World Health Organization
Organisation mondiale de la Santé

EXECUTIVE BOARD
Ninety-fifth Session

EB95/SR/10
24 January 1995

PROVISIONAL SUMMARY RECORD OF THE TENTH MEETING

WHO Headquarters, Geneva
Tuesday, 24 January 1995, at 14:30

Chairman: Dr J. KUMATE

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taken in conjunction with the following:

Review and evaluation of specific programmes

Implementation of resolutions and decisions (progress reports by the Director-General)

TENTH MEETING

Tuesday, 24 January 1995, at 14:30

Chairman: Dr J. KUMATE

The meeting was held in private from 14:30 to 14:55, when it resumed in public session.

1. **AWARDS:** Item 25 of the Agenda

Léon Bernard Foundation Prize (report of the Léon Bernard Foundation Committee): Item 25.1 of the Agenda

> **Decision:** The Executive Board, having considered the report of the Léon Bernard Foundation Committee, awarded the Léon Bernard Foundation Prize for 1995 to Dr Manuel Elkin Patarroyo (Colombia) for his outstanding service in the field of social medicine.

Dr A.T. Shousha Foundation Prize (report of the Dr A.T. Shousha Foundation Committee): Item 25.2 of the Agenda

> **Decision:** The Executive Board, having considered the report of the Dr A.T. Shousha Foundation Committee, awarded the Dr A.T. Shousha Foundation Prize for 1995 to Dr Ibrahim Mohammed Yacoub (Bahrain) for his outstanding contribution to the improvement of the health situation in the geographical area in which Dr Shousha served the World Health Organization.

Child Health Foundation Prize and Fellowship (report of the Child Health Foundation Committee): Item 25.3 of the Agenda

> **Decision:** The Executive Board, having considered the report of the Child Health Foundation Committee, awarded the Child Health Foundation Prize for 1995 to Professor Deryaev Invar (Turkmenistan) for his outstanding service in the field of child health.

The CHAIRMAN announced that no fellowship had been awarded for 1995 and that the amount of the fellowship would be raised from US$ 15 000 to US$ 30 000 for the award of one fellowship in 1997.

Sasakawa Health Prize (report of the Sasakawa Health Prize Committee): Item 25.4 of the Agenda

> **Decision:** The Executive Board, having considered the report of the Sasakawa Health Prize Committee, awarded the Sasakawa Health Prize for 1995 to Dr J. Torres Goitia Torres (Bolivia) and Professor Le Kinh Duc (Viet Nam) for their outstanding, innovative work in health development. The Board noted that Dr Goitia and Professor Le would receive US$ 30 000 each.

Francesco Pocchiari Fellowship (report of the Advisory Committee on Health Research): Item 25.5 of the Agenda

The CHAIRMAN announced that no suitable candidates had been found for receipt of the fellowship.

United Arab Emirates Health Foundation Prize (report of the United Arab emirates Health Foundation Committee): Item 25.6 of the Agenda

Decision: The Executive Board, having considered the report of the United Arab Emirates Health Foundation Committee, awarded the United Arab Emirates Health Foundation Prize for 1995 to the Child Survival Project of Egypt (Egypt) and Dr Abdul Rahman Abdul Aziz Al-Swailem (Saudi Arabia) for their outstanding contribution to health development. The Board noted that the Child Survival Project and Dr Al-Swailem would receive US$ 20 000 each.

The CHAIRMAN invited the Board to endorse an amendment made by the Foundation Committee to Article 8 of the Statutes of the Foundation relating to a plaque to be given by the Founder in addition to the certificate of award and the sum of money.

The change would be to add, under Article 8, point 1, first line, after "sum of money", the words "together with a plaque from the Founder,".

It was so agreed.

Administration and award of foundation prizes in WHO (report by the Director-General): Item 25.7 of the Agenda (Document EB95/56)

The CHAIRMAN invited members of the Board to comment on the report by the Director-General (document EB95/56) and on the following draft decision:

The Executive Board, having considered the report by the Director-General on administration and award of foundation prizes and fellowships in WHO[1] and the reports of the Léon Bernard Foundation Committee, the Dr A.T. Shousha Foundation Committee, the Sasakawa Health Prize Committee and the United Arab Emirates Health Foundation Committee,

1. noted the decision of the Léon Bernard Foundation Committee to increase the amount of the award from Sw.fr. 1000 to Sw.fr. 2500, which would have the consequent effect that the prize would be awarded on a biennial basis instead of annually;
2. decided to transmit to the Regional Committee for the Eastern Mediterranean a request to consider taking on the responsibility of nominating candidates for the Dr A.T. Shousha Foundation Prize and Fellowship; and noted the decision of the Dr A.T. Shousha Foundation Committee to increase the amount of the award from Sw.fr. 1000 to Sw.fr. 2500;
3. recommended that 13% for programme support costs be assessed on the amounts awarded by the Sasakawa Health Prize and by the United Arab Emirates Health Foundation to help cover the cost of administration of the Prizes;
4. decided to recommend to the Darling Foundation Prize Committee, on the occasion of its next meeting, that it should consider the desirability of increasing the amount awarded to Sw.fr. 2500.

Dr LARIVIERE supported the draft decision but requested clarification of paragraph 3. Was he correct in assuming that, although 13% for programme support costs would be assessed on the amounts awarded by the Sasakawa Health Prize and the United Arab Emirates Health Foundation, the sum of money awarded to the laureates would not be affected?

Mrs HERZOG and Dr AL-JABER confirmed that that was correct.

Professor GIRARD suggested that, in view of the projected reduction in length of the Health Assembly, consideration might be given to organizing award ceremonies at a time that would not reduce still further the

[1] Document EB95/56.

meeting time available. It was unfortunate that the Francesco Pocchiari Fellowship could not be awarded for 1995, and it might be useful for the Board to reflect on ways of avoiding a similar situation in future.

Dr PIEL (Cabinet of the Director-General) said that a proposal to hold the awards ceremony at other times, such as on 7 April of every year, World Health Day, instead of during the Health Assembly, was currently under consideration. There had been a number of good candidates for the Francesco Pocchiari Fellowship, but none had met the requirements for receiving it in 1995; two candidates had been asked to resubmit their presentations.

Dr MANSOURIAN (Office of Research Policy and Strategy Coordination) added that 34 applications had been received and had been considered by the Francesco Pocchiari Fellowship Committee on 8 October 1994. The two resubmissions mentioned by Dr Piel were expected to be received soon.

The CHAIRMAN suggested that, in line with the comments made by Professor Girard, the Secretariat be asked to look into the timing of the awards ceremony and ways of promoting candidatures for the Francesco Pocchiari Fellowship.

It was so agreed.

Dr AL-JABER, supported by Mrs HERZOG, suggested that the proposed change in administration of the Dr A.T. Shousha Foundation Prize and Fellowship should be referred to the Regional Committee for the Eastern Mediterranean for its consideration prior to any decision by the Board.

Mr TOPPING (Office of the Legal Counsel), replied that the Statutes for the Dr A.T. Shousha Foundation Prize could be revised by a decision of the Foundation Committee, with the revision subsequently to be transmitted to the Health Assembly. The Executive Board did not have a formal role to play in that process. However, the request in paragraph 2 of the draft decision, that the Regional Office for the Eastern Mediterranean consider taking on responsibility for the initial selection of candidates for the Prize, was being transmitted through the Executive Board in accordance with parliamentary procedure. Members of the Executive Board could comment on the proposal, and those comments would be made available to the Regional Committee for the Eastern Mediterranean to assist it in its consideration of the request.

Dr DLAMINI welcomed the efforts being made to reduce expenditure for the administration of prizes and supported the recommendations suggested in paragraph 14 of the Director-General's report (document EB95/56). She proposed the addition of a new paragraph to the draft decision under consideration, to read:

> 5. decided to request the Director-General to revise administrative procedures where possible and to continue to study the modalities for administration and award of foundation prizes and fellowships with a view to eliminating the direct costs to the Organization.

Dr LARIVIERE said he had no objection to the amendment, but asked what "direct costs" referred to and whether it included travel to Geneva for the prizewinners.

The CHAIRMAN explained that the costs were sums spent on correspondence, translation and similar administrative expenditures, but did not include travel.

Dr ANTELO PEREZ, referring to paragraph 11 of the report (document EB95/56), noted that the cost of prize administration had been US$ 72 533 for the biennium 1994-1995, approximately US$ 36 000 per annum. That was more than the amount awarded by most prizes and fellowships. He therefore supported the amendment put forward by Dr Dlamini.

Decision: The Executive Board, having considered the report by the Director-General on administration and award of foundation prizes and fellowships in WHO[1] and the reports of the Léon Bernard Foundation Committee, the Dr A.T. Shousha Foundation Committee, the Sasakawa Health Prize Committee and the United Arab Emirates Health Foundation Committee,

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5. decided to request the Director-General to revise administrative procedures where possible and to continue to study the modalities for administration and award of foundation prizes and fellowships with a view to eliminating direct costs to the Organization.

2. PROPOSED PROGRAMME BUDGET FOR THE FINANCIAL PERIOD 1996-1997: Item 11 of the Agenda (continued)

GENERAL REVIEW: Item 11.1 of the Agenda[2] (document PB/96-97) (continued)

Appropriation section 3: Health services development

3.1 Organization and management of health systems based on primary health care

Dr LEPPO said he wished to return to a point he had raised at a previous meeting because he regarded the organization and management of primary health care as extremely important. Budget heading 3.1 showed one of the largest reductions in allocation. Given the appalling situation concerning primary health care and infrastructure in many developing countries, reflected in other reports, he was surprised that there was less demand from countries in that field. Moreover, in recent years, WHO had championed an integrated approach to health delivery, involving sustainable infrastructures based on the district. He was particularly concerned, in view of the increasing pressure over recent years to emphasize vertical, selective approaches to health systems, which led to campaign activities but failed to set up a lasting infrastructure. He sought reassurance from the Secretariat that the budget reduction would not diminish WHO's capacity to promote integrated and district health systems. When it had been discussed in the preparatory committees, particularly the Administration, Budget and Finance Committee, the area had been regarded as a core priority. It would be important to monitor the effects of the reductions in practice.

Professor MTULIA agreed that primary health care was a very important area. In many developing countries, health facilities had been built some 20 or 30 years earlier and were now disintegrating as a result of the economic situation, poor management or other factors. There was thus a continuing need for support

[1] Document EB95/56.

[2] Taken in conjunction with: Item 10, Review and evaluation of specific programmes; and Item 12, Implementation of resolutions and decisions (progress reports by the Director-General).

to primary health care, and WHO needed to be involved in that. He urged the Board to emphasize the need for decentralization, distributing funds to district level, where they could be more effective. Communities should be empowered to own their own facilities. They should participate at all stages of the programme from conception to implementation, for example, setting up a hospital board to run the local hospital, with power to plan and budget its own resources, and seek further funds where necessary.

Professor MBEDE said that the primary health care programme was important, but not necessarily in budget terms. A number of different programmes had been set up which all contributed to the organization of health systems. On the question of decentralization, privatization was not suitable for very poor countries, and governments could not withdraw from their responsibilities. What was required was better partnership between governments and local users, sharing management of the health system.

Dr WINT added his concern at the proposed budget cuts, and sought assurance that they would not undermine the work of the Organization in the area of primary health care - a pillar of health development. Effective application of health economics and management in particular would lead to better collaboration with the Ministry of Finance. In Jamaica, for example, the hospital service accounted for 65%-70% of the health budget. Hospital performance was therefore a top priority in order to ensure the best return on investment in the service.

Dr DLAMINI shared the concerns of the previous speakers. The programme was a cornerstone of initiatives in the provision of health care, and was particularly important for planning and management at the district level. She was not sure that the shift of resources to other programmes would result in the strengthening of health systems.

Dr TANGCHAROENSATHIEN (alternate to Dr Sangsingkeo) emphasized that allocations under budget heading 4.1 should be safeguarded, since the programme contributed to long-term development and the attainment of important social objectives.

Professor SHEIKH took a different view. In view of the prevalence of diseases such as diarrhoeal diseases, malaria, and tuberculosis, and the lack of facilities in developing countries for the manufacture of basic medicines such as aspirin and penicillin, priorities had to be defined. In comparison with those problems, he questioned the usefulness of activities such as health systems research and quality assurance in health institutions.

Ms KAZHINGU (alternate to Dr Kalumba) shared the concern of previous speakers regarding the proposed budget cuts. In Zambia, primary health care systems had already been established in all districts, but would need further funding if they were to be continued. Other developing countries still required assistance in establishing such systems.

Professor CALDEIRA DA SILVA emphasized that good organization and management of health care systems was very important, since it could solve many problems. However, it might not require additional resources. In his view hospital care was the key provider of health care services. He was not opposed to primary health care systems, but felt that they should be combined with hospital systems in comprehensive health care networks. He was therefore pleased to note that WHO was increasingly discussing integrated health care systems.

Dr AL-JABER said that the term "primary health care" should be replaced by "primary health care programmes" under budget heading 3.1, since primary health care was a concept, while health systems consisted of a number of programme elements. Further, primary health care differed from country to country. He agreed with Professor Caldeira da Silva that what was needed was implementation of a comprehensive health care system.

Professor BERTAN questioned how capacity-building could be achieved without human resources. She did not agree with the recommendation of the Programme Development Committee and the Administration, Budget and Finance Committee that the WHO fellowship programme should be cut. If fellowships were not being properly utilized, the programme should be made more efficient. A few fellowships could contribute much to developing and strengthening units in primary health care systems, particularly in developing countries.

Dr NGO VAN HOP said that the organization and management of health systems based on primary health care was most important, as the basis of all health care activities. The proposed reductions amounted to more than 11% for regional and country level activities but only some 2% for global and interregional activities. It would be preferable to emphasize regional and country activities, increasing the reduction at the global and interregional level.

The CHAIRMAN invited the Regional Directors to comment on the budget reductions in their regions.

Dr HAN (Regional Director for the Western Pacific) said that the apparent reduction for his Region had resulted from shifts of resources to other programmes rather than a reduction in programme activities. For example, some activities which had previously been included in primary health care had been moved to the health and socioeconomic development programme. In other words, the activities remained more or less the same, but programme classification had changed.

Dr UTON RAFEI (Regional Director for South-East Asia) said that nine countries in the Region had shifted resources to other programmes, which accounted for the reduction in the appropriation compared with 1994-1995.

Dr BAATH (alternate to Professor Chatty) said that the development and delivery of primary health care were means of ensuring equity and justice. Budget heading 3.1 encompassed many activities. He noted that funds had been spent on comparative studies, consultations and meetings in support of those activities. He queried the usefulness of such work, asking whether the money could have been allocated in a more appropriate manner; given the different requirements of the regions, he doubted whether a study carried out in one region could be applied in another. There was a risk that tasks might be duplicated and money wasted. Emphasis should therefore be placed on cooperation and an exchange of information between countries. The regions might then define their own priorities so that adequate funds were allocated to health care programmes delivering services directly to the people. Populations in the developing countries suffering the effects of poverty were especially in need of at least a minimum of such care and governments should not neglect their responsibilities in that area. Participation in health programmes should also be encouraged.

Dr MONEKOSSO (Regional Director for Africa) explained that the shift in resources allocated to the African Region was not as great as it might appear from a reading of the figures given in the proposed programme budget. Many countries had received substantial sums for primary health care from the donor community. For example, one health minister had received US$ 70 million to spend on six health districts. In addition, African countries committed at least 5% of their WHO regular budget allocations to district health systems. Discussion on selective interventions and reform of the system itself continued. Primary health care was afforded the highest priority within planning for the Region. The World Bank also provided support for primary health care programmes. It was true that the current need was not necessarily for more financial support, but for a review of management and organizational practices. With regard to WHO funds, care was taken to channel as much as possible directly to the district level.

Dr BOUFFORD suggested that the title of budget heading 3.1 should be amended by replacing the word "based" with "supporting", thus shifting the emphasis from primary health care to health systems. She requested clarification on the effects of the substantial reduction in extrabudgetary resources.

Dr ANTELO PEREZ, noting the considerable reductions in allocations under budget heading 3.1, particularly in extrabudgetary resources suggested that, of the US$ 40 million proposed for reallocation to other programmes, 25% be taken to support primary health care.

Dr JARDEL (Assistant Director-General) referred Board members to analytical tables 4a and 4b of the proposed programme budget, which gave the country and intercountry figures in real terms. With regard to budget heading 3.1, he underlined that most of the reduction (US$ 5 561 000 out of US$ 6 701 800) had been made at country level. Those changes had been carried out with the agreement of the countries concerned and reflected a change in national funding priorities. Primary health care was a broad field and included such elements as education for health, essential drugs, water supply and sanitation, and immunization, which were covered under other programmes. In fact, it embraced the basic approach of the Organization. Budget heading 3.1, as Dr Boufford had correctly pointed out, encompassed the organization of services to support that approach.

With regard to the extrabudgetary figures queried by Dr Boufford, he underlined that for all programmes those figures represented only estimates of resources expected with a reasonable degree of certainty. Further, in addition to the regular budget and extrabudgetary resources allocated to each country through WHO, extra funding was sent directly from donor agencies and organizations to country programmes. The Regional Directors had given details of such funding. Professor Sheikh had suggested that more support should be given to the manufacture of drugs in developing countries. However, it should be borne in mind that without a suitable infrastructure, it would not be possible to make those drugs accessible to the populations. He emphasized that the studies mentioned by Dr Baath had been drawn up in close collaboration with the developing countries and with the assistance of the regional offices. The studies were of a highly practical nature, their aim being not to provide solutions but to promote an exchange of information and identify options that would allow countries to choose the best methods of accomplishing their work.

The CHAIRMAN sought assurance that the activities covered by budget heading 3.1 would not suffer as a result of the proposed cuts for the 1996-1997 biennium.

Dr JARDEL (Assistant Director-General) said that provision under budget heading 3.1 had been safeguarded at the global level and that the Regional Directors had given assurances that the reductions in regional and country allocations would not harm programmes at country and regional level.

The CHAIRMAN then sought further confirmation from the Regional Directors that regional or country level activity would not suffer.

Dr GEZAIRY (Regional Director for the Eastern Mediterranean) said that, in cases where there was a reduction in regular budget, resources allocated to a particular programme, the shortfall was explained by the fact that governments were providing those funds from national budgets. The Expanded Programme on Immunization was an example of a programme funded increasingly by governments if outside sources failed. He assured members of the Board of the Region's continued commitment to health for all through the primary health care approach.

Dr ANTELO PEREZ was not convinced that resources would be made available through other programmes so that primary health care activities would not suffer, and reiterated his earlier proposal.

The CHAIRMAN said that, as the Regional Director for the Eastern Mediterranean had explained, countries had taken on more responsibilities for such programmes. Mexico had originally received poliomyelitis vaccines paid for largely by Rotary International, but was now able to pay for the vaccines itself. WHO funding had often served as a catalyst, allowing countries the time needed to assume full responsibility for a programme.

Dr ANTELO PEREZ, while not disputing the information provided underlined that 30% of populations did not have any regular access to health care. In Cuba, the Rotary International had paid for poliomyelitis vaccines for five years. In a world undergoing rapid change it was important to support primary health care programmes and he maintained the proposal he had made.

Dr MARIN ROJAS suggested that decisions on how the extra funding should be allocated should be deferred until the Board had examined all the programmes. Further, it was his view that the proposed programme budget should not be viewed in terms of previous programme budgets, but in the light of the current situation.

The CHAIRMAN suggested that the Board might wish to discuss further the proposal made by Dr Antelo Pérez when it came to consider its recommendations on priorities.

It was so agreed.

3.2 **Human resources for health** (Documents EB95/INF.DOC./10 and EB95/Working Paper No.10)

Professor MTULIA presented a summary of the subgroup report on its review of the programme (document EB95/Working Paper No.10). The Director of the programme had outlined its salient points to the subgroup and had given an account of the financial situation. Reviews of policy planning and management, educational development of human resources for health, nursing and health learning materials had also been presented. The subgroup had been reminded that 70% of a country's health budget was spent on the workforce. The desirability of an optimum mix of health personnel categories had also been outlined. There had been a discussion on the need to target the priorities of Member States as well as the role of the primary health care providers within them. Concern had been expressed that duplication of activities should be avoided and that the resources of different sectors should be pooled wherever possible. Health workers should be encouraged to concentrate their efforts where the disease burden was greatest.

The subgroup had agreed that fellowships should first serve Member States' priorities and needs and that those benefiting from fellowships abroad should return to their country of origin for at least three years. There had been a call for fellowships to be increased for nurses and midwives. There was a view that, as human resources were a key factor in the search for equity and justice in health services, support for fellowships should continue and a cut in their funding should be discouraged.

The geographical balance of WHO staff at all levels had also been discussed: concern had been expressed that 70% of staff came from North America and western Europe. Staffing should reflect the international nature of Organization and the selection criteria should be clarified with a view to achieving balanced recruitment. More work should be done in the area of the public/private mix of health care personnel, as well as on staff development programmes. After some discussion it had been agreed that language training in the working languages of the Organization should continue, as an essential basis for efficiency.

The subgroup had made the following recommendations for consideration by the Executive Board: further indicators should be developed in order to evaluate the need for fellowships taking into account relevance to national health needs, adequacy of funding, effectiveness, comparative advantage, efficiency and impact; fellowships should be awarded only when the field of training reflected a country's priority needs and that a circular should be sent to Member States re-emphasizing WHO's policy on the award of fellowships; WHO and Member States should ensure that fellows fulfilled their obligation to return to their own country for at least three years and that wherever possible the fellowships should be used to carry out training in countries using foreign experts if necessary; the importance of continuing education must be stressed and fellowships should be used for this purpose; additional indicators for the monitoring of quality of education must be developed in order to reflect the changing health care delivery systems; WHO should support countries to ensure that the learning materials developed for health personnel and the public were easily understood and culturally acceptable.

Professor MBEDE said that the development of human resources was one of WHO's major priorities. Indeed it was through the health workforce that the poorest countries could hope to emerge from their underdeveloped state. The proposed cuts were therefore a cause of considerable concern. He stressed the importance of the quality of training, particularly in the Regions: WHO could give greater support to the universities and to interregional training programmes. Although the developing countries needed the expertise of the western countries, the medical sector and the health sector as a whole had developed so rapidly in those countries that personnel were almost too specialized and would have difficulty in adapting to conditions in developing countries. District physicians had to be familiar with local administration, staff management, programme management, budgeting as well as appropriate clinical skills and should be trained for those tasks. It had proved more difficult to obtain fellowships for more specialized training in the universities within the Region than in western countries, after which many fellowship holders no longer wished to return home. Furthermore, doctors trained in the developed countries proved less and less able to act as heads of multidisciplinary teams once they returned to their own countries. It was therefore of the greatest importance to sustain investment in training.

Dr BOUFFORD welcomed the fact that the subgroup's recommendations addressed many of the issues of accountability concerning which there had been some difficulty in the past. Emphasizing the need to maintain potential for achieving greater cross-programme synergy, she suggested that the fellowships programme might endeavour to complement the efforts of other organizational divisions within WHO (e.g. nutrition, food safety, health information systems) with a view to furthering country-level developments in those areas and to eliminating certain infrastructural weaknesses that affected the functioning of health systems.

Professor GIRARD agreed with Professor Mbede whose views applied also to the developed countries where the clinical approach to the training of doctors predominated, leading to extreme specialization. That training took place in a rigid structure which was difficult to change, and it looked as though general practitioners were becoming a thing of the past. The necessary reforms would not come from within, and he considered that WHO could be influential in provoking needed changes. He agreed that medical training was increasingly ill-adapted to reality, both in developing and developed countries, and advocated a re-evaluation of the role of the doctor and an identification of human resources priorities, taking into account the needs and perceived priorities of countries and communities. With AIDS, for example, patients and communities were often ahead of the health professions in matters of organization. In view of the length of medical training - 10-12 years - it was urgent to provide human resources better adapted to demand.

Dr SAVEL'EV agreed with the conclusions of the subgroup document and with the content of document EB95/INF.DOC./10. He also shared the views expressed by Professor Girard. He drew attention to the fact that the human resources for health programme was not examining individual aspects of the problem in a fragmentary way but was designed to establish national information systems for training of all health staff - an activity to which he gave his full support and in which he placed great hopes for the future.

Dr NYMADAWA, stressing that health manpower was the main capital in developing countries, expressed concern over the high costs involved, and also the fact that the knowledge acquired in developed countries was not necessarily relevant to local situations in developing countries. He suggested two possible solutions: sending fellows to advanced developing countries (e.g. Thailand in Asia and Brazil and Mexico in the Americas) instead of to developed countries, and combining WHO fellowship programmes with bilateral cooperation programmes.

Professor SHEIKH considered that WHO could support training programmes, including fellowships, undergraduate and postgraduate training, in three areas: clinically oriented training in specialized fields; public health and preventive health; and hospital management. A mechanism should be established to train specialists in those fields both locally and abroad. Further steps should be taken to adapt curricula to rapidly changing modern technologies. The need for continuing medical education programmes for young doctors

after the end of their training, in both public and private sectors, should also be borne in mind. He suggested that WHO should establish centres of excellence or support existing specialized institutions for training of graduates, so as to render the whole training and fellowships programme cost-effective.

Dr DLAMINI underlined the importance of developing human resources for sustainable health development. In particular, the training of nurses and midwives should continue to receive priority, along with that of laboratory staff and technicians, in order to raise the efficacy of health services. The work of the educational development of human resources for health (EDH) programme was especially relevant to the reorientation of health personnel to meet contemporary challenges. Finally, the activities of the staff development programme were very valuable at country level.

Dr NAKAMURA said that the fellowships programme was important in helping to ensure equitable access to health services but that a full evaluation of its components, results and implementation at all levels was required.

Dr AL-JABER said that the training of medical staff in the Eastern Mediterranean Region was encountering difficulties owing to the high cost of fellowships and the reluctance of some universities elsewhere in the world to accept fellows. In some cases it took so long for a fellowship to be confirmed that potential trainees were discouraged from applying.

Dr NOOMAN (Network of Community-Oriented Educational Institutions for Health Sciences), speaking at the invitation of the CHAIRMAN, said that the Network, initiated by WHO in 1979, currently comprised nearly 250 innovative educational institutions for health professionals throughout the world. Its principal aim was to strengthen and encourage cooperation among member institutions - in developed and developing communities - in planning and implementing curricula that emphasized what he called the bio-psycho-social paradigm in education and practice, community-based education and student-centred problem-based learning, and in developing instructional methodologies.

Since educational reform was only meaningful in relation to changing patterns of practice and changing social needs, the Network also dealt with research and development in health systems and the health development of communities, issues central to the social mandate of medical schools. Another strategy was to build partnerships with other organizations, first and foremost WHO, seeking better health and a better quality of life for all peoples. WHO was currently launching a global initiative for change in medical education and practice. The Network shared the conviction that only through cooperation among agents of change throughout the world would sufficient energy and resources be recruited for that endeavour; a mechanism to provide such cooperation was thus eagerly awaited.

He appealed to the Board for an expression of support for the Network and its member institutions, which were seeking to institute change at the grass-roots level in order to have the greatest impact on the promotion of health for all.

Dr OGUISSO (International Council of Nurses - ICN), speaking at the invitation of the CHAIRMAN, commended the Advisory Committee on Health Research for including nursing in its purview. Study of nursing services and nursing practice was essential since nursing was a major component of any country's health budget. She hoped that nurses would be represented on the Advisory Committee in future.

She asked what the distribution of short and long-term fellowships had been by profession over the past three or four years and what the overall cost had been. Recalling the appeal in resolution EB87.R23 for nurses and midwives to be given greater consideration by Member States when they selected candidates for fellowships, she said the Council contended that insufficient attention was being given to areas in short supply. Perhaps priorities should be revised and the composition of fellowships selection committees broadened.

Welcoming the recognition that employment conditions must be considered in order to ensure a quality health-care workforce, she asked what cooperation there was between WHO and ILO, which was apparently reassessing its programmes and was to give major attention to the health sector and its restructuring. The

Council urged WHO to take forceful and rapid action in the area to help stem the loss of nurses and midwives to other fields. The Council further hoped that activities would be scheduled to promote continuing education.

Since the activities proposed in nursing and midwifery were considerable for the small WHO regional and global staff involved, it was hoped that additional funds could be allocated to implement resolution WHA45.5. The funding of short-term staff by a number of governments was welcomed.

Since management information in relation to nursing and midwifery had to fit in to the overall system and ought to contain more than personnel data, WHO needed to clarify its data classification system to allow appropriate planning of roles and functions in the field. The ICN was currently working on an International Classification of Nursing Practice and that should be compatible with the International Classification of Diseases.

The mixture of skills required in health care teams was a difficult issue that was regarded differently in different countries; studies on the subject called for interdisciplinary effort. Although at country level the question was being addressed by the professional associations and ministries of health, greater clarification was needed of what field activities were planned at global level, particularly in the area of primary health care.

ICN appealed for action to ensure that all health personnel whose work exposed them to the risk of HIV infection were provided with a minimum of safety equipment; protective gloves, for example, were not always available for such staff in many countries. Leadership from WHO, UNICEF and UNDP on the issue was required; the future recruitment of health workers was at stake.

Dr BOLAND (World Organization of National Colleges, Academies and Academic Associations of General Practitioners - WONCA), speaking at the invitation of the CHAIRMAN, said that WONCA which, through 55 member organizations in 45 countries, represented more than 150 000 doctors throughout the world, had as its mission to improve the quality of life of all people by fostering and maintaining high standards in general practice and family medicine through a range of academic strategies. It was committed to reform of medical practice and medical education and welcomed the opportunity to collaborate with WHO to that end.

In November 1994, WONCA and WHO had jointly convened a Strategic Action Forum intended to propose an agenda for worldwide collaboration between medical training institutions and governments to enhance the role of the family doctor in the achievement of relevance, quality, cost-effectiveness and equity in health care systems through appropriate training. Medical practice was an importance source of information on the relevance of health services; the integration of individual and community health services should be a key element in the achievement of health for all. A new balance between generalist and specialist practice was central to achieving equitable, relevant and cost-effective health care delivery and the reduction of unnecessary medical interventions at secondary and tertiary levels. Quality primary medical care should be universally available, attracting levels of funding that would render the standards of its facilities comparable to those prevailing in hospitals. That balance should also be reflected in medical representation on all policy-making, planning and resource-allocation bodies.

WONCA believed that reform in medical education should be the result and not the precursor of reform in health services and medical practice. Nevertheless, medical educational institutions had a contribution to make by assessing training programmes in the light of their relevance to individual and community needs and by fostering an appropriate generalist/specialist balance through appropriate curricula giving proper emphasis to family medicine.

WHO was the appropriate organization to lead a global initiative to make medical practice and medical education more relevant to people's needs. The Board was therefore urged to submit a suitable resolution to the Health Assembly that would provide a framework for a programme of specific action. WONCA would welcome the opportunity to work with WHO in implementing such an initiative.

Dr HU Ching-Li (Assistant Director-General) said that the Secretariat had noted the suggestions and recommendations made by the Board and would ensure their implementation at headquarters, regional and country level. In reply to Dr Boufford, he confirmed that the Human resources for health programme would

be closely coordinated with other related programmes such as Strengthening of health services, and would be paying particular attention to supporting countries' needs for strengthening health infrastructure and health development. WHO activities directed to medical education reform were already addressing the need highlighted by a number of Board members for change in medical education in developing as well as developed countries. The Human resources for health programme would be working closely with the regional offices on evaluation of the fellowships system, a need emphasized by Dr Nakamura. It was hoped that extrabudgetary resources would be forthcoming to support such activities.

The CHAIRMAN drew attention to the following draft resolution proposed by Dr Boufford, Professor Caldeira da Silva, Dr Devo, Professor Fikri-Benbrahim, Dr Meredith and Dr Tangcharoensathien:

The Executive Board,

Considering the need to achieve relevance, quality, cost-effectiveness and equity in health care throughout the world;

Mindful of the importance of an adequate number and mix of health workforce to achieve optimal health care delivery;

Recognizing the important influence of medical practitioners on health care expenditure and in decisions to change the manner of health care delivery;

Aware that general practitioners can play a pivotal role in improving cost-effectiveness in health care delivery;

Concerned that current medical practices should be adapted in order better to respond, with existing resources, to health care needs of both individuals and communities;

Acknowledging the need for medical schools to improve their contribution to changes in the manner of health care delivery through more appropriate education, research and service delivery in order better to respond to people's needs and improve health status;

Recognizing that reforms in medical practice and medical education must be coordinated, relevant and acceptable;

Considering WHO's privileged position in facilitating working relations between health authorities, professional associations and medical schools throughout the world,

1. URGES Member States:

(1) to review, within the context of their needs for human resources for health, the special contribution of medical practitioners and medical schools in attaining health for all;

(2) to collaborate with all bodies concerned, including professional associations, in defining the desired profile of the future doctor and, where appropriate, the respective and complementary roles of generalists and specialists and their relations with other primary health care providers, in order better to respond to people's needs and improve health status;

(3) to promote and support health systems research to define optimal numbers, mix, deployment, infrastructure and working conditions to improve the general practitioner's relevance and cost-effectiveness in health care delivery;

(4) to support efforts to improve the relevance of medical educational programmes and the contribution of medical schools to the implementation of changes in health care delivery;

2. REQUESTS the Director-General:

(1) to promote coordinated efforts by health authorities, professional associations and medical schools to study and implement new patterns of practice and working conditions that would allow general practitioners and other primary health care providers to respond better to the need for more quality, relevance, cost-effectiveness and equity in health care;

(2) to support the development of guidelines and models that enable medical schools and other educational institutions to enhance their capacity for initial and continuing training of the medical

workforce and reorient their research and service activities to make an optimal contribution to changes in the manner of health care delivery;

(3) to respond to requests from Member States for technical cooperation in the implementation of reforms in medical education and medical practice by involving networks of WHO collaborating centres and nongovernmental organizations as well as using available resources within WHO;

(4) to encourage and facilitate coordination of worldwide efforts to reform medical education and medical practice in line with the principles of health for all, by collecting and disseminating relevant information and monitoring progress in the reform process.

Professor FIKRI-BENBRAHIM (alternate to Professor Harouchi), introducing the draft resolution, said that in all WHO's efforts to develop human resources greater emphasis should be placed on the part that doctors could play, since they were the pivot on which all reform of health systems would turn. Being the major initiators of health care, they had moreover a major influence on health budgets, health technology, procedures, research and policy. The many studies on other categories of health worker tended to give insufficient attention to the doctor's role as the driving force of the health team. Clear and specific attention ought thus to be drawn to the need to reform medical practice and education in order to allow the principal needs of individuals and communities to be met. The general practitioner increasingly appeared to be the linchpin in the provision of a system of high-quality, cost-effective health care.

New models were needed for the provision of primary health care in association with clinical care at the secondary and tertiary levels in a manner that allowed general practitioners to play a major role. The relationships between general practitioners and specialists and between general practitioners and other health workers would have to be radically reviewed to provide a better response to the health needs of communities. Thus the whole medical profession was concerned. At the same time, educational reform was vital to ensure that the content and methods of curricula in medical training institutions would make it possible for the new demands to be fulfilled.

The sponsors requested the Board to adopt the draft resolution as an encouragement to Member States that had not already done so to undertake a coordinated programme of reform of medical education and medical practice.

Professor LI Shichuo said he wished to join the sponsors of the draft resolution.

The CHAIRMAN asked whether it might not be appropriate for the draft resolution to mention the contribution to medical education reform made by the World Federation for Medical Education, in particular in relation to the world conferences it had organized in Edinburgh, United Kingdom, in 1988 and 1993.

Professor CALDEIRA DA SILVA said that the reference to "worldwide efforts" in paragraph 2(4) of the draft resolution had been intended to encompass all organizations currently involved in reform of medical education. In view of the many organizations working in that field, it had been felt inappropriate to single out any one for special mention, even though it might be a major player.

Dr BOUFFORD wished to make it clear that the purpose of the draft resolution was not to belittle the importance of non-physicians but rather to focus on the importance of providing medical education that would enable physicians to function in a broad context of health for all and health care delivery.

Mrs JEAN-FRANCOIS (alternate to Professor Girard) said that the trend in the training of physicians was towards increasing specialization rather than with furnishing them with the means to respond to community needs beyond the narrow domain of medical technology. Since the purpose of the draft resolution was to promote reform in education towards the spirit of health for all, she fully supported it.

Dr AL-JABER informed the Board that a conference on medical education similar to those held in Edinburgh would take place in the United Arab Emirates later in 1995.

Dr MEREDITH (alternate to Dr Calman) advocated that the text of paragraph 2(4) be left unchanged rather than endeavouring to include an exhaustive list of contributions to medical education which might prove not to be comprehensive. He suggested that the fourth preambular paragraph be amended to read "Aware that general practitioners can play a pivotal role in improving the relevance, quality and cost-effectiveness of health care delivery".

It was so agreed.

Dr LARIVIERE wondered whether it was appropriate for the Board to adopt a resolution in which it urged certain action upon Member States. Would it not be better to transmit to the Health Assembly the text of a resolution for that organ to adopt?

Dr PIEL (Cabinet of the Director-General) said that it was perhaps more usual for action to be requested of or urged upon governments by the Health Assembly, acting as the Member States collectively. Accordingly, the Board might wish to make a short addition at the beginning of the text under discussion, recommending its adoption by the Health Assembly. Alternatively, it might adopt a resolution in which it "believed that Member States should" take certain action.

Dr TANGCHAROENSATHIEN (alternate to Dr Sangsingkeo) said that the World Summit on Medical Education of the World Federation for Medical Education, held in August 1993 in Edinburgh and cosponsored by WHO, UNICEF, UNESCO and UNDP, which Dr Sangsingkeo had attended, had provided a comprehensive overview of the changes in health status, morbidity, mortality, health technology and sociopolitical environments. The 22 recommendations, grouped under five headings, proposed improvements to present medical education.

He commended them all to the Executive Board members and suggested that WHO Member States should review their situations in relation to those recommendations, identifying what needed to be changed in their specific situations and how the more recent WHO initiatives for changing medical education and practices could be implemented to facilitate the changes required.

In relation to the comments regarding the preamble, he thought that if the names of any bodies were to be specified, then all organizations concerned should be included.

Dr SAVEL'EV (alternate to Dr Netchaev) believed that the draft resolution should be incorporated in a text recommended by the Board for adoption by the Health Assembly and urged the cosponsors to adopt that course of action.

Professor BERTAN expressed support for the draft resolution, which dealt with a subject that had been discussed in depth in Edinburgh. Her experience had shown that it was very difficult to persuade medical students to adopt an appropriate attitude towards work outside the clinical hospital environment. She suggested that paragraph 2(2) should include specific reference to field activities in order to stress the public health aspect.

Mrs HERZOG proposed amending that paragraph to read "... reorient their research, clinical and public health activities to make an optimal contribution ...".

Dr ANTELO PEREZ expressed his agreement with Professor Bertan and added the suggestion that the notions of prevention and promotion should be included in the fifth preambular paragraph.

Dr BOUFFORD felt that the previous speaker's concern for health promotion was addressed in the last line of the sixth preambular paragraph. She suggested Mrs Herzog's wording be further amended by referring to community health rather than to public health.

She urged that the Secretariat be asked to produce a revised text in line with the concerns expressed.

It was so decided.

3.3 Essential drugs (Documents EB95/INF.DOC./6 and EB95/Working Paper No.6)

Dr NYMADAWA, Rapporteur for the subgroup that had reviewed the Action Programme on Essential Drugs, drew the attention of the members of the Board to the conclusions and recommendations of the subgroup contained in document EB95/Working Paper No.6. The Action Programme was a key programme that qualified for a "shift of resources".

3.4 Quality of care and health technology

Dr BOUFFORD, noting that the topic had not been specifically reviewed by a subgroup, cautioned that the importance of the normative functions of WHO in drug quality should not be overlooked, emphasizing that the funding for those functions should be explicitly identified in the core budget to ensure that there was no potential for inappropriate influence of donors of extrabudgetary funds. The Secretariat might wish to pay attention to that concern in the budget layout.

Dr PIEL (Cabinet of the Director-General) said that in 1994 when the Executive Board had decided which programmes it wished the subgroups to review, it had agreed to include the Action Programme on Essential Drugs, which represented the operational part of drug activities. However, the normative function of drug management and policy development was extremely important and becoming more so, and the Director-General was fully conscious that there should be no conflict of interest and that its objectivity must be maintained. Regarding identification of resources for that programme, that was part of the larger problem mentioned earlier in which consolidations had resulted in some subsidiary information being lost. A way would be sought to solve that problem in future programme budget presentations.

Appropriation section 4. Promotion and protection of health

4.1 Family/community health and population issues (Documents EB95/28, EB95/49, and EB95/INF.DOC./9 and EB95/Working Paper No.9)

Professor MTULIA, presenting Working Paper No. 9, said that the subgroup had discussed the role of the family in care of the elderly. Changing patterns of work were making it difficult for people to look after older family members, even in developing countries. Governments and nongovernmental organizations should be encouraged to organize home-help services, to organize activities for older people, and to encourage younger members to maintain family ties.

The programme on workers' health was necessary as many workers in developing countries were subject to health hazards and had no access to any kind of health service. Broader health insurance coverage of workers should be encouraged.

Both health of the elderly and occupational health should be incorporated in primary health care.

Dr BOUFFORD, referring to recommendation 3 on health of the elderly, in Working Paper No. 9, doubted whether it was appropriate for WHO to make a recommendation on the organizational structure of ministries of health. The use of WHO collaborating centres (recommendation 7) could be emphasized as central to the further development of attention to aging and the coordination of expertise on aging.

Dr SAVEL'EV endorsed the recommendations on workers' health. He had studied the Declaration on Occupational Health for All[1] drawn up at the Second Meeting of the WHO Collaborating Centres in

[1] Document WHO/OCH/94.1.

Occupational Health (Beijing, October 1994), which should be brought to the attention of the Health Assembly. He asked for comments from the subgroup and the Secretariat on the conclusions of that meeting.

Professor MBEDE drew attention to the transfer of industries to developing countries. Unfortunately, the purpose was often to evade the occupational health requirements of industrialized countries, which were expensive. Developing countries needed the resources that those industries brought, and so needed the support of WHO and other organizations to enable them to maintain occupational and environmental health protection in the case of industries relocating from industrialized countries.

He noted that developing countries did not always have the means to protect their aging populations. It was a complex problem that exceeded WHO's possibilities, but it was more a matter of seeking to improve the efficiency of the different services involved than one of financing. Studies should be carried out along those lines.

Dr LI Shichuo endorsed the comments of the previous speakers and said that in developing countries occupational health was becoming increasingly important with growing industrialization. WHO should give more attention to that area.

The CHAIRMAN said that the Secretariat would consider Dr Savel'ev's suggestion to include the Declaration on Occupational Health for All in the relevant documentation and bibliography.

Dr LARIVIERE pointed out that Dr Savel'ev had suggested that the Declaration on Occupational Health for All should be submitted to the governing bodies in connection with the global strategy on occupational health for all on which the meeting of WHO collaborating centres had made recommendations.[1] The two documents should be reviewed together.

Dr SAVEL'EV replied that it was not only a matter of collaborating centres. The Declaration was intended to help define WHO policy. The Declaration, together with the strategy, could be reviewed and possibly endorsed by the Health Assembly.

The CHAIRMAN asked Dr Savel'ev if he was suggesting that the two documents should be included in the documentation to be submitted to the Health Assembly.

Dr SAVEL'EV affirmed that the material should be submitted to the Health Assembly, and could be included under recommendation 2 on workers' health in Working Paper No. 9.

Dr AL-JABER, referring to recommendation 4 on health of the elderly, asked for an explanation of the phrase "countries should be encouraged to make better use of the opportunities offered by primary health care and by informal care".

Dr NAPALKOV (Assistant Director-General), responding to Dr Savel'ev's suggestion, agreed that the documents could be submitted together for the approval of the Health Assembly because they complemented each other.

Referring to Dr Mbede's remarks on industrial relocation, he agreed that industries should envisage and maintain measures to protect occupational health when transferring to developing countries. That was an important area for research and practical implementation.

Referring to recommendation 4 on health of the elderly, he said that opportunities for strengthening health of the elderly within primary health care should be examined more carefully. There were many links across programmes and across the different levels of the Organization which were important for programme implementation. Administration of the programme on health of the elderly had been strengthened and the

[1] Document WHO/OCH/95.1.

close links that already existed with the programmes on mental health, rehabilitation and noncommunicable diseases should help to consolidate the programme's development.

Mrs HERZOG, responding to Dr Al-Jaber, explained that there were different settings for care of the elderly. In many countries the family still took care of its elderly members but in others the family structure had changed. The Board therefore had to alert governments to the need to provide care for the elderly. Primary health care often included home services for the elderly or nongovernmental organizations offered services. Recommendation 4 meant that there was a need to examine different ways to provide care for the elderly and that governments should assist all forms of care provision.

Dr PIEL (Cabinet of the Director-General) pointed out that when a declaration or recommendation of an outside body was to be submitted to the Health Assembly it was important that it should first be carefully reviewed by the Board. The Board needed to examine the full text to ensure that it was in agreement with each recommendation without reservation. It could then transmit the document to the Health Assembly with its recommendation for endorsement. A debate should not be initiated in the Health Assembly if the matter had not been previously examined by the Board. In the case of the Declaration on Occupational Health for All the Secretariat could provide the Board, if it so desired, with a report on the implications of the recommendations. If necessary, a decision on the matter could be postponed until next year.

Dr SAVEL'EV agreed that the recommendations contained in the Declaration should first be reviewed by the Board.

The CHAIRMAN noted that with regard to related agenda item 12.6, Maternal and child health and family planning: quality of care, the Board had before it document EB95/28, "A conceptual and strategic framework for reproductive health". The document contained a draft resolution on WHO's plans for action to support reproductive health. The debate would also cover related agenda item 22.3, International Conference on Population and Development, for which document EB95/49 was submitted for the Board's consideration.

Dr AL-JABER, referring to the conceptual and strategic framework for reproductive health, observed that WHO should maintain leadership as the scientific and technical agency in that field. To be handled successfully reproductive health should be incorporated in general health. He looked forward to the more detailed strategy to be submitted to the Assembly.

Professor BERTAN agreed that reproductive health was an integral part of health and should therefore be examined within the context of primary health care. It was an important public health problem because one-third of the burden of disease in women stemmed from reproductive health problems. Appropriate and swift interventions were needed in such components of reproductive health as maternal, child and newborn health, family planning, adolescent health, sexually transmitted diseases and HIV in order to save lives, reduce disabilities and improve global health. Reproductive health was therefore a major priority for WHO. The Organization should take the necessary measures to provide technical cooperation and coordinate international action.

A holistic approach to reproductive health required integration at the operational level. WHO, as the body coordinating the global strategy on reproductive health, bore a great responsibility and she was sure that the Director-General and the Organization would rise to the challenge.

Dr BOUFFORD, endorsing the conceptual and strategic framework, stressed the importance of reproductive health. Conceptually WHO could make a unique contribution by placing reproductive health in the context of primary health care. She commended WHO for its contribution to achieving consensus at the International Conference on Population and Development (Cairo, 1994) on the central role that women's health played in the development process, and strongly supported its work in coordinating activities in that

area among international bodies. She was therefore presenting to the Board an alternative draft resolution[1] which could be discussed at the next meeting when the translation would be available. The purpose of the re-draft was to strengthen the recommendation in support of reproductive health.

Mrs HERZOG, referring to the original draft resolution - if that version were approved - proposed to insert in paragraph 3, after "programme implications", the phrase "within the concept of primary health care and family health". Professor Bertan had mentioned various age groups; if the term "family health" were inserted it would cover adolescents, children and others. She proposed that the concept of primary health care and family health should also be included in the revised draft resolution.

Dr DLAMINI reiterated the importance of reproductive health as an integral part of family health within primary health care, and hoped that the revised draft resolution, which she had cosponsored, would be endorsed by the Board.

Dr LEPPO noted that the definition of reproductive health contained in paragraph 5 of document EB95/28 was a broad one, yet the report emphasized the reproductive health aspects of pregnant women or mothers of small children. Other groups of women, and men, received little attention, although paragraph 19 stated that WHO would expand its technical support for family planning services as they evolved into services with a broader reproductive health perspective.

The balance between, and priority accorded to, research and action should be clarified. A comprehensive action plan was needed that clearly identified the different roles of research, standard setting, and technical cooperation.

It was not clear from paragraph 34 how a coordinating committee on reproductive health would function. Was it a secretariat or an administrative body?

Paragraph 6 pointed out that women carried the greatest burden of reproductive health problems. Paragraph 7 stated that empowerment of women was a prescription for health. It could therefore be expected that special emphasis would be laid on strengthening the contribution of women in that field at all levels, including in the WHO Secretariat. A thorough discussion of the topic could be included in the document to be submitted to the Health Assembly in May.

Dr LARIVIERE said that the conceptual and strategic framework for reproductive health represented a broad consensus of positions within the Organization. It cut across a number of programmes and also reflected consultations with other United Nations and international organizations. It was a valuable document that deserved full support.

Dr NYMADAWA fully endorsed the draft resolution. He noted that the subject was closely related to another agenda item that had not been included for discussion - namely, item 22.5, "Women, health and development and World Conference on Women". He suggested that the revised draft resolution should request the Director-General to promote the conceptual and strategic framework for reproductive health during that conference and its preparatory work. A detailed plan should be drawn up for implementation of the framework in Member States; it was a new concept that cut across medical disciplines and should be integrated in primary health care. Special care should be taken not to create a new medical specialty.

Education (within educational institutions rather than health education) was crucial to reproductive health. Educational institutions should be recommended to include the concept of reproductive health in their curricula and international and nongovernmental organizations dealing with education should be recommended to promote that idea.

The meeting rose at 19:00.

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[1] Document EB95/Conf.Paper No.12.