



WORLD HEALTH ORGANIZATION

**MEETING OF INTERESTED PARTIES**

GENEVA, 18 TO 29 JUNE 2001

**Annotated agenda**

<b>Monday, 18 June</b>	
<b>Opening Address by the Director-General, Dr Gro Harlem Brundtland</b>	<p>The Director-General will set the scene for the MIPs by reviewing current challenges in international health, revisiting WHO's corporate strategy within this context, and assessing global progress in relation to major priorities. She will highlight elements of the 2002-2003 programme of work and strategic budget that were reviewed by the Executive Board in January 2001 (and are due to be debated by the World Health Assembly in 2001). She will explain, in general terms, how she expects the plans for the WHO-wide contribution to different areas of work to be taken forward at country level, in ways that reflect country expectations, realities and needs, and how this process will be supported by the specialist teams in WHO regional and Geneva offices. She will look at priorities for WHO's institutional development, during the biennium, which will increase the Organization's overall contribution to equitable health outcomes: increasing the capacity of WHO's country health teams; improving information technology throughout the Organization to increase speed, efficiency and interconnected working; human resource development; outcome oriented partnerships; attention to cross-cutting issues like health systems development and performance assessment; and – importantly – scaling up efforts for equitable health outcomes. She will then open a discussion on the objectives and process for the two week MIP, indicating options for ensuring that those who are only present for part of the meeting can be quickly brought up to date on the themes and issues that are being taken forward from day to day.</p>
<ul style="list-style-type: none"><li>• <b>Health and Environment</b></li></ul>	<p><b>Health and Environment</b></p> <p>Member States, civil society and professional associations are concerned about the longer-term health implications of changing environmental conditions as a result of industrial development, mineral exploitation, population movements, global warming and disasters. The presentation will focus on both long-standing and newly emerging environmental risks to human health, and their associated disease burden. Within this context WHO staff will describe their current work programme, and the meeting will be invited to review what has been achieved. Plans for the future – together with means through which they will be implemented – will also be described and reviewed. This will include an examination of alternative means to facilitate appropriate national and global policies on health and environment.</p>



<ul style="list-style-type: none"> <li>• <b>Women's Health</b></li> </ul>	<p><b>Women's Health</b></p> <p>Sustained and equitable health outcomes cannot be achieved without attention to gender-related determinants of ill-health, and a special focus on the health of women. This is best achieved through the mainstreaming of both gender analysis and gender-sensitive policies and programmes within all health action. WHO staff will describe the ways in which they have contributed to this goal, reviewing their work on neglected and emerging issues in women's health (such as harmful traditional practices, trafficking, and women's use of medication), and on developing and disseminating tools for gender analysis and gender-sensitive policies. The meeting will be invited to review both progress in the last year and future plans.</p>
<ul style="list-style-type: none"> <li>• <b>Child and Adolescent Health</b></li> </ul>	<p><b>Child and Adolescent Health</b></p> <p>The world's nations made far-reaching commitments for improving the health of children and adolescents at the World Summit for Children in 1990. This led to intensification of existing efforts to enable children and adolescents to survive, grow well and develop to their full potential. WHO contributed to these efforts through proposing strategies on child and adolescent health based on outcomes at critical points along the path to adulthood (healthy newborns, young children surviving the first five years, older children who are physically, mentally and socially prepared for puberty, and adolescents prepared for adulthood). WHO has helped guide the implementation of these strategies through encouraging research and analysis, leading to the development (and promotion) of interventions that result in the better management of childhood illness (IMCI), newborn care, infant and young child feeding and the development of adolescents. This work has contributed to support for articles within the Convention on the Rights of the Child. WHO staff have helped ensure that the better health and development of children up to the age of 19 occupies a central place in the United Nations General Assembly Special Session on children. WHO staff will describe the progress of this work and invite the meeting to examine future plans.</p>
<p><b>Wednesday, 20 June</b></p>	
<ul style="list-style-type: none"> <li>• <b>Research and Programme Development in Reproductive Health</b></li> </ul>	<p><b>Research and Programme Development in Reproductive Health</b></p> <p>Despite the commitments made at successive international conferences, millions of people still do not enjoy good <b>reproductive health</b>. In part this reflects lack of public understanding about this aspect of human health and scanty knowledge about issues of human sexuality, together with inequities in access to health care and poor-quality reproductive health services. But it also reflects the limited lifestyle choices available to so many women and girls. WHO has contributed to a better definition of comprehensive reproductive health care, and has developed strategies for its greater application in many countries. The concept, strategies and recommended interventions have been developed through intense</p>

	<p>research and analysis over more than two decades. WHO staff have contributed to their implementation through support for public policies and health system action that contributes directly to reduced reproductive morbidity and mortality. The emphasis has been on helping countries establish accessible, equitable and high-quality reproductive health services. Staff will encourage the meeting participants to review work undertaken during the past year and to discuss future directions.</p>
<ul style="list-style-type: none"><li>• <b>Making Pregnancy Safer</b></li></ul>	<p><b>Making Pregnancy Safer</b></p> <p>Continuing inequities in maternal ill-health, and constraints to the implementation of accessible and good quality maternal health services in poor communities, encouraged WHO to intensify its contribution to the international Safe Motherhood Initiative. In 2000, WHO developed a strategy through which countries could help <b>Make Pregnancy Safer</b> through a small set of practical actions within the context of existing health system efforts to improve maternal health outcomes. The actions can be implemented by governments, civil society as well as by families and communities. Given the complexity of this agenda, WHO is contributing to Making Pregnancy Safer within countries through building close linkages with a wide range of partners at both global and country levels. The first two-year phase of this work is being taken forward within a selected group of 10 countries.</p>
<ul style="list-style-type: none"><li>• <b>HIV/AIDS</b></li></ul>	<p><b>HIV/AIDS</b></p> <p>Following an explicit request from the World Health Assembly, WHO has increased its capacity to support health system responses to HIV infection and AIDS, and so contribute to a stronger UNAIDS programme. The current challenge is to scale up implementation of agreed strategies for HIV prevention and care for those infected. This means helping countries implement packages of interventions for Voluntary Counselling and Testing (VCT), prevention of Mother to Child Transmission of HIV (PMCT), care for Sexually Transmitted Infections (STI care), safety of blood and injections; and access to care for people living with HIV – covering opportunistic infections, anti-retroviral therapies, and socio-psychological support in the home and hospital. WHO has established new arrangements (including the Department of HIV/AIDS in Geneva) to help countries to implement strategies for scaling up health sector action to reduce the impact of HIV infection on all their people. During the MIP, staff will present WHO-wide plans for next year's HIV and AIDS work. This will include efforts to increase the number of people who are able to access interventions for prevention and care in resource-limited settings. Planned actions include operational research, studies of ongoing experiences and efforts to increase access to up-to-date information on low-cost approaches that require a minimal of complex administration and monitoring arrangements. The presentations, and discussions, provide an important opportunity to review WHO's scaled-up approach.</p>

**Thursday, 21 June**

• **Communicable Disease Surveillance**

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There has been increasing attention within Member States, the Executive Board and the World Health Assembly on the need to reduce threats to people associated with communicable diseases. WHO staff will address the important issue of country-level and global systems for alerting governments, health professionals and civil society to the risk of epidemics, and for helping ensure an optimal response. Three issues will be presented:

- (i) specific interventions for major epidemic-prone diseases – focusing on cholera, yellow fever and food-borne communicable disease (linked to the earlier discussions on food safety);
- (ii) the strengthening of national capacity for surveillance and response – focusing on laboratory strengthening (including the role of the new WHO Office in Lyon, France) and the mapping of public health issues; and
- (iii) a focus on the ways in which WHO is helping governments to undertake Epidemic Alert and Response, using both WHO global epidemic intelligence and the international response to the Ebola epidemic in Uganda, as specific case studies.

• **Communicable Disease Prevention, Eradication and Control**

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During the last few years the World Health Assembly has identified a number of specific diseases that are to be subject to intensified control efforts, with elimination of their risk for public health, leading on, in some cases, to their eradication. In each case there is potential for effective disease control through cost-effective and low cost interventions which can be expected to result in substantial reductions in incidence and prevalence. Country-level, regional and global monitoring systems, which facilitate the comparison of results achieved with investments made, are also being established.

Discussion will focus on:

- (i) the available tools and interventions for leprosy and lymphatic filariasis elimination, Guinea-worm eradication, scaling up control of intestinal worm parasites, and control of Buruli ulcer and dengue fever;
- (ii) monitoring and evaluation, including the use of international teams for certification of disease eradication or elimination;



<b>Monday, 25 June</b>	
<ul style="list-style-type: none"> <li>• <b>Evidence for Health Policy</b></li> <li>• <b>Organization of Health Services</b></li> </ul>	<p><b>Evidence for Health Policy and Organization of Health Services</b></p> <p>People access the individual and public health care that they need through a variety of health systems. WHO staff will present their work with its Member States to help them improve the operation of their national health systems through:</p> <ul style="list-style-type: none"> <li>• providing guidance on the financing of health systems with emphasis on revenue collection and pooling mechanisms;</li> <li>• helping to address imbalances in the health workforce and other related resources;</li> <li>• strengthening planning and managerial capacities with a focus on peripheral levels in decentralized systems;</li> <li>• improving access and utilization of effective health services, especially in the poorest countries; and</li> <li>• strengthening countries' capacity for stewardship of health systems with a focus on regulatory frameworks and legislation.</li> </ul> <p>At the same time, WHO helps countries pull together evidence on the performance of their health systems and build capacity to produce and use this evidence at the national level in a routine fashion. The Enhancing Health System Performance Initiative (EHSPI), established last year to facilitate this work, will be described.</p>
<ul style="list-style-type: none"> <li>• <b>Research Policy and Promotion</b></li> </ul>	<p><b>Research Policy and Promotion</b></p> <p>Discussions will focus on WHO's role in strengthening research capacity in developing countries in the context of recommendations from the Advisory Committee on Health Research and from the International Conference on Health Research for Development in Bangkok (October, 2000). Emphasis will be placed on the strengthening of national health research systems, the development of indicators for evaluating health research systems performance, applications of biotechnology and information dissemination.</p>
<ul style="list-style-type: none"> <li>• <b>Health Information Management and Dissemination</b></li> </ul>	<p><b>Health Information Management and Dissemination</b></p> <p>One of WHO's critical functions is to add value to investments in health made by people, by governments acting on their behalf, and/or by the international community. WHO contributes to these results by analysing, packaging and disseminating useful health information, making it available to those who need it. In addition, WHO has unparalleled access to other global sources of health information. WHO staff will describe and invite comments on their response to this challenge, focusing on the need to provide high-quality, timely health information, the library services, and the publishing and marketing of information. They will also examine the newer disciplines required to establish an electronic information repository, to streamline WHO's information production process, and to manage the WHO Web site.</p>

<b>Tuesday, 26 June</b>	
<ul style="list-style-type: none"> <li>• <b>Emergency Preparedness and Response</b></li> </ul>	<p><b>Emergency Preparedness and Response</b></p> <p>Most emergencies occur in poorer countries. They jeopardize most, if not all, of WHO's global priorities. Eradicating poliomyelitis, rolling back malaria, making pregnancy safer, eliminating TB, preventing HIV and sexually transmitted infections, improving mental health, reforming the health sector, etc. all require special strategies to be effective in a crisis situation. The presentation will focus on the relationship to other areas of work within WHO. It would welcome discussion focused on the best means to achieve the desired global health outcomes, and on strategies most likely to bring that about.</p>
<ul style="list-style-type: none"> <li>• <b>Essential Medicines: Access, Quality and Rational Use</b></li> </ul>	<p><b>Essential Medicines: Access, Quality and Rational Use</b></p> <p>At the beginning of the 21st century, an estimated one-third of the world's population lacks access to essential drugs. The situation is even worse in the poorest parts of Africa and Asia. In countries hit hardest by diseases such as HIV/AIDS and malaria, development has ceased altogether. "Access" to drugs for treating the major diseases of poverty is a key priority area in WHO's <i>Medicines Strategy 2000-2003</i>. The session will report on progress made with our partners to expand access to essential drugs, with an emphasis on recent developments concerning the WHO Essential Drugs List, drug pricing, pharmaceuticals and trade, generic drug markets, drug financing and national supply systems. An overview of our increased efforts to boost access to safe and effective traditional medicine, as a means of extending health care where it is most urgently needed, will also be presented.</p>
<b>Wednesday, 27 June</b>	
<ul style="list-style-type: none"> <li>• <b>Immunization and Vaccine Development</b></li> </ul>	<p><b>Immunization and Vaccine Development</b></p> <p>Almost 30 million children of the total 130 million children born every year do not have access to routine immunization services. More than two million children continue to die from diseases that could be easily prevented by already available vaccines. Several million lives could be saved if there were effective vaccines against diseases such as AIDS, tuberculosis, malaria, respiratory infections, and diarrhoeal and other diseases. Immunization is without a doubt one of the most cost-effective health interventions. This session provides participants with an overview of WHO's work and global progress made to date in the area of vaccine development and immunization. It will also present some of the major challenges facing the international community such as successfully completing global poliomyelitis eradication, accessing children in the poorest countries. It will also introduce some of the new and innovative initiatives and strategies, tools, and vaccines, that are in the pipeline to make a difference to child health.</p>

<ul style="list-style-type: none"> <li>• <b>Blood Safety and Clinical Technology</b></li> </ul>	<p><b>Blood Safety and Clinical Technology</b></p> <p>“Blood saves lives” was the key message for World Health Day in 2000, but the reality is different for many developing countries, where people still die of lack of blood and blood products and through transmission of infections by bad injection practice. Millions are still at risk of being infected by transfusions of untested blood for HIV and other infections. In many countries, the lack of safe blood donors combined with high prevalence of diseases such as Hepatitis B, Hepatitis C and HIV leads to high rates of blood contamination. This session introduces the participant to innovative measures that will be taken to ensure that blood and blood products and injections are safe, accessible and readily available. It will furthermore present the great challenges linked to a lack of trained human resources, lack of diagnostic tests, unsafe medical devices, poor quality of services, poor infection control and lack of waste-management systems.</p>
<ul style="list-style-type: none"> <li>* <b>Thematic Discussions and Break-Out Sessions</b></li> </ul>	<p>“Country Capacity Building” will be the theme of an interesting presentation. In addition there will be several break-out sessions that will address the following health topics: (1) Modernizing the Essential Drugs Concept; (2) WHO Traditional Medicine Strategy; (3) Global Polio Eradication Initiative; (4) Global Alliance for Vaccines and Immunization (GAVI); (5) Injection Safety; and (6) Blood Safety.</p>
<p><b>Thursday, 28 June</b></p>	
<ul style="list-style-type: none"> <li>• <b>Surveillance, Prevention and Management of Noncommunicable Diseases</b></li> </ul>	<p><b>Surveillance, Prevention and Management of Noncommunicable Diseases</b></p> <p>The rapid rise of noncommunicable diseases (NCDs), mainly cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, represents one of the major health challenges to global development in the new century. Low- and middle-income countries suffer the greatest impact. A global strategy for the prevention and control of NCDs has recently been developed and endorsed by the Fifty-third World Health Assembly (resolution WHA53.17). This strategy aims to reduce the burden of the growing NCD epidemic. Discussion will focus in four areas:</p> <ul style="list-style-type: none"> <li>(i) assessing the pattern and trends of major NCDs and risk factors;</li> <li>(ii) strengthening global action to reduce exposure to common risk factors with particular emphasis on nutrition and physical activity;</li> <li>(iii) implementing cost-effective and equitable interventions for management of common NCDs and enhancing national capacity in NCD prevention and control; and</li> <li>(iv) promoting a broader transformation in health care systems towards effective NCD care.</li> </ul>



<ul style="list-style-type: none"> <li>• <b>Mental Health and Substance Abuse</b></li> </ul>	<p>The rising epidemic of NCDs and the increasing violence, conflicts and traffic injuries are the major factors that contribute to a global increase of the number of persons with disabilities. Persons with disabilities account for up to 10% of the world population, but less than 10% of those who could benefit from rehabilitation receive appropriate services. Discussion will focus on:</p> <ul style="list-style-type: none"> <li>(i) reviewing the community-based rehabilitation (CBR) strategy;</li> <li>(ii) rethinking Care from the perspective of persons with disabilities; and</li> <li>(iii) developing a strategy for improving rehabilitation.</li> </ul> <p>In addition, VISION 2020, the global initiative for the elimination of avoidable blindness, will be discussed.</p> <p><b>Mental Health and Substance Abuse</b></p> <p>Mental disorders represent now about 12% of the global burden of disease and this amount is expected to increase in the years to come.</p> <p>These discussions will focus on:</p> <ul style="list-style-type: none"> <li>(i) a description and follow-up of the activities of World Health Day 2001, worldwide;</li> <li>(ii) an updating of <i>The world health report 2001</i>, highlighting the strategy for its dissemination; and</li> <li>(iii) a description of priority projects: (a) an initiative to reduce the impact of depression and suicide by closing the “treatment gap”; (b) a systematic compilation of information on mental health resources worldwide; (c) information on mental health policy, presented as a guidance package; and (d) development and dissemination of effective strategies for identification and management of alcohol and drug use problems in primary health care.</li> </ul>
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