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REPORT OF THE THIRTIETH SESSION OF THE REGIONAL COMEITTEE FOR AFRICA OF THE
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QIORLD PEALTH ORGANISATION HERLD IN BRAZZAVILLE, 11 - 24 SEPTEMBER, 1280.
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The Thirtieth Session of the WHO Regional Committee for Africa was opened by Dr. F. E. Vos, Deputy Chairman of the Regional Committee and Deputy Minister of Health of the People’s Republic of Mozambique. His Excellency Colonel Louis - Sylvain Goma, member of the Political Bureau, Prime Minister, Head of the Government of the People’s Republic of Congo, honoured the opening meeting with his presence. Dr. Comlan A.A. Quenem, Regional Direetor, ih his opening address conveyed the regrets of Dr. Mahler, Director General of WHO at his inability to attend the Session for the first time since 1973. Dr. Quenem conveyed also the statement sent by the Director General "Use your WHO". Dr. Quenem reiterated and developed the key idea of the health liberation of Africgn countries, as the only posSible)" way to redeh the secial target of health for all by the year 2000. He took the opportunity te express his joy at seeing Zimbabwe take its place as a sovereign state and also welcomed the Seychelles and Ehdatorial Guinea which now occupy thei r rightful places.

The present session was to afford an excellent opportunity for reflexion concerning . the value of the various resolutions, adopted. Those resolutions had te be put into practical exercise, for failure to translate them into facts would mean that the efforts made to promote health would be in vain.

To assure continuity and effieiency of health development work, new programme policies had been put into effect over the previous few years:

(a) Substitution of the idea of technical cooperation for that of assistanee.

(b) Active participatioh by Member states in their Organisations health development work. .

(c) The improvement&and propagation of managerial process for health developmeht and the premotion of primary health ease.

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The Regional Director asked the Committee for sEeggfic ggidelines to ensure work that would prepare the future of health in Africa in terms of the need for Africa to liberate itself politically, economically and socially. Health is at the heart of codtemporary economic, social and political thinking.

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:3 is impossible to think about and develeh heelth separately from the sooiety it has to serve.
The practice of community health is undeniably revolutionary in that it implies a painful review of the uses of technologies. Primary Health Care in this sense has a social significance that would bring about by the year 2000, redieally different health systems founded on respect for human rights and equity. As a consequence, "Health for all by the.year 2000" is e.truly revolutionary concept. If one asked the peoples of Africa and the world what they regarded as man's most precious possession, they would straightway answer nhealth". To achieve that state of complete physical, mental and social tall-being, Africa has to inereaee its knowledge, its ability to act, to be and to be and to teach, which would give.it the strength for its health liberation.
23: F.E. veg, affirmed that it would be impossible to apeak of health for all while people.were still deprited of their freedom. Colonel Louis-Sylvain Coma, welcomed the representatives of member states on behalf of the Congolese people, the Congolese Ubrkers Party and its leader. By sighning the Charter for the Health Development of the African Region during he opehing meeting, the Government of the Peeple's Republic of Congo was solemly declaring its political will to engage in the joint effort to bring all the peoples of the world to an acceptable health.
BEQIONAL DIRECTORS RE7ORT FOR THE UORK'OF WHO IN 1%12
The Regional Director asked the Committee for specific guidelines to enable him to continue or reorient health development activities for the worst (rural and periurban) served populations in the context of the social targetgef health for all by the year 2000. The report focussed on:
(a) Promotion and development of primary health care.
(b) Formulation of the regional strategy. _
(0) Preparation of the Seventh General Programme of Hbrk.
(d) Study of the organisation's structure in the light of its ffunetions.
(e) Utilisation of mangerial processes for health development.
Cf) Malaria control and strategy.
(g)_ Promotion of seeial and health research for development.
The bulk of the report was devoted to primary_health care and its eight components. It stressed the importance of support systems at both national and internation../3

a1 level to sustain communities motivation and onthusiasim. Considerable offorts are still required to make the mechanism for the supply and distribution of essential drugs operational. The notification of cases of tho communicable desoasss subject to intornation survaillanoo was a weak point. All Member State were urged to promptly notify eases of cholera and other communicable dsseases, so that epidemiological surveillance would become an effective instrument.
Activities under the I&brnationalDrinkingwhtor Supply and sanitation Decade had been continued by strengthening multisoctoral and multidisciplinary coordinaw tion which would impmove control of communicable doseases.
It was felt increasingly necessary to train nationals to make effective use of managerial processes for health development such as:-
(5) Programme budgeting.
(b) Country health programming.
(0) Information systems for efficient management and evaluation.
The Regional Director’s report doalt with two mobtings;
(a) Communication Sciences for Health promotion which has intergrated health information and education activites into the curriculum at the Regional Health Development Centre at Cotonou. The module was recommended for intergration into the curricula of other teaching establishments in tho Regioh3"’workshopswore planned for hoslth officials and mahs media officialsm.’0’ for the formulation of health information and education programnoss in support of Primary Health Care.
(b) workers Health programme to be intorgratod into the activities of the’ general health services. Laws and regulations have to be revised for this purpose and the workers health should be included in manpowef training for the health and allied professions. Research and technical cooperqtion is necessary in this field. Some medium - term programme has been modofied so as to intorgfate workers hoilth into the other activities for attaining .health for all by the year 2000. Special attention would be paid to dgro-Industrial activities. ’ 0
The Committee recommended the establishment of b- ’
_ Standards for dangerous occupations.
- A regional training programme.
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_, A list of trining establishment in the Region.
The Regional Director concluded by affirming the need for technical cooperation amongst developing countries.
INTERVENTIONS
All representatives were delighte& to welcome the delegation of independent Zimbabwe However, the situation in Southern Africa was still worrying. After our intervention racism and apartheid were recognieed by all participants as an obstaelo to achieving health for all by the year 2000. At our reggcst the Committee instructed the Renional Director to oreanise mInternational gdkanuuum ..._ -_...,&.1 4...-.4-.-. A
Conferenqg_gg Health and Agartheid.
After a statement by the representative of Euutorial Guinea, the Committee asked that a special programme of cooperation to be set up to enable that country to c cope with the emergency situation prevailing there. 13 Interventions revealed the principal subjects of concern to be:-
(a) Political committment and national strategy.
(b) Primary Health Care and its eight components.
(0) Technical cooperation among developing countries.
(d) Managerial processes and mechanisms.
DIRECTIVES FOR IMPLEMENTATION BY THE REGIONAL DIRECTOR HHICHIEIERGED FROM THE DISCUSSIONS.
1. To invite countries which had not already signed the African Health Charter? to do so.
2. To strengthen all managerial processes, in particular country health programming programme evaluation and the national health information system.
3. To continue with the experiment with national co-ordinators and co-operate with the countries to improve their’ efficieliey.
4. To strengthen epidemiologioal Surveillance and control of a certain number of communicable do seases (yellow fever, cholera, trypanosomiasis, schistosomiasis, onchocerciasis), for onchocereiasis in particular, to enable other countries , to benefit from the experience of the ongoing projeets in the Volta and Senegal River basins.
5. To grant priority to tb e training in the region of different grades of epidemiologists.
To strngthen programme relating to Hbrker’s health and health education.

7. To increase the Regional Secretariat’s support for the health development of Member States; the study of UHO’s structure in the light of its functions proposed a plan of action for that purpose.
$. To abide by operative paragraph four (4) of Resolution AFR/RCZ8/R12 i.e. to issue the necessary direotiwes on programmes on phogramme polioy during the study of the Regional Director’s rejoort’Oh work in the Regiohl
9. To organise a conference on apartheid and health.
10. To intergrate oral health into tlszHC programme.

DEVELOREENT AND COORDINATION ON RESEARCH.

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A report was presented by the Chairman of the African Advisory Committe on Medical. Research (AACMR) on the activities of the regional programme. Only 18 Member State had so far taken part in regional and global programmes.

The Region’s representatives on the Joint Co-ordinating Board are Nigeria, Malawi and Mali. Approximately U$ 13million has been allocated to the region for bio-medioal and health services research .

Priority, strengthening the oo-ordination of research at the regional and national levels was given to research on health services and to epidemibIogioal studies on tho mjor communicable deseases.

The value of the courses on research methodology was recognised. The representative expressed hope that traditional medicine would be intergratod into primary health care, inspite of the reluctance of the traditional healers to reveal their secrets. Zimbabwe intended to set up a research centre on traditional medicine.:

The Committee hoped that the social research would be undertaken on alcoholism, sexually transmitted deseases and the consequences of migration and child labour particularly in the Members States bordering on South Africa. National Liberation . Movements should be included in these activitos.

With regard to scientific information, the Regional Committee accepted the idea of creating an African Index Medieuns. Representatives regretted that it was not . possible to launch the African Journal of Health Sciences.

Member State were invited to establish reception structures and eereor plans for research workers in service or being trained: to strengthen or set up..../B

national advisory committees or medical and health research and to regularly inform the Regional Director of research work and appotunities for training research Workers, indicating nationals capable of working as regional experts.
WAYS AND 111m; Q_F mpmmmnsa RESOLUTIONS OF REGIONAL INTERST ADOPTED BY ELIE. M4M &. gr..."
WORLD HEALTH ASSEMBLY AED THE EXCUTIVE BOARD.
1. REGIONAL REPERCUSSIONS 0F THE_FROVISIONAL AGENDAS OF THE GOVERNING BODIES.
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There are correlations between the provisional agendas of the Executive Board and its programme Committee, the World Health Assembly and the thiry-first session of the Regional Committee.
The hew procedhre allowed the Committee to contribute to the preparetion of the agendas of the world wide governing bodies and to improve the structure of its own agendas. The ipeortaee of sending as far as possible the same _._-.; Jam:-
regresentative at the Regional Committee meeting wee underlineq.
2. REIMBURSEMENT 0F TRAVEL COSTS OF REPRESENTATIVES T0 REGIONAL COMMITTEE%
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Several representatives were in agreement with reimbursement of travel costs which Was aimed at strengthening participation by countries in the work of the regional committees. However, other representatives felt that such ren imbursement was not in keeping with self-relianee. It was proposed to increase the number of members in each delegation and to include at least one repre-sentative from a development sector other than health. The Regional Director should make proposals on the practical details of the reimbusement.
3. STUDY OF 'iziqyst STRUCTHUEESVIN THELIGHT OF ITS FUNCTIONS
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The Committee was satisfied that the regional strategy and the outline of .t the Seventh General Programme of Nbrk (1987 - 1989) were in line with the polieey of the Charter for the Health Devulopment of the African Region by the year 2000.
(a) The reginal Director, with the Member Staten would take all necessary steps to stengthen processes and-mechanisms at national and regional levels.
(b) Collaboration with other regional offices would according be stengthened through exchanges of information and the use of specialists on their rexpert panels.

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(0) Both bilateral contacts and those with the coordination mechanisms-Qt;v
the non-aligned countries will be strengthehed.
(d) Regional Director is to tighten the links between the African and the
Global Health 2000 Resources Groups.
(0) Member States were invited to use the provisiohal guidelines for evaluation
and the 1’lst of indicators by mo.
(f) Health Ministries are to play an important role in a country’s overall . 0
development. The Regional Director should stengthen management tfaining_
H’for senior staff members of theSe ministries.-
(g) _The use of national expertise.was give special attention. The Regional
Directoris requested to work with national authorities on reviewing the
regiohal expert panels. .
(h)- The National Multisectoral health councils Should oonstitue subregionel
’ networks parallel to the technical cooperation_amongst the developing
aer,eountries (TCDC) mechanisms.
(i) Activities undertaken jointly with other organisations within the
Uhited Nations should be focussed on the promotion of TCDC.
-4. PERIODICITY OF HEALTH ASSEMBLIES
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If biennial Health Assemblies were decided upon then the links with the
executive Board would have to be strngthen; the length of each session might
be increased reservations about the apporpriateness of changing the periodicity
of Health Assemblies at a time when the Health Development strategies for the
year 2000 and the Seventh General Programme of Work were being formulated. e
5. ROLE OF 330 EXPERT ADVISORY PANELS COMMITTEES AND COLLABORATING CENTRES IN THE’
REGION.
.Member-States were invited to propose to the Regional Director the names of
national experts and collaborating centres without delay.
6. SIXTH GENERAL FROGRAMKE OF I
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Dne year prior to the formulation of a general programme of work covering a
specific programme (1.0. General Programme of Work), each medium-term programme’
OHTP) would be evaluate in aCOOrdance with the methodology developed jointly
by WHO and the Member States.

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7. COLLABORATION’VITH THE UNITED NATIONS SYSTEM: CQgPERATION WITH NEWLY .
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The International Community and each Member State were invited to participate in the struggle for justice, equity and. peace; and to keep the Regional Director periodically informed of actions taken ’tQI’IardS this goal.
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8. INFANT AND YOUNG "9111an FEEDING
The Committee invited health ministries, in conjtmction with agricultural sector to examine ways of transforming local products into’ broastmilk subs- . titutes and of promoting resoarch._ Member state should. already promote the use of local proteirr-rich products for infant and young child feeding. it is essential to carry out educational activities aimed at aooustoming mothers 13130 preparing meaning foods using iocal. prodhcltsw The Committee invited member states to take legal and administrative measures to encourage breast-feeding.
9. ABUSE OFNARCOTIC AND PSYCHOTROFIC SUBSTAITCEf;
Each L’Iember State was urged to seek ways of putting" an end" to the scourge. Membe; States were invited to become? parties to, the relevant international convention and to inciutie control of abuse of narcotic and psychotropic sub-stances in their primary health care programmes. ’ .
10. WHO’S PROGRAI-EiE QN SliEOKII-FG AND HEALTH
mun,
Tobacco is an important source of industrial and. agricultural income in many countries. At the same time it is .harmfult to the populations’ healthh Manylffican Countries have taken no steps to limit the advertising of tobacco products. Smoking control should involve reoreentating the economic development options. This should. include coordination of action to be taken by the ministries of health, education, finance, economic affairs and planning.
11. GLOBAL SP’IALLPOX ERLDICATION.
Niger is to continue its primary vaccination progmamme and would keep a. national stock of smallpox’iVacoine so long as stocks of that vaccine existed. Nairobi New Delhi, Geneva and. Toronto also have stock for use should there. be need for this. There is surveillance of monkeypox. Up to 1983, when the monkeypox situation would be re-evaluated, the Regional Director would continue to give regular reports .

12. TUBERCULOSIS CONTROL
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Tuberculesis control would henceforth be intergrated into Primary Health Care programme. The Committee insisted national establishmehts to undertake research on simplified methods of vaccination, case-finding and treatment. Documenatation 6h tuberculosis control and the efficacu of the different types of BCG vaccine necessary. FAQ and WHO should combine their efforts to comabat Bevine Tuberculosis. Special attention must be paid to the control of tuberculossis and leprosy. AThe Reghonal Director will inform the Member States of the possibilities of acquiring the necessary drugs at prices they can afford.

HEALTH LEGISLATION

Member States were asked to draft legis lation governing the practice of traditional medicine. Nanes of national specialists in health legislation, whether physiciar as or legal experts should be sent to the Regienal Director; Member States are "’ asked to forward copies of their existing legistations.

RECRUITMENT OF INTERNATIONAL STAFF IN mpg;

The Committee encouraged the Regional Director to persevere with hie efforts, with due regard to skill, effiecincy, integrity and the need for regional developnent.

REAL ESTATE FUND

The Committee noted that HS 960 000 was the estimated cost of the maintenance of the Djoue’ estate over a 10 - year period.

PROGRAMMING IMPLICATIONS OF TECHNICAL COOPERATION

In evolution from the concept of technical assistance to that of technical cooperation in the United Nations system in general and WHO in particular was traced. National had apppinted Programme Coordinators and Project Directorso African Countries have cooperated with each other in various ways, for example in the training and exchange of personnel. Thecnioal assistance has left the countries with little influence on the development of projects finaced under the regular budget or with extrabudgeting funds. ’Aware of the shorteemings . of the ap roach, WHO had orented its work firmly towards technical cooperation. The development of country health programming (CHP) was facilitating dialogue.

HEALTH SYSTEM SUPPORT FOR PRIMARY HEALTH CARE PHC

This iSnto form the regional contribution to the technical discussions at the thrirty foruth World Health Assembly in Geneva in May 1981.

Primary Health Care requires the full support of the health system. hat support's major componenents are staff, technical knowledge, premises, logistic support-for long distribution supplies and equipment, facilities for transfer or referral of patients to a highef level. The role of the Helath teams should be revised in the light of the PHC needs. District hospitels should have close links with the social and health units in its catchment area and should be sup orted by community partin eipation. The role of the eutral level is to promote and create a arenes s of ; the PHC concept, the role of the intermediate level is to transmit and supervise. Only active community participation at local level could give PHC its true meaning. Each country was asked to organise national discussions and present its i - conclusion and recommendatiens in May, 1981 at the Herld Health Assembly. we requested that we be included in the National discussions where our committee are to be found.

TIE PROPOSED PRCGRAI'ITz-IE BUDGET 1282 - 128;

The proposed budget was the last within the sixth General Programme of Work and the firhh to be produced since the 6onferenee of Alma - Atai. He fall under the extra budgetary funds of the Regional Director and Directh-General's Development. Programmes., Main factors identified as having influenced the preparation of the documeht were:- .

(a) The Declaration of Alma. - Ata.
(b) The formulation af national and regional strategies for attaining health for all by the year 2000.
(c) The preparation of the Seventh Programme of Aetion.

REGIONAL STRATEGY TO ACHIEVE THE SOCIAL TARGEE OF HEALTH FOR ALL BY THE YEAR 2000.

The regional strategy was the sum total of the national strategies, all of whiehi 3 focused on the development of Primary Health Care. During the diseuSsions the Committee laid particular stress on the political eommittment that the countries ought to display. The signing of the African Health Charter was an expression of that. '

SEVENTH GENERAL PROGRAMHE 0F UCRK COVJRING A SPECIFIC FERION 1 - 1 80-

The Seventh General Programme of Werk for programme is focused on 1990.0 Its objective is to serve as a basis for mediunrterm programmes which are used for planning specific activities. It provides for three major categories:-

1. Programme of comprehensive health system (Operational in_frastructure)
2. Programme of! 1ea.lth science and. technology (health system) context.

3. Promotional and support programme (political, economic, social, technical,
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managerial and finaneial support.

TECHNICAL COCPERATION AMONG DEVELOPING COUNTRIES

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Subregional working groups, regional expert committees, collaborating centres and intercountry projects were recommended. Recommendations that health for all by the year 2000 should be placed on the agenda of a forthcoming OAU Summit Meeting were uplied. The Committee recommended intensifying the support of the international 60mmunity to the national liberation movements and the Frontline States, Lesotho . and Swaziland.

PROGRAMME HEJTIKGS AND THE PLAN CF STUDY VISITS TO MEMBEQ STATES.

An indicative plan of visits was presented. He requested to be included more otten than we appear and to these countries where we thought we would benefit more. we are to prepare a suggested plan to the Regional Director.

MONITORING_0F THE IMPLEMENTATIQE_OF PROGRAMME BUDGET POLICY AND STRATEGY

The Committee noted the importance of involving nationals as WHO programmes because they are part of the political and administnative structures of their countries. They helped relations between the organisation and its Member States.

ANI’EIALARIAL STRATEGY

. The emphasis was laid onicontrol as a necessity for the attainment of health for all by the year 2000. Control would be possible through the PHC approach. Member States were invited to work out their national strategies, whose combination weuld form the regional strategy. Five thems were highlighted:-

1. Active oommunity-involvement.
2. Adoption of measures applicable on a large scale and taking the countries limited resources into account.
3. Manpower training.
4. Research on prevention and control methods.
5. Technical cooperation among developing countires. ’

TIMES FOR TECHNICAL DISCUSSIONS; WENIE MID DATES

1. INFORMATION SYSTEMS FOR MANAGEHVNT OF NATIONAL HEMLTH PROGRAMMES -30thlhegional Committee, Brazzaville, Congo.’

Discussions analysed:-

(a) The definition of the concept and chief characteristics of an infofhation system.

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(b) Principal problems of the system.
(c) Formulation or general;guidelines for planning, organisation, introduction and evaluation of the system. 1
Gd) Links between the national health information systems and the 1310 systems.
The stress was laid on the inadequaites of the information systems. Information . produced is not always analysed,-and when analysed otten remains unused information systems must be used as a management tool. Stnategy for the information systems should
(a) List the users of the information and their needs;
(b) Evaluate tile exiSting system.
(c) Ebtablish priorities within the system.
(d) Prepare an operational outline for the information systems.
(e) Set up a machinery for eontnuious evaluation.
Relatien between national information system and the UHO systems would allow support to be giveh to the managerial processs of ? both systems.
2. 31st REGIONAL COEMITFEE 1081. VENUE: 13ch13 (11-1131: .
THEME: The Role of Programme witlx 1990 as a deadline _ Expanded Programme' on Immunisatien, water supply and sanitation, Malnutrition control- in achieving the objective of health for all by the year 2000.
3. 32nd REGIONAL COMMITTEEI1982. VENLMM LIBREVEEQE, GABON.
THEME: Mobilisation of Communities for Health Development. Approach and constpaints.
OBSERVATIONS AID RECOMMEEDATIONS.
1. The Secretariat "in an effort to make sure that South Africa was net includedh had decided to substitute6 Azania to designate our delegation in the Regional Committee. We questioned and corrected this and as a result at the end all doeummenation was changed to reflect South Africa instead of Azania.
2. The Regional Committee stressed the improtance of havin3, as far as possible, the same delegate at least for the Regional Committee Sessions. Perhaps it does not matter so much for the Hbrld Health As embly. -we are of the same opinion. Our pbservation was that most delegates referred all the time to 3? hhat had been discussed in the previous sessions._ These discussion, qf course, influenced to a great extent the decisions cf the 30th Regional Committee Session.

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The Regional Committee Sessions are really a place where Member States present specific quidelines to faeilitatc1.health plannin: in relation to the health needs of tl1e populations to be served . The criticism levelled r against our presentations was that they are always full of statistical illustrations and 1Mthat they lack substantial effort in demonstrating our goals, priorities, approaches, strategies and evaluation indicators that would lead to rationalisan tien and analysis of the efficiency, effectiveness and equity of our strategies. It is tllerefore essential that before the Re31011al Committee Session, consultap tions be held. wherein Specific guidelines for the Regional Director could no drawn.

Since we hold an obscrver’s status at thes Regional Committee Sessions, it is important that we realise that much can be achieved from the extrabudgetary fhnds which are at the disposal of the Regional Director. At each Session it is, therefore, important to request-for a private session with the Regional Director who is always will to guide Member States and observers on how best to approach mdifferent problems.

The WHO Regional Committee is to recommend as one item on the agenda of the OAU Head of States, summit Conference: "Health for all by the year 2000" It should benefit our organisation to prepare for this item, in view of the planned interns? tional conference table to -the on Health and Apartl eid.

SPECIFIC GUIDELINEg

Regional Director in Camera:

As realising that the implemenatation of the health policies for the aehievement of the social goal "Health for all by the year 2000" lies in the strategies of primary health care, we request the Regional Director to assist us in organising a workshop for our health teams on the eenoept of primary health care. This sheula culminate possibly in the identifieaticn of cur priorities and in the proper orientation of strategies in the achivement of this global goal, "health for all in the year 200077 This department needs a Health Felicy and the Development of Health Manpower. Eb need to study as quickly as possible the existin3 health situation in our country with the view of planning: a country Healt11 Pre3ramming Exercise.

The issues of the multinational liberation Health training Centre in Morogero was raise. It was agreed that it is impossible indeed to think about and develop health separately from the society to be served.

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The Regional Of ice is thus prepared in this case to finance inserviee training of our health personnel by us, as a strategy towards making sure that tho trainir ng of our yersonnel was patterned in accordance with our health needs and_goals. A project has to be drawn.
Since we requested for an international conference on Health and Apartheid, the Regional Director will appreciate Specific guidelines in terms of venue, objeev tives of this international conference and any other related matters that would assist him in planning and organising the conference.
The Regional Director will be willing to putus for early consideration in the plan of Study Visits especially to those countries that have recently acceded to national independence and to those with developed programmes for the mobilasation of communities for Heqlth DevelOpment (Snegal). A list of place to be visited has to be submitted to the Regional Director.
To coordinate and stongthen research activites, especially in social reseach on topics such as effects of migratory labour, abuse ef narcotic and psychotropic substances, alcoholism etc. etc. the Regional Director would be willing to con- sinder to include our experts in technical panels that are appointed from time to time. Agplications forms are available. These would have to be sent by our office through the line of communication that has be n established.
There is need to second a member of the A.N.C. (S.A.) Health Department as coordinator of our activities with the 3H0.
Pb need to prepare a list of essentials drugs to be forward th the Regienal Director to form part of the list of Ebsential Drugs for the Region.
ADDENDUM:
1.
It will be recalled that in October, 1979 we approached the Ministry of Health of Mozambique in connection with the setting up of a Training Centre for Health Personnel. This issue was raised with us again by the Mozambicans, who wanted to know how far we had gave with our plans as far as this arrangements was concerned. Obviously, in an effort to develop our Health Manpower that is properly geared towards our needs, this arrahgement has to be revived.
The Minister of Health of the Cameroon (Cameroon is a bilingual country) will suprort our request for placement of our students in all health related training " facilities.

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This would mean that a formal request be sent to the Minister of Foreign Affairs by the Secretary-General and a copy he addressed to the Minister of Health of the Camercns.
3. The Regional Director approved a requesition of essential drugs for our centres to cover us for a period of one year.
E.E. Tshabalala.
Secretary.