

**WORLD HEALTH
ORGANIZATION**



**ORGANISATION MONDIALE
DE LA SANTÉ**

**REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU RÉGIONAL DU PACIFIQUE OCCIDENTAL**

REGIONAL COMMITTEE

WPR/RC42/20

**Forty-second session
Omiya, Japan
10-16 September 1991**

28 May 1991

ORIGINAL: ENGLISH

Provisional agenda item 23

**SELECTION OF TOPIC FOR THE
TECHNICAL DISCUSSIONS IN CONJUNCTION WITH THE
FORTY-THIRD SESSION OF THE REGIONAL COMMITTEE**

In this document the Regional Director presents possible topics for the Technical Discussions to be held in conjunction with the forty-third session of the Regional Committee in 1992. Representatives may, of course, wish to suggest other topics for the Regional Committee to consider.

Attention is also drawn to the subject selected for the Technical Discussions at the Forty-fifth World Health Assembly in 1992.

The Regional Committee, at its thirty-third session in 1982, decided that technical discussions should be held in conjunction with sessions of the Regional Committee instead of a Technical Presentation.¹

"Changing lifestyles and health" is the topic of the Technical Discussions to be held in conjunction with the forty-second session.

The Committee may wish to consider the following suggestions for the topic of the Technical Discussions to be held in conjunction with the forty-third session in 1992.

1. HEALTHY URBAN ENVIRONMENT

In the 21st century almost half of the population will be living in large cities.

In the Western Pacific Region, it is not simply the extent of urbanization that causes concern but the speed with which it is taking place. Usually, rapid urbanization causes the demand for facilities and services to exceed available resources. Much of this urban population lives in developing countries whose squatter settlements have grown tremendously in recent years.

Common problems found in expanding cities include deteriorating infrastructure, environmental degradation and expanding slum areas. Initiatives such as the healthy cities projects in Europe have targeted urban areas of industrialized nations. In the Western Pacific Region, where the majority of the target cities are in developing countries, somewhat different approaches may be required. None the less, the involvement of cities in developed countries continues to be important, both for dealing with their own urban health problems and for sharing their experience with others.

A working group on the integration of environmental health into planning for urban development met in Kuala Lumpur in February and March 1991. It decided that physical environment, lifestyles, health care services and public policy, should be the four main component parts of a comprehensive urban health strategy. A technical discussion on this subject would provide a clearer view of the complex issues involved. An in-depth understanding of this subject could provide a good basis for effective programme development for a new WHO initiative in urban health development.

2. QUALITY ASSURANCE IN HEALTH SERVICES

Quality of care is becoming an important issue in health development. This has been highlighted by the Second Health-for-All evaluation. Quality of care expresses a number of factors affecting health development. Since for most countries the problem of accessibility has been solved, people are now aware of what is possible and demanding a higher level of service.

¹See resolution WPR/RC33.R20, *Handbook of Resolutions and Decisions of the Regional Committee for the Western Pacific*, Vol. II (1976-1985), 5th ed. Manila: World Health Organization, 1986. p. 161.

At the same time, however, the costs of medical care are rising, presenting managers with difficult decisions on what kinds of service to make available, and to whom. Currently, the effort to provide quality assurance applies to all programme areas and all components of the programme. It concerns people, training, administration and support, as well as medical technology.

A technical discussion on this issue would increase awareness of quality assurance as a critical area for management development. It would give Member States an opportunity to share their experience on improving the quality of care in areas such as establishing appropriate standards, involving appropriate professional groups, defining the roles of the different levels of care in quality assurance, and obtaining the necessary information support.

3. CONTINUING EDUCATION

In the 1990s, a major thrust of health development is the building up of appropriate infrastructure to deal with the health problems of the twenty-first century. The workforce that will manage facilities and deliver services is the most vital component of this health infrastructure.

In the past decade, substantial progress has been made in reorienting the training and education of health personnel, especially doctors and nurses, towards achieving national health-for-all goals. These efforts will directly affect the development of health services during the next decade or two. Meanwhile, however, health workers who were trained in the older systems should also contribute optimally to health. To ensure that they can, well organized and coordinated programmes of continuing education for personnel in the field should become an integral part of all programmes dealing with the development of human resources for health. A technical discussion on continuing education would enable Member States to benefit from each other's experience in meeting this need.

* * * *

The subject selected by the Executive Board for the Technical Discussions at the Forty-fifth World Health Assembly in 1992 is "Women, health and development".