WORLD HEALTH ORGANIZATION
REGIONAL COMMITTEE FOR AFRICA
FORTIETH SESSION

Brazzaville (Congo)
5-12 September 1990

REPORT OF THE REGIONAL COMMITTEE

Brazzaville
October 1990

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PART I

PROCEDURAL DECISIONS

1. Composition of the Sub-Committee on Nominations

The Sub-Committee on Nominations met on Wednesday, 5 September 1990, and was composed of representatives of the following 12 Member States: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros and Congo. The Sub-Committee elected Mrs G. Lombilo (Central African Republic) as Chairman.

Second meeting, 5 September 1990

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 Ossebi Douniam
Minister of Health and Social Affairs (Congo)

Vice-Chairmen : Dr F. J. Fernandes
Minister of Health (Angola)

Mr Z. Kaheru
Minister of Health (Uganda)

Rapporteurs : Dr A. P. D. Delgado (Cape Verde)

Dr F. M. Mueke (Kenya)

Dr B. Ahmed (Comoros)

Rapporteurs for technical discussions:

Mrs W. Manyeneng (Botswana)

Dr A. C. Nogueira (Guinea-Bissau)

Dr D. Kielem (Burkina Faso)

Third meeting, 5 September 1990

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: Côte d'Ivoire, Equatorial Guinea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Madagascar and Malawi. The Sub-Committee elected Dr J. J. Séraphin (Madagascar) as Chairman.

Third meeting, 5 September 1990

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, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Equatorial Guinea, Ethiopia, Gabon, Gambia, Guinea, Guinea-Bissau, Kenya, Lesotho, Madagascar, Malawi, Mali, Mauritius, Mauritania, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Swaziland, Togo, Uganda, United Republic of Tanzania, Zaire, Zambia, Zimbabwe.

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

Fifth meeting, 7 September 1990

5. Choice of subject for Technical Discussions in 1991

The Regional Committee confirmed the following subject for the Technical Discussions at its forty-first session: "Training of health personnel: Mobilization of human resources". "Public health research" was retained for 1992.

Seventh meeting, 11 September 1990

6. Nomination of Chairman of the Technical Discussions in 1991

The Committee nominated Dr M. A. Bankole (Nigeria) as Chairman of the Technical Discussions at the forty-first session.

Seventh meeting, 11 September 1990

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

The Regional Committee approved the provisional agenda of the forty-first session of the Regional Committee proposed by the Regional Director in Annex 4 of document AFR/RC40/12.

Seventh meeting, 11 September 1990

8. Agendas of the Eighty-seventh session of the Executive Board and the Forty-fourth World Health Assembly: Regional implications

The Regional Committee took note of the provisional agendas of the Eighty-seventh session of the Executive Board and the Forty-fourth World Health Assembly and of their correlation with the provisional agenda of the forty-first session of the Regional Committee.

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

President of the World Health Assembly

(1) The African Region will designate a President for the World Health Assembly in 1994. It last designated a President for the World Health Assembly in 1988.

Vice-President of the World Health Assembly

(2) The Chairman of the fortieth session of the Regional Committee will be proposed for one of the offices of Vice-President of the Forty-fourth World Health Assembly in May 1991. 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 come will in that order assume the office of Vice-President.

Main Committees of the World Health Assembly

(3) The Director-General, in consultation with the Regional Director, will consider before each World Health Assembly the delegates of Member States of the African Regional who might serve effectively as:

(i) Chairmen of the Main Committees A and B (Rule 34 of the Assembly's Rules of Procedure);

(ii) Vice Chairmen and Rapporteurs of the Main Committees.

Members entitled to designate persons to serve on the Executive Board

(4) The Member State of the African Region whose term of office expires at the end of the Forty-fourth World Health Assembly is Mozambique.

(5) The new member of the Executive Board will be designated by Sierra Leone. The practice of following the English alphabetical order shall be continued.

(6) Members entitled to designate persons to serve on the Executive Board should confirm their availability at least one month before the World Health Assembly.

Closure of the Forty-fourth World Health Assembly

(7) The representative of Algeria will speak on behalf of the Region at the closure of the Forty-fourth World Health Assembly. Decision 6(11) of the thirty-third session of the Regional Committee for Africa refers.

Informal meeting of the Regional Committee

(8) The Regional Director will convene this meeting on Monday, 6 May 1991 at 10 a.m. at the Palais de Nations, Geneva, to confirm the decisions taken by the Regional Committee at its fortieth session.

Seventh meeting, 11 September 1990

10. Nomination of representatives of the African Region on the Management Committee of the Global Programme on AIDS (GPA)

The Committee noted the expiry, at the end of 1990, of the term of office of Zambia. It nominated Congo in replacement of this country for a three-year term beginning 1 January 1991; Congo will join Zimbabwe to represent the Region on the Management Committee of the Global Programme on AIDS (GPA).

Eighth meeting, 12 September 1990

11. Nomination of representatives of the African Region on the Management Advisory Committee (MAC) of the Action Programme on Essential Drugs

The Regional Committee nominated Uganda and Zaire to represent the Region on the Management Advisory Committee (MAC) of the Action Programme on Essential Drugs; their terms of office will start in January 1991. The Committee noted that the term of office of Uganda will end on 31 December 1991, while that of Zaire will end in December 1992.

The Committee thanked Guinea and Tanzania who represented the Region in 1990.

Eighth meeting, 12 September 1990

12. Nomination of representatives of the African Region to membership in Category (2) of the Policy and Coordination Committee of the Special Programme of Research and Training in Human Reproduction

The Regional Committee nominated Sierra Leone and Swaziland to represent the African Region in Category (2) of the Policy and Coordination Committee of the Special Programme of Research and Training in Human Reproduction.

The Committee thanked Cameroon and Rwanda whose terms of office will expire on 31 December 1990 for their contributions on behalf of the African Region to the activities of the Policy and Coordination Committee.

Eighth meeting, 12 September 1990

13. Dates and places of the Forty-first and Forty-second sessions of the Regional Committee

The Regional Committee decided to hold its forty-first session at Bujumbura (Burundi) in September 1991, and its forty-second session in Brazzaville in September 1992 in accordance with resolution AFR/RC35/R10. It noted the kind invitations of Chad, Swaziland and Botswana to host future sessions.

Eighth meeting, 12 September 1990

14. Replacement of members of the Programme Sub-Committee

At the expiration of the replacement schedule of members of the Programme Sub-Committee which was established by Decision 8 of the Thirty-fourth session, the Regional Committee decided to draw up the new Table below.

The Regional Committee thanked Kenya, Lesotho, Mali, Mauritania, Mauritius and Mozambique, the outgoing members, for their excellent contributions to the work of the Sub-Committee.

In accordance with resolution AFR/RC25/R10 and Decision 14 of RC40, the following 12 countries are now members of the Programme Sub-Committee (1991-92); Niger, Nigeria, Rwanda, Sao Tomé and Principe, Senegal, Seychelles, Sierra Leone, Swaziland, Togo, Uganda, Zaire and Cameroon.

REGIONAL COMMITTEE - FORTIETH 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		1993/94		
Cape Verde				1993/94		
Central African Republic				1993/94		
Chad					1994/95	
Comoros					1994/95	
Congo					1994/95	
Equatorial Guinea					1994/95	
Ethiopia					1994/95	
Gabon					1994/95	
Gambia						1995/96
Ghana						1995/96
Guinea						1995/96
Guinea-Bissau						1995/96
Côte d'Ivoire						1995/96
Kenya						1995/96
Lesotho						(1996/97)
Liberia						(1996/97)
Madagascar						(1996/97)
Malawi						(1996/97)
Mali						(1996/97)
Mauritania						(1996/97)
Mauritius						
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 will be 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.

Eighth meeting, 12 September 1990

RESOLUTIONS

AFR/RC40/R1 Situation in Liberia

The Regional Committee,

Considering the dramatic situation, starvation and the worsening of the health situation of the population of Liberia resulting from continuing civil strife;

Aware that only urgent international assistance can reduce the loss of human lives and the suffering of the populations most affected;

Taking into account the recent appeals from the African Heads of State, the OAU and the Economic Community of West African States;

1. REGRETS the deteriorating situation in Liberia;

2. GIVES its deep moral support to the people of Liberia;

3. SOLEMNLY APPEALS to the international community to pay special attention and provide urgent humanitarian relief to the people most in need, particularly inside Liberia, as well as to the Liberian refugees in the neighbouring countries;

4. REQUESTS Member States of the African Region to mobilize their own public opinion in order to make available humanitarian aid, especially food and medical supplies, to the Liberian population;

5. CALLS upon the parties in the conflict to allow access of humanitarian assistance groups so that they can serve the needy populations especially women and children;

6. REQUESTS the Director-General and the Regional Director of WHO to urgently assess the health situation of the population in Liberia and mobilize financial and technical support to meet the emergency needs.

Seventh meeting, 11 September 1990

AFR/RC40/R2 Accelerating the improvement of maternal and child health

The Regional Committee,

Recalling Resolutions AFR/RC39/R3 on the Expanded Programme on Immunization; AFR/RC39/R4 on the future orientation of nutrition programmes; AFR/RC39/R8 on maternal health and safe motherhood; WHA43.3 on protecting, promoting and supporting of breastfeeding; and WHA43.10 on women, children and AIDS;

Noting the many activities already under way in the countries in the field of maternal and child health including family planning;

Considering that the health of the majority of women and children still leaves much to be desired in spite of the efforts of Member States;

Alarmed at the growing prevalence of sexually transmitted diseases and AIDS amongst women and at the high risk of transmission of AIDS from infected mother to child;

Having examined the report presented by the Regional Director on the review of maternal and child health in the African Region (document AFR/RC40/4);

1. CONGRATULATES the Regional Director for his report on the maternal and child health programme;

2. ENDORSES the objectives, strategies and targets proposed in the document AFR/RC40/4 for maternal and child health promotion;

3. INVITES Member States:

(i) to intensify programmes for control of infectious diseases particularly at community level;

(ii) to expand growth monitoring and promotion activities to all health units and to develop community-based growth monitoring promotion (for which guidelines already exist) as a focal-point for child survival and development (CSD) activities;

(iii) to adopt national targets for child survival and development and maternal health, adapted to realities of the country;

(iv) to expand and improve prenatal, delivery and postnatal services so as to increase coverage of the community, and to foster community-based activities along the same lines;

(v) to promote breastfeeding and family planning so as to ensure adequate spacing of pregnancies and the protection and enhancement of the health of mothers and children;

(vi) to promote programmes for improvement of maternal and child nutrition and especially the control of specific nutritional disorders: anaemias, iodine and vitamin-A deficiencies, wherever they occur;

(vii) to develop vigorous measures for AIDS prevention and control to be fully integrated in MCH/FP services at all levels in order to achieve effective community-based action;

(viii) to accelerate literacy programmes and promote viable and sustainable income generating activities to all communities as a means of enhancing women's full participation in health and development;

(ix) to strengthen basic and in-service training in MCH and FP with special emphasis on measures to reduce maternal and child morbidity and mortality;

(x) to integrate maternal, child health and family planning concerns in community-based, district-managed health-for-all initiatives;

(xi) to undertake a critical review of national MCH/FP/Nutrition activities and services at all levels, from the grassroots (community participation) to the central level, with a view to improving the management of these activities at all levels of the health system;

4. REQUESTS the Regional Director:

(i) to increase support to all countries of the Region in respect of maternal and child health, family planning and nutrition;

(ii) to develop regional and subregional activities to improve the management of MCH/FP/Nutrition programmes, with particular emphasis on programme planning, monitoring and evaluation;

(iii) to strengthen MCH/FP/Nutrition training programmes in the Region;

(iv) to develop regional data banks on maternal and child health/family planning status and programmes, and methodologies for similar national programmes;

(v) to stimulate and support integrated action-oriented research in maternal and child health services as well as human reproduction;

(vi) to continue to cooperate with Member States in strengthening national activities for "Women, Health and Development" in the Region;

(vii) to intensify cooperation with UNDP, UNICEF, UNFPA, ILO, FAO, World Bank, and other multilateral, bilateral and nongovernmental organizations, for the promotion of safe motherhood and child health, as part of overall socio-economic development.

Seventh meeting, 11 September 1990

AFR/RC40/R3 Discussion of United Nations General Assembly resolution 44/211: Operational activities for development

The Regional Committee,

Having considered the United Nations General Assembly Resolution 44/211 and the working paper submitted by the Regional Director;

Noting the contents of the UNGA Resolution 44/211 on Operational Activities for Development of the United Nations System, and particularly operative paragraphs 12 to 34 and the many useful development-related themes embodied in the UN Resolution;

Agreeing that Member States have sole responsibility for the coordination of external assistance and principal responsibility for its design and management;

Appreciating the fact that a coordinated approach to predictable, substantial external development assistance, including assistance from the UN System would be more conducive to rapid progress in countries;

Recalling the numerous resolutions of the World Health Assembly and the Regional Committee which refer to most of the issues stated in UNGA Resolution 44/211, including the need for initiatives needed for strengthening economic support to countries facing serious economic constraints;

Noting the extent to which several principal themes and objectives of the UN Resolution correspond to actions and strategies already being implemented by WHO;

Reiterating the fact that the World Health Organization as a specialized intergovernmental body with its own constitution, mandate and funded by the Member States and working in close partnership with them should continue to maintain its independence and visibility to further enhance health development, while working in close partnership and harmony with the entire UN System and other bilateral and multilateral agencies and nongovernmental organizations;

Recognizing the valuable collaboration of the World Health Organization with Member States in the formulation and implementation of health sector activities in the context of total development;

Noting that even greater cooperation within the UN System in the utilization of scarce external assistance would make it more productive;

Reaffirming that the existing mechanisms of the WHO for the development and implementation of programmes and projects are in consonance with national aspirations and the development objectives referred to in the UNGA Resolution 44/211;

1. THANKS the Director-General and the Regional Director of the World Health Organization for its technical collaboration given through the years in support of the member countries in the identification of their priorities and programme objectives in the health sector in consonance with national needs and for the assistance provided in strengthening national capabilities in the administration and management of the health sector through programmes such as health situation and trend analysis, managerial processes in national health development, etc.;

2. REQUESTS the Regional Director to bring to the attention of the Director-General the need for setting up an appropriate mechanism with Regional participation for an in-depth study of the issue involved in relation to the functioning of the Organization within the UN System.

Seventh meeting, 11 September 1990

AFR/RC40/R4 Optimal use of WHO resources: Consideration of the regional programme budget policy

The Regional Committee,

Considering resolutions AFR/RC36/R3 and AFR/RC37/R12 relating to the regional policy on the programme budget;

Considering the efforts made by Member States and the Regional Director to better define priority areas of cooperation with WHO, particularly by establishing priority programmes and the five-year action programme for implementing the health development scenario with particular emphasis on management;

Having examined the Regional Director's report on the implementation of the regional policy on the programme budget;

Having examined the draft programme budget for 1992-1993;

1. NOTES with satisfaction that the formulation of the programme budget for the period 1992-1993 is in keeping with the regional policy on the programme budget, particularly with respect to determination of priorities;

2. CONGRATULATES Member States and the Regional Director for the concrete actions taken in implementing the regional policy on the programme budget;

3. CALLS UPON Member States to:

(i) follow up the efforts that have already been made in implementing the regional policy on the programme budget;

(ii) further strengthen implementation of priority programmes of the African Region, as well as the five-year action programme, in view of the fact that these two complementary aspects are meant to translate the three-phase health development scenario into programming and managerial terms;

(iii) strengthen the use of the AFROPOC system for optimum use of WHO resources, particularly with respect to programming activities;

4. CALLS UPON the Regional Director to:

(i) strengthen WHO collaboration with countries, particularly in the implementation of priority programmes and the improvement of the use of the AFROPOC system to follow up the management and evaluation of technical activities;

(ii) continue to report to the Regional Committee, every two years, on progress achieved and problems encountered in implementing the regional policy on the programme budget;

(iii) review the criteria and formulae used for the determination of each country's allocation, which have been in operation for ten years, and to take appropriate action based on the review.

Seventh meeting, 11 September 1990

AFR/RC40/R5 Proposed programme budget 1991-1993

The Regional Committee,

Having studied in detail the report submitted by the Programme Sub-Committee on the Proposed Programme Budget 1992-1993;

1. NOTES that the Programme Budget, the second 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 budgeting;

2. OBSERVES that participation by members of the Programme Sub-Committee in Regional Programme Meetings, with a view to the preparation of the programme budget, facilitates the work and decision of the Regional Committee;

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

4. APPROVES the report of the Programme Sub-Committee, which endorsed the Proposed Programme Budget;

5. REQUESTS the Regional Director to transmit the Proposed Programme Budget 1992-1993 to the Director-General for examination and inclusion in the Organization's Proposed Programme Budget 1992-1993.

Seventh meeting, 11 September 1990

AFR/RC40/R6 AIDS prevention and control programme

The Regional Committee,

Having examined the Regional Director's report contained in document AFR/RC40/5;

Considering the UN General Assembly Declaration confirming the leading role assigned to WHO in the conception, organization and coordination of AIDS prevention and control activities at the global level;

Noting with satisfaction the implementation of resolutions WHA40.2, WHA41.24, AFR/RC37R5, AFR/RC38/9 and AFR/RC39/R7;

Acknowledging with thanks the active participation of the Member States in the global strategy on AIDS prevention and control and the performance of activities at regional and country levels;

Noting with satisfaction the numerous efforts made by the international community as a sign of unprecedented solidarity to prevent and control the AIDS pandemic;

Considering that the rapid progression of this pandemic makes AIDS one of the most serious health problems in the world in general, and in the African Region in particular;

Concerned about the particular threat it poses to youths due to the high prevalence of the infection and the disease in this group and about the negative impact of such a situation on the socioeconomic development and demographic balance of the countries of the Region;

Recognizing the importance, for the success of AIDS prevention and control programmes, of such issues as epidemiological surveillance, integration of activities into PHC, management, decentralization and research;

Recalling that, in accordance with the assignment of duties and functions to various levels of the Organization, direct support for national programmes and coordination of the regional activities fall under the jurisdiction of the Regional Office;

Aware of the importance of the sociocultural factors involved in the organization of AIDS prevention and control;

Convinced that, as a result, the Regional Office is best placed to ensure the coordination and appropriate monitoring, based on the specific characteristics of the Region, with a view to planning and implementing and appropriate prevention and control strategy;

1. CONGRATULATES the Regional Director for his report;

2. CONGRATULATES the Director-General for the considerable efforts made in the mobilization of resources, for the relevance of the programme developed in the countries and for the efforts made to effectively decentralize AIDS prevention and control activities in accordance with primary health care principles and resolution AFR/RC39/R7;

3. THANKS the international community for the support provided for the prevention and control of AIDS in the countries of the Region;

4. INVITES Member States to:

(i) use the PHC approach and to continue to intensify and accelerate the integration process, to include AIDS prevention and control in the list of the priorities in their respective socioeconomic and health development programmes and to decentralize AIDS prevention and control activities at the peripheral level according to the Three-Phase African Health Development Scenario and make optimal use of available national resources;

(ii) promote and develop information, education and communication activities so as to make the prevention and control of AIDS and other sexually transmitted diseases (STD) more effective;

(iii) continue collaboration with WHO and other partners as well as with the countries of the Region in a spirit of frank dialogue and open exchange of information;

(iv) pay particular attention to the protection of children and adolescents;

(v) intensify measures to protect health care workers;

(vi) consolidate national prevention and control programmes, especially in the following areas:

(a) definition of a national policy on blood transfusion, including the organization of a coordinated national blood transfusion service;

(b) utilization of a medium-term plan for national AIDS prevention and control programmes so as to facilitate the application of strategies for the prevention of the risk of HIV transmission through blood and blood products;

(c) epidemiological surveillance;

(d) integration of activities into PHC;

(e) improvement of management at all levels of the national health system;

(f) decentralization based on the district approach;

(g) promotion of research/development, taking into account the ethical rules established at the national and global levels;

(vii) take measures necessary to protect human rights and the dignity of infected persons and AIDS patients;

5. REQUESTS the Director-General to carry on the process of decentralizing the programmes already started in order to set up appropriate structures with a view to providing effective support and ensuring the ongoing monitoring of national programmes;

6. REQUESTS the Regional Director to:

(i) continue supporting Member States in the implementation of national AIDS prevention and control programmes and this, within the framework of the three-phase health development scenario;

(ii) strengthen, through additional personnel postings, intercountry teams and the offices of WHO Representatives with a view to helping the countries to effectively integrate AIDS prevention and control programmes into primary health care;

(iii) continue to mobilize, in collaboration with the Director-General, supplementary resources in support of national programmes and regional activities;

(iv) ensure timely response to countries' requests, particularly in case of essential equipment, materials and reagents;

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

Seventh meeting, 11 September 1990

AFR/RC40/R7 Review of the tuberculosis programme

The Regional Committee,

Considering resolutions WHA27.54, WHA33.36 and WHA36.30 of the World Health Assembly which specifically called on Member States to establish national tuberculosis control programmes consisting of diagnostic, treatment and preventive services covering the whole population and integrated into general health services and into PHC;

Considering resolutions AFR/RC23/R8 and AFR/RC28/R9 of the WHO Regional Committee for Africa which lay emphasis on strengthening the epidemiological surveillance of communicable diseases and on planning control programmes;

Considering that Member States have accepted the health development scenario as a structural and organizational framework for accelerating the achievement of HFA/2000;

Considering different recommendations made by the International Union against Tuberculosis and by different expert committees on tuberculosis control technologies, particularly those relating to screening by bacilloscopy and to different therapeutic regimens;

Bearing in mind that tuberculosis is still a major public health problem in the countries of the Region;

Concerned by the impact of HIV infection and AIDS on the evolution of tuberculosis;

Noting that the decline in standard of living has adversely affected the situation as regards tuberculosis;

Having discussed in detail the Regional Director's report,

1. THANKS the Regional Director for his excellent report which also serves as a basis for formulating national tuberculosis control programmes;

2. CALLS UPON Member States:

(i) to take all the measures necessary to analyse their national tuberculosis situation in order to establish the exact epidemiological profile and particularly the spread of tuberculosis in the community and the impact of HIV and AIDS infection on the spread of the disease;

(ii) to formulate or revise national control programmes which take into account the three-phase scenario as a structural and organizational framework covering all the people in the country with activities distributed at all the levels of the health system and among the different health development partners;

(iii) to systematize and strengthen the use of bacilloscopy as a method of diagnosis and decide on standard therapeutic regimens to be used in all the health facilities;

(iv) to undertake in particular health manpower training in the technical and operational aspects of the programme, especially screening, bacilloscopy, treatment and follow-up of patients on treatment, and contact-tracing;

(v) to integrate tuberculosis control activities into primary health care from the planning stage, taking special account of leprosy and AIDS control;

(vi) to mobilize local and external resources for the programme;

(vii) to take advantage of the resources mobilized for the prevention and control of AIDS to strengthen tuberculosis control activities;

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

4. REQUESTS the Regional Director to:

(i) provide the necessary technical support to Member States in the formulation of their national tuberculosis control programmes and in their integration into primary health care;

(ii) organize technical and management training activities for national officers in charge of tuberculosis control as well as seminars and workshops to facilitate the exchange of experiences and the promotion of the programme at the national, regional and district levels;

(iii) disseminate all the relevant information available on tuberculosis control;

(iv) mobilize additional resources to support national programmes;

5. REQUESTS the Regional Director to report to the forty-second session of the Regional Committee on the progress made in the institution of national tuberculosis control programmes.

Eighth meeting, 12 September 1990

AFR/RC40/R8 Traditional medicine

The Regional Committee,

Aware of the important role played by traditional medicine in health delivery in Africa, and that globally, over a quarter of all prescribed medicines are based on substances found in plants and that the economic value of such products is high and rapidly growing;

Recalling earlier resolutions of the World Health Assembly (WHA22.54, WHA31.33, WHA40.33, WHA41.19) and the Regional Committee for Africa (AFR/RC28/R3, AFR/RC33/R3, AFR/RC36/R9) on traditional medicine and modern health care, especially on the use of medicinal plants in the health services system;

Aware that overall economic and development interests tend to take precedence over health needs and that a number of countries in the Region are becoming increasingly dependent upon external support for the supply of their essential drugs;

Believing in the need to take practical and effective measures to strengthen traditional systems of medicine, particularly the economic potential of these systems and their ability to meet the basic drug needs of the people;

Mindful of the fact that many species of medicinal plants are threatened by ecological and environmental changes in the world;

Having examined with appreciation the report of the Regional Director on traditional medicine;

1. CONGRATULATES the Regional Director for this report;

2. NOTES with satisfaction the continued interest shown by the Regional Director in this matter, particularly the appointment of a regional officer in charge of traditional medicine;

3. NOTES with satisfaction:

(i) the efforts made by some countries on the subject;

(ii) the holding in Niamey, Niger, from 13 to 16 February 1989 of the first meeting of WHO traditional medicine collaborating centres in the African Region;

(iii) the holding in Arusha, Tanzania, from 19 to 23 February 1990 of the International Conference of Experts from Developing Countries on Medicinal Plants;

4. URGES Member States to continue their efforts aimed at promoting and developing their traditional medicine systems, particularly the medicinal-plant component;

5. URGES all governments:

(i) to draw up within the context of their national health systems appropriate policies and legislation for enhancing the development of national traditional medicine activities;

(ii) to actively mobilize funds necessary for the promotion of traditional medicine;

(iii) to appoint, where appropriate, an official to be in charge of national activities in traditional medicine as part of the national primary health care programme;

6. REQUESTS the Regional Director:

(i) to continue to intensify efforts to mobilize adequate extrabudgetary resources in order to further strengthen programme activities in traditional medicine;

(ii) to take appropriate steps to set up theme-specific studies on traditional medicine;

(iii) to strengthen cooperation and exchanges of experience in the development and application of the medicinal plant utilization strategy, including technical cooperation among developing and developed countries;

(iv) to report to the forty-second session of the Regional Committee on progress achieved in the implementation of this programme.

Eighth meeting, 12 September 1990

AFR/RC40/R9 Community mental health care based on the district health system approach in Africa

The Regional Committee,

Recalling resolution AFR/RC38/R1 on prevention of mental, neurological and psychosocial disorders;

Appreciating the good progress made in the establishment and/or strengthening of National Mental Health Coordinating Groups and formulation of national mental health programmes in 24 member countries;

Aware that critical evaluation has revealed that mental health problems constitute a significant proportion of all health problems and that mental health care tends to be sequestrated from the mainstream of general health care, a situation further compounded by the lack of qualified staff;

1. APPRECIATES the efforts being made by Member States concerned in the establishment of intersectoral National Mental Health Coordinating Groups;

2. THANKS the Regional Director for developing the proposals for implementation strategies for community mental health care based on the district health system approach in Africa (document AFR/RC40/10);

3. INVITES Member States:

(i) to ensure its wide dissemination in all districts of their countries;

(ii) to provide for the study of the ways and means of its application;

(iii) to develop a national strategy that integrates mental health care within primary health care and facilitates its application via the country's health pyramid;

(iv) to designate a senior officer in the Ministry of Health to be responsible for the coordination of the development and implementation of a national mental health programme;

(v) to develop comprehensive national mental health programmes which also include alcohol and drug abuse control;

4. REQUESTS the Regional Director to:

(a) distribute this document to all Member States;

(b) maintain his effort in:

(i) promoting and supporting intercountry collaboration and cooperation through the TCDC mechanism;

(ii) supporting the development of a regional network of training institutions;

(iii) promoting and supporting research aimed at providing solutions to mental health problems as well as for development of effective methods and means for their prevention and management;

(iv) providing technical support to countries in the development of their national mental health programmes and in activities to evaluate their impact on health in general;

(v) mobilizing extrabudgetary resources for mental health care, especially of risk groups;

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

Eighth meeting, 12 September 1990

AFR/RC40/R10 Onchocerciasis control in the African Region

The Regional Committee,

Referring to the Regional Committee resolutions AFR/RC25/R16 - 1975 and AFR/RC28/R8 - 1978;

Recognizing that:

(i) over the past decade, tremendous advance has been made in the Onchocerciasis Control Programme area in West Africa where an estimated 12.5 million people have been protected against infection and some seven million children born in the programme area since the onset of the control have so far lived free from the risk of infection;

(ii) in several major endemic zones outside the original OCP countries with high blindness rates, little progress has been made and little information is available about the true extent and severity of onchocerciasis;

(iii) recent surveys in a number of countries have revealed a higher number of infected persons than was previously recorded and therefore the total estimated number of infected persons of 17.5 million and about 340 000 people either blind or suffering reduced visual acuity and/or constricted visual fields would be an underestimate;

(iv) the OCP countries have reached a stage in their onchocerciasis control activities where the integration of certain activities into the national primary health care system (devolution) is urgent and greater effort is needed in the non-OCP countries to assess the extent and severity of onchocerciasis;

1. THANKS the Regional Director for his report and his efforts in supporting the OCP countries in better planning and implementation of their devolution activities and for the non-OCP countries for preparing their national programmes using ivermectin for the chemotherapy of onchocerciasis on a community basis;

2. REQUESTS that Member States affected by onchocerciasis:

(i) prepare or update their national plans of action for onchocerciasis control including epidemiological assessment, public information and health education;

(ii) take advantage of the availability of the micro-filaricide ivermectin for the chemotherapy of onchocerciasis on a community basis and endeavour to meet the requirements of the manufacturers of the drug for satisfactory evaluation of the cost-effective use of the drug in national control programmes;

3. REQUESTS the Regional Director to:

(i) continue to support the OCP countries in implementation of their devolution plans and to provide technical support to the non-OCP countries for the epidemiological assessment of their onchocerciasis situation and the planning of control activities using ivermectin;

(ii) encourage intra and intercountry consultations to ensure the exchange of information and the promotion of proven strategies as well as TCDC-inspired research;

(iii) provide assistance in training in parasitic diseases control including onchocerciasis by means of workshops, seminars and special courses;

(iv) make every effort to mobilize additional budgetary resources for support to onchocerciasis control activities;

(v) present a progress report on onchocerciasis control in the Region at the forty-second session of the Regional Committee;

5. REQUESTS the Director-General to stimulate research aimed at developing a safe, low-cost effective macrofilaricide.

Eighth meeting, 12 September 1990

AFR/RC40/R11 Emergency preparedness and response in the African Region

The fortieth Regional Committee,

Recalling the World Health Assembly resolutions WHA34.26, 38.29 and 42.16, the OAU Resolution CM/RES/1253 (LI) and the UN General Assembly Resolutions 42/169 and 44/236, and the Regional Committee resolution AFR/RC38/R25;

Aware of the serious impact of disasters on the 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;

Noting with appreciation the Regional Director's report on "Emergency Preparedness and Response in Africa" (document AFR/RC40/8);

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

2. RECOMMENDS that Member States:

(i) implement the relevant parts contained in the report;

(ii) regularly submit 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 at Addis Ababa;

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

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

3. RECOMMENDS that the Regional Director:

(i) cooperate and collaborate with the OAU General Secretariat as well as other relevant bodies and institutions in the implementation of the OAU Resolution CM/1253 (LI) on the organization of a regional meeting on disasters in Africa to identify priority projects of national, subregional and regional importance;

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

(iii) 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) strengthen the existing network of collaborating centres for disaster mitigation in the Region; and

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

Eighth meeting, 12 September 1990

AFR/RC40/R12 Assistance to countries hosting refugees and displaced persons

The Regional Committee,

Having considered the Regional Director's report (AFR/RC40/8 Rev. 1) on emergency preparedness and response in respect of natural disasters and epidemics in Africa, and considering the similar consequences arising from situations of conflict;

Acknowledging the efforts made by international aid and relief agencies and the governments which are supporting large refugee populations, in providing effective emergency requirements for the refugees;

Noting the negative impact that an influx of refugees has on the economy, the health sector and the health development programmes of those governments;

Considering the adverse effects that such influxes of displaced persons have on the health services, especially on district health care systems in those districts hosting refugees and displaced persons:

1. THANKS the Regional Director for the report on emergency preparedness and response;

2. THANKS the Member States who have received refugees and displaced persons, for their efforts to provide them with health care;

3. URGES Member States and international organizations to support the host governments' efforts to provide health care to the refugees and displaced persons;

4. CALLS upon the Member States and international organizations according to their capabilities to provide necessary support to national health programmes which have been affected as a result of the impact of refugees on the health sector;

5. REQUESTS the Regional Director:

(i) to make use of regional funds from the WHO Regular Budget to help governments overcome the health problems especially in districts currently hosting refugees and displaced persons;

(ii) to assist in mobilizing financial, material and technical resources from donor agencies and governments to strengthen the health services of those governments hosting refugees and displaced persons;

(iii) to report to the forty-second session of the Regional Committee for Africa on the progress made in the implementation of this resolution.

Eighth meeting, 12 September 1990

AFR/RC40/R13 WHO activities in 1989: Succinct report of the Regional Director for 1989

The Regional Committee,

Having examined the succinct report of the Regional Director for 1989;

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

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

1. APPROVES the report of the Regional Director;

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

3. CALLS on Member States to:

(i) take appropriate steps to implement the health development scenario in order to accelerate the attainment of HFA/2000 with emphasis on activities at the local level;

(ii) strengthen the development of national health systems based on primary health care, using as a frame of reference the plan of action for implementation of the scenario, paying particular attention to management of health services, training of health personnel, and research in public health in accordance with the priority programmes and with specific programmes chosen by the various countries;

4. REQUESTS the Regional Director to:

(i) relentlessly pursue his efforts at promoting intersectoral cooperation under the existing structures at the various levels of the development system: local, intermediate and central;

(ii) take appropriate measures to mobilize adequate extrabudgetary funds needed to support primary health care especially at the local level.

Eighth meeting, 12 September 1990

AFR/RC40/R14 Motion of thanks

The Regional Committee,

Considering the tremendous efforts made by the people and Government of the People's Republic of the Congo to ensure a successful fortieth session of the WHO Regional Committee for Africa held in Brazzaville from 5 to 12 September 1990;

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 General Denis Sassou Nguesso, Chairman of the Central Committee of the "Parti Congolais du Travail", President of the Republic and Head of State:

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

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

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

3. REQUESTS the Chairman of the fortieth Regional Committee to present this motion of thanks to His Excellency General Denis Sassou Nguesso, Chairman of the Central Committee of the "Parti Congolais du Travail", President of the Republic and Head of State.

Eighth meeting, 12 September 1990

PART II

OPENING OF THE SESSION

1. The fortieth session of the Regional Committee for Africa of the World Health Organization was opened on 5 September 1990 by His Excellency General Denis Sassou Nguesso, Chairman of the Central Committee of the "Parti Congolais du Travail", President of the Republic and Head of Government of the People's Republic of the Congo. Also present at the opening ceremony were Lt. Colonel Dr Ousmane Gazere, Chairman of the thirty-ninth session of the Regional Committee, Mr Wawa O. Leba, representative of His Excellency Salim Ahmed Salim, Secretary-General of the Organization of African Unity, Professor F. J. Cambournac, who was the first WHO Regional Director for Africa, Dr G. L. Monekosso, the present WHO Regional Director for Africa, delegations of Member States and representatives of international, intergovernmental and nongovernmental organizations, and members of the diplomatic corps.

2. In his opening address (Annex 3), Lieutenant Colonel Dr Ousmane Gazere thanked the Head of State of the Congo for honouring the ceremony with his presence and for the support and advice he and his government have continued to give to the Regional Office and to delegations of Member States. He also thanked the citizens of Brazzaville for their warm, brotherly and enthusiastic welcome.

3. He pointed out that in spite of the reduced resources and the spread of AIDS, our common goal remained the attainment of Health for All by the Year 2000 and the overcoming of under-development, ignorance and disease. Management having been identified as a major weakness of our health systems, special emphasis will be laid on the strengthening of managerial capacity at all levels of the health systems between 1990 and 1994, and on obtaining adequate resources for maternal and child health; disease prevention and control; safe drinking water supply and basic environmental sanitation programmes.

4. In his opening statement (Annex 4), Dr G. L. Monekosso, WHO Regional Director for Africa, warmly welcomed the President of the People's Republic of the Congo, the representative of the Secretary-General of the OAU, all the delegations present, the Namibian delegation in particular, and all the guests present.

5. The WHO Regional Director for Africa noted that even though we were in the last decade of the second millenium during which we hoped to achieve Health for All by the Year 2000, health was one of the sectors hardest hit by the economic crisis. In the face of such a situation, he saw the need for us to assert ourselves in the community of nations by harnessing our potentialities for the development of the African continent.

6. The realization of this objective, he said, required community-based health development activities which must be properly managed and supervised by a district health management committee and supported from the intermediate and central levels. But Dr Monekosso stressed that it was the combined effort of each and everyone that would bring about the general well-being. To this end, therefore, he appealed for community mobilization and laid special emphasis on rigorous management of available human, material and financial resources - management being the central theme of this fortieth session of the Regional Committee.

7. A major tool for the implementation of our collective health development strategy was the Special Fund for Health in Africa launched at Addis Ababa on 7 July 1990, the aim of which was to mobilize communities towards self-reliance in order to overcome the economic obstacles to health care.

8. Dr Monekosso concluded by asserting his belief in a strong and healthy Africa being able to take its rightful place in the community of nations.

9. Speaking on behalf of His Excellency Salim Ahmed Salim, who was unable to attend, Mr Wawa O. Leba conveyed the message (Annex 5) and greetings of the OAU Secretary-General to all present, and went on to review the difficulties Africa has been facing in the political, economic and social fields, noting that they were just as serious as those of the health sector. In such a context, he wondered what the future held for Africa and concluded that if victories have been won over smallpox and in the area of immunization, there was cause for hope in the future - hope based on the policy of WHO which encourages the participation of individuals, families and of communities in their own health development. The Heads of State and Government had affirmed the importance of health for national development, in their declaration (1987) on "Health as a Foundation for Development". Mr Wawa O. Leba assured the audience of the support of the OAU, especially as it had already taken steps to expand its health activities and as there was an institutional framework for increased cooperation between WHO and OAU.

10. He noted that the OAU attached a lot of importance to greater cooperation with WHO as OAU's political support was likely to be of great value to WHO's health implementation programmes. However, for such cooperation to be productive, it would have to be based on specific concrete projects.

11. The message from the OAU Secretary-General ended with an appeal to all African countries to promote contributions to the initial capital of the Special Fund for Health in Africa and to do so as soon as possible.

12. The fourth speaker at the opening session of the fortieth session of the Regional Committee, Professor F. J. Cambournac, who was the first elected WHO Regional Director for Africa, from 1954 to 1964. He traced the history of the Regional Office from its beginnings in 1953 up to when he left the Organization. He paid homage to all those who had helped in sustaining the Regional Office - notably the French and the Congolese governments, Dr Quenum and Professor Monekosso and concluded by appealing for suppport from donors who must rid themselves of the idea that health is a non-productive consuming sector; this is not true because it produces a dynamic healthy population. The full text of his address appears in Annex 6.

13. In an opening speech (Annex 7), President Sassou Nguesso thanked the Director-General and the Regional Director for all the efforts they were making for Africa's health development at a time when budgets for social services were being reduced. Weapons for fighting scourges, the President noted, had witnessed a corresponding drop. He laid stress on the sound management of health systems as the basis for the success of our health programmes and saw the Three-phase African Health Development Scenario as the appropriate framework for bringing about health for all. The President of the Republic noted that the Congo was moving forward in the implementation of primary health care. He concluded by saying that the unfavourable economic situation in the Region and elsewhere made international solidarity necessary for the Congo to face the various scourges. He finally declared open the fortieth session of the Committee.

14. The Chairman of the thirty-ninth session then thanked the President of the Congo for addressing the Committee and for so kindly accepting to be present at the opening ceremony.

Address of the Director-General of WHO

15. The Director-General of the WHO, in his opening statement (Annex 8), apologized to the Regional Committee for his late arrival. He had been attending the Paris meeting on Least Developed Countries, the deliberations of which were most important for Africa which contains 30 of the world's 42 least developed countries. Discussions had centred on human development - the subject of recent important studies by the UNDP and the World Bank.

16. Almost all Heads of State, he said, emphasized health as a key component in development, and WHO had a leadership role to play in the current Development Decade. Statistics showed that high infant mortality and AIDS were hitting the least developed countries hardest. It was estimated that in sub-saharan Africa one person in 40 could be sero-positive for HIV infection.

17. The Director-General was happy to be in Brazzaville for another reason: Namibia was present as an independent nation. He hoped that it would contribute to the health of Africa and to that of its people.

18. He referred to programme-budget review as a critical responsibility in a decentralized organization such as WHO. The 1992-1993 programme budget would do much to further decentralization and he was counting on the countries to show coherence and consensus in their proposals and recommendations.

19. Prospects for the economy of the 1990s, the Director-General went on, pointed to debt and crises, poverty and disaster. In spite of this, he saw hope and opportunity, born of renewed emphasis on the battle to overcome disease and poverty. He saw the provision of health care as a complex problem requiring new approaches especially in priority areas. Primary health care, health systems management and malaria were cited as areas requiring special attention.

20. The Director-General identified five areas of emphasis in the coming biennium: the health of man in a changing environment, proper food and nutrition, integrated disease control, information dissemination and increased support to the least developed countries. Enhanced resources are being given to primary health care, nutrition, environmental health, malaria, and integrated control of diseases. He lauded the Special Fund for Health in Africa initiative which, together with the Three-phase African Health Development Scenario, were significant ways of supporting countries with severe economic difficulties.

21. Demographic trends and human behavioural changes could not be ignored in organizing health care. The world population would be 6000 million by the year 2000. This would place a strain on food supplies especially in Africa. Population increases should be stabilized through culturally acceptable means. Action was therefore required, and urgently, in food security, family planning, maternal and child health including human reproduction research, safe motherhood and the role of women as recipients and providers of health care.

22. Ills such as alcohol and drug abuse, sexually transmitted diseases and AIDS needed to be faced openly, aided by effective, appropriate and affordable technologies. Our environment and the entire ecosystem was in danger and we needed to work hard to enjoy both development and health; we needed to restructure our economies to make development productive and sustainable.

23. The technical programmes of WHO were ready to assist the countries in solving their problems. But it was important to have a clearer understanding of the role of WHO which is a technical not a financing body. Its role was to provide policy guidance, coordination, research and the transfer of appropriate technology. He concluded his speech by calling on all Member States to join him in sharing successes, problems and solutions.

ORGANIZATION OF WORK

24. The agenda adopted by the Regional Committee is reproduced in Annex 1. The list of participants is given in Annex 2. The election of officers for the session and the appointment of rapporteurs for the technical discussions are dealt with in procedural decision No.2.

PROCEEDINGS

THE WORK OF WHO IN THE AFRICAN REGION, 1989: SUCCINCT REPORT OF THE REGIONAL DIRECTOR (documents AFR/RC40/3 and AFR/RC40/3 Add.1)

Introductory statement

25. Introducing his report, the Regional Director pointed out that the succinct report produced in alternating years does not include detailed country-by-country activities. This is the first year of a new three-year cycle of technical discussions, concentrating on "management of health systems" in 1990, followed by training of health personnel (1991) and public health research (1992).

26. The year 1989 saw the Organization at work inside Namibia for the first time.

27. The African Advisory Committee for Health Development (AACHD) endorsed the three priority major programme areas for special attention: maternal and child health/family planning/nutrition; water supply and environmental health; and disease prevention and control. The subregional health development meetings focused on the detailed implementation of country programme-budget plans for 1990-1991 and on some specific problems of importance for particular subregions - onchocerciasis; safe motherhood; and health aspects of emergencies.

28. Collaboration with various partners was strengthened, notably with the African Development Bank, World Bank, UNDP, UNICEF and UNFPA.

29. Some new initiatives in public information and health education included a series of simple pamphlets, one of which was "The Adventures of Lord Germus". The Health Sciences Library and Documentation Centre was launched and is soon to develop computerized links with WHO country offices.

30. Support to national health systems. Work continued on monitoring the progress towards health for all at community and district level. Several workshops on health systems research were organized and training modules were distributed. Much effort continues to go into support of human resources for health. Essential drug programmes were supported in several countries, and two more subregional drug quality control laboratories became operational, in Nigeria and Zimbabwe.

31. Health promotion and protection. Wide-ranging activities were developed in nutrition, particularly as regards nutritional surveillance, control of iodine deficiency, and of anaemia in pregnancy. An international decade on food and nutrition in the African Region has been declared. Maternal and child health programmes were strengthened, in collaboration with UNFPA, with emphasis on the safe motherhood initiative. The Regional Centre for Training and Research in Family Health, Kigali, became operational. New activities were developed in the field of adolescent health including a subregional workshop. As regards community water supply, there was good progress in urban areas but insufficient progress in rural areas. The International Drinking Water and Sanitation Decade needs to be extended. New activities in environmental health include studies of pollution in coastal waters of Western and Central Africa. Health legislation was strengthened in three countries. Workshops and courses on oral health were organized at the Intercountry Centre for Oral Health, Jos, Nigeria.

32. Disease prevention and control. As one of the three regional priority programmes, the progress made over the past year in child immunization, disease vector control, malaria control, control of other parasitic diseases, diarrhoeal diseases, acute respiratory infections, leprosy, tuberculosis and acquired immunodeficiency syndrome were highlighted.

33. Following the satisfactory progress made in attaining high coverage rates since the mid 1980s, especially after the considerable effort made during the African Child Immunization Year in 1986, emphasis has now shifted to effective surveillance of the target diseases and national programme sustainability.

34. The gravity of malaria as a major public health problem was underlined. The efforts in accelerating training in malariology and the planning of malaria control programmes were described. The control of other parasitic diseases such as trypanosomiasis, schistosomiasis, onchocerciasis, dracunculiasis is also considered as a priority. Since 1988, activities aimed at dracunculiasis eradication have progressed satisfactorily.

35. Support to national diarrhoeal disease control programmes has continued while collaboration in acute respiratory infection control is beginning. Multidrug therapy for leprosy control has been adopted by many countries and has been supported by extrabudgetary funds mobilized with the support of the Regional Office. The incidence of tuberculosis has been on the increase throughout the Region.

36. Support programme. A facsimile service was introduced in the Regional Office. The use of microcomputers was extended in the Regional Office and offices of the WHO representatives, and the facilities and activities of the informatics unit itself were greatly expanded.

Discussion

37. In the discussion that followed, delegates of 27 countries spoke. All of them congratulated the Regional Director on the clarity of his presentation and the report, and the quality of work undertaken during 1989. They welcomed also the presence of Namibia in the meeting.

38. The difficult socioeconomic and environmental circumstances constitute real constraints in most countries. Common problems include debt-servicing, dwindling financial and human resources, military action, displacement of populations, drought and floods and rapid population growth. It is a preoccupation under these circumstances even to maintain the health infrastructure and services. Eight countries mentioned the need to strengthen emergency-preparedness and welcomed the establishment of the regional training centre. Desire for a French-speaking centre was expressed.

39. The all-important role of general education as a means of promoting health was stressed by the Committee.

40. The African Health Development Scenario was considered by many delegations a useful tool for health development. Management issues were mentioned as of importance by seven countries, and in several of them important steps to improve management, especially at district level, were already under way.

41. Decentralization of health programmes is going on progressively in many countries. The mobilization of resources through WHO at country and regional level was appreciated by the countries but more efforts were called for because this was a serious constraint on most programmes. Several countries are trying to find new ways and means of financing their health systems, and of developing those systems, especially community-financing.

42. One delegate indicated that there should be no conflict between hospitals and primary health care; the African Health Development Scenario constituted the appropriate framework for enabling hospitals to give requisite support to primary health care.

43. Several delegations mentioned the importance of having appropriate instruments to measure progress towards Health for All and the operationality of the health districts. Some delegations showed interest in receiving WHO/AFRO cooperation in setting up and/or developing their health information systems.

44. Some countries expressed appreciation of the Health Systems Research programme and others showed interest in participating in it.

45. In regard to development of human resources for health, the countries appreciated existing cooperation while desiring to further develop that cooperation, particularly in the field of health management and public health. Tanzania announced the setting-up of a training centre in primary health care for which the Regional Director pledged WHO support. His Excellency the Minister of Health of Angola announced the inauguration before the end of the year of the Advanced Institute for Nursing Studies in Luanda to serve the Portuguese-speaking countries.

46. The health learning materials project was specifically praised for its achievements and some delegations expressed the wish to join the programme, while others thought its activities should be expanded.

47. Several delegates mentioned the importance of the Essential Drugs and Vaccines programme, especially the quality control of drugs, and commended WHO's efforts in that field.

48. Maternal and child health and family planning programmes were mentioned as priority ones by several countries, often with UNFPA collaboration. Support for the idea of an International Decade on Food and Nutrition was

expressed. Community water supply and sanitation were priority programmes in many countries and some new hazards like toxic chemicals were faced.

49. The Committee stressed the importance of communicable disease control programmes. Discussion of those programmes focused on malaria, tuberculosis, and the expanded programme on immunization.

50. It was unanimously agreed that in spite of the countries' own efforts, often supported by WHO, all the epidemiological parameters of malaria bespoke an alarming situation. All countries where the disease was endemic were witnessing an increase, in places dramatic, of the incidence of malaria and of mortality rates. Others reported epidemics. The spreading resistance of plasmodium to antimalarials made the solution even more difficult. The same was true of the vector's resistance to insecticides.

51. The Regional Committee noted the resurgence of other parasitic diseases, especially trypanosomiasis. Onchocerciasis, schistosomiasis and dracunculiasis remained causes of considerable concern. The Regional Director was requested to provide WHO support for countries in the preparation of disease control programmes integrated with PHC, and assist in the mobilization of extrabudgetary resources.

52. The Committee also noted a very marked increase in cases of tuberculosis, and asked the Regional Director and Member States to prepare regional and national strategies and to provide the programme with sufficient resources to remedy the situation.

53. The Expanded Programme on Immunization remained a priority at regional and national levels. The Committee was pleased with progress made by countries, but in order to consolidate gains, vaccine coverage activities, surveillance of target diseases and staff training had to be intensified.

54. The Regional Committee appreciated the progress of the programme for control of diarrhoeal diseases and called for new action to control acute respiratory infections.

55. The regular occurrence of epidemics, especially of cholera, meningococcal meningitis, yellow fever and plague, were causes for concern. The Committee asked the Regional Director to maintain and strengthen the support of the Regional Office for the countries involved.

56. The representative of the African Development Bank (ADB) reminded the meeting of several cooperative programmes of the Bank and WHO with countries, e.g. in Côte d'Ivoire, Ghana, Nigeria and Zaire. ADB also contributes to the onchocerciasis programmes. The representative appealed for more direct ADB/WHO cooperation at the regional as well as at the country level, so as to develop more ADB support to countries in the health sector. The ADB would be pleased to receive proposals for support to priority programmes, either directly or via the Regional Office.

57. The OAU representative further took the floor to stress the fact that the OAU relied on WHO for all technical cooperation in the field of health. The OAU is in the process of negotiating with the WHO Regional Office an Agreement covering various programmes of cooperation in the fields of health and social development.

58. The representative of the International Federation of Pharmaceutical Manufacturers' Associations (IFPMA) outlined the nature of the Federation which regroups the producers of more than 80% of prescribed drugs in the world. The Federation has projects for development of pharmaceutical industries and research capacity in developing countries.

59. The representative of the African branch of the International Baby Food Action Network (IBFAN) outlined the work of IBFAN in Africa. There are 26 national groups of IBFAN, in 18 countries. They work for the promotion of breastfeeding and control of marketing of breastmilk substitutes in accordance with the WHO International Code of Marketing; also for improvement of weaning practices, nutrition-education and training, and the social status of women. He stressed that breastfeeding is still on the decline in Africa especially in cities and towns. Practices detrimental to breastfeeding are still widespread in maternity units. IBFAN promotes, in cooperation with WHO and other agencies, the adoption of national codes of marketing of breastmilk substitutes and the training of health workers in correct infant feeding practices.

60. The representative of the Inter-African Committee (IAC) on Traditional Practices affecting the Health of Women referred to the resolution AFR/RC39/R9 and urged the need to follow-up this and other resolutions relating to female circumcision, nutritional and other practices adversely affecting the health of women and children. The IAC annual conference is to be held in Brazzaville in October 1990, with some WHO support.

61. The representative of the UN Volunteers programme outlined the origins and development of the programme, which began in 1971. Its headquarters is in Geneva. It provides opportunities for volunteers to offer services in developing countries, at the operational level. More than two-thirds of the volunteers are themselves from third-world countries. Volunteers are currently engaged in health work in nine countries, to which four more will soon be added, including Namibia which has requested 21 doctors.

62. The FAO representative spoke of the growing collaboration between FAO and WHO in the Region in several areas, and of the need to study the mutually beneficial linkages which could be developed between health and agricultural programmes. Problems relating to agricultural chemicals, pesticide residues, environmental contamination, food quality and safety are very important for health. Agricultural programmes, e.g. irrigation, could also have effects detrimental to health. On the other hand, agricultural extension agents could be health-promoters, and should focus more on the producers and consumers, than simply on crops. In emergency preparedness programmes, besides crop production estimates, nutritional surveillance has an important role. Health and agricultural workers should be encouraged to look together, more broadly, at the development process.

63. Dr M. Racelis, Regional Director of UNICEF for Eastern and Southern Africa, addressed the meeting and underlined the close cooperation between UNICEF and WHO in matters of children's and women's health, especially at country level. This collaboration was particularly successful in the expanded programme on immunization; during the last few years, several countries have reached the coverage targets. She underlined the importance of getting people and communities involved. She mentioned the booklet "Facts for life" which has been translated into more than 100 languages. Particular emphasis is now being put on women's health - throughout life, not simply during pregnancy. She referred to the forthcoming world summit for children, to be attended by many African Heads of State, and hoped that the message would go through, that "children first" should be a prominent goal for all governments.

64. The WHO Regional Director, responding to the comments, thanked all the delegates who intervened and assured them that all points raised would be followed up by the Secretariat. He thanked particularly the OAU, UNICEF and the African Development Bank for their cooperation with governments and WHO in health promotion. He remarked that countries should negotiate with prospective sources of support, in such a way as to ensure that the support provided was in line with their needs and the particular socioeconomic situation of their country. He reminded the Committee that it was up to countries to ensure the sustainability of programmes like immunization - this programme in particular must be a priority because our first responsibility is to the next generation. Each family should become conscious of that and should be responsible for it.

65. He further amplified that the International Cooperation (ICO) approach is a substantial country support mechanism rather than a specific-programme support. Since the amount of support available was limited, selection criteria were used to identify the most needy countries for such support.

66. Members of the Secretariat gave comments on particular issues. It was mentioned that emergency stocks of selected drugs and vaccines were constantly available in three depots, in Dakar, Brazzaville and Nairobi. Concerning the role of hospitals in the health system, reference was made to the documents (e.g. Accelerating the implementation of health for all Africans, 1990) in which the linkages between hospitals at different levels are presented and also the horizontal linkages with public health services, non-health sectors and nongovernmental organizations.

67. Concerning accidents, it was remarked that the efforts for their prevention were not proportionate to the problem. The Secretariat informed the Committee that two intercountry meetings on road safety were held in 1989, one in Brazzaville and the other in Addis Ababa. The programme was active, with a regional officer responsible for it, but no countries had requested budgetary support for this particular programme in 1990/1991 or 1992/1993 proposed programme budgets.

68. Some details were given on the WHO/ILO/UNEP International Programme on Chemical Safety (IPCS), which is based in WHO/Geneva. No African country has signed the memorandum of agreement but the documents, dealing with environmental health criteria, hazards and safety guidelines, are regularly received and distributed through the WHO Representatives to Ministries of Health. Countries could obtain the documents and/or join the Programme by writing to it directly, or through AFRO.

69. As regards malaria, it was indicated that the basic requirements were:

(i) technical support for countries in situation analysis and preparation of national programmes integrated with PHC;

(ii) training of health personnel at all levels, giving special attention to the district level, and an integrated approach; this training should include:

- senior malariologists (three courses were recently conducted);

- training of trainers at intermediate level (as done in eight countries);

- treatment of cases of malaria, including complicated or serious cases, and all aspects of malaria in pregnant women;
- aspects of vector control of relevance to the local situation;
- development of training materials for trainers at district level;

(iii) mobilization of extrabudgetary resources, especially from USAID/CCCD, UNDP and AGFUND.

70. With regard to parasitic diseases, it was emphasized that the recommended strategy for the effective control of these diseases is their progressive integration into the national primary health care system. WHO collaboration has consisted of consultant services to help plan national control programmes, training of personnel in diagnostic techniques and treatment, and in the collection and dissemination of information on disease control throughout the Region.

71. Winding up the general discussion, the WHO Regional Director informed the Committee of a number of steps that have been taken to strengthen WHO country offices with a view to increasing the support to the HFA process at country level. In this regard, he highlighted the role and importance of WHO country teams in the HFA/2000 strategy and drew the attention of the participants to a document for information in their file on this subject (document AFR/RC40/INF.DOC/3): "Implementation of African Health Development Scenario - WHO country teams for HFA/2000..." which presents the concept, composition and mechanism of functioning of the teams. The Regional Director pointed out that the mechanism afforded an opportunity for the involvement of nationals in the WHO technical cooperation process and enabled them to be acquainted with the organization, in line with the orientation given by the Regional Committee itself. The process also made it possible to identify highly skilled technicians at country level who could be used as consultants in other countries, thereby enhancing TCDC.

72. The Director-General finally gave some concluding remarks. He maintained that while the African Region of WHO is not a clear geographical entity, and each country has its specificity, yet there are common socio-political and cultural aspects. African countries should try to develop their own particular style of health system, which should be a sustainable one. As regards AIDS, countries have to decide whether some strategies are acceptable or not, e.g. use of condoms. Synthetic drugs or traditional ones may be identified which at least will prolong life; research along these lines would be justified. For malaria control, new strategies have to be identified which could be integrated in PHC. Impregnated mosquito nets may be significantly effective. Health systems have really to be looked at totally afresh in the current economic situation; new modes of community-financing and of cooperation with the traditional and private sectors may be feasible. The ICO approach is a holistic one which aims to generate sustainable health development. More rigorous evaluation processes are needed, and WHO is trying to elaborate them; we must seek impact indicators, not merely output indicators. We should look especially at equity considerations in developing health systems. There is no development unless the gap between rich and poor is narrowing.

A REVIEW OF MATERNAL AND CHILD HEALTH - CHILD SURVIVAL AND SAFE MOTHERHOOD (document AFR/RC40/4)

Introductory statement

73. Document AFR/RC40/4 was introduced by Dr L. Barry (Secretariat), on behalf of the Regional Director as a follow-up of resolution AFR/RC39/R8, "to assist Member States in analysing existing maternal care services". The document comprised two parts: child health, and maternal health.

74. Child health: Nutritional status was unsatisfactory, as shown by the high incidence of low birth weight and the high prevalence of chronic retardation of growth. Iodine deficiency, vitamin A deficiency and anaemia were common ailments among children under five. The expanded programme on immunization (EPI) target diseases had been prevented to an encouraging extent. However, children continued to fall victim to acute respiratory infections, diarrhoeal diseases and malaria.

75. Integrated programmes for child survival and development were recently formulated and put into practice. WHO and collaborating organizations had developed objectives for the promotion of child health and had set targets for the year 2000.

76. Maternal health: It was noted that data on maternal health were very scarce and not always reliable or recent. Nevertheless, it was possible to draw conclusions from the few studies that had been done in countries. Analysis of nutritional status showed extensive maternal undernutrition, high prevalence of anaemia among pregnant women, and considerable prevalence of vitamin A deficiency and iodine deficiency. The fertility rate had remained at a constant level, averaging about six. Contraceptive practice was limited to urban areas and remained very low at under 5%. Studies of the age at marriage and level of education were being carried out in some countries and showed a direct relationship between these factors and the health status of women.

77. The information available on maternal care was limited but it seemed clear that the proportion of mothers attended by trained personnel during pregnancy and childbirth was still low.

78. The description of the regional programme referred to activities conducted in collaboration with countries and WHO headquarters and to activities of other organizations. Those included: support for management of MCH/FP programmes, with emphasis on introduction/integration of family planning, and support for training and for research. The WHO headquarters Safe Motherhood Initiative and the Special Programme of Research, Development and Training in Human Reproduction had been particularly supportive in training and research.

Discussion

79. The Regional Committee expressed its satisfaction at the document, both for its richness and its clarity. It stressed the importance of the area under consideration.

80. The Committee acknowledged that remarkable progress had been made in the field of child health although considerable efforts remained to be deployed in order to reduce the prevalence and incidence of malaria, malnutrition, acute respiratory infections, tuberculosis and diarrhoeal diseases. To that end,

the Regional Committee requested the Regional Director to take appropriate measures regarding malaria control, in particular in pregnant women, nursing mothers and children under the age of five, and also to develop control activities against acute respiratory infections.

81. The Committee requested that special emphasis be placed on breastfeeding protection and promotion because of declining trends, especially in urban areas.

82. The discussion on maternal health focused on the need to improve information on women's health. The problems related to traditional practices that were harmful to women's health would have to be continued to be kept in focus to enable the necessary energetic steps to be taken.

83. Following the dicussion, the Regional Committee amended and adopted the resolution AFR/RC40/R2.

COMMUNITY MENTAL HEALTH CARE BASED ON THE DISTRICT HEALTH SYSTEM APPROACH IN AFRICA (document AFR/RC40/10)

Introductory statement

84. This document, presented by Dr Aboo-Baker (Secretariat) was produced as a follow-up of resolution AFR/RC38/R1 adopted by the thirty-eighth session of the Regional Committee on the need to accelerate provision of community-based mental health care for all Africans.

85. The first part of the document under the heading Introduction (paragraphs 1 to 3) and the Three-phase African Health Development Scenario: Action Framework for Mental Health Care (paragraphs 4 to 9) reviews the various shortcomings of the existing mental health care systems and strongly recommends the integration of mental health into primary health care not only to end the long neglect suffered by this important component of health in many Member States but also to reform or eliminate archaic, discriminatory or punitive laws. The need for operational support from the district level, technical support from the intermediate level and policy guidance from the central level is discussed.

86. The next section Mental Health Care at Community Level (paragraphs 10 to 21) provides guidelines for community mental health care in Africa which are dependent upon active family and community support and participation. The use of general health workers for the prevention (primary, secondary and tertiary) of mental and neurological disorders is emphasized and the place of referral services in the provision of mental health highlighted. Management of mental health problems at this level will be limited to treatment of simple generalized convulsive epilepsy with phenobarbitone, mental disorders with chloropromazine and sleep and anxiety disorders with tranquilizers, within a strong referral policy for these and other more complex conditions at the district level.

87. The section entitled Mental Health Care at the District Level (paragraph 22) defines the activities of the district health office in EPI, ARI, CDD as well as in reduction of the secondary mental and neurological complications of systemic illness. It also emphasizes the mobilization of the other sectors such as education, finance, communication, police, the law, social groups, etc. to educate the population thus empowering them to take better care of their health.

88. The section Mental Health Care at the Intermediate Level (paragraphs 25 to 38) presents activities of this level including supply of the district level with a choice of technologies for the district in addition to referral support and disbursement of funds allocated by the central level. More sophisticated hospitals provide higher level care for complicated conditions, continued education for health and health-related workers and research support for better management of community mental health problems.

89. The next section Mental Health Care at the Central Level (paragraphs 39 to 47) focuses on development of national mental health policy, mobilization of resources, provision for human resources development and drafting of appropriate legislation. Mental health development will need a multisectoral approach using the National Mental Health Coordinating Group composed of representatives from ministries, support groups, religious leaders, NGOs, etc.

90. The last section Conclusion (paragraphs 48 and 49) puts emphasis on the role of prevention (primary, secondary and tertiary) of mental and neurological disorders through education and information.

91. Mental health care activities at different levels are summarized in Annexes 1 to 5.

Discussion

92. Eleven delegates from countries took the floor to comment on the paper document AFR/RC40/10. In addition, the representative from UNICEF also spoke. Delegates commended the paper. In particular, they appreciated the manner in which a strategy was proposed for integration of mental health into all three levels of the National Health Care System.

93. Delegates were however concerned that this mental health component of health care should give attention to the possible contribution by traditional healers to solving mental health problems.

94. Many delegates were able to report that in their countries beds were being made available at district hospital level for the short-term care of the mentally and neurologically ill. Nevertheless, there was an urgent need in the countries for establishing effective mental health training programmes for health workers and for obtaining funds to carry out such training; appeal was made to WHO to assist in the search for such funds.

95. Various delegates mentioned specific problems in their own countries caused for instance by the resurgence of parasitic diseases; special mention was also made of alcohol abuse, epilepsy and schizophrenia.

96. It was pointed out that UNICEF has now added "protection" to its aims of child survival and development. The representative urged that attention be paid within community mental health programmes to preventive measures for children and women. Street children and those working at a young age were singled out as being at high risk. The representative appreciated that the strategy as laid out in the document was appropriate for a normal, stable and harmonious situation, but wished that greater attention be paid to those children traumatized by social disruption and war.

97. After discussion, the draft resolution on "Community Mental Health Care based on the District Health System Approach in Africa" (as set out in document AFR/RC40/10 Corr.2) was adopted without amendments (AFR/RC40/R9).

EMERGENCY PREPAREDNESS AND RESPONSE IN RESPECT OF NATURAL DISASTERS AND EPIDEMICS IN AFRICA (document AFR/RC40/8 Rev.1)

98. The report of the Regional Director on Emergency Preparedness in respect of Natural Disasters and Epidemics in Africa (document AFR/RC40/8 Rev.1) was introduced by Dr Calvani (Secretariat).

99. The various natural disasters and epidemics which afflicted over 100 million people in Africa were reviewed. It was pointed out that the UN Declaration on the International Decade for Natural Disaster Reduction, 1990-2000, was intended to focus national attention on these problems and to improve the capacities of countries to deal with them. The governments of Member States were urged to play a leading role in the management and reduction of natural disasters and epidemics by appealing for resources from the United Nations and from other countries for purposes of prevention, detection and management of emergencies as well as preparations to deal with these disasters. It was emphasized that the role of the WHO Emergency Preparedness and Response programme was to guide and support the Member States in order to enable them to deal specifically with the health aspects of these disasters through the development of preparedness and emergency management programmes aimed at minimizing their adverse effect.

100. Some delegations stressed the fact that the first year of the Pan-African Centre for Emergency Preparedness and Response (EPR Centre) has been devoted mainly to activities of documentation, training and information gathering in the English-speaking countries. It was suggested that a similar range of activities should be organized in the French-speaking countries.

101. In response, the Secretariat pointed out that negotiations on such an activity were already under way between French, Canadian and Belgian cooperation agencies to start such a programme in the Centre d'Etudes Superieures en Administration et Gestion (CESAG) in Dakar, and that these activities are expected to start in early 1991.

102. One delegate speaking on behalf of the Programme Sub-Committee, indicated the very positive evaluation of this report given by the programme sub-committee; this statement was echoed by several delegations.

103. Another delegate in a written statement supported three specific points raised in the report on the incorporation of the emergency preparedness and response activities in the regular PHC managerial and training process of the national governments. Furthermore, he stressed the close link between emergency preparedness and overall health development and the goal of health for all by the year 2000.

104. Central African Republic requested the Regional Director for support of a national workshop with the objective to prepare a national emergency plan.

105. The Regional Committee then adopted the report and the resolution AFR/RC40/R11 with minor amendments as proposed by the Sub-Committee.

TUBERCULOSIS CONTROL PROGRAMME IN THE AFRICAN REGION (document AFR/RC40/7)

Introductory statement

106. This subject was introduced by Dr D. Barakamfitiye (Secretariat) who underscored the importance of tuberculosis control in the Region.

107. The epidemiological situation of tuberculosis in the Region was summarized as follows:

- a high annual risk of infection whose rate falls between 1.5 and 6%;
- an incidence of 100 to 300 new cases a year per 100 000 people;
- the age-groups 15 to 45 years, the most productive group as far as economic and social development are concerned, are the most affected; they are also the most exposed to HIV and AIDS infection;
- the impact of the HIV/AIDS epidemic on tuberculosis will, in particular, lead to a new increase in the number of tuberculosis cases and accelerate the transformation of latent into clinical forms.

108. From the operational view point, the situation is characterized by a rate of detection and notification that is so low that it cannot provide relatively accurate information on the dimension of the problem or for the control of the endemic.

109. The Regional Director has proposed a guide which can be used by national officials and their partners for drawing up, stimulating or organizing their tuberculosis control programmes. The guideline fits into the health development programme approved by the Regional Committee six years ago and into the health development scenario of the Region. It is an example of its application to a specific technical programme and of the implementation of the five-year health development programme.

Discussion

110. It was agreed that tuberculosis is assuming alarming proportions. Many countries have recorded a big increase in the incidence of tuberculosis. The impact of HIV/AIDS infection on the present incidence of tuberculosis was noted by most members of the Committee; the same applies to the problem of the high cost of drugs used in short courses of treatment.

111. Special emphasis was laid on the need to increase the funds in the regular budget and mobilize extrabudgetary resources. Funds allocated for AIDS control should also be used for tuberculosis control considering the increasingly apparent interaction between the two. It was pointed out that some countries have integrated tuberculosis control into leprosy control. It was emphasized that new epidemiological parameters of tuberculosis should be taken into consideration when integration of tuberculosis control activities into other programmes is considered.

112. Some delegates stressed the need to assess the magnitude of the problem posed by tuberculosis, particularly through research, before drawing up the appropriate programmes.

113. Finally, the Regional Committee accepted the guidelines of the Regional Director for drawing up and implementing national programmes. It adopted resolution AFR/RC40/R7.

ONCHOCERCIASIS CONTROL IN THE AFRICAN REGION (document AFR/RC40/24)

114. The document AFR/RC40/24 was introduced by Dr E. Samba, Director of the Onchocerciasis Control Programme. He summarized the current situation of onchocerciasis control in the OCP countries, emphasizing the role of vector control and the increasing importance of the new tool of chemotherapy using ivermectin on a community basis.

115. The importance of integrating residual activities of OCP into the primary health care system was pointed out. The support that WHO/AFRO and OCP have been providing to countries in onchocerciasis control was described, and the joint guideline that was produced was referred to in the annex to the paper.

116. The support of WHO/AFRO to the non-OCP countries in their effort to control onchocerciasis was briefly described.

117. Nine delegations took the floor to congratulate the Regional Director on the document and requested the Regional Office to assist their countries in the planning of their devolution activities and national onchocerciasis control programmes.

118. The question of the place and the current status of vector control in national onchocerciasis programmes was raised. It was explained that although vector control was described as the most efficient method of control, a recent review of the situation had indicated that the statement required a modification to include ivermectin treatment on a community basis.

119. In response to the request for more external assistance for devolution activities, it was emphasized that although devolution of onchocerciasis should not be rushed, every country should endeavour to start the implementation of devolution plans.

120. The non-OCP countries were assured of the support of WHO/AFRO in the organization and implementation of their national control programmes.

121. At the end of the discussion, the Regional Committee adopted resolution AFR/RC40/R10.

REPORT OF THE PROGRAMME ON TRADITIONAL MEDICINE (document AFR/RC40/9)

122. Introducing this item, the Regional Director indicated that traditional medicine was appreciated as offering an expansion of primary health care, partly through traditional practitioners and partly through medicinal plants. There should be no question of replacing modern medicine by traditional practices of unproven value, or of continuing harmful ones.

123. Then, he went on to stress the economic as well as medicinal importance of medicinal plants. An International Conference was recently held on this subject in Arusha, May 1990, sponsored by the Government of Tanzania, WHO, UNEP, UNDP and the South-South Commission. These medicinal plants should be protected, studied and eventually exploited by African countries themselves.

124. Dr Koumare (Secretariat) regional officer for the traditional medicine programme, introduced the document AFR/RC40/9 which summarizes various researches and other activities already undertaken in the Region, and outlines the types of activity envisaged at national and regional levels.

125. Dr O. Akerele, programme manager in Geneva, then made a presentation on "Traditional medicine and AIDS; meeting the challenge" (document AFR/RC40/INF.DOC/6(a)). He outlined the possible role of traditional medicine in the management of AIDS.

126. In the discussion that followed, representatives stressed the importance of this programme, congratulating the Regional Director on submitting the programme for discussion by the Regional Committee. Some delegations stressed the need to allocate more regional funds to support the programme.

127. A number of representatives expressed concerns specific to their countries. The Regional Committee adopted resolution AFR/RC40/R8 after amendments.

REVIEW OF THE AIDS CONTROL PROGRAMME (document AFR/RC40/5)

Introductory statement

128. Dr S. Butera, acting Programme Manager for the Global Programme on AIDS/AFRO Team, introduced this agenda item with a brief background of AIDS control in the Region. Special reference was made to resolution AFR/RC39/R7 of the thirty-ninth Regional Committee which encouraged the decentralization of the WHO AIDS Control efforts from the Headquarters to the regional level.

129. The speaker proceeded to outline the steps taken since the passage of that Resolution. These have included direct involvement by both the Regional Director and the Director-General in developing a workable strategy for the decentralization of GPA/HQ activities, while continually guaranteeing the same or better level of service by WHO to the national programmes concerned. Dr Butera named the eight countries already decentralized and explained the steps taken at the regional, subregional and country levels to reinforce WHO's capacity to deal with this decentralization. Finally, the speaker outlined the five major thrusts for AIDS prevention and control activities as identified by AFRO for concentration of activities by Member States. These were:

- epidemiological surveillance;
- safety of blood and blood products;
- mobilization of women;
- IEC and counselling;
- role of the community in care of patients.

130. The Regional Director briefly took the floor to remind delegates that the focus of this debate should be on the topic of decentralization of the AIDS control programme to the regional, country and district levels. More technical issues of AIDS prevention and control activities will be discussed at length during the Fifth International Conference on AIDS and Associated Cancers in Africa to be held in Kinshasa in October 1990, as well as during the Regional Workshop for AIDS Programme Managers to be held just after the Kinshasa Conference.

Discussion

131. The floor was then open for debate and 24 national and observer delegations made comments and posed questions on the report under consideration. The delegations concerned thanked the Regional Director and the GPA/AFRO team for their report and the Director-General and GPA/Headquarters for providing the necessary encouragement and support to AIDS control generally and the decentralization process in particular. A number of delegations intervened to provide updated information on the seriousness of the AIDS pandemic in their countries.

132. Most of the delegations intervening praised the decentralization process as a necessary step in the on-going efforts to improve the world's response to the global pandemic. Certain speakers noted the need for a continued process of decentralization not only to the Regional Office but down to the offices of the WHO representatives as well, in order to ensure responsiveness to unique national needs and situations. Some delegates sounded cautionary notes,

expressing the hope that everything necessary would be done to ensure a continued optimum level of support to national AIDS control programmes. Delegates were reassured by Dr Merson, Director of GPA/HQ as well as by the Regional Director that the focus of the decentralization process is and will continue to be national programmes, and that everything will be done to guarantee them the support they need in their battle against AIDS.

133. It was noted with satisfaction that a number of countries have already begun the decentralization of their national programmes to the provincial and in some cases to the district levels. Given the vast implications of AIDS on the basic fabric of many societies, emphasis was placed on the need for the transformation of the fight against AIDS from a solely health focus to a multisectoral and even a supra-sectoral focus which could involve all sectors of the nation. Speakers echoed the need for the involvement of the communities in all efforts so as to produce meaningful results. AIDS has become a very serious social problem in a number of countries, and comprehensive and broadly-based leadership from all sectors and levels of society will be needed to coordinate an effective fight against the implications of the AIDS pandemic.

134. Issues related to the transmission of AIDS were also raised by a number of delegations. One recurring note was the insistence by a number of national delegates as well as the Director, GPA/HQ upon the need to more closely associate the battle against AIDS with efforts to fight other sexually transmitted diseases. The delegates were reminded by their fellow delegates that sexual transmission still accounts for the overwhelming majority of cases of HIV infection throughout the world and within the African Region. Serious efforts still need to be invested in the encouragement of safer sexual practices throughout the Region. More research needs to be done in sexual practices to determine acceptable and effective ways of altering the most private behaviour of people throughout the Region in order to provide them with the protection they need. These efforts need to be especially targeted towards the youth and adolescents just entering their sexually active years.

135. A number of delegates expressed interest in the current situation with regard to the development of potential drugs or candidate vaccines for the treatment and/or prevention of HIV infection and AIDS. Delegates were provided with extensive information by the Director, GPA/HQ on the steps being taken internationally to develop effective drugs and to test candidate vaccines. To date one drug (AZT) has been accepted by the world community as a treatment for AIDS: its current costs, however, render it impractical for the majority of developing countries. Seven candidate vaccines against various stages of the development of the HIV virus are currently in the initial stages of clinical trials, but more time will be needed before any valid conclusions can be drawn. With regard to KEMRON, the delegates were informed by the Regional Director and the Director, GPA/HQ, that KEMRON is a potential drug which should be considered still to be in the experimental stage. Additional well-designed and implemented clinical trials will be necessary to determine the exact efficacy of low-dose alpha interferon in the clinical management of AIDS. Further conclusions regarding KEMRON will thus have to await the results of such studies.

136. With regard to the draft resolution, most delegations indicated support for the resolution as proposed. Certain delegates noted that they would propose minor amendments to the text as proposed, but indicated their support on the whole for the resolution. The Committee adopted resolution AFR/RC40/R6 after amendments.

WAYS AND MEANS OF IMPLEMENTING RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE WORLD HEALTH ASSEMBLY AND THE EXECUTIVE BOARD (documents AFR/RC40/11 and AFR/RC40/11 Add.1)

137. Dr Williams, member of the Executive Board, introduced items 7.1 to 7.5 of the provisional agenda. Introducing document AFR/RC40/11, Report of the Regional Director on resolutions of regional interest adopted by the Forty-third World Health Assembly and the Eighty-fifth session of the Executive Board, 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.

138. Those 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:

- Governing bodies
- General programme development and management
- Health systems development
- Promotion and development of research, including research on health-promoting behaviour
- General health protection and promotion
- Protection and promotion of mental health
- Promotion of environmental health
- Diagnostic, therapeutic and rehabilitative technology
- Disease control.

139. Dr Williams gave a detailed account of the provisions of each resolution together with information on the situation and proposals concerning the measures that the Regional Director would take and which were to be found in the document before the Committee; the full text of the resolutions could be made available to the delegates. The Committee was invited to give directives to the Regional Director.

140. The delegate of Zambia drew the Regional Committee's attention to the fact that resolution WHA43.14 "Liberation struggle in southern Africa - assistance to the Front-line States, to Lesotho and to Swaziland" was not considered in the report and in his opinion that was an important omission.

141. The Regional Director said that the failure to include that resolution in document AFR/RC40/11 was a slip by the Secretariat. A corrigendum (document AFR/RC40/11 Add.2) was accordingly prepared and distributed.

142. The Committee adopted the document.

AGENDAS OF THE EIGHTY-SEVENTH SESSION OF THE EXECUTIVE BOARD AND THE FORTY-FOURTH WORLD HEALTH ASSEMBLY: REGIONAL IMPLICATIONS (document AFR/RC40/12)

143. Dr Williams pointed out that 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 Eighty-seventh session of the Executive Board and the Forty-fourth World Health Assembly.

144. He drew the Committee's attention to the provisional agenda items of those two worldwide 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 1992-1993.

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

(iv) Collaboration within the United Nations system: United Nations General Assembly resolution 44/211.

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

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

146. 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
(documents AFR/RC40/13 and AFR/RC40/13 Corr.1)

147. Dr Williams announced that the Forty-fourth World Health Assembly would open at 12 noon on Monday, 6 May 1991 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.

148. Dr Williams told the Committee that, 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.

149. 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-fourth World Health Assembly;

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

150. The Committee adopted procedural decision No.9.

TECHNICAL DISCUSSIONS DURING THE FORTY-FOURTH WORLD HEALTH ASSEMBLY: HEALTH-FOR-ALL STRATEGIES IN THE FACE OF RAPID URBANIZATION (document AFR/RC40/14)

151. The subject of the technical discussions of the Forty-fourth World Health Assembly has considerable importance for the Region because of the rapid growth of urban populations and the severe health problems confronting them.

152. It was decided that the Member States of the Region should make an active contribution to those discussions.

DISCUSSION OF UNITED NATIONS GENERAL ASSEMBLY RESOLUTION 44/211: OPERATIONAL ACTIVITIES FOR DEVELOPMENT (documents AFR/RC40/15 and AFR/RC40/15 Add.1)

Introductory statement

153. Dr Williams indicated that this wide ranging resolution was passed by the United Nations General Assembly in December 1989, after an extensive debate on its triennial policy review of operational activities for development in the United Nations system.

154. The resolution had direct implications for the functioning of the various agencies of the UN system including WHO, FAO, ILO, UNESCO, etc. If the resolution were undertaken and implemented fully across the UN system it would represent a major and significant attempt to reorient the UN system and its approach to development cooperation.

155. The resolution covered many subjects ranging from women and children in development to procurement of equipment from developing countries. However the critical themes were:

(i) Governments to be the executing agencies for projects, with corresponding responsibility for coordination, design and management of all external assistance;

(ii) UNDP to be the central funding agency and the main (if not the only) partner with countries in technical cooperation activities, with other agencies giving technical advice and back-stopping to UNDP;

(iii) Restructuring of the UN system at country level to reflect the predominant leadership of the UN Resident Coordinator.

156. The full text of the Resolution 44/211 had been communicated to the Director-General of WHO and other Executive Heads of specialized agencies, institutions and programmes of the United Nations system at the end of January 1990. In the letter of transmittal, the UN Director-General for Development and International Economic Cooperation (DG/DIEC) had invited their cooperation in ensuring the full, coordinated and timely implementation of all modifications required to overall policies and procedures.

157. In reply the Director-General of WHO said the matters raised, required the attention of WHO's governing bodies, notably the Regional Committees, the Executive Board and ultimately the World Health Assembly. The comments of the Regional Committees would consequently be consolidated for review by the Executive Board in January 1991, and then forwarded to the World Health Assembly for consideration at its Forty-fourth session in May 1991. The Director-General would then inform DG/DIEC of the position held by the Organization regarding implementation of the Resolution.

158. The Regional Director was therefore seeking the views and comments of the Regional Committee for inclusion in a comprehensive report to the Executive Board in January 1991, and subsequently to the World Health Assembly in May 1991.

159. It was pointed out that to a large extent several of the principal themes and objectives of the resolution corresponded to actions and strategies being currently implemented by WHO, whose modalities of work could be viewed as in harmony with the General Assembly's proposed orientation of development activities. For example, our AFROPOC system of programme planning enables governments to be fully responsible joint-partners in WHO's programme of cooperation.

160. On the other hand, certain areas did require further study such as how the constitutional mandate of WHO to act as the directing and coordinating authority on international health work, would be accommodated within the new role envisaged for the UNDP Resident Coordinator. The proposal that WHO should play a reduced "back-stopping role," would need careful consideration.

161. The Regional Committee was invited to make its views known on these and other issues raised in the document, and to consider a WHO resolution which was put to AFRO and would be put to all other Regional Committees.

Discussion

162. One delegate was specific that he did not wish WHO's funds to be put under UNDP's country programme. UNDP now works with Ministry of Planning, and to subsume WHO under UNDP would put a major hurdle and substantial delays in the process of technical cooperation on health between WHO and the Ministry of Health.

163. One delegate thought there would be duplication of effort and overlapping of functions and wastage of resources if UNDP was discussing health cooperation with the Ministry of Health. He thought the WHO should remain the privileged partner of the government in health matters, with direct access to the Ministry of Health.

164. Many delegates supported the position that WHO should retain its separate identity, because economists did not have a feeling for health issues and were not qualified to assess and determine health priorities. One delegate recounted a bad experience when economists were very far wrong in assessing the priority of a sleeping sickness problem.

165. The Resident Representative from UNDP contributed to the debate by indicating that there was excellent cooperation between UNDP and WHO in the African Region. The UN General Assembly Resolution was an attempt to introduce a programme approach, rather than a project approach, to development activities in countries and to harmonize the activities of the various agencies to assure orderly development. There was at present good interagency coordination on technical as well as financial matters.

166. The WHO Regional Director underlined that good cooperation did indeed exist between WHO and UNDP in most locations in the African Region. The exceptions were where the representatives of one or both organizations could not rationalize the different methods of work or approaches of the two organizations. WHO had for the last 10 years been taking a programme approach to its technical cooperation. We were therefore ahead of the intent of the Resolution. On the other hand WHO needed to study carefully the likely

financial impact if it simply filled a back-stopping role. The UN resolution was asking that agencies rationalize their behaviour and this was very desirable.

167. After the debate the Regional Committee adopted resolution AFR/RC40/R3.

REPORT OF THE PROGRAMME SUB-COMMITTEE (document AFR/RC40/18)

168. The main report of the Programme Sub-Committee which met on 3-4 September was presented by its Chairman, Dr J. Otete of Kenya. Reports on specific items were presented by Mr L. Chomera, Rapporteur and Mrs M. Pragassen, Vice-President.

169. The major task of the Sub-Committee was the examination of the Proposed Programme Budget on behalf of the Regional Committee. The Committee spent one-and-half days of its two-day meeting on the detailed examination of the budget document AFR/RC40/2. Arising from the examination the Sub-Committee made certain proposals to the Regional Committee on the matter. The text of the report of the Sub-Committee appears in Annex 9.

170. The Sub-Committee also considered four other questions on behalf of the Regional Committee, namely:

(i) The optimal utilization of WHO resources.
(ii) The report of the regional programming meetings held in 1990.
(iii) The report of the African Advisory Committee for Health Development, and
(iv) Emergency preparedness and response in Africa.

171. The Chairman reported that the Programme Sub-Committee critically examined the budget document chapter by chapter and in fact devoted most of the two days of its meeting to discussing the Proposed Budget for 1992-1993. The members asked many questions and sought clarifications and he was pleased to report that the Secretariat led by the Regional Director personally, answered questions or provided clarifications to the entire satisfaction of delegates.

172. In preparing the budget the Regional Director had considered many factors and realities, and tried to provide resources for the majority of the programmes. Some programmes however, showed decreased provisions because fewer countries chose them or reduced their budgeted amount for them. Another reason for some reductions was the possibility of extrabudgetary funds becoming available during the biennium.

173. The regional activities showed a higher increase than the country activities because of the recently increased staff costs and the application of currency adjustment to the costs of the Regional Office. Actual cost increases tentatively allocated by Director-General were 11% for country activities and 12% for regional and intercountry activities. If the cost increases exceed these percentages during implementation of the programmes they will have to be met by real decreases in programme activities.

174. The budget document included the provision of expected extrabudgetary funds for National AIDS programmes in view of the current decentralization process. The provision in 1992-1993 for extrabudgetary resources had been made for only reasonably assured funds. As usual more funds were expected nearer to or during biennium.

175. The budget allocation to individual countries had been made in accordance with the formulae prepared by an expert group in 1978-1979 and approved by the Regional Committee. Since the formulae had been finalized many years ago and the economic and health picture of African countries had changed, the Regional Committee was invited to consider appointing a new task force for proposing new formulae which took account of current realities.

176. The written report of the Programme Sub-Committee, document AFR/RC40/18 showed the major points of discussion which took place on the budget as a whole and on the specific provisions for programmes.

177. Arising from their exhaustive discussion and the satisfactory explanations provided by the Secretariat the Programme Sub-Committee made the following recommendations to the Regional Committee:

"(i) that the Regional Committee requests the Regional Director to review the criteria and formulae which are used to determine each country's allocation, and to take appropriate action based on the review;

(ii) that the Regional Committee requests the Regional Director to review the funding to a number of countries' programmes since the present token funding is not satisfactory; and,

(iii) that the Regional Committee accepts the Proposed Programme Budget and passes the resolution asking the Regional Director to transmit it to the Director-General."

178. In view of the close link between the Programme Budget 1992-1993 and the Programme Budget Policy review, Dr Otete elected to present both together.

179. He said that in relation to the optimal utilization of WHO resources, the document AFR/RC40/6 represented an examination of the regional policy in programme budget. The document set out the Policy Goals of the regional programme budget policy adopted by the Regional Committee in 1986. It noted that the Regional Committee had decided to review each year, the use of WHO resources during the preceding year, and progress made by Member States in implementing the budget policy collectively agreed.

180. The document indicated that Member States had been implementing the Three-phase African Health Development Scenario in cooperation with WHO as a basis for strengthening the operational level of their health systems, in order to accelerate the implementation of Health-for-All strategies. Within this framework and to avoid dissipation of efforts and WHO resources, three priority programmes have been agreed as the nucleus for WHO cooperation and budgeting.

181. The Regional Office has instituted a programme operations coordination system called AFROPOC to monitor and evaluate the implementation of programmes and the use of resources allocated to programmes. The system worked on a one year cycle.

182. To deal with structural weaknesses in the health systems, a Five-year Health Development Plan had been formulated during consultations between the countries and WHO - for example at the Regional Programme Meetings.

183. The programme budgets for 1991-1992 and 1992-1993 showed that countries had been concentrating the resources offered by WHO cooperation onto a smaller number of programmes thus ensuring more impact.

184. The document concluded that considerable effort had been made by countries and the Regional Director to implement the regional programme budget policy. The countries have begun to concentrate on well-targeted priorities and this had contributed to the optimal use of WHO resources.

185. After studying the document, the Regional Committee was invited to consider the draft resolution attached to it. One salient point of this resolution was that the Regional Committee would review this matter every two years rather than every year. The review of the proposed programme budget for 1992-1993 suggested that biennial rather than annual reviews would be appropriate.

186. Mr L. Chomera (Mozambique) summarized the procedure and results of the regional programme meeting which took place in three phases, at the regional, sub-regional and country levels. The main theme was on the operationality of district health development. The procedure was felt to be a useful one which contributed to the deconcentration of responsibilities to the country level.

187. Mrs M. Pragassen (Seychelles) presented the five themes discussed by the African Advisory Committee for Health Development which met in Brazzaville in June 1990.

Discussion

188. The Committee accepted the proposed programme budget 1992-1993 but agreed that the formulae and criteria for determining country allocations should be reviewed.

189. Support was expressed for the choice of management as a priority area of action in the next few years.

190. Several delegates showed their appreciation for the cooperation that is developing between WHO/AFRO and the World Bank on formulation of health policies. As a matter of fact, the approaches of the two agencies have not been coordinated in the past. This has created conflicting pressures on countries. Therefore WB/AFRO cooperation will be most welcome.

191. One delegate stressed the importance of health systems research and development and expressed his agreement with the suggestion contained in the report of the Programme Sub-Committee that every country should appoint a focal point for health systems research in the Ministry of Health. The Regional Director considered this to be a minimum that "no one could afford not to afford".

192. One delegate observed that while the AIDS budget of US $38 million constituted an appropriate proportion of the total budget available (US $239 million), the AIDS funds constituted nearly half of the budget available at country level.

193. The Regional Director said that the most important recommendation of the Sub-Committee was that which called for a review of the formulae for country allocations. He indicated that this review would be undertaken with the participation of ministers of health.

194. He also agreed, as was observed by the Programme Sub-Committee, that some smaller but important programmes were unfunded or underfunded at country and/or regional level. This was in part a result of the recommended concentration on a limited number of programmes, usually not exceeding 10 per country. At the global level, queries were sometimes raised on the apparently

small amounts of money allocated to some programmes. Steps would be taken with each country to identify underfunded programmes and to try to find a solution from regular budget or extra-budgetary sources.

195. The Regional Director expressed the view that AIDS was indeed a social problem of major dimensions which had sometimes resulted in more attention being paid to health issues by authorities outside the health sector. AIDS funds if wisely used could also strengthen general health services. The Committee adopted resolutions AFR/RC40/R4 and AFR/RC40/R5.

PRESENTATION OF THE REPORT OF THE TECHNICAL DISCUSSIONS (document AFR/RC40/19)

196. A report on the Technical Discussions on Health Systems Management was presented by Dr L. C. Sarr, Chairman of the Technical Discussions. The report is reproduced in Annex 11.

CHOICE OF SUBJECT FOR THE TECHNICAL DISCUSSIONS IN 1991 (document AFR/RC40/20)

197. The Regional Committee confirmed its decision taken in September 1988 at its thirty-eighth session and adopted the following subject for the technical discussions at its forty-first session in 1991: "Training of health personnel: Mobilization of human resources for health."

NOMINATION OF THE CHAIRMAN OF THE TECHNICAL DISCUSSIONS IN 1991 (document AFR/RC40/12)

198. The Regional Committee nominated Dr M. A. Bankole of Nigeria as Chairman of the Technical Discussions at its forty-first session in 1991.

DATES AND PLACES OF THE FORTY-FIRST AND FORTY-SECOND SESSIONS OF THE REGIONAL COMMITTEE IN 1991 AND 1992 (document AFR/RC40/22)

199. Mr D. Miller (Secretariat), on behalf of the Regional Director introduced document AFR/RC40/22 which invited the Regional Committee to confirm its decision to hold its forty-first session in Bujumbura, Burundi, and its forty-second session in Brazzaville, in accordance with resolution AFR/RC35/R10 which stipulates that alternate sessions of the Regional Committee be held at the Regional Office in Brazzaville.

200. The delegation from Burundi confirmed its invitation to the Regional Committee to meet in Bujumbura in 1991, and this was accepted.

201. Further invitations to hold the Regional Committee were welcome and the Regional Director indicated to delegates that there was a standard agreement to be signed between WHO and a Member State hosting the Regional Committee. This could be made available to Member States who wished to consider hosting Regional Committees.

202. There were high additional costs in holding Regional Committees outside Brazzaville, in particular the cost of transportation and per diem for the Secretariat. The periodicity for holding Regional Committee sessions outside the Regional Office should be reviewed. The Organization would be better able to cope with the costs if two out of every three sessions were held at the Regional Office. In other regions of WHO and in the OAU, host countries paid transportation costs and the per diem of the Secretariat. Any country willing to cover these extra costs could offer at any time to hold a Regional Committee. It was suggested that an estimate of the cost of organizing Regional Committees in Member States be sent to the countries to make them

fully aware of the financial implications before they made their commitments. The Secretariat could not estimate the national internal costs, which depended on what was to be offered and what facilities were already available.

203. The delegation of Chad maintained its invitation to host the forty-third session of the Regional Committee in N'Djamena. Swaziland and Botswana also reiterated their invitations to host future sessions, the dates of which would be decided in accordance with resolution AFR/RC35/R10 (Procedural Decision No.13).

CLOSING OF THE SESSION

204. The head of the Namibian delegation addressed the meeting on behalf of all the delegates. He was happy to attend the Regional Committee meeting for the first time as a full member; gone were the days when he could speak but not vote. He hoped that the review committee on budget allocation would give Namibia a special consideration in view of its present situation. He congratulated:

- the Regional Director for the high quality of papers presented;
- the delegates for the quality of their intervention;
- the interpreters and all those who worked behind the scene to make the Regional Committee meeting a success.

205. He, finally, requested the Chairman of the Regional Committee to transmit the gratitude of all the delegates to His Excellency General Sassou Nguesso for his and the Congolese People's generosity and hospitality which made all the delegates' stay in the Congo pleasant.

206. The honourable representative of the Republic of Namibia proposed on behalf of all the delegations present a motion of thanks to the President of the People's Republic of the Congo, for his participation in and address to the opening ceremony of the fortieth session of the Regional Committee for Africa, and to the Government and people of the People's Republic of the Congo for their warm hospitality (resolution AFR/RC40/R14). The resolution was adopted unanimously.

207. The Regional Director warmly thanked the Chairman and other office-bearers of the fortieth session, and the representatives of the OAU and UN and other organizations present, for their contributions to the session. He expressed his optimism that through our joint struggles the health situation in the African Region could pass from one of mediocrity to excellence. He expressed his total commitment to Africa's efforts to achieve its noble destiny.

208. The Chairman expressed his satisfaction at the conclusion of a week's hard work. He thanked warmly all those who had helped in the carrying out of the task. He expressed special thanks to his fellow office-bearers, the Director-General and Regional Director for their contributions, and the OAU and the President of the People's Republic of the Congo for their active participation. He expressed pride in the unanimity of voices, and the common conviction that primary health care will take us towards a better life in Africa.

ANNEXES

AGENDA

1. Opening of the fortieth session (document AFR/RC40/INF/01)

2. Adoption of the provisional agenda (document AFR/RC40/1 Rev.1)

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. The work of WHO in the African Region in 1989

   6.1 Succinct report of the Regional Director (documents AFR/RC40/3 and AFR/RC40/3 Add.1)

   6.2 Maternal and child health - child survival and safe motherhood (progress report) (document AFR/RC40/4)

   6.3 Review of the AIDS control programme (document AFR/RC40/5)

   6.4 Optimal utilization of WHO's resources: regional programme budget policy review (document AFR/RC40/6)

   6.5 Review of tuberculosis control programme (document AFR/RC40/7)

   6.6 Emergency preparedness and response related to natural disasters and epidemics in Africa (document AFR/RC40/8 Rev.1)

   6.7 Review of the traditional medicine programme (document AFR/RC40/9)

   6.8 Community mental health care based on the district health system approach in Africa (documents AFR/RC40/10, AFR/RC40/10 Corr.1 and 2)

   6.9 Onchocerciasis control in the African Region (document AFR/RC40/24)

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: Report of the Regional Director (documents AFR/RC40/11 and AFR/RC40/11 Add.1)

   7.2 Agendas of the Eighty-seventh session of the Executive Board and the Forty-fourth World Health Assembly: Regional implications (document AFR/RC40/12)

   7.3 Method of work and duration of the World Health Assembly (Decision WHA40(10) (documents AFR/RC40/13 and AFR/RC40/13 Corr.1)

   7.4 Technical discussions of the Forty-fourth World Health Assembly (document AFR/RC40/14)

7.5 Discussion of United Nations General Assembly resolution 44/211 (documents AFR/RC40/15 and AFR/RC40/15 Add.1)

8. Report of the Programme Sub-Committee (document AFR/RC40/18)

8.1 Proposed Programme Budget 1992-1993 (document AFR/RC40/2)

8.2 Report of the Regional Programme Meeting (RPM11 a, b, c) (document AFR/RC40/16)

8.3 Report of the African Advisory Committee for Health Development (AACHD) (document AFR/RC40/17)

9. Technical discussions: "Management of health systems" (documents AFR/RC40/TD/1 and AFR/RC40/TD/1 Add.1)

9.1 Presentation of the report of the technical discussions (document AFR/RC40/19)

9.2 Confirmation of the choice of subject of the technical discussions in 1991 (document AFR/RC40/20)

9.3 Nomination of the Chairman and the Alternate Chairman of the technical discussions in 1991 (document AFR/RC40/21)

10. Nomination of African representatives to the Executive Board, the various World Health Assembly Committees and other bodies

11. Dates and places of the forty-first and forty-second sessions of the Regional Committee in 1991 and 1992 (document AFR/RC40/22)

12. Adoption of the report of the Regional Committee (document AFR/RC40/23)

13. Closure of the fortieth session.

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SAO TOME AND PRINCIPE
SAO TOME ET PRINCIPE
SAO TOME E PRINCIPE

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Dr A. Soares Marques de Lima
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SENEGAL

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Chef de délégation

Médecin Commandant Lamine Cissé Sarr
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Dr Fodé Diouf
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SEYCHELLES
ILHAS SEYCHELLES

Hon. Mr Ralph Adam
Minister of Health
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Mrs M. Pragassen
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SIERRA LEONE
SERRA LEOA

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SWAZILAND
SOUAZILAND
SUAZILANDIA

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Leader of delegation

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Principal Secretary

Dr R. Ndlangamandla
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TOGO

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Directeur général de la Santé publique
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Dr E. Batchassi
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OUGANDA

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Dr G. W. Imani
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UNITED REPUBLIC OF TANZANIA
REPUBLIQUE UNIE DE TANZANIE
REPUBLICA UNIDA DA TANZANIA

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Chief Medical Officer

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ZAIRE

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ZIMBABWE
ZIMBABUE

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2. OBSERVERS INVITED IN ACCORDANCE WITH RESOLUTION WHA27.37
OBSERVATEURS INVITES CONFORMEMENT A LA RESOLUTION WHA27.37
OBSERVADORES CONVIDADOS EM CONFORMIDADE COM A RESOLUCAO WHA27.37

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3. REPRESENTATIVES OF THE UNITED NATIONS AND SPECIALIZED AGENCIES
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REPRESENTANTES DAS NACOES UNIDAS E SUAS INSTITUICOES ESPECIALIZADAS

Food and Agriculture Organization of the United Nations (FAO)
Organisation des Nations Unies pour l'Alimentation (FAO)
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Organisation météorologique mondiale (OMM)
Organizaçao Meteorológica Mundial

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United Nations Development Programme (UNDP)
Programme des Nations Unies pour le Développement (PNUD)
Programa das Naçoes Unidas para o Desenvolvimento (PNUD)

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PNUD
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M. A. Nkouka
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Fonds des Nations Unies pour de Population (FNUAP)
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African Development Bank (ADB)
Banque Africaine de Développement (BAD)

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4. REPRESENTATIVES OF OTHER INTERGOVERNMENTAL ORGANIZATIONS
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REPRESENTANTES DAS OUTRAS ORGANIZACOES INTERGOVERNAMENTAIS

Organization of African Unity (OAU)
Organisation de l'Unité Africaine (OUA)
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Directeur du Département ESCAS
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Organization for Coordination and Cooperation
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International Committee of Military Medicine and Pharmacy (ICMMP)
Comité international de Médecine et de Pharmacie militaires (CIMPM)
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Inter-African Committee (IAC)
Traditional Practices Affecting The Health of Women and Children in Africa
Comité Inter-Africain (CI-AF)
Pratiques Traditionnelles ayant effet sur la santé des femmes et des enfants en Afrique

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ADDRESS BY THE HONOURABLE MINISTER OF PUBLIC HEALTH OF NIGER, LIEUTENANT COLONEL DR OUSMANE GAZERE, CHAIRMAN OF THE THIRTY-NINTH SESSION OF THE REGIONAL COMMITTEE

Mr President of the Republic of the Congo,
Honourable Members of the Government,
Mr Regional Director,
Honourable Ministers,
Honourable Ambassadors,
Honourable Representatives of international, regional and nongovernmental organizations,
Distinguished delegates,
Ladies and gentlemen,

In my capacity as Chairman of the thirty-ninth session of the Regional Committee held in Niamey from 6 to 13 September 1989, I have the honour, privilege and pleasant duty to take the floor before this august audience on the occasion of the formal opening ceremony of the fortieth session of the WHO Regional Committee for Africa which is now meeting in the fine Djoué Estate.

First of all I have a duty to perform: to bring to you brotherly and cordial greetings from the President of the Republic, Head of State, Brigadier Ali Saibou and the people of Niger, and then to welcome you to this fortieth session of the WHO Regional Committee for Africa.

Mr President, your presence at this official opening ceremony of the fortieth session of the WHO Regional Committee for Africa is once again a source of real moral support for the Regional Office and the delegations of Member States of the Region as they seek to solve the health problems of the peoples of Africa.

All the Committee's meetings held in Djoué have enjoyed your unfailing support, greatly appreciated on account of the wise advice you have unstintingly given. We are most grateful for this and take this opportunity to express to you our sincere thanks and appreciation.

Mr President, Mr Regioonal Director, ladies and gentlemen, the world economic crisis that is severely affecting our countries at this time has brought with it a substantial reduction in the already slender resources allocated to socioeconomic and health development programmes (education, health, etc.). This is compounded by the rapidly spreading pandemic of AIDS, for which there is as yet neither a vaccine nor an effective drug. Since 1987 AIDS has been taking a heavy toll of our young working populations.

In the face of this situation, the objective of health for all Africans that we have set ourselves remains our common ideal in the fight against under-development, ignorance and disease. As our strategy we have taken the three-phase health development scenario that was adopted at the thirty-fifth session of the Regional Committee in Lusaka, Zambia in September 1985 and is now being applied in all our countries.

Accordingly, at the technical discussions in Bamako in 1987 we set out to analyse operational support at local level, in Brazzaville in 1988 we looked at technical support at intermediate level, and most recently in Niamey in 1989, at the thirty-ninth session of the Regional Committee, we considered

strategic support by the central level for this health development scenario. Management was identified as a major weakness of our health systems. We therefore decided at the Niamey session to place special emphasis on the strengthening of managerial capacity at all levels of the health system during the five years of the Eighth General Programme of Work for 1990-1994. We also pinpointed some priority programmes, such as:

- maternal and child health, including family planning;
- disease prevention and control;
- safe drinking-water supply and basic environmental sanitation.

We hope that adequate resources will be allocated to these programmes to promote maternal health and child survival, to reduce the morbidity and mortality due to the many endemic diseases of the Region, and to give our peoples better access to safe drinking-water and basic environmental sanitation.

I take this opportunity to reaffirm to the WHO Regional Director for Africa, Dr G. L. Monekosso and his staff, our satisfaction with the work performed, with the devotion and willingness to help that they have constantly demonstrated, and with their unceasing support for our countries in spite of the difficult and unfavourable economic trends.

In conclusion, I should like once again to express most sincere thanks to the President of the People's Republic of the Congo, General Denis Sassou Nguesso, for honouring this ceremony with his presence, and to the administrative authorities for their warm and friendly welcome and all they have done for us during our stay in the Congo.

Long live international cooperation.
Long live WHO.
Thank you for your kind attention.

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

Your Excellency the President of the People's Republic of the Congo,
Honourable Members of the Political Bureau,
Honourable Ministers of Health and Heads of Delegation,
Your Excellencies Ambassadors and Heads of Diplomatic Mission,
Honourable Representative of the Secretary-General of OAU,
Distinguished Guests,
Ladies and Gentlemen,

The opening ceremony of this fortieth session of the WHO Regional Committee for Africa affords me the opportunity to welcome you to the Djoué Estate and to convey to you, on behalf of the entire Regional Office staff and on my own behalf, our warmest greetings. Over and above our very deep respect for him, I especially wish to thank most sincerely His Excellency General Denis Sassou Nguesso, President of the People's Republic of the Congo, for his uplifting presence at this ceremony.

Mr President, your presence among us, in spite of your heavy and numerous commitments, is a great honour and encouragement to us to continue in our struggle to achieve Health for All Africans.

The WHO Regional Office for Africa is grateful to your Government for the assistance and support we have received at all times.

On behalf of the Honourable Ministers of Health and Heads of Delegation, I should also like to greet the representative of the Secretary-General of OAU, Mr Salim Ahmed Salim, the first WHO Regional Director for Africa Dr Cambournac, and all the guests who have come to this great forum to discuss with us the health of the peoples of Africa.

There is no need to reiterate here our total commitment within WHO to the defence of the dignity of the African which begins with the restoration of his full sovereignty, his full responsibility, and his complete physical, mental and social well-being, that is, his health.

It would be unforgivable if I did not say a special word of welcome to the delegation of the Republic of Namibia which, after a struggle that commands our respect, has at last taken its place in the community of free nations.

Mr President of the Republic,
Ladies and Gentlemen,

This session of our Regional Committee will be inscribed in letters of gold in the annals of our Regional Office. It is indeed our fortieth Session. It has reached the age of maturity.

It is also the first session of this last decade of the second millennium during which we have made it our mission to achieve Health for All.

Indeed, our planet is being rocked on all sides by violent upheavals. People everywhere are questioning their very existence and wondering about their future. In our continent, after the euphoria and hopes that came when most countries achieved independence in the sixties, we now have to take stock.

We have to acknowledge that health infrastrutures have continued to deteriorate. The overall health situation gives great cause for concern. Even the most benign diseases continue to kill, especially children. Malaria is still with us, and more life-threatening than ever. AIDS is gaining more and more ground. There is disarray everywhere. The economic and social crisis is so deep and so dramatic in our continent that some alarmist theoreticians see no hopes of survival for Africa.

Now is the time to react, to become aware of our responsibilities and assert ourselves in the community of nations.

Africa needs to mobilize; Africa needs to look after itself; Africa needs to manage its own affaires. This is why we appeal to the youth of Africa; we appeal to African individuals, families and communities; we appeal to all town-dwellers and all rural populations; we appeal to the African woman, in whose hands lies to a very large extent the well-being of the African man and the family.

To cope with the present situation you, the Ministers of Health, worked out an appropriate organizational and structural framework. This framework gives priority to community-based health development activities. The Health-for-All-Africans challenge requires that these activities be undertaken in villages or communities in rural and urban areas, and in specified districts so as to promote the physical, mental and social well-being of individuals, families and communities. These activities must be properly managed and supervised by a district health committee. Finally, they must receive support from the provincial level and supervision from the central level.

Such is the framework of the African Health Development Scenario adopted in 1985, in the very thick of the crisis.

In this health development framework, the district is the cornerstone of the implementation of the primary health care approach. In this approach, community mobilization for the effective participation of all is the indispensable precondition for success.

The point is that health is primarily a personal matter. It is not something that can be handed out. It is acquired through conscious and responsible action. Governments cannot offer health to communities, families or individuals. Each and every one must, in a responsible manner, cooperate with the authorities and strive to preserve his or her health.

Primary health care, which we adopted as a strategy for achieving Health for All, is based on this personal responsibility and the individual responsibility of families and communities. It cannot be otherwise. To prevent oral diseases, for instance, each individual must brush his or her teeth. No one else will do it for them. To keep the village clean, each family must sweep around its dwelling. It is the combined effort of each and every one that will bring about the well-being of all.

If all these individual and collective tasks are performed, health centres and hosptials which are so expensive to run will become mere "repair shops" for minor contingencies, not funeral homes as is unfortunately so often the case.

Mr President of the Republic,
Ladies and Gentlemen,

Our future is not altogether bleak. On the contrary, we can point to many examples to prove that when mobilized, organized and supervised, African populations are capable of shaping their own destiny. The results of the African Immunization Year launched in 1986 are clear proof of this assertion. In most of the countries, immunization coverage against the target diseases, which used to be of the order of 5-10%, rose to 50% or more in the very first year. These results were achieved thanks to mass mobilization, and, above all, to the commitment of our Heads of State who, armed with their syringes, personally conducted field operations.

Today therefore we launch an appeal for community mobilization. We want a new kind of partnership between peoples and their governments in a common quest for sustained health development.

Health development, like other human endeavours, requires wise management of available human, material and financial resources. Poor management has rightly been identified as the major cause of our setbacks. That is why you, Honourable Ministers of Health, adopted a work programme aimed at improving our managerial capacities during the 1990-1994 period. Indeed, management is the central theme of the Technical Discussions at this fortieth session of our Regional Committee. The programme which was launched this year is running smoothly and the Regional Office will do everything in its power to ensure its success.

Furthermore, we have set targets for the short and medium terms. They concern, in particular, the eradication of poliomyelitis and the elimination of neonatal tetanus and dracunculiasis, which we want to stamp out of the African health panorama before the year 2000. This is a challenge which we are determined to meet, whatever the cost.

We are aware that many obstacles, especially economic, will stand in our way.

To overcome them, and on the express recommendation of the OAU Heads of State and Government, a Special Fund for Health in Africa has been set up. Officially launched on 7 July 1990 during the 52nd session of the OAU Council of Ministers at Addis Ababa, the Special Fund is an autonomous foundation which is dependent upon all men of goodwill wishing to support the most needy African populations.

Distinguished Africans serving in major international positions were charged, in their private capacities, with implementing this initiative.

Primary support for the Fund must come from us, as Africans, who must set the example for the international community to follow.

This is another challenge which we must take up at all costs. We are confident of the future because already the initiative has been hailed throughout Africa. What we need now is to translate this show of support into massive participation.

The Special Fund is an indispensable instrument for the implementation of the health development strategy which we have adopted for the 1990s and which is based on community mobilization and participation.

Over and above providing financial support, the Fund's aim is to mobilize communities towards self-reliance. The idea is to give encouragement to the numerous communities throughout the continent that have already initiated self-help and mutual assistance projects covering all aspects of life.

I should therefore like to urge the African and international community to join us in this huge endeavour to achieve health for African populations.

The struggle for Health is a struggle for development inasmuch as health is the kingpin of development. For Africa to be strong and in good health, its populations must strive for both health and development. This is the only way in which we can combat the current AIDS pandemic, overcome the economic obstacles to health care and preserve our economic, cultural and spiritual heritage. It is our duty to reduce mortality, promote health and preserve the wealth of our continent. Such is our challenge for the last decade of this century. We believe and hope that a strong and healthy Africa free from ignorance, hunger and disease will take its righful place in the community of nations.

May our labours here be crowned with success.
Thank you.

MESSAGE OF HIS EXCELLENCY SALIM AHMED SALIM SECRETARY-GENERAL OF OAU

Your Excellency, the President of the People's Republic of the Congo,
Excellencies, Distinguished Ministers and Heads of Delegation,
Mr Regional Director of WHO for Africa,
Honourable Delegates,

I wish to express very deep regret at not being able to personally attend or designate one of my politically elected Assistants to represent me at the fortieth session of the WHO Regional Committee for Africa which is being held in Brazzaville, the capital of the People's Republic of the Congo, a city where glorious epics of Africa's liberation abound.

Indeed, in the face of the rapid evolution of the situation in South Africa, the current Chairman of the Organization of African Unity, His Excellency Yoweri Kaguta Museveni, President of the Republic of Uganda, has decided to convene in Kampala on 8 September next, the date on which I had planned to be among you, a meeting of the ad hoc Committee of Heads of State and Government on the southern African issue. The absence of your obedient servant from this meeting will not be tolerated.

I have therefore commissioned Mr Wawa O. Leba, Director, ESCAS, to convey my message to you and report to me not only on the deliberations of your meeting but also on all matters that will require my personal attention.

I would like first of all to express my profound gratitude to His Excellency General Denis Sassou Nguesso, President of the People's Republic of the Congo, for the kind invitation he extended to me to officially visit his country outside the session.

I shall have the opportunity to show him personally my feelings over this mark of honour and esteem.

On behalf of the Organization of African Unity, I hail the efforts that he, his people and Government continue to make in order to promote peace, Africa's liberation and economic and social development of the continent.

May I extend, on this occasion, the warm greetings of the General Secretariat of the OAU to Your Excellencies, the Ministers of Health and Heads of delegations. Since I assumed duties as head of the General Secretariat of the OAU in September 1989, I have been following with very keen interest WHO activities. It would have therefore been a great pleasure for me to be among you, especially as the present session of the Regional Committee is the first opportunity I had since my appointment to personally held discussions with you.

At this juncture, I also wish to heartily thank my friend and brother, Professor G. L. Monekosso, for the honour bestowed on me by inviting me to share with you these moments of in-depth reflections on the health situation of the Continent so that we may look forward to the future with optimism.

Your Excellencies,
Ladies and Gentlemen,

A few months ago, we stepped over the thresholds of the last decade of the second millenium. A new century awaits us ushering in many unknowns which will undoubtedly require, for those who work in the health field, as much courage, devotion, competence and knowledge as required of the astronauts for the conquest of space.

Nine short years separate us from the year 2000.

This means that the time has come to look backward and to realize, in the light of all the events that characterized the 80s that we must ask ourselves what image will our continent reflect at the dawn of the third millenium.

This is a distressing question, especially when we take a look at the overall image of today's world in general, and of Africa in particular.

At the political level, the fierce struggle we waged against colonialism has made it possible to liberate the overwhelming majority of the countries of the continent, leaving but one dark spot: South Africa where radical changes have been taking place since the historic release of Comrade Nelson Mandela.

Against this background, we warmly welcome the presence of His Excellency the Minister of Health of Namibia which is participating for the first time, in the Session of the WHO Regional Committee as an independent State.

The successes achieved at political level bear witness to the fact that with unity, solidarity and determination, the African peoples can hold the reins of their own destiny.

At economic level, the future is not so promising. Indeed, commodity prices, the main source of revenue for our countries, have dropped sharply and are still dropping owing to the balance of power which has placed us in a paradoxical situation, where it is the purchaser that fixes the prices.

The ensuing decline in resources has brought about drastic budget reductions in the social sector, especially as regards health and education.

As far as commodities are concerned as you are aware, the OAU Assembly of Heads of State and Government adopted Resolution AHG/Res.177 (XXIV) at its Twenty-fourth Ordinary Session held in Addis Ababa in 1988, requesting the UN Secretary-General to constitute a high-level Experts' Group to examine the African commodities problem. The General Assembly had endorsed that decision in its resolution 43/27. The Secretary-General Experts' Group chaired by Honourable Malcorm Fraser has just submitted its report.

The Drafting Committee of the Whole on the Draft Treaty establishing the African Economic Community has studied that report as well as other pertinent documents with a view to formulating an African common position on commodities; one position paper will be presented in New York in September.

I have only mentioned one problem to which must be added that of the external debt burden and debt servicing, not to speak of the prevailing climate punctuated by conflicts and various forms of sufferings that have affected Africa on the social level: armed conflicts, natural disasters and environmental degradation bringing in their wake refugee problems, famine and other hardships.

With regard to health matters, the situation is hardly better, and I would not delve into them because Your Excellencies Ministers are more qualified than myself in that subject. The African populations particularly women and children who are the most vulnerable, continue to suffer from diseases which have long become a thing of the past in other parts of the world. Besides, diarrhoea, respiratory diseases and even diseases for which there are effective vaccines such as tetanus in new born babies, measles, tuberculosis, poliomyelitis, deptheria, etc., have continued to kill our children; malaria remains a major scourge claiming about one million victims a year.

We are even witnessing the resurgence of certain endemic diseases we had (somehow) succeeded in arresting in the 60s and 70s. Consequently, life expectancy which, today, has been put at an average of about 51 years on the continent, is more than 20 years behind a comparison with that of the affluent countries of the world.

Furthermore, with infant mortality rate of about 106 per 1000, Africa has set yet another record that is hardly worthy of praise.

There is no point in speaking about AIDS which has continued to spread mercilessly in an apparently vulnerable continent which has been further weakened by the effects of the economic crisis.

Against this background, what then is the future of the continent. Gloomy, according to foreign observers who do not see even an iota of success for Africa and who believe that Africa will enter the year 2000 on its knees.

For our part, such a dark future should be far from our thoughts.

If it is true that Africa has experienced some setbacks during the past decade, the fact also remains that we have equally scored numerous significant victories especially in the political arena.

In the field of health as you are well aware, the results of the African Immunization Year launched in 1986 is proof enough that Africa will not be doomed for ever. Furthermore, the eradication of smallpox is another example which gives us every reason to hope for a better future in the years to come.

This is why we are totally committed to the WHO programme for the eradication of poliomyelitis, the elimination of neonatal tetanus and dracunculiasis or guinea worm before the year 2000. I am convinced that with the total mobilization of our energies, these objectives will be attained and we will be able to save thousands of human lives.

Your Excellencies,
Ladies and Gentlemen,

Today, there is not a shadow of doubt that health in Africa is synonymous with economic development of the continent. The OAU Heads of State and Government had themselves, during their Twenty-third Session held in July 1987, reaffirmed the inter-dependence of health and development when they adopted the important Declaration AHG/DECL.1(XXIII) entitled "Health, Basis of Development".

The economic crisis facing most of our countries has more than ever before confirmed this close relationship between health and development. If the dearth of resources jeopardizes the implementation of health programmes, the deteriorating health condition of the people deprives the economy of its productive forces. Only a healthy working population can guarantee production and the growth of the country's economy.

We commend the indefatigable efforts deployed by the WHO Regional Office for Africa in the implementation of the objectives of the Declaration adopted by our Heads of State and Government.

Consequently WHO whose very constitution acknowledges the danger for us all of an unequal development in the promotion of health and disease control, has seized the bull by the horns.

Indeed, the establishment of the institutional framework proposed by this Office, adopted by all the Ministers of Health in the African Region and known as the African health development scenario in three phases, which puts emphasis on the rural areas, appears to be a wise move. In fact, it conforms with the socioeconomic realities of our continent.

The vertical strategies hitherto adopted whereby the communities were merely passive receivers of alms have revealed their obvious limitations. The present policy of the Regional Office which favours community activities with the responsible and active participation of the people, nourishes great hopes because the health of the people cannot be ensured against their will. Experience, has in fact shown that only actions undertaken with the full consent and participation of the target groups, can produce lasting results.

In this noble fight, you may rest assured of the constant support of the OAU.

Already, we are endeavouring to implement Resolution CAMH/EXP/Res.6(III) adopted by the Third Session of the OAU Conference of Ministers of Health, held in Kampala from 3 to 5 May 1990 which called, inter-alia, on the Secretary-General to strengthen the human, material and financial resources of the OAU Health Bureau to enable it cope with the expanding activities of the OAU in the field of health. Practical measures have already been taken in this connection.

We also commend the action taken by the WHO Regional Director for Africa to strengthen the WHO Office in-charge of Liaison with the OAU in Addis Ababa. With these two structures we will have, in the near future, the necessary institutional framework for greater cooperation. We must not forget the fruitful cooperation existing between the WHO/AFRO and the OAU Scientific, Technical and Research Commission in Lagos, whose joint activities, with the WHO in the fields of oncology, listing of African medicinal plants and the publication of the first African phamocopeia, have given Africa reasons to be proud. This unity of action will intensify in the control of dracunculiasis or guinea worm.

We attach great importance to closer cooperation between our two organizations for the political will that the OAU can mobilize can be of invaluable support in the implementation of WHO health programmes.

As an illustration I would only like to cite the activities undertaken under the 1986 programme for the African Immunization Year. The countries where the Heads of State and Government and the political authorities were personally committed obtained more spectacular results than those where the level of political will was not commensurate with the enthusiasm and goodwill of the health authorities.

Your Excellencies,
Ladies and Gentlemen,

In order to have effective cooperation among our various organizations, that cooperation should be based on concrete and specific projects. That is what we are striving for in the WHO and OAU.

The Special Health Fund for Africa, that I was privileged to launch on 7 July 1990, during the Fifty-second Ordinary Session of the OAU Council of Ministers and its Board of Directors I have the honour to chair augurs well for the future.

On this momentous occasion I should like to avail myself of the opportunity to reiterate the appeal launched by the OAU Council of Ministers on this subject in Resolution CM/Res.1300(LII) which, among others, calls on Member States to organize fund-raising campaigns and to establish the necessary national mechanisms for the mobilization of resources and their distribution among the communities concerned.

This means that those among us who have not yet paid their contribution of a minimum of US $1000 to the initial capital are requested to fulfil their obligations to this noble cause, as soon as possible.

Your Excellencies,
Ladies and Gentlemen,

The road that leads us to good health is still long, tortuous and riddled with pit-falls. The fight for good health is a time-consuming and exacting job. It is the concern of one and all. Let us unite as one. Let us pool our efforts to build a world which our future generations will be happy and proud to inherit in the 21st Century. Let us strive to achieve our objective of health for all Africans by the year 2000.

On this hopeful note I wish you every success in your deliberations.

I thank you.

ADDRESS BY DR F. J. C. CAMBOURNAC
FIRST WHO REGIONAL DIRECTOR FOR AFRICA

Mr President of the People's Republic of the Congo,

I am greatly honoured to be allowed to pay my humble respects to you at this moment.

Almost thirty years after a long period during which I had the honour of performing the duties of WHO Regional Director for Africa, here I am having the satisfaction of seeing again the People's Republic of the Congo, admiring the beauty of Brazzaville and witnessing its remarkable development.

I am deeply moved to recollect this very happy period which I can never forget.

I would like, Mr President of the Republic, to express my most heartfelt wishes for your happiness and prosperity as well as the happiness and prosperity of the People's Republic of the Congo and its entire population.

Mr President,
Distinguished Delegates,
Ladies and Gentlemen,

I cannot proceed with my speech without first of all thanking His Excellency Dr Gootlieb Lobe Monekosso, WHO Regional Director for Africa, for inviting me to attend the opening ceremony of the fortieth session of the WHO Regional Committee for Africa. I would like to seize this opportunity to express my joy at being able to speak in Portuguese because of the presence at this assembly of delegations from Portuguese-speaking countries.

The honour of being in the midst of the Regional Director and the distinguished members of delegations from countries of the African Region of the World Health Organization reminds me of the work accomplished in 1946 during the International Conference on Health which was held in New York. The World Health Organization was created during that Conference; I remember contributing to it as representative of the Government of Portugal. I also remember the regionalization of the Organization which followed and a whole series of events related to the period when WHO started its activities.

Before the Regional secretariat was established, I remember the first steps WHO took to launch its activities in Africa, with the Conference on Malaria, which was held in November 1950 in Kampala. The preparation of this conference offered me the opportunity of entering into contact with all the governments of the Region and their respective health services, contacts during which I deployed every effort to make the new Organization better known.

I remember vividly the creation of the African Region in 1952 and the choice of Brazzaville as the Regional Headquarters. At the request of Member States of the Region, I had the satisfaction of proposing Brazzaville because of the social situation in the Congo, the kindness of its people, its geographical location on the continent, the existing means of communication and many other qualities which influenced in a decisive manner the choice of this city.

I was re-elected to the post of Chairman of the Regional Committee session held in Monrovia in 1952. During this same session I was re-elected Regional Director. The Director-General at that time was Dr Brock Chisholm. I remember a resolution of the Executive Board allowing me two years before my assumption of duty on 1 February 1954.

I still remember the small house in which the Regional Headquarters was installed and also the construction of the new building which began in 1955. The building which became operational in 1957 was a gift of the French Government to WHO.

I remember my re-election as WHO Regional Director at the Regional Committee session which was held again in Monrovia in 1958, the WHO Director-General then being Dr Marcolino Candau.

I also recall with emotion the time I spent at the service of the World Health Organization, where I served in the African Region trying to do my best to carry out the activities of the Regional Office, in collaboration with the governments of the Region, so as to improve the health condition of the people and, consequently, ensure their economic and social development. I remember all the personnel of the Regional Office who assisted me in carrying out my activities.

Lastly, I remember the time when I reached the prescribed age limit in 1964. After very many years, I consider it a great privilege to address you today.

During this whole period, I encountered at times serious difficulties due to the paucity of financial resources - it could not have been otherwise - and at other times I was very satisfied. But in all my experience, the best thing that happened to me was undoubtedly my having learnt to appreciate more and more each day the African peoples and to increasingly appreciate the World Health Organization whose birth I had the good fortune to witness.

I had the singular privilege first of witnessing the social development of the African continent, at the time most of the countries of the African Region were acceding to independence and second of proposing the necessary adaptations to the structure of the Regional Office in a bid to offer the Region the possibilities of steady development and progress.

The number of ongoing projects in the Member States rose from 15 in 1954 (the year I took up my duties) to 199 in 1964, with nearly 350 scholarships for study.

About the end of my career as Regional Director, I remember with great emotion the references in the decisions and resolutions of the World Health Assembly, the Executive Board and the Regional Committee, including a document containing a message signed by the heads of delegation from Member States of the Region (thirty-two in number at the time) and ending with the words: "by assuring him that his name will remain forever attached to the Region ....".

I treasure this document and I shall forever remember it.

May I now express my very sincere gratitude for the support that the World Health Organization had here in Brazzaville, firstly from the French Government which, during a ceremony organized in April 1965, solemnly handed over to WHO the entire Djoué estate and the building of the Regional Office and secondly, after independence, from the Government of the People's Republic

of the Congo which constantly furnished us with all the assistance and all the resources available to it, thereby providing the conditions necessary for the optimal and harmonious accomplishment of our mission not only in the Regional Office but also in the entire Region.

I would also like to extend my sincere gratitude to the governments of all the countries of the Afrian Region for the various forms of unconditional assistance they have always made available to WHO to enable it to continue through its work to carry out its mission of protecting and improving the health and welfare of the people thereby ameliorating the economic and social conditions of the various countries.

Personally, I cannot find the appropriate words to express my gratitude for the help that was always generously accorded me and for all the marks of esteem shown me in the discharge of my duties.

If I did not do more, it was not because I lacked the constant assistance and support of the governments of all the countries which, without exception, made it possible for me to devote all my efforts to the service of the Region.

At the end of my assignment at the Regional Office for Africa in 1964, I, true to my feelings and convictions, constantly followed up progress achieved thanks to the activities carried out by WHO at the world level. I was even associated with these activities by carrying out, on several occasions, missions of consultation in various regions of the world.

I have also never failed to follow as attentively as possible the constant evolution of the action carried out in the African Region as I have also accomplished missions of cooperation in various countries of this continent.

I therefore know the serious problems faced by the various zones. However, on the whole, spectacular progress continues to be made.

The African continent, or more specifically tropical Africa, is one of the regions of the world, if not the only Region of the world, where issues relating to economic and social development pose the greatest difficulties because of the serious health problems confronting the people, even though the peoples of Africa, of all the peoples of the world, are those who feel that disease control concerns them most.

On this continent, diseases, especially communicable diseases, certainly constitute some of the greatest obstacles to economic and social development. Under such conditions, the task of the WHO Regional Office which consists in supporting and coordinating activities carried out with a view to solving problems arising from such a situation is and remains enormous.

The Regional Office must also be concerned about problems posed by diseases with specific characteristics as well as new diseases which are still not well known and which, because of their epidemiological peculiarities, are more severe. The geographical distribution of these diseases is widening more and more.

I would like to pay tribute here to the work accomplished by WHO in Africa as reflected by the excellent reports it has continued to publish and to state all the regard I have for my successors, namely, Dr Quenum and, in particular, Dr G. L. Monekosso for his highly commendable action.

I surely do not intend to treat in detail what has been achieved and what is being done in the domain of health and disease control on this continent, or to recall this or that aspect of the epidemiology of diseases which are rampant on the continent as the time allotted to me does not permit me to do so.

Nevertheless, I cannot refrain from mentioning some of these diseases such as sleeping sickness, yellow fever, malaria with its severity, the specific geographical distribution of the various malaria parasite species and the versatility of the behaviour of its principal vector, viruses and especially the acquired immunodeficiency syndrome, including the two types of virus that cause this disease.

Apart from communicable diseases, it suffices to turn to the agenda items of this fortieth session of the Regional Committee to have an idea of the situation.

On another score, one cannot accord too much importance to the need for cooperation among individuals and institutions at national and international level and among the governments of countries concerned so as to be able to solve all the problems in as short a time as possible, taking into account also costs sustainable by the economy without sacrificing quality.

We all know that it is necessary to make efforts to design and develop services for the adequate training of all the health personnel and to develop research in the area of epidemiology, therapy and prevention, and environmental improvement in order to help raise health standards and, consequently, stimulate cooperation between scientific institutions and industry so that they can make their invaluable contribution to the possibility of rapidly putting into practice known methods and techniques, while spending within the limits of available resources.

I must say that I am very pleased to know that the various institutions to which we have appealed for assistance have responded positively. But the inadequacy of most of the resources already made available to us to solve the problems constitutes a source of serious concern to us.

I have on several occasions observed that this shortcoming is sometimes linked to the lack of understanding on the part of individuals and institutions, a situation we cannot change.

Yet, it can be said that the last 25 years were spectacular as regards health in the world and the improvement of health indicators which could not be foreseen previously.

In this regard, it is nevertheless essential that the financing of these activities should be obtained with ease and that those who are lucky to have funds should wholeheartedly and in a spirit of justice make them available to the most needy. This, moreover, very often turns out to be a source of considerable profit for the donors themselves.

Convinced that the health problems of the African continent are by their nature generally more difficult to solve than those of any other region of the world, I feel that it goes without saying that this situation must be considered with the utmost objectivity.

However, it will be extremely important not to lose sight of the fact that in the eyes of financing institutions, costs are only justified by the profits derived from them, which is perfectly logical.

In this respect, it is very interesting to mention that the speech recently delivered by Dr Hiroshi Nakajima, Director-General of the World Health Organization, who stated that "We should above all get rid of the idea that the health sector is only a consumer. It is in reality a productive sector; what it produces is a healthy population, full of the necessary energy and determination to promote the economy of the country".

I would like to express the wish that the Director of the WHO Regional Office, as the directing and coordinating authority in the African Region, should always have at his disposal all the means needed to ensure that WHO's action progresses steadily and produces the best possible results for the improvement of the health and welfare of the peoples of our respective countries to the great satisfaction of each and everyone.

To the World Health Organization, I express my most heartfelt wishes of prosperity which is a prerequisite to the peoples of our planet for the enjoyment of the benefits of the basic conditions of health such as are expressed in the WHO Constitution and for the attainment of our set goal, namely, health for all by the year 2000.

Permit me to seize this opportunity to pay my tribute to all the illustrious members of the delegations present here and to wish all the Member States of the African Region good luck by thanking all of them for the assistance and esteem they showed me during my assignment as Regional Director.

May I also be allowed to express once more my gratitude for the document which I am keeping with much fondness; it was signed by the 32 heads of delegation of Member States of the African Region. This document was handed to me during the Regional Committee session in 1969 and it contains a message which ends in these words: "by assuring him that his name will remain forever attached to the Region....".

... MEMORIES OF LIFE ...

I thus relive and keep in my mind with great pleasure the events relating to the development of the African Region which I was lucky to witness and now have the privilege of recalling on this occasion.

In conclusion, may I once more extend my most heartfelt thanks to Dr G. L. Monekosso for honouring me by inviting me to attend this session of the Regional Committee. I wish him all the success in his difficult duties as Director of the WHO Regional Office for Africa.

Thank you Dr Monekosso for offering me the opportunity to relive today one of the happiest moments of my life.

OPENING ADDRESS BY HIS EXCELLENCY GENERAL DENIS SASSOU NGUESSO CHAIRMAN OF THE CENTRAL COMMITTEE OF THE "PARTI CONGOLAIS DU TRAVAIL" PRESIDENT OF THE REPUBLIC AND HEAD OF GOVERNMENT

Mr Chairman of the thirty-ninth session of the Regional Committee of the World Health Organization,
Honourable Ministers,
Mr Regional Director of WHO,
Distinguished delegates,
Ladies and Gentlemen,

In the context in which we are living, the task of the World Health Organization borders on the impossible. The economic crisis is forcing cuts to be made, sometimes drastic cuts, in social bugets, with the result that the resources for control are being reduced whereas the problems afflicting us remain and sometimes grow to catastrophic proportions because less is done to combat them. Still worse, new diseases are emerging with all the attendant sufferings, and eyes are turned towards the World Health Organization. It is here that the paradox lies: asking for more while giving less.

Nevertheless, this kind of situation does not destroy motivation. Far from it, it attracts even greater dedication and determination. Here we must congratulate Dr Hiroshi Nakajima, Director-General of the World Health Organization and all his staff, on the abundant human, intellectual and technical qualities they bring to their task. I wish to assure them of our confidence in them and of the willingness of the Government of the People's Republic of the Congo to cooperate with them to the full.

I wish also to pay a well-deserved tribute to Dr Lobe Monekosso, Regional Director of the World Health Organization, who unceasingly devotes his energies and his dogged fighting qualities to health development in Africa. I should like to assure him of my complete confidence and of the close collaboration of my Government.

Mr President, Ministers, ladies and gentlemen,

There are many scourges still facing Africa today: famine, wars, drought, and the endemic and epidemic diseases that still take a heavy toll of our peoples. A few examples will illustrate this tragic situation:

- Malaria is still a major public health problem in most countries of our Region, where it is the leading cause of morbidity and death: 88 million cases are recorded each year, with a million deaths among children.

- The trend in AIDS in the Region is becoming alarming. The number of cases notified to the World Health Organization has constantly been shooting up, from 8576 cases in 1987 to 37 723 in 1989.

- Leprosy, with an average prevalence of one patient per thousand inhabitants, is one of the priorities of the African Region.

- The recrudescence of tuberculosis in recent years should appeal to our conscience and incite us to more effective control measures.

As everyone knows, health development is closely linked to the improvement of environmental sanitation. However, it has to be acknowledged that in our Region environmental hygiene still leaves much to be desired. Solid and toxic wastes are disposed of under unsafe conditions, and there are still a great many unhygienic dwellings.

Environmental pollution constitutes a real danger to public health. The supply of safe drinking-water is still inadequate.

All these factors are major obstacles we have to overcome on our relentless quest for Health for All by the Year 2000.

To solve the numerous health problems of our peoples, consistent and rationally managed health systems will need to be set up. This brings me to the topic you have chosen for your technical discussions: "Management of health systems".

In our various countries, health systems management is the essential foundation for the integrated measures which ought, in my opinion, to be based on individual and collective enterprise. The organization and management of our health systems are therefore prerequisites for the success of our health programmes, which must meet the real basic needs of our peoples.

This is why our Governments supported the Declaration of Alma-Ata on primary health care in 1978, ratified by the African Health Development Charter in 1980.

It is important to speed up the health development of the African Region. The three-phase scenario for action at central, intermediate and local levels, which guarantees the success and continuity of community-oriented health activities, is a big stride in the right direction.

The People's Republic of the Congo, for its part, is making progress in implementing primary health care. One illustration of this is its adoption of the Bamako Initiative, a reliable approach for strengthening the management and financing of primary health care activities at the local level.

A number of experiments are being conducted by the Government and by nongovernmental organizations: encouraging results have been obtained at Linzolo, Itoumbi, Mossendjo, in Lekana village centre, in Mindouli district, and elsewhere.

In spite of the unfavourable economic situation afflicting our countries, therefore, and by virtue of our willingness and determination to act, the ignorance about these health problems, the refusal to face up to them and the powerless to tackle them can all be overcome.

It is my firm conviction that your studies and deliberations will constitute a significant step in organizing of our efforts and resources in order to bring about the well-being of our peoples.

Finally, I should like to remind you that international solidarity in health is not a theoretical duty, not just a moral requirement. The ills that assail us are also knocking at the doors of others, so helping to fight them is at the same time protecting oneself.

Expressing the hope that your labours will achieve the success that our peoples expect of them, I declare open the fortieth session of the World Health Organization's Regional Committee for Africa.

Thank you.

STATEMENT BY DR HIROSHI NAKAJIMA
DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION

Mr Chairman, excellencies, honourable representatives, ladies and gentlemen, colleagues and friends,

It is a pleasure for me to be with you again in Brazzaville for this fortieth session of the Regional Committee for Africa.

You have a heavy agenda before you, with many important items of work, not the least of which is the review of the proposed regional programme budget for the financial period 1992-1993. Review of the proposed regional programme budget is a critical responsibility in a decentralized organization such as ours, since more than two-thirds of regular budget resources are planned, allocated and managed in the regions and countries. Dr Monekosso and I count on your advice, guidance and support in developing the proposed programme budget for 1992-1993.

The Executive Board, in resolution EB79.R9, requested me "To ensure that all Member States have the possibility of being adequately involved in the cooperative process of reaching agreement on regional and global programme budgets". This is ensured first by continuous consultation and joint government/WHO programming in the Region, and secondly by the sequence of reviews by the Regional Committee, the Executive Board and the Health Assembly. Resolution EB79.R9 requests the regional committees "To review regional programme budget proposals in a harmonious spirit of cooperation aimed at arriving at consensus on their recommendations to the Director-General".

At global level, the Director-General's responsibility, when consolidating the proposed programme budget, is to ensure the overall coherence and direction of the work of WHO, covering all regions and all organizational levels. My ability to do this effectively depends very much on the quality of programme review at country level, in the regional offices and in this Regional Committee for Africa. The need to focus on priorities becomes all the more important in times of economic constraint. The Board has requested me "To continue to prepare and submit to the Executive Board programme budget proposals that make the most effective use of WHO's resources at country, regional and global levels and provide for the foreseeable future for zero budget growth in real terms".

In my statement to the Regional Committee for Africa one year ago, and to the Executive Board and the World Health Assembly, I warned repeatedly of the serious adverse effects on health and development of a range of new trends in world economy, demographics, and political and social upheaval, as well as of degradation of the natural environment. We see this assessment now confirmed by the World Bank in the recently published World Development Report 1990. For most of the developing countries, the 1980s were in many respects the "lost decade", marked by an ever-widening gap between the rich and the poor.

Will these trends continue? It is already anticipated that the 1990s will be a "decade of debt and poverty", of crisis and disaster. Nevertheless, we hope the 1990s will be a time of rehabilitation, reconstruction, and recovery. I would prefer to call the 1990s the "decade of opportunity". To achieve this, health and social development must drive economic development.

To advance the economy of a country requires the energy and will of a healthy population. Therefore, our strategy against world poverty must combine efficient, labour-intensive, growth with adequate provision of social services, including basic education as well as primary health care and family planning services, in order to move from a decade of failure to a decade of opportunity.

Health is an integral part of socioeconomic development and the means employed are complex and interdependent. The health care systems of the future will have to be characterized by three major factors: (1) continuing improvement of the efficiency and effectiveness of technical interventions; (2) compatibility with the socio-political system and integration in community, national, regional and global economic development; and (3) respect for human rights, such as the right to be informed, and the integrity of the individual, including freedom to decide, while maintaining the principles of social justice and quity. These characteristics must also become guiding principles for the work of WHO in support of Member States.

The challenges of the 1990s, their implications and solutions, will require interdependent action and solidarity at local, national, regional, and global levels. The strategies and solutions found at each level have implications for the strategies and solutions required at every other level. Therefore, to serve our Member States, WHO must exhibit a corresponding solidarity and cohesive action in all regions and at all organizational levels. Perhaps the time has come to review and strengthen the mutually supportive strategic actions and operational mechanisms of our Organization at country, regional, and global levels.

The main thrusts of WHO's work, in health infrastructure and human resources development, health promotion and disease prevention and control, will continue into the 1990s, but new approaches will have to be undertaken in budget resources, it would be easier to address these new priority areas. But, given the present economic and political climate, there will clearly be no increase. Accordingly, for the fifth consecutive time, the WHO programme budget for 1992-1993 is being prepared under a policy of zero growth in real terms.

To pursue new initiatives, either existing programme activities will have to be curtailed, or increased reliance will have to be placed on extrabudgetary voluntary contributions, or both. At the start of preparation of the proposed programme budget for 1992-1993, I took the decision to reduce the regular budget planning allocations to global and interregional programmes by 2% in real terms, in order to reallocate resources to new priority programme activities, in particular for intensified support to countries in greatest need. The programmes receiving such enhanced resources are: organization of health systems based on primary health care, nutrition, promotion of environmental health, malaria, and the integrated control of diseases.

The task which we now share is to reach consensus on our priorities, and to translate these into effective programme budget proposals that are truly responsive to the needs of the populations of our Member States. The situation of each region and each country is, of course, unique. However, after listening carefully to the concerns expressed by Member States in all parts of the world, and drawing on the advice and guidance of the Regional Directors, the regional committees, the Executive Board and the World Health Assembly, I have identified five areas of priority for global emphasis in the coming biennium.

These areas are: (1) the health of man in a changing environment; (2) proper food and nutrition for a healthy life and healthy development; (3) integrated disease control as part of overall health care and human development; (4) dissemination of information for advocacy, and for educational, managerial and scientific purposes; and in all these areas (5) intensified health development action and support to countries, especially the most in need, and the most adversely affected by current economic conditions. The regional programme budget proposals you will be considering address these priority areas. It will be important to hear from you what you expect of WHO in these areas, in countries and at regional and global support levels.

The African Region is particularly hard-hit by the world economic crisis. In 1990, we see a marked decline in productivity and investments and a sharp drop in the price of most raw materials for export. This situation is compounded by drought and other natural disasters, as well as man-made politico-military conflicts that undermine the capacity of governments to meet the basic needs of their populations. Dr Monekosso has outlined a three-phase health development scenario, which has received the strong endorsement of this Regional Committee. WHO is devoting extra attention and resources to health development in Africa. One of the means for attracting resources is the Special Health Fund for Africa, for which initial capital is sought.

As you know, the Forty-third World Health Assembly adopted resolution WHA43.17, calling for the strengthening of technical and economic support to countries facing serious economic constraints. Accordingly, the resources derived from the 2% reduction in the allocations to global and interregional programmes will be used to reinforce the work of regional and country offices, for intensified support to the countries in greatest need, and to those most affected by the debt crisis and difficult socioeconomic conditions. To this end, joint assessment missions have visited Central African Republic, Chad, Ghana, Guinea, Guinea-Bissau and Malawi. Similar action is planned with 10 other countries in the African Region.

WHO remains firmly committed to health for all through the primary health care approach. But as we enter the uncharted waters of the 1990s, what it means to advocate, and to attain, the "human right" to health for all must be reassessed. Unacceptable disparity of every kind exists between developed and developing countries, and even between population groups within the same country. Equity is a cornerstone of health policy. At the same time, the rights of individuals must be weighed against the rights of the community. Each nation must find the correct balance between what people can afford, what individuals are entitled to as a matter of right, and what interests of the community must be protected. In developing national health systems, consideration must be given to the relative value to society and to individuals of care that treats symptoms and is more affordable, and high technology care that may be life-saving, but costs more. We need to determine how much society is prepared to pay to extend a life and to ensure its quality. We must make decisions that take account of effectiveness, efficiency and cost, while ensuring services and outcomes of acceptable quality.

The world can no longer afford to ignore the realities of the demographic trends and behavioural changes we see everywhere around us. By the end of this decade, the global population will exceed six thousand million, risking to outpace the availability of food and basic services. This means that the growth in population during the decade will be one thousand million and, of this, about 20%, or 200 million, will occur in sub-Saharan Africa alone. It cannot be assumed that these problems will somehow solve themselves. Action

must be taken now to stabilize population growth, through culturally acceptable family planning measures and appropriate birth spacing. WHO must continue to work in maternal and child health, including human reproduction research and family planning, with the accent on safe motherhood and the healthy growth of children. New emphasis must be placed on the role of women, not only as recipients of health care, but as providers and decision-makers in health development.

The tragic waste of human resources we see in all too many societies cannot be ignored; the elderly are forgotten, and the lives of young people are being thrown away on alcoholism, drug abuse and violence. Certain conditions of ill-health, including sexually transmitted diseases and the emerging AIDS crisis, are linked to risk-taking behaviour. These issues must be addressed more openly and honestly. If a condom is part of the solution, let us say so. Health education is essential to prevent fear and misunderstanding, and to promote healthy lifestyles and the use of appropriate, effective and affordable technology. In view of current trends in the age structures of populations, and our constitutional commitment to a long and productive life, efforts to promote the gainful participation of senior citizens in the health and welfare of the communities of which they are a part must be redoubled.

In developed and developing countries alike, the past several decades have witnessed the profligate, man-made destruction of our natural environment. This is a global problem. If we do not act soon, there will be little chance of avoiding irreversible damage to the ecosystem and to human health. This is not a question of "development or health". We must have both. The challenge is to enjoy healthy development. We need help in understanding these issues. Accordingly, the Commission on Health and Environment, chaired by Madame Simone Veil of France, met in June this year, to develop its plan of work. Four panels have been organized, in line with the main driving forces of development, that is to say: (1) energy needs; (2) urbanization, including population growth and population movement; (3) food and agriculture; and (4) industry. The conclusions of the Commission's work will help us to understand the complex relationships between development, environment and the health of the population, and to identify environmental protection measures conducive to health and sustainable development. The outcome of the Commission's work will form WHO's contribution to the United Nations Conference on Environment and Development in June 1992. More resources will be needed to follow up the Commission's advice, and to support countries in greatest need.

The solution to these problems goes beyond health and beyond the conventional confines of the so-called "health sector". For example, the world economy needs to be restructured in a way that will permit and promote sustainable social and economic development. Commodity pricing systems may have to be adjusted to allow for environmental protection costs. Selective limits may have to be placed on development, so that the world economy can adjust gradually to ecologically more sustainable forms of development. Basic decisions will have to be made on the respective roles of the public and private sectors in the economy and in health and social development. Each country must decide on how the costs of basic health, education and other services will be shared. Balanced choices must be made for example, from among national taxation, insurance schemes and free-for-service, as means of financing health services. Efforts must be made to avoid the emergence of parallel services or "black marketing", or cost/service discrepancies that widen the gap between the rich and the poor. Just as we seek "food security", we must ensure "health security" for all the population.

Every source of additional financing must be tapped. we know that, in all too many developed and developing countries, enormous sums have been spent for purposes that have nothing to do with health, social development or the reduction of poverty. For example, in the developing countries, military expenditure has been running at some five times their receipts for development assistance from all external sources. Just when we have begun to see a winding down of the cold war between East and West, we see a renewal of regional conflicts, such as the Gulf crisis, which have global consequences and are costly to development. If there is a "peace dividend" from reduction of armaments, which is no longer a certainty, the savings should go towards health and environmentally sound socioeconomic development, especially in the less developed countries.

In a nuclear war, nobody can win. It can only be totally destructive to participants and bystanders, as well as to the environment. Even the peaceful uses of nuclear energy, fossil fuels and chemical products must be managed with due attention to safety. We were all too well reminded of this by the recent accidents at Bhopal and Chernobyl. These events have implications far beyond local, regional, national or sectoral boundaries.

Another fundamental concern is the need to ensure proper diet and "food security" in order to enjoy a long, healthy and productive life. Healthy nutrition and lifestyles in youth are the best guarantee of a healthy old age. We must ensure the local production, availability and consumption of quality foods for a properly balanced diet, at affordable prices, while taking care to manage land, water and living resources. In some societies the problem is excess and imbalance in food intake. In others, there is still a shortage of basic foodstuffs and a prevalence of preventable deficiency, such as iodine and vitamin A, in the diet. I have taken steps to organize a consolidated food and nutrition programme at global level, bringing together new and existing activities in the field of nutrition, food aid and food safety, with a view to better collaboration and support to regions and countries in the development and implementation of a new strategy in this area. Together with the Food and Agriculture Organization of the United Nations, and other agencies of the United Nations, WHO will convene an international conference on nutrition in December 1992 to give worldwide visibility to the problem.

WHO must continue to accord high priority to disease prevention and control, paying special attention to the uniquely difficult situation in tropical countries. The level of public concern must be raised for the problem of malaria. The summit meeting we are planning has this as an objective. We cannot afford to deal peacemeal with individual diseases. While recognizing the biomedical specificity of individual diseases, we have to develop coherent, mutually supportive, and more integrated approaches to the control of disease, as part of an overall health and socioeconomic development strategy.

The emphasis being given to the control of disease in tropical countries reflects the fact that it is in these countries that some of the most rampant disease conditions coexist with the worst socioeconomic and environmental conditions. In these countries we see the most adverse consequences of the interaction of environmental mismanagement, misuse of industrial and agricultural chemicals, rapid population growth, poverty, malnutrition, and the presence of infectious disease vectors. Overcoming the consequences of this interaction involves all sectors of government. Requirements in the health sector alone include new technology, effective drugs and vaccines, and innovative approaches. WHO's technical programmes are ready to help coordinate and provide reinforced technical cooperation to countries to help solve these problems.

It is virtually impossible to deal effetively with specific health problems in isolation from their total health and socioeconomic context. In dealing with the virtual pandemic of AIDS, for example, it must be realized that issues of human behaviour, economics, law, human rights, medical ethics and technology, as well as social services, are inextricably involved, as sources of the problem, and as means of solution. The role of WHO is to help countries to deal with the full range of these complex issues. It is not simply a matter of doling out resources on a donor-to-recipient basis.

In some circles there may still be misunderstanding about the role of WHO in health development. WHO is a technical, not a financing, agency. It does not provide health care services "for" countries. Its role comprises policy guidance, coordination, research, development and transfer of appropriate technology and related health information. Such technology and information should be appropriated, absorbed, adapted, and effectively used by countries for their own national health development. All organizational levels of WHO have to work together to bring this about. Given the limits of WHO's regular budget, it has to attract extrabudgetary contributions to expand its programmes, and to mobilize external resources, especially for the countries that are most in need. Ultimately, the test of effectiveness of WHO's work is its relevance to national health development in countries, where health for all is to be attained.

This underscores the critical importance of effective programme budget review by individual countries, the WHO secretariat, the regional committees, the Executive Board and the World Health Assembly. Programme activities are sustainable, and indeed specific activities should be maintained, only if they meet the test of technical and financial accountability, through continuous monitoring, evaluation and auditing at all levels, to ensure efficient and effective implementation.

It is thanks to the efforts of all of you who are here today, and to all health workers in countries and in WHO, that this Region has overcome obstacles and offers so much promise for the health of its people everywhere. Let us share our successes, our problems and our solutions, and work together for a common cause. Indeed, the founding Member States established our World Health Organization "for the purposes of cooperation among themselves and with others to promote and protect the health of all peoples". These are the purposes that bring you together today. I wish you every success in your deliberations.

REPORT OF THE PROGRAMME SUB-COMMITTEE

INTRODUCTION

1. The Programme Sub-Committee met in Brazzaville from 3 to 4 September 1990 under the Chairmanship of Dr J. Otete (Kenya). Mrs M. Pragassen (Seychelles) was elected Vice-Chairman and Mr L. Chomera (Mozambique) 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 thorough perusal of the document before the Sub-Committee. 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 then 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 1992-1993 (document AFR/RC40/2)

Presentation

5. Mr D. E. Miller, Director, Support Programme, introduced document AFR/RC40/2 "Proposed Programme Budget 1992-1993", on behalf of the Regional Director. The document reflected the emphasis placed on activities at country level. All programme statements included a clear reference to the budgetary implications of the proposed programme.

6. The overall regional allocation showed an increase of 14.6% compared to 1990-1991, bringing the regular budget for 1992-1993 up to US $137 230 000. That figure would, however, remain provisional until the budget proposals for the Organization as a whole were finalized. The cost increases tentatively allocated by Director-General were 11% for the country activities and 12% for the regional activities, amounting to an increase of 11.14%. However for regional activities there was a currency adjustment increase (see paragraph 7) bringing the total increase to 14.6%.

7. The Proposed Programme Budget was prepared by using the exchange rate current at the time of preparation of the Budget, i.e. in March 1990 of 285 CFA Francs to the US dollar. Should the dollar rate fall below the 285 CFA Francs level, that would create difficulties in the implementation of the programmes. On the other hand, should the rate rise above 285 CFA Francs the gains would have to be surrendered to help finance the next biennial budget. 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 1992-1993. 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 third 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 finalised 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 extra-budgetary funds are likely to be available closer to the start of the 1992-1993 biennium, since various funding agencies are subject to different programming/budgeting cycles.

Analysis of the Regional Programme

11. The presentation of the Proposed Programme Budget 1992-1993 emphasized the pre-eminence of 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 and exhaustive 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 1990-1991 and those for 1992-1993.

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

Explanatory notes and introduction

14. One delegate asked for clarification of "real" increases and "cost" increases and "zero growth" as they appeared many times in the text. It was explained that the 1992-1993 programme of activities were costed twice, once using the old 1990-1991 cost factors and the second time using the new 1992-1993 cost factors of new salary scales, new cost of goods, etc. The total cost of the 1992-1993 programme, using the old 1990-1991 cost factors was compared with the approved budget for 1990-1991 for that same programme. If the 1992-1993 programme cost more on this basis of comparison, the difference would be "real" increase, if less it would be a "real" decrease. If it cost the same, it would represent "zero-growth". When the total cost of the 1992-1993 programme costed using 1992-1993 cost factors is compared with the total cost of the same programme costed, using the old 1990-1991 cost factors, if the cost using the new factors is higher, the difference would be regarded as a "cost" increase. A fuller explanation was given in paragraph 22 page X of the Proposed Programme Budget 1992-1993.

15. One delegate asked what the significance of the cluster diagram (Figure 7) page 13 was. It was explained that it was a cumulation of the percentage of the total budget for country activities, starting with the largest programme and adding the others in descending order of money value. The diagram indicated that 11 major programmes had been allocated 90% of the

budget and of these, the first six programmes had been allocated 80% of the budget. It was one good method of demonstrating which programmes were most often chosen by countries - an indication of priorities.

16. In relation to the table "Regular Budget by Appropriation Sections (page 21), one delegate raised the question of the real meaning of "Health Systems Infrastructure". This group of programmes received 46.6% of the total budget. If this title meant "physical infrastructure" he would disagree with this orientation of the budget since the priority shall go to the programmes of Health Science and Technology and not to investment in "physical infrastructure".

17. It was clarified that according to the Eighth General Programme of Work, under the heading "Health Systems Infrastructure" four programme areas were covered: (a) Health Situation and Trend Assessment, (b) Organization of Health Systems based on Primary Health Care, (c) Development of Human Resources for Health and (d) Public Information and Education for Health, and also (e) in general, those programme areas which support the development of national health systems. The programme - Health System Development (page 23) - was an umbrella programme comprising Health Situation and Trend Assessment (3.1), Managerial Process for National Health Development (3.2), Health Systems Research (3.3.) and Health Legislation (3.4). Therefore, "infrastructure" had not been used in the restrictive sense of "physical infrastructure". It was also explained that "physical infrastructure" was covered under primary health care. Finally, it was explained that, since the WR's office supported the managerial process at country level, the running costs of the WRs' offices were included in the Managerial Process programme and therefore this programme had an important budget allocation at country level.

18. The Regional Director added that to avoid this type of terminological misinterpretation, in the African Region, that programme area was considered as "Support to National Health Systems".

19. One delegate enquired about the criteria that were used to determine each country's allocation. It was noted that the total allocation for country activities was divided between countries in accordance with the following parameters: population, health status, health coverage, manpower availability, gross national product, and whether the country was a newly independent country, was landlocked, a frontline State or a country most severely affected by the economic crisis. The formulae for weighting these criteria had been determined in 1979 by a panel of experts appointed by the Regional Committee. The Sub-Committee recommended that the Regional Committee request the Regional Director to review the criteria and formulae which had been in operation for 10 years and to take appropriate action based on the review.

Budget analysis by programme

Informatics Management (ISS) - Programme 2.6

20. Programme 2.6 (Informatics Management) was commended as a welcome initiative on the part of WHO to assist countries in the area of Health Information Systems via computerization.

Managerial Process for National Health Development (MPN) - Programme 3.2

21. In relation to programme MPN, the Chairman asked how the targets of this programme were established, particularly in relation to target (ii) "at least 70% of countries will have implemented at the local, intermediate and central levels the managerial framework spelt out in the African Health Development Scenario". He wanted to know what the present state of implementation of the programme was.

22. The Secretariat clarified that, at the time of producing the budget document, it was estimated that 50% of districts in the Region were operational. He also indicated that the state of implementation of the Scenario was discussed in the Regional Committee in 1987 (district level), in 1988 (intermediate level) and 1989 (central level). As a consequence of these discussions, it was decided to improve the criteria of operationality of the districts and to set up criteria of operationality of other levels of the health system. A consultant had been recruited for that purpose and his report contained proposals that were being studied.

Health Legislation (HLE) - Programme 3.4

23. It was clarified that under Programme 3.4 (Health Legislation) WHO could give legal advice to countries on the drafting of health legislation and could advise where legislation on particular topics already existed. It was noted that Health-for-All strategies sometimes required a series of legislative steps and these were supported under this programme. The programme also touched on legislation in relation to AIDS, essential drugs, drug abuse and environmental protection.

Organization of Health Systems based on Primary Health Care (PHC) - Programme 4

24. In relation to this programme, the Chairman expressed his surprise at the fact that the proposed budget allocation showed an increase of 6.5% only, at country level, and over 30% at regional level. He felt that since this programme was essentially to be implemented at local level, regional activities should not receive priority over country activities.

25. The Budget and Finance Officer explained that these figures could give rise to misunderstanding, because the big percentage increase at regional level resulted from the fact that the allocation for 1990/1991 was very small. As the budget allocation for the country level was over 8 million US Dollars in 1990-1991, an increase of about 600 000 US Dollars represented only 6.5%.

26. The Regional Director further explained that an important part of PHC activities was covered by General Programme Development; therefore, in relation to the country allocation, the amounts for GPD should be added to those of PHC to have an idea of WHO activities in this area.

Development of Human Resources for Health (HMD) - Programme 5

27. This programme for 1992-1993 stressed information for countries, technical assistance, training and material support for countries and institutions.

28. The Regional Director drew the attention of delegates to the need for more rational use of fellowships in order to speed up progress towards health

for all (HFA). It was essential to ensure a better concordance between the selected priorities and fellowship requests. It had become necessary to set up a consistent system for management of fellowships. A new staff member would have special responsibility, at Regional Office level, for improving the management of the Organization's fellowship programme.

29. One delegate emphasized that management training was still inadequate. It was pointed out that WHO invested considerable sums on efforts in this area, in particular through its support for training centres such as those in Yaba (Nigeria), Lome (Togo) and Maputo (Mozambique) whose programmes laid great stress on management training. Moreover, the Organization had for many years been encouraging the strengthening of management training in the curricula of schools of health sciences.

Information and Education of the Public for Health (IEH) - Programme 6

30. This programme is of paramount importance in the strategy of HFA based on PHC. The overall objective for 1992-1993 is to strengthen IEH in the framework of the African Health Development Scenario. Support would be given to member countries in the fields of:

- training personnel in IEH;
- planning, implementation, follow-up and evaluation of IEH programmes based especially on the district.

31. Multisectoral collaboration, particularly with the mass media, women's and young people's organizations and the NGOs remains one of the leading strategies that should be strengthened in respect of IEH. The production of adapted teaching materials and the use of traditional means of communication are priority areas.

32. In budgetary questions one may observe an increase of 19.8% allocated at regional level but a decrease of 51.2% in the country budget. However, this does not reflect lack of interest on the part of the countries in IEH activities, but rather an awareness of the fact that IEH is a multisectoral activity receiving support from sources such as national education, NGOs, youth, sports, etc.

Research Promotion and Development (RPD) - Programme 7

33. In discussing Programme 7 (Research Promotion and Development) it was explained that the strategy was to have a research component in all the technical programmes. The budget under this item covered the cost of a regional officer in the Regional Office for Africa and one in each sub-regional team.

Nutrition (NUT) - Programme 8.1

34. During the discussion on Programme 8.1 (Nutrition), it was noted that the objectives corresponded to those of the global programme, and the activities to those adopted by the Regional Committee in resolution AFR/RC39/R4. These were necessary to give technical support to countries in the context of the International Decade on Food and Nutrition in the African Region, as proposed by the Regional Committee and the African Regional Task Force on Food and Nutrition Development. The country budget requests were reduced in this biennium. However, extrabudgetary funds, equal to or greater than the regular budget funds, were being mobilized to support various sub-programme activities. The amount of such funds available in 1992-1993 was therefore not yet known.

Oral Health (ORH) - Programme 8.2

35. Programme 8.2 (Oral Health) aimed at collaborating with Member States in developing oral health policies and activities within the framework of the African Health Development Scenario, in order to arrest the rapidly deteriorating trend by increasing population coverage with oral health services.

Tobacco or Health (TOH) - Programme 8.4

36. The Regional Office will continue to give support to the organization of "No Smoking Day" as part of the struggle against smoking in closed public places. The Regional Office, in collaboration with Headquarters, will continue to disseminate information about the harmful effects of tobacco on health and the guidelines to be followed in order to identify activities that might replace tobacco farming.

37. In the budget area, no country has adopted this programme for financing but the Regional Office has allocated funds to support national efforts in planning information and public awareness-raising activities.

Maternal and Child Health including Family Planning (MCH/FP) - Programme 9.1

38. Programme 9.1, on maternal and child health including family planning, remained a priority for the African Region. Proof of this was that 21 countries chose this programme for cooperation with WHO. The countries that did not use WHO funds for this purpose had large extrabudgetary resources for MCH/FP.

39. On the basis of the medium-term programme 1990-1995 and implementation of the health development scenario 1990-1995, it would be necessary to make a quantitative and qualitative analysis of the MCH/FP situation in every country in the Region, with a view to preparing national action plans to reduce maternal and child morbidity and mortality, to provide initial and in-service training for MCH/FP personnel in at least 25% of health districts and to create and/or strengthen referral services in at least 25% of the districts.

Adolescent Health (ADH) - Programme 9.2

40. It was noted that Adolescent Health was underfunded although receiving priority not only under Programme 9.2, but also under Programme 9.1 (MCH/FP) in relation to teenage pregnancies, under Programme 8.4 (Tobacco or Health) and Programme 13.13 (AIDS) where there is a strong health education component.

Health of the Elderly (HEE) - Programme 9.5

41. Health of the Elderly required attention because life expectancy at birth is increasing in this Region.

Protection and Promotion of Mental Health - Programme 10

42. This programme covered three sub-programmes viz. 10.1 Psycho-social and behavioural factors in the promotion of health and human development, 10.2 - Prevention and control of alcohol and drug abuse and 10.3 - Prevention and treatment of mental and neurological disorders.

43. One delegate suggested that "youth" should be the target group for the alcohol and drug abuse programme and that "Tobacco or Health" should belong to this group.

44. The same delegate noted that the mental health of young mothers who did not receive care while pregnant could be a source of mental and neurological disorders in the children. Emphasis on maternal and child health had a direct link to the matter of neurological disorders.

Community Water Supply and Sanitation (CWS) - Programme 11.1

45. One delegate suggested that Programme 11.1 - Community Water Supply and Sanitation - should give more attention to solid waste management activities to complement the excellent work already done by WHO in the area of sewerage and liquid waste treatment.

46. It was suggested by the participants that depending on the country and institutional setup, appropriate inter-ministerial bodies, such as national action committees (established in many countries for the International Drinking Water Supply and Sanitation Decade), environmental health divisions at ministries of health, national councils for environmental health, etc. should be called upon to coordinate the Environmental Health Hazards Management activities.

Health Risks Assessment of Potentially Toxic Chemicals (PCs) - Programme 11.3

47. It was noted that the provisions for the programme on health risk assessment of potentially toxic chemicals were very modest compared with the needs in the countries. The Secretariat outlined the activities so far carried out regionally since the inclusion of this objective in the Eighth General Programme of Work. The two programmes - Health Risk Assessment of Potentially Toxic Chemicals and Control of Environmental Hazards - were administered by the same Regional Officer. The greater provision for the latter programme was for the remuneration of this officer. Advocacy work including the distribution of a brochure at the thirty-ninth session of the Regional Committee and collation of existing legislations in the Region and elsewhere for distribution to Member States had been done. Some nationals were being trained with WHO fellowships. These efforts needed time to mature. Intercountry activities presently predominate.

Food Safety (FOS) - Programme 11.5

48. The importance of food handlers and simple food conservation technologies was underscored during the discussion on programme 11.5 - Food Safety. The view is shared by the Secretariat, as indicated by the inclusion of the subject of food handlers and street food vending in a workshop. Information on food conservation methods and technologies would be collected for dissemination in the Region. It was suggested by one member that the regional budget for this programme should be increased to assist countries to participate in meetings on the Codex Alimentarius. The secretariat suggested that such participation should be covered by country budgets.

Clinical, Laboratory and Radiological Technology (CLR) - Programme 12.1

49. During the discussion of this programme a member asked that the Regional Office concentrate on:

(i) standardization of equipment and local production of reagents;

(ii) creation of regional training centres.

It was emphasized that the Regional Office shared this view and had already:

(i) sent experts to some countries to help them develop strategies for standardization of equipment;

(ii) begun to set up two regional centres for production of immuno-diagnostic reagents at Ibadan and Yaounde;

(iii) taken steps to secure extrabudgetary resources for regional training centres, where the ordinary budget could not fund them.

Essential Drugs and Vaccines (EDV) - Programme 12.2

50. It was pointed out that the regional budget had been increased. The apparent decrease of budget allocation at country level was due to the fact that countries were receiving support directly from WHO Headquarters and from other agencies and organizations.

51. The Secretariat informed the sub-committee that at the time of preparing the Budget document only US $33 000 was pledged for 1990/1991 at regional level. However the Regional Office, in collaboration with WHO/HQ had been able to secure about US $470 000 for 1990. Negotiations were in train for an equal or even higher amount for 1991 and there were good reasons to think that there would be even more funds for 1992/1993.

52. One delegate shared with the other members of the sub-committee the good experience of his country in adhering to the EDV programme and expressed his appreciation.

Drug and Vaccine Quality, Safety and Efficacy (DSE) - Programme 12.3

53. The sub-committee was informed of the efforts being made by the Regional Office to support the setting-up and development of four subregional quality control laboratories in Cameroon, Ghana, Niger and Zimbabwe respectively.

54. A member insisted that the highest priority be accorded to programme 12.3 - Drug and Vaccine Quality. A country he knew well had serious problems with fake and sub-standard drugs (particularly anti-malarial drugs and antibiotics). He suggested that WHO should facilitate sharing of intelligence on these matters. He also suggested that WHO could help by passing on information on fake drugs and also in giving technical assistance in developing simple methods of quality control, which could be used without sophisticated equipment.

Traditional Medicine (TRM) - Programme 12.4

55. Having read the document before the Committee one participant wished to know if the message to be transmitted to countries was that of integration of traditional medicine in modern medicine. The response was that the experts of the Region believed that the term "integration" could lead to confusion. Their own understanding of this term was that traditional medicine was part of the national health system alongside with modern medicine.

56. The Sub-Committee was informed that the Regional Director was strongly in favour of research on medicinal plants and that irrespective of the type of traditional medicine practised in a given country, legislation would be needed to cover that subject.

Rehabilitation (RHB) - Programme 12.5

57. WHO activities on Programme 12.5 - Rehabilitation - were geared to the promotion of community-based rehabilitation at country level, identification of situations and preparation of national rehabilitation programmes as part of PHC.

Disease Prevention and Control - Programme 13

58. Disease Prevention and Control was one of the three priority programmes selected by the Region. Epidemics of communicable diseases continue to be reported in many countries of the African Region, and there was a recrudescence of other diseases, particularly malaria and tuberculosis. In accordance with the Eighth General Programme of Work, there were 18 programmes which were dealt with separately in the Programme Budget documents for 1992-1993. Precise goals and activities for the biennium were indicated, followed by budget tables.

59. During the discussions, the Programme Sub-Committee dwelt at length on the goals and activities proposed for the biennium 1992-1993, especially for the following programmes: immunizations, malaria, other parasitic diseases, tropical diseases research, acute respiratory infections, tuberculosis and other communicable diseases.

60. The Programme Sub-Committee subsequently returned to the issue of the gravity of malaria in the African Region. It noted with satisfaction the work done by the Regional Director to mobilize extrabudgetary resources for the programme and recommended that that work be continued.

61. Concerning the other communicable diseases, discussion centred on the use of vaccination to control yellow fever, meningococcal meningitis and hepatitis B. It was noted that in many countries yellow fever vaccination was already part of the Expanded Programme on Immunization (EPI), and that pilot projects to introduce hepatitis B vaccination as part of the EPI were under way, essentially to evaluate its economic and operational feasibility.

Immunization (EPI) - Programme 13.1

62. The Programme 13.1 (Immunization) focused on the EPI target diseases and their reduction or eradication: neonatal tetanus was targetted for elimination by 1995, poliomyelitis for eradication by 2000 and measles for reduction of morbidity by at least half by 1995. The previous focus of the EPI had been increasing immunization coverage. At the end of 1989, BCG coverage was 60%, DPT3 47%, Polio3 47%, measles 45% and TT2 25%.

63. The reduction in country allocated funds for EPI was regretted. It was pointed out that this was largely due to five countries not including EPI in their budget.

64. A question was asked about experience so far, on the use of solar powered refrigerators for cold-chain operations. In response it was explained that the use of solar power for the cold chain is to be evaluated by the Regional Programme in 1990/1991, and that WHO would train technicians at two courses later in the year.

65. The meeting enquired about the safety of jet injectors for mass immunization in relation to AIDS. The reply was that there was no evidence that these injectors would transmit HIV, but this was being further

investigated. The use of re-usable syringes and needles after steam sterilization was recommended by the programme. Jet injectors could be used for mass immunization especially in epidemics if the situation required large numbers of people to be immunized in a short time.

Malaria - Programme 13.3

66. Only 13 countries had selected malaria control as a priority programme in the 1992-1993 biennium. Yet malaria continued to be a major public health problem and an immense obstacle to socioeconomic development in the Region. The recent emergence and spread of drug resistant parasites had aggravated the situation. Recent outbreaks of severe epidemics in several countries particularly in the seasonal transmission areas had added to the urgency of the situation. The problem was being recognized globally and the Regional Director would be making every effort to attract extrabudgetary funds to this programme.

67. A question was raised about efforts being made to accelerate research on vaccines against malaria. It was explained that sporozoite vaccine had not been found to be as antigenic as had been expected. Intensified research was continuing on the synthetic variety and it was estimated that some improved products might be available for testing in five years.

Tropical Diseases Research (TDR) - Programme 13.5

68. Most of the activities of the Tropical Diseases Research programme were managed from WHO Headquarters. Hence no regional budget component was shown.

69. As at June 1990 the activities of TDR in AFRO consisted of collaborating with research centres and offering 283 research training grants, 20 visiting scientist grants and 50 re-entry grants. It was suggested that provision should be made for accelerating research on the socioeconomic impact of tropical diseases.

Diarrhoeal Diseases (CDD) - Programme 13.6

70. In response to a query, why there were no regular budget funds in the regional budget for the Diarrhoeal Diseases programme, it was pointed out that the regional programme was supported by extrabudgetary funds from CDD/HQ and CCCD/USAID. This support was expected to continue at present or increased levels. Only five countries had included CDD in their country budget.

Research and Development in the field of Vaccines (RDV) - Programme 13.12

71. For the programme Research and Development in the field of Vaccines, funds were available for regional support under EPI (13.1) and drug vaccines quality, safety and efficacy (12.3) programmes. The new vaccines of concern to the Region were:

1. Edmonston-Zagreb measles vaccine, which can be used as early as in six months old children; it was on trial in the Gambia, Ghana, Senegal and Zaire.

2. New formulations of OPV vaccine; these were also on trial in the Gambia.

Laboratories would be utilized in the Region to assist with the trials.

Global Programme against AIDS (GPA) - Programme 13.13

72. It was noted that blood safety and blood transfusion services were critical in the control of AIDS. This should be taken into account in formulating or reformulating AIDS programme strategies.

73. Noting the similarity in the epidemiology of AIDS and that of Hepatitis B it was suggested that consideration be given to integrating the prevention and control measures for both diseases.

Blindness and Deafness (PBD) - Programme 13.15

74. On the subject of the programme (13.15) on control of blindness and deafness, one delegate proposed that the programme should be divided into two independent parts. The secretariat pointed out that this programme had been approved as it stood for the Eighth General Programme of Work, but that there was no reason why it should not be divided if it was felt necessary to do so. It was also observed that only one country had adopted that programme for funding.

Cancer (CAN) - Programme 13.16

75. On the cancer control programme (13.16) the question arose of the integration of hepatitis B vaccination into PHC, since the cost of the former was deemed exorbitant.

76. Examples were mentioned of trial large-scale hepatitis immunization, in particular the project on immunization against hepatitis B in the Gambia in collaboration with the International Agency for Research in Cancer at Lyon. On the basis of experience in that field acquired in the Gambia it was decided to carry out similar experiments in Cameroon and later to extend the programme to other countries.

Cardiovascular Diseases (CVD) - Programme 13.17

77. On the cardiovascular diseases control programme (13.17), clarification was requested regarding the methods and strategies for prevention and control of those diseases in the population. The Secretariat cited by way of example an integrated project on control of noncommunicable diseases, including cardiovascular diseases which had the same risk factors and that was under way in Tanzania. The aim of that project was the prevention and control at community level of chronic and degenerative diseases having the same risk factors, such as smoking, alcoholism, sedentary life-style and inappropriate diet.

78. For greater clarity, the Regional Director cited another example taken from the programme on prevention and control of rheumatic fever and rheumatic cardiac disease, in schools for children aged five to fifteen in Mali, Zambia and Zimbabwe. It was also indicated that a meeting had been programmed for the coming year to discuss the strategy for control of chronic diet-related diseases.

Other Noncommunicable Diseases (NCD) - Programme 13.18

79. Concerning the programme on Other Noncommunicable Diseases (13.18), the members of the Programme Sub-Committee asked that consideration should be given to ways and means of increasing the regional budget to support the programme on control of those diseases, which were a scourge in Africa.

80. The Regional Director asked that ways and means of modifying or expanding the budget should be studied in order to support activities within that programme and if need be to support those programme activities even at country level. In conclusion, the Regional Director underlined the need for an aggressive search for extrabudgetary resources in order to support activities within the noncommunicable diseases programme in general.

Health Information Support (HBI) - Programme 14

81. The Sub-Committee endorsed the programme for information support to countries. It was pointed out that the Regional Office would in the near future be linked by telecommunications to all other country offices, at which time researchers could use the WHO library to tap the international data bases of scientific publications.

Support Services - Programme 15

82. The Sub-Committee noted that the recently approved UN salary scales and allowances was reflected in a 20 to 25 percent cost increase in the Support Programmes for Personnel, General Administration, Budget and Finance and Equipment Supplies for Member States. One major reason for this cost increase is the "hardship allowance", since the African Region has many duty stations which attract the highest level of hardship allowance and from which there is annual rather than biennial travel for the family on home leave. The weakening of the US dollar against the CFA franc also contributed to these increases.

83. The Sub-Committee was advised that the WHO supply system did purchasing of a very wide range of items for WHO projects. It also made purchases for countries on a reimbursable basis as authorized by various Health Assembly resolutions. Purchases were made from suppliers worldwide through the WHO Headquarters system. Purchases were made from UNIPAC when they had the best service. WHO did not propose to withdraw a large sum of money from programme activities to establish a warehouse like UNIPAC.

Inter-Country Health Development Teams

84. The Sub-Committee was informed that the post of Director of Sub-Regional Health Development teams had been abolished and that the teams were being led by the WHO Representatives in Mali, Burundi and Zimbabwe respectively. The teams were being managed through the WHO representatives' offices. The staff cost of these teams was met from regional funds under intercountry activities although the assistance was fully for the individual countries in that sub-region. This will appropriately be reflected in future programme budget documents.

Conclusions on Proposed Programme Budget 1992-1993

85. The sub-committee was unhappy at the very small amounts provided for very important programmes such as Adolescent Health (9.2), Prevention and Control of Alcohol and Drug Abuse (10.2), Health Risk Assessment of Potentially Toxic Chemicals (11.3), Drug and Vaccine Quality, Safety and Efficacy (12.3), Rehabilitation (12.5) and Blindness and Deafness (13.15). The Regional Director expressed a willingness to decentralize some of the regional funds to countries for use in under-funded areas. Countries should also review their country programmes in relation to high priority programmes such as malaria.

86. After detailed examination of the document AFR/RC40/2, the Sub-Committee endorsed the Proposed Programme Budget for 1992-1993 and agreed on the draft Regional Committee resolution requesting the Regional Director to transmit the document to the Director-General of WHO for inclusion in the Organization's budget.

OPTIMAL UTILIZATION OF WHO RESOURCES

87. The Sub-Committee also reviewed document AFR/RC40/6 entitled "Optimal Utilization of WHO Resources - Examination of the Regional policy on programme budget". The document summarized the actions taken by Member States and the Regional Director to implement the regional programme budget policy adopted by the Regional Committee in 1986.

88. After studying the document, the Sub-Committee approved a draft Regional Committee resolution which inter alia called on Member States to follow up the efforts already made to implement the regional policy on programme budget, and called on the Regional Director to report to the Regional Committee, every two years, on progress achieved and difficulties encountered in implementing the policy.

REPORT OF THE REGIONAL PROGRAMME MEETING (RPM 11, a, b, c)
(document AFR/RC40/16)

89. This was presented by the Regional Officer for Programme Management.

90. As a rule, the ultimate aim of the Regional Programme Meeting is to prepare the annual programming of activities for health development for the Region.

91. However, in view of the special emphasis placed upon the districts, seen as cornerstones in the implementation of PHC based on the Three-Phase Health Development Scenario (RC35, Lusaka, Zambia, 1985) and with a view to decentralization of regional activities for closer contact with the countries and the compilation of a larger body of qualified opinion on detailed planning of the Programme Budget 1990-1991, it was decided to proceed in three stages:

(i) RPM 11a; Regional Office, Brazzaville.

(ii) RPM 11b; Intercountry Health Development Offices, Bamako, Bujumbura and Harare.

(iii) RPM 11c; In each country of the Region.

92. The African Advisory Committee for Health Development (AACHD) sitting in Brazzaville from 6 to 8 February 1989 addressed the issue of the definition of health districts in accordance with resolution AFR/RC37/R4 and considered the operationality of districts by proposing guidelines for the definition of objectives and quantifiable criteria of operationality.

93. RPM 11a and b provided clarification on the concept of operational districts and brought out the relationships between the 12 global indicators, the 27 regional indicators and the criteria for district operationality within the process of monitoring progress towards HFA/2000.

94. The objectives of RPM 11c were to:

(i) analyse the situation of the health districts and determine their degree of operationality;

(ii) examine health programmes at intermediate level with particular emphasis on resources, activities and impact;

(iii) review detailed plans of the Programme Budget 1990-1991, keeping in view the priority programmes and developing within them "bankable projects";

(iv) promote greater intersectoral collaboration.

Analysis of reports

95. Only 13 countries were unable to hold Regional Programme Meetings. Four of the 21 reports received (19%) showed that RPM 11c was preceded by a field survey.

96. Based on the defined criteria of operationality and despite variations observed in the reports more than 53% of the districts in 14 countries were considered operational.

97. The option selected in 19 countries out of 21 (90.4%), was to concentrate WHO resources on priority programmes; five countries provided bankable projects.

98. Intersectoral collaboration was envisaged on the one hand through a multidisciplinary and multisectoral approach, by governments, NGOs, and specialized agencies. However, differences in policies of the various funding agencies were seen as the main constraint in the preferred approach.

99. In conclusion, the RPM 11 was considered to be an instrument that enabled the countries and WHO to review the progress in PHC programmes using experience gained to better design a realistic programme budget that might accelerate the achievement of HFA/2000 more effectively. District operationality was noted as an important concept. The appraisal criteria selected, while highlighting the district level, revealed the gaps at the intermediate and central levels. By filling those gaps and strengthening these levels the provision of technical and strategic support would be better ensured.

100. Finally, to a great extent, these three stages of RPM 11 gave practical effect to decentralization which the AACHD had recommended as an efficient tool in health systems management.

AFRICAN ADVISORY COMMITTEE FOR HEALTH DEVELOPMENT (document AFR/RC40/17)

101. The 10th meeting of the African Advisory Committee for Health Development (AACHD) met in Brazzaville from 11 to 15 June 1990 under the chairmanship of Professor L. Kaptue and was addressed by the Minister of Health of the Congo, His Excellency Dr Ossebi Douniam and the WHO Regional Director, Dr G. L. Monekosso.

102. It considered the following issues:

(i) managerial framework for strengthening health systems and programmes;

(ii) criteria for assessing the managerial capability of health systems;

(iii) mobilization of all available human resources for health;

(iv) research framework for monitoring the progress made;

(v) health financing policies.

103. In discussing managerial framework for strengthening health systems and programmes, the AACHD considered the health development matrix and recognized that:

(i) implementation and management of selected activities imply at least three main parameters: management, technologies and resources;

(ii) at each level in a given country, the managerial process should be improved so that within available and usable resources, the best technologies can be acquired for implementing the activities.

104. Within the management cycle, planning, organization, staffing, leadership, control (monitoring, follow-up and evaluation) and reprogramming, the AACHD considered it important to bear in mind the many interrelations holding together evaluation, training and research. It further recommended the integration of the managerial process of national health systems and programmes into existing structures and institutions.

105. It considered and endorsed the selection of three priority regional programmes - disease prevention and control, maternal and child health and family planning and drinking water supply and environmental health - while noting the rising importance of accident prevention and health of the youth. Other programmes could be selected "à la carte" based on a country's epidemiological, economic, social and demographic situation and depending on adequate feed-back information and appropriate monitoring and evaluation framework.

106. A research unit in the Ministry of Health was considered necessary with emphasis on health systems research (regarded as a more comprehensive name than operational research).

107. Finally, constraints identified in the managerial framework included inadequate training of field research personnel, the mismatch between training and managerial tasks, inadequate intersectoral collaboration, inadequate coordination of bilateral agencies and donors, low community involvement, and deficient decentralization. Political commitment, leadership development, health research, manpower training and social mobilization were considered effective remedies to these constraints.

108. It was recommended that the national health councils should have a multisectoral composition and should have working relations with various collaborating government departments and NGOs at the central level. The Committee agreed with the criteria of operationality.

109. However, some concrete examples were suggested to more precisely define some of the criteria. Although the Committee agreed with the proposed approaches for human resources mobilization at the district level, it was recommended that teachers and their students as well as political and religious leaders should be considered as partners in community development activities. At the provincial level, the partnership should relate to the management and health systems organization in addition to providing technical advice. The role of the Ministry of Health in planning, coordination and resource mobilization for the provincial and district levels calls for its increased strengthening in these areas. In addition, it was recommended that

training in management and health research should be emphasized. The development of research coordination and consultation unit was suggested in each Ministry of Health with the responsibilities of defining research priorities, identifying and following up projects, supporting research activities and using and disseminating research findings.

110. After reviewing three documents (one on research promotion, one on the monitoring of progress towards HFA/2000 and the third on the 27 health indicators), the committee reiterated the importance of health research and suggested among other things that ministries of health should earmark 5% of their budgets for health research.

111. The committee maintained that the 27 indicators were key determinants of the state of health of the community and called for their extension to cover six to nine year olds. Some emphasis was laid on ways of making the indicators more useful and practical. The Programme Sub-Committee endorsed the recommendation of the AACHD.

112. The Regional Director reported that 30 countries of the Region had started applying the 27 health indicators and went on to refer to the award of research grants, the creation of focal points for research, the dissemination of research findings and the utilization of the latter in decision making as some of the ways in which the Region intended to strengthen health research.

113. Finally, the Committee, after reviewing a health-related World Bank policy document, reaffirmed the awareness by the African countries of their responsibilities in the management of the health sector and called for collaborative action within the framework of the African Health Development Scenario being implemented by the countries.

114. After this presentation, there was no discussion; the report was therefore unanimously adopted.

EMERGENCY PREPAREDNESS AND RESPONSE IN RESPECT OF NATURAL DISASTERS AND EPIDEMICS IN AFRICA (document AFR/RC40/8 Rev.1)

Report of the Regional Director

115. The report of the Regional Director on Emergency Preparedness in respect of Natural Disasters and Epidemics in Africa (document AFR/RC40/8 Rev.1) was introduced by Dr Calvani (Secretariat).

116. In 1987/1988, Africa was struck by various natural disasters and epidemics which afflicted over 100 million people. The UN Declaration on the International Decade for Natural Disaster Reduction, 1990-2000, was intended to focus national attention on these problems and to improve the capacities of countries to deal with them. The governments of Member States would need to play a leading role in the management and reduction of natural disasters and epidemics by appealing for resources from the United Nations and from all countries for purposes of prevention, detection and management of emergencies and lastly, preparations to deal with these disasters. The role of the WHO Emergency Preparedness and Response programme was to guide and support the Member States in order to enable them to deal specifically with the health aspects of these disasters through the development of preparedness and emergency management organization programmes aimed at minimizing their adverse effect.

117. During a short discussion after the presentation, members suggested some amendments which have been introduced in the final version of the document and supported the draft resolution on the subject for presentation to the Regional Committee.

CONCLUSION

118. The Programme Sub-Committee met on 3 and 4 September 1990 in Brazzaville prior to the fortieth session of the Regional Committee for Africa, and devoted its attention to five major topics dealing with the strengthening of health development in African Region. The Sub-Committee commended the work done by the Regional Director and his staff and made a number of recommendations for consideration by the Regional Committee.

APPENDIX 1

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Appendix 1

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Appendix 1

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APPENDIX 2

PROGRAMME OF WORK

1. Opening of the meeting

2. Election of Vice-Chairman and Rapporteur

3a. Optimal utilization of WHO's resources: Regional programme budget policy review (document AFR/RC40/6)

3b. Proposed Programme Budget 1992-1993 (document AFR/RC40/2)

4. Report of the Regional Programme Meeting (RPM11a, b, c) (document AFR/RC40/16)

5. Report of the African Advisory Committee for Health Development (AACHD) (document AFR/RC40/17)

6. Emergency preparedness and response related to natural disasters and epidemics in Africa (document AFR/RC40/8 Rev.1)

7. Distribution of tasks for presentation to the Regional Committee of the report of the Programme Sub-Committee (document AFR/RC40/18)

8. Closure of the meeting.

REPORT OF THE PROGRAMME SUB-COMMITTEE MEETING HELD ON 12 SEPTEMBER 1990

INTRODUCTION

1. The Programme Sub-Committee met on Wednesday, 12 September 1990 in Brazzaville (Congo), immediately after the fortieth session of the Regional Committee. The list of participants is in Appendix 1.

2. The Sub-Committee elected Mrs M. Pragassen (Seychelles) the outgoing Vice-Chairman, as Chairman, Professor J. Mbede (Cameroon) as Vice-Chairman, and Dr I. Tejan-Jallow (Sierra-Leone) as Rapporteur. The Chairman thanked the members of the Programme Sub-Committee for the confidence placed in her country and herself by her 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, presented document AFR/RC40/29 which contained, inter alia, two meetings of programming interest to be attended by members of the Programme Sub-Committee during 1990/1991. After examining the document, 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 - 1990/1991

Name, place and date of meeting	Objective	Language	Participating members
1. Subregional Programme Meetings (SPM) - Bamako - Bujumbura - Harare Successively/simultaneously in February 1991	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/I - Senegal SR/II - Zaire SR/III - Swaziland
2. African Advisory Committee on Health Development (AACHD) Brazzaville, June 1991	Reviewing major health issues, e.g. management, training, research, health policy	E/F/P	Seychelles

5. The Programme Sub-Committee discussed the latest replacement schedule for members of the Programme Sub-Committee (see Appendix 3).

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.

DATE AND PLACE OF THE NEXT MEETING

8. 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

9. The Chairman thanked members for their support and lively contributions to the discussions. She wished them all the best, and "bon voyage".

APPENDIX 1

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Appendix 1

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APPENDIX 2

PROGRAMME OF WORK

1. Opening of the meeting

2. Election of Chairman, Vice-Chairman and Rapporteur

3. Participation by members of Programme Sub-Committee in meetings of programming interest (document AFR/RC40/29)

4. Date and place of the next meeting

5. Closure of the meeting.

APPENDIX 3

REGIONAL COMMITTEE - FORTIETH SESSION
REPLACEMENT SCHEDULE OF MEMBERS OF THE PROGRAMME SUB-COMMITTEE

Year of selection / Country	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		1993/94		
Cape Verde				1993/94		
Central African Republic				1993/94		
Chad					1994/95	
Comoros					1994/95	
Congo					1994/95	
Equatorial Guinea					1994/95	
Ethiopia					1994/95	
Gabon					1994/95	
Gambia						1995/96
Ghana						1995/96
Guinea						1995/96
Guinea-Bissau						1995/96
Côte d'Ivoire						1995/96
Kenya						1995/96
Lesotho						(1996/97)
Liberia						(1996/97)
Madagascar						(1996/97)
Malawi						(1996/97)
Mali						(1996/97)
Mauritania						(1996/97)
Mauritius						
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 will be 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

Health Systems Management: *Framework for the strengthening of national health systems*

INTRODUCTION

1. The technical discussions of the fortieth session of the Regional Committee took place at the Regional Office for Africa of WHO, Brazzaville, on 8 September 1990. The subject was "Health systems management". The chairman of the discussions was Major Dr. Lamine Cisse Sarr of Senegal who replaced Mr. Martial Mboumba of Gabon who was unable to attend.

2. The following rapporteurs were appointed:

Group I: Dr Juliao Cesar (Guinea-Bissau)

Group II: Mrs M. G. Manyeneng (Botswana)

Group III: Dr D. Kielem (Burkina Faso)

3. Three working groups were set up:

(i) Group I: trilingual (English, French, Portuguese) which considered in particular the problems of technical management at intermediate level (province/region);

(ii) Group II: English-speaking: this group considered in particular aspects of operational management at local (district) level;.

(iii) Group III: French-speaking: this group considered mainly strategic management at central level.

PRESENTATION OF THE WORKING DOCUMENT

4. The working documents AFR/RC40/TD/1 Rev.1 and Add.1 was presented on behalf of the Regional Director by Mr S. Ngalle Edimo, Regional Officer.

5. The following issues were raised:

- the weaknesses of health systems management, regretted by WHO and Member States;
- health development involving the production of a population in good health by means of health programmes supported by health management at all levels and bearing on the variables, namely resources and technological options;
- health systems development in the Region with emphasis on an approach aimed at strengthening the countries' managerial capabilities (1990-1994) through managerial techniques and procedures (1990-1992), support for management through training (1991-1993) and operational research (1992-1994);
- the role of the managerial process in developing linkages between the structures (e.g. development and health committees, health teams) and the institutions (health posts and centres, hospitals) of the national

system; this should lead to management which is really operational and practical at district level, technical at the intermediate level and strategic at the central level with, as a background, social mobilization and promotion of intersectoral and multidisciplinary collaboration, in order to overcome constraints that were linked to the economic crisis and the social constraints made more burdensome by AIDS;

- the various health programmes, community programmes - at the local level, priority programmes at the intermediate level and national programmes at the central level - which might, depending on the specific characteristics of each country or region, be progressively supplemented by "a la carte" choices at each level. In any event, the search for self-financing of health activities and social mobilization to overcome social constraints should not be neglected;

- finally, the functions of managerial, technical and administrative support of the WHO country teams in order to give effective support of management, training and research at country level. Practical examples of operational, technical and strategic management were introduced as outlined in document AFR/RC40/TD/1 Add.1, in order to stimulate group discussions and recall the need for concrete action so as to move gradually from mediocrity to excellence.

6. Following that presentation one representative warmly congratulated the Regional Director on the quality of the document. Referring to his own experience he offered supplementary information regarding the causes of shortcomings in health systems management, especially in decentralization without delegation of authority, excessive centralization, concentration of authority, shortage of well-trained personnel in occupied posts, lack of motivation, very low salaries, fraud and the absence of privatization in certain sections of hospitals (laundry and catering).

7. The Regional Director cited specific examples and while admitting the relevance of the causes of poor management as enumerated, showed how in most cases rational and properly understood management could reduce and even eliminate entirely the harmful effects of the problems mentioned. He hoped that during the discussions the participants would in the same spirit endeavour to make use of the various levels of the health system to propose innovative approaches so that good management might become a reality in the daily affairs of the teams responsible for health development.

8. The chairman also congratulated the Regional Director on the relevance of the subject "Health Systems Management" which was most timely and the working documents which contained a wealth of instructive material, in addition to being detailed, clear, precise and based on concrete examples.

9. He then invited the participants to rejoin their respective groups in accordance with the Guide to the Technical Discussions AFR/RC40/TD/2.

GROUP REPORTS

10. At the chairman's request, the rapporteurs presented respectively the subjects of operational management (Group II - English-speaking), technical management (Group I - trilingual) and strategic management (Group III - French-speaking). The reports produced the following conclusions:

10.1 OPERATIONAL MANAGEMENT (Group II)

Constraints

(a) lack of familiarity with the responsibilities of the district health team;

(b) lack of aims, objectives and plans of action;

(c) under-utilization of existing coordination mechanisms;

(d) inadequate training in management;

(e) poor career prospects;

(f) weak motivation in district health teams;

(g) insufficient participation by communities in planning;

(h) excessive centralization;

(i) insufficient resources (especially human) and means of transport;

(j) lack of support from the upper echelons;

(k) lack of mutual trust between partners;

(l) conflicts of interest between the government and NGOs;

(m) political and private pressures;

(n) inadequate coordination, including coordination with universities.

Solutions proposed for the removal of these constraints

(a) Update information concerning district health teams.

(b) Prepare and distribute, after discussion with the community and the NGOs, action plans that must be put into effect.

(c) Make optimal use of coordination mechanisms to revitalize action if need be.

(d) Provide training in management.

(e) Promote career prospects for the district health teams.

(f) Make arrangements for staff motivation.

(g) Train village health workers and members of the community who must have the authority to identify their priority needs and to implement and evaluate their programmes.

(h) Initiate progressive, well-planned and programmed decentralization and provide communication and training mechanisms.

(i) Ensure the rational distribution of resources in accordance with priorities.

(j) Provide information to higher levels which must give support to the operational levels.

(k) Create an atmosphere of tolerance, trust and acceptance.

(l) Promote dialogue between the government and NGOs, on a basis of the government's health policy.

(m) Emphasize political commitment to and consensus on the district health development plan.

(n) Strengthen the role of the district health committee in promoting intersectoral activities and community participation.

10.2 TECHNICAL MANAGEMENT (Group I)

Constraints

(a) Poor coordination between partners, especially NGOs.

(b) Lack of political will to carry through with decentralization, intersectoral collaboration and community participation.

(c) Lack of a legal framework.

(d) Limited managerial training provided by intermediate level officials.

(e) Absence in some cases of the structures advocated in the scenario.

(f) Lack of appropriate technologies at intermediate level.

(g) Existence of several vertical programmes.

Proposed solutions

(a) Hold regular meetings of health development agents including NGOs, in the interest of collaboration and coordination, with community participation (elected representatives).

(b) Decentralize the health system as part of overall decentralization.

(c) Prepare a legal framework such as a public health code for organization of the health system (objectives, procedures, management standards and basic techniques).

(d) Provide managerial training in order to increase managerial skills prior to decentralization.

(e) Set up structures that correspond to those proposed in the African Health Development Scenario, and vest health and development committees with effective powers.

(f) Bring technical and managerial sides together so that the programme activities may benefit from appropriate technologies.

(g) Integrate vertical programmes with existing structures and institutions through the management process.

10.3 STRATEGIC MANAGEMENT (Group III)

Constraints on the implementation of the managerial process

(a) lack of involvement of the beneficiaries and others concerned by the health system in the planning process;

(b) objectives often poorly defined without taking into account the relevance, feasibility, realities, geopolitical and social context;

(c) lack of a management-oriented information system;

(d) inadequate allocation of human, material and financial resources;

(e) discrepancy between the personnel profile and the employment profile;

(f) lack of job security;

(g) lack of continuous training.

Solutions proposed

(a) promote mechanisms for consultation between the providers and beneficiaries of health programmes (health-related sectors, NGOs, bilateral or multilateral agencies);

(b) the intermediate level should convert the health policies into action plans adapted to the local context, also taking into account the expressed needs so as to provide technical support for the districts;

(c) develop the information system by identifying the information that can be used for management at each level of the health system, by setting up mechanisms for shortening the periods of data collection and data processing, and by making use of indicators relevant to management;

(d) establish procedures for the management of human resources (including motivation, job descriptions, sanction procedures, etc.), material resources (stock control, standardization of equipment, supervision forms, etc.) and financial resources (procedures for the preparation, monitoring and control of the budget, control and supervision systems, etc.);

(e) draw up a plan for the utilization of human resources (career profile in relation to skills and/or experience);

(f) personnel management procedures, defining the duration of a given assignment and the transfer from local level to the central level, for example;

(g) one of the main functions of the intermediate level is to identify the training needs and to provide continuous training.

11. The general debate that followed discussion of the group reports highlighted two points: firstly, the participants deplored the pressure exerted by donors to have health programmes sometimes accepted or rejected for

non-technical reasons; secondly, they felt it was necessary for every country to have a health policy supported by plans of action, on the basis of which valid projects could be submitted to the donors.

12. Nevertheless, in view of the crisis situation and certain geopolitical situations, it became apparent that health ministries should explore all the information systems and other channels used by the donors so as to make sure that the priorities of countries in the health field were properly taken into account.

13. The representatives of UNDP and UNICEF took the opportunity to present the future programming of their organizations.

14. The majority of the participants felt that, although the technical discussions did not form part of the work of the Regional Committee, it was necessary, in view of their importance and the useful exchange of views they provided, to allow more time for them in the future.

CONCLUSION

15. Before closing the technical discussions, the Chairman on behalf of all the representatives of Member States, warmly congratulated again the Regional Director for the clarity and richness of the working documents, which had made for pragmatic, lively and very useful discussions; this constitutes further proof of the Regional Director's readiness to help Member States to work towards better management of their health systems. "On the eve of the year 2000 it is imperative that we make our management systems more effective and more efficient, so that we can all be ready for health for all. This health for all is within our reach, as long as we show imagination and originality."

16. The Chairman saw the working documents, enriched by the group discussions, as an invaluable tool for improved management of health systems in Africa, where the context of economic recession makes rationalization of the use meagre resources a necessity. "Having examined real problems of management at all levels of the health system", he said, "our task is now to take up the challenge not simply by adopting a resolution, but by making a firm commitment to apply the management process as advocated by the scenario and the concept of health development."

17. In the same spirit, the Chairman recommended in conclusion the adoption of documents AFR/RC40/TD/1 Rev.1 and AFR/RC40/TD/1 Add.1, which had been used as the basis of the technical discussions.

APPENDIX 1

GROUP REPORTS

GROUP II REPORT: MANAGEMENT AT DISTRICT/LOCAL LEVEL

Chairperson: Dr E. G. N. Muzira, Uganda

Rapporteur: Mrs W. G. Manyeneng, Botswana

Q.3. Linkages between structures and institutions of the health system in the managerial process

At district, provincial and central levels there are facilities that should, in theory, foster multisectoral cooperation and provide management and supervision of the health system within the general framework of socioeconomic development. These facilities - whether the village, district or provincial development committees or the central Board of Health - and their health subcommittees at all levels are often ineffective.

(a) What are the main obstacles to linkages between structures and institutions in the managerial process?

(b) What can be done to revitalize these facilities and increase their effectiveness?

(c) How can they be transformed into genuine instruments of cooperation and intersectoral collaboration?

(d) How can they be strengthened at district level so that they give operational support to primary health care?

OBSTACLES	SOLUTIONS
1. Inadequate information (knowledge and understanding) of the responsibilities of the district health team (DHT).	Continuous dialogue and information updates.
2. Lack of clear guidelines.	Develop, disseminate and use guidelines.
3. Lack of clear goals, objectives and plan of action.	Prepare, disseminate, discuss and ensure use of plans including ensuring community, NGOs' participation.
4. Lack of coordination, i.e. the existing mechanisms are not fully optimalized.	Make optimal use of existing mechanisms of coordination and improve where there is need.
5. Lack of training in management.	Develop and provide management training.

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OBSTACLES	SOLUTIONS
6. Lack of career structures. Match post's status with its importance.	Officers should be able to rise within the DHT structure. They also have to be experienced staff.
7. DHTs - Lack of motivation and incentives.	Linked to 6 above.
8. Lack of adequate support from higher levels.	Higher levels to be more aware and more supportive of operational levels.
9. Lack of resources especially transport and human resources.	Rationalize resources, allocate and relate to National Development Plans (NDPs) and priorities.
10. Inadequate involvement of the community in the planning process.	Educate the health workers (HWs) and communities; empower communities to determine their priority needs and how to implement and evaluate their programmes.
11. Over-centralization.	Prepare adequately for effective decentralization - decentralization needs careful planning, programming, management, communication mechanisms and training.

Appendix 1

Q.4 Integration of vertical programmes in health service facilities and institutions

The Member States of the African Region of WHO have selected the following priority programmes:

(a) Maternal and child health, including family planning;

(b) Disease prevention and control;

(c) Drinking water supply and environmental hygiene.

There is a burgeoning of projects in many areas, some of them related to the programmes mentioned above.

In general terms, the activities of nongovernmental organizations and of a number of bilateral projects seem to be quite unconnected with national health planning, with the result, for example, that no provisions are made for implementation of such projects by national institutions or for their management to be supervised by the facilities of the health system.

In view of the economic and social constraints facing our countries, how can all these vertical programmes and projects be integrated in the health system so as to ensure the wiser and more efficient utilization of all the resources available for health?

OBSTACLES	SOLUTIONS
NGOs set-up programmes, at times, without proper communication with responsible and relevant people. The result are:	Identify focal point for coordination at all levels.
(a) proliferation of vertical programmes;	NGOs should be active participants of various structures within the district.
(b) duplication of activities/ overlaps;	There should be continuous dialogue between government at all levels and the other organizations interested and involved in health development.
(c) increased workload of staff;	Communities should identify their basic needs and this should form the basis for coordinated planning and programming at the district level.
(d) lack of confidence and trust between NGOs and government competition;	
(e) resources are dissipated;	
(f) lack of sustainability.	

Appendix 1

Q.7 What are the obstacles to health development and how can they be overcome at each level of the health system?

A. Obstacles to health development

1. Lack of mutual trust
2. Inadequate resources
3. Conflict of interest between government and NGOs
4. Political pressure and private pressure
5. Lack of coordination (including with universities).

B. How can they be overcome?

1. Educate and mobilize communities to be able to participate effectively in the decision-making process.
2. Prioritize and reallocate funds according to real needs based on effective multisectoral action.
3. Need for political will and determination at all levels:
   (i) development scenarios must be relevant to the country situation;
   (ii) massive community mobilization is required.
4. Facilitate building of an atmosphere of tolerance, acceptance and trust.

GROUP I REPORT: MANAGEMENT AT INTERMEDIATE LEVEL

Chairman : Dr Flàvio Joao Fernandes (Angola)
Rapporteur: Dr Paulo Silva (Guinea Bissau)

Q.1 Managerial process for health development

The managerial process for health development cannot be initiated without a national health policy, i.e. a body of decisions regarding the actions to be undertaken for improvement of people's health. However, although national health policies and even programmes do exist, the aims they express are rarely attained.

What do you see as the main impediments to implementation of the managerial process? How might they be overcome?

A. Impediments

1. Absence in certain cases of the facilities advocated in the scenario.
2. National institutional health systems are not always well disposed to implementation of the management process at intermediate level.
3. Lack of political will, especially for decentralization, intersectoral collaboration and community participation.

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4. Low level of managerial competence.
5. Non-availability of appropriate technologies at intermediate level.
6. Inadequate allocation of resources.
7. Inadequate collaboration of other sectors with the health sector.
8. Lack of a framework of legislation and regulations.
9. Poor communication and coordination between provincial hospitals and public health offices.
10. Health programmes are often vertical in nature.
11. Poor coordination between those concerned, in particular with the nongovernmental organizations (NGOs).

B. Proposals

1. Prepare an adequate legal framework, such as a Public Health Code, to define basic objectives, overall organization of the health system, managerial procedures and standards, and basic techniques.

2. Provide facilities in accordance with the African Health Development Scenario.

3. Decentralize the health system in the process of general decentralization. This process must be political and administrative, and must bring with it authority and resources.

4. Develop managerial skills prior to decentralization.

5. Define precisely the functions of the facilities and institutions, and ensure that the health development committees have effective powers.

6. Restructure provincial hospitals to provide support for PHC, especially by:

   - improving the referral system through supervision, referral and feedback; the feedback should involve evaluation and instruction for the benefit of the peripheral staff;

   - encouraging teamwork and joint training for hospital professionals and public health officials.

7. Organize regular meetings of all concerned, especially (NGOs) under the authority of political and health officials at provincial level.

8. Bring the technical and managerial activities of the programmes into close association.

9. Ensure community participation at intermediate level through elected representatives of the people.

10. Establish a real partnership between countries and supporting agencies.

11. Take legislative and administrative measures relative to the coordination structures.

12. Promote management by objective.

13. Develop the information system for management.

Appendix 1

GROUP III REPORT: MANAGEMENT AT CENTRAL LEVEL

Chairman : Dr S. Musinde (Zaire)
Rapporteur: Dr D. Kielem (Burkina Faso)

Q.1 Managerial process for health development

(Same question as dealt with at intermediate level).

A. Impediments

1. Lack of involvement of the beneficiaries and others concerned with the planning process. This limits their participation in implementation.

2. Inadequate conceptualization of the planning process.

3. Badly defined objectives and strategies that fall short of the various criteria: relevance, feasibility, realism, foresight; failure to make allowance for the social and political environment.

4. Insufficient analysis or allowances made for existing data, absence at times of a management-oriented information system.

5. Inadequate allocation of financial, human and material resources.

   The assignment of personnel is often inadequate: no "right man in the right place". Furthermore:

   - lack of permanency of officials in posts;

   - personnel do not receive adequate (in-service) training;

6. Pressure from funding agencies which sometimes impose different objectives from those of the countries, with the consequence that national resources are channelled away from the priority objectives set by the Ministry.

7. Sloth in the assignment of resources, when they exist.

B. Solutions

1. Set up a system and mechanisms for participation by beneficiaries and other partners (other sectors, international agencies, etc.) in the planning process.

2. Development and rational utilization of human resources. Plan for manpower utilization (definition of profiles and observance of them, stable occupancy of posts, initial training adapted to needs, continuous training).

3. Develop motivating systems which enable the performance of personnel to be maintained and improved in accordance with standards set at national level.

Appendix 1

4. Set up/strengthen an information system that can give effective support to the managerial process at the various levels of the health system (definition of indicators that are genuinely useful to planning and evaluation).

5. Site intersectoral coordination structures at a sufficiently high political level to enable the effective implementation of decisions taken by the national health council.

APPENDIX 2

SUMMARY OF DOCUMENTS AFR/RC40/TD/1 Rev.1 and Add.1: HEALTH SYSTEMS MANAGEMENT: FRAMEWORK FOR THE STRENGTHENING OF NATIONAL HEALTH SYSTEMS

Introduction

In 1978 and 1987, the World Health Assembly was concerned by the shortcomings in management of health systems, and advised Member States to adopt the management process. In the African Region, six resolutions have been adopted since the thirty-sixth session of the Regional Committee, to improve or strengthen the management process at district level and to train health officials in management. Management and the managerial process are defined (paragraphs 6 and 7) by the phrase, "Management is the art of getting things done by people for people". This definition implies both organization towards a goal and participation of the population as an active resource in management rather than as a simple operative.

The concept of health development

Health development is the production of a population in health to guarantee the socioeconomic take-off of the country; this implies that people should be the major factor, the motive force and the objective of all development. But development in general and health development in particular call for continuous and sustained action on the basis of three variables: resources, technologies and management. At each level of the health system (local, intermediate and central), available resources must be used to the best advantage in order to acquire the appropriate technologies for conducting the health programmes.

The human, material and financial resources differ from one level of the health system to another, although most come from the health sector, with small contributions from other sectors including nongovernmental organizations (NGOs) and communities.

Technological options become more complex as they rise from district through intermediate to central level; in places they are inappropriate.

In order to move the system on "from mediocrity to excellence", the manager who can neither increase the allocation of resources nor change his level of operation can only strengthen management in order to achieve health development, involving the structures and institutions of the level concerned by means of the management process.

Development of the health management cycle

In accordance with the resolutions of the thirty-eighth session of the Regional Committee, the development of the health system in the Region for the next five years (1990-1994) will focus on strengthening the managerial capacity of the countries by means of managerial procedures and techniques (1990-1992), support for management through training (1991-1993) and operational research (1992-1994). This is why the thirty-ninth session of the Regional Committee planned technical discussions on the following themes:

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- Health Systems Management (1990)
- Health Manpower Development (1991)
- Operational Research (1992).

The Venn diagram on page nine of the document shows the links between strengthening of management, regular evaluation and continuing education. Annex 3 of the document shows both the health development management cycle and the particular cycles of continuing education and operational research.

Over the next five years, the strengthening of the health system through this approach by discipline will be applied to priority health programmes in particular: maternal and child health, disease prevention and control, drinking water and environmental health.

Role of the management process in establishing linkages between structures and institutions of the national health systems

The African Health Development Scenario offers a framework for decentralized management, linking at each level the management structures with the health institutions, while maintaining links between the three levels. Thus the structures - development committees, health teams and health committees or equivalent at all levels - in collaboration with the institutions, conduct the planning, programming and budgeting while the institutions (e.g. health centres, health posts, hospitals or equivalent depending on level) see to implementation, monitoring and evaluation, with the support of the structures. The evaluation reports of the institutions are submitted to the structures for appraisal and are used in reprogramming.

Community participation and multisectoral collaboration will enable the structures and institutions to conduct activities in order to surmount socioeconomic constraints, especially the global crisis and AIDS.

Operational support for primary health care at district level

Operational management must see to the day-to-day organization of the programmes, keeping them on course with the help of information, management of human, material and financial resources, logistics, procedures, technical guides, supervision, operational research, etc. At district level, the health team must run the health programmes with operational support from the other structures (health and development committees) for greater efficiency in the institutions (health centres, health posts and district hospitals).

Given the economic constraints, the Bamako Initiative, which is a system of community health financing through social mobilization, will enable self-financing structures for most health activities to be set up locally. In the case of social constraints such as AIDS, social mobilization must be strengthened, together with intra- and intersectoral collaboration.

Every three months a compilation of reports from the village development committees in the district concerned should be produced.

Appendix 2

Technical support at the intermediate level

The intermediate level constitutes the hinge between the local and central levels. It must therefore carry out two-way liaison duties. The precondition at this level for providing technical support to the districts is the collaboration which must exist between the provincial health office responsible for coordination, provincial hospitals that must be orientated to supporting PHC activities, and the other related sectors such as agriculture, education, public works, etc., which must intensify their support to priority health programmes.

As at the operational level, the technical level structures are the health development committees and the health teams. They will use their skills to identify training needs and provide training that is adequate at that level while supporting continuous training, especially in management and research at district level. The managerial cycle will be introduced as at district level by linking the managerial structure and the institutions responsible for implementation. The multisectoral approach will enable financing of hospital care to be improved and technical support for social mobilization, especially against AIDS, to be strengthened. The progress report, produced on the basis of all the provincial district reports, will be prepared every six months.

Strategic support at central level

At this level, the managerial cycle will be applied to all priority programmes. The national health council, with the Ministry of Health and the health development service, will play a very important active part in promoting the mobilization of national and international resources and setting up intra- and intersectoral collaborative machinery. The strategic management structures will also provide supervision and give support to management at other levels, while the institutions responsible for implementation will transmute suprasectoral policies into sectoral programmes with the effective participation, in particular, of the universities and nongovernmental organizations (NGOs), together with health ministerial institutions or other sectors. Training in management and in research call for particular attention. In order to overcome the social and economic constraints, national solidarity through health care financing and social mobilization against AIDS are initiatives that should be followed up. All vertical programmes should also be integrated into the structures and institutions concerned, in order to ensure their sustainability.

The "à la carte" choice

When the health system levels are considered it may be seen that management of community health activities becomes operational at district level, technical management of priority programmes becomes operational at intermediate level and the strategic management of national programmes at central level. However, at each of these levels the partnership between health workers, including their opposite numbers from other sectors, with the NGOs, on the one hand, and the communities, on the other, must be strengthened. In this context the priority programmes may gradually be supplemented by "à la carte" programmes which are adaptative to specific local characteristics and for the levels concerned. All these activities should be

Appendix 2

conducted by making use of the standard managerial cycle in order to strengthen the health system further, especially through continuous training and operational research.

Conclusions

In view of the managerial problems that have been identified at all levels of our health systems, the health development framework would appear to be a realistic approach and one which through existing structures and institutions favours the development of a population in good health in a context where resources are limited but of which better use may gradually be made through the adoption at each level of the system of really appropriate technologies. Periodic evaluation, continuous training and operational research are the key elements in strengthening management. In order to move gradually from mediocrity to excellence, the managerial cycle with its approach according to discipline will lead us to intensify, during the five coming years, our efforts in management training and research, both as regards the priority programmes and those of the "à la carte" choice which will be made at each level according to the country's specific needs.

WHO, by strengthening the country teams in administrative areas, primary health care and management will provide effective support to management, training and research in mobilization for health, health development activities and monitoring of progress. No effort will be spared at all levels to overcome social and economic constraints.

PROVISIONAL AGENDA OF THE FORTY-FIRST SESSION OF THE REGIONAL COMMITTEE FOR AFRICA

1. Opening of the forty-first session

2. Adoption of the provisional agenda

3. Constitution of the Subcommittee on Nominations

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

5. Appointment of the Subcommittee on Credentials

6. The work of WHO in the African Region

   6.1 Biennial report of the Regional Director

   6.2 Progress report on the expanded programme on immunization: Achievements and challenges for the 1990s

   6.3 Programme on the eradication of dracunculiasis (Guinea-worm) in the African Region of WHO: Progress achieved

   6.4 Acute respiratory diseases: Control programme for the 1990s and status report

   6.5 Progress report of the International Drinking Water Supply and Sanitation Decade in the African Region of WHO

   6.6 Report on the Second Evaluation of the Implementation of HFA/2000 Strategy in the African Region

   6.7 Nursing and obstetrics care activities in the framework of primary health care strategy

   6.8 Management of information support to district health system

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: Report of the Regional Director

   7.2 Agendas of the Eighty-ninth session of the Executive Board and Forty-fifth World Health Assembly: Regional implications

   7.3 Method of work and duration of the World Health Assembly (Decision WHA40(10)

   7.4 Technical discussions of the Forty-fifth World Health Assembly

8. Report of the Programme Subcommittee

   8.1 Report of Dr Comlan A. A. Quenum Prize

   8.2 Report of the Regional Programme Meeting

   8.3 Report of the African Advisory Committee for Health Development (AACHD)

9. Technical discussions "Public Health Research"

   9.1 Presentation of the report of the technical discussions

   9.1 Nomination of the Chairman and the Alternate Chairman of the technical discussions in 1992

   9.3 Confirmation of the choice of subject of the technical discussions in 1992

10. Dates and places of the forty-third and forty-fourth sessions of the Regional Committee in 1993 and 1994

11. Adoption of the report of the Regional Committee

12. Closure of the forty-first session.

LIST OF DOCUMENTS

AFR/RC40/INF/01	-	Opening of the fortieth session
AFR/RC40/1 Rev. 1	-	Provisional agenda
AFR/RC40/2 AFR/RC40/2 Corr. 1 & 2 AFR/RC40/2 Add. 1	-	Proposed Programme Budget 1992-1993 Programme symbols
AFR/RC40/3	-	The work of WHO in the African Region in 1989: Succinct Report of the Regional Director
AFR/RC40/3 Add. 1	-	AIDS prevention and control in the African Region
AFR/RC40/4	-	A review of maternal and child health programme in the African Region
AFR/RC40/5	-	Review of the AIDS control programme
AFR/RC40/6	-	Optimal use of WHO resources (Examination of the regional policy in programme-budget)
AFR/RC40/7 AFR/RC40/7 Corr. 1	-	Tuberculosis control programme in the African Region
AFR/RC40/8 Rev. 1	-	Emergency preparedness and response in respect of natural disasters and epidemics in Africa
AFR/RC40/9 AFR/RC40/9 Corr. 1	-	Report of the programme on traditional medicine (TRM)
AFR/RC40/10 AFR/RC40/10 Corr. 1 & 2	-	Community mental health care based on the district health system approach in Africa
AFR/RC40/11 AFR/RC40/11 Add. 1 & 2	-	Ways and means of implementing resolutions of regional interest adopted by the World Health Assembly and the Executive Board
AFR/RC40/12	-	Agendas of the eighty-seventh session of the Executive Board and the Forty-fourth World Health Assembly: Regional repercussions
AFR/RC40/13 & AFR/RC40/13 Corr.1	-	Method of work and duration of the World Health Assembly
AFR/RC40/14	-	Technical discussions during the Forty-fourth World Health Assembly
AFR/RC40/15 AFR/RC40/15 Add. 1	-	Discussion of the United Nations General Assembly Resolution 44/211: Operational activities for development
AFR/RC40/16	-	Report of the Regional Director on the Regional Programme Meeting (RPM.11 a, b, c)
AFR/RC40/17	-	African Advisory Committee for Health Development (AACHD)

AFR/RC40/18	-	Report of the Programme Sub-Committee
AFR/RC40/19	-	Report on the technical discussions
AFR/RC40/20	-	Confirmation of the choice of the subject of the technical discussions in 1991
AFR/RC40/21	-	Nomination of Chairman and the Alternate Chairman of the technical discussions in 1991
AFR/RC40/22	-	Dates and places of the forty-first and forty-second sessions of the Regional Committee in 1991 and 1992
AFR/RC40/23	-	Draft report of the Regional Committee
AFR/RC40/24	-	Onchocerciasis control in the African Region
AFR/RC40/25	-	Distribution by countries of functions during preceding regional committees
AFR/RC40/26	-	List of participants
AFR/RC40/27 Rev. 1	-	Programme of work of the Programme Sub-Committee
AFR/RC40/28	-	Report of the Programme Sub-Committee meeting held on the 12 September 1990
AFR/RC40/29	-	Participation by members of the Programme Sub-Committee in meetings of programming interest 1990-1991
AFR/RC40/TD/1 Rev. 1 AFR/RC40/TD/1 Add. 1 AFR/RC40/TD/1 Corr. 1	-	Technical discussions: Health systems management: Framework for the strengthening of national health systems
AFR/RC40/TD/2	-	Guidelines for the technical discussions
AFR/RC40/INF.DOC/1	-	Progress towards guinea-warm disease eradication in the African Region by 1995
AFR/RC40/INF.DOC/2	-	International workshop on public health training in the African Region
AFR/RC40/INF.DOC/3	-	Implementation of the African Health Development Scenario
AFR/RC40/INF.DOC/4	-	Dr Comlan A.A. Quenum Prize for Public Health in Africa - 1991 Prize award
AFR/RC40/INF.DOC/5	-	Second evaluation of the strategies for health for all by the year 2000: activities and timetable
AFR/RC40/INF.DOC/6(a)	-	Traditional medicine and AIDS: meeting the challenge
AFR/RC40/INF.DOC/6(b)	-	Review of the traditional medicine programme

AFR/RC40/INF.DOC/6(c)	-	International Conference of Experts of Developing Countries on Traditional Medicinal Plants
AFR/RC40/INF.DOC/7	-	Amendments to Articles 24 and 25 of the WHO Constitution.
AFR/RC40/Conf.Doc/1	-	Address by the Honourable Minister of Public Health of Niger, Lieutenant Colonel Dr Ousmane Gazere, Chairman of the thirty-ninth session of the Regional Committee
AFR/RC40/Conf.Doc/2	-	Address by Dr G. L. Monekosso, WHO Regional Director for Africa
AFR/RC40/Conf.Doc/3	-	Message of His Excellency Salim Ahmed Salim, Secretary-General of OAU
AFR/RC40/Conf.Doc/4	-	Address By Dr F. J. C. Cambournac, former WHO Regional Director for Africa
AFR/RC40/Conf.Doc/5	-	Opening address by His Excellency General Denis Sassou Nguesso, Chairman of the Central Committee of the "Parti Congolais du Travail", President of the Republic and Head of the Government
AFR/RC40/Conf.Doc/6	-	Statement by Dr Hiroshi Nakajima, Director-General of the World Health Organization
AFR/RC40/WP/01	-	Report of the Sub-Committee on Nominations
AFR/RC40/SCC/3 Rev.2	-	Second report of the Sub-Committee on Credentials.