Forty-fourth Session of the Regional Committee for the Eastern Mediterranean
Teheran, Islamic Republic of Iran, 4 to 7 October 1997.

9.1 Resolutions

EM/RC44/R.1 ANNUAL REPORT OF THE REGIONAL DIRECTOR

The Regional Committee,

Having reviewed the Annual Report of the Regional Director on the Work of WHO in the Eastern Mediterranean Region for the Year 1996 and having noted his statement thereon:

1. THANKS the Regional Director for his comprehensive report, which reflects the close cooperation between the Regional Office and the Member States;

2. ADOPTS the Annual Report of the Regional Director;

3. EMPHASIZES the importance of the close link between medical education and health services;

4. RE-EMPHASIZES the pivotal importance of considering health an integral part of comprehensive development;

5. CALLS FOR closer health cooperation among countries, particularly neighbouring countries, to ensure the success of disease-control programmes, particularly those concerned with malaria and measles;

6. REAFFIRMS the necessity of assuring the quality of health services, including drug and vaccine quality;

7. EMPHASIZES the importance of community participation in health planning;

8. CALLS FOR increased attention to WHO collaborating centres and the nomination of more national centres of excellence as WHO collaborating centres.

9. CALLS UPON Member States to provide the WHO Regional Office for the Eastern Mediterranean with information on the advanced training and research centres available in the Region, with a view to preparing a manual on these centres and so facilitate the use of their services at the regional level.

1 Document EM/RC44/2
10. **REQUESTS** Member States to intensify their efforts and actions in the field of tobacco control;

11. **INVITES** Member States to apply the WHO initiatives that have proved successful in some countries of the Region, particularly the basic development needs initiative.

12. **REAFFIRMS** the importance of the use by Member States of the expertise of the WHO Regional Office for the Eastern Mediterranean in order to support the health-sector reform process and the national stance in discussions with international organizations.

**EM/RC44/R.2 REVIEW OF THE CONSTITUTION OF WHO:**

**REGIONAL ARRANGEMENTS**

The Regional Committee,

Recalling resolution EM99.R24 adopted by the ninety-ninth session of the WHO Executive Board;

Having considered the document presented by the Regional Director relaying the deliberations and views of the Executive Board Special Group formed to review the Constitution, including the examination of a number of issues concerning regional arrangements;

Noting that the Regional Committee had, in fact, already deliberated on some of the issues raised during earlier sessions;

1. **CONFIRMS** the importance of the regional structure of the Organization which provides for closer and more effective technical support to country programmes;

2. **ENDORSES** the current identity of the Eastern Mediterranean Region;

3. **CONSIDERS** that if the Executive Board and the World Health Assembly feel that it is necessary to adopt a mathematical model to serve as guidance in determining regional budgetary allocations, it is essential that the formula used is based on authoritative data, is responsive to changes, takes account of extrabudgetary resources, is

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1 Document EB99/1997–Rec/1

2 Document EM/RC44/3(a)
equitable in terms of the needs of the countries and regions and that overall allocations should not be reduced as a result of good achievements in certain programmes;

4. **EXPRESSIONS** its view that the membership of the Executive Board be increased by two members and that the period of board membership is adequate, and does not favour applying the principle of repeated terms for any single member;

5. **CONFIRMS** that current annual sessions of the Regional Committee should be maintained;

6. **BELIEVES** that for the time being and until the outcome of the application of the new procedure for the election of the Director-General is known, the present procedure for nominating a candidate for Regional Director should be maintained;

7. **REQUESTS** the Regional Director to convey the above views to the Director-General with the purpose of bringing it to the attention of the Executive Board Special Group, at its meeting in November 1997.

**EM/RC44/R.3  APPROPRIATE HEALTH TECHNOLOGY**

The Regional Committee,

Having discussed the technical discussion paper on appropriate health technology;

Noting the significant role of appropriate technology in developing the health services and that the introduction of new technology may have economic, social and ethical consequences;

Recognizing the importance of proper technology evaluation, selection, adaptation and rational use;

1. **CALLS UPON** Member States to:

1.1 Develop national programmes on health technology through designating a national focal point for health technology in the country; developing suitable mechanisms for the assessment and acquisition of health technologies; and developing means of obtaining access to health technology information systems and databases;

1.2 Take necessary measures to ensure that donor support in the area of health technology is given where it is most needed and likely to be most cost-effective.

1.3 Introduce the subject of appropriate health technology in medical, pharmaceutical and paramedical education;
2. **REQUESTS** the Regional Director to:

2.1 Consider the development of technical guidelines and technical codes on selection and rational use of modern technology;

2.2 Strengthen the role of the WHO collaborating centres in support of transfer of appropriate health technology to Member States in the Region.

2.3 Convey to the Director-General the importance attached by Member States to the removal of undue barriers and restrictions on the access of all countries to appropriate health technologies and medical equipment.

**EM/RC44/R.4 HEALTH INFORMATICS AND TELEMATICS**

The Regional Committee,

Having discussed the technical paper on health informatics and telematics;

Recognizing that health informatics, telematics and telemedicine constitute a key component of national health information systems and can play a major role in the advancement of health care in general and primary health care in particular;

Acknowledges the need to consider informatics support to health care institutions as a prerequisite for their proper functioning;

**CALLS UPON** Member States, in collaboration with the Regional Office, to:

1. Conduct a comprehensive situation analysis of the present application and use of health informatics and telematics in Member States and identify national needs;

2. Develop national plans for the development and use of health informatics and telemedicine within the framework of national health information systems;

3. Develop appropriate mechanisms for collaboration in this area at regional and sub-regional levels.
EM/RC44/R.5  THE REGIONAL CONSULTATIVE COMMITTEE  
(TWENTY-FIRST MEETING) 

The Regional Committee, 

Having considered the report of the twenty-first meeting of the Regional Consultative Committee;¹ 

1. **ENDORSES** the report of the Regional Consultative Committee, taking into account the comments of the Regional Committee; 

2. **COMMENDS** the support provided by the Regional Consultative Committee; 

3. **CALLS UPON** Member States to implement the recommendations included in the report, as appropriate; 

4. **REQUESTS** the Regional Director to implement the recommendations that concern the Regional Office for the Eastern Mediterranean. 

EM/RC44/R.6  ELIMINATION AND ERADICATION OF DISEASES, WITH SPECIAL REFERENCE TO MEASLES AND TUBERCULOSIS 

The Regional Committee, 

Having reviewed the technical paper on elimination and eradication of diseases, with special reference to measles and tuberculosis; 

Noting that with the development of control strategies, the possibility of eradication/elimination of some infectious diseases, including measles and tuberculosis, is currently feasible; 

1. **THANKS** the Regional Director for his report; 

2. **URGES** Member States: 

2.1 To adopt and implement measles elimination strategies with the aim of achieving elimination by the year 2010, taking into account that measles elimination activities should 

¹ Document EM/RC44/4
not, in any way, jeopardize poliomyelitis eradication activities.

2.2 With low incidence of tuberculosis which have not yet adopted the target of tuberculosis elimination by the year 2010 to do so.

2.3 With intermediate to high incidence of tuberculosis to implement the strategy DOTS ALL OVER as a prerequisite for elimination.

3. **REQUESTS** the Regional Director to:

3.1 Report regularly to the Regional Committee on progress made towards the elimination of measles and tuberculosis.

3.2 Establish a mechanism to study the feasibility of eradicating/eliminating diseases of regional priority and the cost-effectiveness of programmes aimed at achieving such targets.
The Regional Committee,

Having considered the paper on health for all for the twenty-first century;

Recalling the recommendations and resolutions of the World Health Assembly and Executive Board on WHO’s response to global change;

Noting that Member States are actively involving in the ongoing global consultation to prepare the global document on health for all in the twenty-first century;

Recalling World Health Assembly resolution WHA37.13 concerning the spiritual dimensions of health and the necessity to incorporate these in various health strategies;

Reaffirming that:

i) health for all continues to be a valid and timeless aspiration and goal;
ii) national health policy should be an integral part of national socioeconomic development policy;
iii) national and regional policy should take into account social and cultural characteristics;

Reaffirming also WHO’s mandate in mobilizing all capabilities and resources necessary to enable it to undertake its leading role in directing and coordinating global health activities.

1. **CALLS UPON** Member States to:

1.1 Continue their participation in the global and regional consultative process for ensuring health for all in the twenty-first century;

1.2 Reaffirm the concepts and values of the policy of ensuring health for all within the process of national health reform

1.3 Collaborate with each other in confronting the potential negative aspects of the global changes on the health sector in general and the pharmaceutical sector in particular.

2. **REQUESTS** the Regional Director to:
2.1 Ensure that contributions from Member States are reflected in the global document on health for all for the twenty-first century.

2.2 Take necessary measures to incorporate the spiritual dimensions of health into the global document, as they are fundamental to health promotion, and also to incorporate them into the WHO Constitution at the time of its revision.

2.3 Continue and widen the regional consultation process and prepare the draft regional policy paper for discussion during the next Regional Committee.

EM/RC44/R.8
THIRD REPORT ON REGIONAL EVALUATION OF HEALTH-FOR-ALL STRATEGIES

The Regional Committee,

Having discussed the Third Report on Regional Evaluation of Health-for-All Strategies;

Noting with satisfaction the progress achieved so far by some Member States in the implementation of strategies towards the attainment of global and regional health-for-all targets set by the World Health Assembly and the Regional Committee;

Recognizing with concern, however, that the progress in some countries is not at a level which would allow the national health-for-all strategies to reach the global and regional targets;

Further noting with concern that health resources allocated for the implementation of the health-for-all strategy are not commensurate with political commitment;

1. THANKS the Regional Director for the report and requests him to use its findings for preparing the regional health-for-all policy and strategy for the twenty-first century.

2. URGES Member States to:

2.1 Accord special priority to continuous monitoring and evaluation of health-for-all strategy implementation as an integral part of the national health development process;

2.2 Use the findings of the Third Report on National Evaluation of Health for All in the process of renewing their national health for all strategies to suit the twenty-first century;

2.3 Sustain political as well as effective financial commitment to health for all;
2.4 Consider expenditure on health as a resource and intrinsic to sustainable human development;

2.5 Continue to transmit to WHO the most recent, reliable data on the various socioeconomic and health indicators, giving the reference year and the source, in order to provide meaningful monitoring and evaluation at regional and global levels.
ROLE OF ACADEMIA AND HEALTH PROFESSIONAL ASSOCIATIONS IN SUPPORT OF HEALTH FOR ALL

The Regional Committee,

Having discussed the role of academic institutions and professional associations in support of health for all;

Expressing keenness that programmes of education for health professionals should respond adequately to the needs of their communities;

Recognizing the challenges faced by medical education;

Reaffirming the importance of increasing coordination between educational institutions for health professionals and health care delivery systems;

1. CALLS UPON Member States to:

1.1 Conduct an in-depth review of the current situation related to the role of academia and professional associations in support of health for all, analyse the major constraints encountered in this regard, and identify ways and means of overcoming these constraints, introducing new concepts into the curricula and responding more effectively to community health needs;

1.2 Establish or strengthen the mechanisms that would promote partnership between educational institutions for health personnel and health care delivery systems;

1.3 Review admissions policies of educational institutions for health personnel in order to ensure optimal standards of education and training;

1.4 Encourage medical schools and educational institutions for other health personnel to conduct thorough evaluation of their curricula and teaching/learning methodologies and their relevance to community health needs.

2. INVITES professional associations to:

2.1 Assume a more active role in national health development and contribute effectively to decision-making and action for health;

2.2 Consider ensuring good standards of practice, quality of health services and continuing education of health care professionals an integral part of their responsibilities to their members and the communities they serve;

3. REQUESTS the Regional Director to:
3.1 Provide technical assistance to educational institutions and professional associations in fulfilment of the above;

3.2 Continue to keep the Regional Committee informed on progress made in strengthening the role of academia and professional associations in the achievement of health for all.

3.3 Establish a panel of experts to assist medical schools and educational institutions for other health personnel in evaluating their educational process.

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EM/RC44/R.10 MOBILIZATION OF THE COMMUNITY IN SUPPORT OF HEALTH FOR ALL

The Regional Committee,

Having discussed the technical paper on mobilization of the community in support of health for all;

Recognizing the importance of mobilizing the community to support health for all;

Noting that the Region is particularly rich in social traditions and inherent value systems that can contribute constructively towards reinforcing community mobilization initiatives and ensuring their sustainability;

Convinced that lessons learnt from past experiences in the implementation of various approaches to community mobilization in Member States can provide valuable guidance to future action in this area;

1. **ENDORSES** the steps already taken by the Regional Director to cooperate with Member States in support of the various initiatives for community mobilization, in particular the basic development needs approach;

2. **CALLS UPON** Member States to:

2.1 Translate the policy of community mobilization into clear plans of action which recognize the role of the community in health and development and sustain community action;

2.2 Create a database on nongovernmental development bodies and institutions actually, or potentially, involved in community mobilization;
2.3 Develop and implement training programmes for health personnel in communicating with communities and developing partnership with them;

2.4 Conduct research on the different aspects of community mobilization and its role in ensuring health for all.

3. **REQUESTS** the Regional Director to establish a task force of experts, including social scientists, to develop methodologies and guidelines for mobilizing the community in support of health for all.

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**EM/RC44/R.11  ERADICATION OF POLIOMYELITIS**

The Regional Committee,

Having reviewed the Regional Director’s report on global and regional poliomyelitis eradication activities;

Expressing its appreciation for the progress derived so far in the implementation of the strategies aimed at poliomyelitis eradication;

Recognizing the increasing importance of cross-border transmission of poliomyelitis from areas where it is still endemic;

1. **EMPHASIZES** the necessity of:

1.1 Continuing national efforts at maintaining high levels of routine immunization;

1.2 Continuing to implement supplementary immunization activities, particularly national immunization days;

1.3 Supporting epidemiological surveillance for cases of acute flaccid paralysis;

1.4 Giving increased attention to cross-border transmission;

2. **CALLS ON** Member States to:

2.1 Continue to implement all the poliomyelitis eradication strategies;

2.2 Coordinate their efforts for poliomyelitis eradication, particularly in border areas;

2.3 Rapidly exchange information concerning cases of cross-border transmission of poliomyelitis and collaborate and
coordinate with each other with regard to the measures necessary to deal with them;

3. **REQUESTS** the Regional Director to:

3.1 Continue support activities aimed at eradication of poliomyelitis from all countries of the Region;

3.2 Support efforts aimed at limiting cross-border transmission and make use of the facilities and resources available to WHO and in its collaborating centres to support these efforts.

3.3 Work towards establishing a team comprising members of the Regional Committee to undertake the task of soliciting the necessary extrabudgetary financial support to ensure continuation of the efforts for eradication of poliomyelitis from the Region.