dengue haemorrhagic fever in Indonesia (INO CTD 001), 28 June – 17 July 98	Dr D.J. Gubler

Document	Title	Author
SEA/Haem.Fev./68	Dengue/dengue haemorrhagic fever prevention and control programme in Thailand – Report of an external review, Bangkok (ICP CTD 001), 25 March – 10 April 1999	Regional Office
Health Education		
SEA/HE/179	Improving rural community access to primary health care (MMR DHS 002), 8 March – 7 June 1998	K.R.Bimal Chapagain
SEA/HE/180	WHO mega country iinitiative on health promotion – Report of an intercountry consultation, New Delhi (ICP HSD 021), 4-6 February 1999	Regional Office
Hepatitis		
SEA/Hepat/3	Hepatitis B in south-East Asia Region (GLO VID 012), 8 March – 5 June 1998	Dr Rusdi Aliudin
Health Laboratory Methods		
SEA/HLM/311	Strategies for safe blood transfusion – Outcome of a consultation held in July 1997 (ICP OCD 041)	Dr Z.S. Bharucha/ Regional Office
SEA/HLM/312	Quality assurance in health care (ICP NHP 001), 23 April 1997 – 2 July 1998	Dr Nuha Adel Ikhdair
SEA/HLM/313	Improving rural community access to PHC quality control of laboratories, Myanmar (MMR DHS 002), 30 March – 1 June 1998	Dr K.B. Sharma
SEA/HLM/314	Monitoring of good laboratory practices (Calcutta Polio Laboratory, Institute of Serology, Calcutta, India) (IND GEE 030), 6 January – 5 March 1998	Dr Ana Maria Bispo de Fillippis
SEA/HLM/315 SEA/Drugs/142	Quality assurance of pharmaceuticals in DPR Korea (ICP DAP 010), 6-26 October 1998	Dr Mrinal Kanti Majumdar
SEA/HLM/316	Strengthening of public health laboratories, including national reference laboratories in DPR Korea (KRD EHA 020), 5-30 November 1998	Dr K.B. Sharma
SEA/HLM/317	Quality assurance in blood transfusion services in SEAR countries – Report of an intercountry training workshop, Bangkok (ICP THC 001), 24-28 August 1998	Regional Office
SEA/HLM/318 SEA/Drugs/144	Standardization and validation of potency testing of oral polio vaccine and measles vaccine at the National Quality Control Laboratory of Drug and Food, Indonesia (INO DAP 011), 9-27 November 1998	Fred W. van Nimwegen

Document	Title	Author
Health Secretaries' Meeting		
SEA/HS Meet/4	Fourth meeting of Health Secretaries of SEAR, New Delhi (ICP HSD 001), 15-17 February 1999	Regional Office
Health Services Development		
SEA/HSD/214	Health planning and management (ICP THC 001), 16 March – 29 April 1998	Dr Zakir Husain
SEA/HSD/215	Development of health futures projects in Thailand (ICP THC 001), 19-13 January 1998	Dr Martha J. Garrett
SEA/HSD/216	Development of health futures projects in Thailand (THA HST 061), 24 April – 3 May 1998	Dr Martha J. Garrett
SEA/HSD/217	Hormone analyses in diagnosis and therapy control of endocrine and related diseases, DPR Korea (KDR THC 001), 27 September to 24 October 1998	Dr Christian Bieglmayer
SEA/HSD/218	Meeting of the Working Group on Regional Allocation (ICP RPS 001), 29-31 July 1998	Regional Office
SEA/HSD/219	Review of WHO collaborative programme, DPR Korea (ICP RPS 001), 21 September – 20 October 1998	Dr M. Thangavelu
SEA/HSD/220	*Number not used.*	
SEA/HSD/221	Intercountry meeting on hospital accreditation, Bangkok (ICP DHS 001), 7-11 December 1998	Dr Humberto M. Novaes
SEA/HSD/222	Evaluation of PHC intensification in 12 districts in Bangladesh (BAN DHS 001), 1 September – 14 October 1998	Dr Mya Tu
SEA/HSD/223	GATS and international trade in health services in South-East Asia Region (ICP COR 001), March-September 1998	Ms Usha Vohra
SEA/HSD/224	Improving rural community access to PHC (MMR DHS 002), 31 October 1997 – 30 January 1998	Dr Atul Shah
SEA/HSD/225	Health Ethics in South-East Asia – Vol. 1	Dr N. Kasturiaratchi Reidar Lie and Dr Jens Seeberg
Health Statistics		
SEA/HS/208	Intercountry Training Course on Medical Records and Health Information Management, Yangon, Myanmar (ICP HST 001), 16 November – 11 December 1998	Ms Susan Mary Walker Ms Jennifer Ann Nicol Ms Joy Patricia Smith

Document	Title	Author
SEA/HS/209	Health situation in the South-East Asia Region (ICP HST 001), 1994-1997	Regional Office
SEA/HS/210	Vital registration system in Maldives (MAV HST 001), 17 August – 25 September 1998	S.S. Srivastava
SEA/HS/211	Review of morbidity data, medical records, and use of ICD-10 in Nepal, (ICP HST 001), 22-26 March 1999	Dr R.L. de Sylva
SEA/HS/212	Review of morbidity data, medical records, and use of ICD-10 in Bangladesh, (ICP HST 001), 5-8 April 1999	Dr R.L. de Sylva
SEA/HS/213	Review of morbidity data, medical records, and use of ICD-10 in Bhutan (ICP HST 001) 12-19 April 1999	Dr R.L. de Sylva
Malaria		
SEA/MAL/202	Review of the Asian Collaborative Training Network for Malaria (ACTMalaria) (ICP HSD 021), 7-27 May 1998	Dr Rossi Sanusi
SEA/MAL/203	Multi-drug resistance and possible measures aimed at retardation of its evaluation and spread, Myanmar (ICP CTD 010), 4 December 1997 – 3 May 1998	Dr Mikhail N. Ejov
SEA/MAL/204	Evaluation of the regional collaborative programme on monitoring the therapeutic efficacy of antimalarial drugs for treatment of uncomplicated Falciparum malaria (ICP CTD 010 and GLO CTD 010), 23 June – 29 August 1998 and 7 September – 25 December 1998	Dr Mikhail N. Ejov
SEA/MAL/205	Training Course for Trainers in Management of Severe and Complicated Malaria, India (ICP CTD 001), 14 October – 24 November 1998	Dr Polrat Wilairatana
SEA/MAL/206	Modifications of the malaria treatment regimen employed in high-risk areas of Bhutan (ICP CTD 001), 14-20 February 1999	Dr Warther H. Wernsdorfer
SEA/MAL/207	National malaria control programme managers meeting, Pattaya, Thailand (ICP CTD 001), 22-27 February 1999	Regional Office
Maternal and Child Health		
SEA/MCH/212	Strategies for adolescent health and development in South-East Asia Region – Report of an intercountry consultation (ICP RPH 001), 26-29 May 1998	Regional Office
SEA/MCH/213	Development of reproductive health services – Bangladesh (BAN RPH 001), 1 April – 30 June 1998	Dr G.B. Nainani

Document	Title	Author
Mental Health		
SEA/Ment./111	Street and working children – Report of a consultation, New Delhi (ICP MNH 001), 1-3 April 1998	Regional Office
SEA/Ment./112 SEA/NCD/41	Regional Consultation on a Policy Framework and Plan of Action for Tobacco and Alcohol Control, Bangkok (ICP HEP 001), 12-16 October 1998	Regional Office
SEA/Ment./113	Street and working children – Report of a consultation, Kathmandu (ICP MNH), 8-11 December 1998	Regional Office
Noncommunicable Diseases		
SEA/NCD/39	Development and strengthening of national programme for diabetes mellitus prevention and control in South-East Asia (ICP RPS 002), 5 November – 10 December 1997 and 23 February – 30 May 1998	Dr J. Leowski Jr.
SEA/NCD/40	Prevention and control of diabetes mellitus – Report of an intercountry workshop, Dhaka (ICP HSD 021), 27-30 April 1998	Regional Office
SEA/NCD/41 SEA/Ment./112	Regional Consultation on a Policy Framework and Plan of Action for Tobacco and Alcohol Control, Bangkok (ICP HEP 001), 12-16 October	Regional Office
SEA/NCD/42	Noncommunicable disease control in South-East Asia (ICP NCD 001), 4 January – 3 March 1999	Dr Vijay Chandra
Nursing		
SEA/Nurs./418	Development of a national strategic plan of action for nursing and midwifery workforce development in Indonesia (INO HRH 001), 8 December 1997 to 8 June 1998	Dr Farinaz Parsay
SEA/Nurs./419	Strengthening of Nursing Council in Nepal (NEP HRH 011), 1 March – 3 June 1998	Ms Rosemary Bryant
SEA/Nurs./420	Strengthening of nursing service management in Bhutan (BHU HRH 001), 8 September – 19 December 1998	Ms Pauline Hale
SEA/Nurs./421	Implementation of standards of midwifery practice for safe motherhood in SEAR countries – Report of an intercountry consultation, New Delhi (ICP HRH 001), 24-26 November 1998	Regional Office

Document	Title	Author
Nutrition		
SEA/NUT/142	Implementation of the research agenda of International Conference on Nutrition – Report of an intercountry workshop, New Delhi (ICP NUT 001), 25-27 February 1998	Regional Office
SEA/NUT/143	Development and implementation of national plans of food safety (ICP NUT 001), 16-30 August 1998	Anthony Hazzard
SEA/NUT/144	Development of a strategic plan for food safety in SEAR (ICP NUT 001), 25 October – 4 November 1998	Anthony Hazzard
Poliomyelitis		
SEA/Polio/16	APS surveillance in Bangladesh (ICP VID 001), 30 January – 20 February 1998	Dr Ville Postilla
SEA/Polio/17	Joint national and international review of the progress of polio eradication in India (ICP GEE 030), 13-26 September 1998	Regional Office
SEA/Polio/18	National immunization days and AFP surveillance in DPR Korea (GLO EHA 021), 16 September – 13 December 1997	Dr Yuping Du
SEA/Polio/19	AFP surveillance in Bangladesh (ICP GEE 030), 29 August – 20 November 1998	Dr Kohei Toda
SEA/Polio/20	Report on visit to Bangladesh (ICP GEE 030), 2-6 May 1999	Dr Harsh Vardhan
Rabies		
SEA/Rabies/22	Regional strategy for elimination of rabies – Report of an informal consultation, New Delhi (ICP OCD 001), 31 March – 2 April 1998	Regional Office
Research		
SEA/Res./110	Report of the first joint session of South-East Asia ACHR and MRC meeting, Colombo (ICP RPS 001), 21-24 April 1998	Regional Office
Rehabilitation		
SEA/Rehab./75	Strengthening training of health workers in community-based rehabilitation – Report of an intercountry consultation (ICP NCD 001), 3-7 May 1999	Regional Office

Document	Title	Author
Traditional Medicine		
SEA/Trad.Med./79	Development of traditional medicine in Myanmar (ICP TRM 001), 16 March – 15 April 1999	Dr P.N. V. Kurup
Tuberculosis		
SEA/TB/210	Strengthening of the National Tuberculosis Programme in Myanmar (MMR DHS 002), 8 February – 12 May 1998	Dr S.P. Tripathy
SEA/TB/211	Combating tuberculosis: Principles for accelerating DOTS coverage (ICP TUB) 030)	Regional Office
SEA/TB/212	Development of TB control programme in SEAR (ICP TUB 030), 5 November 1998 – 6 January 1999	Dr Kazi Belayet Ali
SEA/TB/213	NGOs and TB control – Principles and examples for organizations joining the fight against TB (ICP TUB 030)	Regional Office
SEA/TB/214	Accelerating TB control in SEAR – Report of the fourth meeting of National Tuberculosis Programme Managers, Bangkok (ICP TUB 030), 21-30 November 1998	Regional Office
SEA/TB/215	Tuberculosis and HIV – Some questions and answers (ICP TUB 030)	Regional Office
SEA/TB/216	National Tuberculosis Control Programme, Indonesia (INO TUB 030), August 1996 – December 1998	Dr Liisa Parkkali
SEA/TB/217 SEA/HLM/319	Laboratory methods for TB control – Report of an intercountry training workshop, Jakarta, Indonesia (INO TUB 001), 20-24 April 199	Regional Office
Vaccine		
SEA/Vaccine/130	Vaccine procurement and management – Report of the second intercountry workshop, New Delhi (ICP VID 001), 1-4 December 1998	Regional Office
Vector-Borne Disease Control		
SEA/VBC/62	Identification and confirmation of sibling species of malaria vectors – Report of an intercountry workshop (ICP CTD 001), 15-27 September 1997	N.L. Kalra
SEA/VBC/63	Disease vector surveillance and control at ports/airports, Maldives, Sri Lanka and Thailand – A case study (ICP CTD 001), 3-23 June 1998	Regional Office

Document	Title	Author
SEA/VBC/64 SEA/Haem.Fev./67	Dengue/dengue haemorrhagic fever in Indonesia (INO CTD 001), 28 June – 17 July 1998	Dr D.J. Gubler
SEA/VBC/65	Disease vector surveillance and control at ports and airports – Report of a regional consultation, Bangkok (ICP CTD 001), 26-29 October 1998	Regional Office
Women, Health and Development		
SEA/WHD/7	Partnerships for health development with focus on women's health and development – Report and documentation of the technical discussions held during the 51st session of the WHO Regional Committee for South-East Asia, New Delhi, 7-11 September 1998	Regional Office

2. Meetings and Courses Organized in the South-East Asia Region

Date	Title of Activity	Location
1998		
6-17 July	Intercountry Training Course on Intergrated Management of Childhood Illness (IMCI) at First Level Health Facilities	Semarang, Indonesia
13-15 July	Intercountry Meeting on Dynamics of Paramedical Workforce in SEAR	Kandy, Sri Lanka
20-24 July	Meeting on Suicide Prevention	Pattaya, Thailand
28-30 July	Task Force Border Meeting of Bangladesh/Bhutan/ India/Nepal	Patna, India
29-31 July	Meeting of the Working Group on Regional Allocation	Bangkok
21 August	Workshop of the Chairpersons of the National Certification Committees for Polio Eradication in WHO SEA Region	New Delhi
24-28 August	Task Force Malaria Border Meetings on BAN, IND, MMR and THA	Pattaya, Thailand
24-28 August	Intercountry Training Workshop on Quality Assurance Methodologies in Blood Transfusion Services	Bangkok
3-5 September	Sixteenth Meeting of Ministers of Health of the Countries of WHO South-East Asia Region	New Delhi
5-7 September	Thirty-fourth Meeting of Consultative Committee for Programme Development and Management	New Delhi
7-11 September	Fifty-first Session of the Regional Committee for SEA	New Delhi
14-18 September	Fourth Consultation on EPI Vaccine Supply and Quality	Kasauli, India
20 September - 4 October	Intercountry Workshop on CFC Free Refrigeration Technique and Photovoltaic Maintenance	Auroville, India
5-7 October	Final Meeting of Principal Investigators in Ethics	Bangkok
12-16 October	Regional Consultation on a Policy Framework for Tobacco and Alcohol Control	Bangkok
14-24 October	Forty-seventh Meeting of RD with WRs	New Delhi
25 October – 3 November	Workshop on Epidemiological Surveillance and Epidemic Response	Kathmandu
26 October – 6 November	Intercountry Training Course on Integrated Management of Childhood Illness	Kathmandu

Date	Title of Activity	Location
26-29 October	Intrercountry Consultative Meeting on Disease Vector Surveillance and Control at Air and Sea Ports	Bangkok
27-29 October	Regional Conference on National Policy Development and National Legislation in Emergency Preparedness and Management	Colombo
27-30 October	Regional Consultation on Development of Strategic Plan for Food Safety in the SEA Region	New Delhi
16-18 November	Regional Consultative Meeting on International Health Development	Bangkok
17-19 November	Regional Consultation on New Approach to Sanitation	Pokhara, Nepal
18-20 November	Third SEAR/WPR Bi-regional Meeting on Control of Communicable Diseases	Chiang Mai Thailand
18 November – 5 December	Workshop on Regional Capacity Building on Breastfeeding Counselling	New Delhi
21-23 November	Fourth Annual Meeting of National Tuberculosis Programme Managers	Bangkok
23-27 November	Inequities in Health in South East Asia: Trends, Challenges and Future Strategies	Thimphu
24-26 November	Intercountry Consultation on Implementation of Standards of Midwifery Practice for Safe Motherhood in SEAR Countries	New Delhi
1-4 December	Second Workshop on Vaccine Procurement and Management	New Delhi
7-9 December	Regional Meeting of Parliamentarians on Economic Crisis and its Impact on Health	Jakarta
7-11 December	Intercounry Meeting on Hospital Accreditation	Bangkok
8-10 December	Intercountry Workshop on the Role of Media and Health Development	New Delhi
8-11 December	Regional Consultation on Special Needs of Street and Working Children	Kathmandu
14-16 December	Intercountry Conference on Quality of Medical Education: Partnership for Action	Kandy, Sri Lanka
14-17 December	Intercountry Review Meeting on Integrated Management of Childhood Illness	Yangon
14-18 December	Intercountry Workshop on Case Management of DF/DHF	Bangkok

Date	Title of Activity	Location
15-17 December	Thirteenth Meeting of National AIDS Programme Mangers	Yangon
15-18 December	Intercountry Consultative Meeting on Epidemiological Surveillance and International Health Regulations	Colombo
1999		
12-15 January	Regional Consultation on Violence Against Women and the Role of the Health Sector	Yangon,
15-17 February	Fourth Meeting of Health Secretaries of the Countries of WHO South-East Asia Region	Bangalore, India
22-27 February	Intercountry Meeting of National Malaria and other VBD Control Programme Managers	Pattaya, Thailand
1-5 March	Workshop on Joint Programming Initiative for Implementation of Programme Budget 2000-2001	New Delhi
8-12 March	Training Course on Health as a Bridge for Peace	Colombo
23-26 March	Intercountry Consultation on District Health Systems/primary Health Care: Updated Strategies and Approaches	Vellore, India
12-16 April	Thirty-fifth Meeting of Consultative Committee for Programme Development and Management	New Delhi
20-22 April	Regional Consultation on Health Cities	New Delhi
20-23 April	Twenty-fourth Advisory Committee on Health Research	Yangon
20-24 April	Regional Training Workshop on Laboratory Methods for TB Control	Jakarta
20-24 April	Intercountry Meeting on Medical Education and Tuberculosis Control with Emphasis on Scientific Basis of DOTS	Bali, Indonesia
2-6 May	Eighth Consultation of Virologists from SEAR Polio Lab Network, Sixth Meeting of SEAR/EPI Technical Consultative Group (TCG) on Vaccine Preventable Diseases and the Seventh Meeting of SEA/EPI Interagency Coordinating Committee	Dhaka
4-7 May	Intercountry Consultative Meeting on Alternative Approaches to Vector Control	Yangon
5-7 May	Regional Workshop on Establishment of Pesticides Poisoning Database in SEAR Countries	New Delhi

Date	Title of Activity	Location
1-4 June	Fifth Meeting of the South-East Asia Nutrition Research-cum-Action Network	Bangkok
1-12 June	Training Course on CFC-free Refrigeration Technique at Centre for Scientific Research	Auroville, India
28-29 June	Meeting of the Advisory Group to Review ICP II Plans of Action for 2000-2001	New Delhi

3. Interregional Activities held outside the Region with Participation from South-East Asia

Dates	Title of activity	Location
1998		
21-26 June	XVI World Conference on Health Promotion and Education	San Juan, Peurto, Rico
13 July – 7 August	Training course on the microbiological analysis of food-borne disease outbreak	Zutphen, Netherlands
13-15 July	Dynamics of Paramedical Workforce	Kandy, Sri Lanka
24-26 July	Conference on School Health	Washington, D.C.
12-21 August	Training Course on Teaching Rational Drug Therapy	Groningen, Netherlands
4-10 October	Joint WHO/ISQUA Meeting	Budapest, Hungary
8 October – 7 December	Training Programme in Quality Control of Pharmaceuticals	Tokyo
13-19 October	Meeting of Heads of WHO Collaborating Centres for the Classification of Diseases	Paris
19-23 October	TFI – Media Advocacy Survey Training	Geneva
19-30 October	Training Course on Drug Evaluation Methodology	Manila
31 October – 3 November	Fourth International Tsukuba Bioethics Round-table	Tsukuba, Japan
4-7 November	Fourth World Congress for Bioethics	Tokyo
23-26 November	5th Asia Pacific Conference on Tobacco or Health	Philippines
2-15 December	Global Burden of Diseases Workshop	Stowe, USA
4-7 December	Global youth tobacco Survey Training	Geneva
7-8 December	Working Group on Training for Poison Control	New Delhi
11-12 December	1998 Asian Regional ENHR Meeting in Vientiane	Vientiane
14-16 December	Towards Quality of Medical Education: Partnerships for Action	Kandy, Sri Lanka

Dates	Title of activity	Location
1999		
11-12 February	Third Informal Consultation on future Development in WHO Activities for Prevention of Deafness and Hearing Impairment	Geneva
15-18 February	Thirteenth Meeting of WHO Programme Advisory Group for Prevention of Blindness	Geneva
1-5 March	Malaria Meeting of the 6 Mekong Countries (SEAR/WPR)	Ho Chimina City, Vietnam
1-6 March	Training Course on Drug Information and Development of Specialized Patient Counselling	Singapore
24-26 March	Global Information Management and Surveillance Systems for a Tobacco Free World	Altanta, USA
25-26 March	Focal Point Meeting of the Mega Country Health Promotion Network	Mexico
8 April – 7 June	Training Programme in Quality Control of Pharmaceuticals	Japan
11-13 April	LEAG Meeting for Coordination with Partners (Partnership) for Leprosy	Geneva
3 May – 2 June	Training Course in Quality Control of Pharmaceuticals	Singapore
17-28 May	Training Workshop on Maternal and Adolescent Nutrition	Salaya, Thailand
17 May – 1 June	Pharmaceutical GMP Training Workshop on Process Validation and Analytical Validation	Kuala Lumpur
31 May – 11 June	Adverse Reactions and Adverse Reaction Monitoring Training Course	Uppsala, Sweden
1-4 June	Fifth Meeting of the South-East Asia Nutrition-Research-cum-Action Network	Salaya, Thailand
8-10 June	Forum 3 Meeting of Global Forum for Health Research on "Health Research and Reducing the 10-90 gap"	Geneva
14-18 June	Ethical Issues in International Health Research	Boston, USA
20-23 June	Seventh International Symposium on Neuro-behavioural Methods and Effects in Occupational and Environmental Health	Stockholm, Sweden

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH - EAST ASIA

REGIONAL COMMITTEE DOCUMENT

DAILY SESSION JOURNAL

No. 3

REGIONAL COMMITTEE

Fifty-second Session
6-11 September 1999

7 September 1999

1. PROGRAMME OF WORK – WEDNESDAY, 8 SEPTEMBER 1999

Plenary

9.00 a.m. to 12.30 p.m.

– Strengthening Poison Control Centres in the Region ***(item 12) – continued***

– Programme Budget ***(item 7)***

15 of 57 resolutions - possible impact on region - need review/clarify CCPDM

– Regional implications of the decisions and resolutions of the Fifty-second World Health Assembly and the 103rd and 104th sessions of the Executive Board, ***and*** Review of the draft provisional agendas of the 105th session of the Executive Board and the Fifty-third World Health Assembly ***(item 9)***

– Special Programmes: ***(item 13)***

13.1 UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases: Joint Coordinating Board (JCB) – Attendance at 1999 JCB

13.2 WHO Special Programme for Research, Development and Research Training in Human Reproduction: Policy and Coordination Committee (PCC) – Attendance at 1999 PCC and nomination of a member in place of Thailand whose term expires on 31 December 1999

13.3 WHO Action Programme on Essential Drugs: Management Advisory Committee (MAC) – Attendance at 1999 MAC

2.00 to 4.00 p.m.

– Resolutions for consideration

– Selection of a subject for the Technical Discussions to be held during the 38th meeting of the Consultative Committee on Programme Development and Management (CCPDM) **(item 8.2)**

– Time and place of forthcoming sessions of the Regional Committee **(item 14)**

Tea/Coffee breaks: 10.30-10.45 a.m.
3.30-3.45 p.m.

Lunch break: 12.30-2.00 p.m.

2. LIST OF PARTICIPANTS

A revised list of participants (document SEA/RC51/12 Rev.1) is being issued separately. Modifications, if any, may be communicated, in writing, to the Reports and Documents Officer, Mr V. Alexeev (Melonee Room, Tel. 8114), or at the Documents Desk in the Plenary Hall.

3. COMMENTS ON THE DRAFT SUMMARY REPORT

Any comments on the draft summary reports circulated to the participants may kindly be communicated, in writing, to Mr V. Alexeev, Reports and Documents Officer, not later than 24 hours after issue.

To facilitate reporting and preparation of the summary report, participants are requested kindly to hand over to Mr Alexeev the text of any statement(s) made during the plenary meetings.

4. RETURN TRAVEL BOOKINGS

Participants who have not so far reconfirmed their return bookings are requested to contact the representative from American Express Travel Services, in the lobby of Ball Room, to reconfirm their return reservations as early as possible. The travel desk will be open during coffee and lunch breaks. Passport must be presented with the airline ticket (except BA). If necessary, they may contact Mr R.M. Wuite, Conference Officer, for assistance.

5. AIRPORT TAX AT DHAKA

If not already included in the cost of the ticket, an airport tax of Takas 275.- is payable at Dhaka International Airport by every passenger departing by international flight.

6. PAYMENT OF HOTEL BILLS

Participants are requested to settle their hotel bills directly with the hotel before departure. Late check-outs are possible. Participants are advised to contact the Reception Desk.

7. ASSISTANCE FOR DESPATCH OF DOCUMENTS

Delegates who wish to have their documents sent by pouch to the WHO Representative of their respective countries, may leave their document bags **(containing documents only)** with Mr V.K. Sethi in the Melonee Room (opposite Ball Room).

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH-EAST ASIA

REGIONAL COMMITTEE

Fifty-second Session

Provisional Agenda item 4

SEA/RC52/1

20 July 1999

REGIONAL COMMITTEE DOCUMENT

PROVISIONAL AGENDA

1.	Opening of the Session	
2.	Sub-committee on Credentials 2.1 Appointment of the Sub-committee 2.2 Approval of the report of the Sub-committee	
3.	Election of Chairman and Vice-Chairman	
4.	Adoption of Agenda and Supplementary Agenda, if any	SEA/RC52/1
5.	The Work of WHO in the South-East Asia Region – Report of the Regional Director for the period 1 July 1997 – 30 June 1999	SEA/RC52/2 and SEA/RC52/Inf. 1 & Inf. 2
6.	Address by the Director-General, WHO	
7.	Programme Budget	
8.	Technical Discussions: 8.1 Consideration of the recommendations arising out of the Technical Discussions on: (1) Tobacco or Health: Actions for the 21st Century, and (2) Intensification of HIV/AIDS Surveillance	
	8.2 Selection of a subject for the Technical Discussions to be held during the 38th meeting of the Consultative Committee on Programme Development and Management (CCPDM)	SEA/RC52/9
9.	Regional implications of the decisions and resolutions of the Fifty-second World Health Assembly and the 103rd and 104th sessions of the Executive Board *and* Review of the draft provisional agendas of the 105th session of the Executive Board and the Fifty-third World Health Assembly	SEA/RC52/10

10.	Roll Back Malaria (RBM) and mainstreaming of anti-malaria activities in health sector development	SEA/RC52/7
11.	Intercountry cooperation in the supply of essential drugs	SEA/RC52/6
12.	Strengthening poison control centres in the Region	SEA/RC52/8
13.	Special Programmes:	SEA/RC52/4
	13.1 UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases: Joint Coordination Board (JCB) – Attendance at 1999 JCB	
	13.2 WHO Special Programme for Research, Development and Research Training in Human Reproduction: Policy and Coordination Committee (PCC) – Attendance at 1999 PCC, and nomination of a member in place of Thailand whose term expires on 31 December 1999	SEA/RC52/5
	13.3 WHO Action Programme on Essential Drugs: Management Advisory Committee (MAC) – Attendance at 1999 MAC	SEA/RC52/Inf.3
14.	Time and place of forthcoming sessions of the Regional Committee	SEA/RC52/3
15.	Adoption of the final report of the fifty-second session of the Regional Committee	
16.	Closure of the Session	

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH-EAST ASIA

REGIONAL COMMITTEE

Fifty-second session

Provisional Agenda item 10

SEA/RC52/7 Corr.1

12 August 1999

REGIONAL COMMITTEE DOCUMENT

ROLL BACK MALARIA AND MAINSTREAMING OF ANTI-MALARIA ACTIVITIES IN HEALTH SECTOR DEVELOPMENT

Corrigendum

In the document SEA/RC52/7 dated 22 July 1999, please make the following changes:

Page 8, section 6:

Item (2), *for* 'Piloting phase (1999-2001)' *read* 'Piloting phase (2000-2001)'

Item (3), *for* 'Operational phase (2001-2006)' *read* 'Operational phase (2002-2006)'

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH-EAST ASIA

REGIONAL COMMITTEE

Fifty-second session

Provisional Agenda item 10

SEA/RC52/7

22 July 1999

REGIONAL COMMITTEE DOCUMENT

ROLL BACK MALARIA AND MAINSTREAMING OF ANTI-MALARIA ACTIVITIES IN HEALTH SECTOR DEVELOPMENT

CONTENTS

Executive Summary

Roll Back Malaria is a global initiative against malaria implemented through health sector development that could foster broad-based support for effective anti-malaria intervention to achieve sustainable reduction in malaria cases, especially among the poor who have little access to health services.

As different from previous approaches to malaria control, RBM, as a social movement for better health, draws its strength through improved health sector development. This would facilitate the mainstreaming of malaria control activities into the health system, integrate its implementation through the provision of health care to the poor in a package delivering care, combined with other common diseases and linked with other health programmes.

Under the Ten Guiding Principles, RBM utilizes the existing infrastructure and available resources for malaria control to implement *the Six Strategies of RBM* in the SEA Region:

- Enhanced diagnosis and treatment of malaria (e.g. new diagnostic test, universal access to treatment, combination drugs)
- Disease transmission control (cost-effective integration of vector control tools, e.g., insecticide treated nets, selective vector control, bio-environmental methods)
- Enhanced surveillance (rapid response, policy making, border malaria, and monitoring progress)
- Health sector development (e.g., decentralization, health equity, package delivering care, changing role from implementers of malaria control to leadership, regulation and coordination).
- Community mobilization (empowerment of communities, evidence-based planning and ownership).
- Advocacy (forum for advocacy, strategic investments e.g., mapping, new drugs and vaccines, regional support networks e.g. drug policy, rapid response, etc., health impact assessment, research on reform in health system).

RBM Action Plan envisages political commitment at all levels starting at the highest level of governance. RBM functions through partnerships from the central to the local level and works in synergy based on an Action Plan developed and owned by all partners. The action plan for Roll Back Malaria is as follows:

- A preparatory phase of six months (ending 1999) for advocacy, establishment of partnerships and resource networks, mainstreaming RBM in the health system, and selection of endemic districts representing important malaria paradigms.
- A two-year (2000-01) period of piloting of RBM in selected districts and towns.
- Adoption of a countrywide RBM plan by all countries as a means of improving and reducing malaria-related mortality by half by 2010 and reducing it further in succeeding years.

1. INTRODUCTION

The fact that the poor and those with little access to health care are most affected, malaria is now seen as a developmental and poverty issue. Therefore, the RBM concept and partnership in malaria control as a social movement for better health should be addressed as an integral part of health sector development.

Further, the success of malaria control action will require a political commitment, establishment of a sound legislative foundation to control malaria, optimal use of available resources, establishment of intersectoral linkages, community empowerment, involvement of the private sector/NGO and other health-related programme. The district health system approach and decentralization of decision-making should form the strength of malaria control. Border malaria, multidrug-resistant malaria, population migration, urban malaria etc., are important issues that need to be addressed.

The Intercountry Meeting of National Malaria Programme Managers in Pattaya, Thailand, 22 – 27 February 1999, and the Meeting on Implementation of Collaborative Activities on Roll Back Malaria, held in New Delhi from 4-6 May 1999, concluded that mainstreaming of RBM into health sector development would enhance efforts in achieving the objectives of malaria control.

2. BACKGROUND

In the SEA Region, the overall malaria situation has remained almost static during the last decade with around 3 million confirmed cases annually. Distribution of malaria cases has been uneven and about 10% of the population is exposed to the risk of drug-resistant malaria. Malaria in Asia causes high morbidity, resulting in reduced productivity, loss of family income with impact on economy in general. Death rate is lower compared to Africa but it affects all age groups. In this Region, India contributes 80% of the cases while more than 65% of the deaths occur in Myanmar.

Appreciating the global concern about the deteriorating malaria situation, a Ministerial Conference on Malaria, held in Amsterdam in 1992, endorsed the WHO *Global Malaria Control Strategy* (GMCS). GMCS was subsequently endorsed by the Economic and Social Council (ECOSOC) of the United Nations in 1995, and adopted by the Member Countries.

Dr Gro Harlem Brundtland, Director-General of WHO, initiated a new effort in May 1998 to *Roll Back Malaria* (RBM). RBM envisages better access to malaria interventions to millions of women, children and men, who suffer from poor health equity. Further, RBM draws its strength from past experience with emphasis on partnership, research groups, evidence-based action, political support and civil society organizations. Mortality due to malaria is expected to be halved by 2010 with sustained reduction in the succeeding years and the resultant disease burden due to associated diseases. During 1999, this initiative has been endorsed by resolutions EB103.R9 and WHA52.11.

To make a difference for the prospects of poor people, the focus would be on interventions that could achieve the greatest health gain possible. It would mean that during the implementation process, RBM will be guided by the following principles:

Box 1: Ten Guiding Principles for RBM

- RBM is a social movement supported by many partners, to reduce poverty and promote development.
- RBM is owned by all the partners
- Decisions are made by consensus
- Country priorities drive RBM
- Partners function independently, but in concert
- Partners contribute where they have a comparative advantage - or interest
- Action plans are clear, evidence based, prioritized and adapted to local realities
- RBM is about broadening and strengthening the capacity of health sectors to fight all diseases
- RBM is not a new agency or funding institution
- Mainstreaming of RBM in the health system cannot be judged to be functioning unless they have an impact on malaria.

In recognition of the fact that malaria is still a major public health problem, the governments in the South East Asia Region spend large sums of money on malaria control. Member Countries managed to shift malaria control from autonomous disease control programme by integrating it into the general health services. There is still a need to ensure appropriate priority and effective action to address malaria, within the context of health sector development. With the new emphasis on health-led development, it will require new ways of working and changes in the way resources are used. Therefore, RBM is relevant to SEA countries.

3. OPERATIONALIZATION OF RBM

The operationalization of RBM would be based on the following six strategies: (1) enhanced diagnosis and treatment, (2) disease transmission control, (3) enhanced surveillance, (4) health sector development, (5) community mobilization, and (6) advocacy. The health sector and national partners assume the responsibility to carry out situation analysis and to prepare RBM joint action plans at district, provincial and national levels, as appropriate.

3.1 Enhanced Diagnosis and Treatment of Malaria

(1) Early Detection and Prompt Treatment (EDPT)

New techniques, such as rapid antigen diagnostic tests, should be introduced on an operational scale in certain epidemiological settings. RBM should ensure universal access of drugs to the populations at risk, which means appropriate and affordable first-line

anti-malarial drugs and effective second-line treatment at the periphery level. Access to health care should also mean access to other effective anti-malaria measures, particularly reduction of transmission. Development of new drugs and drug combinations are needed to combat resistant malaria so as to prolong the life of existing drugs.

(2) Improving access to health care

Because of the poor quality of public sector facilities and the lack of public confidence, *private sector* plays a dominant role in treatment. There is thus a need for an effective regulatory function to protect public health interest and secure the quality of service rendered by the private sector.

(3) Drug resistance

The epicentre of multidrug-resistant strains in Thai-Cambodian and Thai-Myanmar areas along the international borders are considered a threat to the world as a potential source of multidrug-resistant malaria.

Assessment of the changing patterns of drug resistance through monitoring of therapeutic efficacy of anti-malarial drugs by using the WHO protocol should be conducted at regular intervals, particularly when drug failures are reported by clinicians.

3.2 Disease Transmission Control

Under RBM, countries should adopt a truly integrated vector management (IVM) approach and apply the best practices (Box 2) for sustainable transmission reduction.

Box 2: Application of Best Practices

- Expanding the use of GIS (geographical information system) and RS (remote sensing) for the monitoring of critical environmental determinants of malaria transmission risk.
- Obtain government commitment for IVM as best practice in vector control, including malaria in health sector development and intersectoral action.
- Strengthening of local environmental health services, where applicable, to perform essential functions in support of integrated vector management.
- Give ministries of health the proper regulatory powers within an effective legal framework, to ensure that other sectors comply with their responsibilities in risk management.
- Pursue an active partnership with the District Development Officer to achieve intersectoral action at the district level.

The process of IVM intervention should use evidence-based decision-making criteria to arrive at the most cost-effective mix of vector management methods. Methods should include the use of ITN, biological control and environmental modification.

3.3 Enhanced Surveillance

(1) Malaria epidemics

Prediction of and early response to epidemics in unstable malarious areas should be a national priority. Early recognition of epidemics is important in mobilizing resources to prevent deaths. Box 3 gives the core indicators to assess morbidity and mortality due to malaria on a continuing basis.

(2) Monitoring of drug resistant malaria

Regular assessment of changing pattern of drug resistance should be the basis for drug policy to ensure effective treatment for malaria.

(3) Border malaria

Synchronized control strategies. Malaria along international borders is a serious problem. Malaria control along the borders would greatly benefit from partnership under RBM through a dialogue with neighbouring countries to act jointly in a synchronized intercountry malaria control strategy.

(4) Monitoring progress

Box 3: Core Standard Indicators

Impact Indicators

(1) Morbidity attributed to malaria

- Number of cases of UM (clinical/confirmed) among target groups/unit population
- Number of cases of SM (clinical/confirmed) among target groups/unit population
- Number of MTF/per No. of treated patients. Reported according to each drug used

(2) Mortality attributed to malaria

- Number of malaria deaths (clinical/confirmed) among target groups/unit population
- Proportion of clinical/confirmed deaths due to malaria among patients with SM admitted to a health facility

Outcome and Output Indicators/Operational Indicators

(1) Management of antimalarial drugs (percentage of health facilities reporting no rupture of stock of antimalarial drugs during the past three months)

(2) Reporting coverage (percentage of districts regularly reporting the above to the national programme on a monthly basis for the past 12 months)

(3) Universal access to effective treatment (percentage of priority areas having access to treatment and referral system)

(4) Target population under personal protection (percentage of population in priority areas under personal protection)

(5) Rapid response team (percentage of priority districts having early warning system and trained rapid response teams)

UM: uncomplicated malaria, SM: severe malaria, MTF: malaria treatment failure

3.4 Health Sector Development

(1) RBM is a social movement for better health

RBM, as a social movement for better health, should focus on providing access to the poor who suffer from malaria the most. Therefore, RBM should be a part of poverty alleviation action. The community and the private sector would have the opportunity to play important roles in the delivery of effective anti-malaria interventions, particularly in primary prevention and treatment of malaria. As a consequence, RBM should also be part of the changing role of malaria control programme – from being a delivery agent to leadership, coordination and regulatory function. Quality control and standard setting should remain the responsibility of the government.

(2) Mainstreaming RBM

The RBM initiative has recognized the need to adhere to principles of decentralization and local ownership of health programmes as basic principles in health sector development.

RBM should be an integral part of health sector development and work through the primary health care (PHC) system for effective action against malaria. This will involve transfer of resources, delegation of authority to district or sub-district levels and empowerment of local authorities and communities to identify needs and priorities. Strengthening of health sector development would facilitate mainstreaming of RBM and benefit other health programmes.

(3) Strengthening district health system

RBM's managerial capacity should be the lead in developing district action plan in line with the package concept of health care. Information, education and communication (IEC) activities should be intensified for both the people and providers at all levels, and decentralized planning based on partnerships should lead to proactive action and optimal utilization of resources.

3.5 Community Mobilization

The programmes should address health issues arising through enhanced community awareness and knowledge about disease prevention, diagnosis and treatment, as well as through local operational research activities. Bottom-up planning should be the core principle where decision-making and planning capacity will be based at the level where the problem occurs i.e. local-level planning, disease surveillance, monitoring of programme activities, resource allocation, IEC, training, vector control etc. Epidemiological information would be analysed at the local level for proactive action in developing evidence-based planning. However, national-level competence and coordinating functions should be retained or developed at the central level during the process of decentralization and thereafter.

3.6 Advocacy

Creation of a forum for joint advocacy and resource mobilization as a common ground to bring malaria to the forefront in health sector development. The forum would institutionalize a mechanism for maintaining partnerships aimed at agreed joint action plan and implemented in a concerted effort, exploring the possibility of redirecting some resources and giving access to those who need them.

4. REGIONAL SUPPORT NETWORKS

4.1 The Assets

The SEA Region has a strong infrastructure available for the implementation of RBM, as for example:

- indigenous production of insecticides, drugs, mosquito nets, equipment, transport;
- training facilities for all categories of health staff and other functionaries;
- experienced technical personnel in malaria control and related areas;
- well-developed grassroots health infrastructure
- advanced centres of basic, applied and field research;
- a network of educational and research institutions, colleges, universities;
- W H O collaborating centres;
- indigenous resources to sustain the RBM initiative.

4.2 Support Networks

(1) Technical support

To countries to address core issues, review, monitor and act as channel of information on priority issues such as:

- drug policy and monitoring drug efficacy;
- monitoring and evaluation of surveillance systems and epidemic preparedness and response;
- disease transmission control, and
- advocacy through media communication and country partnerships.

(2) Regional network for rapid responses

In case of emergencies/epidemics, regional support network provides assistance with emphasis on surveillance system, reviews of epidemics, dissemination of information, and provision of emergency supplies.

(3) Strategic investments

New areas of strategic investment should be closely linked with partnership initiative as to ensure concerted and sustainable efforts for RBM. The areas identified include the following:

- Regional networks that will support multi-centre studies and fund-raising advocacy to facilitate vaccines and new drugs development research and operational research. Health policy research, such as socioeconomic research on malaria integrated intervention and sustainable strategies; health indicators (incorporating malaria) for situation analysis and rapid response incorporating information technology; GIS (and possibly remote sensing) for analysis of the epidemiological and ecological situation, including mapping of drug resistance based on monitoring therapeutic efficacy.
- Utilization of health impact assessment in projects and mitigating strategies in the improvement of health and research on reforms in health systems for planning and implementation of RBM.
- There is an urgent need for more coordinated work in search of new drug with partners e.g., the industry, UN Agencies (WHO, UNICEF) World Bank, research organizations, etc. WHO should take the lead in negotiation with RBM partners in the industry to convince them to make available the techniques at an affordable price for developing countries.

5. INITIATING RBM ACTION AT COUNTRY LEVEL

National commitment for action against malaria would indicate RBM is instrumental in reducing inequity and promoting human development through mobilization of all resources.

Policy-making. National governments determine the goals, strategy, organization and operating procedures for RBM. RBM involves a situation analysis and strategy development, a process led by national authorities and involving partners. Action against malaria mainstreams into the health system with partners in RBM providing support within the context of sectorwide approach to health development. RBM should now be seen as a social movement for better health. Instead of being sole implementers, the National Malaria Control Programme should *assume a new role* of leadership, regulation and coordination.

Working with partners. Working in partnership for common objectives, using agreed strategies in a transparent manner with emphasis on local solutions to local problems. Within the context of these principles, attempts are made to ensure that partners have sufficient flexibility and autonomy to make the fullest possible contribution in a concerted effort to RBM. WHO will establish a functioning partnership with a range of organizations at global, regional and country levels. This will result in the development of a sustained capacity to address malaria (and other priority health problems). WHO's partnership in RBM will include malaria endemic countries, UNDP, UNICEF, World Bank, bilateral development agencies, nongovernmental organizations (NGOs) and the private sector.

Improve access to health care. Wider distribution of anti-malarial (first-line) drugs through public and private sectors would reduce morbidity and mortality due to malaria. Efforts to educate communities and individuals in the home treatment of malaria and on strengthening support and supervision of treatment services, collaboration with professional associations for quality assurance would prove rewarding and should be encouraged under

RBM. Realizing that malaria is the disease of the poor who have little access to health services, RBM should be considered as one of the priority areas in providing health care to the poor. In this case, provision of health services should be a package delivering care to other common diseases affecting local communities, such as anaemia, acute respiratory infection, diarrhoea and intestinal worms, and it should be linked with other health programmes such as MCH, IMCI, school health, health education, etc.

Selective vector control. Working with partners in implementing selective vector control towards an integrated approach should replace traditional routine residual spraying operations. Chemical control remains, nevertheless, the mainstay in this concept.

Forum for advocacy. RBM advocacy for change in the organizational set-up should address the new role of district health managers. Emphasis should be on multi-sectoral involvement and partnership development, community participation, local leadership for participatory planning and supervision, political support e.g. Panchayat, Union Parishad, other local government bodies, village development committees, etc., coordination of NGOs and other social organizations, including the private sector. The forum represents all possible leaders, e.g. political, administrative, technical, traditional, corporate, private sector; interested groups, e.g. trade unions, environmentalists etc., and partners, e.g. international, national, regional, provincial, district and local levels. At the district level, this forum may be called District Malaria Society or District Health Forum etc., while at the national level, it may be called Inter-ministerial Coordinating Committee or RBM Core Group for Partnerships.

6. ROLL BACK MALARIA ACTION PLAN

The strategic action plan for the SEA Region would comprise three phases:

(1) Preparatory phase (Till the end of December 1999)

- Development of guidelines for implementation of the strategies
- Political commitment at all levels
- Formulation of national strategies and development of partnerships plan
- Situation analysis leading to the selection of districts for the piloting of RBM
- Establishment of resource networks to address the core issues in malaria.

(2) Piloting phase (1999-2001)

- Situation analysis of the districts and identification of problems at the local level
- Time-bound action plan for RBM
- Advocacy for RBM, identification of partners, assignment of responsibilities and resource mobilization
- Integrated malaria control in synergy with health development
- Assessment and lessons learnt.

(3) Operational phase (2001-2006)

- A five-year RBM action plan to be developed by countries involving all partners, vital inputs to come from the pilot phase and resource networks.

7. POINTS FOR CONSIDERATION

(1) National commitment to support the new role of malaria control programme

In the context of RBM, the malaria control programme will assume a new role of leadership, regulation and coordination instead of being the sole implementer and delivery agent. To meet these objectives, Member Countries need to develop sustainable broad-based partnership with the private sector, health-related industries, medical associations, teachers' associations, local governments and other related civil societies as well as other potential partners, including donors.

What new policies are needed to sustain effective partnerships for RBM?

(2) A social movement for better health

RBM should draw its strength by mainstreaming malaria control activities as part of health sector development. RBM should facilitate the provision of health care to the poor and those who have little access to health care. Priority will be on the delivery of the package of health care to malaria and other common diseases and linked with other health programmes. The way in which the health system tackles malaria – particularly among poor people – is the key element of the assessment of that system's overall performance.

What changes may be needed in policies and mechanisms within the ministry of health to facilitate mainstreaming of RBM in health sector development?

(3) Capacity building

Capacity building needs to be accorded the utmost priority. The RBM approach to capacity development should ensure that malaria expertise should be available, wherever it is needed, throughout the health sector. WHO's assistance can be explored to support training activities to create a core of motivated individuals with upgraded skills who would, in turn, impart training to health personnel at different levels of health care.

How can the required human and other resources be mobilized?

(4) Strategic investment

The development of appropriate technology would strengthen RBM implementation. New areas of strategic investment should be evidence-based and closely linked with partnership initiative to ensure concerted and sustainable efforts in RBM.

How can partnerships in strategic investment be initiated?

(5) Regional support network

The available resources and expertise in the Region should be fully utilized. In order to promote regional exchange of experience and information, there must be ways to create a network of expertise among Member Countries to address priority issues, such as drug policy and monitoring surveillance systems, epidemic preparedness and response, disease transmission control and advocacy through media communication and country partnerships.

Under what mechanism could WHO foster regional support?

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH-EAST ASIA

REGIONAL COMMITTEE

Fifty-second session

Provisional Agenda item 9

SEA/RC52/10 Corr.1

20 August 1999

REGIONAL COMMITTEE DOCUMENT

REGIONAL IMPLICATIONS OF THE DECISIONS AND RESOLUTIONS OF THE FIFTY-SECOND WORLD HEALTH ASSEMBLY AND THE 103RD AND 104TH SESSIONS OF THE EXECUTIVE BOARD

AND

REVIEW OF THE DRAFT PROVISIONAL AGENDAS OF THE 105TH SESSION OF THE EXECUTIVE BOARD AND THE FIFTY-THIRD WORLD HEALTH ASSEMBLY

Corrigendum

In the document SEA/RC52/10 dated 15 July 1999, please make the following changes:

Page 2, First para:

First line, *for* 'Forty-second', *read* 'Fifty-second'

Page 3, First para:

Seventh line, *for* 'WHA52' *read* 'WHA52.17'

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH-EAST ASIA

REGIONAL COMMITTEE

Fifty-second Session

Provisional Agenda item 9

SEA/RC52/10 Add.1

18 August 1999

DRAFT PROVISIONAL AGENDAS OF THE 105TH SESSION OF THE EXECUTIVE BOARD AND THE FIFTY-THIRD WORLD HEALTH ASSEMBLY

1. In accordance with the Rules of Procedure of the Executive Board, the provisional agenda of each session shall be drawn up by the Director-General in consultation with the Chairman. It shall be despatched with the notice of convocation six weeks before the commencement of a session.

2. The attached indicative list of items for the 105th session of the Executive Board will be the subject of further consultation between the Director-General and the Chairman. It includes items requested by the Health Assembly or the Board at a previous session, proposed by members of the Board, and proposed by the Director-General. It is submitted to the regional committees for information.

3. In accordance with the Rules of Procedure of the Health Assembly, the Board shall prepare the provisional agenda of each regular session of the Health Assembly after consideration of proposals submitted by the Director-General.

INDICATIVE LIST OF ITEMS FOR THE 105TH SESSION OF THE EXECUTIVE BOARD

1. Opening of the session and adoption of the agenda

2. Gearing up for the next four years
   - Director-General's report
   - Towards a strategic agenda for the WHO Secretariat
   - Programme budget priorities for 2002-2003
   - Working in and with countries
   - Draft policy on extrabudgetary resources

3. Technical and health matters
   - Food safety: the role of WHO
   - WHO framework convention on tobacco control
   - HIV/AIDS

4. Staff development and support
   - Human resources: annual report
   - Statement by the representative of the WHO staff associations on matters concerning personnel policy and conditions of service

5. Collaboration within the United Nations system and with other intergovernmental organizations

6. Implementation of budget resolutions (resolutions EB103.R6 and WHA52.20)

7. Management and financial matters
   - Appointment of the Regional Directors for Africa and Europe
   - Use of languages in WHO
   - Review of WHO collaborating centres: progress report
   - Other management issues
     - Status of collection of assessed contributions, including Members in arrears in the payment of their contributions to an extent which would justify invoking Article 7 of the Constitution
     - Casual income
     - Real Estate Fund
     - Financial Regulations and Rules
     - Report of the International Civil Service Commission
     - Confirmation of amendments to the Staff Rules
     - Reports of the Joint Inspection Unit
     - Collaboration with nongovernmental organizations: report of the Standing Committee on Nongovernmental Organizations

- Legal issues
  - Participation of WHO in the 1986 Vienna Convention on the law of treaties between States and International organizations or between international organizations
- Executive Board matters
  - Amendments to the Rules of Procedure of the Executive Board on election of the Chairman
  - Membership of the Audit Committee
  - Provisional agenda for and duration of the Fifty-third World Health Assembly
  - Date and place of the 106th session of the Executive Board
- Awards

8. Matters for information
   - Report on meetings of expert committees and study groups (including report on appointments to expert advisory panels and committees)
   - Implementation of resolutions and decisions
     - Global Alliance for Vaccines and Immunization (resolution WHA44.4)
     - Revised drug strategy (resolution WHA52.19)
     - Health promotion (resolution WHA51.12)
     - Elimination of transmission of Chagas disease (resolution WHA51.14)
     - Technical cooperation among developing countries (resolution WHA42.37)
     - Infant and young child feeding (resolution WHA33.32)

9. Closure of the session

EB Members from Regional need adeq. briefing by Reg Office to protect interest of LDC.
Shd not be ↓ > 3%/year.
Polio, malaria, HIV/AIDS – need assess – tech. response
arsenicosis combat needs support

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH-EAST ASIA

REGIONAL COMMITTEE

Fifty-second session

Provisional Agenda item 9

SEA/RC52/10 Add.2

5 September 1999

REGIONAL COMMITTEE DOCUMENT

REGIONAL IMPLICATIONS OF THE DECISIONS AND RESOLUTIONS OF THE FIFTY-SECOND WORLD HEALTH ASSEMBLY AND THE 103RD AND 104TH SESSIONS OF THE EXECUTIVE BOARD

AND

REVIEW OF THE DRAFT PROVISIONAL AGENDAS OF THE 105TH SESSION OF THE EXECUTIVE BOARD AND THE FIFTY-THIRD WORLD HEALTH ASSEMBLY

This document contains highlights of the discussions and recommendations made by the Thirty-sixth Meeting of the Consultative Committee for Programme Development and Management on the subject item.

REGIONAL IMPLICATIONS OF THE DECISIONS AND RESOLUTIONS OF THE 52ND WORLD HEALTH ASSEMBLY AND THE 103RD AND 104TH SESSIONS OF THE EXECUTIVE BOARD

The CCPDM reviewed the resolutions of regional interest adopted by the 52nd World Health Assembly and the 103rd and 104th sessions of the WHO Executive Board. The following are the highlights of the discussions:

Scale of assessment for the financial period 2000-2001 (WHA 52.17)

- There was a need to review the basis of determining assessed contributions. Even though the scale of assessment was determined by the UN General Assembly, it would be useful to have relevant information on the base year on which assessments were determined. The Regional Office was requested to provide this information later.

Towards a WHO framework convention on tobacco control (WHA52.18)

- The solidarity among Member Countries of the Region should be used in protecting regional interests. This was particularly vital in the area of the Programme Budget. There was need for proactive initiatives to ensure that experts from the Region were nominated to the proposed expert group on the destruction of variola virus, Framework Convention for Tobacco Control, etc.

- Since the WHO Framework Convention for Tobacco Control would take a few years to be approved by individual Member Countries, they should proceed with the development of strategies and programmes for tobacco control for early implementation. It should, however, be ensured that countries do not suffer adversely for not implementing the international conventions.

RECOMMENDATIONS TO THE REGIONAL DIRECTOR

1. SEARO should follow-up with WHO Headquarters and keep itself abreast with developments relating to the Framework Convention for Tobacco Control and keep countries in the Region informed of the action being taken.

2. Member countries should formulate activities and plans of action for implementation of tobacco cessation programmes.

3. Member countries should initiate follow-up action on the decisions and resolutions of the WHA/EB at the country level and provide regular feed back to the Regional Office on the actions taken.

4. There should be concerted efforts on the part of the Member countries and WHO, in a spirit of solidarity, for safeguarding the regional interests in the decisions and resolutions of the WHO Governing Bodies.

5. Any adverse implications on the countries arising from the adoption or non-adoption of International Conventions and resolutions of WHA/EB should be carefully assessed and monitored by the countries with appropriate assistance from the Regional Office.

6. The Regional Director should explore with the Director-General the possibility of including at least one expert from the South-East Asia Region in the expert group to be established by her on the destruction of variola virus stock.

REVIEW OF THE INDICATIVE LIST OF ITEMS FOR DISCUSSIONS BY THE 105TH SESSION OF THE EXECUTIVE BOARD

The Committee noted the indicative list of items for discussions by the 105th session of the Executive Board. The following issues emerged during the discussions:

India, Bangladesh, Sri Lanka

- Members of the Executive Board from the Region need to be briefed adequately by WHO Representatives on the process of proposing agenda items of interest to the Region.

- While World Health Assembly resolution (WHA51.31) clearly indicated that the interests of the least developed countries would be protected, it should be ensured that there should not be more than a 3% reduction each year of the regional budget through 2005.

- It would be very useful to include persons who are technically sound in specific health related areas as part of country delegations to WHO Governing Body meetings.

RECOMMENDATIONS TO THE REGIONAL DIRECTOR

1. The Executive Board members from the Region should be advised appropriately on the process of inclusion of any additional agenda item for the EB session.

2. Support for the bilateral efforts of the countries, with assistance from WHO, to deal with cross-border health problems such as poliomyelitis, malaria, HIV/AIDS etc., should be assessed by Member countries with support from SEARO.

3. The possibility of inclusion of technical experts in country delegations to WHO Governing Body meetings should be explored.

4. WHO should continue to support countries in combating the problem of arsenicosis.

SK&W

How agenda items are included - Rule 9 - by WHA, EB, member states, member of EB, Secretariat, WHO, 16 weeks before - will be sent in Provisional Agenda - if later Supplementary Agenda with 8 wks

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH-EAST ASIA

REGIONAL COMMITTEE DOCUMENT

REGIONAL COMMITTEE

Fifty-second Session

Provisional Agenda item 8.2

SEA/RC52/9

25 June 1999

SELECTION OF A SUBJECT FOR THE TECHNICAL DISCUSSIONS TO BE HELD DURING THE 38TH MEETING OF THE CONSULTATIVE COMMITTEE ON PROGRAMME DEVELOPMENT AND MANAGEMENT (CCPDM)

The following subjects have been dealt with in the Technical Discussions held in conjunction with the sessions of the Regional Committee since 1989:

1989	–	Role of epidemiology in health for all
1990	–	Health of the underprivileged
1991	–	Disaster preparedness
1992	–	Balance and relevance in human resources for health for HFA/2000
1993	–	Community action for health
1994	–	Resurgence of tuberculosis – the challenge
1995	–	Alternative financing of health care
1996	–	Quality assurance in laboratory practices
1997	–	Health sector reform
1998	–	Partnerships for health development with focus on women's health and development
1999	–	Tobacco or health: Actions for the 21st century
	–	Intensification of STD/AIDS surveillance

In selecting a subject for the Technical Discussions to be held prior to the fifty-third session in 2000, the Committee may wish to consider the following subjects:

(1) Equity in access to public health

(2) Healthy settings

(3) Mental health – Healthy family life

(4) Polio eradication in the South-East Asia Region

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH-EAST ASIA

REGIONAL COMMITTEE

Fifty-second Session

Provisional Agenda item 13.1

SEA/RC52/4

16 July 1999

REGIONAL COMMITTEE DOCUMENT

UNDP/WORLD BANK/WHO SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES: JOINT COORDINATING BOARD (JCB) – ATTENDANCE AT 1999 JCB

From the region
India, Thailand + Sri Lanka currently members
Bangladesh elected in PCC by RC Jan 2000 – Dec 2002.

1. INTRODUCTION

The Special Programme for Research and Training in Tropical Diseases (TDR) has been set up under the administrative aegis of the World Health Organization (WHO) and is co-sponsored by the United Nations Development Programme (UNDP) and the World Bank.

The Special Programme, which is a long-term endeavour, has two principal goals:

(1) To develop new methods of preventing, diagnosing and treating selected tropical diseases, methods that would be applicable, acceptable and affordable by developing countries, require minimal skills or supervision and be readily integrated into the health services of these countries, and

(2) To strengthen – through training in biomedical and social sciences and through support to institutions – the capability of developing countries to undertake the research required to develop these new disease control technologies.

2. JOINT COORDINATING BOARD

For the purpose of coordinating the interests and responsibilities of the parties cooperating in this Special Programme, a Joint Coordinating Board (JCB) has been established.

2.1 Functions

The JCB shall, for the purpose of coordinating the interests and responsibilities of the parties cooperating in the Special Programme, have the following functions:

(1) Review and decide upon the planning and execution of the Special Programme. For this purpose, it will keep itself informed of all aspects of the development of the Special Programme, and consider reports and recommendations submitted to it by the Standing Committee, the Executing Agency, and the Scientific and Technical Advisory Committee (STAC);

(2) Approve the proposed plan of action and budget for the coming financial period, prepared by the Executing Agency and reviewed by the Standing Committee;

(3) Review the proposals of the Standing Committee and approve arrangements for the financing of the Special Programme in that period;

(4) Review proposed longer-term plans of action and their financial implications;

(5) Review the annual financial statements submitted by the Executing Agency as well as the audit report thereon, submitted by the External Auditor of the Executing Agency;

(6) Review periodic reports which evaluate the progress of the Special Programme towards the achievement of its objectives;

(7) Endorse the proposals of the Executing Agency and the Standing Committee for STAC membership, and

(8) Consider such other matters relating to the Special Programme as may be referred to it by any Cooperating Party.

2.2 Composition

The JCB shall consist of 30 members from among the Cooperating Parties as follows:

(1) Twelve government representatives selected by the contributors to the Special Programme resources;

(2) Twelve government representatives selected by the WHO regional committees from among those countries directly affected by the diseases dealt with by the Special Programme, or from among those providing technical or scientific support to the Special Programme;

(3) Three members, designated by the JCB itself, from among the remaining Cooperating Parties, and

(4) The three Agencies which comprise the Standing Committee.

Members of the JCB shall serve for a period of three years and may be reappointed.

Other Cooperating Parties may, at their request, be represented as Observers upon approval by the JCB.

3. MEMBERSHIP OF JCB FROM THE SOUTH-EAST ASIA REGION

At present, the following three Member States from the South-East Asia Region are members of the JCB:

Country	Period	Selected by	Paragraph of Memorandum of Understanding under which selected
India	1998-2000	Regional Committee	2.2.2
Sri Lanka	1999-2001	Regional Committee	2.2.2
Thailand	1997-1999	JCB	2.2.3

3.1 Nominations under Paragraph 2.2.2

There will be no vacancies for the JCB membership from 1 January 2000 in the South-East Asia Region under paragraph 2.2.2 of the Memorandum of Understanding (governments selected by the WHO Regional Committees). As such, no selection need be made by the Regional Committee at its fifty-second session.

3.2 Nominations under Paragraph 2.2.3

One vacancy will occur on 1 January 2000 under paragraph 2.2.3 of the TDR Memorandum of Understanding (members selected by the JCB itself) as the term of office of Thailand will expire on 31 December 1999. From the South-East Asia Region, the Governments of Nepal and Thailand applied for selection to JCB membership from 2000 and their applications were considered under paragraph 2.2.3 of the Memorandum of Understanding. However, they were not selected.

4. ACTION TO BE TAKEN BY THE REGIONAL COMMITTEE

Noting of the Report on JCB Session

The representatives from India and Sri Lanka attended the 22nd session of JCB, held in Geneva on 24-25 June 1999. A report on the deliberations of the JCB was presented to the 36th CCPDM, which was held from 30 August to 4 September 1999. The Regional Committee may note the report of the representatives from India and Sri Lanka to the 36th CCPDM.

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH-EAST ASIA

REGIONAL COMMITTEE

Fifty-second session

Provisional Agenda item 13.1

SEA/RC52/4 Add.1

4 September 1999

REGIONAL COMMITTEE DOCUMENT

UNDP/WORLD BANK/WHO SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES: JOINT COORDINATING BOARD (JCB) – ATTENDANCE AT 1999 JCB

This document contains highlights of the report to the Thirty-sixth Meeting of the Consultative Committee for Programme Development and Management (CCPDM) made by the representative of Sri Lanka on the subject item.

UNDP/WORLD BANK/WHO SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES: JOINT COORDINATING BOARD (JCB) – ATTENDANCE AT 1999 JCB

The member from Sri Lanka presented the report on behalf of representatives from India, Sri Lanka and Thailand, on participation of these countries in the 22nd Session of the Joint Coordinating Board of the Special Programme for the Research and Training in Tropical Diseases (JCB), held in Geneva in June 1999. The meeting emphasized the important role of the TDR programme in improving the quality of life of populations exposed to tropical diseases and noted that the WHO contribution to the programme's budget had been increased by 25% for the next biennium. The need for providing adequate administrative support to the TDR programme was stressed. The participants at the JCB meeting discussed the Roll Back Malaria Initiative and its principles and key elements such as early detection, prompt treatment, multiple prevention methods, well-coordinated action, dynamic global movement and focused research.

In view of the re-emergence of Tuberculosis and its close association with HIV infections, the JCB agreed to include tuberculosis control into the TDR programme. A proposal to include research pertaining to dengue control in the TDR programme was also endorsed. The need for, and the importance of institutional strengthening, particularly in the least developed countries was also underlined. Malaysia was elected for membership for a period of 3 years from 1.1.2000, under paragraph 2.2.3 of the TDR Memorandum of Understanding.

THE FOLLOWING ARE THE HIGHLIGHTS OF THE CCPDM DISCUSSIONS:

In response to a query about the quantum of funds channelled to Regions/countries under the TDR Programme, out of the estimated US$73 million spent, it was clarified that SEARO did not have complete information since WHO Headquarters mostly handled the provision of support directly to Institutions. The Regional Office was requested to obtain the information and provide it to the Member Countries.

THE CCPDM NOTED THE REPORT PRESENTED BY THE MEMBER FROM SRI LANKA.

1998 – 989,259 US$ – to India, Indonesia, Nepal, Thailand
< 1 million
– mainly goal for drugs & vaccine dev't.
I CHR recommends strengthening intersectoral research capacity/proposals

To apply for TDR –

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH-EAST ASIA

REGIONAL COMMITTEE

Fifty-second session

Provisional Agenda item 7

SEA/RC52/11 Rev.1

5 September 1999

REGIONAL COMMITTEE DOCUMENT

PROGRAMME BUDGET (1998-1999, 2000-2001 AND 2002-2003)

1. 1998-1999

(1) The 3% programme budget implementation reduction effected by the Director-general due to anticipated shortfall in the receipt of assessed contributions will not be returned according to current information.

(2) Obligation of Regular Budget funds made available to SEAR during the biennium was 80% as of 30 June 1999. This is in line with the other regions and HQ. In relation to the target of 100% country activity obligation by 30 September 1999, the standing as of 30 June 1999 was 75%.

(3) As of 30 June 1999, extrabudgetary funds available to SEAR during the biennium amounted to US$61.9 million, of which 61% has been obligated.

(4) Audit observations have indicated the need for improvement in the selection of fellows and appropriate training institutions; termination of studies and utilization of fellows' services reports; and the relationship of training topics selected, compared with those approved in the Plans of Action. In addition, the review of unliquidated obligations, the receipt of local cost financial statements and inventory controls were also identified as areas needing improvement.

2. 2000-2001

REGIONAL IMPLICATIONS OF RESOLUTION WHA52.20

(1) *Format*: The World Health Assembly approved a modified format for the regional programme budget as compared with that agreed during RC51. It reflects, for the regional/inter-country programmes, the 10 appropriation sections modelled on the HQ clusters, and for country programmes, the amounts budgeted for country offices, and for all other activities taken as a whole.

(2) *Efficiency:* The World Health Assembly, when approving a budget representing zero nominal growth, encouraged identification of 2-3% efficiency savings to be diverted to priority programmes, and the Director-General has increased the global amount by $10 million (on top of 3% globally). For SEAR, this amounts to $3.9 million.

(3) *Zero Nominal Growth = Cost increases not approved.* As SEAR had requested 4.9% in cost increases which were not approved, the Director-General has determined that savings must be identified to offset this amount for a total of $4.7 million.

(4) *Total savings required:* A total of $8.6 million has, therefore, been identified within the SEAR approved budget to offset unawarded cost increases and to reallocate efficiency savings to priority activities. These savings have been identified by the Regional Director on the basis of "activity component" areas. They will remain in the country and regional

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH-EAST ASIA

REGIONAL COMMITTEE

Fifty-second Session

Provisional Agenda item 12

SEA/RC52/8

25 June 1999

REGIONAL COMMITTEE DOCUMENT

STRENGTHENING POISON CONTROL CENTRES IN THE REGION

TOWARDS SUSTAINABLE DEVELOPMENT THROUGH SOUND MANAGEMENT OF CHEMICALS

CONTENTS

1. INTRODUCTION

The growing incidence of poisoning from accidental, occupational or intentional exposure to chemicals has drawn worldwide attention. While global incidence of poisoning is not known, it is estimated that up to half a million people die each year as a result of poisonings, due to pesticides and natural toxins. WHO conservatively estimated that though developing countries account for only 15% of the worldwide use of pesticides, about 50% of pesticide poisonings occur in these countries, especially through misuse of chemicals. The exact magnitude of the problem is not known due to inadequate epidemiological data from the Region. However, hospital-based studies and public health surveillance reports clearly indicate increasing incidence and mortality due to chemicals, particularly pesticides.

Clinical and toxicological diagnostic and treatment facilities are often inadequate due to the lack of trained personnel thus requiring strengthening of national capabilities for prevention, diagnosis and treatment. Further, the lack of information on the ingredients of various products available make it difficult to plan and develop national poison policies and control programmes and to provide timely and reliable source of information to doctors and other medical personnel and first responders on the appropriate treatment. Nevertheless, some SEAR countries are in the process of establishing poison information centres while others are just beginning to develop their capabilities.

All governments have recognized, through Agenda 21, adopted by the United Nations Conference on Environment and Development (UNCED) in Brazil, June 1992, that the sound management of chemicals is an essential component of sustainable development and that capabilities and capacities in the countries for prevention of toxic exposures and for management of exposed persons is an important element of chemical safety. Further, the World Health Assembly has called upon all Member States to develop and strengthen national chemical safety programmes. The Regional Consultation on Promotion of National Chemical Safety, held in Bangkok from 4-6 March 1998, urged SEAR countries to initiate poison control programmes according to the local needs of the country.

The International Programme on Chemical Safety (IPCS/WHO) provides guidelines and data to ensure efficient use of resources, patient care and effective preventive measures. It is essential for Member Countries to identify the existing capabilities and facilities for poison control and take steps towards resource mobilization, capacity building and institutional strengthening. This also calls for policy decisions at the level of ministry of health with the active partnership of various nongovernmental organizations (NGOs) and private sectors. Furthermore, it is recognized that poison centres are cost-saving interventions as unnecessary hospital admissions are avoided.

2. PROBLEM OF EXPOSURE TO TOXIC CHEMICALS

With rapid economic and industrial growth in the Region, the demand for and use of chemicals in agriculture, health and industrial sectors has increased enormously. Since all countries in the Region have an agriculture-based economy, pesticides and agrochemicals

have become essential for increasing and sustaining agricultural productivity. Pesticide poisoning due to indiscriminate and unsafe use of pesticides is a major health concern in all countries. The Economic and Social Commission for Asia and the Pacific (ESCAP) has indicated that the incidence of pesticide poisoning in this Region could be as high as 2 million a year causing 40 000 deaths. Every minute someone in an economically underdeveloped country is poisoned by a pesticide. Nearly 85% of the world pesticide production is used in the industrialized countries. Yet, the incidence of pesticide poisoning is 13 times higher in developing countries. However, the quantification of the problem of poisoning is difficult in each country due to a general lack of systematic reporting of poisoning cases.

A number of hospital-based retrospective studies in India have shown an increasing incidence of pesticide poisoning during the last decade. Organophosphates, aluminium phosphide and rodenticides are most often involved in such poisonings. Plant poisonings, snake envenomations and accidental kerosene poisoning in children are also common. Frequent outbreaks of epidemic dropsy due to oil adulteration with argemone oil, toxic polyneuropathy due to triorthocresyl phosphate, lathyrism due to *lathyrus sativus* and intoxication due to methanol have occurred in the past. Environmental contamination with persistent organic pollutants (POPs) and heavy metals is well known. Chronic arsenic poisoning has been reported from West Bengal due to ingestion of contaminated ground water. Industrial and transportation accidents involving chemicals are not infrequent. The Bhopal gas leak in 1984 was the greatest chemical accident of the century.

In Sri Lanka, poisoning was reported to be the second leading contributor to deaths in hospitals during 1997. The country has the third highest rate in the world for suicidal deaths from pesticides. In Bangladesh, ground water contamination of arsenic and organochlorine (heptachlor and lindane) beyond permissible limits is the cause of chronic illness. Pesticide poisoning also poses serious health problems in Myanmar, Nepal and Thailand.

The population is also exposed to the risk of poisoning by pharmaceuticals, traditional medicines and natural toxins of poisonous plants, snakes and scorpions. Chemicals are often poorly labelled, improperly stored and mishandled leading to accidental exposures. Further, adequate emergency preparedness and response plans for chemical accidents do not exist in any of these countries.

Increasing urbanization and unemployment have led to a high incidence of intentional exposure to chemicals. Malnutrition and deficiency diseases further contribute to the increased vulnerability of the toxic effects of chemicals in the population. The plight of vulnerable population groups, including children, pregnant women and rural migrant workers deserves recognition and requires action.

3. EXISTING CAPACITIES FOR POISON CONTROL

Poison control facilities with an established national poison information centre have existed in Sri Lanka since 1988. More recently, poison centres have been established in India (at the All India Institute of Medical Sciences, New Delhi, and the National Institute of Occupational Health, Ahmedabad). Establishment of eight more centres has been recommended. Through a WHO-financed project in Indonesia, a national poison information centre has been established at the Ministry of Health, linked to treatment facilities at Cipto Mangunkusumo

Hospital in Jakarta, Indonesia. Four provincial centres were being established and are operating since 1997. The plan is to establish four more centres. In Thailand, a poisoning treatment facility operates at Ramathibodi Hospital in Bangkok. More poison centres are expected to be established at central and peripheral levels, often associated with adverse drug reaction units in regional hospitals. Nepal is taking initiative to establish poison control facilities through the Ministry of Health and a local NGO. No facilities are reported to exist in Bangladesh, Bhutan, DPR Korea, Maldives and Myanmar. Consequently, while some poison control facilities exist in five of the ten SEAR countries, these are inadequate to meet the needs of the respective countries. Therefore, new facilities need to be created and existing ones further strengthened.

4. INTERNATIONAL POLICY FRAMEWORK IN POISON CONTROL

Following the recommendations of UNCED in relation to sound management of chemicals, an Intergovernmental Forum on Chemical Safety (IFCS) was established in April 1994. One of the priority activities recommended to all governments by IFCS is the establishment of poison centres with related clinical and analytical facilities and the promotion of harmonized systems for recording data in different countries. Consequently WHO, through the International Programme on Chemical Safety (IPCS) established its global activities to promote the establishment and strengthening of poison control facilities in countries. ***Guidelines for Poison Control,*** prepared by IPCS, provides both a policy overview of the problems of poisoning and the types of programmes and facilities that will be effective in preventing and dealing with them. The WHO Guidelines on Poison Control have been used to prepare training courses for professionals involved in poison control activities, several courses having been held in SEAR. A manual on ***Management of Poisoning*** has been prepared for use by primary health care workers and physicians working in the field of prevention, diagnosis and treatment of poisoning. A manual on ***Basic Analytical Toxicology,*** with simple laboratory tests to support diagnosis and treatment of poisoning, has been developed for hospitals lacking advanced technology.

In 1988, IPCS initiated the IPCS INTOX project to provide internationally evaluated information, information management, networking arrangement, software tools and training materials to support professionals working at poison control facilities in countries. The IPCS INTOX system provides an information management software to enable communications about chemical incidents and poisoning cases, as well as data on substances, pharmaceuticals, toxic plants and fungi, venomous animals and on chemical products to be recorded in an internationally harmonized way so that situations may be compared within and among countries. The project promotes twinning arrangements between established and new centres and provides a number of specialized e-mail discussion groups for professionals in the field. The project also has a website(http://www.intox.org). Some 60 centres and over 100 professionals take part in different aspects of the work of the project, including five centres in SEAR countries. Guidance is also provided, through the ***Antidotes Evaluation Series,*** for treatment of poisoning cases, with a view to promoting the availability and use of antidotes.

Recognizing that vulnerable groups, such as women, children, occupationally-exposed persons and the public need to be made better aware about poisonings and the need for prevention of toxic exposures, specific ***Guidelines on Prevention of Toxic Exposures*** and training materials are under preparation.

Much of the work of WHO to promote poison control in countries is undertaken in cooperation with the relevant international professional bodies and associations. Recognizing that the fields of chemical and analytical toxicology and poison control are not well established in the Region, IPCS has assisted in the establishment of the Asian and Pacific Association of Medical Toxicologists.

To review the current status of control and management of acute cases of poisoning in the Region and the facilities, including expertise available, an informal Consultation on Poison Control in South-East Asia was held in the Regional Office in December 1998. It concluded that all SEAR countries have significant poisoning-related health hazards requiring support at all levels of management and prevention and analytical capability. The support of WHO for Poison Control Programmes through IPCS and related activities was considered to be fundamental. Collaboration with centres of excellence in other regions, such as the Medical Toxicology Unit in London, may help in information exchange, training, teaching and research in the Region.

5. STRATEGIES PROPOSED FOR ESTABLISHING POISON CONTROL PROGRAMME

Recognizing that a poison control programme is an essential element of sound management of chemicals, all countries should establish such programmes, building on existing facilities and planning realistic time-bound implementation action plans. Plans should aim to establish poison information services and related chemical and analytical toxicological facilities consistent with the internationally agreed criteria provided by WHO in the IPCS Guidelines on Poison Control. The role of the poison control centres may be extended beyond just the provision of advice on individual poisonings to also include national collection and collation of internationally-harmonized epidemiological and clinical data on chemical poisonings, particularly in strengthening the evidence base for control of diseases of chemical etiology, and the establishment of programmes for the prevention of toxic exposures and toxicovigilance.

5.1 Political Commitment: Leading Role of Ministry of Health

The health sector must play a lead role in initiating, establishing and maintaining partnership for poison control. Ministries of health must mobilize funds and provide leadership in strengthening the capabilities and facilities for prevention and management of poisoning at every health care level thereby addressing the issue holistically. Implementation will require reorientation of health systems, programmes and personnel. Ministries of health must also play a lead role in advocating, promoting and participating in inter-ministerial mechanisms for mainstreaming the Poison Control Programme in the country.

5.2 Partnership with NGOs, Private Sectors and Other Disciplines

Forging partnership with NGOs is important for any health initiative. In Nepal, an NGO-run Poison Information Centre is functional. This potential of NGOs and private sector may be tapped in strengthening Poison Control Programmes. Broad strategic frameworks within which these agencies can collaborate with the governments may be worked out and mechanisms initiated.

In some countries, including India, all poisoning cases are labelled as medico-legal, and consequently involve forensic doctors for establishing the diagnosis. While some hospitals have well-equipped forensic laboratories for this purpose, this is not the case throughout the Region. Strengthening of such laboratories, collaboration between them and other environmental/pollution control laboratories in the countries would go a long way in improving the quality of services in poison control.

5.3 Prevention and Awareness Programme

Poison information centres will have an important role in prevention through toxicovigilance. Observations and data collected by the centres can contribute to the prevention of poisoning through the identification of high-risk circumstances of exposure in the community and by calling attention to potential emergency situations, where mass poisoning may occur. Health authorities thus notified may implement appropriate preventive measures, such as alerting the community, advising consumers, introducing codes of practice and regulations for appropriate labelling of products, special packaging and modification or withdrawal of products from the market. Integrated approach with the health, agricultural and environmental sectors is required in planning prevention programmes. Programmes and campaigns in the mass media, on specific toxic risks involves strategic governmental support. The role of industries and the private sector in prevention has already been stressed.

5.4 Training and Education

Training programmes are essential for improving the diagnostic and management capabilities of professionals involved in poisoning management. IPCS/WHO guidance can be utilized for preparing necessary training resources for professionals. The existing poison information centres in the Region can help train professional and paramedical staff.

5.5 Capacity Building and Institutional Strengthening

In order to function effectively, poison control centres require computers, telecommunications and Internet connections, laboratory equipment, antidotes, drugs and library support. Promotional programmes for national and international exhange of staff among poison centres may be initiated for capacity building.

5.6 Support Role of IPCS/WHO and Centres of Excellence

As elaborated, IPCS/WHO plays an important role in helping developing countries in establishing and strengthening poison control programmes through:

(1) improving the international flow of communication, exchange of information and experience in the field of poison control, as well as exchange of personnel, particularly for educational and training purposes;

(2) organizing regional and international workshops directed towards diagnosis, treatment and prevention of toxic exposures, setting up and running of poison control centres and related activities using existing IPCS/WHO materials suitably adapted for the SEA Region;

(3) promoting activities aimed at the recognition and mitigation of the effect on specially vulnerable groups, such as children, women and rural workers;

(4) harmonizing definitions and criteria concerning the description of clincial features, treatment schedule and sequelae of poisoning cases;

(5) establishing comparability between methods for monitoring exposure to toxic chemicals, and for assessing the burden of disease (poisonings), their cost and the cost of interventions;

(6) establishing mechanisms for international collection, validation and analysis of comparable data;

(7) undertaking collaborative research projects using agreed protocols;

(8) establishing channels of communication between countries for providing rapid availability of antidotes and other therapeutic agents and medical equipment; and

(9) establishing channels of communication among countries for rapid access to relevant information about chemical incidents or emergencies, which may be of value in calling toxic alerts.

6. SUMMARY AND CONCLUSIONS

With the rapid economic and industrial growth in the Region, the demand for and use of chemicals in agriculture, health and industrial sectors have increased enormously. Since all countries of the Region have an agriculture-based economy, pesticides and agrochemicals have become essential for increasing and sustaining productivity. In the process, indiscriminate and unsafe use of pesticides has resulted in increasing incidence of accidental and intentional poisoning with consequent morbidity and mortality. Significant proportions of the population, being illiterate, are unaware of the toxic risks of chemicals, which are often poorly labelled and improperly stored. Urbanization, unemployment and poverty have led to high incidence of suicides due to pesticides. Malnutrition further contributes to the sensitivity of the population to the toxic effects. Occupational exposure to industrial chemicals, environmental contamination with pesticides and pollutants and adulteration of food and traditional medicines pose serious health problems in terms of chronic poisoning and morbidity.

The exact magnitude of the problem is not yet known because of inadequate epidemiological data from the Region. However, pesticide poisoning appears to be a major health concern in all countries. Clinical and toxicological assessment and treatment facilities are often inadequate as there are only a limited number of trained personnel, insufficient analytical and treatment equipment, antidotes and drugs, thus requiring strengthening of national capabilities for prevention, diagnosis and treatment. Further, the lack of information on toxic ingredients of various products makes it difficult to provide timely and reliable information to the first responders and doctors on the treatment of poisoning. Though some poison information facilities exist in five of the ten SEAR countries, yet these are incomplete and do not provide full coverage throughout the country. Existing facilities need considerable strengthening while new ones need to be established.

At the informal Consultation on Poison Control, held in the Regional Office in December 1998, it was recognized that all SEAR countries have significant poisoning-related health

hazards requiring support at all levels of management and prevention. It was recognized that there is a need to strengthen poison control programme in each country through country/WHO support and a time-frame action plan. The involvement of ministries of health along with intersectoral coordination and NGO support is fundamental.

It is therefore proposed that: (1) each country initiates its own poison control programme based on WHO guidelines; (2) ministries of health mobilize funds and provide leadership in strengthening capabilities and facilities for poisoning prevention and management at every health care level; (3) a comprehensive poison control programme is developed by the Regional Office for the biennium 2000-2001 with particular emphasis on providing technical support and the human resource development for the provision of poison information and management, analytical toxicological service, prevention activities and for collecting epidemiological data; and (4) activities continue in future with local resource management through NGOs/industries in the country.

7. POINTS FOR CONSIDERATION FOR IMPLEMENTATION OF THE STRATEGIES:

7.1 Leading Role of Ministries of Health

- What initiatives ministries of health need to take to establish a poison control programme?
- What steps need to be taken to mobilize resources?
- What changes are needed in policies to get the support of other ministries concerned?

7.2 Partnership with NGOs, Private Sector and Other Disciplines

- What policies are needed to facilitate partnership with NGOs and other medical disciplines?

7.3 Prevention and Awareness Programme

- How can mass media be involved in the awareness programme?
- How to initiate poison information services in the country which will have responsibility for prevention and toxicovigilance?
- How to strengthen partnership with pesticide associations and industry?

7.4 Training and Capacity Building

- In what way can training programmes in poison control be initiated?
- How to get support from ministries of health and WHO?
- How to bring about institutional strengthening in terms of infrastructure and trained personnel?

7.5 Role of WHO

- How can WHO establish more direct links with concerned ministries?
- How can WHO support in poison information, analytical toxicology, prevention management capabilities?
- How can WHO help to initiate epidemiological and multicentric studies?
- How can WHO support in training professionals and para-professionals?

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH-EAST ASIA

REGIONAL COMMITTEE

Fifty-second Session

Provisional Agenda item 11

SEA/RC52/6

25 June 1999

REGIONAL COMMITTEE DOCUMENT

INTERCOUNTRY COOPERATION IN SUPPLY OF ESSENTIAL DRUGS

CONTENTS

1. INTRODUCTION

Medicinal drugs are indispensable for the prevention, control, treatment and amelioration of a number of maladies that affect human beings. Communicable as well as non-communicable diseases are amenable to pharmacological actions of therapeutic agents. Hence it is important to ensure that essential drugs, which are important for the health of the majority of the population, are available and accessible at all times in sufficient quantities and in proper dosage forms.

WHO has been assisting Member Countries in the formulation and implementation of national drug policies in order to reduce morbidity and mortality from common illnesses by promoting the availability of and accessibility to essential drugs. Towards this goal, a major thrust has been placed on promoting the essential drugs concept, drug supply management, quality assurance and rational use of drugs. Furthermore, other aspects of the national drug policy relating to drug legislation and regulatory control, essential drugs production according to the current good manufacturing practices, dissemination of drug information, drug financing, training of human resources and technical cooperation among countries of the region, among others, are being supported in accordance with the priorities of the countries.

Even though national drug or pharmaceutical policies have been developed in the countries of South-East Asia, accessibility to essential drugs varies from place to place within a country. Such differences can also be observed from country to country within the Region as a whole. These variabilities become prominent at the time of an economic crisis since drug supply management is disrupted due to financial and economic factors. In the circumstances, intercountry cooperation in sustaining the supply of essential drugs becomes a critical issue as this strategy can ameliorate the shortage of essential drugs in the health care facility.

2. MANAGING DRUG SUPPLY

In order to have an efficient drug supply system, four components are critically important. They are:

- Selection of appropriate drugs,
- Procurement,
- Distribution
- Rational use.

Among these four components, intercountry cooperation has been commonly seen in the area of procurement. Countries have been able to collaborate successfully in pooled procurement or group purchasing with obvious benefit to the countries due to economies of scale. Examples of pooled procurement can be seen in the following Table.

Table. ***Existing intercountry cooperation in pooled procurement of drugs and other medical supplies***

Procurement group	Year started	Type of agreement	No. of countries	Participating countries
African Association of Central Medical Stores for Generic Essential Drugs	1996	Declaration of Intention	5	Burkina Fasso, Chad, Mali, Niger and Senegal
Maghreb Commission for Bulk Purchasing	1989	Proposal	5	Algeria, Libya, Mauritania, Morocco and Tunisia
Gulf Cooperative Council	1978	Health Ministers' Meeting	6	Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and United Arab Emirates
Eastern Caribbean Drug Service(ECDS)	1981	ECDS Agreement	8	Antigua and Barbuda, Dominica, Grenada, Montserrat, St. Kitts and Nevis, St. Lucia, St. Vincent and Grenadines, and British Virgin Islands
South Pacific Pharmaceutical Project	1997	Rarotonga Agreement	4	Fiji, Kiribati, Nauru and Tuvalu

3. EXISTING INTERCOUNTRY COOPERATION IN SUPPLY OF ESSENTIAL DRUGS

There are a number of successful pooled procurement schemes in different parts of the world. The schemes now in operation are – African Association of Central Medical Stores for Generic Essential Drugs (abbreviated in French as ACAME); Maghreb Commission for Bulk Purchasing by the Arab States; the Bulk Purchasing System of the Gulf Countries; Eastern Caribbean Drug Service in the West Indies, and South Pacific Pharmaceutical Project among the Pacific Island countries.

A Generic Model of Pooled Procurement/Group Purchasing Scheme

It can be seen from the above-mentioned pooled procurement schemes that intercountry cooperation in the supply of essential drugs can be realized through the establishment of a viable system. Such a system is usually initiated with the Agreement of the participating countries, which subsequently leads to the development of a programme. The programme includes, among other things, establishment of:

- objectives of pooled procurement
- policy framework
- administrative infrastructure
- responsibilities and functions of office-bearers
- tendering system
- financial management, and
- legal provisions in case of dispute.

The key findings in pooled procurement of pharmaceuticals are the following:

- Reduction in the cost of drugs and other medical supplies
- Improvement in quality assurance
- Increase in local production due to greater scope of supply
- Increased collaboration of pharmaceutical sectors among countries including harmonization of drug registration.

There are a number of advantages in the pooled procurement scheme, the most important being the reduction of drug cost due to economies of scale. Due to greater quantities of purchase compared to those done by individual countries, there is better service and attention given by suppliers. There is also a decrease in the administrative workload of the individual countries. Another advantage of the pooled procurement scheme is harmonization in drug registration among countries since the same products are imported at approximately the same time. Production for regional supply instead of national supply is also an added advantage.

There are a number of key conditions for successful implementation of pooled procurement. They are:

- Political will
- Commitment of participating countries to the scheme
- Formal agreement among the relevent countries
- Well-defined regulations and procedures
- Permanent and independent secretariat, and
- Stage-by-stage development.

The political will of the participating countries and commitment of the secretariat are critical elements in making pooled procurement a success. Pre-qualification and registration of suppliers are important in better selection of suppliers. A realistic number of drugs to be purchased and a limited number of participating countries in the initial stages of development of pooled procurement are contributory to the effectiveness of the system.

4. ENABLING FACTORS IN A POOLED PROCUREMENT SCHEME

In addition to the establishment of a pooled procurement system, sharing of information among participating countries pertaining to drugs for procurement, such as sources and suppliers, prices of drugs, and ways and means to ensure the quality of pharmaceutical products, are indispensable in instilling confidence in the system.

4.1 Sharing of Drug Information

Exchange of drug information is a cost-effective way of utilizing available resources. It is particularly important in country situations where there is a limitation of technical, administrative and/or human resources. Exchange of information can cover many areas in

the field of essential drugs but the following issues are considered to be important in improving the supply of essential drugs:

- Sources of essential drugs, import prices and conditions of contract
- Decisions of drug regulatory authorities pertaining to procured drugs
- Quality of the drugs.

4.2 Information on Regional and Global Price Indicators

It is well known that there is wide variation between prices of essential drugs procured by various organizations. In order for Member Countries to help reduce such variations, the Regional Office for Africa, in collaboration with WHO headquarters, is in the process of publishing "Prices of Essential Drugs" in the Region on an annual basis. Data on prices are to be collected from all Member Countries of the Region. The data are analysed by experts and compared with prices of international drug suppliers. It is important to have the participation of all countries in the data collection process and to use the data so generated in the tendering and procurement of pharmaceuticals, especially in the case of essential drugs.

At present, there are international prices of essential drugs published by UNICEF, International Dispensary Association, Foundation for Non-Profit Procurement of Medical Supplies based in the Netherlands, and International Drug Price Indicator Guide published by Management Sciences for Health (located in the State of Virginia, USA) and the World Bank.

4.3 Harmonization in Drug Quality Assurance

Drug quality assurance is a prerequisite for any supply of essential drugs. There are various critical procedures by which quality of drugs can be assured. They are:

- Product selection – selection of products with longer shelf life, powders for reconstitution rather than oral suspension and selection of products with no bioavailability problems.
- Supplier selection – supplier pre-qualification, valid GMP certification, supplier monitoring, limitation of purchase of non-critical products from new suppliers.
- Product certification – through GMP certificate, requirement of certificates of pharmaceutical product and batch (as recommended by WHO).
- Contract specifications – quality standard according to pharmacopoeia, labelling requirement, minimum shelf life, packaging standard.
- Inspection of shipments – physical inspection of all shipments, sampling for analysis of suspect products and random sampling for testing.
- Laboratory testing – therapeutically critical drugs, drugs with known bioavailability problems, new suppliers, suppliers with past quality problems.
- Product problem reporting system – having a system for reporting suspect or problem drugs.
- Application of the WHO Certification Scheme – very useful tool for certifying the quality of pharmaceutical products moving in international commerce.

5. A MODEL FOR INTERCOUNTRY COOPERATION IN SUPPLY OF ESSENTIAL DRUGS

Because of the emergence of economic crises in the Region in recent years, the Regional Director initiated steps to promote intercountry cooperation for the provision of quality drugs at competitive prices.

Member States of SEAR are, to some extent, in a similar situation with Member States in other regions described above with respect to constraints in the accessibility to essential drugs at different levels of health care. However, SEAR Member States are also in a unique position in that eight of the ten Member Countries have drug production facilities as well as capability and capacity to manufacture essential drugs. Furthermore, there is also the availability of good quality raw materials from a number of Member States of the Region. Bangladesh, India, Indonesia, DPR Korea and Thailand are producers of a certain number of raw materials as well as a wide range of pharmaceuticals from the national lists of essential drugs.

This model is focused on intercountry cooperation in the supply of raw materials for the production of essential drugs. To help achieve this aim, the following mechanisms may be introduced to ensure that only good quality raw materials are made available from the exporting country.

5.1 Careful Selection of Manufacturers and their Raw Material Products

The track record of the manufacturer of raw materials is a prerequisite for ensuring the quality of their product. In this regard, GMP (Good Manufacturing Practice) certificate of the manufacturer and approval of their products by well-developed regulatory authorities, such as the United States Food and Drug Administration, the Medicines Commission of the United Kingdom or the Therapeutic Goods Administration of Australia, are useful indicators. Furthermore, the producers must also have a good record of timely delivery of goods.

Supply of raw materials from within the Region would be a useful mechanism in intercountry cooperation in improving the supply of essential drugs through their production. Providing information regarding availability of raw materials in the international market can also facilitate national production. The International Trade Centre of the World Trade Organization, in collaboration with the Action Programme on Essential Drugs of WHO headquarters, publishes such information on a monthly basis. It is known as Market News Service for Pharmaceutical Raw Materials/Essential Drugs Report. The report contains unit price of packing, minimum quantity for order, delivery time, quality standard, country of origin of the raw material and price trend indicating whether it is increasing, decreasing or is static. Communication with the supplier can be established through the International Trade Centre.

5.2 Assurance of Good Manufacturing Practice (GMP) and ISO Standards

The manufacturers must have a GMP certificate as recommended by WHO. These certificates are issued by national regulatory authorities and form part of the WHO Certification Scheme on the quality of pharmaceutical products moving in international commerce. Hence it is the prerogative of the importer to request the required certificate from the exporter or its representative in the importing country. Such a certificate may also be requested from or verified by the national control authority of the country where the manufacturer is located.

Recently, the International Standards Organization (ISO) has established requirements for internationally-accepted standards of quality system, which deals with the organizational structure, procedures, processes and resources needed to implement quality management. It is implemented through a quality manual, which covers relevant ISO standards and GMP requirements. It also describes how the quality system is managed.

5.3 Random Checking of Raw Materials

It is important to randomly check samples of raw materials at a recognized laboratory for quality assurance of pharmaceuticals. A system for random selection of samples for testing has to be instituted.

6. CONCLUSIONS

Intercountry cooperation in the supply of essential drugs (manufactured products) as well as raw materials for the manufacture of essential drugs can be accomplished if there is a complement of three basic and indispensable components. These are:

- Political will and commitment of relevant decision-makers to procure raw materials, regionally or internationally, based on cost-effectiveness,
- Assurance of quality through a well-defined mechanism, and
- Sufficient financial resources to ensure the availability of adequate quantities of essential drugs and other medical supplies.

7. POINTS FOR CONSIDERATION

The following issues may be taken into consideration in regard to intercountry cooperation in the supply of essential drugs:

- Intercountry cooperation is seen in the form of pooled procurement or group purchasing as a common strategy for improving drug supply to regional groups of countries. Is this a step towards intercountry cooperation in this Region?
- A recent survey in SEAR has shown that raw materials for the production of essential drugs can be obtained more cheaply from within the Region. Is procurement of raw materials from within the Region a step towards intercountry cooperation in this Region?
- Are enabling factors in pooled procurement schemes, such as information sharing on suppliers of essential drugs (finished products), their prices and quality a step towards intercountry cooperation in this Region while leaving procurement as the national prerogative?
- Are there other more desirable options for intercountry cooperation in this Region?

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PROGRAMME OF MEETINGS FOR

TUESDAY, 18 MAY 1999

Time	Plenary *Assembly Hall* Round tables *Rooms XVII, XVIII, XXIII*	Committee A *Room XVIII*	Committee B *Room XVII*	Other *Room VII*
09h00	Fourth plenary meeting			
14h30	Ministerial round tables			Committee on Credentials

Special security arrangements are currently in place at the Palais des Nations in Geneva. Delegates should therefore ensure that they are carrying identification documents and should expect delays in entering the Palais.

PROGRAMME OF WORK FOR THE HEALTH ASSEMBLY

Tuesday, 18 May

09h00 **FOURTH PLENARY MEETING** **Assembly Hall**

Item 2 — A year of change: reports of the Executive Board on its 102nd and 103rd sessions

Document A52/2

Item 3 — Looking ahead for WHO after a year of change: report of Dr Gro Harlem Brundtland, Director-General (including *The World Health Report 1999)*

Document A52/3
Document A52/4

Item 4 — Health in development: presentation by Professor Amartya Sen, Master of Trinity College, Cambridge; Nobel Laureate in Economics

Item 3 (continued) — Review of *The World Health Report 1999*

See page 15 for list of speakers.

14h30 **ROUND TABLES: Lessons learned in world health** **Rooms XVII, XVIII, XXIII**

Item 5 — Round tables on the following topics will be held concurrently:

- Priority-setting in the health sector: challenges to ministers

  Document A52/DIV/4

- Investment in hospitals: dilemmas facing ministers

  Document A52/DIV/5

Participants are Ministers of Health; the discussions will be held in public and all delegates are welcome to attend. See page 16 for rooms and provisional list of participants.

14h30 **FIRST MEETING OF THE COMMITTEE ON CREDENTIALS** **Room VII**

Wednesday, 19 May

Time	Plenary / round tables	Committee A	Committee B	Other
09h00	Fifth plenary meeting			
09h30 or immediately after Plenary adjourns	Ministerial round tables			
14h30	Sixth plenary meeting	Second meeting		
17h30				General Committee

09h00 **FIFTH PLENARY MEETING** **Assembly Hall**

- Report of the Committee on Credentials

09h30 or immediately after Plenary adjourns — **ROUND TABLES: Lessons learned in world health (continued)** — **Rooms XVII, XVIII, XXIII**

Item 5 (continued) Round tables on the following topics will be held concurrently:

- Finding the money: dilemmas facing ministers

  Document A52/DIV/6

- HIV/AIDS: strategies for sustaining an adequate response to the epidemic

  Document A52/DIV/7

Participants are Ministers of Health; the discussion will be held in public and all delegates are welcome to attend. See page 16 for rooms and provisional list of participants.

14h30 — **SIXTH PLENARY MEETING** — **Assembly Hall**

Item 3 (continued) Review of *The World Health Report 1999*

See page 15 for the list of speakers.

14h30 — **SECOND MEETING OF COMMITTEE A** — **Room XVIII**

Item 12 Proposed programme budget for 2000–2001

17h30 — **GENERAL COMMITTEE** — **Room VII**

Thursday, 20 May

Time	Plenary	Committee A	Committee B	Other
09h00	Seventh plenary meeting	Third meeting		
Immediately after Plenary adjourns			Second meeting	
14h30		Fourth meeting	Third meeting	
17h00	Eighth plenary meeting			

09h00 — **SEVENTH PLENARY MEETING** — **Assembly Hall**

Item 3 (continued) Review of *The World Health Report 1999*

See page 15 for the list of speakers.

09h00 — **THIRD MEETING OF COMMITTEE A** — **Room XVIII**

Item 12 (continued) Proposed programme budget for 2000–2001

Immediately after Plenary adjourns — **SECOND MEETING OF COMMITTEE B** — **Room XVII**

Item 15 Management and financial matters: status of collection and assessed contributions, including Members in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution

Item 17 Health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine

14h30 **FOURTH MEETING OF COMMITTEE A** **Room XVIII**

Item 12 (continued) Proposed programme budget for 2000–2001

14h30 **THIRD MEETING OF COMMITTEE B** **Room XVII**

Item 16 Amendments to the Constitution

Item 18 Collaboration within the United Nations system and with other intergovernmental organizations

Item 19 Reform of the Health Assembly

17h00 **EIGHTH PLENARY MEETING** **Assembly Hall**

Item 8 Awards

Friday, 21 May

Time	Plenary	Committee A	Committee B	Other
09h00		Fifth meeting	Fourth meeting	
14h30		Sixth meeting	Fifth meeting	
17h30				General Committee

09h00 **FIFTH MEETING OF COMMITTEE A** **Room XVIII**

Item 12 (continued) Proposed programme budget for 2000–2001

09h00 **FOURTH MEETING OF COMMITTEE B** **Room XVII**

Item 19 (continued) Reform of the Health Assembly

Item 15 (continued) Management and financial matters

14h30 **SIXTH MEETING OF COMMITTEE A** **Room XVIII**

Item 13 Technical and health matters

- Smallpox eradication: destruction of variola virus stocks
- Roll Back Malaria

14h30 **FIFTH MEETING OF COMMITTEE B** **Room XVII**

Item 15 (continued) Management and financial matters

17h30 **GENERAL COMMITTEE** **Room VII**

To draw up the list for the annual election of Members entitled to designate a person to serve on the Executive Board and review the programme of work

Saturday, 22 May

Time	Plenary	Committee A	Committee B	Other
09h00		Seventh meeting	Sixth meeting	

09h00 **SEVENTH MEETING OF COMMITTEE A** **Room XVIII**

Item 13 (continued) Technical and health matters

- Tobacco Free Initiative
- Eradication of poliomyelitis
- Revised drug strategy

09h00 **SIXTH MEETING OF COMMITTEE B** **Room XVII**

Item 15 (continued) Management and financial matters

Monday, 24 May

Time	Plenary	Committee A	Committee B	Other
09h00	Ninth plenary meeting			
Immediately after Plenary adjourns		Eighth meeting	Seventh meeting	
14h30		Ninth meeting	Eighth meeting	

09h00 **NINTH PLENARY MEETING** **Assembly Hall**

Item 7 Election of Members entitled to designate a person to serve on the Executive Board

Item 9 Approval of reports of the main committees

Immediately after Plenary adjourns **EIGHTH MEETING OF COMMITTEE A** **Room XVIII**

Item 13 (continued) Technical and health matters

- Revision and updating of the International Health Regulations: progress report
- Promotion of horizontal technical cooperation in health sector reform in developing countries

Immediately after Plenary adjourns **SEVENTH MEETING OF COMMITTEE B** **Room XVII**

Item 15 (continued) Management and financial matters

Supplementary agenda item The use of languages in WHO

14h30 **NINTH MEETING OF COMMITTEE A** **Room XVIII**

Item 13 (continued) Technical and health matters

- Prevention and control of iodine deficiency disorders
- Cloning in human health

14h30 **EIGHTH MEETING OF COMMITTEE B** **Room XVII**

- Finalization of draft resolutions and reports

Tuesday, 25 May

Time	Plenary	Committee A	Committee B	Other
09h00		Tenth meeting		
11h30	Tenth plenary meeting			
Immediately following	Eleventh plenary meeting			

09h00 **TENTH MEETING OF COMMITTEE A** **Room XVIII**

Item 13 (continued) Technical and health matters

– Finalization of draft resolutions and reports

11h30 **TENTH PLENARY MEETING** **Assembly Hall**

Item 9 (continued) Approval of reports of the main committees

Immediately following **ELEVENTH PLENARY MEETING** **Assembly Hall**

Item 10 Closure of the Health Assembly

REPORT OF MEETINGS

Monday, 17 May 1999

FIRST PLENARY MEETING

In the Chair: Dr Faisal Radhi Al-Mousawi (Bahrain)
President of the Fifty-first World Health Assembly

Item 1 **Opening of the Session**

Dr Faisal Radhi Al-Mousawi declared the Fifty-second World Health Assembly open.

The President then welcomed: Mr Vladimir Petrovsky, Director-General of the United Nations Office at Geneva and representing the Secretary-General of the United Nations; Mr M. Ülkümen, Chief of Protocol, United Nations Office at Geneva; Mr Guy-Olivier Segond, Councillor of State, Department of Social Action and Health of the Republic and Canton of Geneva, representing the Geneva State Council; Mr Jean Spielmann, President of the Parliament of the Republic and Canton of Geneva; Mr Walter Gyger, Ambassador, Permanent Representative of Switzerland to the International Organizations at Geneva and Permanent Observer to the United Nations; Professor Peter Suter, Dean of the Faculty of Medicine, University of Geneva; Mr Carlos Fortin, Assistant Secretary General, United Nations Conference on Trade and Development; Mr Patrice Robineau, representing the United Nations Economic Commission for Europe; Dr Brian Gushulak, representing the Director-General, International Organization for Migration; Mr Cornelio Sommaruga, President, International Committee of the Red Cross; Mr George Weber, Secretary-General of the International Federation of Red Cross and Red Crescent Societies; the representatives of the United Nations specialized agencies; the representatives of the various United Nations bodies; and the delegates of Member States. He also welcomed the observers of Non-Member States; the observers from the Order of Malta, the International Committee of the Red Cross, the International Federation of Red Cross and Red Crescent Societies and from Palestine; the representatives of intergovernmental and nongovernmental organizations in official relations with WHO; and the representatives of the Executive Board.

The President then called on Mr Petrovsky, Director-General of the United Nations Office in Geneva and representing the Secretary-General of the United Nations, who addressed the Assembly.

The President then gave the floor to Mr Guy-Olivier Segond, Councillor of State, Department of Social Action and Health of the Republic and Canton of Geneva.

The President of the Fifty-first World Health Assembly then delivered his speech.

Item 1.1 **Appointment of the Committee on Credentials**

On the proposal of the President, and in accordance with Rule 23 of the Rules of Procedure, the Assembly appointed the Committee on Credentials constituted by the delegates of the following 12 Member States:

Andorra
Angola
Colombia
Costa Rica
Cyprus
Guinea
Iceland
Maldives
Palau
Portugal
Tanzania
United Arab Emirates

Item 1.2 **Election of the Committee on Nominations**

In accordance with Rule 24 of the Rules of Procedure, the President submitted to the Assembly the following list of 24 Member States, which were elected to comprise, with the President, Dr Faisal Radhi Al-Mousawi (Bahrain), *ex-officio*, the Committee on Nominations:

Bangladesh
Botswana
Brazil
China
Dominica
Ecuador
Ethiopia
France
Greece
Honduras
Hungary
Iran (Islamic Republic of)
Liberia
Myanmar
Namibia
Nigeria
Paraguay
Poland
Qatar
Russian Federation
Rwanda
Solomon Islands
Tonga
United Kingdom of Great Britain and Northern Ireland

SECOND PLENARY MEETING

In the Chair: Dr Faisal Radhi Al-Mousawi (Bahrain)
President of the Fifty-first World Health Assembly

Later: Mrs Maria de Belém Roseira (Portugal)
President of the Fifty-second World Health Assembly

Item 1.3 **Election of the President and the five Vice-Presidents (Rule 26), the Chairment of Committees A and B (Rule 34) and the establishment of the General Committee (Rule 31) of the Fifty-second World Health Assembly**

First Report of the Committee on Nominations (A52/28)

As proposed by the Committee, Mrs Maria de Belém Roseira (Portugal) was elected President of the Fifty-second World Health Assembly by acclamation, and took the chair.

Second Report of the Committee on Nominations (A52/29)

Dr Misa Telefoni Retzlaff (Samoa)
Dr E.F. Ehtuish (Libyan Arab Jamahiriya)
Dr T.J. Stamps (Zimbabwe)
Mr S.U. Yussuf (Bangladesh)
Mr J. Junor (Jamaica)

were elected Vice-Presidents of the Health Assembly by acclamation.[1]

Committee A: Dr A.J. Sulaiman (Oman) was elected chairman by acclamation.

Committee B: Dr R. Tapia (Mexico) was elected chairman by acclamation.

In accordance with Rule 31 of the Rules of Procedure the delegates of the following 17 countries were elected members of the General Committee:

Argentina
Benin
Burkina Faso
Cape Verde
China
Cuba
France
Israel
Japan
Kenya
Lebanon
Lithuania
Russian Federation
Sri Lanka
United Kingdom of Great Britain And Northern Ireland
United States of America
Zambia

THIRD PLENARY MEETING

In the Chair: Mrs Maria de Belém Roseira (Portugal)
President of the Fifty-second World Health Assembly

Item 1.4

Adoption of the agenda and allocation of items to the main committees (rules 33 and 34)

Acting according to Rules 42 and 85 of the Rules of Procedure, the Health Assembly established as committees of the Assembly each of six meetings on four topics included under agenda item 5: **Round tables: lessons learned in world health**:

- Priority-setting in the health sector: challenges to ministers
- Investment in hospitals: dilemmas facing ministers
- Finding the money: dilemmas facing ministers
- HIV/AIDS: strategies for sustaining an adequate response to the epidemic.

This item had been included in response to the Executive Board resolution EB103.R19, the aim of which was to provide a forum for ministers of health to discuss informally major issues of concern to the health community. In order for the round-table discussions to be lively and interesting to all concerned and to evolve according to the views exchanged, the Health Assembly approved that membership in each round table would be limited to ministers of health or delegates at ministerial level registered for one or more specific round tables, and only members would be permitted to speak; the round tables would not consider draft resolutions; and an oral report of each round table's discussion would be made to the plenary.

[1] The names of the five Vice-Presidents are shown in the order in which they were drawn by lot under Rule 28 of the Rules of Procedure.

The President reported that the General Committee recommended that a proposed supplementary agenda item, "Invitation to the Republic of China (Taiwan) to participate in the World Health Assembly as an Observer", not be included on the agenda. Delegations of Nicaragua, China, Dominica and Myanmar took the floor. The recommendation of the General Committee not to include the supplementary item was approved.

The President reported that the General Committee recommended that a second proposed supplementary agenda item, "Use of languages at WHO", be included on the agenda. The recommendation to include this supplementary item was approved.

The provisional agenda was adopted as amended. The changes will be reflected in document A52/1 Rev. 1.

The Health Assembly approved the recommendation of the General Committee that the supplementary item on "Use of languages in WHO" be discussed in Committee B, and that the issue of "casual income", listed under item 15 in Committee B be taken up by Committee A under item 12, "Proposed programme budget for 2000–2001".

The President announced that Members who wished to make suggestions regarding the annual election of Members entitled to designate a person to serve on the Executive Board should do so not later than 16h00 on Tuesday, 18 May 1999. These should be submitted to the Assistant to the Secretary of the Assembly, in office A.658.

FIRST MEETING OF COMMITTEE A

Chairman: Dr A.J.M. Sulaiman (Oman)

Item 11 **Election of Vice-Chairmen and Rapporteur (Rule 36)**

In accordance with Rule 36 of the Rules of Procedure of the Health Assembly, the Committee elected Mr S. Nuamah Donkor (Ghana) and Dr M. Taha bin Arif (Malaysia), Vice-Chairmen, and Professor A. Akanov (Kazakhstan), Rapporteur

FIRST MEETING OF COMMITTEE B

Chairman: Dr R. Tapia (Mexico)

Item 14 **Election of Vice-Chairmen and Rapporteur (Rule 36)**

In accordance with Rule 36 of the Rules of Procedure of the Health Assembly the Committee elected Dr J. Eskola (Finland) and Mr B. Kesang (Bhutan), Vice-Chairmen, and Dr M.E. Mbaiong (Chad), Rapporteur. One delegation took the floor.

TECHNICAL BRIEFINGS

The following technical briefings, symposium and seminar will take place during the Fifty-second World Health Assembly:

Tuesday, 18 May

13h00 – 14h00 **Global surveillance of communicable diseases**
This briefing will be held in **Room VII**. There will be interpretation in English, French and Spanish.

Both industrialized and developing countries have a growing interest in rapid and timely detection and containment of epidemic-prone communicable diseases such as cholera,

meningitis, haemorrhagic fevers, human zoonoses, influenza and other emerging and re-emerging infectious diseases, including phenomena such as antimicrobial resistance and biological food safety. A new, multidisease (or integrated) approach to national surveillance has been developed by WHO, focusing on common surveillance functions across disease-specific surveillance activities. Essential elements of this new approach include the development of surveillance standards and, more importantly, the development of multipurpose human resources at the national level through field epidemiology training and the strengthening of laboratory infrastructure.

13h00 – 14h00 **Curbing the epidemic: Governments and the economics of tobacco control**
This briefing will be held in **Room XIX**. There will be interpretation in English, French and Spanish.

A new World Bank report* examines the economic questions that policy-makers usually face when contemplating tobacco control. The report assesses the expected consequences of tobacco control for health, for economies, and for individuals. It demonstrates that the economic fears that have deterred policy-makers from taking action are largely unfounded. By adopting measures to reduce the demand for tobacco, developing countries would prevent millions of premature deaths and much disability, including among the poor. The briefing will be co-chaired by Chris Lovelace, The World Bank, and Iraj Abedian, University of Cape Town, South Africa. The presenters will be Prabhat Jha, The World Bank, and Kenneth Warner, University of Michigan, USA. (* *Curbing the epidemic: governments and the economics of tobacco control*. In press. The executive summary will be available at the briefing.)

Wednesday, 19 May

13h00 – 14h00 **Change in WHO**
This briefing will be held in **Room VII**. There will be interpretation in English, French and Spanish.

After taking office as Director-General of the World Health Organization, on 21 July 1998, Dr Brundtland introduced a number of significant changes to the structure, staffing, image, focus of work and working ethos of the Organization. Under the themes of Stronger Partnership with Member States, Making a Difference, Working Together, Reaching Out and One WHO, she has implemented a series of changes that will shape the direction of the Organization for years to come. The briefing will provide details on the scope of changes, their impact and the lessons learnt.

13h00 – 14h00 **WHO humanitarian action in the South Balkans**
This briefing will be held in **Room XIX**. There will be interpretation in Arabic, Chinese, English, French, Russian and Spanish.

The briefing will provide an overview of the health achievements and of the operational limitations faced in the field by WHO as well as by Office of the United Nations High Commissioner for Refugees. The strong partnership between agencies since the beginning of this crisis is a key element for maintaining sectoral unity in assessment and response and for ensuring full support to the national health authorities of the countries and provinces affected by the crisis.

Thursday, 20 May

13h00 – 14h00 **Trends and challenges in world health**
This briefing will be held in **Room VII**. There will be interpretation in English, French and Spanish.

The context of rapid change and growing complexity is shaping the main trends and challenges confronting health throughout the world. In order to organize the evidence on such trends and challenges, the presentation will consider six essential goals of health systems: (1) improving the health status of the population, (2) reducing health inequalities, (3) enhancing responsiveness to legitimate expectations of the population, (4) increasing efficiency, (5) protecting people from financial loss due to health care costs, and (6) enhancing fairness in

the finance and delivery of health care. For each of these goals recent information will be presented in a way that makes it possible to systematically anticipate problems, identify policy options and develop a vision of the preferred future.

17h30 – 18h00 **What is WHO's plan for global tuberculosis control following reform?**
This briefing will be held in **Room VII**. There will be interpretation in English, French and Spanish.

Tuberculosis control has achieved significant progress due to the adoption of the DOTS (directly-observed treatment, short-course) strategy in 102 countries. On the other hand, less than 40% of the estimated cases are currently reported globally, and only 26 countries are achieving case-detection and treatment success targets. WHO is responding to this situation by including tuberculosis among the top priorities for infectious disease control and prevention, and by providing technical support to disease control within the context of strengthening health systems, particularly at district level.

18h00 – 18h30 **The Roll Back Malaria project**
This briefing will be held in **Room VII**. There will be interpretation in English, French and Spanish.

WHO's Roll Back Malaria project was established in May 1998 to serve a global partnership and facilitate country action to halve the global burden of malaria in the next 10 years. A movement has been created to mobilize a wide range of people, organizations and agencies worldwide to ensure that antimalarial interventions are delivered effectively to persons at risk. Action to roll back malaria has been initiated in 59 countries in three WHO regions. These countries have engaged in the inception process leading to preparing action plans to roll back malaria. Countries in other regions will follow suit. Technical support networks have been established to provide the best technical guidance to countries for community-level action. Strategic initiatives for the production of new antimalarial drugs, vaccines and diagnostics are being established, and are beginning to lead to action. The Roll Back Malaria movement will be carefully monitored and evaluated.

Friday, 21 May

13h00 – 14h00 **On the occasion of the 25th anniversary of the Onchocerciasis Control Programme in West Africa: onchocerciasis control in health and development**
This symposium will be held in **Room XII**. There will be interpretation in English, French and Spanish.

The Onchocerciasis Control Programme in West Africa (OCP), now in its twenty-fifth year of operations, the Onchocerciasis Elimination Programme for the Americas (OEPA) and the African Programme for Onchocerciasis Control (APOC) protect more than 90 million people, the majority in Africa, from riverblindness. The three programmes, eminently field operations, have demonstrated the importance of, and contributed to, such essential elements of health systems development as integration in the context of health sector reform, partnership and poverty alleviation in the context of socioeconomic development. Representatives of OCP, OEPA and APOC will highlight the contribution of their programmes to these components of health development which will be elaborated upon by experts in each of the three fields, followed by an opportunity for an exchange of views and response to questions.

Monday, 24 May

13h00 – 14h00 **Ageing and health**
This briefing will be held in **Room XXIV**. There will be interpretation in English, French and Spanish.

The United Nations General Assembly declared 1999 the International Year of Older Persons and World Health Day this year was devoted to Active Ageing. The Ageing and Health programme ensures *inter alia* that countries receive up-to-date information on how to develop policies aimed at increasing healthy life expectancy. The briefing will give an overview of the unprecedented changes brought about by the ageing of the world's

population, of health policy implications for developed and developing countries and will illustrate how WHO addresses the cross-cutting issue from the perspectives of health promotion, life course and gender within the Cluster of Social Change and Mental Health and throughout the Organization.

Tuesday, 25 May

14h30 – 16h30 **Year 2000 computer problem**
This seminar will be held in **Room A, WHO main building**. There will be interpretation in English, French and Spanish.

The millennium computer bug is totally predictable in its timing, but completely unpredictable in its effects. Its greatest danger lies in that uncertainty (Frances Cairncross). The Year 2000 problem (or "Millennium Bug") will affect any system, device, machine, or entity that uses software, firmware or hardware that includes date calculations and that has not been adapted to deal with date calculation deficiencies, such as the inability to recognize 2000 as a valid date or as a leap year. This seminar will provide information to delegates to the World Health Assembly on how best to approach and solve the problem in order to minimize any potential disruption of health-related equipment. Please also consult the WHO Web page at http://www.who.int/y2k/

OTHER MEETINGS

The Secretariat has been advised that the following meetings will take place prior to and during the Health Assembly:

Tuesday, 18 May

08h00 – 08h30 **Coordination meeting of the European Union**
This meeting will be held in **Room VII**.

08h00 – 09h00 **Meeting of Ministers of Health of the Caribbean**
This meeting will be held in **Room XXII**.

08h00 – 09h00 **Meeting of Ministers of Health of countries of the South African Development Community**
This meeting will be held in **Room XII**.

08h00 – 09h00 **Meeting of Nordic countries**
This meeting will be held in **Room F.3**.

08h15 – 08h45 **Meeting of the delegations of Member States of the Eastern Mediterranean Region**
This meeting will be held in **Room IX**. There will be interpretation in Arabic, English and French.

08h30 – 09h00 **Meeting of the Western European and Others Group (WEOG)**
This meeting will be held in **Room VII**.

08h30 – 09h30 **Meeting of the delegations of Member States of the Western Pacific Region**
This meeting will be held in **Room XIX**.

12h00 – 14h00 **Meeting of the Council of Ministers of Health of the Cooperation Council of the Arab Gulf States**
This meeting will be held in **Room XII**.

12h30 – 14h30 **Meeting of the delegations of Member States of the South-East Asia Region**
This meeting will be held in **Room XXII**.

14h00 – 17h00 **Meeting of the NGO Forum for Health (Global Health Watch)**
This meeting will be held in **Room IX.**

Wednesday, 19 May

08h00 – 08h30 **Coordination meeting of the European Union**
This meeting will be held in **Room VII.**

08h00 – 09h00 **Meeting of the heads of delegations of Member States of the Region of the Americas**
This meeting will be held in **Room XII.** There will be interpretation in English and Spanish.

08h00 – 09h00 **Meeting of Nordic countries**
This meeting will be held in **Room F.3.**

08h30 – 09h00 **Meeting of the Western European and Others Group (WEOG)**
This meeting will be held in **Room VII.**

08h30 – 09h30 **Meeting of the delegations of Member States of the Western Pacific Region**
This meeting will be held in **Room XIX.**

12h30 – 14h00 **Meeting on contracting NGOs for health**
This meeting will be held in **Room XII.** There will be interpretation in English, French and Spanish.

13h00 – 14h00 **Meeting on NGO and government partnerships for a global alliance for health promotion**
This meeting will be held in **Room IX.** There will be interpretation in English, French and Spanish.

13h30 – 14h15 **Meeting of the delegations of Member States of the South-East Asia Region**
This meeting will be held in **Room XXII.**

16h00 – 17h00 **Twenty-fourth Meeting of Ministers of Health of the Non-aligned Movement**
This meeting will be held in **Room XII.** There will be interpretation in Arabic, English, French and Spanish.

Thursday, 20 May

08h00 – 08h30 **Coordination meeting of the European Union**
This meeting will be held in **Room VII.**

08h00 – 09h00 **Meeting of Nordic countries**
This meeting will be held in **Room F.3.**

08h15 – 08h45 **Meeting of the delegations of Member States of the Eastern Mediterranean Region**
This meeting will be held in **Room IX.** There will be interpretation in Arabic, English and French.

08h30 – 09h00 **Meeting of the Western European and Others Group (WEOG)**
This meeting will be held in **Room VII.**

08h30 – 09h30 **Meeting of the delegations of Member States of the Western Pacific Region**
This meeting will be held in **Room XIX.**

10h30 – 12:30 **Meeting of the Fifty-second World Health Assembly President with Lusophone countries**
This meeting will be held in **Room IX.**

Friday, 21 May

08h00 – 08h30 **Coordination meeting of the European Union**
This meeting will be held in **Room VII.**

08h00 – 09h00 **Meeting of Nordic countries**
This meeting will be held in **Room F.3.**

08h30 – 09h00 **Meeting of the Western European and Others Group (WEOG)**
This meeting will be held in **Room VII**.

08h30 – 09h30 **Meeting of the delegations of Member States of the Western Pacific Region**
This meeting will be held in **Room XIX**.

13h30 – 14h15 **Meeting of the delegations of Member States of the South-East Asia Region**
This meeting will be held in **Room IX**.

Saturday, 22 May

08h00 – 08h30 **Coordination meeting of the European Union**
This meeting will be held in **Room XII**.

08h00 – 09h00 **Meeting of Nordic countries**
This meeting will be held in **Room A.206**.

08h15 – 08h45 **Meeting of the delegations of Member States of the Eastern Mediterranean Region**
This meeting will be held in **Room IX**. There will be interpretation in Arabic, English and French.

08h30 – 09h00 **Meeting of the Western European and Others Group (WEOG)**
This meeting will be held in **Room XII**.

08h30 – 09h30 **Meeting of the delegations of Member States of the Western Pacific Region**
This meeting will be held in **Room XIX**.

Monday, 24 May

08h00 – 08h30 **Coordination meeting of the European Union**
This meeting will be held in **Room VII**.

08h00 – 09h00 **Meeting of Nordic countries**
This meeting will be held in **Room A.206**.

08h15 – 08h45 **Meeting of the delegations of Member States of the Eastern Mediterranean Region**
This meeting will be held in **Room XII**. There will be interpretation in Arabic, English and French.

08h30 – 09h00 **Meeting of the Western European and Others Group (WEOG)**
This meeting will be held in **Room VII**.

08h30 – 09h30 **Meeting of the delegations of Member States of the Western Pacific Region**
This meeting will be held in **Room XXIII**.

12h30 – 14h30 **Steering Committee on the Employment and Participation of Women in the Work of WHO**
This meeting will be held in **Room XII**.

Tuesday, 25 May

08h00 – 08h30 **Coordination meeting of the European Union**
This meeting will be held in **Room VII**.

08h00 – 09h00 **Meeting of Nordic countries**
This meeting will be held in **Room A.206**.

08h30 – 09h00 **Meeting of the Western European and Others Group (WEOG)**
This meeting will be held in **Room VII**.

08h30 – 09h30 **Meeting of the delegations of Member States of the Western Pacific Region**
This meeting will be held in **Room XXIII**.

ANNOUNCEMENTS

A special lounge is available for Ministers of Health in **Room X**.

Ministers of Health interested in participating in round tables should contact the secretary in office A.640.

Delegates wishing to have video coverage of their speeches in plenary may request this in advance by contacting Mrs Lorna Wieteska in office A.569.

PROVISIONAL LIST OF SPEAKERS FOR THE DEBATE ON ITEM 3

The following is the list of speakers, given in the order to be recognized by the President.

Bangladesh	
United Republic of Tanzania	(The delegate of the United Republic of Tanzania will speak on behalf of the Southern African Development Community: Angola, Botswana, democratic Republic of the Congo, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Zambia and Zimbabwe, and on behalf of his/her own country. The delegates of these Member States will be seated on the Rostrum.)
United States of America	
Egypt	
Japan	
Russian Federation	
United Arab Emirates	(The delegate of the United Arab Emirates will speak on behalf of the Council of Health Ministers of the States of the Cooperation Council of the Arab Gulf States: Bahrain, Kuwait, Oman, Qatar, and Saudi Arabia, and on behalf of his/her own country. The delegates of these Member States will be seated on the Rostrum.)
Canada	
China	
Germany	(The delegate of Germany will speak on behalf of the European Union.)
Croatia	
Saint Lucia	
Sweden	
Kenya	
Peru	
India	
Morocco	
Argentina	
Syrian Arab Republic	
Turkey	
Greece	
Finland	
Algeria	
Italy	
Israel	
Sri Lanka	
Mexico	
Spain	
Republic of Korea	
Brazil	
Bhutan	
San Marino	
Cuba	
Czech Republic	
Libyan Arab Jamahiriya	
Maldives	
Australia	

Iran (Islamic Republic of)
Malta
Venezuela
Guinea
Nicaragua (The delegate of Nicaragua will speak on behalf of the Central American Group: Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras and Panama, and on behalf of his/her own country. The delegates of these Member States will be seated on the Rostrum.)
Thailand
Yemen
Bulgaria
Myanmar
Democratic People's Republic of Korea
Palestine
Paraguay
Malaysia
Indonesia

New Zealand
Pakistan
Poland
Iraq
Jordan
Burkina Faso
Mongolia
Romania
Uruguay
Sao Tome and Principe
Nepal
Holy See
Order of Malta

PROVISIONAL LIST OF PARTICIPANTS FOR THE ROUND TABLES

Tuesday, 18 May
14h30

Priority-setting in the health sector: challenges to ministers

Discussion Group A **Room XVII**

Chair: Dr Misa Telefoni Retzlaff (Samoa)
First Vice-President of the Fifty-second World Health Assembly

Armenia	Dr H. Nikogosian
Bangladesh	H.E. Mr Salah Uddin Youssuf
Barbados	Honourable H. Elizabeth Thompson
Belize	Honourable Servulo Baeza
Bhutan	Mr Lyonpo Sangay Ngedup
Burkina Faso	Mr Alain Ludovic Tou
Burundi	Dr J.M. Kariburyo
China	Dr Wang Longde
Colombia	Dr V. Galvis
Costa Rica	Dr Rogelio Pardo Evans
Dominican Republic	Dr S. Sarita V.
Ecuador	Mr Edgar Rodas
Egypt	Professor Ismail Sallam
Finland	Dr Eva Biaudet
Georgia	Mr A. Gamkrelidze
Grenada	Dr Clarice Modeste

Guinea	Dr Kandjoura Dramé
Indonesia	Dr Farid Anfasah Moeloek
Kuwait	Dr Adel Khaled Al Sobeih
Lithuania	Mr M.L. Stankevicius
Malta	Dr Louis Deguare
Mauritius	Mr N. Deerpalsingh
Mozambique	Mr A.A. Zilhão
Netherlands	Dr E. Borst-Eilers
Nicaragua	Lic. Martha McCoy
Pakistan	H.E. Makhdoom Javed Hashmi
Peru	Dr A. Aguinaga Recuenco
Senegal	Mr Assane Diop
Seychelles	Mr Jacquelin Dugasse
Sri Lanka	Mr Nimal Siripala de Silva
Swaziland	Dr Phetsile K. Dlamini
Tonga	Dr V. Tangi
United Kingdom of Great Britain and Northern Ireland	Right Honourable Frank Dobson
Viet Nam	Professor Do Nguyen Phuong
Yemen	Dr A.A.W. Nasher

Discussion Group B **Room XXIII**

Chair: Dr E.F. Ehtuish (Libyan Arab Jamahiriya)
Second Vice-President of the Fifty-second World Health Assembly

Argentina	Dr A.J. Mazza
Bahamas	Dr R. Knowles
Botswana	Honourable C.J. Butale
Brazil	Dr José Serra
Cameroon	Dr G.L. Monekosso
Canada	Mrs E. Caplan
Côte d'Ivoire	Professor M. Kakou Guikahue
Croatia	Professor Zeljko Reiner
Cuba	Dr Carlos P. Dotres Martínez
Cyprus	Mr C. Solomis
Democratic People's Republic of Korea	Dr Choe Chang Sik
Eritrea	Dr Saleh S. Meki
Gabon	Mr F. Boukoubi
India	Mr Dalit Ezhilmalai
Jamaica	Honourable John Junor
Jordan	Dr Issaq Maraqah
Lao People's Democratic Republic	Dr Ponmek Dalaloy
Mali	Mrs Diakité Fatoumata Ndiaye
Norway	Mr D. Höybråten
Panama	Dr Aida L. Moreno de Rivera
Paraguay	Dr Martín Chiola
Russian Federation	Professor V.I. Starodubov
Saint Lucia	Mrs S.L. Flood
Saint Vincent and the Grenadines	The Honourable St Clair Thomas
United Arab Emirates	Mr H.A. Rahman Al Madfaa
United Republic of Tanzania	Dr Aaron D. Chiduo

Investment in hospitals: dilemmas faced by ministers **Room XVIII**

Chair: Dr T.J. Stamps (Zimbabwe)
Third Vice-President of the Fifty-second World Health Assembly

Algeria	Professor Yahia Guidoum
Antigua and Barbuda	Dr B.S. Percival
Bahrain	Dr F.R. Al-Mousawi
Bolivia	Dr G. Cuentas Y.
Brunei Darussalam	Honourable Pehin Haji Abdul Aziz
Cape Verde	Dr J.B. Ferreira Medina
Chad	Mr Kedella Younous Hamid
Congo	Dr A.L. Opimbat
Cook Islands	Mr T. Faireka
Democratic Republic of the Congo	Professor Mashala Mamba
Dominica	Mrs D. Paul
Ghana	Mr S. Nuamah Dionkor
Guatemala	Mr M. Tulio Sosa
Iraq	Mr O.M. Mubarak
Japan	Dr T. Nemoto
Kenya	Mr J.I. Kalweo
Kiribati	Honourable Baraniko Roranii Mooa
Latvia	Mr Viktors Jaksons
Lebanon	Dr Karam S. Karam
Madagascar	Professor H. Ratsimbazafimahefa Rahantalalao
Malaysia	Mr Mohamed Ali Mohd Rustan
Morocco	Dr A. El Fassi
Myanmar	Major General Ket Sein
Niger	Mr Maman Sani Malam Maman
Nigeria	Professor Debo Adeyemi
Papua New Guinea	Mr L. Mond
Philippines	Dr A. Romualdez, Jr.
Qatar	Dr H.A.H. Al-Binali
Saint Kitts and Nevis	Dr Earl Asim Martin
Thailand	Dr Deja Sukaromana
Zambia	Honourable Nkandu Luo

Wednesday, 19 May
9h30 or
immediately after Plenary adjourns

Finding the money: dilemmas faced by ministers

Discussion Group A **Room XVII**

Chair: H.E. Mr S.U. Youssuf (Bangladesh)
Fourth Vice-President of the Fifty-second World Health Assembly

Andorra	Dr Josep M. Goicoechea
Bahamas	Dr R. Knowles
Bahrain	Dr F.R. Al-Mousawi
Barbados	Honourable H. Elizabeth Thompson
Belarus	Dr Igor Zelenkevich
Belize	Honourable Servulo Baeza
Bhutan	Mr Lyonpo Sangay Ngedup
Botswana	Honourable C.J. Butale
Colombia	Dr V. Galvis
Ecuador	Mr Edgar Rodas
Eritrea	Dr Saleh S. Meki
Democratic People's Republic of Korea	Dr Choe Chang Sik
Gabon	Mr F. Boukoubi

Ghana	Mr S. Nuamah Dionkor
Guinea	Dr Kandjoura Dramé
Indonesia	Dr Farid Anfasah Moeloek
Iraq	Mr O.M. Mubarak
Kiribati	Honourable Baraniko Roranii Mooa
Lao People's Democratic Republic	Dr Ponmek Dalaloy
Lithuania	Mr M.L. Stankevicius
Madagascar	Professor H. Ratsimbazafimahefa Rahantalalao
Maldives	Honourable Ahmed Abdullah
Morocco	Dr A. El Fassi
Nicaragua	Lic. Martha McCoy
Niger	Mr Maman Sani Malam Maman
Paraguay	Dr Martín Chiola
Peru	Dr A. Aguinaga Recuenco
Philippines	Dr A. Romualdez, Jr.
Tonga	Dr V. Tangi

Discussion Group B **Room XXIII**

Chair: Honourable John Junor (Jamaica)
Fifth Vice-President of the Fifty-second World Health Assembly

Algeria	Professor Yahia Guidoum
Antigua and Barbuda	Dr B.S. Percival
Brunei Darussalam	Honourable Pehin Haji Abdul Aziz
Burkina Faso	Mr Alain Ludovic Tou
Burundi	Dr J.M. Kariburyo
Cape Verde	Dr J.B. Ferreira Medina
Cook Islands	Mr T. Faireka
Egypt	Professor Ismail Sallam
Guatemala	Mr M. Tulio Sosa
Hungary	Dr Arpad Gogl
Honduras	Dr Plutarco Castellanos
Lebanon	Dr Karam S. Karam
Malaysia	Mr Mohamed Ali Mohd Rustan
Malta	Dr Louis Deguare
Mongolia	Dr S. Sonin
Myanmar	Major General Ket Sein
Papua New Guinea	Mr L. Mond
Saint Kitts and Nevis	Dr Earl Asim Martin
Saint Vincent and the Grenadines	The Honourable St Clair Thomas
Senegal	Mr Assane Diop
Seychelles	Mr Jacquelin Dugasse
Spain	Mr J.M. Romay-Beccaria
Sri Lanka	Mr Nimal Siripala de Silva
United Republic of Tanzania	Dr Aaron D. Chiduo
Uruguay	Professor Dr. Raúl Bustos Alonso

HIV/AIDS: strategies for sustaining an adequate response to the epidemic **Room XVIII**

Chair: Dr Misa Telefoni Retzlaff (Samoa)
First Vice-President of the Fifty-second World Health Assembly

Armenia	Dr H. Nikogosin
Burkina Faso	Mr Alain Ludovic Tou
Cameroon	Dr G.L. Monekosso
Canada	Mrs E. Caplan
Chad	Mr Kedella Younous Hamid
Côte d'Ivoire	Professor M. Kakou Guikahue

Cuba	Dr C.P. Dotres Martínez
Cyprus	Mr C. Solomis
Democratic Republic of the Congo	Professor Mashalo Mamba
Dominica	Mrs D. Paul
Dominican Republic	Dr S. Sarita V.
France	Dr B. Kouchner
Georgia	Mr A. Gamkrelidze
Grenada	Dr Clarice Modeste
Kenya	Mr J.I. Kalweo
Libyan Arab Jamahiriya	Dr E.F. Ehtuish
Mali	Mrs Diakité Fatoumata Ndiaye
Poland	Dr Jacek Piatkiewicz
Qatar	Dr H.A.H. Al-Binali
Swaziland	Dr Phetsile K. Dlamini
Switzerland	Dr T. Zeltner
Thailand	Dr Deja Sukaromana
Uganda	Dr C.W.C.B. Kiyonga
United States of America	Dr D. Shalala
Zambia	Honourable Nkandu Luo

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WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR SOUTH-EAST ASIA

REGIONAL COMMITTEE

SEA/RC52/12

Fifty-second Session

4 September 1999

REGIONAL COMMITTEE DOCUMENT

PROVISIONAL LIST OF PARTICIPANTS

1. Representatives, Alternates and Advisers

BANGLADESH

Representative

Mr M.M. Reza — elected chairperson
Secretary
Ministry of Health & Family Welfare

Alternates

Prof A.K. Azad Chowdhury
Vice-Chancellor
Dhaka University

Prof M.A. Quadri
Vice-Chancellor
Bangabandhu Sheikh Mujib Medical University

Prof A.K.M. Nurul Anwar
Director-General of Health Services

Dr A.S.M. Kamal
Director (Planning)
Directorate of Family Planning

Mr Khondaker Mizanur Rahman
Joint Secretary (Public Health and WHO)
Ministry of Health and Family Welfare

Dr A.S.M. Mashiur Rahman
Director (Planning)
Directorate General of Health Services

Major General Matiur Rahman
Chairman, HIV/AIDS Technical Committee

Prof A.K. Azad Khan
BIRDEM

Prof Rashid-e-Wahbub
President
Bangladesh College of Physicians and Surgeons

Prof Anwara Begum
Dhaka Medical College

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	Dr Shamsul Haque Director (PHC & DC) Directorate General of Health Services
	Dr A.S.M. Zakir Hossain Director Institute of Epidemiology, Disease Control & Research Directorate General of Health Services
	Mr M.A. Malek Director (In-Charge) Directorate of Drug Administration
	Ms Minoti Sharma Director (In-Charge) Directorate of Nursing
	Dr Abdul Mannan Bangali Deputy Programme Manager (Control of Tropical Disease) Directorate General of Health Services
BHUTAN	
Representative	Dr Sangay Thinley Director of Health Division Ministry of Health & Education
Alternate	Dr Kunzang Jigmi Chief Planning & Development Unit Health Division Ministry of Health and Education
DPR KOREA	
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	Dr Pak Tong Chol WHO National Programme Officer

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Alternate	Ms K. Sujatha Rao Joint Secretary (International Health) Ministry of Health and Family Welfare

INDONESIA

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MALDIVES

Representative	Dr Abdullah Waheed Director-General of Health Services Ministry of Health

MYANMAR

Representative	Dr Kyi Soe Director-General Department of Health Planning Ministry of Health
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Adviser	Dr Saw Myint Director (Planning) Department of Health Ministry of Health

NEPAL

Representative	Dr K.R. Pandey Director-General Department of Health Services Ministry of Health
Alternate	Dr B.B. Karki Chief Policy, Planning, Foreign Aid and Monitoring Division Ministry of Health

SRI LANKA

Representative	Dr Y.D.N. Jayathilaka Additional Secretary (Medical Services) Ministry of Health and Indigenous Medicine

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Alternates	Dr Pakdee Pothisiri Deputy Permanent Secretary for Public Health Ministry of Public Health
	Dr Porntep Siriwanarangsun Director of Health Policy and Planning Bureau Office of the Permanent Secretary Ministry of Public Health
	Dr Suwat Kittidilokkul Deputy Director Health Policy and Planning Bureau Office of the Permanent Secretary Ministry of Public Health
	Mrs Pamornrat Asavasena Technical Disease Control Officer Technical Coordinator Centre Department of Communicable Disease Control Ministry of Public Health
	Miss Jaruwan Viriyahirunpiboon Medical Scientist Regional Medical Sciences Centre, Chiang Mai Department of Medical Sciences Ministry of Public Health
Chairman, 24th Session of South-East Asia Advisory Committee on Health Research (SEA/ACHR)	Prof Mathura Prasad Shrestha Kathmandu Nepal

2. Representatives from United Nations Agencies

Asian Development Bank	Dr Omkar L Shrestha Deputy Resident Representative Asian Development Bank Bangladesh Resident Mission BSL Office Complex, 2nd Floor 1 Minto Road, Dhaka, Bangladesh
United Nations Children's Fund (UNICEF-ROSA)	Dr Ellen Girerd-Barclay Regional Adviser-Nutrition & Health United Nations Children's Fund Lekhnath Marg, Kathmandu, Nepal

United Nations Children's Fund (UNICEF)	Ms Shahida Azfar UNICEF Representative United Nations Children's Fund Dhaka, Bangladesh
United Nations Development Programme (UNDP)	Mr David Lockwood Resident Representative United Nations Development Programme IDB Bhaban, E/8A Begum Rokeya Sharani Sher-e-Bangla Nagar Dhaka 1207, Bangladesh
United Nations Educational, Scientific and Cultural Organization (UNESCO)	Mr Ansar Ali Khan Director United Nations Educational, Scientific and Cultural Organization IDB Bhaban, E/8A Begum Rokeya Sharani Sher-e-Bangla Nagar Dhaka 1207, Bangladesh
United Nations Fund for Population Activities (UNFPA)	Mrs Tahera Ahmed Assistant Representative United Nations Fund for Population Activities Dhaka, Bangladesh

3. Representatives from Inter-governmental Organizations

International Organization for Migration	Mr David G Whittlesey Regional Representative International Organization for Migration Sub-Regional Office in Dhaka, House 33A, Road #50 Gulshan-2, Dhaka 1212, Bangladesh

4. Representatives from Non-governmental Organizations

Aga Khan Foundation	Dr Amir Ali Chief Executive Officer Aga Khan Foundation (Bangladesh) SW (F), 3B, Road No.2, Gulshan POB 6025, Dhaka 12 Bangladesh
Global Crop Protection Federation	Mr Azmal Hossain Chairman Pesticide Association of Bangladesh C/o FMC International, Alico Building 18-20 Motijheel C/A, Dhaka 1000 Bangladesh

International Association for Maternal and Neonatal Health	Prof (Dr) Syeda Firoza Begum President Bangladesh Association for Maternal and Neo- Natal Health 11 Shyamoli, Street No.2, Dhaka 1207 Bangladesh
International Association of Agricultural Medicine and Rural Health	Dr Ashok Patil President-Elect, Pravara Medical Trust Loni 413736, Dist Ahmednagar Maharashtra, India
International Catholic Committee of Nurses and Medico-Social Assistants	Mrs T. Rebeiro President Bangladesh Catholic Nurses Guild Green Herald School Mahamadpur, Asad Avenue, Dhaka 1207 Bangladesh
International Council for Control of Iodine Deficiency Disorders	**Representative :** Dr Chandrakant S Pandav Regional Coordinator, ICCIDD South Asia & Pacific Region and Addl Professor Centre for Community Medicine All India Institute of Medical Sciences New Delhi, India **Alternate:** Dr Quazi Salamatullah ICCIDD Country Representative in Bangladesh Institute of Nutrition & Food Science University of Dhaka, Dhaka, Bangladesh
International Council on Social Welfare	Mr M.A. Rashid Deputy Director Bangladesh National Social Welfare Council Ministry of Social Welfare, 131/2 New Eskaton Dhaka 1000, Bangladesh
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International Federation Of Gynaecology and Obstetrics	Dr Shahla Khatun Prof, Dept of Obs & Gynae Bangabandhu Sheikh Mujh Medical University Shahbagh, Dhaka, Bangladesh
International Federation Of Oto-rhino-laryngological Societies	Prof M. Jalisi 6A/5 West Street Defense Society Phase I, Karachi, Pakistan
International Federation of Pharmaceutical Manufacturers Associations	Mr Alain Aumonier Public and Pharmaceutical Affairs Hoechst Marion Roussel Tour Hoechst Marion Roussel 1, terrasse Bellini 92910 Paris La Defense Cedex France
International Medical Parliamentarians Organization	Prof (Dr) M.S. Akbar Member of Bangladesh Parliament C/o Parliament of Bangladesh Dhaka, Bangladesh
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International Union for Conservation of Nature and Natural Resources	Dr Ainun Nishat Country Representative International Union for Conservation of Nature and Natural Resources House No.3A, Road No.15 Dhanmondi Residential Area Dhaka 1209, Bangladesh
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World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians	Dr M. Nurul Islam Regional Vice-President The World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians 3 DIT Market, 1st Floor Narayanganj-1400 Bangaldesh
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World Vision International	Dr R.G. Saha Health Coordinator World Vision of Bangladesh House # 27, Road # 16 (New) Dhanmondi, Dhaka Bangladesh

5. Observers

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World Federation of Hydrotherapy and Climatotherapy	Dr Nikolay Storozhenko President (also President of the National Spa Association of Russia) **and** Mr Vadim Loginov Interpreter, Coordinator of International Programmes of National Spa Association of Russia 18 Kazakova Street Moscow 103064