WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR AFRICA

FORTY-SECOND SESSION OF THE
WHO REGIONAL COMMITTEE FOR AFRICA
HELD IN BRAZZAVILLE,
REPUBLIC OF THE CONGO
FROM 2 TO 9 SEPTEMBER 1992

FINAL REPORT

BRAZZAVILLE
October 1992

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PART I

PROCEDURAL DECISIONS

1. Composition of the Sub-Committee on Nominations

The Regional Committee appointed a Sub-Committee on Nominations composed of representatives of the following 12 Member States: Comoros, Congo, Côte d'Ivoire, Equatorial Guinea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya and Lesotho. The Sub-Committee elected Dr Manlan Kassi Leopold of Côte d'Ivoire as Chairman at its first meeting on Wednesday, 2 September 1992.

Third meeting, 3 September 1992

2. Election of the Chairman, Vice-Chairmen and Rapporteurs

After considering the report of the Sub-Committee on Nominations, and in compliance with Rule 10 of the Rules of Procedure and resolution AFR/RC23/R1, the Regional Committee unanimously elected the following officers:

Chairman	:	Dr (Hon) B. Kawimbe Minister of Health (Zambia)
1st Vice-Chairman	:	Mr C. Dabire Minister of Health (Burkina Faso)
2nd Vice-Chairman	:	Dr (Mme) D. F. Bragança Gomes Minister of Health (Sao Tome & Principe)
Rapporteurs	:	Dr (Lt. Col.) A. A. Gibril (Sierra Leone) Dr B. J. Andriamahefazafy (Madagascar) Dr F. Fernandes (Angola)

Rapporteurs for Technical Discussions

Dr E. G. Muzira (Uganda)
Prof. Pierre Guissou (Burkina Faso)
Mr J. L. Chomera (Mozambique).

Fourth meeting, 3 September 1992

3. Composition of the Sub-Committee on Credentials

The Regional Committee, in accordance with Rule 16 of the Rules of Procedure, appointed a Sub-Committee on Credentials consisting of representatives of the following 12 Member States: Botswana, Burkina Faso, Burundi, Cape Verde, Central African Republic, Chad, Malawi, Mali, Mauritania, Mauritius, Namibia and Niger.

The Sub-Committee elected Mrs G. Lombilo, of the Central African Republic as Chairman.

4. Credentials

The Regional Committee, acting on the proposal of the Sub-Committee on Credentials, recognized the validity of the credentials presented by representatives of the following Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Chad, Central African Republic, Comoros, Congo, Côte d'Ivoire, Equatorial Guinea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome & Principe, Senegal, Seychelles, Sierra Leone, Swaziland, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

The Sub-Committee was unable to examine the credentials of Liberia and Zaire.

Ninth meeting, 8 September 1992

5. Choice of subject for the Technical Discussions in 1993

The Regional Committee confirmed the following subject for the Technical Discussions at its forty-third session: "Development of Health Infrastructure".

Ninth meeting, 8 September 1992

6. Nomination of the Chairman and the Alternate Chairman of Technical Discussions in 1993

The Committee nominated Professor K. L. Manlan as Chairman of the Technical Discussions at the forty-third session of the Regional Committee, and Architect Alberto Pires Comacho Ribeiro as Alternate Chairman.

Ninth meeting, 8 September 1992

7. Agenda of the forty-third session of the Regional Committee

The Regional Committee approved the provisional agenda of the forty-third session of the Regional Committee as proposed by the Regional Director in Annex 3 of document AFR/RC42/8 Corr.2.

Ninth meeting, 8 September 1992

8. Agendas of the ninety-first session of the Executive Board and the forty-sixth World Health Assembly: regional implications

The Regional Committee took note of the provisional agendas of the Ninety-first session of the Executive Board and the Forty-sixth World Health Assembly, and of their correlation with the provisional agenda of the forty-third session of the Regional Committee.

Ninth meeting, 8 September 1992

9. Method of work and duration of the Forty-sixth World Health Assembly

President of the World Health Assembly

9.1 During the forty-third session of the Regional Committee, the African Region will designate a candidate for President of the World Health Assembly in 1994. The candidate will be chosen from among the member countries of Sub-Region III.

Vice-President of the World Health Assembly

9.2 The Chairman of the forty-second session of the Regional Committee will be proposed for one of the offices of Vice-President of the Forty-sixth World Health Assembly in May 1993. If for any reason, the incumbent Chairman of the Committee is unable to assume that office, one of the Vice-Chairmen of the Committee will do so in his place in the order originally chosen by lot (first and second Vice-Chairmen). Should the incumbent Chairman of the Committee and the two Vice-Chairmen be unable to act as Vice-President of the World Health Assembly, the Heads of Delegation of the countries from which the incumbent Chairman and first and second Vice-Chairmen of the Regional Committee will in that order assume the office of Vice-President.

Members entitled to designate persons to serve on the Executive Board

9.3 The terms of office of Rwanda, Sao Tome and Principe, Senegal and Seychelles, will expire at the closure of WHA46 in May 1993. Accordingly, following the usual practice and using the English alphabetical order, the Regional Committee decided that Togo, Uganda, the United Republic of Tanzania and Zaire will be the new members entitled to designate persons to serve on the Executive Board, starting from the Ninety-second session of the Executive Board in May 1993 immediately after the Forty-sixth World Health Assembly.

Closure of the Forty-sixth World Health Assembly

9.4 The representative of Benin will speak on behalf of the African Region at the closure of the Forty-sixth World Health Assembly if the final agenda so requires. Decision 6 (11) of the thirty-third session of the Regional Committee for Africa refers.

Informal meeting of the Regional Committee

9.5 The Regional Director will convene this meeting on Monday, 4 May 1993 at 10 a.m. at the Palais des Nations, Geneva, to confirm the decisions taken by the Regional Committee at its forty-second session.

Ninth meeting, 8 September 1992

10. Nomination of the Representative of the African Region on the Joint Coordination Board (JCB) of the Special Programme for Research and Training in Tropical Diseases

Since the term of office of Sao Tome and Principe will expire in December 1992, Algeria will be the new member and will join Senegal to represent the African Region on the Joint Coordination Board (JCB) of the Special Programme for Research and Training in Tropical Diseases.

The three-year term of office of Algeria will start in January 1993.

Ninth meeting, 8 September 1992

11. Dates and places of the forty-third and forty-fourth sessions of the Regional Committee

The Regional Committee decided to hold its forty-third session in Brazzaville, its Regional headquarters, in September 1993 in accordance with resolution AFR/RC35/R10, unless a country invites the Regional Committee to meet elsewhere and pays the full extra costs of holding the meeting outside the Regional Office.

The forty-fourth session which will adopt the Programme Budget 1996-1997 will be held in Brazzaville in 1994.

Ninth meeting, 8 September 1992

12. Nomination of the Representative of the Region to the Special Programme of Research, Development and Research Training in Human Reproduction (HRP): Membership of the Policy and Coordination Committee (PCC)

The Regional Committee thanked Senegal, the outgoing Member of PCC, for its services in the Committee, and following the English alphabetical order, nominated Uganda to serve on the PCC for the next three years.

The term of office of Uganda will start in January 1993.

Ninth meeting, 8 September 1992

RESOLUTIONS

AFR/RC42/R1 Activities of WHO in the African Region: Succinct Report of the Regional Director for 1991

The Regional Committee,

Having examined the succinct report of the Regional Director for 1991;

Noting that its presentation complies with resolution AFR/RC25/R2;

Noting with satisfaction that this report covers such priority areas as support to national health systems, health protection and promotion, and the prevention and control of diseases, including AIDS;

Recognizing the gravity of the current financial situation of the Organization and its adverse effects on the implementation of the regional programme;

1. APPROVES the report of the Regional Director;

2. CONGRATULATES the Regional Director on the quality and relevance of the document;

3. CALLS on Member States to:

(i) take appropriate steps to implement the priority programmes based on the African health development framework;

(ii) strengthen national health systems based on primary health care, by paying particular attention to management, training and research;

(iii) increase the health allocation in national budgets.

4. REQUESTS the Regional Director to:

(i) further strengthen the offices of the WHO representatives, especially by delegating more authority to them, including authority in budgetary matters, and give more support to WHO/country teams;

(ii) take appropriate measures to mobilize extrabudgetary funds needed to accelerate the implementation of priority programmes, particularly at the local level.

Ninth meeting, 8 September 1992

AFR/RC42/R2 Proposed Programme Budget 1994-1995

The Regional Committee,

Having studied in detail the report submitted by the Programme Sub-Committee on the Proposed Programme Budget 1994-1995,

1. NOTES that the Programme Budget, the third under the Eighth General Programme of Work, has been prepared in accordance with the guidelines laid down by the Regional Programme Budget Policy, and that a zero growth rate in real terms has been the basis for overall budgeting;

2. COMMENDS the Regional Director for giving concrete expression to the policy directions given by the governing bodies;

3. APPROVES the report of the Programme Sub-Committee;

4. ENDORSES the Proposed Programme Budget, and

5. REQUESTS the Regional Director to transmit the Proposed Programme Budget 1994-1995 to the Director-General for examination and inclusion in the Organization's Proposed Programme Budget 1994-1995.

Ninth meeting, 8 September 1992

AFR/RC42/R3 Vaccine procurement

The Regional Committee,

Considering the report of the Regional Director on the strategies for the control of EPI target diseases in the 1990s;

Recalling resolutions AFR/RC39/R2, WHA41.28, WHA42.32 and the World Summit for Children which set the goals to be achieved through immunization programmes during the 1990s;

Recalling resolution AFR/RC41/R1 which calls on Member States to accelerate the implementation of plans of operation for disease specific initiatives and identify how programme achievements can be sustained and built upon through the provision of the necessary resources;

Applauding the agencies of the United Nations system, governmental and nongovernmental organizations which have ensured smooth provision of vaccines in Member States;

Concerned with the increasing cost of EPI vaccines;

Aware of the increasing limited available funds from donors for the procurement of the new EPI vaccines, including Hepatitis B vaccine and yellow fever vaccine;

1. APPRECIATES the support from UNICEF, Rotary International, agencies of the United Nations system, governmental and nongovernmental organizations in improving the delivery of immunization services and the implementation of strategies for meeting EPI targets and goals for the 1990s;

2. URGES Member States:

(i) to commit funds within the limit of nationally available resources to purchase the less expensive variety of EPI vaccines;

(ii) to encourage where possible cost-sharing as a way to ensure EPI sustainability;

(iii) to consider, where possible, ways to ensure local production of high-quality vaccines;

(iv) to ensure that such locally-produced vaccines meet WHO requirements.

(v) to ensure that locally produced vaccines are marketed throughout the Region.

3. CALLS on Member States and EPI partners to make available additional financial and technical support to achieve the EPI goals and operational targets set for the 1990s;

4. REQUESTS the Regional Director:

(i) to collaborate with UNICEF and other international organizations connected with the Expanded Programme of Immunization in order to negotiate with the manufacturers of EPI vaccines to maintain the price at a level affordable by developing countries;

(ii) to ensure, in collaboration with UNICEF and other international organizations, the mobilization of resources for the procurement of new vaccines;

(iii) to provide technical, logistical and managerial support to countries which have the capacity to produce high-quality vaccines;

(iv) to report to the Regional Committee on the progress achieved in the implementation of this resolution.

Ninth meeting, 8 September 1992

AFR/RC42/R4 Expanded programme on immunization: Regional strategies for eliminating neonatal tetanus and for eradicating poliomyelitis

The Regional Committee,

Considering resolutions AFR/RC38/R2 and AFR/RC39/R3 concerning, respectively, the elimination of neonatal tetanus by 1995 and the eradication of poliomyelitis by the year 2000;

Considering the status of the Expanded Programme on Immunization as presented to the Regional Committee at its forty-first session;

Having considered the Regional Director's report on updating regional strategies for reducing the incidence of EPI target diseases;

1. APPROVES the orientation for these strategies proposed by the Regional Director in his report;

2. INVITES the international, governmental and nongovernmental organizations that support EPI activities in the Region to increase their contributions to achievement of the programme objectives set by the international community and Member States;

3. INVITES Member States urgently:

(i) to set targets for reduction of the incidence of neonatal tetanus and poliomyelitis;

(ii) to improve epidemiological monitoring at district level;

(iii) to increase their contribution to programme operating expenses;

4. REQUESTS the Regional Director:

(i) to improve, in collaboration with UNICEF, Rotary International and other governmental organizations, the coordination of resources and activities both at regional and national levels;

(ii) to ensure regular follow-up of progress made by Member States and, if need be, modify the strategic orientation of the programme so that the target for 1995 may be attained;

(iii) to present annually a progress report to the Regional Committee.

Ninth meeting, 8 September 1992

AFR/RC42/R5 AIDS prevention and control programme

The Regional Committee,

Having examined the Regional Director's report contained in document AFR/RC42/5 Rev.1;

Recalling Resolutions WHA40.26, WHA41.24, AFR/RC41/R14, WHA42.33, WHA42.34, WHA45.35 as well as United Nations General Assembly resolution 46/203 and the declaration AHG/DECL.1 (XXIII) of Heads of State and Government of OAU;

Noting with satisfaction the implementation of resolutions AFR/RC37/R5, AFR/RC39/R7 and AFR/RC40/R6;

Concerned that the AIDS pandemic is still spreading rapidly and at an alarming rate in developing countries generally and in the countries of the African Region in particular within a context of already existing African Health crisis as per OAU declaration AHG/DECL.3 (XXVII);

Recognizing that the human immunodeficiency virus, the causative agent of AIDS, is spreading from urban to rural parts of the countries of the Region in which the majority of the population resides;

Recognizing that heterosexual transmission is the significantly predominant mode of transmission of HIV in the Region;

Greatly concerned about the emerging severe socioeconomic consequences of the disease due to high prevalence of the infection in men, women and children, the growing number of AIDS patients and rising rates of opportunistic infections such as tuberculosis in the communities, which is causing an increasing burden on the already overloaded health services and calling for close collaboration between AIDS and tuberculosis control programmes;

Convinced that the effective prevention and control of AIDS is an act that requires high political commitment and substantial community mobilization efforts;

Noting the salutary effect that the decentralization of the global AIDS strategy has had on AIDS prevention and control efforts;

Acknowledging with satisfaction the active collaboration of all organizations and agencies of the United Nations system, and the many nongovernmental organizations in the global AIDS control strategy;

Expressing appreciation for the significant technical, material and financial resources which the multilateral, bilateral United Nations agencies and nongovernmental organizations have provided in support of the global AIDS strategy in general, and the national AIDS programmes in the Member States of the Region in particular;

Noting with satisfaction the efforts made by Member States in the implementation of national AIDS prevention and control plans;

Acknowledging the leading role and support given to the national AIDS programmes of Member States by the Regional Office;

1. CONGRATULATES the Regional Director on his report.

2. ENDORSES the recommendations and actions taken to implement the global strategy and Regional thrusts for the prevention and control of AIDS in the Member States.

3. THANKS the Director-General for the updated global strategy, and for his continued effort to mobilize resources for the global AIDS control programme.

4. APPEALS to the international community to increase their support to the countries of the Region to enable them meet the rising needs of the escalating number of AIDS patients and orphans, as well as cope with the severe economic consequences of the disease on the communities.

5. APPEALS to Member States to:

(i) give their highest political, administrative, technical and financial commitment to AIDS prevention at all national levels;

(ii) intensify efforts to implement the regional thrusts and the updated globals AIDS strategy, paying particular attention to action directed at women, children, and adolescents and the health care needs of patients and their families;

(iii) strengthen their national AIDS committees and the management of their national AIDS programmes;

(iv) mobilize national and international resources for the establishment of national blood transfusion services, including development and strengthening of laboratory services at district and national levels, and ensure the prevention of HIV infection from blood and blood products by screening all blood donations, providing counselling guidance and other preventive elements;

(v) ensure a multisectoral approach at the national and international levels for AIDS prevention and control and in mobilizing resources;

(vi) monitor and take necessary measures to protect human rights and the dignity of AIDS patients and oppose discrimination against persons or groups known to be or suspected of being HIV infected;

(vii) intensify efforts to establish comprehensive programmes for the control of sexually transmitted diseases and integrate them with the AIDS prevention and control programme;

(viii) integrate the national AIDS and sexually transmitted diseases prevention and control activities with primary health care and undertake the decentralization of AIDS/STD programmes to district and community levels.

6. REQUESTS the Regional Director to:

(i) continue to urge Member States to give their highest commitment to national AIDS prevention and control programmes;

(ii) strengthen the managerial capability of Member States through the provision of technical assistance and by organizing technical and managerial training activities for national officials involved in AIDS prevention and control;

(iii) provide technical guidance to Member States in the planning, programming, review and formulation of the second generation medium-term plans with emphasis on multisectoral response to AIDS prevention and control;

(iv) assist Member States in their efforts to mobilize resources in support of national AIDS programmes and in multisectoral response to the pandemic;

(v) encourage and provide technical assistance to Member States in the development of community-based home care of AIDS patients, their families and communities;

(vi) assist countries in the development of interventions and in the evaluation of their impact in order to improve strategies for the prevention and control of AIDS in all programme areas;

(vii) provide technical guidance to countries in the mobilization of youth, women, men, workers and the community;

(viii) submit a report to the forty-third session of the Regional Committee on the AIDS situation in the Region and on the implementation of this resolution.

Ninth meeting, 8 September 1992

AFR/RC42/6 Reorientation and restructuring of hospitals based on primary health care in Africa

The Regional Committee,

Having examined document AFR/RC42/6 on the reorientation and restructuring of hospitals based on primary health care submitted by the Regional Director;

Noting the unsatisfactory conditions prevailing in most hospitals of the African Region;

Recognizing the serious challenges that African hospitals have to cope with in order to contribute more effectively to the attainment of health for all Africans;

Recalling the unanimous decision of Member States to accelerate the implementation of primary health care in the Region in accordance with the provisions of the African Health Development Framework approved in Lusaka in 1985:

1. CONGRATULATES the Regional Director on his report;

2. APPROVES the proposed options and approaches contained in document AFR/RC42/6, aimed at assisting the countries of the Region in reviewing the role of hospitals in implementing primary health care;

3. URGES Member States:

(i) to review the roles, functions, organization and management of their hospitals in consonance with the suggested orientations;

(ii) to adopt legislative texts to redefine the mission of hospitals, their institutional relations with other health structures and institutions, as with health related sectors and the communities;

(iii) to strengthen the training of hospital personnel in primary health care;

(iv) to strengthen the technical, administrative and logistic capacities of hospitals as well as those of peripheral institutions in conformity with the new functions of the hospital.

4. REQUESTS the Regional Director:

(i) to pursue research efforts in this field;

(ii) to give all necessary technical and financial support to countries' initiatives;

(iii) to report on progress made to the forty-third session of the Regional Committee.

Ninth meeting, 8 September 1992

AFR/RC42/R7 Final evaluation report of the International Drinking Water Supply and Sanitation Decade (1981-1990) in the African Region of WHO

The Regional Committee,

Having considered the document on the Evaluation of the International Drinking Water Supply and Sanitation Decade (1981-1990) in the African Region of WHO presented by the Regional Director;

Recalling Resolution WHA42.25 of the World Health Assembly on sustained efforts to extend and intensify Decade activities in the 1990s in the framework of the Health-for-All Strategy, and resolution AFR/RC41/R4 on accelerating the implementation of water supply and sanitation programmes in the African Region of WHO;

Noting that while significant progress has been achieved during the Decade by the countries, with increased external and financial support in providing better access to water supply and sanitation facilities, countries are still encountering difficulties in achieving the set goals especially in rural and peri-urban areas;

Recognizing that maximum use should be made of lessons learnt and experiences gained during the Decade in overcoming the major constraints hampering the development of the sector;

Concerned with the immense task ahead and the enormous financial, manpower and material resources required to achieve the goal of universal access to safe water supply and sanitation in the Region;

Reiterating the fact that safe water supply and sanitation are basic services for the control of major communicable diseases, and that they contribute to socioeconomic development and improvement in the quality of life;

Bearing in mind that national health agencies should continue to play a special role to promote the concept of safe drinking water supply and sanitation as an essential component of primary health care;

1. CONGRATULATES the Regional Director for his comprehensive report on the Evaluation of the International Drinking Water Supply and Sanitation Decade in the African Region of WHO;

2. ENDORSES the Report of the Regional Director;

3. THANKS all external support agencies that contributed to the development of the sector during the Decade and requests their continued support in the 1990s;

4. EXPRESSES satisfaction with the efforts made by Member States to ensure appreciable progress towards the goal of the Decade in spite of the many constraints encountered;

5. URGES Member States:

(i) to pursue the implementation of the regional strategies and action plans endorsed by the forty-first session of the Regional Committee and in resolution AFR/RC41/R4 on the development of water supply and sanitation programmes in the 1990s;

(ii) to ensure that bodies responsible for water supply and sanitation, including, where applicable, ministries of health, critically review their Decade experience in order to consider whether a change of strategy in objectives and targets would be appropriate, bearing in mind that these services are essential for the attainment of the goal of Health for All by the Year 2000;

(iii) to develop institutional structures that will enable communities to assume responsibility in planning, financing and implementation, particularly with regard to operation and maintenance;

(iv) to encourage more vigorous community mobilization with a view to generating locally the necessary additional resources for sustaining the water supply and sanitation programme;

(v) to give particular attention to specific elements that enhance sustainability such as the use of appropriate and affordable technologies, the involvement of women, the integration of health and hygiene education, cost recovery, drinking water quality surveillance and control;

(vi) to monitor the resulting impact of safe water and sanitation on health, giving particular attention to the reduction of diarrhoeal diseases, including cholera and the reduction of schistosomiasis and dracunculiasis, particularly in the affected areas;

(vii) to emphasize that the provision of safe drinking water should accompany or closely follow the provision of excreta disposal facilities and health and hygiene education and to increase funds for these activities;

(viii) to periodically review the status of community water supply and sanitation in terms of service coverage and other relevant factors;

(ix) to encourage greater investment in national water supply and sanitation programmes both by national governments and external donors;

6. REQUESTS the Regional Director:

(i) to continue to support the countries in implementing resolution AFR/RC41/R4 "Accelerating the implementation of water supply and sanitation programmes in the African Region", by seeking to obtain the greatest possible benefits for health and ensuring that sanitation develops pari passu with water supply;

(ii) to continue strengthening the Organization's technical cooperation particularly in regard to manpower, institutional and technological developments, information exchange and international coordination;

(iii) to continue to collaborate with other United Nations agencies, bilateral and multilateral bodies to direct more of their resources towards the crucial needs of Member States, ensuring that their support is of the greatest possible benefit to health;

(iv) to report periodically to future Regional Committee meetings, under a separate agenda item, developments resulting from the implementation of the present resolution.

Ninth meeting, 8 September 1992

AFR/RC42/R8 Regional programme for malaria control: Progress and prospects for the 1990s

The Regional Committe,

Having considered the report of the Regional Director on the malaria situation in the African Region of WHO;

Recognizing the alarming malaria situation in most African countries and the negative effects of this scourge on socioeconomic development and the survival of the African child;

Taking cognizance of WHO's efforts to mobilize international awareness for malaria control by organizing three interregional conferences and a ministerial meeting;

Noting with satisfaction that several countries have reformulated their malaria control strategies in conformity with the regional strategy recommended by the Brazzaville conference on malaria;

Commending the initial efforts made in some countries to strengthen malaria control programmes,

1. ENDORSES the report of the Regional Director;

2. INVITES Member States to:

(i) adopt malaria control policies and strategies adapted to their socioeconomic realities and prepare plans to implement control programmes;

(ii) strengthen their commitment and that of their communities to malaria control activities;

(iii) declare malaria control as one of the primary health and development priorities of the country;

(iv) create malaria control units within the disease control divisions of ministries of health and strengthen existing ones;

(v) mobilize the needed local and external resources for the implementation of programmes;

(vi) assure the success of the forthcoming ministerial conference of Armsterdam by preparing tangible proposals to reinforce malaria control;

3. APPEALS to the international community to support the efforts of WHO and Member States in the implementation of national plans of action;

4. APPEALS to United Nations agencies, in particular UNDP and UNICEF, and to nongovernmental organizations to strengthen their commitment to malaria control through cooperation programmes aimed at strengthening health services and child survival in Africa;

5. REQUESTS the Regional Director:

(i) to assure the necessary technical support to Member States for the preparation or reformulation of malaria control programmes;

(ii) to pursue efforts to strengthen technical competence in the countries of the Region;

(iii) to enhance the development of operational research activities aimed at improving ongoing programmes;

(iv) to participate in mobilizing resources for malaria control;

(v) to continue to sensitize donors to increase their participation in malaria control activities in Africa;

(vi) to submit to the forty-third session of the Regional Committee a progress report on malaria control programmes in the Region.

Ninth meeting, 8 September 1992

AFR/RC42/R9 Regional programme for tuberculosis and leprosy control

The Regional Committee,

Recalling resolutions AFR/RC40/R7, WHA44.8 concerning tuberculosis and WHA44.9 for Leprosy;

Expressing concern that over six hundred thousand deaths and one million four hundred thousand new cases of tuberculosis continue to occur annually in our Region;

Recognizing that tuberculosis is rapidly increasing in the Region owing to the AIDS pandemic;

Further recognizing that resourceful application of existing technology can achieve the goal of tuberculosis control programmes even under very difficult conditions;

Noting with satisfaction the significant progress made with multidrug therapy (MDT) for leprosy resulting in reductions in the prevalence of the disease;

Having considered the Regional Director's report on the tuberculosis and leprosy control programme.

Conscious of the need for the gradual social rehabilitation of leprosy patients as well as the steady closing down of leprosy sanatoriums;

1. CONGRATULATES the Regional Director for the excellent and concrete actions taken to revitalize the regional programme for the control of tuberculosis and leprosy.

2. CALLS UPON Member States to:

(i) take, at the highest level, the political commitment to intensify tuberculosis and leprosy control as an integral part of primary health care; review the situation of current control activities, particularly, of tuberculosis in the light of the AIDS pandemic by introducing Short Course Chemotherapy (SCC) for tuberculosis, expanding the MDT coverage for leprosy, and improving the management system;

(ii) strengthen managerial capabilities within national programmes, particularly at the district level and to improve training in tuberculosis and leprosy control for health workers at all levels, including medical students and nurses;

(iii) strengthen health education activities through various approaches, including community participation, particularly in respect of the social rehabilitation of the leprosy patient.

3. CALLS UPON international, governmental and nongovernmental organizations as well as private voluntary foundations to continue supporting tuberculosis and leprosy control activities in the African Region.

4. CALLS UPON the Regional Director:

(i) to intensify support to Member States for the establishment and strengthening of national control programmes in order to improve screening and treatment, and to attain a cure rate target of 85% sputum-positive patients under treatment and to detect 70% of cases by the year 2000 in an integrated approach to Primary Health Care;

(ii) to strengthen technical support to Member States for the implementation of multidrug therapy so as to achieve the global elimination of leprosy as a public health problem by the year 2000;

(iii) to continue mobilizing financial resources for implementation of short course chemotherapy and multidrug therapy;

(iv) to continue strengthening national management capability for tuberculosis and leprosy control through support for training and operational research.

5. REQUESTS the Regional Director to monitor the progress of the programme and report to the Regional Committee on a regular basis.

Ninth meeting, 8 September 1992

AFR/RC42/R10 Programme on the control of diarrhoeal diseases

The Regional Committee,

Recalling resolutions AFR/RC35/R9 and AFR/RC38/R10,

Having considered the Regional Director's report on the Diarrhoeal Disease Control Programme;

Having been informed that:

(i) as at 1991, forty-two countries had developed CDD programmes;

(ii) access to oral rehydration salts increased from 38% in 1987 to 52% in 1989 and the oral rehydration therapy use rate increased from 19% in 1987 to 36% in 1989;

(iii) programme reviews and surveys have been undertaken to evaluate national CDD programme progress in 34 countries; and

(iv) training of health personnel has increased in all areas especially in case management.

Considering that diarrhoeal disease control includes both proper case management and prevention of diarrhoea,

1. EXPRESSES ITS SATISFACTION with the significant progress made in the implementation of national diarrhoeal disease control programmes;

2. EXTENDS ITS APPRECIATION to UNICEF, bilateral and other international, nongovernmental agencies, for their sustained collaboration and support to the CDD programme;

3. URGES Member States to intensify their commitment to diarrhoeal disease control activities as an integral component of primary health care, giving special attention to activities with impact on childhood mortality, such as case management training at the operational level and prevention activities in order to reduce diarrhoea morbidity;

4. REAFFIRMS that the establishment of a programme for effective diarrhoeal disease control should include multisectoral plans for the prevention and control of cholera and case management training as the best means to ensure the control of cholera epidemics in the Region;

5. REITERATES that it is necessary for programmes to emphasize continued breastfeeding, increased fluid intake, the use of potable water, good hygiene, proper disposal of faeces and immunization against measles for the prevention of diarrhoeal diseases.

6. FURTHER REAFFIRMS that treatment should consist of administration of oral rehydration fluids, together with correct advice on its use and appropriate feeding during and after diarrhoea, including referral when necessary;

7. REQUESTS the Regional Director:

(i) to pursue collaboration with Member States to strengthen national control programmes, through the promotion and support of training activities, with emphasis on case management courses at the operational level, communication activities and programme evaluations, in order to increase acceptance of oral rehydration therapy and to improve effective case management of the disease; this, in order to ensure the achievement of the regional targets of 80% access to oral rehydration salts and 60% use of oral rehydration therapy by 1995 for children under five years of age;

(ii) to reinforce collaboration with UNICEF, bilateral and international and nongovernmental organizations in funding and implementing programme activities;

(iii) to continue efforts to assist governments to mobilize resources for the implementation of programme activities by supporting together with other funding partners, national donor planning meetings;

(iv) to keep Member States and the Regional Committee apprised of the progress made in the implementation of the programme on the Control of Diarrhoeal Diseases.

Ninth meeting, 8 September 1992

AFR/RC42/R11 Emergency preparedness and response and humanitarian assistance in the African Region

The Regional Committee,

Recalling World Health Assembly Resolutions WHA34.26, WHA38.29 and WHA42.16, OAU resolution CM/RES/1253 (LI) and UN General Assembly Resolutions 42/169, 44/211, 44/236 and 46/182 and resolutions AFR/RC38/R25, AFR/RC40/R11 and AFR/RC40/R12 of WHO Regional Committee for Africa;

Aware of the serious impact of disasters on health infrastructure and the economic development of African countries;

Acknowledging the action taken by the UN Secretary General by declaring the 1990s as the International Decade for Natural Disaster Reduction (IDNDR) and the establishment of the Decade Secretariat and the Trust Fund;

Acknowledging the need for further coordination of relief provided by UN agencies and the restructuring now being implemented by the UN Director of Humanitarian Affairs;

Considering the priorities indicated by the OAU regional meeting on disasters in April 1992;

Noting with appreciation the Regional Director's report on "Emergency Preparedness and Response in Africa", (document AFR/RC42/18);

1. APPEALS to the agencies of the UN System concerned working in the Region to cooperate, collaborate and harmonize their efforts with those of the WHO Regional Office and the WHO Pan-African Centre for Emergency Preparedness and Response in alleviating the negative impact of disasters in member countries.

2. URGES Member States:

(i) to continue to elaborate and update their national Emergency Preparedness and Response plans where surveillance, training and the building of stocks should be envisaged;

(ii) to submit on a regular basis reports on the incidence of disasters in their respective countries to the WHO Regional Office for Africa and/or the Pan-African Centre for Emergency Preparedness and Response in Addis Ababa;

(iii) to strengthen cooperation between the health sector and other sectors concerned;

(iv) to support the implementation of activities as contained in the International Decade for Natural Disaster Reduction (IDNDR).

3. REQUESTS THE REGIONAL DIRECTOR:

(i) to cooperate and collaborate with the OAU General Secretariat, the UN Director of Humanitarian Affairs as well as other relevant bodies and institutions in the implementation of the disaster reduction priority projects identified at national, subregional and regional levels by the OAU meeting on disasters held in April 1992;

(ii) to organize relevant workshops, seminars and training courses for middle level managers and policy makers;

(iii) to cooperate with the IDNDR Secretariat in implementing the relevant objectives and goals of the Decade through concerted efforts and concrete project proposals to be implemented during the Decade;

(iv) to strengthen the existing network of collaborating centres for disaster mitigation in the Region with particular attention to the Horn of Africa and the southern Africa sub-region;

(v) to mobilize the necessary funds for supporting African countries in prevention activities and for preparedness and response to disasters.

Ninth meeting, 8 September 1992

AFR/RC42/R12 Motion of Thanks

The Regional Committee,

Considering the tremendous efforts made by the people and Government of the Republic of the Congo to ensure a successful session of the WHO Regional Committee for Africa held in Brazzaville from 2 to 9 September 1992;

Appreciating the warm and brotherly welcome extended by the people and Government of Congo;

Considering the political commitment and determination of those responsible at national level to implement their national strategies for attaining HFA/2000 through primary health care;

1. THANKS His Excellency Professor Pascal Lissouba, President of the Republic of the Congo;

(i) for honouring with his presence the opening ceremony of the forty-second session of the Regional Committee; and

(ii) for his timely and encouraging address focusing mainly on health problems in Africa and in the Congo, and on the need for more stringent management of resources for the achievement of Health for All by the Year 2000;

2. EXTENDS its gratitude to the Government and people of the Republic of the Congo for their warm hospitality;

3. REQUESTS the Chairman of the forty-second session of the Regional Committee to present this motion of thanks to His Excellency Professor Pascal Lissouba, President of the Republic of the Congo.

Ninth meeting, 8 September 1992

AFR/RC42/R13 General mobilization for community health in Africa

The Regional Committee,

Considering "the Appeal for Africa", launched in Bujumbura by the forty-first session of the Regional Committee for Africa of WHO in September 1991, for general mobilization for community health in Africa;

Considering the continuing deterioration in the health situation of African populations, especially in rural areas;

Considering the decision taken by the committee at its forty-first session to launch, as from 1992, a large-scale campaign of general mobilization for community health in Africa;

Considering the very favourable reactions of the African communities, Member States, United Nations agencies, international organizations and of international opinion to this campaign, which reactions may be seen in:

- the setting-up in most countries of national structures to coordinate mobilization activities;

- the commitment of African communities to intensifying action for health at their respective levels;

- the commitment made by many funding agencies, international organizations and NGOs;

Considering the successful launching of the campaign of general mobilization for community health in Africa with the holding in Brazzaville from 4-6 September 1992 of the International Conference on Community Health in Africa (CISCA);

Considering the important participation by African delegations, representatives of the international community and of the press in the Conference;

Considering the many initiatives taken by African communities in favour of health and disclosed during CISCA;

Considering the firm commitment of Africa to mobilize and overcome AFROPESSIMISM;

Considering the pertinence of the Special Health Fund for Africa as an instrument for supporting community action;

Considering the insufficient impact of health policies that have been designed for the most part without the effective participation of the populations concerned;

Considering that the objective of Health for All cannot be achieved without resolute commitment by the communities themselves;

1. THANKS the Congolese government for having responded to the Bujumbura Appeal by organizing the CISCA;

2. THANKS African governments, international agencies and other partners for their support in the holding of CISCA;

3. THANKS the Regional Director and his team for their technical support in the mobilization campaign for community health in Africa;

4. URGES African governments, international agencies and other partners to:

(i) continue their support for community health in Africa;

(ii) take up the mobilization campaign that has just been launched with the holding of CISCA;

(iii) undertake in their respective countries activities designed to encourage the communities to mobilize for even more significant action for health;

(iv) take all necessary measures to mobilize resources that might support community initiatives;

(v) place special emphasis on the community health sections of their national health programmes;

(vi) communicate regularly to the Regional Office the results of their activities in the framework of the mobilization campaign, so as to ensure follow-up;

5. REQUESTS the Regional Director to give technical support to the countries in the implementation of community health activities and to report to the Regional Committee at its forty-third session on progress made in the framework of the general mobilization campaign for community health in Africa.

Ninth meeting, 8 September 1992

PART II

OPENING OF THE SESSION

1. The forty-second session of the Regional Committee for Africa of the World Health Organization was opened on 2 September 1992 in Brazzaville, Republic of the Congo. Present at the opening ceremony were His Excellency Professor Pascal Lissouba, President of the Republic of the Congo, His Excellency the Prime Minister of the Congo, Mr Stéphane Maurice Bongho Nouarra, the outgoing Chairman of the forty-first session of the Regional Committee, Dr Norbert Ngendabanyikwa, Minister of Health of Burundi and Mr P. Gayama, representative of the Secretary-General of the OAU, Dr Salim Ahmed Salim. Also in attendance were the former President of the United States of America, Mr Jimmy Carter, Dr G. L. Monekosso, WHO Regional Director for Africa, delegations of Member States of the African Region of WHO and representatives of international organizations and nongovernmental organizations.

2. In his introductory remarks (Annex 3), the outgoing chairman of the forty-first session of the Regional Committee saw the presence of President Lissouba as a source of inspiration and encouragement. He called former President Carter a sensitive and true friend of Africa who was doing a lot to better the health of its people.

3. Dr Ngendabayikwa observed that drastic reductions in resources had affected all sectors of national activity, including health. AIDS, cholera and other diseases, had compounded the situation. He called for a profound review of health policies so that, under the impetus of WHO, communities in the Region could work towards self-sufficiency in health care services. The Bujumbura Appeal and the Special Health Fund for Africa, he found, were important milestones of a process of which the International Conference on Community Health in Africa would be a culmination. He thanked Dr G. L. Monekosso for his invaluable support in the organization of the conference.

4. The outgoing chairman said that in the matter of health, the stakes were high, and Africa needed international solidarity in order to tackle drought, epidemics and diseases such as malaria, cholera, AIDS, etc. He again thanked the Regional Director, Dr. G. L. Monekosso and his team for working so hard to lead the member countries towards sustainable solutions.

5. In his introductory statement (Annex 4), the WHO Regional Director for Africa, Dr G. L. Monekosso welcomed his eminent visitors, describing their presence as historic and significant. He congratulated Professor Pascal Lissouba on his brilliant election to the Presidency of the Congo. He noted that this was the first public appearance of the new President and demonstrated his interest in health for all people. He paid glowing tribute to the political maturity of the Congolese people and the humanism of their President.

6. The Regional Director reminded the distinguished delegates from the Member States that they were meeting in the context of economic, social and political crises, the solutions to which, as President Lissouba had put it so clearly two days earlier, required everyone to display a spirit of innovation and creativity. The role of WHO as the Regional Director saw it, was to respond dynamically to the health and social challenges that are posed to the entire international community so as to become one of the essential links in the chain of human solidarity.

7. In his address (Annex 5), former President Carter described the election of President Lissouba as the product of democracy and freedom which were cherished legacies of peace-loving people everywhere.

8. Mr Jimmy Carter saw his invitation as an opportunity given him to strengthen ties of friendship between Africa and the United States of America. Africa, he noted, had health problems which it could not resolve alone. He emphasized that he had come to the Congo not as a representative of the United States Government but as head of the Carter Centre in Atlanta, Georgia. He revealed that the Carter Centre had as one of its activities the monitoring of conflicts in the world. One hundred and two of these conflicts had been documented, thirty-two of them wars. Except for Yugoslavia, all the conflicts monitored by the Centre were civil wars. These included conflicts the United Nations could not intervene in, given that they were cases of governments against their own people.

9. Nonetheless, the conflicts always resulted in rampant suffering, killing and the withholding of food from those needing it. Mr Carter said that food deprivation resulting from war, together with the heavy debt burden and falling food production had brought about a drop of 70 calories per individual per day in Africa, a fact that could not be ignored.

10. The Carter Centre was also involved in helping farmers on small holdings to increase their yield. One hundred and fifty thousand of them in various parts of the world had benefited from such assistance. Another task force of the Centre concerned with child survival and development was working on the elimination of poliomyelitis and other immunizable diseases. Whereas the last case of this dreadful disease had been recorded in Latin America, Africa still had to meet this challenge.

11. The former President also spoke of guinea worm as a dreadful disease afflicting Africa and Asia alike. He said this disease must be removed from the face of the earth by 1995. His visit, he said, was in furtherance of that objective.

12. Mr Carter said he was encouraged by the efforts he had witnessed, but observed that economic progress was dependent on progress in health. As an example, he said that a reduction in infant mortality rates invariably led to an increase in life expectancy and paradoxically to a real decrease in population growth. There had been impressive gains in this area, moreso as they were made in the face of great difficulty.

13. Disparities between the developing and developed worlds had increased and the resulting gaps would not be narrowed without advances in health development. Guinea worm prevented heavy crop yields and poor sanitary conditions were inimical to tourism. This meant that the ministries of agriculture, health, education, finance, etc. were involved and must work together, beginning with the Head of State, if true health development is to be achieved. He saw President Lissouba's example along with those of other heads of state he had seen, as worthy of emulation.

14. Former President Carter hoped the United Nations would be able to celebrate its fiftieth anniversary with the announcement of the eradication of guinea worm. Onchocerciasis too needed to be eliminated, and therapy was already available for doing so. He said he was available and open to continue to work with WHO and other partners to find lasting solutions to the health problems of the Region.

15. In a footnote to his address, the former President delivered an appeal from Mrs Rosalynne Carter to the forty-second Regional Committee calling for 10 October to be celebrated as the World Mental Health Day. On that day, she was planning to invite first ladies all over the world to join her in discussing mental health disorders and in drawing world attention to these debilitating disorders.

16. In his statement (Annex 8), Mr P. Gayama, speaking on behalf of the Secretary-General of the OAU, Dr Salim Ahmed Salim, expressed his pleasure at being able to address the august assembly. The presence of President Pascal Lissouba was, in his words, "a sign of the new vision that Africa must have." He called Mr Jimmy Carter, former president of the United States of America, a friend of Africa, and highlighted his efforts to bring peace to the Horn of Africa.

17. After the years of optimism in the sixties, Mr Gayama said Africa was beset by many calamities and diseases requiring solutions. A meeting would be organized by UNICEF in Dakar in November 1992, dealing with child survival. He urged the distinguished delegates to attend.

18. The role of OAU was to assist Africa in its forward march. It was in full agreement with current efforts to eliminate suffering and disease. In the furtherance of this objective, the OAU had worked for the adoption of the declaration on "Health as the Foundation for Development". The Special Health Fund for Africa and the Abuja declaration on the health crisis in Africa were further examples of the close collaboration between OAU and WHO.

19. But to succeed, there was need for commitment and concrete action. The Special Health Fund needed more contributions, and not all charters adopted by the OAU had been signed or ratified by Member States. He cited the charters on industrial waste and child development, etc. as areas where more commitment needed to be shown. The road to good health was long, but the OAU was committed to working with WHO to attain their common goals.

20. He concluded by paying special tribute to Dr Monekosso, WHO Regional Director for Africa, for fostering good relations between WHO and the OAU.

21. In his brief address (Annex 6), President Pascal Lissouba warmly welcomed former President Jimmy Carter whose presence, he said, brought pleasure and honour to himself and to the Congolese people. He said Africa was being challenged by diseases and needed the assistance of people like Mr Carter to help in meeting the challenge.

22. The new President of the Congo went on to thank Professor Monekosso and the Chairman of the forty-first Regional Committee for the opportunity that had been afforded him to address the meeting of the ministers of health of the African Region.

23. Africa's health problems needed more effort and resources to overcome them as they were compounded by the economic crisis. Health services had problems due to lack of motivation among workers, deterioration in health infrastructure and other shortcomings. Much was being done to overcome the problems but a lot more remained to be done, especially in the area of true decentralization.

24. Education and health research were singled out as components without which Africa could not move forward. He awaited with interest the results of current efforts to find solutions to our health problems. He trusted the leadership of Professor Monekosso in seeking these solutions.

Address of Director-General of WHO

25. The Director-General, Dr Hiroshi Nakajima, was introduced by the Chairman. In his address (Annex 7), Dr Nakajima discussed the effect of the socioeconomic crisis on health development, the changes occurring in South Africa, and the drought in southern Africa. He referred to the Working Group of the Executive Board and its examination of WHO's mission and role, and highlighted the efforts being made to improve UN coordination, specifically those by the Secretary-General. He spoke of the necessity for multisectoral coordination and reviewed his attempts to improve coordination with other UN agencies. He identified the four principles guiding the Ninth General Programme of Work, briefly reviewing the problems of AIDS, malaria, malnutrition, poverty and sanitation in the African Region. In discussing relations between the North and the South he emphasized the need for a "new international social covenant". He concluded by underlining African successes in health and the fundamental strength of African societies.

Address by Dr Ishrat Husain - Division Chief, IBRD

26. The Chairman introduced Dr Ishrat Husain of the World Bank who gave a progress report on the World Bank's Better Health in Africa document. She emphasized that health policies "must be your policies". She discussed the interrelationship between health and development. Poverty alleviation was seen as a necessary objective. Increased investments in health appeared to be appropriate. Good health is affordable with improvements in efficiency and community involvement in the management of resources. Accountability to the people was a feature of successful ministries of health. Dr Husain said it was the responsibility of governments to provide an "enabling environment" for health. Equity and sustainability are important objectives that are not contradictory. An earlier draft of the document had been reviewed by the African Advisory Committee for Health Development. Their comments, referring to the Three-Phase African Health Development Framework, had been taken into account in the latest version. She then requested further guidance from the delegations, within the next month after they had reviewed the document. She projected that the next phase of the project would be at the country level with countries that chose to participate. WHO representatives would have a prominent role at that stage. She spoke of the possibility of a "consultative group" on health policy composed of independent African experts which would report to the Regional Committee and she asked for comments on this idea.

Address by Dr Cole Dodge - Regional Director of UNICEF

27. The Chairman introduced Dr Cole Dodge, the newly appointed Regional Director of UNICEF for the Eastern and Southern African Region. Dr Dodge (Annex 9) pointed out that the important emphasis on the district focus and the Bamako Initiative had both come from AFRO Regional Committees. In view of the escalating price of vaccines, he proposed that donors should provide the more expensive vaccines and that countries should increasingly fund the purchase of the six basic EPI vaccines. He said there was room for optimism about the future of health in Africa, in view of the efforts of the OAU and

the Member States, and considering political changes, developments in South Africa, new orientations at the World Bank, CISCA and the OAU Conference on Children. Finally, he underscored the important benefits of the Bamako Initiative - viz improved quality, improved access, improved community financing, improved community participation and improved opportunity for better management and accountability.

Speech by Mr Adotevi, Regional Director of UNICEF, West and Central African Region

28. In his statement (Annex 10) to the Regional Committee, Mr Stanislas S. Adotevi, Regional Director of UNICEF for the West and Central African Region, paid tribute to the cooperation ties between UNICEF and the African Region of WHO. In spite of the current crises, upheavals and difficulties of the continent, there was hope. But we needed to re-focus attention on, among other things, health and nutrition policies and strategies, reproduction and the health of infants and strengthened health systems for improved maternal and child welfare.

ORGANIZATION OF WORK

29. The agenda adopted by the Regional Committee is reproduced in Annex 1 and the list of participants in Annex 2. The Regional Committee elected the following officers:

Chairman:	Hon. Dr B. Kawimbe Minister of Health Zambia
Vice-Chairmen	1. Mr C. Dabire Minister of Heath Burkina Faso
	2. Dr (Mme) D. B. Gomes Minister of Health Sao Tome & Principe
Rapporteurs for RC42:	1. Dr Barrysson Andriamahefazafy of Madagascar
	2. Dr F. Fernandes of Angola
	3. Dr Lt. Col. A. A. Gibril of Sierra Leone
Rapporteurs for the Technical Discussions:	1. Dr E. G. Muzira Uganda
	2. Prof. Pierre Guissou Burkina Faso
	3. Mr J. L. Chomera Mozambique

The Committee adopted its hours of work from 09.00 a.m. to 12.30 p.m. and from 3.00 p.m. to 5.30 p.m.

PROCEEDINGS

THE WORK OF WHO IN THE AFRICAN REGION IN 1991: SUCCINCT REPORT OF THE REGIONAL DIRECTOR (documents AFR/RC42/3 and Add.1)

Presentation

30. The Regional Director, after brief introductory remarks on the work of WHO in the African Region in 1991, called on the three programme managers to present on his behalf the various parts of his Succinct Report.

31. In his presentation of Regional activity in the area of Support to National Health Systems, the Programme Manager, Dr A. D'Almeida said technical cooperation with the countries had been provided through activities in three main areas: development of health systems, development of human resources for health, and promotion of health technologies.

Development of health systems

32. He said the support provided to countries had mainly been in the following activities:

- implementation of the Second Strategy Evaluation for HFA/2000 whose regional input to the world report was under preparation;
- formulation and reformulation of health development policies and plans, particularly, in Namibia, Niger, Sierra Leone and Togo;
- preparation of a regional framework for the reorientation and restructuring of hospitals in application of resolution AFR/RC38/R11;
- preparation of a regional consultation on information support for district health management in response to resolution AFR/RC41/R6;
- participation in collaboration with Headquarters in the preparation of meetings of urban adminstrative authorities within the framework of the "Healthy Cities" project.

Development of human resources for health

33. Activities in this unit were centred on training. The Regional Office had provided its technical support to the revision of the medical training programmes of Burundi, Chad and Ghana. It had also taken the relevant steps to meet the requests of Congo, Côte d'Ivoire, Ethiopia, Guinea, and Guinea Bissau.

34. The Regional Office had sent trainers and specialists to 10 faculties of medicine and two paramedical schools and continued to provide material, technical and financial support to the regional training centres in Brazzaville, Cotonou, Freetown, Lagos, Lome, Luanda and Maputo.

35. With regard to continuing training, the Regional Director had sent an expert to Zambia to initiate continuing training activities in the Sub-Region. In addition, Chad, Namibia and Togo had received AFRO's technical assistance for the drawing-up of their plans for human resources development for health.

36. Three important meetings had been held during the period under review. Two were in Brazzaville, attended by members of the two special regional groups on medical reform and nursing care (1991). The third, in Berlin (1992) was organized by the German Agency for Technical Cooperation (DSE) and was devoted to cooperation between African and European public health training institutions.

Promotion of health technologies

37. Activities in the promotion of health technologies included: (i) the evaluation of the Yaounde and Ibadan laboratories for the production of reagents; (ii) efforts to mobilize extrabudgetary resources for the development of laboratories; (iii) the organization of workshops on procurement, storage and drug-use policies; (iv) the establishment of a laboratory for drug quality control in Harare, Zimbabwe.

38. The African Initiative for Essential Drugs (IAME) had also been launched and was the subject of resolution AFR/RC41/R8 of the forty-first Regional Committee. The launching brought to Brazzaville many of the experts of the Region.

39. The Regional Office had made available to the countries standard legal texts and orientation documents on traditional medicine and had contributed to the preparation of specific texts for Guinea, Mali, and the group of Central African countries. In addition to this, Dr D'Almeida said the Regional Office had continued to lend support to its collaborating centres.

Health Protection and Promotion

40. In continuing the presentation of the Succinct Report of the Regional Director for 1991, the Programme Manager, Health Protection and Promotion, Dr M. Boal, referred to the protection and promotion of the health of individuals at risk, the protection and promotion of the health of families at risk, and the protection and promotion of the health of communities at risk.

Public information and education for health

41. Regarding public information and education for health, the Regional Office had contributed to the effort made by Member States to mobilize community participation in support of different programmes which included, among others, maternal and child health, community water supply and sanitation, nutrition and diarrhoeal diseases control.

Nutrition

42. Activity in the area of nutrition included:

- the proposed study on the prevalence of nutritional anaemia in pregnancy, which three countries were already implementing with WHO support;

- the 25 national programmes on the prevention of iodine deficiency disorders, 10 of which were already being implemented (there are ongoing studies in 14 countries on the viability of salt iodation as a strategy for the prevention and control of iodine deficiency);

- a consultative meeting organized in the Regional Office (in which 13 African experts participated), and the purpose of which was to analyse the status of nutrition- and lifestyle-related chronic diseases;

- a proposed programme for the International Decade on Food and Nutrition in Africa which had been prepared in collaboration with FAO, UNICEF and UNDP.

- a workshop on weaning foods had been organized by the Ministry of Health of the Congo with the support of UNICEF, ORSTOM, FAC and WHO.

Oral health

43. The highlights of oral health activity were:

- the third annual meeting of dental officers in Jos, Nigeria, in which representatives of 13 English-speaking Member States participated;

- the document on "Promotion of Oral Health in the African Region" presented to the forty-first session of the Regional Committee in 1991;

- the launching, with resources from the ARAB GULF FUND (AGFUND), of oral health development activities in four countries.

Maternal and child health, including family planning

44. All the Member States of the Region ran maternal and child health programmes; 24 countries made direct use of the funds of the WHO regular budget or used extrabudgetary funds. He said the Organization was the executing agency of 22 national MCH/FP activities funded by UNFPA or UNDP.

45. The Regional Centre for Training and Research in Family Health located in Kigali, Rwanda, and funded by the Regional Office, went into operation in April 1991.

46. Twelve research activities on maternal morbidity and mortality had been initiated in some countries of the Region with financial support from WHO Headquarters.

Women, health and development

47. Five countries had beneffited from WHO technical and financial support funded from extrabudgetary sources, for the implementation of the project on women's leadership and participation in MCH/FP.

48. The Regional Office had participated actively in the preparation and realization, in 1991 and 1992 respectively, of technical discussions on women, health and development at the forty-fifth World Health Assembly.

Community water supply and sanitation

49. Thirty-two Member States had included allocations in their country budget for WHO cooperation for the implementation of the activities of this programme; a progress report on the International Drinking Water Supply and Sanitation Decade (1981-1988) had been presented in Bujumbura during the forty-first session of the Regional Committee. The Final Report was tabled at the forty-second session of the Regional Committee.

50. Six countries in West Africa and six others in East Africa had been visited by a consultant to prepare studies on land-generated marine polution.

Disease prevention and control

51. Dr F. K. Wurapa, Acting Programme Manager, Disease Prevention and Control, spoke on 1991 activities in this area.

Expanded programme on immunization

52. In this programme, there had been severe budgetary constraints necessitating the selection of a few target diseases for special intensified action. It was reported that immunization coverage in 1991 for the Region remained stable at 82% for BCG, 56% for DPT-3 and polio vaccines and 56% for measles vaccine. Tetanus toxoid for pregnant women had increased from 38% in 1990 to 50% in 1991. It was also reported that at least 10 countries had reported zero incidence for Neonatal Tetanus (NNT) and similar trends were being witnessed for polio eradication. In preparation for the polio eradication activities it was indicated that the Region had started to establish a network of laboratories for confirming the cause of acute flacid paralysis.

53. The intensification of activities in support of child survival mobilization at the country level had resulted in the joint WHO/UNICEF initiative on Child Survival Mobilization Teams. Support for EPI, diarrhoeal diseases, malaria and acute respiratory infections had been the main focus of these country teams and problem-solving methodology had been the preferred approach in this area of technical cooperation.

Malaria

54. The increasing threat of malaria to socioeconomic activity and general health in the Region had been highlighted in the October 1991 Interregional Malaria Conference in Brazzaville. Since then the Regional Office had intensified its support to endemic countries by reorienting their national malaria control programmes. The role of WHO in disseminating information on the serious disease and in increasing publicity regarding the opportunity for controlling malaria was described.

Dracunculiasis

55. The progress that had been made in the follow-up of the resolution to eradicate dracunculiasis from the Region by 1995 was reported. It showed that the number of guinea worm cases had decreased from over 10 million in 1986 to less than 3 million in mid-1992. It was also shown that all the 17 endemic countries in the Region had initiated national eradication programmes and several were making good progress.

Other parasitic diseases

56. WHO had been collaborating with UNICEF in negotiations with the manufacturers of Praziquantel to obtain a lower price for this important drug for the treatment of schistosomiasis. Only an affordable price for this drug would facilitate the implementation of national schistosomiasis control programmes. The Regional Office had intensified its support to onchocerciasis control devolution and a new initiative to strengthen multi-disease surveillance and control had recently been developed. With regard to the frequent epidemics of African trypanosomiasis, a ten country project covering Central Africa had been initiated by WHO for the control of this disease.

Epidemics and emergency preparedness

57. The alarming situation of the lack of preparedness to control epidemics, e.g. cholera, was highlighted. The Committee was informed that the Regional Office had set up a special task force to assist member countries with the elaboration of project documents for external assistance in support of comprehensive control measures.

Tuberculosis and leprosy

58. The threat posed by the increasing incidence of tuberculosis as a consequence of the increasing spread of HIV infection was underscored. Intensified case detection and the effective use of short course chemotherapy regimens were advocated by the Regional Office, and support in the form of consultancy services and training guides and manuals were being provided to countries. Increased extrabudgetary funds in the Region had enabled the realization of increased Multi-Drug-Therapy Coverage from 17% in 1990 to 31% in 1992.

Discussion on the Work of WHO in the African Region: Succinct Report of the Regional Director

59. Thirty Member States commented on the Regional Director's Succinct Report. They congratulated the Regional Director and the Regional Office for the quality of the report and reviewed numerous health issues in their countries and the status of cooperation with WHO. Important issues of general concern and interest that were raised are set out below:

(i) As the tide of democratization is sweeping across the continent, health policy and planning must be people-centered. The principles of equity and social justice must be observed

(ii) It is important for governments to support community health initiatives with appropriate policy, technical assistance and resources. The International Conference on Community Health in Afraica must be applauded for underscoring the importance of community initiatives.

(iii) Progress in decentralization continues to be of paramount interest among Member States. Direct funding to the district is an important strategy.

(iv) The need to improve functional literacy among women is a primary concern for the achievement of health for all. Programmes to strengthen the role of Afreican women in development should be launched.

(v) Poverty alleviation must accompany other thrusts in the struggle to improve health.

(vi) Afraicans must stop killing and maiming other Africans. Civil disturbances must cease so that the continent can enjoy peace and stability necessary for the socioeconomic development of individuals, families and peoples of the Region. Health leaders have a duty to intervene in these issues.

(vii) Training is a very important component in health development.

(viii) New and more sustainable mechanisms for financing health care need to be developed.

(ix) There is a need to further strengthen WHO country offices and WHO country teams.

(x) Effective steps need to be taken to address the population explosion in Africa.

(xi) Improved water supply and sanitation; disease prevention and control, including the control of AIDS, malaria, cholera, diarrhoeal diseases, and acute respiratory infections; the provision of essential drugs, reduction in tobacco use; the need for more attention to mental health; the importance of health education and education, information and communication for health; food security and the promotion of breastfeeding, and the need to improve the quality of health care in general are major concerns.

60. A number of African countries, especially those in southern Africa, spoke at length on the severe impact of drought on the health of their people and the need for relief.

The release of WHO funds

61. In response to the concern of a number of delegates on delays in the release of funds for activities agreed to in their country programmes, it was noted that WHO funds were generally released as quickly as possible. The financial rules of WHO, however, required that certain details of how the money would be spent be provided before funds are released. Where delays had been experienced, they had been due to the absence of relevant information. Detailed information at the outset would help to avoid delays.

WHO's zero growth budget

62. The Regional Director shared the concerns of the speakers who challenged the policy of WHO operating on a zero-growth budget, particularly at a time when health problems worldwide were increasing. The Organization's budget, and therefore, the allocation of funds, depended on the contributions of Member States. Most countries were faced with serious financial constraints,

even countries thought to be among the richest. To improve the situation there was need for a political will on the part of Member States to increase contributions. Furthermore, there was need for a worldwide consensus to invest more resources in health.

Division of resources between curative services on the one hand and health promotion and preventive care on the other

63. Dr Monekosso understood the dilemma ministers of health faced in allocating funds between curative services on the one hand, and health promotion and prevention on the other. In view of the positive long-term effects of health promotion and prevention, the Regional Director suggested that the curative services budget be decreased gradually over a period of time with a concomitant increase in the budget for health promotion and protection until an acceptable equilibrium was reached. Such a scenario would require further research.

Phasing out of the production of tobacco

64. It would take time to replace tobacco production with other crops. Participants were asked to bear with countries trading in tobacco, as some of those countries were heavily dependent on that crop. Economic plans had to be made and successfully implemented for the phasing out of tobacco in those countries.

Centres for advanced training in public health

65. The Regional Training Centre in Cotonou would be supported by WHO. The Centre needed the support of all countries.

Educational Materials in the Portuguese Language

66. There was increased cooperation between the Ministry of Health of Portugal and WHO. That cooperation would facilitate the translation of texts into Portuguese.

Peace and political stability as a condition for health development

67. The Regional Director endorsed the concerns of the many speakers on the relationship between health, peace and political stability. Health was a peaceful activity inasmuch as equity in health contributed to equity in social development. WHO had contributed and would continue to contribute to peace and stability through health promotion.

Drought, famine, refugees and displaced persons

68. Africa had more than its share of problems with drought, famine, refugees and displaced persons, and WHO had not been as active as it would have liked to be, in Dr Monekosso's view. Avenues were being explored for increased assistance in that area.

Importance of public education

69. Health For All was a massive educational process and illiteracy was a hindrance to health. Education was one of the pillars of primary health care.

Intersectoral collaboration and WHO's leadership role in health

70. The Regional Director acknowledged collaboration with UNICEF and the World Bank. In the spirit of African unity and solidarity which were important to health, cooperation with the OAU would continue.

71. Commenting on concerns that WHO might be losing its leadership role in health, Dr Monekosso said that WHO would not trail behind any agency. He assured sister agencies that the competition for leadership in health would be very tough because the WHO Regional Office for Africa would strive to do the best possible job.

72. At the end of Dr Monekosso's response, Dr Barakamfitiye, Dr D'Almeida, Dr Boal and Dr Wurapa (Secretariat) were invited to make comments on their respective programme areas.

73. Dr Barakamfitiye thanked the Regional Committee for its words of encouragement to the Regional Office. He said that the Regional Director had taken very careful note of the guidelines arising from a discussion of his succinct report and would take the necessary measures for their implementation. He had noted that the representatives of Member States dwelt on the main programmes tieing in with regional priorities such as: support to national health systems, health protection and promotion and disease control. The Committee's attention was also drawn to the fact that most of the questions raised fell under specific agenda items of the present session, in particular: malaria, diarrhoeal diseases, tuberculosis and leprosy, epidemics, water and sanitation and AIDS.

74. As concerns the strengthening of the offices of WHO representatives and support to WHO country teams, Dr Barakamfitiye said that the Regional Director had taken note of the delegates' clearly expressed desire regarding wider delegation of authority to WHO representatives, including budget matters. He said it had been clearly indicated that WHO country teams are a priority for the Regional Office. Their structure, composition and status (for non-personnel members) were being followed with the greatest attention. Activities on the formation of those teams had already started.

75. In response to questions and technical observations by delegates, Dr D'Almeida provided clarifications on the issue of support to national health systems.

Training

76. On training, the Regional Office had taken note of Mozambique's decision to establish an Advanced Health Sciences Institute with emphasis on training and research. The Regional Office was ready to provide technical support once the country had defined project objectives, structures and activities. The Regional Office would act favourably when informed of Mozambique's desire to strengthen its Faculty of Medicine.

77. In the area of public health training, the Regional Office had made an effort to ensure that the programmes took account of the real epidemiological, social and economic conditions of the Region. African public health institutes and departments were ready to provide the required general public health training for management at the district level and beyond. Reference was made to the Brazzaville (1990), and, Berlin (1992) meetings devoted to

this subject. The Regional Office would be convening another meeting in December 1992 to launch the network of institutions for specialized studies in public health.

78. The request from Namibia for the continued services of the WHO experts would be studied by the Regional Director with the promptness it deserved.

Increase of managerial capacities

79. Remarks made on management related to increasing management capacities at the district level. Requests from the countries would continue to be treated promptly and documents were being prepared to that end.

Solar energy

80. He informed the delegates that comprehensive documentation on new technologies using solar energy had been circulated to all the countries. Some countries had already shown interest in the technology and arrangements were under way to mobilize extrabudgetary resources. The details on all those arrangements would be finalized in 1993.

Traditional medicine

81. The Regional Office noted the desire of Burkina Faso, in particular, to increase the use of traditional medicine in their health system.

Procurement of essential drugs

82. With regard to the procurement of essential drugs the problem was real especially at the peripheral level of the health system, and that various approaches such as the Bamako Initiative and the African Initiative for Essential Drugs (AED) might prove useful.

Research

83. Namibia's concern in the area of research would be attended to under the existing subregional project in Harare, Zimbabwe.

Health Protection and Promotion

84. Dr Boal, commenting on concerns of the delegates relating to health protection and promotion, covered the areas set out below.

Public information and education for health

85. The fact that all delegates had referred to public information and education for health attested to its importance in national health development.

Tobacco or health

86. The Tobacco or Health Programme was of particular interest to Malawi, Guinea and the Central African Republic, among the countries that produced tobacco or its derivatives. The complex problem connected with the programme involved the conversion from tobacco production to other crops, especially in countries where tobacco was both an essential factor in economic development and a major source of foreign exchange. The complexity of the question required that it should be dealt with in a multidisciplinary context to which the various sectors involved should contribute.

Nutrition

87. The delegations of Malawi, Namibia, Seychelles and Zimbabwe expressed their concern regarding the nutrition problems caused by the drought experienced in the countries. The delegation of Zimbabwe also referred to the difficulty of implementing the recommendations of the WHO/UNICEF joint statement on HIV transmission and breastfeeding (1 May 1992). Several delegations introduced the issue of chronic diseases related to diet and life-styles, and mentioned the fruitful collaboration between the Regional Office and Member States on the control of micronutrient deficiencies.

Maternal and child health/family planning

88. The programme attracted comments from many delegations, in particular Gambia, Central African Republic, Kenya, Malawi, Namibia, Sao Tome and Principe, Tanzania, Uganda and Zimbabwe.

89. The various statements touched upon the need to mobilize extrabudgetary funds for training and retraining health personnel, especially traditional birth attendants, and improvement of the conditions of attending upon pregnancy and delivery to reduce the inacceptable rates of maternal morbidity and mortality. Attention was also to be paid to the implementation of the new methods of managing maternal and child health services based on the "Methodology of the District Team Problems-Solving" that had already been used in several countries of the Region, notably Lesotho, Senegal, Uganda and Zambia.

90. One country underlined the worsening of maternal and child health indicators, especially so far as the infant mortality rates were concerned, and this was attributed to the deterioration in economic conditions and family purchasing power.

Water supply and sanitation

91. Questions had been raised especially by the countries of southern Africa and by Cape Verde, on the subject of drought and the conditions of hygiene for displaced and refugee populations. It emerged that the impact of drought should be considered in a multisectoral and intersectoral context since it not only had implications for hygience and sanitation but also in regard to the production of food and the nutritional status of the most vulnerable groups and in regard to the massive migration of the rural populations.

92. In some countries it had been affirmed that less attention had been paid to sanitation during the implementation of the International Drinking-Water Supply and Sanitation Decade, and the AFRO secretariat indicated that the Organization was prepared to participate, in conjunction with the countries, in correcting the reported disequilibrium.

93. The concerns of the delegates regarding the various programmes on health protection and promotion in the Region would be discussed with WHO representatives in the Member States after the forty-second session of the Regional Committee so that plans of action for resolving the problems raised could be formulated.

Child survival and control of communicable diseases

94. Answering questions on Disease Prevention and Control that were raised during the discussion, the Secretariat supplied information on a number of points under the two programmes.

95. Several delegates spoke of the worsening situation of communicable diseases and the dangers posed to their respective countries. However, noncommunicable diseases were regarded as a priority problem for disease control in only two countries: Mauritius and Seychelles. Specific communicable diseases were not named but all delegations underlined the importance of WHO collaboration with the countries in communicable disease control.

96. The following communicable diseases had been the subject of progress reports on the status of control programmes in the Region: trypanosomiasis, onchocerciasis, tuberculosis/leprosy, diarrhoeal diseases and acute respiratory infections.

Malaria

97. Many countries mentioned malaria as a major health problem. The increased efforts to mobilize governments and communities to address malaria control issues using the regional strategy had been receiving an enthusiastic response from the countries where it was endemic. Since the Brazzaville meeting in October 1991 over 20 countries had requested technical assistance from the Regional Office for reorientating their national control programmes. The Secretariat trusted that, as a matter of urgency, individual action plans for malaria control would be drawn up by each country where it was endemic.

98. The Secretariat had taken good note of the need to have Portuguese-language versions of training modules and guidelines and indicated that the guidelines for the diagnosis and treatment of malaria were being translated into that language.

99. In closing the discussion on this agenda item, the Regional Director, Dr Monekosso responded to the issues raised by delegates in their interventions and clarified other issues.

REPORT OF THE COMMITTEE ON CREDENTIALS

100. The Hon. Mme Lombilo, Minister of Health and Social Affairs of the Central African Republic, Chairperson of the Credentials Committee presented the report of her committee. She reported that all Member States had already deposited acceptable credentials except for Liberia and Zaire. It was proposed that the representatives of the two countries be allowed to participate in the Regional Committee pending the arrival of their formal credentials.

EPIDEMICS SITUATION IN THE AFRICAN REGION (document AFR/RC42/4)

101. This agenda item was presented to the Regional Committee by the Secretariat. The main disquieting characteristics of recent, frequent epidemics in the Region were listed and briefly described. The role of WHO in supporting the national efforts in the control of epidemics was outlined with

regard to training, technical support and logistic support to operations was elaborated. The activities at the country level in implementing the surveillance and control of epidemics within the African Health Development Framework were then described. It was emphasized that the framework provided guidelines for implementation as well as for the monitoring and evaluation of epidemic control activities at all levels of health services. Finally the Member States were called upon to mobilize national authorities and their respective communities to obtain political commitment and active community involvement in the control of epidemics.

Discussion

102. During the discussions delegates made the following observations:

(i) Malaria outbreaks should be included in the list of epidemics.

(ii) Effective strategies and relevant programmes should be elaborated as well as epidemic control taking into account the following aspects: provision of safe drinking water, environmental sanitation, disease surveillance and prompt notification to neighbouring countries as well as exchange of information between countries.

(iii) There should be adequate training for health staff.

(iv) It is important to include the necessary budget line for epidemic control in the country AFROPOC.

103. After the discussions, Dr Barakamfitiye (Secretariat) expressed his gratitude to the delegates for their pertinent comments and provided appropriate clarifications. There was no doubt that increasing numbers of countries faced malaria epidemics in the recent past. This disease remained a real threat. Yellow fever, meningitis and cholera were also mentioned in the report.

104. The attention of the Regional Committee was drawn to the fact that last May, the Regional Director presented on the occasion of the Forty-fifth World Health Assembly a document on Strategy and Resource Mobilization for cholera control which the ministers of health adopted. This proposal would be followed up by the Regional Office, and the same approach would be used for the other epidemic diseases.

105. Intercountry meetings on cholera control had been organized in the framework of TCDC in Lusaka, Zambia and Cotonou, Benin. These meetings had had as one objective, the exchange of information on the full extent of the problems and on combined control methods. In addition, the Regional Office always immediately informed the countries neighbouring the one with the initial outbreak of an epidemic.

106. Concerning training, two courses in epidemiology for senior level staff have been developed in Bamako for the French-speaking countries and in Nairobi for the English-speaking ones.

107. In addition, training modules in epidemiology for district health management teams have been developed by the Regional Office. These modules would be made available for use in the countries. Training materials on the control of epidemics were being developed.

108. Finally, the Regional Director would continue to encourage, in collaboration with WRs, that the budgetary allocations for emergency preparedness and respone including epidemics were permanently provided for in the country AFROPOCs.

AIDS PREVENTION AND CONTROL: CURRENT STATUS IN THE AFRICAN REGION (document AFR/RC42/5/Rev.1)

Presentation

109. Document AFR/RC42/5 Rev.1 was introduced by Dr P. O. Fasan, Programme Manager for the Global Programme on AIDS, AFRO, on behalf of the Regional Director. The magnitude of the HIV/AIDS pandenic was highlighted including a description of its severe social and economic consequences. The resurgence and spread of tuberculosis associated with HIV infection was causing great concern. A high percentage of hospital beds were occupied by AIDS patients and the cost of AIDS patients care was escalating. The number of orphans whose parents have died of AIDS was increasing at an alarming rate.

110. The report highlighted the need for increased national commitment, empowerment of women to enable them participate more actively in AIDS prevention and control.

111. There was also an urgent need to improve and equip blood transfusion services to ensure that all blood units transfused at all levels of health care were screened for HIV.

Discussion

112. Twenty-five delegates from countries commented on document AFR/RC42/5. In addition the representatives of the Christian Medical Commission and World Bank also spoke.

113. Many delegates were concerned with recent reductions in the support given by the donor community to African States for the prevention and control of AIDS despite the fact that all countries were experiencing an escalation in the incidence of HIV infection and AIDS cases. They appealed to the international community to increase their support to AIDS/STD prevention and control programmes. Further help should be given in the procurement of essential drugs for the treatment of STDs as the programme is now being integrated with the the Global Programme on AIDS.

114. Several delegates observed that there was need to give greater emphasis to interventions aimed at reducing transmission via blood transfusion and unsterilized equipment.

115. Many delegates urged that more research be undertaken into the sociocultural aspects of sexual behaviour in order to enable the programmes to develop more refined intervention strategies. Others urged that research be intensified to find effective drugs and vaccines for treatment and prevention of AIDS.

116. One delegate sought clarification on the WHO position on the transmission of HIV to infants through breastfeeding.

117. Responding to specific questions raised by delegates, the Director, GPA, on behalf of the Regional Director stated that the risk of HIV transmission to infants through the breast-milk of their infected mothers was greatest in cases where the mother was newly infected or was severely ill with AIDS. WHO was collaborating with UNICEF to provide guidelines for operationalizing the consensus statement (document WHO/GPA/INF/92.1).

118. With respect to drugs for the treatment of STDs and reagents for diagnosing HIV infection, WHO was collaborating with the appropriate organizations and agencies to make these available to the countries at a much lower cost. Guidelines were also being prepared for simpler but effective treatment regimens.

119. On behaviour and AIDS, there was growing evidence that behaviour can be influenced to lessen the risk of acquiring HIV infection through the use of multifaceted and multidisciplinary approaches (e.g. combination of mass media, peer education, condom social marketing and favourable social environment).

120. The apparent drop in the contribution given by donors was due to an increased rate of implementation of programme activities, STD integration, the cost of caring for an increasing number of patients and an expansion of the list of countries seeking donor support as a result of the spread of the pandemic to other regions. The amount of donor contributions to the WHO Trust Fund for AIDS prevention and control had not diminished; however, its utilization and the need for more funds by national AIDS programmes had increased.

121. There was need for better coordination of AIDS-related activities and donor input at the national level in order to attract more donor support. It was therefore recommended that Ministers should endeavour to raise and discuss this issue at every opportunity.

122. The Regional Director urged Member States to themselves allocate amounts in their national budgets for AIDS/STD control and prevention programmes, as a demonstration of their commitment to combat this pandemic.

123. The Regional Committee commended the Regional Director for the quality of the document, and endorsed the recommendations and actions taken to implement the global strategy and regional thrusts. They endorsed the report and adopted the resolution AFR/RC42/R5.

REORIENTATION AND RESTRUCTURING OF HOSPITALS BASED ON PRIMARY HEALTH CARE IN AFRICA (document AFR/RC42/6)

Presentation

124. Dr A. M. D'Almeida, Programme Director, Support to National Health Systems, introduced document AFR/RC42/6 entitled "Reorientation and Restructuring of Hospitals based on Primary Health Care in Africa", on behalf of the Regional Director.

Discussion

125. After considering the document the Regional Committee reaffirmed the importance of district hospitals participating in community action. It also emphasized the importance of more equitable distribution of resources, of setting up systems for financing health care and of rationalizing activities with a view to reducing the cost of care.

126. It drew attention to the place of training and motivating personnel to carry out the reorientation and restructuring of hospitals.

127. Setting up effective managerial committees, as proposed in document AFR/RC42/6, should be one of the priority activities to which preference should be given when taking steps to ensure the rational and efficient functioning and organization of hospitals within the provincial network.

128. The Regional Committee commended the Regional Director for the high quality of the document. It adopted the resolution AFR/RC42/R6.

WAYS AND MEANS OF IMPLEMENTING RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE WORLD HEALTH ASSEMBLY AND THE EXECUTIVE BOARD (document AFR/RC42/7 and AFR/RC42/7 Add.1)

129. Dr C. Shamlaye, member of the Executive Board, introduced items 7.1 to 7.3 of the agenda. Introducing document AFR/RC42/7, Report of the Regional Director on resolutions of regional interest adopted by the Forty-fifth World Health Assembly, he said that pursuant to resolution AFR/RC30/R12, the Regional Director was submitting the report to the Committee for its consideration and he invited the Committee to give guidelines on the implementation of the resolutions and recommendations for transmission to the Executive Board.

130. Those (17) resolutions of regional interest contained a wide range of proposals and the Regional Director had grouped them by programme in accordance with the classified list of the Eighth General Programme of Work.

- General programme development and management;
- Development of human resources for health;
- General health protection and promotion;
- Protection and promotion of the health of specific population groups;
- Promotion of environmental health;
- Diagnostic, therapeutic and rehabilitative technology;
- Disease control, and
- AIDS.

131. The Committee adopted the document.

AGENDAS OF THE NINETY-FIRST SESSION OF THE EXECUTIVE BOARD AND THE FORTY-SIXTH WORLD HEALTH ASSEMBLY: REGIONAL IMPLICATIONS (document AFR/RC42/8)

132. In pursuance of Article 50 of the WHO Constitution, World Health Assembly resolution WHA33.17 and Regional Committee resolution AFR/RC30/R6, concerning the coordination of the agendas of the Governing Bodies of WHO at worldwide and regional levels, the Regional Director had submitted for consideration by the Regional Committee the provisional agendas of the ninety-first session of the Executive Board and the Forty-sixth World Health Assembly.

133. The document drew the Committee's attention to the provisional agenda items of those two Governing Bodies that were of interest for the Region, in particular:

(i) Reports of the Regional Directors on significant regional developments, including Regional Committee matters (resolution WHA33.17).

(ii) Proposed Programme Budget 1994-1995.

(iii) Global strategy for the control of AIDS (progress report) (resolutions WHA40.26 and WHA41.24).

(iv) WHO response to global change.

(v) Method of work and duration of the World Health Assembly.

134. A draft agenda for the forty-third session of the Regional Committee was also submitted for consideration by the Committee at the present session.

135. The Regional Committee noted with satisfaction the correlation between the agendas of the Governing Bodies at global and regional level and adopted the report of the Regional Director.

METHOD OF WORK AND DURATION OF THE WORLD HEALTH ASSEMBLY (document AFR/RC42/9)

136. The Forty-sixth World Health Assembly would open at 12 noon on Monday, 3 May 1993 in Geneva, followed by the meeting of the Committee on Nominations, to submit proposals in accordance with Rule 25 of the Rules of Procedure of the Health Assembly so as to permit elections to take place on Monday afternoon.

137. In accordance with resolution WHA36.16, the duration of the Assembly should be as near to two weeks as was consistent with the effective conduct of business.

138. In order to facilitate the work of the Health Assembly and to improve the preparation of Health Assembly work by the Regional Committee, the Regional Director was making specific proposals to the Committee regarding the following topics:

(i) election of the President and Vice-Presidents of the Health Assembly;

(ii) election of the Chairmen, Vice-Chairmen and Rapporteurs of Committees A and B;

(iii) election of Members entitled to designate a person to serve on the Executive Board;

(iv) closing ceremony of the Forty-sixth World Health Assembly;

(v) informal meeting of the Regional Committee prior to the opening of the Health Assembly.

(vi) daily meetings of African delegations to the World Health Assembly.

139. The Committee adopted procedural decision No.9.

REPORT OF THE PROGRAMME SUB-COMMITTEE (document AFR/RC42/21)

Presentation

140. The different items of the Report of the Programme Sub-Committee were introduced by members of the Sub-Committee as follows:

- Dr B. D. Fereira (Angola), Rapporteur: the document (AFR/RC42/21) and a resume of the items examined on behalf of the Regional Committee;
- Dr R. Owana Essomba (Cameroon), President: the Proposed Programme Budget 1994-1995 and the Ninth General Programme of Work;
- Dr G. K. Bolla (Zambia), Vice-President: the report of the African Advisory Committee for Health Development (AACHD) and the Final Evaluation Report of the International Drinking Water Supply and Sanitation Decade;
- Dr G. Komba-Kono (Sierra Leone), Member: the report on the Inter-regional Conference on Malaria Control in Africa; the progress report on the Regional Programme for Tuberculosis and Leprosy Control; the progress report on the Expanded Programme on Immunization.
- Dr (Mme) G. Dossou (Benin); Member: four progress reports on Onchocerciasis Control in the African Region, the Regional Diarrhoeal Diseases Control programme, Emergency Preparedness and Response and Traditional Medicine.

141. The full report of the Programme Sub-Committee appears in Annex 11.

142. The Programme Sub-Committee had critically examined the budget document chapter by chapter and in fact devoted almost two days of its meeting to discussing it. The delegates had asked many questions and sought clarifications and the Secretariat, led by the Regional Director personally, had answered questions and provided clarifications to the satisfaction of delegates.

143. Arising from the discussion of the document AFR/RC42/2, the Sub-Committee had formulated the following recommendations to the Regional Committee for adoption:

(i) That the Regional Director's Development Fund should be increased in this budget or the next (1996-1997) so that he can make more than a token response to emergencies such as the drought.

(ii) That the Regional Director be asked to mobilize extra-budgetary funds for the following programmes: Oral health, Nutrition, the Expanded Programme on Immunization (EPI), Vector Biological Control (VBC), Acute Respiratory Infections and Zoonoses; (these important programmes must be kept alive at the regional level, even if few countries included them in their country programmes).

(iii) That the Regional Director create a budget provision for the programme "Women, Health and Development", and include a budgetary allocation table for the programme in the 1994-1995 budget.

(iv) That the Regional Director merge the programme on Sexually Transmitted Diseases with the AIDS control programme at the operational level, in the budget documents and in the Ninth General Programme of Work.

(v) That the Member States be asked to give high priority to the Vaccination programme.

(vi) That the Member States review their budgets in relation to the programme "Women, Health and Development", and make use of extra-budgetary funds in this area of activity.

(vii) That WHO at the global level should investigate the reasons for the escalating prices of vaccines, and join with UNICEF and other organizations in persuading manufacturers to reduce the prices.

144. The Sub-Committee noted that the drought and famine presently affecting some Member States were likely to result in increased cases of malnutrition, the effects of which would begin to show up during the 1994-1995 period. Extra-budgetary funds must be mobilized for this programme by WHO, notwithstanding the activities of FAO, WFP and UNHCR.

145. In relation to potentially toxic chemicals, the Committee noted the lack of facilities in countries for testing and identifying such substances. There was a role for WHO to play, on behalf of developing countries, in the area of testing.

146. The Sub-Committee had accepted the Budget, inclusive of their recommendations agreed during the discussion, and proposed that the Regional Committee adopt the resolution requesting the Regional Director to transmit the document to the Director-General.

147. The Sub-Committee took note of a report, which was tabled, on the review of the criteria used to apportion budgetary allocations to countries. As requested by resolution AFR/RC40/4, the Regional Director had convened a group of experts to study the matter and make recommendations. Information was being collected from the countries to test the proposals of the expert group before final decisions are taken about their use in the next budget.

148. In relation to the Ninth General Programme of Work the Secretariat had given an excellent slide presentation to the Sub-Committee. It indicated the rapid and constant changes (globally and in the countries) which faced WHO and for which WHO must develop new orientations, strategies and tools. Arising from the analysis, a new integrated list of programmes had been developed and submitted for comments. The Sub-Committee had made pertinent comments.

149. The attention of the Regional Committee was drawn to document AFR/RC42/INF.DOC/9 entitled "AD HOC COMMITTEE MEETING ON WHO RESPONSE TO GLOBAL CHANGE". At their meeting held on 12-13 July 1992, an ad-hoc committee of African ministers of health had discussed the issues of global changes which WHO must face and which must be taken into account in the Ninth General Programme of Work.

150. The Ad-hoc Committee affirmed that WHO should retain its mandated leadership role in health matters, and should continue to recruit quality personnel and improve its communication within the Organization and with the countries.

151. Innovative approaches were needed to deal with the challenges in the areas of health care financing, accessibility of quality care, health emergencies, environmental protection, containment of population growth and mental health. In particular the Organization should maintain technical excellence which is the foundation for its credibility.

152. The Programme Sub-Committee then presented its report to the Regional Committee on Malaria, the Expanded Programme on Immunization, the Control of Diarrhoeal Diseases, Acute Respiratory Infections, Tuberculosis and Leprosy, the Control of Onchocerciasis, Emergency Preparedness and Response, and communicable diseases as reflected in the documents on each subject. Some concern was expressed about the future of EPI in the Region in view of the rising price of vaccines and the attendant need for national budgets to make provision for their purchase. The collaboration of the Regional Office with the Member States in the control activities regarding these diseases at the country level was appreciated and encouraged.

Discussion

153. Members of the Regional Committee congratulated the Programme Sub-Committee on the work that had been done on the budget. They adopted the Sub-Committee's recommendations and approved resolution AFR/RC42/R2 on the budget.

154. The Regional Committee commended the request of the Chairman of the Programme Sub-Committee to have their documents at least a month in advance and that their meeting be scheduled for a week before the Regional Committee.

155. The Regional Committee also referred to the importance that countries attached to the collaboration with the Regioal Office and fully supported WHO and other international organizations negotiating with manufacturers in obtaining more affordable prices for vaccines and anti-parasitic drugs.

156. Concern was expressed by some delegates about the free donation of ivermectin to endemic countries and the fear that this offer might suddenly be withdrawn when countries are not in a position to pay for the drug. The Director of OCP advised that Mack Sharp and Dome of ivermectin had made the offer of free ivermectin to all endemic countries. The drug company was receiving a tax rebate from the United States Government. This tax rebate was equal to or higher than the profit that could be made from the sale of the drug. Therefore, the prospects of the continued availability of free ivermectin was good.

157. Regarding the question of reinvasion of simulium flies from non-OCP countries into the onchocerciasis control areas, it was noted that an active programme of onchocerciasis control had begun in Nigeria which was progressively reducing the risk of reinvasion. Liberia was not in a position to start a control progrmme at this time. Consequently, the threat of re-invasion from that country remained.

158. The Regional Committee noted with satisfaction and endorsed the report of the African Advisory Committee on Health Development.

159. The Regional Committee endorsed the report of the Programme Sub-Committee, and adopted the five resolutions that were attached to it.

Composition of the Programme Sub-Committee for 1993

160. The Chairman announced that, in accordance with resolution AFR/RC25/R10 and Decision 14 of the fortieth meeting, the following six Member States retire from the Sub-Committee in 1992 at the end of their term of office: Cameroon, Sierra Leone, Swaziland, Togo, Uganda, Zaire. He thanked them warmly for their contributions. In keeping with the same instruments, the following six countries became members of the Programme Sub-Committee: Botswana, Burkina Faso, Burundi, Cape Verde, Chad, Central African Republic. The report of the meeting of the new Sub-Committee appears in Annex 12.

PRESENTATION OF THE REPORT OF THE TECHNICAL DISCUSSIONS (document AFR/RC42/22)

161. A report on the Technical Discussions on Essential Health Research (EHR) for National Health Development was presented by Professor F. K. Nkrumah, Chairman of the Technical Discussions. The report is reproduced in Annex 13.

NOMINATION OF THE CHAIRMAN AND ALTERNATE CHAIRMAN OF THE TECHNICAL DISCUSSIONS IN 1993 (document AFR/RC42/23)

162. The Committee nominated Professor Kassi Leopold Manlan (Côte d'Ivoire) as Chairman of the Technical Discussions in 1993. It also nominated architect Alberto Pires Camacho Ribeiro as alternate Chairman.

CHOICE OF SUBJECT FOR THE TECHNICAL DISCUSSIONS IN 1993

163. The Committee confirmed the choice of the following subject for the Technical Discussions at its forty-third session in 1993: "Development of health infrastructures".

CHOICE OF SUBJECT FOR THE TECHNICAL DISCUSSIONS IN 1994

164. The Committee decided to confirm Procedural Decision 6 taken at its forty-first session in Bujumbura that the subject of the Technical Discussion at its forty-fourth session be: "Selection and developing of health technologies".

DATES AND PLACES OF THE FORTY-THIRD AND FORTY-FOURTH SESSIONS OF THE REGIONAL COMMITTEE IN 1993 AND 1994 (document AFR/RC42/25 Rev.1)

165. Mr D. Miller (Secretariat), on behalf of the Regional Director introduced document AFR/RC42/25 Rev.1 which invited the Regional Committee to confirm its decision to hold its forty-third session in Brazzaville, unless a country invites the Regional Committee to meet elsewhere and agreed to pay the full extra cost of holding the meeting away from the Regional Office, and to hold its forty-fourth session in Brazzaville. The document called attention to resolution AFR/RC41/R13 which calls upon Member States desirous of hosting a Regional Committee to take responsibility for all additional costs.

166. The Regional Committee confirmed its decision to hold its forty-third session in Brazzaville unless invited to meet elsewhere by a country agreeing to pay the full extra cost of holding the meeting away from the Regional Office, and to hold its forty-fourth session in Brazzaville.

167. The Committee noted the interest of four countries in hosting future sessions of the Regional Committee, by virtue of enquiries they had made of the Secretariat to quantify the extra costs involved. The Regional Director would welcome invitations to host future sessions of the Regional Committee.

CLOSURE OF THE FORTY-SECOND SESSION

168. The Regional Director thanked the Chairman and other members of the Bureau of the forty-second session, the delegates from Member States, the representatives of the OAU, UN organizations, NGOs and other observers and visitors, all of whom had contributed to the rich experience which the meeting of the Regional Committee had been.

169. The Secretariat was fully committed to rapid and effective implementation of the resolutions and procedural decisions taken by the Regional Committee.

170. He made special mention of the General Mobilization for Community Health which had been launched at the first International Conference on Community Health in Africa (CISCA), held in Brazzaville over the previous weekend (4-6 September 1992). There was need to continue and to amplify this mobilization in favour of community health in all sectors, in all countries of the Region, as one effective means of improving the health status of the peoples, despite the financial, social and political crises facing the continent as a whole.

171. A motion of thanks to the Head of State of the Republic of the Congo, for his participation in the opening ceremonies, was moved by Hon. Mr Ralph Adam, Minister of Health of Seychelles, and unanimously adopted.

172. Dr J. R. Ekoundzola, Minister of Health of the Congo, noted that he was the most "newly-appointed" Minister of Health of the Region, having been raised to the rank of minister only a few days previously. It was a memorable experience to have started the Regional Committee as Director General of Health and ended it as Minister of Health. He thanked the Regional Director and participants for their commitment to health in Africa, and their support to CISCA.

173. The Chairman of the Regional Committee, in his closing remarks, thanked the Director-General and all the distinguished personalities that had participated in the meeting. He proposed to use the mechanism of small ad-hoc committees of ministers to look into matters that might arise during his term of office, to enhance the work of WHO in the Region. He thanked the delegates for responding throughout the meeting to his call for punctuality, which had had beneficial results.

174. He then officially closed the forty-second session of the Regional Committee.

ANNEXES

AGENDA

1. Opening of the forty-second session (document AFR/RC42/INF/01)

2. Adoption of the provisional agenda (document AFR/RC42/1 Rev.1)

3. Constitution of the Sub-Committee on Nominations

4. Election of the Chairman, the Vice-Chairmen and Rapporteurs

5. Appointment of the Sub-Committee on Credentials

6. WHO activities in the African Region

   6.1 Succinct report of the Regional Director (documents AFR/RC42/3 and AFR/RC42/3 Add.1)

   6.2 Epidemics situation in the African Region (document AFR/RC42/4)

   6.3 AIDS prevention and control: Current status in the African Region (document AFR/RC42/5 Rev.1)

   6.4 Reorientation and restructuring of district hospitals (document AFR/RC42/6)

7. Correlation between the work of the Regional Committee, the Executive Board and the World Health Assembly

   7.1 Ways and means of implementing resolutions of regional interest adopted by the World Health Assembly and the Executive Board (documents AFR/RC42/7 and AFR/RC42/7 Add.1)

   7.2 Agendas of the Ninetieth session of the Executive Board and the Forty-sixth World Health Assembly: Regional implications (document AFR/RC42/8)

   7.3 Method of work and duration of the World Health Assembly (document AFR/RC42/9)

8. Consideration of the report of the Programme Sub-Committee (document AFR/RC42/21)

   8.1 Analysis of Programme Budget 1994-1995 (document AFR/RC42/2)

   8.2 Report of the African Advisory Committee for Health Development (AACHD) (document AFR/RC42/11)

   8.3 Final evaluation report of the International Drinking Water Supply and Sanitation Decade (IDWSSD) in the African Region (document AFR/RC42/12)

8.4 Regional programme for malaria control: Achievement and perspectives for the 1990s (Report of the Interregional Conference on Malaria Control in Africa, October 1991 (document AFR/RC42/13)

8.5 Regional programme for tuberculosis and leprosy control: Progress and perspectives for the 1990s (document AFR/RC42/14)

8.6 Expanded programme on immunization: Progress made in implementing the Regional strategy for the elimination of neonatal tetanus and the eradication of poliomyelitis (document AFR/RC42/15)

8.7 Onchocerciasis control in the African Region: Progress report (document AFR/RC42/16)

8.8 Regional programme for the diarrhoeal diseases control: Progress report (document AFR/RC42/17)

8.9 Emergency preparedness and response: Progress report (document AFR/RC42/18)

8.10 Traditional medicine: Progress report (document AFR/RC42/19)

9. Technical discussions: Public health research (document AFR/RC42/TD/1 Rev.1)

9.1 Presentation of the report of the technical discussions (document AFR/RC42/22)

9.2 Nomination of the Chairman and the Alternate Chairman for the Technical Discussions in 1993 (document AFR/RC42/23)

9.3 Choice of subject for the 1993 Technical Discussions (document AFR/RC42/24)

10. Dates and places of forty-third and forty-fourth sessions of the Regional Committee in 1993 and 1994 (document AFR/RC42/25 Rev.1)

11. Adoption of the report of the Regional Committee (document AFR/RC42/26)

12. Closure of the forty-second session.

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OPENING ADDRESS BY THE MINISTER OF HEALTH OF BURUNDI HIS EXCELLENCY MR N. NGENDABANYIKWA CHAIRMAN OF THE FORTY-FIRST SESSION OF THE REGIONAL COMMITTEE FOR AFRICA

Your Excellency the President of the Republic of the Congo,
Your Excellency Former President Carter,
Your Excellencies First Ladies,
Distinguished Ministers,
The Regional Director,
Heads of Diplomatic Mission and Representatives of International Organizations,
Ladies and Gentlemen,

It is both my honour and duty to address you on the occasion of the formal opening of the forty-second session of the Regional Committee of WHO for Africa. It is an honour because, in addition to the very high attendance by my colleagues, ministers of health, this meeting has been graced by the presence of two eminent personalities, which, for us, is a source of pride and encouragement.

Indeed Sir, Mr President of the Republic of the Congo, hardly have you taken up the mantle of office than have you honoured us by attending our meeting as your first international duty. By so doing, the importance you have given to the health of Africa, and the Congolese people in particular, cannot go unrecognized. We are extremely grateful to you.

Former President Carter, our guest from the new world, so distant, yet so close to our continent, you have confirmed through your presence here and now what everyone already knows: your sensitivity to the health problems of our continent. Your name is already synonymous with the eradication of guinea worm in Africa, the objective we have targeted for the year 1995. Your sensitivity is both heart-warming and encouraging.

Duty compels me, in my capacity as the current Chairman of the Regional Committee, to present a report. As you are all aware, the socioeconomic situation of our countries has weighed heavily on the budgets of our respective countries; this has led to a considerable reduction in our meagre resources budgeted for social development in general and health development in particular. The consequences of the disastrous AIDS pandemic has further complicated the depressing picture of recurrent epidemics of cholera and malaria. The efforts that we, health authorities, have been making over the decades in favour of health have somewhat slowed down, because our health policies have been heavily state-dependent. Based on these experiences and WHO's recommendations, we have reconsidered our vision with a view to developing a strategy based on real self-responsibility of communities over their own health. In actual fact, nobody can claim to give or even impose health on any community. Experience has shown that this does not work.

Following various WHO actions aimed at focusing efforts on individual and collective self-responsibility, the Bujumbura Appeal served as a catalyst for a general mobilization for community health. Consequently, I approached all my colleagues, the ministers of health and the Regional Director, for joint reflexion on the need to launch a movement for information, advocacy, reflection and solidarity in favour of community initiatives or development in short. Since then, activities have been undertaken within the countries and among countries aimed at giving prominence to some community initiatives out of the many identified throughout the Region. These community initiatives are as varied as they are rich in information, especially with respect to health care financing. The initiatives were reassuring for they have proven that the natural inclination for solidarity in our communities is still intact.

Almost immediately, the creation of the Special Health Fund for Africa has been fully justified in that the Fund aims to support district and community health initiatives. Finally, these initiatives, associations and other local support mechanisms have become national relays of the Special Health Fund. The Heads of State and Government of the OAU, in recommending to us in 1987 the creation of this fund, said, and I quote: "A special development fund should be set up to stimulate action at the district level; especially to encourage (through grants, soft loans and prizes) remarkable local initiatives in health and development". I hasten to say that we are on the right path to responding to the declaration of our Heads of State.

Distinguished ministers of health and dear colleagues,
Ladies and Gentlemen,

It is my feeling that, once again, time has come to re-launch this Special Health Fund, especially among the other directing organs of WHO. I will be making suggestions to you in this regard during this session.

Your Excellency the President of the Republic of the Congo,
Your Excellency Former President Carter,
Excellencies, Dear Colleagues,
Ladies and Gentlemen,

The culmination of this mobilization campaign for health is the International Conference for Community Health in Africa which will take place next Friday in this beautiful city of Brazzaville, a city that has become the de facto health capital of Africa. I would like to sincerely thank the Government and the People of the Congo who, despite a very heavy political schedule, took on the initiative to organize this congregation for health. I would like to extend my thanks to Dr Monekosso, our Regional Director and his team, for all the support provided to this campaign and for the preparation of this Conference which is a veritable rendez-vous for the promotion of the health of African communities.

You may wish to know what I have done in my own country. In Burundi, my country, we have started a mass sensitization movement which has led us to the realization of several income-generating activities for community health. This has led to the creation of the Burundi Foundation for the Promotion of Health and Solidarity for the Sick, which was officially launched in the presence of the First Lady, the Prime Minister and the Regional Director himself who came to lend support to our Organization.

One of the objectives of this nongovernmental association is to maintain a high level of mobilization and solidarity through income-generation for the support and encouragement of local health initiatives. The response nationwide has been very encouraging.

Excellencies,
Ladies and Gentlemen,

I have emphasized this initiative at length. This is because I want to underscore what is at stake and give a world-wide testimony to the commitment of Africa to take up the challenge of health for all. However we must not bury our heads in the sand for major problems still remain. Natural calamities and epidemics are still claiming too many victims; malaria is intensifying, and the list continues. We are all aware of the dramatic situation in southern Africa which is severely affected by drought. Here again, international solidarity will be brought to bear, but we must not forget that the solution to our problems must start from within.

Regarding the AIDS epidemic, its consequences have been catastrophic at the social, economic and political levels. I am personally convinced that this nouvel effort to mobilize African communities to imbibe the spirit of self-responsibility and solidarity is the effective response to these challenges, provided that this effort is supported by national authorities and the international community. It is my fervent wish and conviction that my successor, to whom I will soon be handing over the torch, will continue this endeavour and tell us more in a year's time.

May I conclude by expressing my appreciation to Dr Monekosso and his team for their assistance to our countries in surmounting the various constraints on the road to the health development of our Region. They deserve our support.

I thank you for your kind attention.

ADDRESS BY DR G. L. MONEKOSSO
WHO REGIONAL DIRECTOR FOR AFRICA

Your Excellency the President of the Republic of Congo,

Our most distinguished guest, Mr Jimmy Carter,
Former President of the United States of America,

Mr Chairman of the Regional Committee,

Your Excellencies, Ministers of Health and
heads of delegations,

Distinguished Ambassadors and heads of diplomatic missions,

Your Excellency, the representative of the Secretary General of OAU,

Distinguished heads and representatives of UN specialized
agencies and nongovernmental organizations,

Distinguished delegates,

Representatives of the media,

Ladies and gentlemen,

I would like very simply, but from the bottom of my heart, to wish the warmest and most respectful welcome to our illustrious guests at the forty-second session of the Regional Committee for Africa of WHO. Their presence at the opening ceremony confers upon this occasion an historical and stirring note.

Your Excellency, Professor Pascal Lissouba, President of the Republic of the Congo, I therefore wish you welcome to this house of health where decisions are first discussed and then taken for the health development of the countries of our Region. May I first of all repeat my warmest congratulations to you on your brilliant election to the supreme office of your beautiful land. Here in your presence I pay great tribute to your people for their political maturity, their abnegation and their tolerance that they have shown throughout the process of democratic transition which culminated in your election. As a man of science and culture, which is an association that, alas, is rarely found in politics, you made your address of investiture an excellent blend of determination and clearsightedness, of humanism and rigour, of vision and realism. The family of WHO in Africa considers the fact that you have devoted your first international action to it as a signal honour.

Your Excellency, President Carter, you are a great humanist, an ambassador for peace and development who needs no introduction. Your efforts to promote health and development in Africa are highly appreciated; your personal commitment to the eradication of dracunculiasis is just one tangible example.

Honourable Ministers of Health, you are all at home here in this house and I am always glad to welcome you to it. Be welcome therefore, for one week of work, during which you will study the technical and financial files that are to be submitted to your high appreciation. Your Regional Committee is meeting in a context of crisis, of economic, social and political crisis, the solutions to which, as President Lissouba put it so clearly, require everyone to display the spirit of innovation and creativity. Your decisions and guidelines are awaited in order to impart to the work of your Regional Office that new drive which mobilization for health in Africa must have.

Your Excellencies, ladies and gentlemen, the forty-second session of the Regional Committee has most obviously been set under the happiest of auguries. It may probably be regarded as one of those rare but most privileged moments that mark the life of men, of organizations and countries. It is true that Africa is experiencing a painful period in its history; but it is facing up to it, often with suffering but at times with a brio which holds out hope. Surely the example of the Congo is full of promise and mobilizing force.

Your Organization owes one duty to itself, which is to modify its response to the health and social challenges issued by the entire international community. The Executive Board has invited us to do so and there, too, we shall have to show courage, imagination and creativity. For I believe very strongly that WHO must become one of the essential links in the chain of human solidarity that should unite all men and all women, whatever the dimensions of the problems assailing them, and whatever their level of development.

Ladies and gentlemen, the appeal that you launched in Bujumbura in 1991 is a part of that concern. It exorted us to engage in healthy cooperation between all the regions of the world, on behalf of the health of the children, the women and the men of our continent. I am convinced that it will be heard everywhere.

Your Excellency Mr President of the Republic of the Congo, your Excellency President Jimmy Carter, Honourable Ministers, distinguished guests, ladies and gentlemen,

Thank you for your kind attention.

ADDRESS BY MR JIMMY CARTER
FORMER PRESIDENT OF THE UNITED STATES OF AMERICA

Mr Chairman,
Your Excellencies,
Ladies and gentlemen,

I should like to start by congratulating President Pascal Lissouba, who has brought a beacon of hope and excitement to the continent of Africa and the world through his recent election. Your election, Mr President, is proof that democracy, freedom and human rights are cherished legacies of human beings everywhere. I also want to express my deep appreciation for this honour of coming to your country on this auspicious occasion and I congratulate you personally for this eventful occasion. To Dr Monekosso who is an old friend of mine who has done public health work throughout the world, particularly on this continent, I want to express my friendship and my thanks for the invitation to address this meeting of health ministers and others. Let me also thank the Chairman of the Regional Committee who has served so well since your forty-first session in Burundi.

This is a chance for me as the former president of a great nation to come and re-cement the ties of friendship and common purpose that bind us together. There is no way that the World Health Organization by itself can bring about the promise of a better life to the people of Africa without the full commitment of individual governments like Congo, Burundi and others, along with many nongovernmental organizations and private individuals. I come here today not as a representative of the United States of America but with the full blessing of the government of our country.

But I come to speak on behalf of one major nongovernmental organization that happens to bear my name - the Carter Centre in Atlanta, Georgia. We have seen the interrelationship between the different problems and opportunities that affect people here and in other parts of the world. At the Carter Centre everyday we monitor all the conflicts on earth. As of last night there were 112 conflicts going on around the world. Some of these are major wars, wars during which more than a thousand people have been killed on the battlefield. With the exception of the war in what was Yugoslavia, all the major conflicts now are civil wars. In many cases, because of protocol and the restrictions imposed by its Charter, the United Nations is prohibited from dealing with these conflicts between a government and its citizens who are trying to replace or change that government. This puts a great responsibility on other private individuals to try to bring peace to troubled regions.

This morning I just came from Ethiopia, a nation that was torn apart by war for thirty years; a war during which more than a million people perished - some by bullets and bombs. Many others died from the deliberate withholding of adequate food and medicines. This caused innocent civilians to perish. This is an affliction that has to be borne in several countries still on the continent of Africa.

Another very serious problem in Africa is food deficiency resulting not from war but from external debt that is so heavy a burden to bear, and the lack of access to information or proper tools and fertilizers. For the last twenty years every year the production of food per person in Africa has gone down. The average African citizen now has seventy calories less per day than

he had twenty years ago. This is a situation that can be changed. Under the direction of Dr. Norman, who won the Nobel Peace Prize for his green revolution in India and Pakistan, our Carter Centre now has a global society programme to increase the production of food grain. More than a hundred and fifty thousand small farmers in Africa have learned to increase their production of grain the first year to three times what it was before. So the production of grain and food in Africa is a possibility.

In 1985, we had a vivid demonstration of the value in health care of cooperation among agencies that up until that time had not worked together as a team. The World Health Organization, UNICEF, the United Nations Development Programme, and others who had not worked together before found a vaccine for polio. They came to us at the Carter Centre and as a result of that, the Task Force on Child Survival, now known as the Task Force on Child Survival and Development, was formed. At that moment only 20 percent of the children in the developing nations of the world had been immunized against polio, measles, diphtheria, typhoid and whooping cough. Twenty percent. In just five years, that figure increased to eighty percent. So eighty percent of the world's children today are immunized against these preventable diseases.

Another taskforce that has been formed this weekend at the Carter Centre is one on disease eradication. As all of you know, the only disease eradicated ever was smallpox, and that was about 15 years ago. Until year before last, no other disease had been targeted for eradication. We tried with malaria, and with unforeseen problems, it was not successful. Now two diseases have been targeted for eradication. One is polio and the target date is the year 2000. You might be interested in knowing that last year we had the last case of polio that we ever expect to see in South America, Central America, the Carribean and North America. Now the challenge lies in Africa and in Asia. The other disease already targeted for eradication, and here the Carter Centre is playing a major role, is the disease of guinea worm. This is a horrible disease that affects many people in India, Pakistan, and all across the continent of Africa south of the Sahel. Many of your countries have guinea worm. It affects the poorest and most isolated people on earth. We have set the end of 1995 as the target date for the total eradication of guinea worm. On one of my latest trips to some nations in Africa, I saw full commitment to the eradication of this disease.

I am very grateful for the tremendous progress that has been made by the health ministers and health officials of Africa. It is obvious to all of us that Africa cannot overcome its severe economic problems without progress in health care. Let me give you an illustration of statistics that are indicative of what has been done. In 1960, which is a little more than 30 years ago, 31 nations in Africa had more than 150 infant deaths per thousand. As of 1990, only three nations in Africa still had an infant mortality rate of 150 or more. Another example of health progress is in life expectancy. In 1960, 35 nations had a life expectancy less than 45 years. As of two years ago, 1990, only three nations had life expectancies of less than 45 years. This is incredible progress under the most difficult possible circumstances.

I will now give you the other statistic that indicates this: the wide gap that exists between the industrialized countries and developing nations in the southern hemishpere. In the year 1750, it is estimated that there was equal economic development between the north and the south. By 1850, the industrialized nations had three times the economic development of the countries in the developing world. By 1960, the industrialized nations had

six times the economic progress of countries in the developing world. And by 1990 that ratio had increased to nine times. There is nine times more economic progess in the industrialized world than in most places in Africa and other developing nations.

As you have seen, this society has grown, and a tremendous burden of debt has fallen on the people of Africa. What can we do about improving the economic status of the people of Africa? I will tell you that nothing can be done to improve their status economically until continued progress has been made in health. The World Bank a few years ago ran one cost analysis in a small region of Nigeria that was producing rice. Just because of guinea worm alone that region lost 20 million dollars worth of income per year because guinea worm prevented the farmers from growing their crops. And in addition, of course, the school children during the guinea worm season cannot attend their classes. There is very little likelihood that major investors will welcome an opportunity to come to an African country that does not have adequate health care for the people who live there. The employees, the investors, the governments and the families themselves are all included amongst those that have not adequately addressed the problems of health care.

I have already described to you great progress made by health ministers but I will also tell you that nothing can be done of a long-lasting nature without the direct involvement of the president of a nation, the prime minister, the finance minister, the agriculture minister, the education minister and the transportation minister in a country. And I think it is indeed a wonderful opportunity here to witness this new president who has brought a symbol of hope and democracy to this continent making his first major official appearance here on behalf of the health of his country. That is a wonderful demonstration.

As I have gone around to countries in Africa during the last three years trying to help eradicate guinea worm, I have found that the president of the nation must be involved before the nation's resources can be mobilized. The President of Nigeria has a wonderful Minister of Health who has made tremendous progress in that country. There is no doubt in my mind that Nigeria is the most heavily afflicted country in Africa, in the world as a matter of fact, with guinea worm that will be successful in meeting the target date of total eradication of this disease by 1995.

President Rawlings of Ghana goes to guinea worm villages and himself drinks water from some contaminated ponds after it is screened in a filter and demonstrates to his people, and to the people in other countries, that guinea worm is a very easy disease to prevent if we do basic things that can be explained to villagers in just a few days. So I have high hopes that we will be successful in fulfilling this promise to eradicate guinea worm in the future.

Let me say in closing that there is work still that has to be done. We have not been successful with malaria, but we can help control malaria. The AIDS problem is a tidal wave of concern that afflicts not only your countries but my own as well. However, there has to be an infrastructure of health care adequately to address malaria, AIDS, leprosy, guinea worm and other diseases. And whatever progress is made in the infrastructure of a country in the capital itself, in the president's office, in the health ministry, in the regional centres, in the small villages, among the families, that investment

of health officials, including executive officers of a country, pays its dividends in every aspect of life. There is no way to seperate one disease from another. One of the main problems in many countries, is that the poorer the country is, the worse the health care system is, and the higher the rate of population growth. It is a very interesting fact that has been confirmed by WHO, the World Bank and others, that the best way to control population growth rates is to reduce the infant mortality rate. This seems to be a paradox but there has never yet been a nation on earth where the infant mortality rate has been reduced and the population growth rate did not also come down. As soon as you can teach a mother about her body, the family about caring for a child, you have done the very basic things that give a family respect and confidence in the future. If people believe their children are going to die, they will have as many babies as possible during the childbearing years, so that they will have two or three surviving when they get old, to take care of them. If they believe the children will live then the mother will care for the baby to a safe childhood and the infant mortaltity rate will go down with the population growth rate coming under control. These three are requirements for Africa for constant progress in health care and also constant progress economically. They are all tied together.

I am very delighted as a former president and as the head of the Carter Centre, to get to know the leaders in Africa, particularly in the health field, who have had such exciting progress to demonstrate and I am also grateful today to have a chance to talk to you. My hope is that this Organization headed by Director Monekosso, makes a resolution for the world to celebrate the fiftieth anniversary of the United Nations itself along with the eradication of the second disease in history, and that will be guinea worm. That would be wonderful.

One thing that I would like to add is that the Carter Center also has a programme for the control of onchocerciasis or river blindness. Some countries have started this already. River blindness is in 27 African countries. The Roche Company has made available free of charge ivermectin tablets which are taken one per year to prevent river blindness. And this service is available to your countries. And my hope is that there will be a commitment not only of health officials but of executive officers to control river blindness or onchocerciasis through the use of the invermectin tablets. We are very eager to get them to you and Dr Monekosso knows this quite well.

So in closing let me express my deep thanks for this wonderful opportunity, the honour to be here with this fine new president, and to participate in the future, a glorious future of better health care for the continent of Africa.

Thank you very much.

ADDRESS BY PROFESSOR PASCAL LISSOUBA, PRESIDENT OF THE REPUBLIC OF CONGO

Mr Chairman of the forty-second session of the Regional Committee of the World Health Organization,

Honourable Ministers,

Distinguished delegates,

Ladies and gentlemen,

Allow me, first of all, on this occasion of the forty-second session of the WHO Regional Committee for Africa, to express to you my fraternal and warm greetings and to welcome you to the Congo.

May I, also seize this opportunity, to solemnly underscore the importance of the health status and well-being of our African populations and, to say how happy I am, to address this issue before public health authorities, specialists and representatives of various organizations gathered here, on the occasion of the Office's annual session.

Personally, I am very concerned about the worsening health status of our populations, especially at a time when we are facing an economic crisis that demands 10 to 12 times more physical effort than was the case 20 years ago, as our populations have doubled. Coupled with this are:

- the re-emergence of diseases that had been totally or partially controlled: for instance, trypanosomiasis, malaria, cholera and tuberculosis;
- the continuing spread of the AIDS pandemic with its very devastating socioeconomic effects on the continent;
- the health systems crisis and the deterioration of health infrastructure;
- the reduction in budgetary allocations for health;
- the demoralisation of personnel;
- the shortage of essential drugs.

The list is by no means exhaustive.

No doubt, your Regional Committee as the unique forum for the exchange of information and formulation of policy guidelines committing the future health of our Region, has recommended to the African authorities, and to our populations at large, decisions, initiatives and strategies that will help to tackle this unpleasant challenge.

It is up to you, Mr Regional Director of WHO for Africa, to reassure us with the composure and authority for which I know you, by dispelling our "AFRO pessimism" and by highlighting actions taken by your Office and measures adopted to support initiatives in the areas of health, hygiene, habitat improvement, maintenance of farm-to-market roads and of school infrastructure; in short, all measures likely to enhance health development locally, as well as on a multisectoral and global basis.

While I appreciate these efforts as well as your initiatives for what they are worth, I am still convinced that they can materialize fully only through an effective decentralized policy and a policy of active and conscious participation of the populations with the focus on two key elements:

- first, the intensification of health education and health training activities at all levels and for all population strata;

- second, research in public health.

I am pleased to note that your technical discussions will be on this theme, which certainly deserves special attention as, mastering science and technology and adapting it to the African context will essentially contribute towards resolving problems which are hindering the fulfilment of the priority needs of populations, not only in the area of development, but, more significantly, in that of health. In fact, very few of the diseases which are classified among the most terrifying on our continent can respond to traditional therapy.

As the antigens of trypanosomiasis, AIDS and, indeed, malaria are still ominously lurking somewhere else, new methods of prevention and hygiene must continue to be sought using more effective tools. It is therefore with keen and passionate interest that I await the results of your deliberations.

Ladies and Gentlemen,

It is only through joint efforts that the African peoples can rise up to the challenges of development and progress.

May I, in this regard, say that Professor Monekosso, whose actions I personally support, the World Health Organization as a whole, and the partners of Congo and Africa in health development are making remarkable efforts. I therefore take this opportunity to thank them for their invaluable contribution to the well-being of our peoples and to wish you every success in your work. I also wish our distinguished guests a pleasant stay in the Congo.

I now declare open the forty-second session of the WHO Regional Committee for Africa.

Thank you.

ADDRESS BY DR H. NAKAJIMA
DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION

Ladies and gentlemen,

It is a pleasure and a privilege for me to take part once again in the session of your Regional Committee, and thus to be able to benefit from your appraisal of the health situation and achievements in your respective countries. It is also a unique opportunity to keep you informed and share my views with you on the progress and perspectives of our Organization.

Over the past two years, I have alerted the regional committees, the Executive Board and the World Health Assembly to the way changing socioeconomic and political realities have been affecting health development. I suggest that we, in the World Health Organization, should try to come to grips with this emerging new health environment, and embark on a process of reform to respond to what I sensed would be a period of profound change throughout the world.

As health officials in your own countries, and also as ordinary citizens, you are already experiencing the consequences of this era of transition that our societies have entered. It is a time of turmoil, which sharpens both difficulties and opportunities; a time of paradoxes, when an unpredictable future can be envisaged with hope as much as with fear of suffering. In Africa, the system of apartheid is being dismantled in South Africa and political pluralism and democratization are on the surge throughout the Continent, but so too are strikes, local conflicts and violence, famine and social fragmentation. Economic inequities persist, to which nature has added the additional burden of severe drought. In the face of such uncertainty, it is imperative that different possible health scenarios should be included in our thinking and planning, so that there is a chance for us to anticipate and have some control over change, rather than just submit to it.

Alive to the challenges of the time and sharing my concern, the Executive Board decided to set up its own working group on the WHO's response to global change. The Working Group has started what promises to be an innovative and far-reaching scrutiny of the Organization's mission, structure and means of action, and of the measures that need to be adopted in order to maintain and improve the relevance, timeliness and effectiveness of WHO's action.

Reforms to improve the global health situation cannot be carried out by WHO alone; the Organization has to work together with its Member States and with the United Nations and other international organizations. Its special concern must be the Member States in greatest need, and vulnerable groups everywhere. I have committed WHO to the streamlining of its administration and its activities, but this has to be in harmony with, and echoed by, similar efforts on the part of all our partners. The Secretary-General, Mr Boutros Boutros-Ghali, has already launched such a reform process for the United Nations, and within the Administrative Committee on Coordination (which, as you know, is a committee of the heads of United Nations organiztions and bodies) for improved coordination of the activities of the whole United

Nations system. I personally attach the utmost importance to this process of redefinition of international action and coordination, in which I am taking an active part, since I am determined that the pivotal role of health should be preserved in the international and political arena, as well as WHO's leadership in international health work, in conformity with the mandate accorded to our Organization by its Constitution. WHO is equally ready to contribute its specialized skills and resources to the common United Nations Agenda for Peace, within which four areas have been delineated by Mr Boutros-Ghali, preventive diplomacy, peace-making, peace-keeping, and peace-building.

However, as you will readily agree, it would be inconsistent for anyone to expect increased leadership and cooperation on the part of WHO while ignoring, or denying the Organization, the financial and human resources essential for exercising that leadership and ensuring its sustainability.

Recently, I emphasized before ECOSOC that, to be functional, any Organization needs a competent, independent, and motivated staff. We must be able to offer our staff in WHO satisfactory working conditions, in harmony with those generally prevailing in the United Nations system. It is also very important that Member States, in their partnership with the Organization, help us in giving precedence to quality. This will guarantee that the Organization can provide countries with the best possible service.

The need for a truly global international health organization was recognized, forty-six years ago, by WHO's founding fathers, who defined its mandate in the Constitution. To fulfil this mandate, the Organization must act, and act with others. The responsibility incumbent upon us all is to define how best to act, today, in specific circumstances and with specific partners, and to make sure that the Organization is provided with the means to act. There lies the major determinant of WHO's international leadership in health, and it can be ensured through collective support and decisions only.

As Member States, you have always clearly indicated that you expect WHO to exercise world leadership, in the form of initiative and guidance, in two major fields: (1) the definition of general health objectives and policies, and health-related technical and ethical standards and norms; and (2) technical cooperation for health system development, including selective operational support. Technical cooperation with developing countries now accounts for over 60% of WHO's expenditure, amply demonstrating our growing concern to be present in the field, working along with Member States. For our interventions to be effective, however, national priorities and responsibilities should be well defined and understood, and genuine intersectoral action must be achieved within national and local structures, as well as with bilateral and multilateral agencies.

There is no doubt in my mind that prime responsibility for national health matters should be vested in the health ministries. But these, in turn, should not appear to be working in isolation within their technical domain and as merely money-spending agencies. Such an attitude will be detrimental to their effectiveness and, in the end, to their own credibility and leverage with other governmental and social sectors. Ministries of health should therefore strive to involve, as early as possible, as many of the partners directly concerned as feasible, whether they be nongovernmental organizations, local associations or the private sector. In other words, they should exercise "leadership" on the national level.

Some countries, particularly in times of financial constraint, are vulnerable to lack of coordination and at times to competition among bilateral and multilateral donor agencies. This certainly does not allow for a careful and well-balanced assessment of real health needs and opportunities for action. As Director-General, I have given particular attention to the need for improved United Nations coordination. I am gratified to report that WHO now enjoys good working relations with several organizations or bodies of the United Nations at both policy and operational levels. I would particularly mention our close collaboration with UNICEF in the UNICEF/WHO Joint Committee on Health Policy, and in the World Summit for Children, with UNDP in the UNDP/WHO Alliance to combat AIDS, with FAO in convening the International Conference on Nutrition, and with the World Bank in preparing its 1993 World Development Report which will contain a major health component. I am determined that much more will be done, along the lines of such positive experience. Such coordination implies convincing new partners, within the United Nations as well as at country level, that health is part and parcel of social and economic development.

To me, advocacy is an essential part of WHO's role as leader. In my meetings with policy and decision-makers and experts in all countries, I have relentlessly emphasized that narrow technical solutions to narrowly-defined medical or health problems, although necessary in themselves, can in no way ensure "sustainable health", be it for a person or for a nation. Health is closely connected with the social, economic, environmental, cultural and emotional aspects of men's and women's lives, and with the socioeconomic status and lifestyles of social groups. Hence, by pursuing the objective of "health for all", we, in WHO, have stressed that equity demands universal access to health services and care, and that effectiveness requires prevention; but, for sustainability, we further want to promote a "health culture", which means multisectoral and transdisciplinary strategies, at global, national, and local levels.

Some may have thought, and others have openly said, that by expanding its focus beyond the immediate concerns of disease, pathology and pathogens, WHO is exceeding its field of competence. I am glad to report that the International Monetary Fund and the World Bank have now formally accepted that social development should be recognized as "the fourth pillar" of any economic masterplan, along with macroeconomic reforms, structural adjustments, and trade arrangements. The World Bank and the IMF have decided that the overall direction in international financing should be towards sustainable development, including particularly the alleviation of poverty. I should like to believe that advocacy on my part has in some way been instrumental in achieving this. This decision by the World Bank and IMF also reflects the appeals of many distressed and impoverished populations whose needs were being sacrificed to profitability, measured in terms of money only.

It is thus accepted that development itself, together with social stability, cannot be sustained unless it preserves the health and welfare of those who should be its first beneficiaries: men, women and children. At a recent World Bank/IMF meeting in Bangkok, AIDS and the socioeconomic ramifications of the pandemic was a major item on the agenda, within the broader context of health as a conditionality for overall development. We may thus expect that, from now on, these development institutions will be ready to table more health projects, in close cooperation with WHO, particularly for the development and strengthening of primary health care, as a major infrastructure investment on which to build sustainable health.

Mr Boutros-Ghali has pushed forward the new concept of "human security", as an all-encompassing criterion for peace and international cooperation. It certainly deserves our full support. The Agenda for Peace that he presented to the Security Council, last January, can also be regarded as an Agenda for Development to which the whole United Nations system, WHO included, should and will contribute.

However, as I see it, leadership in the United Nations system should steer away from the temptation of solidifying it into a monolithic and overbearing structure, that might be used by those who have financial or technological clout to impose a single system of political, social, economic or cultural values. The United Nations can be morally justified only as an expression of all its Member States; it must respect their diversity, and it should carefully avoid the risk of becoming a mere substitute for previous political and economic blocs. Leadership should never be authoritarian; it must be collective, in harmony with decentralization, and fully transparent. This is the leadership that I have tried to pursue within WHO.

The best way to ensure this is to work with Member States, taking into consideration the particular social, political and economic realities existing in each of them. It was also with this in mind that I proposed a paradigm for public health action - a proposal which originally raised so many eyebrows. By analyzing the different dimensions of our health environment as it is today, not as it was 10 years ago, or as we would like to think it has become, we should be able to map out and constantly update this health paradigm. As a framework, it should be used not just for defining specific policies, but for combining different policies and facilitating their implementation. It should thus serve as a flexible tool for management, pointing not only to quantitative data and trends but also to qualitative interactions between various factors, integrating social perceptions, expectations of the communities and their possible resistance to health action. In that way, this paradigm for health will allow for effectiveness, efficiency, and harmony in action.

The Ninth General Programme of Work, covering the period 1996-2001, will take account of the experience gained in the implementation of the Seventh and Eighth General Programmes of Work. It would appear that these have been flawed by their excess of detail, leading to rigidity and fragmentation of efforts and resources. I therefore decided that the Ninth General Programme of Work should be revised, most probably following a three-tier layout.

First of all, the Ninth General Programme of Work will outline four major policy areas, organized along the driving forces of our global "health for all" strategy, which can be summarized by a few key words: integration of health and development, equity and quality, health promotion and protection, together with prevention and control. It is necessary that our Organization should set a global policy framework, agreed upon by all Member States, so as to ensure commonality of purpose and direction within WHO as a whole, while retaining enough flexibility to chart approaches and action - at global, regional, and national levels - that can be adapted with due regard to diversity of circumstances and resources. At the global policy level, we intend to formulate our goals and targets in terms of intended outcome. In other words, WHO's functions and objectives in policy-setting, coordination, and technical cooperation, in international health, will have to be defined vis-à-vis their consolidated impact.

In its second tier, the Ninth General Programme of Work will develop a framework oriented towards specific programmes. It should provide guidance on general principles and criteria for programme formulation. It should also determine the organizational levels at which activities would take place.

As a third tier, this framework should propose a very precise classification of programmes, with detailed goals and targets, spelled out so as to support global leadership, planning, and continuous monitoring of activity at all levels. Focus should remain on development and implementation of priority programmes aimed at achieving and sustaining our Health-for-All goal; permanent follow-up and evaluation of resource allocation, utilization and mobilization; and building of a sustainable health infrastructure based on primary health care which is the very backbone of our action.

To sum up, the Ninth General Programme of Work must set out clearly our vision of health for all, as the promotion of a health culture, based on primary health care. At the same time, it should become a workable programme, globally and locally, for practical and sustainable health development.

Regions of WHO are quite diverse. Each regional committee is in a unique position to communicate what it perceives are the specific circumstances, issues and opportunities that prevail at the regional, subregional or local levels. As in the past, the Regional Director and I shall very much depend on your cooperation to ensure that the Organization's programmes duly reflect your priorities and that technical cooperation is optimally implemented.

When it comes to leadership in the prevention and control of AIDS, the continent of Africa is showing the way with its pioneering Declaration on the AIDS epidemic in Africa. It was adopted just three months ago by the Heads of State or Government of the Organization of African Unity at their twenty-eighth Summit.

As you know, better than anyone else, this historic achievement represents the culmination of many months of hard work by Africa's ministers of health - efforts to which WHO gave its unstinting support. There is no doubt in my mind that when the history of the African struggle against AIDS is written, it will record your courage in formulating such a forthright declaration and your leadership in ensuring your countries' commitment to it.

For the Declaration does not mince words. It recognizes that in less than eight years' time an estimated 20 million Africans will be infected with the human immunodeficiency virus, that a million people - mainly adults in their prime years - will be dying annually from AIDS, leaving behind disrupted families, communities and workforces. But the Declaration is not a message of despair and hopelessness. It underlines that prevention is the key to slowing the spread of this sexually transmitted disease and containing its ultimate impact. To this end, it sets out a six-point agenda for practical action by all sectors of society, and specifies measurable targets and target dates for their achievement.

What must not be forgotten is that the Declaration draws its inspiration not from theory but from practice. Again and again, we have seen that AIDS prevention can work when people speak out frankly about how HIV is and is not transmitted. To quote the Declaration, "no taboo should be allowed to interfere with the saving of millions of lives". WHO's Global Programme on AIDS has recently completed a review of effective approaches to prevention,

and it should be a matter of pride that some of the most effective projects are in Africa. Outstanding examples include the social marketing of condoms, the delivery of information and services for the control of sexually transmitted diseases through health facilities, and person-to-person prevention messages for people highly vulnerable to HIV infection. This is but one example of how very effective health work on this continent can be when Africa has the will and the resources to get the job done.

Unfortunately, new scourges do not mean that old ones necessarily fade away. I know the importance you attach to prompt action against the resurgence of malaria in your countries, with the new and seemingly untractable control problems it is generating. Tropical Africa, with 275 million parasite carriers out of a total population of 500 million, and an annual case load of 100 million clinical cases and about 900 000 deaths, accounts for 80% of the clinical cases of malaria in the world. Malaria is the reason for about 10% of hospital admissions and 20%-30% of outpatient consultations.

Malaria is not only a major childhood killer in rural tropical Africa, it also increases the risk of anaemia in children, their vulnerability to other diseases and enforced school absenteeism. In young adults, malaria is still one of the most common diseases, and it tends to strike at the time of the year when agricultural work is at its height. The estimated annual direct and indirect cost of malaria in Africa is expected to rise to more than US $1800 million by 1995.

Given the dramatic situation in Africa, WHO has called on its Member States to participate actively in preparations for the Ministerial Conference on Malaria which is to be held in Amsterdam on 26 and 27 October 1992. The initial interregional meeting on malaria control in Africa provided an excellent springboard for the conference. I hope that representatives from the ministries of health of all the endemic countries of Africa will be present in Amsterdam for this most important conference.

Nutrition has always been a priority concern for this Region, as indeed it is globally. I have been greatly encouraged to note the wealth of activities undertaken for the assessment and control of nutritional problems in the African Region. Much progress has been made in combating micronutrient deficiencies. Activities for the control of iodine deficiency and related disorders have been so successful that it is indeed realistic to expect that our goal will be reached and they will be eliminated by the year 2000.

The participation of so many countries in preparations for the FAO/WHO International Conference on Nutrition has been impresssive and gratifying. The proposal that there should be an International Decade on Food and Nutrition in Africa is most laudable. It is hoped that Decade activities will be effectively implemented with the full collaboration of the Organization of African Unity, FAO, UNICEF, WHO and other partners, as we have come to expect in Africa, thanks to the African Regional Task Force on Food and Nutrition Development in which WHO plays an active role.

I am aware that, in Africa, especially in the countries affected by severe drought, health, nutrition, environment and agriculture can never be disassociated in your minds; and rightly so, since you have to solve difficult economic and financial equations at a time when loan disbursements by banks are becoming fewer and their conditions more stringent. The World

Bank estimates that in the least developed countries, to which category many Subsaharan countries belong, about 47% of the population lives below the poverty line. Countries of Southern Africa and the Horn of Africa have been particularly affected by malnutrition, compounded by the influx of large numbers of displaced people. With 60% of the population of Africa having no access to sanitation services, outbreaks of cholera and other gastrointestinal diseases have reached epidemic proportions.

For WHO, the African health situation remains a top priority. However, in all honesty, I must urge you all, ministers and senior health officials of countries of Africa, to make a working commitment to WHO, your closest partner in health, with the endorsement of your heads of state. I can then assure you that I, myself, and all of WHO, will continue to do our utmost to support emergency and long-term needs.

President Abdou Diouf of Senegal, addressing the media recently as the spokesman of the Organization of African Unity, the Summit Level Group of Developing Countries, the Organization of the Islamic Conference, and the Economic Community of West African States, explained how the United Nations Conference on Environment and Development - the Earth Summit - held in Rio de Janeiro last June, had exacerbated some long-standing tensions and conflicting views among "the haves" and the "have-nots". He stressed that development aid from industrialized nations to poor countries was still far from reaching the modest 0.7% level of their gross national product that had been recommended by international forums, and how, in such circumstances, it might be another 500 years before developing countries could hope to catch up with the more advanced nations. He personally called for the setting up of a fund for additional aid, as a compensatory measure that would allow developing countries to design and implement fair and realistic environmental policies, and reconcile global concerns - shared by African themselves - about preservation of the environment, and Africa's own legitimate aspirations to social and economic development.

The Earth Summit was an excellent example of the paradoxes and opportunities of our times. More fundamentally, it seems to me, what is at stake here and concerns us all, is a new concept of development, away from the race for short-term profit and immediate consumption, or from what has been dubbed by Mr Jacques Delors, President of the European Commission, "fast-food policies". It implies a re-consideration of the idea of "progress" and of its implications, and a careful, scientific, social, legal, and ethical reflexion on the human being, his or her unalienable integrity, his or her symbiotic relations with the total environment. It will become increasingly necessary for people to weigh their individual rights against their related responsibilities, their demands and expectations against their own levels and patterns of consumption. This will hold true for States as well, whenever they may be tempted to set short-term budgetary constraints or cash-flow requirements above the genuine interests of their own populations. Above all, preserving the Earth and the future of mankind will be possible only through a renewed international social convenant, freely agreed to by all parties, as an expression of our collective determination to live together, in a spirit of solidarity and interdependence, with our fellow human beings and with our planet as a whole. Health and health action will be key components of this new concept of development in the twenty-first century.

In the field of health alone, Africa can boast a number of success stories, which clearly demonstrate that, given the material means, your countries have been able to control a number of public health scourges, such as smallpox, onchocerciasis, dracunculiasis, and that they have achieved very encouraging, and at times impressive, immunization rates. WHO's special efforts and contribution to the improvement of the situation in the Region, in cooperation with other agencies, has illustrated the Organization's capacity as a whole to rapidly assess and respond effectively to emergencies, and to requirements for intensified cooperation with countries in greatest need.

African countries should be praised for their remarkable readiness to extend compassion and shelter to tens of thousands of refugees, irrespective of their nationalities and reasons for exodus, in spite of the difficult economic circumstances often exprienced by local populations themselves. Traditionally, African societies tend to function in a more integrated fashion than industrialized western-type societies, even though this may have been eroded to some extent by growing urbanization. Historically, African societies have been constantly evolving, showing great dynamism in adapting to new circumstances and environments. All of this, if further evidence were needed, must lead us to defend Africa's right to hope.

In this era of worldwide transition, all of us in WHO, the Organization's administration and staff, together with the Member States, will have to adapt our logic and our modes of action, if we intend to remain alive and relevant at all, and, even more important, if we want to retain some capacity to shape this incipient world in harmony with our own mission and principles. The next few years will be exciting and challenging, I believe. They will also be difficult and crucial. I have the determination, I have the experience. With you, with your help, and with your trust, I shall carry through the task that, together, we have undertaken.

I thank you for your attention.

ADDRESS BY MR PASCAL GAYAMA, OAU ASSISTANT SECRETARY GENERAL

Mr Chairman,
Honourable Ministers,
Regional Director of WHO for Africa,
Distinguished Delegates,
Ladies and Gentlemen,

This session of the WHO Regional Committee for Africa is the first chance African members of government are having to come together again after the holding in Dakar of the twenty-eighth session of the Conference of Heads of State and Government of the OAU. And as you are no doubt aware, the Heads of State adopted, on your proposal moreover, a very important declaration and plan of action dealing exclusively with AIDS, prepared during your extraordinary conference which was convened in Geneva, at the instance of Nigeria, on the occasion of the last WHO World Health Assembly.

We are therefore pleased to salute our active and devoted Ministers of Health in whose hands lie today, as never before, the fate of peace and social stability in our continent - a continent that is in the throes of misery, riddled by natural or man-made disasters, hit by drought and desertification - and is the theatre of conflicts which are slowly wiping out the few successes we had won in the bright decades of the sixties and seventies. And all this is happening at a time when most of the old or new diseases are reappearing at a rather alarming rate and magnitude: cholera, cerebral meningitis, malaria. Some are even assuming endemic proportions in many of our countries.

To this end, and as proof of the special attention we pay to the most vulnerable social classes, you are required to participate, from 25 to 27 November 1992, in Dakar, in the international conference on assistance to the African child, organized by the OAU with the assistance of UNICEF.

You are therefore in the full grips of challenges that have been piling up for about two decades now, and yet the Year 2000 is around the corner. Where will most of our States find themselves when the time comes, whereas we have watched helplessly as average income and per capita income slumped at a rate close to 25% and 2% respectively.

The prospects are definitely alarming and call for nothing better than a collective approach which takes in active cooperation as the cornerstone of any action that is geared towards progress and development.

The OAU is convinced about it and this makes WHO the ideal framework for deploying the right efforts for set goals, some of which are, as far as we are concerned, laid down by the Abuja Treaty setting up the African Economic Community.

Hence, it is my pleasure to point out that WHO/AFRO has always lent us its support like, for example, when the OAU had to adopt the now famous Declaration on "Health as a Foundation for Development", launch the Special Health Fund for Africa and adopt the declaration on the "Health Crisis in Africa".

Such good cooperation prospects are adequate proof of OAU support to the noble objectives of WHO health care, to the three-phase health development scenario as defined by WHO/AFRO and to the excellent Bamako Initiative which aims at improving the primary health care system through greater participation by the community.

Whether it concerns the fight against the AIDS pandemic and other already mentioned health problems, whether it concerns the development of the Special Health Fund, it is our duty to show total commitment towards achieving the planned objectives.

It is therefore our duty, more than ever before, to match words with deeds and to implement the decisions adopted by our delegates when they take part in the meetings of our joint institutions like the OAU, WHO, UNICEF, etc. Legal instruments and other decisions so adopted are indeed solemn obligations which should be complied with, supported and implemented since they are unanimously adopted political norms and guidelines.

Yet, very few individuals or corporate bodies have so far contributed to the Special Health Fund. And, for the information of this august assembly, let me mention only three of the treaties and conventions of which the OAU is depository, namely:

1. The African Charter on Human and Peoples' Rights, adopted by the eighteenth conference of Heads of State and Government in June 1981, in Nairobi;

2. The African Charter on the Rights and well-being of the child, adopted by the twenty-sixth summit of Heads of State and Government in July 1990, in Addis Ababa; and

3. The Bamako convention on the prohibition to import into Africa, the control of transfrontier movements and the management of toxic waste, due to the initiative of the conference of Ministers of the environment which met in Bamako on 30 January 1991.

Mr Chairman,
Honourable Ministers,

When in the Charter on Human and Peoples' Rights, Articles 16 and 24 state that:

1. "Every individual shall have the right to enjoy the best attainable state of physical and mental health"; and

2. "All people shall have the right to a general satisfactory environment favourable to their development";

it is the whole problem of our adhesion to the charter on the child and to the Bamako convention on toxic waste that is posed.

Thus, Ladies and Gentlemen, the right to health is a fundamental right which everybody should enjoy at all stages of growth and development, irrespective of age, position or life style.

However, I would like to point out, for your information, that whereas the African Charter on Human and Peoples' Rights was ratified by 47 Member States, only four have not yet signed it (evidently all the countries concerned are represented in this august assembly). The situation is worse when it comes to the Charter on the Rights and Well-being of the child which, up to now, has been signed by only 17 countries and ratified by three (all again being represented here). Lastly, with regard to the Bamako convention on toxic waste, while 22 Member States are signatories, only two (one of which is represented here) have ratified it - a fact which, we must admit, is of concern to a continent like ours whose physical environment is under attack and at a time when the ecologists are exerting such influence and considering the last Rio Conference on the environment and development, otherwise known as the Earth Summit.

Mr Chairman,

In drawing the attention of this august assembly to these facts, I have really wished to give expression to my conviction that it was the due of the delegations present at your sessions to be informed of them. We would like to appeal to the honourable ministers of health to avail themselves of all their prerogatives to bring our Member States to play to the full their part in these treaties or conventions which have direct repercussions on health care, if only to the extent that the ratification procedure in itself would justify an application for funds to discharge the obligations deriving from those conventions themselves.

I announced earlier that OAU and UNICEF, in cooperation with the Government of Senegal, would organize from 25 to 27 November in Dakar an international conference on assistance to African children. Not only do we hope that representatives of all the Member States of OAU will attend, but we would also like to show possible donors that in ratifying the Charter on the Rights of the Child, the African States justify the assistance awaited from our partners with a view to implementation of national plans of action deriving from the World Declaration on the Survival, Protection and Development of Children adopted in 1990 by the World Summit on Children.

The OAU therefore appeals to Your Excellencies' clearsightedness since, as ministers of health, you ought quite naturally to be among the main beneficiaries of any spin-off from the Dakar Conference, so that we may obtain as soon as possible the ratifications required to prove your commitment to the causes at present catching the attention of the international community, so far as Africa is concerned.

Mr Chairman,
Honourable Ministers,
Distinguished delegates,

The road to a good state of health for all is still a long one, and time is short and it is carrying us inexorably on to the deadline that we have set, of the year 2000. I can assure you that as far as the OAU is concerned, it will spare no effort to help Member States carry on the struggle needed for that purpose.

The partnership of WHO, and in particular of WHO/AFRO, is indispensable to us to make progress in the development of health on this continent. OAU is therefore organizing its activities within its health and nutrition division in order to be in a position to respond to the technical and political requirements of international and interAfrican cooperation in the field that concerns us.

Let us join forces and show that we are ready to build an Africa in which future generations will be happy and proud to have inherited the 21st century. Together, driven by the same selfless ardour, we can turn our slogan "Health for all by the year 2000" into reality.

Mr Chairman,

In conclusion, I must confess that I feel it a great honour and that it gives me great pleasure to be here in Brazzaville, at a time when events of major importance to the political order are taking place in the Congo and in Africa that might well exert a powerful influence on the human, economic and social progress of our peoples. I am happy to represent His Excellency Salim Ahmed Salim, the Secretary-General of our Organization of African Unity, who strongly wished to consider with you your concern with "development with a human face" of which you have been the main promoters, but who is unable to be present here with you because of other pressing commitments.

Finally, I would like to reiterate the respect and consideration that the OAU accords to WHO and to WHO/AFRO in particular, thanks to the credit created for it by its eminent Director, our brother, Professor Monekosso, whom we salute here and express our appreciation of the very positive contribution of WHO/AFRO to our continent and the well-being of its inhabitants.

Thank you for your kind attention.

ADDRESS BY MR COLE P. DODGE, UNICEF REGIONAL DIRECTOR FOR EASTERN AND SOUTHERN AFRICA

Mr Chairman,
Honourable Ministers of Health,
The Director-General of WHO, Dr Nakajima,
The WHO Regional Director, Prof. G. L. Monekosso,
Colleagues,
Ladies and Gentlemen,

It is a great honour to address the Annual Assembly of African Health Ministers as my first official assignment, as the new UNICEF Regional Director for Eastern and Southern Africa. Previous meetings have produced such important concepts as the District Focus to Health Delivery and the Bamako Initiative, therefore I look forward to these deliberations.

I bring greetings from my predecessor, Dr Mary Racelis. During her nine years as Regional Director, UNICEF worked very closely with member governments and WHO. It is my desire to build on this through your continued cooperation.

It is challenging for me to return to Africa, having worked half my professional career in Uganda, Sudan, Ethiopia, Nigeria and Somalia. The other half has been spent in India and Bangladesh.

UNICEF and WHO have had a complementary working relationship. At the recent eighth annual meeting of Regional Directors, held in Nairobi in July, progress was noted in most Member States in immunization. However, continuing effort is needed to sustain EPI achievements in order to attain the Goals of the World Health Assembly and the World Summit for Children goals of diseases eradication and mortality reduction.

While there is the scope to add new vaccines to the EPI "big six", these vaccines, for now, are expensive. The UNICEF and WHO Regional Directors meeting recommended that countries should progressively take over the purchase of cheaper vaccines such as BCG, tetanus toxoid and measles, while donors continue to supply the more expensive vaccines, as well as the new vaccines.

The success story of Universal Child Immunization provides inspiration for tackling CDD, ARI and malaria. Reduction of maternal mortality and improved nutritional status are also possible through the EPI programme, provided high coverage levels are maintained.

But the dramatic improvements needed in Africa require more than EPI.

A massive and concerted effort is required to overcome the diseases of women and children. The absence of an effective public sector health care delivery system in too many countries forces people to pay considerable out-of-pocket expenses to obtain care. The principal aim of the Bamako Initiative is to revitalize the public sector health care delivery system, based on strengthening district management while capturing some of the resources the people are spending on health and re-using them for recurrent expenditure in a decentralized system.

We at UNICEF are proud to have been associated with the first ever United Nations World Summit for Children held in September 1990 in New York.

This Summit culminated in the World Declaration for the survival protection and development of children. The World Summit Declaration and the World Summit for Children Goals affirmed goals originally established by the World Health Assembly and are based upon the principle of a "First Call" for Children, a principle highlighting the essential needs of children which should be given highest priority in the allocation of national resources, given their demographic dominance - children after all - account for nearly half of the population of Africa... And yet they have no political power and no economic leverage.

The Baby Friendly Initiative launched by UNICEF and WHO promotes exclusive breastfeeding in the first six months of life and discourages bottle feeding and free distribution of artificial infant milk powders. This low cost and foreign exchange saving initiative should be brought to the attention of other government ministries and women's organizations, as well as the public at large.

Significant efforts are being put into developing National Programmes of Action for the implementation of the goals for the 1990s. This process requires multisectoral indepth reviews to set the targets to be achieved in each country. A review must also consider how the required resources and budgets can be restructured to make them more cost-effective and affordable. This process should enable you to identify additional resources to be provided by donors.

As was highlighted in the speech by Pascal Gayama, Assistant Secretary General of OAU, the International Conference for Assistance to African Children offers a unique opportunity for African leaders to collectively discuss priority actions and needs for implementing NPA with donors.

World attention is increasingly focused on children - let us recall the Convention of Rights of the Child, adopted by the General Assembly in 1989, and ratified by over 100 countries. The Convention together with the World Summit Goals will, once implemented by all nations, greatly improve child survival and development.

Mr Chairman, Honourable Ministers, I am very pleased to note that your agenda will tackle the major health problems.

A recurring concern to UNICEF is the situation of women. While we know that women should be empowered by giving them more educational opportunities and should be assisted to grow more food for consumption and sale, because it serves to improve the household food security and to enhance the economic securities of their families, more action is needed to promote the economic and health status of the women themselves.

Turning to the seemingly ever present emergencies, I arrived in Nairobi on the 23rd of August and flew to Mogadiscio on the 24th returning to Kenya on the 25th. The emergency situation is unbelievably bad. I lived in Mogadiscio in 1980 and know the ordinary difficulties of this predominantly nomadic nation. And yet, nothing, not even the T.V. news of C.N.N. prepared me for the devastation - the human tragedy, the human need of this emergency. We need to improve our emergency preparedness to deal with the problems of drought, floods, epidemics, famine and war. The OAU and United Nations can be encouraged to solve national and regional conflicts, which cause so much anguish.

Africa's refugee situation is not the problem of one or two countries but involves all neighbouring states as the tragedy of Somalia so clearly demonstrates.

In closing, we must not despair, there is reason for optimism on the African horizon. The efforts of the OAU and Member States, the political changes seen across Africa, most important in South Africa, the new approach to Health Financing through the Bamako Initiative and the World Bank work on Better Health in Africa; the International Conference on Community Health in Africa to be held here in Brazzaville, which for the first time focuses on communities to improve their health and the forthcoming OAU International Conference for Assistance to African Children to be held in Dakar, Senegal, in late November as well as the achievements of EPI all give us cause for hope.

The Bamako Initiative has been acclaimed at your Regional Committee by ministers of health as an effective strategy for strengthening and sustaining primary health care.

Data from routine reporting and surveys show utilization of services, especially antenatal care and immunization have increased, funds generated from health faculties have been used for purchasing essential drugs and pay for materials and provide incentives to workers. In some projects donors supplied drugs have decreased while reimbursable procurement of drugs have increased.

The evaluation of Bamako Initiative in five African countries by the London School of Hygiene and Tropical Medicine confirmed success... and highlighted five minimum conditions that Bamako Initiative should fulfil: (i) improve quality; (ii) increased access; (iii) community financing; (iv) greater participation; and (v) greater national scope for improved national level management and accountability of health services.

Bamako Initiative projects have attracted interagency donor support in many countries and because of these positive results, the principle is gradually spreading outside of Africa to Asia. As of late 1991, UNICEF, in collaboration with other donors, was supporting projects in 18 countries that covered over 20 million people. Some major issues are still to be resolved, such as reaching the poor, mobilizing community participation, facilitating policy formulation for essential drugs and decentralization.

Finally, we all inherited both good and bad from our predecessor - I inherited Mary Racelis's travel schedule which demands that I leave this conference early because the 17th World Congress of Rehabilitation International convenes in Nairobi on the 7th and requires my presence. However, my colleague from West Africa, Professor Stanislas Adotevi, arrives later this week to represent UNICEF.

UNICEF reaffirms its commitment to work with African Governments, WHO, the OAU and other partners, to improve the health of women and children. This may best be accomplished by implementing the UN World Summit for Children Goals through your National Programmes of Action for Children, which will be presented at the OAU conference in Dakar as the practical next step in the ongoing struggle to achieve Health for All by the Year 2000.

Thank you.

ADDRESS BY MR STANISLAS S. ADOTEVI, REGIONAL DIRECTOR OF UNICEF FOR WEST AND CENTRAL AFRICA

Mr Chairman,
Honourable Ministers,
Mr Regional Director of WHO,
Ladies and Gentlemen,

Allow me, first, Mr Chairman, to join your colleagues in congratulating you on your brilliant election as Chairman of this forty-second session.

The WHO Regional Committee is an occasion for strengthening cooperation between WHO and UNICEF; the much needed cooperation that is vital and, indeed, indispensable. I am aware, Mr Regional Director, and dear friend, of the importance you attach to this collaboration. May I, on behalf of all UNICEF Regional Offices for Africa, and on my own behalf, renew to you the gratitude of my entire Organization for all your efforts to improve the well-being of the women and children of this continent.

Your excellent report, Mr Regional Director, contains major elements for the analysis of the health situation in the African Region. The situation is worrisome from many angles, and confirms to us each day, the need for reinforced cooperation between all the partners of socio-health development in Africa. The glimmers of hope clearly perceived in several parts of your presentation, reassure us that Africa is not the continent of despair as the Afro-pessimists would have us believe. The discussions which took place during CISCA are a further confirmation of this. Despite the many difficulties, wars, shortage of resources and instability of the countries, the communities and households show, against all odds, that Africa's destiny is not sealed. It is clear Mr Chairman, that the WHO and UNICEF cannot remain inactive in the face of these forces that will determine the future.

Allow me here, Mr Chairman, and Honourable Ministers, to recall some of the concerns of UNICEF in the area of health. These include three major themes, namely:

- the health and nutrition policies and strategies for Africa;
- women's health and child survival, and the "baby-friendly" hospitals initiative;
- the strengthening of health systems to improve the well-being of our women and children.

During the traditional meeting of Regional Directors of WHO and UNICEF for Africa, held in Nairobi on 27 and 28 July 1992, and to which the World Bank and UNFPA were invited; the Bamako Initiative was recognized as the main strategy for the development of community health in Africa. Needless to say, the Initiative is an African one, decided in Bamako during the thirty-seventh session of the WHO Regional Committee. Allow me therefore Mr Chairman, to congratulate all the many countries of the African Region for their courage and efforts in the battle to reinforce their health systems.

The experiences based on strengthening district health systems and community health initiatives, as well as results of recent studies on African health policies and strategies have shown that rationalizing health services at district level and the co-management and co-financing of such services by the community, can be achieved at national level, and are likely to effectively guarantee the quality of health services. On the other hand, for there to be a sustainable impact on the health of the women and children of our continent within the context of the global objectives for children, launched during the World Summit, and confirmed in a rather pathetic manner at the Rio Conference on environment, and then reviewed by the meeting of Non-Aligned countries, it is necessary that the communities and, in particular, the households that constitute these communities embrace those objectives.

In this respect, strategies such as the Bamako Initiative and the Three-Phase Health Development Scenario, some of whose important elements are embodied in the document entitled "For a Better Health in Africa", prepared by the World Bank, reflect a convergence and complementarity of the means for achieving the said objectives in Africa. These strategies which are the fruit of African experiences over the past ten years will, I am convinced, enable each African country to better define their own health policies and thereby equip themselves with an efficient tool for negotiating for better cooperation with their partners.

This is the time to appreciate, on behalf of UNICEF, the real value of the idea of a "think-tank" on health for Africa to which the World Bank referred earlier on in this hall. In my view, this proposal offers an opportunity to African health authorities and experts to play their role of producers of ideas in the battle for a better health for Africa.

In this regard, the International Conference for the Assistance of African Children, to be convened by the OAU in November, in Dakar, is an occasion to accelerate the implementation of these policies and strategies as part of the application of national plans of action for the follow-up of the Summit.

With regard to Women's health and child survival, it is worthwile noting the ever-increasing heavy price that African women and children are paying. The widespread AIDS pandemic, is one painful example.

Within the framework of the concerns of our Orgranization, we wish to confirm here, UNICEF's commitment to contribute towards the improvement of women's health and child survival in accordance with the guidelines of its Executive Board.

Hence, the activities relating to prenatal surveillance, midwifery care, family planning, AIDS prevention and the control of sexually transmitted diseases should be integrated into the framework of a "minimum package of essential care per level". We intend, initially, to strengthen these activities in urban health structures using as an entry-point, activities aimed at fighting sexually transmitted diseases and promoting the "baby-friendly" hospitals initiative.

This initiative which the Directors of WHO and UNICEF launched two years ago, aim to promote breastfeeding in our Region, as you may be well aware. In this regard, the support and warm encouragement from my friend, Professor Monekosso, cannot go unmentioned.

Each newborn must be breastfed as breastfeeding enhances child survival. However, the transmission of HIV from mother to child raises certain problems, in particular:

- how should newborns of seropositive mothers be fed?
- how can it be ascertained whether or not newborns of seropositive mothers are infected?
- how can one ensure that a seronegative mother does not become positive during pregnancy or during the breastfeeding period?

We still need a lot of information on these problems in order to develop strategies to reduce AIDS transmission to women and children.

To protect our children from the dangers associated with breastmilk substitutes, we hope, Honourable Ministers, that the necessary dynamic measures will be taken to control the sale and use of breastmilk substitutes.

Mr Chairman, Honourable Ministers, fellow friends, I would now like to address the issue of reinforcing district health systems so as to promote the well-being of the children and women of Africa. I am referring here, to the goal of the World Summit, which the countries pledged to achieve with the support of WHO, UNICEF and other agencies.

As agreed in Nairobi, the coordination of the support of our agencies to these activities will be more efficient with the establishment of a joint single technical group to identify the problems of essential care and ensure the functioning of the health systems.

In order to reinforce the impact of this group on the development of field activities, we in UNICEF are thinking of encouraging the establishment of a network of human resources comprising national officials and technical staff of the agencies.

WHO and UNICEF will provide support to interested countries through joint missions to identify constraints in the use of essential services by the communities as well as resources to increase the efficiency of district health systems.

There will never be health for all as long as each household does not take their own health and nutrition problems by themselves. Literacy and information as well as economic power and increased decision-making in households are the most appropriate means that women must have as quickly as possible if they are to play their real role in the community. All organizations must contribute towards the attainment of these results by supporting efforts aimed at making medical health personnel responsible for motivating and providing information to households and, in particular, to women, by reinforcing intersectoral cooperation in order to achieve a more global socioeconomic development, thereby giving the populations of our continent new prospects and hope for the future.

In this respect, CISCA has revealed a wealth of community experiences which deserve further analysis. UNICEF is committed to support between governments, communities and partners any dialogue which will take into account the lessons of this Conference.

Mr Chairman, Honourable Ministers, the Regional Director of WHO, Ladies and Gentlemen, collaboration between WHO and UNICEF made it possible for our Region to perform certain feats or miracles in the area of health. I am referring here, in particular, to the Expanded Programme on Immunization. Despite the difficult situation our continent is facing, we must and we can go further in preserving what we have achieved and in showing further proof of resilience and imagination. UNICEF will always be by your side in all endeavours to ensure the well-being of the women and children of this continent.

I thank you.

REPORT OF THE PROGRAMME SUB-COMMITTEE

1. The Programme Sub-Committee met in Brazzaville from 29 August to 1 September 1992 under the Chairmanship of Dr Owona Essomba (Cameroon). Dr G. K. Bolla (Zambia) was elected Vice-Chairman and Dr B. D. Ferreira (Angola) was elected Rapporteur. The list of participants is attached as Appendix 1.

2. Dr G. L. Monekosso, Regional Director, welcomed the participants and highlighted the functions of the Programme Sub-Committee. He called for a free and frank debate of the document before the Sub-Committee. The agenda for the meeting would require consideration of the major global challenges such as AIDS, health emergencies, catastrophes, health care financing and population problems. It would also require consideration of health problems specific to certain countries. The Sub-Committee would also have to look ahead to the Ninth General Programme of Work to give the Organization guidelines to enable it to build on the achievements made during the Eighth General Programme of Work. He pointed out that the Sub-Committee would report to the Regional Committee on the matters on the agenda and this would greatly assist the Regional Committee in its work, especially its consideration of the proposed Programme Budget. He wished the participants a pleasant stay in Brazzaville.

3. The Chairman thanked the Regional Director and his staff for the excellent reception given them on their arrival.

4. The Programme of Work was adopted unanimously. It is attached as Appendix 2.

PROPOSED PROGRAMME BUDGET 1994-1995 (document AFR/RC42/2)

Presentation

5. Mr D. E. Miller, Director, Support Programme, introduced document AFR/RC42/2 "Proposed Programme Budget 1994-1995", on behalf of the Regional Director. The document reflected the emphasis placed on activities at country level. The programme statements included clear references to the budgetary implications of the proposed programme.

6. The overall regional allocation showed an increase of 13.0% compared to the approved budget for 1992-1993, bringing the regular budget for 1994-1995 up to US $154 160 000. That figure would remain provisional until the budget proposals for the Organization as a whole were finalized.

7. The Proposed Programme Budget was prepared by using the exchange rate of 296 FCFA to the US dollar the same as that used in the approved budget for 1992-1993. Should the dollar rate fall below the 296 CFA Francs level, it would create difficulties in the implementation of the programmes. However, resolution WHA39.4 made it possible for the Regional Office to benefit from WHO's Exchange Rate Facility, which partially covers the adverse effects arising from exchange rate fluctuations. It was expected that this Exchange Rate Facility would be extended to cover 1994-1995. The exchange rate applied in the draft budget proposals will be reviewed and if necessary changed at Headquarters before the global budget is finalized.

8. The Programme Budget took into account the need to support the various components of the strategy for Health for All by the Year 2000, as well as current budgetary constraints. For the fourth successive biennium, the overall regional allocation had been set for zero-growth in real terms, thus limiting the possibilities for new activities.

9. The total allocations for the individual countries were provisional figures subject to revision when the Organization as a whole finalized its overall budget.

10. Budgeted amounts shown under the heading "Other Sources" were those for which financing was either assured or expected at the time the documents were prepared. Additional extrabudgetary funds are likely to be available closer to the start of the 1994-1995 biennium.

Analysis of the Regional Programme

11. The presentation of the Proposed Programme Budget 1994-1995 emphasized the priority accorded to the choice of activities by the countries, the nature and scope of WHO's commitment and the use of resources in relation to the targets and goals of national health programmes. The narrative statements of the Regional Programmes were prepared on the basis of reviews and analyses of the country statements.

Discussion

12. A detailed critical examination was made of the various programmes and the Sub-Committee was given explanations for the increases or decreases between the provisions for programmes in 1992-1993 and those for 1994-1995.

13. During the examination of the Proposed Programme Budget document the following issues were discussed.

Explanatory notes and introduction

14. The Sub-Committee inquired whether all the country funds were expended in the previous biennium and how was expenditure going in the current (1992-1993) biennium in the light of a recent directive to WRs to cut the country budgets by 10%. He also inquired what was the reason for the 10% cut.

15. The reply was that country funds were fully utilized in the previous biennium and expenditure was being closely monitored in the current biennium. There was a "freeze" of 10% in the whole WHO budget, because the USSR used to pay 10% of the budget, but due to its political changes, it had not yet paid. Accordingly the cash flow had to be managed by the freeze, which affected all regions.

Budget Analysis by Programme

16. The Programme Sub-Committee commented on the following programmes:

Regional Director's Development Programme - Programme 2.2

17. The funding for Programme 2.2. Regional Director's Development Fund was regarded as inadequate to meet the level of emergencies such as the Drought in Southern Africa. At present only token amounts could be allocated to countries in emergencies.

18. Although noting that WHO was not a Funding Agency, and that some countries had put a line item in their budget, the Sub-Committee recommended that consideration be given to increasing Regional Director's Development Fund in this budget or the next one (1996-1997); and that similarly, a larger number of the Member States of WHO have made specific provisions in their budgets for the same periods reviewed.

Development of Human Resources for Health - Programme 5

19. Concern was expressed about delays in the release of funds for fellowships. It was noted that there was need for timely planning and management of fellowships by the requesting countries and the Regional Office so as to prevent waste of funds and justify expenditures to our creditors. This was acknowledged; however Member States were requested to continue submitting nominations for scholarship well in advance in order to enable the Regional Office make placement arrangements with different institutioning in good time.

Public Information and Education for Health - Programme 6

20. The importance of the programme was unanimously recognized by the Programme Sub-Committee that approved without reservations the budgetary allocations proprosed. It also underlined that health information was an important component of several other health programmes.

Research Promotion and Development, including
Research on Health Promoting Behaviours - Programme 7

21. The Programme Sub-Committee noted the importance of essential health research as reflected in the documents for the technical discussions and the need for strengthening the funding of this programme. A large amount of the budget for research comes from external sources, as in the case of the Tropical Diseases Research and the Human Reproduction, two global programmes. A joint project on health systems research being implemented in the Sub-Region 3 is also funded externally by the Dutch Government. The regional strategy for research is to promote its integration in health programmes. Thus, health programmes were required to mobilize additional funds for research in the specific areas. The Programme Sub-Committee also pointed out that the use of research findings is as important as the conduct of research, and this has to be promoted.

General Health Protection and Promotion - Programme 8

22. The Programme Sub-Committee considered whether the above programme should be combined with the programme of Public Information and Education for Health. It was noted that the title "Health Promotion and Protection" was not explicit enough and could be improved in the Ninth General Programme of Work.

Nutrition - Programme 8.1

23. The current large scale drought and famine affecting some Member States were likely to result in increased cases of malnutrition and that should be reflected in the funds allocated to nutrition. The effects of this malnutrition would become visible during 1994-1995. Extrabudgetary funds were being mobilized to support the various activities listed in the Programme Budget proposal.

Oral Health - Programme 8.2

24. Special mention was made that oral health activities had been long neglected in the African Region and should be given some priority by Member States. The budget allocation for the programme, was a cause for concern, and additional resources should be mobilized for activities in this area.

25. The Regional Programme on Oral Health currently offers technical assistance to countries particularly in the development of comprehensive national oral health policies and plans. It was recalled that at the forty-first session of the Regional Committee in Bujumbura in September 1991, a document on the promotion of oral health in the African Region was presented by the Regional Director. It invited Member States to allocate adequate funds to oral health in their WHO collaborating health programme.

Accident Prevention - Programme 8.3

26. The Programme Sub-Committee questioned the priority to be accorded to this programme within the Region. In some countries the subject was not in the purview of the health sector. However it was noted that accidents were a major public health problem, which used up a significant portion of the health funds in hospitals and health centres.

Maternal and Child Health including Family Planning - Programme 9.1

27. The Sub-Committee noted that MCH/FP was considered a priority programme by all countries, and as such the proposed 1994/1995 allocations were endorsed.

Women, health and development

28. The Sub-Committee noted the central role played by women in Africa, in health matters and in the areas of general development, and recommended that a budget be allocated to the programme of Women, Health and Development so as to enable the Regional Office to support micro-projects in countries specifically for the development of women. The regular budget should reflect the serious concern expressed by all international development agencies, including the World Health Assembly.

29. The Programme Sub-Committee therefore recommended:

(i) that Member States make optimal use of the extrabudgetary funds available through the Regional Office for this programme;

(ii) that countries review their respective proposed country budgets with a view to making appropriate allocations to this programme;

(iii) that the Secretariat includes a budget table under the programme in the Proposed Programme Budget 1994/1995, and to indicate that there are amounts available from extrabudgetary sources;

(iv) that full account be taken of this concern in the formulation of the Ninth General Programme of Work.

Adolescent Health - Programme 9.2

30. It was noted that one only country had included budgetary provisions under this programme area, and therefore others were urged to take this programme into account when making the definitive review of their country budgets.

Human Reproduction Research - Programme 9.3

31. The Programme Sub-Committee noted that this programme carried no budgetary provision in the Regional budget; members were fully aware of the activities of the Organization's Special Programme (HRP) from which countries obtain both financial and technical support.

Workers' Health - Programme 9.4

32. It was agreed that the proposed budget reflected the growing interest of countries in this field.

Health of the Elderly - Programme 9.5

33. The Programme Sub-Committee noted that, as yet, only a few countries seem to have developed sufficient interest in this programme.

Protection and Promotion of Mental Health - Programme 10

34. The proposed allocations under the three sub-programmes of mental health were endorsed without change, although the Programme Sub-Committee felt that not enough attention is being accorded to mental health by Member States.

Community Water Supply and Sanitation - Programme 11.1

35. The situation analysis of this programme was commended, particularly the table, which showed the coverage and regional targets and justified the need for substantial funds for this programme.

36. There was a decrease in the country budget and an increase in the Regional Budget, because some countries were able to mobilize funds from World Bank, the African Development Bank and other bilateral and multilateral agencies to execute Water and Sanitation projects. WHO's role was to cooperate in preparing project documents and to offer other technical assistance at the early stages of project formulation. As a result the financial support required from WHO was reduced in countries where it had been possible to mobilize external funds for project implementation. Thus, it was that some countries showed increases, some countries showed decreases and some countries introduced the programme for the first time in their Regular Budget. On the whole 33 countries were collaborating with WHO in this programme area.

Environmental Health in Rural and Urban Development and Housing - Programme 11.2

37. The Programme Sub-Committee noted that the programme was not sufficiently known at country level and invited Member States to take appropriate notice of the activities that should be promoted at country level in this sector and to make adequate budgetary provision.

Health Risk Assessment of Potentially Toxic Chemicals - Programme 11.3

38. The Programme Sub-Committee underlined the lack of facilities in the countries to identify potentially toxic substances. It expressed the view that the activities proposed in the programme were relevant and appropriate to the situation in the Region. But the funds provided for in the Regular Budget may not be adequate. The Secretariat explained that the Regional Office's main task was to cooperate with Member States in problem analysis and in the formulation of project documents with a view to obtaining external resources to actually fund activities in member countries.

Control of Environmental Hazards - Programme 11.4

39. The Programme Sub-Committee inquired whether the activities proposed at country level were to be funded from the Regular Budget. The Secretariat explained that the Regional Office was working jointly with other agencies (such as UNEP) and pursuing its effort to mobilize external resources for activities to be carried out in the countries. In 1992 for instance about US $100 000 had been mobilized for the study of land-based sources of pollution in countries.

Food Safety - Programme 11.5

40. The Programme Sub-Committee stated that in spite of the importance of the programme, some countries had not been able to provide funds under the Regular Budget. It was asked if the possibility existed for the Regional Office to mobilize external resources. The Secretariat reaffirmed that the Regional Office was pursuing close collaboration with FAO in promoting and developing activities in this programme.

Essential drugs and vaccines - Programme 12.2

41. Members of the Sub-committee were worried about the reduction in budgetary allocations earmarked for this programme to member countries at a time when the cost of drugs and vaccines was rising.

Drug and vaccine quality, safety and efficacy - Programme 12.3

42. Drug and vaccine quality, safety and efficacy were of major concern to members of the Sub-Committee. Their concern was that the budgetary proposals might not cover the activities envisaged, especially the introduction of quality control activities into the countries of the Region.

43. The Sub-Committee was informed that four subregional quality control laboratories had been set up with Regional Office support. However, the countries they were intended to cover are not yet making adequate use of their services for various reasons, connected particularly with logistics. Even though preference would be given to the subregional approach, budgetary allocations would be used to provide technical support to countries which would like to set up their own control laboratories.

Traditional medicine - Programme 12.4

44. The Programme Sub-Committee recommended to increase the allocation for this programme in the future.

Rehabilitation (RHB) Programme - 12.5

45. The Programme Sub-Committee underlined the importance of this programme for those countries afflicted by long-lasting wars. It expressed the concern that the need for activities in this sector may not be adequately reflected in country budgets, thus resulting in a low figure for country allocation. The Secretariat assured that renegotiation of programme allocations for individual country budgets is still possible before adoption of the budget in case some countries would deem it necessary to give more emphasis to rehabilitation activities.

Disease control - Programme 13

46. The Programme Sub-Committee emphasized the importance of the disease control programme, particularly the control of communicable diseases.

Immunization - Programme 13.1

47. This programme was considered by the Programme Sub-Committee as one of the most remarkable public health initiatives of the last twenty years.

48. The consideration of this programme brought to the fore the results obtained by a concerted effort of Member States, WHO, UNICEF and other donor agencies in initiating and supporting the activities of the programme. The current challenge as already underlined by the forty-first session of the Regional Committee consists of maintaining and improving on the achievements. However, the Programme Sub-Committee observed that already in 1992, some countries have experienced a decline in immunization coverage. The Sub-Committee expressed the fear that the traditional EPI funding agencies may no longer be in a position to give the same level of support as was given these last twenty years to the countries of the Region. Some countries already experience a more or less substantial reduction in donors' activities, for example of UNICEF and Rotary International. At the same time, the cost of vaccine continues to increase alarmingly.

49. Despite this situation, the budgetary status of the programme shows a decline in financial allocation by the countries.

50. Faced with this situation, the Programme Sub-Committee expressed concern in regard to the discussions and directives of the forty-first session of the Regional Committee. It is recommended that Member States seriously consider this issue and accord the highest priority to the programme. Appropriate budgetary allocations both from the national budget and the WHO country budget are recommended. The Regional Office is urged to continue to mobilize extrabugetary resources to support countries' efforts. WHO and UNICEF should undertake a vigorous action to assist the countries to ensure continuous supplies in vaccines including new vaccines planned to be introduced in the programme.

Disease vector control - Programme 13.2

51. The Sub-Committee observed the drop in the budgetary allocation at country level. It was indicated that some disease vector control activities have been included in other programmes such as malaria control and the control of trypanosomiasis. Some other countries have obtained extrabudgetary

resources and transferred former allocations to other programmes. It has been recommended to the Regional Director to further mobilize extrabugetary resources for this programme.

Parasitic diseases - Programme 13.4

52. On considering this programme, it was found that there is a disproportion between regional and country allocations, with the former being by far more important. The mechanisms for sharing WHO budgetary package by the Director-General at the global level and by the Regional Director at the regional level were outlined. On the other hand, the regional allocation comprises WHO's contribution to the OCP Programme (US $500 000) and the efforts of the Regional Office towards devolution. Efforts are also being made by the Regional Director, in collaboration with Headquarters, to mobilize extrabudgetary resources, particularly for the control of trypanosomiasis.

Acute Respiratory Infections - Programme 13.7

53. The programme was reviewed by the Programme Sub-Committee and it was noted that Acute Respiratory Infections are second only to malaria in terms of morbidity and mortality. Consequently, the Committee expressed doubts about the adequacy of the regular budget provision. Accordingly, it was recommended that a greater effort at extrabudgetary funds mobilization should be made.

Leprosy - Programme 13.9

54. The Sub-Committee raised concerns on the size of the country budgets which, being small to start with, have been further reduced. It was proposed that the budget be increased instead. The Sub-Committee suggested that tuberculosis and leprosy should be integrated at the country level so that tuberculosis could benefit from the leprosy programme which enjoys good funding from extrabudgetary sources especially NGOs. However, some NGOs are reluctant to accept integration. There is increasing interest in tuberculosis globally, and extrabudgetary funds are being mobilized for use at country level. Also, countries are entering bilateral arrangements to support their tuberculosis control programmes. It is the Regional Office's recommendation to integrate tuberculosis and leprosy, and many Member States have done so already.

Zoonoses - Programme 13.10

55. The Sub-Committee expressed its concern over the increasing incidence of urban rabies and other zoonoses and the difficulties countries face in organizing adequate surveillance of those diseases. It was observed that the budget allocation, both at the regional and the country level, was inadequate for the development of more rigorous programmes. It was recommended that more extrabudgetary funds should be sought.

Sexually Transmitted Diseases - Programme 13.11

56. The Programme Sub-Committee considered the proposed budget for the STD programme and advised that there was no longer any justification to separate the Sexually Transmitted Diseases Programme and the Programme on AIDS prevention and control as presented in the PPB document, in view of the

similarities in their modes of transmission and methods of interventions. The Sub-Committee was informed that the Regional Director had taken steps to integrate the two programmes in the Regional Office and had transferred the STD focal point to GPA. The separation of the two programmes follows the format adopted in the Eighth General Programme of Work.

57. The Programme Sub-Committee recommended that Sexually Transmitted Diseases be integrated into the AIDS programme as from the 1994-1995 biennium and in the Ninth General Programme of Work so as to adequately reflect the situation in member countries as far as activities and budget are concerned.

AIDS Prevention and Control - Programme 13.13

58. The Programme Sub-Committee noted with satisfaction that 87% of the proposed budget for AIDS had been allocated for activities at the country level. The Sub-Committee was informed that the Regional Office was urging the countries that have not yet integrated their STD and AIDS programmes to consider doing so.

59. The Programme Sub-Committee expressed its appreciation of the support given by the donor community to the Member States for AIDS prevention and control, and recommended to the Regional Committee:

(i) to request the Regional Director to continue in his efforts to mobilize extrabudgetary funds for AIDS prevention and control;

(ii) to direct that the two programmes be presented under a combined heading in future budgets starting from 1994-1995;

(iii) to merge them in the Ninth General Programme of Work.

Blindness and Deafness - Programme 13.15

60. It was observed that no country had proposed an allocation for this programme, and that, because these were "silent" problems, they have so far not received the level of importance due. The Programme Sub-Committee urged AFRO to seek extrabudgetary funds in support of activities under this programme. The Secretariat assured the Sub-Committee of AFRO's readiness to support countries to undertake a situation analysis and to develop appropriate national programmes. The rationale for combining blindness and deafness under a single programme was questioned, and the Secretariat responded that the programme headings were in accordance with those adopted by all Member States for the Eighth General Programme of Work.

Cardiovascular Diseases - Programme 13.17

61. Recognizing the increasing importance of cardiovascular diseases in the Region, especially arterial hypertension, the Programme Sub-Committee encouraged more active resource mobilization to finance activities under this programme.

Conclusion

62. With these comments the Programme Sub-Committee decided to recommend to the Regional Committee to adopt the draft resolution endorsing the Proposed Programme Budget 1994-1995.

Criteria for the determination of Country Budgets

63. The Sub-Committee took note of a document on revision of the criteria used for apportioning the country allocation between countries. This had been prepared in response to resolution AFR/RC40/R13. The document was the outcome of a meeting of experts convened to advise on the revision of existing criteria. In accordance with the resolution, the Regional Director is gathering information from the countries to test the proposals before taking decisions on their use for the 1996-1997 Programme Budget.

REPORT OF THE AFRICAN ADVISORY COMMITTEE FOR HEALTH DEVELOPMENT (AACHD) (document AFR/RC42/11)

64. The twelfth meeting of the AACHD was held in Brazzaville, 13-16 July 1992 under the chairmanship of Prof. F. K. Nkrumah/Ghana. It considered the following issues:

(i) Essential Health Research
(ii) The Ninth General Programme of Work
(iii) The Reorientation and Restructuring of District Hospitals
(iv) The Proposed Framework for African Health Policy (WHO/AFRO-World Bank).

65. In considering Essential Health Research the AACHD noted that:

(i) research is a systematic method of obtaining new knowledge;

(ii) essential health research is directed toward the implementation of health programmes;

(iii) essential health research is undertaken in clinical research, biomedical research and other branches of research as adapted to the country's needs;

(iv) implementation of research requires a multisectoral committees at all levels, training of personnel and resources;

(v) research is multidisciplinary and draws upon sociology, psychology and anthropology;

(vi) research undertaken should be affordable, relevant and generalizable;

(vii) research should be an interministerial activity and at least 5% of the health budget should be allocated to research;

(viii) WHO should endeavour to establish funding for essential health research.

66. In considering the Ninth General Programme of Work the AACHD noted:

(i) that African countries had not participated in the formulation of the document;

(ii) the importance of training, management and research;

(iii) the necessity of including AIDS, health care financing, emergency preparedness, environmental threats and population growth;

(iv) the importance of transferring technology and strengthening health infrastructure;

(v) the challenges of information systems, accounting of infrastructure, training and resources, and of strengthening supervision, surveillance and evaluation and of the General Programme of Work.

67. In considering the Reorientation and Restructuring of District Hospitals, the AACHD noted:

(i) the importance of participation by district hospitals in community interventions;

(ii) the importance of equitable distribution of resources and of establishing health care financing;

(iii) the importance of management committees.

68. In considering the Framework for African Health Policy the AACHD noted:

(i) its concern regarding the elaboration of another document on health policy in the Region;

(ii) the importance of understanding how the World Bank planned to work with the WHO Regional Office for Africa;

(iii) its concern that the Member States should not be unduly pressured to change health policy;

(iv) the positive changes toward community orientation of the document since the initial presentation in 1990;

(v) that the World Bank document should be consistent with the Three-phase African Health Development Scenario;

(vi) that each country should determine the appropriate equilibrium between private and public health services.

69. After this presentation the Report was accepted unamimously by the Programme Sub-Committee.

FINAL EVALUATION REPORT OF THE INTERNATIONAL DRINKING WATER SUPPLY AND SANITATION DECADE (IDWSSD) IN THE AFRICAN REGION (document AFR/RC42/12)

70. The Secretariat introduced the document AFR/RC42/12.

71. After the presentation of the document, the Sub-Committee examined the report paragraph by paragraph and endorsed the report as it stands with the following observations:

(i) The first observation on this programme was inadequate participation of communities in the financing and sustainability of systems. Increased effort should be made to ensure community financing of rural water supply and sanitation facilities in view of the substantial funds required from governments and donors to achieve target. New thrusts are needed to operationalize community participation to expand coverage in the 1990s.

(ii) On page 5, paragraph 17, last sentence it was agreed to add that Cameroon has established target to eradicate dracunculiasis in 1993 and that the programme is progressing successfully towards achieving this target.

72. The draft resolution was endorsed with the following amendments:

(i) Operative paragraph 1: congratulations to be addressed to the Regional Director in the French version.

(ii) Operative paragraph 5 (iii): to revise the French translation of the text in order to reflect adequately the part concerning effective community participation in the financing and management of water supply and sanitation.

REGIONAL PROGRAMME FOR MALARIA CONTROL: ACHIEVEMENTS AND PERSPECTIVES FOR THE 1990s (document AFR/RC42/13)

73. The Secretariat introduced the document AFR/RC42/13.

74. It was observed that malaria is only one of many factors contributing to low birth weight and doubt was expressed as to whether malaria control could be considered as important to achieve this objective.

75. It was further mentioned that chloroquine resistance, cost-efficiency and risks of chemoprophylaxis constitute reasons for not making malaria control a major strategy for reducing low birth weight.

76. It was however stressed that malaria is one of the most important factors contributing to low birth weight and for this reason the objective of reducing the incidence of low birth weight had been identified by the Brazzaville conference on Malaria (1991) as a specific objective of malaria control. Malaria chemoprophylaxis was identified by WHO as an effective way to achieve this objective.

77. It was proposed to substitute the objective of reducing low birth weight by that of reducing the incidence of malaria among pregnant women. After discussion, the consensus was reached on the adoption of the objective to contribute to the reduction of the incidence of low birth weight.

78. The resolution was adopted without any modification.

REGIONAL PROGRAMME FOR TUBERCULOSIS AND LEPROSY CONTROL: PROGRESS AND PERSPECTIVES FOR THE 1990s (document AFR/RC42/14)

79. After the presentation of the document by the Secretariat, the Programme Sub-Committee requested that the proposed targets for 1995 should be prefaced by the present status of the programme before quoting targets. It was noted that some of the data was indicated in the document on tuberculosis.

80. The Programme Sub-Committee wondered how long member countries are going to rely on donors for purchase of drugs for tuberculosis. It was recommended that the Regional Office should continue looking for funds for tuberculosis drugs to support member countries. The Regional Director will make all

efforts to intensify mobilization of extrabudgetary funds and mechanisms for cost recovery to assist countries to meet some of their drug needs and also play a catalytic role in the promotion of bilateral arrangements between countries and donors.

81. The Programme Sub-Committee noted that certainly evaluation depends on reliable information collection. It was therefore recommended that integrated surveillance forms which should be simple and easy to complete be developed for use by the countries.

EXPANDED PROGRAMME ON IMMUNIZATION, PROGRESS MADE IN IMPLEMENTING THE REGIONAL STRATEGY FOR THE ELIMINATION OF NEONATAL TETANUS AND THE ERADICATION OF POLIOMYELITIS (document AFR/RC42/15)

82. The Programme Sub-Committee examined the report of the Regional Director on the Strategies for the elimination of neonatal tetanus and the eradication of poliomyelitis. Concern about the future of EPI was expressed by the Sub-Committee regarding the increasing price of vaccines and the attendant need for national budgets to make provision for the purchase of vaccines.

83. In actual fact, the economies of most countries were described as getting worse in the face of the increasing need for having to pay for vaccines. Recently international organizations have indicated their dwindling resources in the support of this programme. It was accordingly recommended that the member countries should consider giving higher priority to their national EPI programmes and at the same time reflect such a high priority in national budgets. It was also recommended that the WHO should increase their efforts in the mobilization of funds and negotiations with manufacturers of vaccines with the view to obtaining affordable prices for member countries.

84. The Programme Sub-Committee recommends to the Regional Committee to adopt the draft resolutions on EPI with amendments.

ONCHOCERCIASIS CONTROL IN THE AFRICAN REGION: PROGRESS REPORT (document AFR/RC42/16)

85. In the consideration of this document, concern was expressed by the Programme Sub-Committee that the free donation of ivermectin, which in itself is a good thing for the countries, should be watched closely so that countries will not suddenly be faced with a bill they are not prepared to pay, particularly in view of the general economic crisis. A similar concern was expressed about the devolution of OCP activities. It was suggested that these activities of devolution will need to be undertaken by countries according to their national priorities and resources. It was also emphasized that the devolution should be integrated into the national primary health care system.

86. Member States are concerned that the vector may reappear from neighbouring countries which have not yet controlled the disease. The Sub-Committee invites the international community to strengthen cooperation in combatting this disease and encourages dialogue between Member States.

REGIONAL PROGRAMME FOR DIARRHOEAL DISEASES CONTROL: PROGRESS REPORT (document AFR/RC42/17)

87. The first observation on this programme was the need for the Regional Office to reinforce the integration of preparedness plans for cholera control and prevention into the existing CDD programme plan of operations and to provide multisectoral and multidisciplinary technical guidance during emergency cholera outbreaks. It was emphasized that multisectoral approach to diarrhoeal disease control was the most cost efficient approach. Such collaboration at the country level should include ministries such as Water Affairs and Community Development.

88. The concern over the large number of supervisory staff trained compared to case management staff was explained by citing the situation in the Region where there are more trained staff in case management. The greater need for good supervison was therefore justified. It was noted that programme evaluations had occurred in several countries but the information on the outcome of these exercises were not publicised. It was later explained that evaluations conducted for CDD Programme are composed of different types such as household or health facility surveys thus resulting in evaluations being carried out in several countries. It was agreed that a greater effort will be made to utilize evaluation results to improve programme operations.

89. The draft resolution was reviewed and adopted as amended.

EMERGENCY PREPAREDNESS AND RESPONSE: PROGRESS REPORT (document AFR/RC42/18)

90. The Secretariat introduced the document and emphasized the crucial state of WHO in emergency preparedness. Extrabudgetary funds must be mobilized for this activity.

91. The Programme Sub-Committee acknowledged the importance of this programme and accepted the report.

TRADITIONAL MEDICINE: PROGRESS REPORT (document AFR/RC42/19)

92. The Secretariat presented the document on "Progress report on traditional medicine". The Programme Sub-Committee, after noting the insufficiency of the proposed budget, expressed concern on two major issues: the difficulties encountered in establishing collaboration between the practitioners of the two medical systems; the utilization of African pharmacopoeia by the countries of the Region.

93. It has been accepted that extrabudgetary funds be mobilized for this activity. It was also pointed out that a framework for collaboration had been prepared by the Regional Office, with the participation of a multidisciplinary group of experts of the Region including delegates of traditional health practitioners in order to iron out the difficulties observed. The adoption of this framework for collaboration has given satisfactory results in several countries.

94. It was also recalled that the two volumes of the African pharmacopoeia prepared by the experts of the Region and edited were available in French, English and Arabic:

- monographs on medicinal substances (Vol. 1)
- methods of analysis (Vol. 2).

The Sub-Committee approved the document with amendments and request the Regional Committee to adopt it.

NINTH GENERAL PROGRAMME OF WORK (document AFR/RC42/20)

95. The Chairman of the Programme Sub-Committee reminded the members that the Ninth General Programme of Work (9GPW) is the third and last in the series of General Programmes of Work of WHO following the adoption of the Global Strategy by the World Health Assembly in 1981 - Resolution WHA35.23.

96. Dr A. D'Almeida, Programme Manager for Support to Development of National Health Systems, introduced the document on behalf of the Regional Director. In his introduction, he emphasized that the document took cognisance of the world health situation with the context of the prevailing socioeconomic and environmental changes.

97. The Regional Director emphasized that given the importance attached to 9GPW, the Regional Office had done a comprehensive analysis of the document within the context of some global changes and requested the Programme Sub-Committee to allow a presentation to the Sub-Committee of the analysis done by the Regional Office.

98. Dr Lambo of HFA Unit, then made the presentation on behalf of the Regional Director. He enumerated the following as constituting the major global changes that have affected the implementation of the health for all strategies: economic, social and political changes (which are interrelated); the AIDS pandemic; health emergencies and epidemics; increasing environmental threats; mounting population problems; and unhealthy lifestyles. The global changes have posed challenges to WHO to: strengthen the presence of WHO at country level and also stregthen/promote relations between the three levels of WHO; promote and maintain the Organization's leadership role in health through an innovative and flexible staffing policy; adopt an 'aggressive posture' on AIDS prevention and control; strengthen collaboration among WHO governing bodies, with UN agencies and with donors; promote and strengthen relationships with development banks; strengthen technical cooperation in health among member countries; intensify WHO's dynamic participation in the programmes dealing with the management of the environment, population problems and lifestyles/behavioural problems; and adapt a new posture in developing WHO's GPW with special emphasis on the 'bottom-up' approach.

99. Finally, he presented a framework that could be used to adapt national health systems (at all levels) to global changes as well as a framework for increasing WHO's responsiveness (at all levels) to the global changes.

100. The Regional Director advised that an in-depth examination should be made of the proposed programme classification in order to ensure that the WHO approach is synergetic with country programmes as well as with programmes of other agencies and development banks.

Discussion

101. The Chairman then invited members to discuss the document bearing in mind the two presentations as well as the remarks of the Regional Director.

102. The Programme Sub-Committee went through the document page by page. The major observations and concerns commonly shared were as follows:

(a) On Sub-Section 1.1 (A changing world), top of page 4, it was felt that there is need to add that the end of the 'cold war' should now enhance fruitful North-South relationship.

(b) On Sub-Section 2.1 (Cost and Strategies), it was felt that:

(i) the under-five mortality rate target of 'not exceed 70 out of 100 live-births should read 'not exceed 70 out of 1000 live-births'; and

(ii) the target for infant, child and maternal mortality would be more meaningful if viewed as 'aspirational targets'.

(c) On Sub-Section 2.2.3 (Ensuring equitable access to health services), it was felt that not enough emphasis has been put on the health care financing problem and that the following should be added to take care of this point:

(i) On page 11 under 'Priority will be given to': add as last item the following:

- ensuring adequate and sustainable resources for financing quality health care.

(ii) On page 11 under 'In cooperation with countries, WHO will': add as item in (v) the following:

- support initiatives aimed at evolving viable, equitable and sustainable health care financing arrangements that would involve the individuals, the communities, the employers, the government and the external development partners.

(d) On Sub-Section 3.2 (Criteria for selecting areas of WHO involvement), it was felt that these should include 'the populations perception of health and related priority problems'.

(e) It was felt that specific emphasis should be given to the fundamental role of women in development and also to the issue of ensuring continuity in the training of health personnel after particular projects had terminated.

(f) On the Draft Outline of WHO Programme Classification for 9GPW, it was proposed that the following classification would be better:

1. Direction, Coordination and Management

1.1 Governing bodies
1.2 General programme development and management

2. Health for All Policies

   2.1 Global health policies
   2.2 Health and socioeconomic development
   2.3 Monitoring and evaluation of policy implementation

3. Health System Development

   3.1 Organization and management of health systems
   3.2 Health situation and trend assessment
   3.3 Human resources for health
   3.4 Health care technology

4. Health Promotion and Protection

   4.1 Individual health
   4.2 Family and community health
   4.3 Environment and health

5. Prevention and Control of Diseases and Disability

   5.1 Communicable diseases
   5.2 Noncommunicable diseases
   5.3 Disability prevention and control

6. Overcoming major obstacles to health for all

   6.1 AIDS and STD prevention and control
   6.2 Financing quality health care
   6.3 Emergency preparedness and response

7. Essential research in support of health

   7.1 Health systems research
   7.2 Human reproduction research
   7.3 Tropical diseases research

8. Information Support for Health

   8.1 IEC: Information, Education and Communication
   8.2 HBI: Health Bibliography and Information
   8.3 ISS: Informatics Support Services

9. Administrative support for health

   9.1 Personnel
   9.2 General administration and services
   9.3 Budget and finance
   9.4 Equipment and supplies

(g) In addition to the above classifications members of the Sub-Committee have the strong opinion that Women Development and Health, Oral Health, Mental Health and Legal Aspects of Health are important enough to be included as sub-programmes under the most appropriate programme classifications above.

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APPENDIX 2

PROGRAMME OF WORK

1. Opening of the Programme Sub-Committee meeting

2. Adoption of the agenda

3. Election of the President, Vice-President and Rapporteur

4. Discussion of Programme Budget 1994-1995 (document AFR/RC42/2)

5. Report of the African Advisory Committee for Health Development (AACHD) (document AFR/RC42/11)

6. Final evaluation report of the International Drinking Water Supply and Sanitation Decade (IDWSSD) in the African Region (document AFR/RC42/12)

7. Regional programme for malaria control: Achievements and perspectives for the 1990s (Report of the Interregional Conference on Malaria Control in Africa, October 1991) (document AFR/RC42/13)

8. Regional programme for tuberculosis and leprosy control: Progress and perspectives for the 1990s (document AFR/RC42/14)

9. Expanded programme on immunization: Progress made in implementing the regional strategy for the elimination of neonatal tetanus and the eradication of poliomyelitis (document AFR/RC42/15)

10. Onchocerciasis control in the African Region: Progress report (document AFR/RC42/16)

11. Regional programme for diarrhoeal diseases control: Progress report (document AFR/RC42/17)

12. Emergency preparedness and response: Progress report (document AFR/RC42/18)

13. Traditional medicine: Progress report (document AFR/RC42/19)

14. Ninth General Programme of Work (document AFR/RC42/20)

15. Adoption of the report and assignment of responsibilities for the presentation of the report of the Programme Sub-Committee to the Regional Committee (document AFR/RC42/21)

16. Closing of the meeting.

REPORT OF THE PROGRAMME SUB-COMMITTEE MEETING HELD ON 8-9 SEPTEMBER 1992

INTRODUCTION

1. The Programme Sub-Committee met on Tuesday and Wednesday, 8-9 September 1992 in Brazzaville (Congo), immediately after the forty-second session of the Regional Committee. The list of participants is in Appendix 1.

2. The Sub-Committee elected Dr G. K. Bolla (Zambia) the outgoing Vice-Chairman, as Chairman, Dr E. Kpizingui (Central African Republic) as Vice-Chairman and Dr B. D. Ferreira (Angola) as Rapporteur. The Chairman thanked the members of the Programme Sub-Committee for the confidence placed in his country and himself by his election as Chairman.

3. The programme of work was adopted without amendment (Appendix 2).

PARTICIPATION BY MEMBERS OF THE PROGRAMME SUB-COMMITTEE IN MEETINGS OF PROGRAMMING INTEREST

4. The Director, Support Programme, indicated two meetings of programming interest to be attended by members of the Programme Sub-Committee during 1992/1993. The Sub-Committee unanimously agreed on representation as set out in the following table:

Table

MEETINGS OF PROGRAMMING INTEREST TO BE ATTENDED BY MEMBERS OF PROGRAMME SUB-COMMITTEE - 1992/1993

Name, place and date of meeting	Objective	Language	Participating members
1. Subregional Programme Meetings (SPM) - Bamako - Bujumbura - Harare successively/ simultaneously in February 1993.	Modalities of technical and logistic support to Member States in their efforts to provide primary health care to their populations, AFROPOC and country programme budgeting.	E/F/P	SR/1 - Benin SR/2 - Burundi SR/3 - Zimbabwe
2. African Advisory Committee on Health Development (AACHD) Brazzaville, June 1993.	Reviewing major health issues, e.g. management, training, research, health policy.	E/F/P	Zambia

5. The Programme Sub-Committee took note of the replacement schedule for members of the Programme Sub-Committee (see appendix 3), as part of their briefing.

6. Members also sought clarification on their role at the Sub-Regional Programme Meeting. It was explained that as members of the Programme Sub-Committee, they were the representatives of the Regional Committee at the meetings. They represented the governing body at these meetings. It was noted from the Terms of Reference of the Sub-Committee that they were required to participate in meetings of programming interest.

7. It was clarified that it was the Member State of the Regional Committee, which was appointed to the Programme Sub-Committee, and as such it was for the Member State to nominate a representative to attend meetings. A Member State could change its representative on the Sub-Committee. Only one representative per country was required for the Sub-Committee.

NOMINATION OF THE WINNER OF THE COMLAN QUENUM PRIZE

8. The Programme Sub-Committee considered the report of the Selection Committee for the Comlan Quenum Prize, and in accordance with the statutes for the prize, nominated the Expanded Programme on Immunization (EPI) Project of Benin for the Comlan Quenum Prize to be presented at the World Health Assembly in May 1993.

DATE AND PLACE OF THE NEXT MEETING

9. The Chairman informed members of the Sub-Committee that the date and place of the next meeting of Programme Sub-Committee would be communicated to them in future by the Secretariat.

CLOSURE OF THE MEETING

10. The Chairman thanked members for their support and lively contributions to the discussions. He hoped this Programme Sub-Committee would perform as well as the previous one, or better. He wished all members a safe journey back home and closed the meeting.

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APPENDIX 2

PROVISIONAL PROGRAMME OF WORK

1. Opening of the meeting
2. Election of the Chairman, Vice-Chairman and Rapporteur
3. Participation by members of the Programme Sub-Committee in meetings of programming interest
4. Nomination of the Winner of the Comlan Quenum Prize
5. Date and place of the next meeting
6. Closure of the meeting.

APPENDIX 3

REGIONAL COMMITTEE - FORTY-SECOND SESSION
REPLACEMENT SCHEDULE OF MEMBERS OF THE PROGRAMME SUB-COMMITTEE

Country \ Year of selection	1989	1990	1991	1992	1993	1994
	Term of office					
Algeria			1992/93			
Angola*			1992/93			
Benin			1992/93			
Botswana				1993/94		
Burkina Faso				1993/94		
Burundi				1993/94		
Cameroon**		1991/92				
Cape Verde				1993/94		
Central African Republic				1993/94		
Chad				1993/94		
Comoros					1994/95	
Congo					1994/95	
Equatorial Guinea					1994/95	
Ethiopia					1994/95	
Gabon					1994/95	
Gambia					1994/95	
Ghana						1995/96
Guinea						1995/96
Guinea-Bissau						1995/96
Côte d'Ivoire						1995/96
Kenya						1995/96
Lesotho						1995/96
Liberia						(1996/97)
Madagascar						(1996/97)
Malawi						(1996/97)
Mali						(1996/97)
Mauritania						(1996/97)
Mauritius						(1996/97)
Mozambique						
Namibia						
Niger	1990/91					
Nigeria	1990/91					
Rwanda	1990/91					
Sao Tome and Principe	1990/91					
Senegal	1990/91					
Seychelles	1990/91					
Sierra Leone		1991/92				
Swaziland		1991/92				
Togo		1991/92				
Uganda		1991/92				
Utd. R. of Tanzania			1992/93			
Zaire		1991/92				
Zambia			1992/93			
Zimbabwe			1992/93			

* Angola had participated in the 1978/79 sessions, and its term of office ended in the 1985 session. Its next term of office started in 1992.

** In 1979 when the first replacement schedule was prepared, Cameroon was listed as the United Republic of Cameroon, just above the United Republic of Tanzania. When the second schedule was prepared in 1984, Cameroon was listed as Cameroon just above Cape Verde and thus lost its turn. Hence its election in 1990.

REPORT OF THE TECHNICAL DISCUSSIONS

INTRODUCTION

1. The technical discussions of the forty-second session of the Regional Committee took place on 7 September 1992. The subject was Public Health Research and focused on Essential Health Research (EHR) for national health development.

2. The Chairman of the Technical Discussions was Professor Francis K. Nkrumah, assisted by three rapporteurs elected by the Regional Committee: Dr J. L. Chomera for the trilingual group (English, French, Portuguese), Dr E. G. Muzira for the English-speaking group and Professor Pierre Guissou for the French-speaking group.

3. The working groups considered four questions in the light of working documents AFR/RC42/TD/1/Rev.1, AFR/RC42/TD/2 and AFR/RC42/TD/INF.DOC/4 supplied to them. More specifically, they analyzed the fundamental issues related to:

- Impediments to research in national health development
- Essential health research
- Resources for essential health research
- Utilization of essential health research findings.

IMPEDIMENTS TO RESEARCH IN NATIONAL HEALTH DEVELOPMENT

4. In most developing countries, and especially within the African Region, research had been neglected as a management tool in accelerating national health development. The following factors were singled out as impediments to health research in general:

(i) Absence of a national policy and master plan for national health research.

(ii) Limited access to research data and information in countries.

(iii) Inadequate allocations of financial and human resources and physical facilities at national level.

(iv) Insufficient health research coordination and collaboration between research and educational institutions and ministries of health.

(v) Non-orientation of the research agenda to solving immediate health problems.

(vi) Externally-funded research projects not always aligned with national health research priorities.

IDENTIFICATION OF AREAS FOR ESSENTIAL HEALTH RESEARCH

5. The selection of topics for health research should be one of the functions of health institutions which oversee health development at the central, intermediate and district levels of a country.

6. Research issues and topics identified to serve as a framework for countries in determining their specific priorities are listed in the Annex.

RESOURCES FOR ESSENTIAL HEALTH RESEARCH

7. A critical mass of well-trained and well-motivated researchers was necessary to sustain viable essential national health research activities.

8. The utilization of research findings was as important as the conduct of the research itself.

9. Less than one-half percent of health budgets in the Region was earmarked exclusively for health research. Yet, facilities and equipment for research were expensive. The more the concept of research moved from fundamental to operational and essential health research, the less important were the financial issues and the availability of sophisticated equipment.

10. There was a need to strengthen the management of research.

UTILIZATION OF ESSENTIAL HEALTH RESEARCH FINDINGS

11. There was inertia among health system managers in the use of research information to evaluate options and select strategies to solve problems. There was a need to change this attitude.

12. To ensure optimum utilization of research findings the following are needed to be accomplished at all levels:

Central level

(i) active collaboration between health researchers, health policy makers, health managers and communities and continuous dialogue between them from research topic identification to the production of final research findings;

(ii) an adequate data bank responsible for facilitating information dissemination and exchange;

(iii) an adequate research budget at the national level;

(iv) involvement of the beneficiaries of research findings and those who are going to implement research findings in all stages of the research especially in needs assessments and identification of priorities.

Intermediate level

- Reports about research should be circulated.

District level

- Health research priorities at the district level should be redefined taking into account the health needs as identified by the district and the community.

13. The subject of research should be related to problems arising at those levels, mainly in the management programmes. It was stressed that new mechanisms for the dissemination of results should be adopted, including the feedback using meetings of district health personnel and supervisory units.

TIME FOR CHANGE

14. In conclusion, the promotion of health research to advance health development in the Region would demand changes in perception and attitudes among key players, i.e. among managers and health care providers, among researchers and in academia and in relevant organizational structures and processes.

(i) Policy makers, mid-level managers and health services providers must:

- accept that EHR can provide information for decision making;
- acquire competence to identify situations where EHR can be of assistance;
- analyze problems systematically to determine the type of information needed;
- assess research findings and incorporate them in decision making;

(ii) Researchers in health and health-related fields must:

- accept the concept of "Research to support health development" and identify their own roles in applying this concept;
- be familiar with health issues of concern;
- have skills to analyze problems from a health system perspective;
- be competent to work in multidisciplinary teams;
- be able to communicate findings to operational managers as well as the scientific community.

ANNEX

PRIORITY AREAS FOR ESSENTIAL HEALTH RESEARCH

1. The group confirmed the importance of the priority areas of EHR that had been identified for the Region:

(i) Management of health systems;

(ii) Transfer of appropriate technology;

(iii) Improved implementation of priority regional programmes:

(a) Disease prevention and control, including the prevention and control of AIDS;

(b) Maternal and child health including family planning;

(c) Community water supply and sanitation;

(iv) System of health financing.

2. Suggested topics for research in each priority area:

(i) Improvement of the management of health systems:

- Health Manpower Development: including their use and distribution at all levels; identification and development of the essential elements for the profile of a "health science manager"; training in managerial capacity and problem solving in order to produce effective managers at the central, intermediate and district levels; evaluation of the effectiveness of existing approaches to management training.

- Personnel mangement: including selection of criteria for personnel to be trained; incentives to health workers.

- Financial management: cost of health services and their effectiveness; utilization of facilities and coverage.

- Health services: including attitudes of health workers to communities, relationship between the NGOs and communities; information and communication in the health system.

- Traditional health care systems

(ii) Transfer of appropriate technology:

- Constraints in the transfer of technology in traditional medicine.

- Use of solar energy.

Annex

- Preservation of food and food safety.
- Use of radio and other systems of communication including traditional ones.
- Data collection, storage and utilization.
- Use of sustainable technology.

(iii) Disease prevention and control:

Information systems: data collection on the incidence of diseases; disease surveillance.

Community: knowledge, attitudes and health practices; involvement in prioritizing, and in disease control; mechanisms for community diagnosis.

- Training of health workers in disease control.
- Emergency preparedness.
- Mental health.

(iv) Health care financing:

- Community involvement in health care financing.
- Alternative sources of health care financing including health insurance.
- Evaluation of the Bamako Initiative.
- Utilization and cost effectiveness of NGOs in the health system.
- Basis for allocation of funds for health.
- Ways of getting policy makers to allocate more funds for health development.

DRAFT PROVISIONAL AGENDA OF THE FORTY-THIRD SESSION OF THE REGIONAL COMMITTEE

1. Opening of the forty-third session
2. Adoption of the Provisional Agenda
3. Constitution of the Sub-Committee on Nominations
4. Election of the Chairman, Vice-Chairmen and Rapporteurs
5. Appointment of the Sub-Committee on Credentials
6. WHO activities in the African Region
   - 6.1 Biennial report of the Regional Director for 1991-1992
   - 6.2 Environmental sanitation: Trend analysis
   - 6.3 Progress report on the prevention of AIDS in the African Region
   - 6.4 Cardiovascular diseases in Africa: Situation review
7. Correlation between the work of the Regional Committee, the Executive Board and the World Health Assembly
   - 7.1 Ways and means of implementing resolutions of regional interest adopted by the Executive Board and the World Health Assembly
   - 7.2 Agendas of the Ninety-first session of the Executive Board and the Forty-seventh World Health Assembly: Regional implications
   - 7.3 Method of work and duration of the World Health Assembly
8. Consideration of the report of the Programme Sub-Committee
   - 8.1 Extending the role of nursing/midwifery personnel in the epidemiological surveillance of diseases: Progress report (resolution AFR/RC38/R15)
   - 8.2 Report of the African Advisory Committee for Health Development (AACHD)
   - 8.3 Report of the Dr Comlan A. A. Quenum Prize
   - 8.4 Report on WHO response to global change
   - 8.5 Local production of essential drugs in countries of the African Region: Progress report (resolution AFR/RC38/R19)

8.6 Workers' health: Situation analysis

8.7 Strengthening of information support to the management of health systems in Member States: Report of the Regional Director

8.8 Mental health, health and human behaviour

8.9 Epidemiological surveillance of communicable diseases

9. Technical discussions: "Development of health infrastructure"

9.1 Presentation of the report of the technical discussions

9.2 Nomination of the Chairman and the Alternate Chairman for the Technical Discussions in 1994

9.3 Choice of the subject for the 1994 Technical Discussions

10. Dates and places of the forty-fifth and forty-sixth sessions of the Regional Committee in 1995 and 1996

11. Adoption of the report of the Regional Committee

12. Closure of the forty-third session.

LIST OF DOCUMENTS

AFR/RC42/INF/01	-	Opening of the forty-second session
AFR/RC42/1 Rev.1	-	Provisional agenda
AFR/RC42/2 and AFR/RC42/2 Corr.1	-	Proposed Programme Budget - 1994-1995
AFR/RC42/3 and AFR/RC42/3 Add.1	-	Succinct report of the Regional Director
AFR/RC42/4	-	Epidemics in the African Region
AFR/RC42/5 Rev.1	-	AIDS prevention and control: Current status in the African Region
AFR/RC42/6	-	Reorientation and restructuring of district hospitals
AFR/RC42/7 and AFR/RC42/7 Add.1	-	Ways and means of implementing resolutions of regional interest adopted by the World Health Assembly and the Executive Board
AFR/RC42/8 and AFR/RC42/8 Corr.2	-	Agendas of the ninetieth session of the Executive Board and the Forty-sixth World Health Assembly: Regional implications
AFR/RC42/9	-	Method of work and duration of the World Health Assembly
AFR/RC42/10	-	Distribution by countries of functions during preceding regional committees
AFR/RC42/11	-	Report of the African Advisory Committee for Health Development
AFR/RC42/12 and AFR/RC42/12 Corr.1	-	Final evaluation report of the International Drinking Water Supply and Sanitation Decade (IDWSSD)
AFR/RC42/13 and AFR/RC42/13 Corr.1	-	Regional programme for malaria control: Achievements and perspectives for the 1990s (Report of the International Conference on Malaria Control in Africa)
AFR/RC42/14 and AFR/RC42/14 Corr.1	-	Regional programme for tuberculosis and leprosy Progress and perspectives for the 1990s
AFR/RC42/15	-	Expanded programme on immunization: Progress made in implementing the Regional strategy for the elimination of neonatal tetanus and the eradication of poliomyelitis
AFR/RC42/16	-	Onchocerciasis control in the African Region: Progress report

AFR/RC42/17	- Regional programme for the diarrhoeal diseases control: Progress report
AFR/RC42/18	- Emergency preparedness and response: Progress report
AFR/RC42/19	- Traditional medicine: Progress report
AFR/RC42/20	- Ninth General Programme of Work (9GPW)
AFR/RC42/21	- Report of the Programme Sub-Committee
AFR/RC42/22	- Report of the Technical Discussions
AFR/RC42/23	- Nomination of the Chairman and the Alternate Chairman for the Technical Discussions
AFR/RC42/24	- No document on the Choice of the subject for Technical Discussions in 1993 was published.
AFR/RC42/25 Rev.1	- Dates and places of the forty-third and forty-fourth sessions of the Regional Committee in 1993 and 1994
AFR/RC42/26	- Draft Report of the Regional Committee
AFR/RC42/27	- Provisional list of participants
AFR/RC42/28	- Provisional agenda of the Programme Sub-Committee
AFR/RC42/29	- Report on the Budget Programming Meeting between Regional Officers and WHO/Country Representatives
AFR/RC42/TD/1 Rev.1	- Technical Discussions: Framework for Essential Health Research (EHR) in the African Region
AFR/RC42/TD/2 and AFR/RC42/TD/2 Corr.1	- Guide for the Technical Discussions
AFR/RC42/INF.DOC/1	- Health Care Financing Programme (HECAFIP)
AFR/RC42/INF.DOC/2	- Promoting Health in the Urban Environment
AFR/RC42/INF.DOC/3	- The International Conference on Nutrition
AFR/RC42/TD/INF.DOC/4	- Situation analysis on health research in the African Region
AFR/RC42/INF.DOC/5	- Strategies for malaria control in the African Region and steps for their implementation
AFR/RC42/INF.DOC/6	- Ninth General Programme of Work (9GPW)
AFR/RC42/INF.DOC/7	- Towards a more effective collaboration for the implementation of WHO cooperation with countries in greatest need in the African Region of WHO

AFR/RC42/INF.DOC/8	-	Special Health Fund for Africa (SHFA)
AFR/RC42/INF.DOC/9	-	Ad Hoc Committee Meeting of WHO Response to Global Change
AFR/RC42/INF.DOC/10	-	Africa Moves Forward
AFR/RC42/Conf.Doc/1	-	Opening statement by Dr N. Ngendabanyikwa, Minister of Health of Burundi, Chairman of the forty-first session of the Regional Committee for Africa
AFR/RC42/Conf.Doc/2	-	Address by Dr G. L. Monekosso, WHO Regional Director for Africa
AFR/RC42/Conf.Doc/3	-	Address by Mr Jimmy Carter, Former President of the United States of America
AFR/RC42/Conf.Doc/4	-	Speech by Mr Pascal Gayama, OAU Assistant Secretary-General, representing Dr Salim Ahmed Salim, Secretary-General of OAU
AFR/RC42/Conf.Doc/5	-	Address by Professor Pascal Lissouba, President of the Republic of the Congo
AFR/RC42/Conf.Doc/6	-	Statement by Dr H. Nakajima, WHO Director-General
AFR/RC42/Conf.Doc/7	-	Address by Mr Cole Dodge, UNICEF Regional Director for Eastern and Southern Africa
AFR/RC42/Conf.Doc/8	-	Address by Mr Stanislas S. Adotevi, UNICEF Regional Director for West and Central Africa
AFR/RC42/WP/1	-	Report of the Sub-Committee on Nominations