Governing Bodies

The Forty-seventh World Health Assembly was held in Geneva from 2 to 12 May 1994 under the presidency of Mr B.K. Temane (Botswana). Dr A. Ourairat (Thailand) was elected one of the Vice-Presidents, and Dr N.K. Rai (Indonesia) was elected Chairman of Committee 'A'. Thailand was elected to designate a person to serve as a member on the Executive Board for a term of three years. Technical discussions on the subject "Community Action for Health" were held during the World Health Assembly under the chairmanship of Mrs Kardinah Soepardjo Roestam (Indonesia). The Health Assembly adopted 32 resolutions.

The ninety-third session of the Executive Board was held in Geneva from 17 to 26 January 1994 under the chairmanship of Professor M.E. Chatty (Syrian Arab Republic). A number of important items were considered, including WHO's Ninth General Programme of Work covering the period 1996-2001, the reforms undertaken in the framework of the report by the Executive Board Working Group on the WHO Response to Global Change, and the establishment of a joint and co-sponsored United Nations Programme on HIV/AIDS. Dr Uton Muchtar Rafei (Indonesia) was appointed by the Board as Regional Director for South-East Asia for a period of five years from 1 March 1994. The Board passed twenty-one resolutions.

Following the Forty-seventh World Health Assembly, the ninety-fourth session of the Executive Board was held in Geneva on 13 and 14 May.
The forty-sixth session of the Regional Committee for South-East Asia was held in the Regional Office in New Delhi from 21 to 27 September 1993. It was attended by representatives from all the eleven Member States of the Region. United Nations agencies, and nongovernmental organizations having official relationship with WHO also participated. The session was opened by the Vice-Chairman of the forty-fifth session, Dr A.K. Mukherjee. Dr George Fernando (Sri Lanka) was elected Chairman, and Dr U Kyi Soe (Myanmar), Vice-Chairman. Professor (Dr) Tehmina Hussain (Bangladesh) was elected Chairperson of the Technical Discussions, which were on the subject of “Community Action for Health”. Mr D. Bayarsaian (Mongolia) was elected Chairman of the Sub-committee on Programme Budget. The Regional Committee passed ten resolutions. It recommended the nomination of Dr Uton Muchtar Rafei as the Regional Director for South-East Asia for a period of five years from 1 March 1994.

The Regional Director presented his biennial report covering the period from 1 July 1991 to 30 June 1993. He recalled that, within the far-reaching plans to adapt the policies, management and structure of the United Nations to strengthen its cohesiveness and make it more responsive to global needs, WHO should maintain its directing and coordinating role in international health development work. The Regional Committee appreciated the Organization's continued support to Member Countries in the formulation of national health policies, strategies and plans. The need for training in health policy analysis, health management, particularly at the middle and peripheral levels, and the health aspects of disaster preparedness were emphasized. Noting that maternal mortality remained unacceptably high in some countries, the Committee appreciated the initiatives of WHO and UNICEF on Safe Motherhood and urged the countries to further improve maternal health services. The spread of HIV infection and AIDS was viewed as a potentially grave health problem with socioeconomic impact. The Committee felt that information and education remained the key strategies to combat HIV infection. In view of the resurgence of cholera and tuberculosis, it reiterated the need to improve integrated disease surveillance systems. The Committee noted the need to further strengthen information and education activities in the fields of nutrition, lifestyle-related diseases, and noncommunicable diseases. The rapid increase in the use of alcohol and drugs was also noted with concern. Several other important subjects, such as environmental health including drinking water supply, community-based...
rehabilitation services and the development of human resources for health, were also reviewed.

The Regional Committee discussed the report of the Executive Board Working Group on the WHO Response to Global Change, taking particular note of the implications at regional level and the need to secure the relevance and effectiveness of WHO’s work in support of the health development efforts of Member Countries. Consultations with the countries and the Regional Office while planning and implementing reforms in WHO were considered indispensable. Further analysis was carried out by an ad hoc sub-committee of the Regional Committee convened in New Delhi on 5 and 6 November 1993.

Technical discussions were held on the subject of “Community Action for Health”. The need to further strengthen community action for health by involving community organizations and leadership, establishing partnerships between health workers and communities, training health personnel at all levels, increasing community awareness, and creating effective community organizations, was stressed. The Committee, in its resolution on the subject, urged the countries to reaffirm their commitment to community action for health as an essential strategy. It chose “Resurgence of tuberculosis – the challenge”, as the topic for the technical discussions to be held during its forty-seventh session in 1994.

The Sub-committee on Programme Budget reviewed the implementation of WHO’s collaborative programmes in the Region during the first eighteen months of the 1992-1993 biennium, and discussed the steps to be taken in relation to the guidelines for the preparation of the programme budget for 1996-1997. The Sub-Committee felt that priority should be given to the qualitative aspects of the programme budget proposals. It underlined the need for allocations to individual programmes under the WHO regular budget to be in accordance with the countries’ priorities, keeping in view WHO’s global and regional priorities and targets. In considering World Health Assembly resolution WHA46.35 on “Budgetary Reforms”, the Sub-committee noted its significant implications for the process of preparation and presentation of the programme budget in future biennia.

The Regional Committee decided to hold its forty-seventh session in Mongolia in August 1994 and noted the invitation of the Government of Sri Lanka to hold the forty-eighth session in that country in 1995.
The Eleventh Meeting of Ministers of Health of the countries of the WHO South-East Asia Region was held in Kathmandu, Nepal, from 1 to 3 November 1993. It was attended by the ministers of health of all the Member Countries except Bhutan, which was represented by an observer. The Director-General of WHO, Dr Hiroshi Nakajima, addressed the ministers and participated in the discussions. The substantive items considered at the meeting were: (1) TCDC programming in health, (2) Health management, including development of human resources for health, (3) New thrusts and concerns in Health - AIDS and EPI-targeted diseases, and (4) future actions for old scourges - malaria, tuberculosis and leprosy. The need to build up common principles and establish guidelines and equitable conditions for technical cooperation among developing countries was recognized. The ministers suggested setting up a committee to study TCDC on a broad base and developing a plan of action. They also suggested formulating plans and programmes for strengthening health management and ensuring balanced development in terms of the number and geographical distribution of human resources for health.

The ministers acknowledged the need to take urgent steps to arrest the incidence of HIV/AIDS. Concerned with the threat posed by malaria, tuberculosis and leprosy, they agreed to strengthen the control programmes. The ministers also recommended the setting up of an Emergency Preparedness and Response Centre in Dhaka.

2

WHO's General Programme Development and Management

Regional Director's Development Programme

This programme is intended to facilitate quick response to emergencies and to support innovative approaches. Emergency health kits were supplied to Bangladesh, India, Myanmar and Nepal following earthquakes, cholera outbreaks and floods. A review of the current knowledge and research work in South-East Asian
Dengue or dengue-like epidemics were reported throughout the nineteenth and early twentieth centuries in the Americas, southern Europe, North Africa, the eastern Mediterranean, Asia and Australia, and on various islands in the Indian Ocean, the south and central Pacific and the Caribbean. As discussed below, DF and DHF have steadily increased in both incidence and distribution over the past 40 years, and in 1996, 2500–3000 million people lived in areas potentially at risk for dengue virus transmission. DHF is now a significant public health problem in most of the countries in the tropical areas of the South-East Asia and Western Pacific Regions. The disease is among the ten leading causes of hospitalization and death in children in at least eight tropical Asian countries. Rabies in the South-East Asia Region. Rabies in the South-East Asia Region Rabies in the South-East Asia Region 1 Contents 1. Introduction...3 2. Burden of disease...3 3. Children : Major victims of rabies...4 4. Rabies : A neglected disease. More information. A Road Map for Disaster Risk Management. FOR PARTICIPANTS ONLY 22 June 2011 ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC Expert Group Meeting: Opportunities and advantages of enhanced collaboration on statistical information management. More information. The law society of upper canada frequently asked questions about the tsunami as it relates to immigration. The Work of WHO in the South-East Asia Region Report of the Regional Director 1 July 2008–31 August 2009 Highlights of the Work of in the South-East. Published byRebeca Ghant Modified over 4 years ago. Embed. Â 3 Report of the Regional Director 1 July 2008–31 August 2009 Highlights of the Work of in the South-East Asia Region. 4 Member States maintained progress Health in South-East Asia. 5 Pandemic (H1N1) 2009 New challenges emerged. Â 29 Immunization Low coverage. 30 Increase in global food prices Increase in food prices threatens food security. 31 Iodine Deficiency Disorders Impact of Iodine Deficiency Disorders on growth and development. 32 Sustainable Development and Healthy Environments Country capacity building.