WORLD HEALTH ORGANIZATION
REGIONAL COMMITTEE FOR THE WESTERN PACIFIC
TWENTIETH SESSION
Manila, 23-30 September 1969

REPORT OF THE REGIONAL COMMITTEE
SUMMARY RECORDS OF THE PLENARY SESSIONS

MANILA
November 1969
WORLD HEALTH ORGANIZATION
REGIONAL COMMITTEE FOR THE WESTERN PACIFIC
TWENTIETH SESSION
Manila, 23-30 September 1969

REPORT OF THE REGIONAL COMMITTEE
SUMMARY RECORDS OF THE PLENARY SESSIONS

MANILA
November 1969
NOTE

The twentieth session of the Regional Committee for the Western Pacific was held in the WHO Conference Hall, from 23 to 30 September 1969, under the chairmanship of Médecin-Général J. Rondet (France), with Dr Phouy Sunthorn (Laos) as Vice-Chairman. Dr C.H. Gurd (United Kingdom) and Dr Diego Hora Silva Ferreira (Portugal) were the Rapporteurs.

The Regional Committee met on 23, 24, 25, 29 and 30 September. Technical Discussions were held on 26, 27 and 29 September. The Report of the Committee will be found in Part I of this document on pages 1-96, the summary records of the plenary sessions in Part II on pages 103-218.

The Sub-Committee on Programme and Budget met on 25 September. The report of the Sub-Committee will be found on pages 35-72.
PART I

REPORT OF THE REGIONAL COMMITTEE
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>I ANNUAL REPORT OF THE REGIONAL DIRECTOR</td>
<td>2</td>
</tr>
<tr>
<td>COVERING THE PERIOD 1 JULY 1968 TO 30 JUNE 1969</td>
<td></td>
</tr>
<tr>
<td>II PROPOSED PROGRAMME AND BUDGET FOR 1971</td>
<td>6</td>
</tr>
<tr>
<td>III OTHER MATTERS</td>
<td>7</td>
</tr>
<tr>
<td>1 Resolutions of regional interest</td>
<td>7</td>
</tr>
<tr>
<td>adopted by the Twenty-second World Health Assembly</td>
<td></td>
</tr>
<tr>
<td>2 Health aspects of population dynamics:</td>
<td>9</td>
</tr>
<tr>
<td>Action taken in relation to resolution</td>
<td></td>
</tr>
<tr>
<td>WPR/RC19.R8 adopted by the Committee at its nineteenth session</td>
<td></td>
</tr>
<tr>
<td>3 Filariasis control: a progress report</td>
<td>10</td>
</tr>
<tr>
<td>4 The epidemiology and prevention of accidents</td>
<td>11</td>
</tr>
<tr>
<td>5 Training of national health personnel</td>
<td>12</td>
</tr>
<tr>
<td>6 Technical Discussions</td>
<td>13</td>
</tr>
<tr>
<td>7 Reports received from governments on the progress of their health activities</td>
<td>14</td>
</tr>
<tr>
<td>IV Resolutions adopted by the Committee</td>
<td>16</td>
</tr>
<tr>
<td>WPR/RC20.R1 Long-term planning in the field of health, biennial programming and improvement of the evaluation process</td>
<td>16</td>
</tr>
<tr>
<td>WPR/RC20.R2 Technical Discussions</td>
<td>18</td>
</tr>
<tr>
<td>WPR/RC20.R3 Modifications made to the 1969 and 1970 programme and budget estimates</td>
<td>18</td>
</tr>
<tr>
<td>WPR/RC20.R5 Programme evaluation</td>
<td>19</td>
</tr>
<tr>
<td>CONTENTS</td>
<td>page</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>WPR/RC20.R7 Health aspects of population dynamics</td>
<td>21</td>
</tr>
<tr>
<td>WPR/RC20.R8 The epidemiology and prevention of accidents</td>
<td>21</td>
</tr>
<tr>
<td>WPR/RC20.R9 Training of national health personnel</td>
<td>22</td>
</tr>
<tr>
<td>WPR/RC20.R10 Twenty-first and twenty-second sessions of the Regional Committee</td>
<td>23</td>
</tr>
<tr>
<td>WPR/RC20.R11 Adoption of the report</td>
<td>23</td>
</tr>
<tr>
<td>WPR/RC20.R12 Resolution of appreciation</td>
<td>24</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ANNEXES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 AGENDA</td>
<td>25</td>
</tr>
<tr>
<td>2 LIST OF REPRESENTATIVES</td>
<td>27</td>
</tr>
<tr>
<td>3 REPORT OF THE SUB-COMMITTEE ON PROGRAMME AND BUDGET</td>
<td>35</td>
</tr>
<tr>
<td>4 FINAL REPORT OF THE TECHNICAL DISCUSSIONS ON THE PLANNING AND ORGANIZATION OF A NATIONAL EPIDEMIOLOGICAL SERVICE</td>
<td>73</td>
</tr>
<tr>
<td>5 LIST OF DOCUMENTS</td>
<td>93</td>
</tr>
</tbody>
</table>
INTRODUCTION

The twentieth session of the Regional Committee for the Western Pacific was held in Manila from 23 to 30 September 1969.

The meeting was attended by representatives of all Member States in the Region, with the exception of Singapore, and of the Member States responsible for territories in the Region. Representatives of the United Nations and UNICEF, the United Nations Development Programme, the International Committee of Military Medicine and Pharmacy, the South Pacific Commission and thirteen non-governmental organizations in official relations with WHO were also present. Mr Milton P. Siegel, Representative of the Director-General, attended the session.

The Committee elected the following officers:

Chairman : Médecin-Général J. Rondet (France)
Vice-Chairman : Dr Phouy Sunthorn (Laos)
Rapporteurs
   in English : Dr C.H. Gurd (United Kingdom)
   in French : Dr Diego Hora Silva Ferreira (Portugal)

Formal statements were made by the representatives of the United Nations and UNICEF, the United Nations Development Programme, the South Pacific Commission, and eleven non-governmental organizations in official relations with WHO.

The agenda is given in Annex 1 and the list of representatives in Annex 2.

At its first plenary session the Committee established a Sub-Committee on Programme and Budget, composed of representatives of the following countries: Australia, China, France (Chairman), Japan, New Zealand, Republic of Korea, the United Kingdom and Viet-Nam. Representatives of Laos, Malaysia, Philippines, Portugal, United States of America and Western Samoa also participated in the meetings. Further details are given in Part II and Annex 3 of this report.
The Committee noted that no invitation had been received for the twenty-first and twenty-second sessions of the Regional Committee. It was agreed that, if an invitation were received for either session following the meeting, the Regional Director should be authorized to accept it on behalf of the Regional Committee. If no invitation were received, the meetings would be held at regional headquarters (see resolution WPR/RC20.R10).

In the course of seven plenary sessions, the Committee adopted twelve resolutions which are set out in Part IV.

PART I. ANNUAL REPORT OF THE REGIONAL DIRECTOR
COVERING THE PERIOD 1 JULY 1968 TO 30 JUNE 1969

In introducing the Annual Report, the Regional Director stated that, although there had been little change in the health situation in the Western Pacific Region during the period under review, certain trends could be noted which might have an effect on long-term regional health planning. These were:

1. the increasing importance of cardiovascular diseases and cancer as causes of death in some countries;
2. the rise in road accidents and in problems connected with water and air pollution as a result of the rapid urbanization and industrial growth taking place in many countries;
3. the attention being given to the establishment of health insurance and social security schemes as a result of the growing demand for health services.

He then drew attention to the following major developments during the period under review:

1. The more comprehensive approach to the development of health programmes, which included the co-ordination of all WHO-assisted projects. Master plans of operation had now been prepared for three countries and two territories.
(2) The new approach to health planning being undertaken in Malaysia, where a study of the current patterns of the organization and administration of the local health services and a review and assessment of the existing methods and practices used in the delivery of such services in the light of present and future demands were being made. The information thus collected would enable the planners to decide how best to improve the health services at a cost commensurate with available financial resources.

(3) The expansion of the regional national health planning training programme, which had two components: organization of regional courses and inter-country meetings, and national training.

(4) The emphasis placed on the establishment of multi-disciplinary training programmes for all health workers.

(5) The joint meetings which had been held between countries to co-ordinate their antimalaria activities, the first being the Fourth Inter-territorial Malaria Conference for the South-West Pacific held in Kundiawa, Papua and New Guinea, in May, and the second, the Technical Meeting on Malaria for the riparian countries of the Lower Mekong Development Scheme held in Vientiane, Laos, in June.

(6) The establishment of a WHO-sponsored Japanese encephalitis vector biology and control unit in Seoul, the Republic of Korea, with a sub-unit in Taipei, China.

(7) The field trials being conducted in Singapore on the problems involved in the case-finding, treatment and prevention of tuberculosis.

(8) The increase in the provision of assistance to appraise the economic and financial aspects of the development of major urban sewerage schemes.

(9) The special attention being given to the strengthening of the family planning component of all existing maternal and child health projects.
The Regional Director then referred to two happenings outside of the period covered by the Annual Report. The first was the donation of freeze-dried smallpox vaccine to the WHO Special Account by the Government of New Zealand; the second, the selection of the port of Auckland as one of the pilot centres for studies of the health of seafarers.

The Committee reviewed the Report, chapter by chapter.

During the discussion on the problems of communicable disease control, reference was made to the trials being conducted in Singapore on problems of case-finding, treatment and prevention of tuberculosis. It was noted that one of the studies in progress was the collection of information on the prevalence of initial drug resistance. These trials had been started because drugs were being used extensively and sometimes indiscriminately by many practitioners and many patients coming to government clinics had already received inadequate amounts, sometimes unknowingly, and had developed resistance. It was hoped that the studies being undertaken would provide information on the extent of this problem, and that all governments in the Region undertaking tuberculosis control programmes would benefit from the results.

Reference was made to the fact that since 1966, no case of smallpox had been reported in the Region. The hope was expressed that governments would continue to maintain vigilance against this disease.

The difficulties in undertaking applied nutrition pilot projects were mentioned. It was noted that one of the problems was that assistance from FAO usually had to be provided under the United Nations Development Programme and that in some countries the national co-ordinating body had not given a very high priority to such projects. Without FAO assistance it was not possible to provide the comprehensive approach required to undertake a successful applied nutrition project.
The Committee noted with interest the operational studies in public health practice which were being carried out in Malaysia with the assistance of WHO. It was hoped that this new approach would permit WHO to arrive at new and better definitions of needs, demand, and of the utilization of health services, and that eventually this would have an impact on education and training curricula. Health practice research was considered an important adjunct to national health planning.

The Committee noted with satisfaction the work being done to assist individual countries to evolve health plans which were realistic in terms of the health needs and the available financial resources of the countries concerned.

The programme outlined in the chapter on organization of medical care was commended as it emphasized the importance of a comprehensive co-ordinated programme for the delivery of health and medical services.

When reviewing the chapter on maternal and child health, a representative expressed disappointment that there was little mention in the Report of the tremendous amount of activity in the Region in connexion with family planning, population studies and the health aspects of population dynamics. He hoped that WHO would give due recognition to what was taking place in the Region to improve the health and welfare of mothers and children through family planning.

Reference was made to the WHO travelling seminar on medical education which had taken place during the period under review. This had been highly spoken of by the deans of the medical schools in Australia who had stated that they had benefitted greatly from the discussions. Attention was also drawn to the report on the Conference of Directors of Schools of Public Health from the African, Eastern Mediterranean, South-East Asia and Western Pacific Regions of WHO held in Manila in 1967. It was considered that one of the important recommendations of this conference was that made in connexion with the establishment of an association of schools of public health in
the four regions and possibly a federation of associations of schools of public health around the world. Administrators of health programmes should also be aware of the first Directory of Schools of Public Health published by WHO in 1968. It was suggested that schools of public health should promote the concept of involving the medical schools in health planning, in community health services and in the establishment of management techniques in medical and health facilities. The importance of schools of public health and schools of medicine adjusting their curricula to meet the changing needs of the nation, communities and societies was also emphasized.

The Committee adopted a resolution noting the considerable progress being made in the control of communicable diseases within the Region, but recognizing at the same time the new problems posed by the rising incidence within the Region of such diseases as cancer and the cardiovascular diseases, and by the increase in road accidents and air and water pollution. It endorsed the more scientific approach being used in national health planning through health practice research and requested the Regional Director to find ways and means of stimulating regional co-operation in these fields (see resolution WPR/RC20.R6).

PART II. PROPOSED PROGRAMME AND BUDGET FOR 1971

The Sub-Committee on Programme and Budget (established in accordance with resolution WP/RC7.R7 adopted by the Committee at its seventh session) held two meetings.

The Regional Committee reviewed the proposals for 1971 in the light of the findings and observations of the Sub-Committee. It adopted two resolutions, one noting the modifications made to the 1969 and 1970 programme and budget estimates (see resolution WPR/RC20.R3), and the other requesting the Regional Director to transmit the programme and budget estimates for 1971 to the Director-General for his consideration for inclusion in his proposed programme and budget for 1971 (see resolution
WPR/RC20.R4). It adopted a further resolution emphasizing the need for re-evaluation of WHO assistance to Member countries to ensure that maximum health benefits were achieved for the funds invested (see resolution WPR/RC20.R5).

The report of the Sub-Committee is contained in Annex 3.

PART III. OTHER MATTERS

1 Resolutions of regional interest adopted by the Twenty-second World Health Assembly (Document WPR/RC20/4)

The attention of the Committee was drawn to six resolutions of regional interest adopted by the Twenty-second World Health Assembly. These covered:

- Fluoridation and Dental Health (WHA22.30)
- Smallpox Eradication Programme (WHA22.34)
- Re-examination of the Global Strategy of Malaria Eradication (WHA22.39)
- Diseases under Surveillance: Louse-borne Typhus, Louse-borne Relapsing Fever, Viral Influenza, Paralytic Poliomyelitis (WHA22.47)
- Diseases under Surveillance: Malaria (WHA22.48)
- Long-term Planning in the Field of Health, Biennial Programming and Improvement of the Evaluation Process (WHA22.53)

The Committee studied at some length resolution WHA22.53 and noted that in the context of long-term planning there was now a need to start preparing for the formulation of the Fifth General Programme of Work for a Specific Period which, according to the approved revised procedure, was, in the first instance, to be elaborated at the country level on the basis of consultations between WHO and individual governments. It noted that during the coming year staff of the Regional Office would consult with government authorities on their national plans, needs and intentions. The regional offices would then build up aggregated regional plans which would be submitted for the consideration and approval of the regional committees at their 1970 meetings prior to their being
forwarded to headquarters. The review of each regional committee would provide basic material for the global General Programme of Work which would be consolidated at headquarters and would be submitted to the forty-eighth session of the Executive Board, which, in accordance with Article 28(g) of the Constitution, would propose a programme to the Twenty-fourth World Health Assembly in May 1971.

The Committee noted further that the Director-General planned to request the Executive Board at its next session to recommend to the Health Assembly that the present programme of work, the Fourth General Programme of Work, be extended for one year. If this proposal was accepted, the Fifth General Programme of Work for a Specific Period would begin with the year 1973 rather than the year 1972.

The attention of the Committee was drawn to the fact that as the decision of the Assembly had only been taken in July, this precluded the incorporation in the regional programme and budget estimates for 1971 of the projections for the year 1972 as there had not been enough time for the Regional Offices to assemble the information for presentation to the Regional Committees. However, it was the intention of the Director-General to include a projection for the year 1972 in his programme and budget estimates for 1971 on a world basis. The Regional Committees next year, when they considered the regional programme and budget estimates for 1972, would be provided with information covering the projections for 1973.

The discussion centred mainly on the procedure used to prepare the annual programme and budget and the part played by the Regional Committee. The attention of the Committee was drawn to Article 55 of the WHO Constitution which gave the Director-General full authority to submit the annual programme and budget estimates. The Director-General consulted with his senior advisers with regard to what collectively they believed was the appropriate size of activity that the Organization could implement, taking into consideration the ability of the governments concerned to carry out and finance the programme. Each Regional Director
was then given a provisional allocation as to the amount of funds which might be used as an order of magnitude in developing the programme for the Region for the second ensuing budgetary year. Consultations were then held with governments in the Region and the regional programme developed on the basis of these consultations with governments.

It was noted further that the Regional Committees had a great deal to say in connexion with the regional programme by virtue of the fact that the Director-General had requested them to give him advice and recommendations in advance before he finalized his proposals for the annual programme and budget estimates.

During the discussion the importance of long-term planning and the evaluation of projects to assess their effectiveness was emphasized. The Committee adopted a resolution listing certain aspects which might be considered when making recommendations in connexion with long-term planning in the field of health and the establishment of a new General Programme of Work (see resolution WPR/RC20/R1).

2 Health aspects of population dynamics: Action taken in relation to resolution WPR/RC19/R8 adopted by the Committee at its nineteenth session (Document WPR/RC20/5)

The Committee reviewed document WPR/RC20/5 which summarized the developments which had taken place during the past year and the regional plans for the future.

The Committee noted that the Organization was now in the process of developing the necessary technical resources and skills within the structure of WHO. This was being done by means of short-term training programmes which included practical experience and on-the-spot reviews of large-scale programmes in different countries.

The Regional Director mentioned some of the activities which WHO was prepared to undertake although additional funds would be needed if these were to be developed. These included the introduction or development of family planning in the following programmes: basic
health services, maternal and child health, public health administration, nursing, health education, education and training projects for health professionals (medical schools, schools of public health, nursing schools, schools for health auxiliaries, etc.). Activities might also be included in vital and health statistics, health planning and evaluation projects. The library services in the Regional Office could be strengthened to provide more information on family planning to the staff or other interested persons. In the field of research and training, WHO might assist in the establishment of a regional institute for family planning and health.

During the discussion which followed, further information was presented by the Representatives of Cambodia, Japan, Malaysia, Papua and New Guinea, the Philippines, Republic of Viet-Nam and Western Samoa on the attitudes of their governments to family planning.

Reference was made to the pioneering efforts of voluntary agencies, such as the International Planned Parenthood Federation, the Population Council, the Ford and Rockefeller Foundations, and the international efforts of governments such as those of Sweden, Germany, Japan and the United States of America. The need was stressed for WHO to continue to co-operate with these various agencies and foundations, as well as with the United Nations, ECAFE and UNICEF.

The Committee expressed its satisfaction with the action taken since its last meeting but urged the Regional Director to seek ways to develop further family planning activities which might be requested by any government. It also expressed the hope that additional resources would be provided to WHO, including assistance from the United Nations Trust Fund for Population Activities, so that activities in this field could be expanded (see resolution WPR/RC20.R7).

3 Filariasis control: a progress report (Document WPR/RC20/6)

The Committee reviewed document WPR/RC20/6 which summarized the various developments which had taken place within the Region since 1966.
The Regional Director drew the attention of governments with a filariasis problem to the following activities which might be included in their control programmes:

(1) co-ordinated chemotherapeutic and vector control operations combined with a rigorous quantitative assessment of transmission rates, based mainly on a reduction in infective vectors and a concomitant reduction in microfilarial incidence and intensity, and the prevention of new cases in young children;

(2) information on the comparative effects of diethylcarbamazine on *B. malayi* and *W. bancrofti* in all areas where they co-exist;

(3) the collection of adequate quantitative information on the incidence of clinical manifestations, their relation to microfilaraemia, and the development of complications;

(4) the testing of immunological surveillance in a selected population for correlation with microfilaraemia, clinical syndromes, and negative individuals.

Further information was presented by Representatives on the situation in Japan, Papua and New Guinea, the Philippines and Western Samoa.

4 The epidemiology and prevention of accidents (Document WPR/RC20/7)

The Committee noted that in 1966 the Nineteenth World Health Assembly had adopted resolution WHA19.36 requesting the Director-General to consider the possibility of WHO playing a more active role in the field of traffic accidents. This resolution was important because of the world-wide increase in accidental death and disability and the fact that traffic accidents represented a major cause of this increase. By adopting this resolution, the Assembly had drawn attention to the medical and human aspects of the problem and recognized that the health authorities had duties and responsibilities in this field.
The Regional Director asked the representatives for their views on the problem as it obtained in their respective countries, on the importance that they felt it merited in the list of their priorities, on whether they considered it more adequate to limit initial preventive action to traffic accidents, particularly the human aspects, or whether they deemed it administratively more convenient to deal with the total accident prevention concept. He also asked for their views on the role which WHO might play in any such programmes.

During the discussion which followed, a number of Representatives spoke of the growing increase in morbidity and mortality from accidents, and stated that this had become a cause of national concern. It was agreed that the health authorities had certain responsibilities, such as the establishment of emergency medical care facilities throughout the country, the setting up of trauma clinics, and, possibly most important of all, in the field of health education.

The Committee considered that accident control was a wide problem with many aspects and a number of government departments and other agencies were involved in this matter. It was suggested that WHO could assist by the collection and analysis of statistical data and in providing information to governments and making suitable recommendations for preventive measures when requested.

It was further suggested that the topic might be considered for the Technical Discussions held in connexion with a future session of the Committee (see resolution WPR/RC20.R8).

5 Training of national health personnel (Document WPR/RC20/8)

The Committee noted that this item had been placed on the agenda as a result of a resolution adopted by the Twenty-first World Health Assembly (WHA21.20) recommending that Member States should give increasing attention to the training of professional and auxiliary health personnel. The Assembly had suggested that the Regional Committees at their meetings in 1969 should undertake an analysis
of the problems of training professional and auxiliary health personnel. The views and conclusions of the Regional Committee would be submitted to the Executive Board at its forty-fifth session and the matter would be discussed further during the Twenty-third World Health Assembly.

The Committee reviewed the document which had been prepared and which contained simple guidelines which might be used to collect some basic information. It also mentioned some of the problems which were commonly met, particularly in the developing countries in the Region.

During the discussion which followed a number of Representatives spoke of the difficulties encountered because of shortage of health personnel. This problem was compounded by the exodus of professional workers to other countries where working conditions and salaries were better. It was agreed that the possibility of providing medical assistants and nursing aides in place of qualified medical officers and nurses warranted study.

The Committee endorsed the suggestions made in the report on the type of information which might be collected and recognized that this was a most important subject. It considered, however, that there was insufficient time to collect accurate data to study the question in detail before the forty-fifth session of the Executive Board. It adopted a resolution recommending that Member countries should be invited to collect the necessary data which should be analyzed and made the subject of a seminar, or alternatively, referred for consideration to an expert committee. It requested the Regional Director to transmit to the Director-General the working paper, summary records and the resolution for the information of the Executive Board (see resolution WPR/RC20.R9).

6 Technical Discussions

6.1 Designation of Chairman

At its eleventh session, the Regional Committee adopted a resolution (WP/RC11.R11) recommending that the Chairman of the
Technical Discussions should be appointed well in advance of the meeting. Following consultations between the Regional Director and the Chairman of the Regional Committee, Dr I. Shigematsu, Chief, Department of Epidemiology, Institute of Public Health, Tokyo, Japan, was selected for this office.

6.2 Organization

The theme of the Technical Discussions was "The Planning and Organization of a National Epidemiological Service".

The first session consisted of introductory statements and an explanation of the procedures and techniques to be used in the Technical Discussions. The participants were then divided into three groups which met separately and conducted a free discussion in accordance with the guidelines and references provided.

The third session was again a plenary one at which a summary report was considered and an evaluation made of the discussions. The report of the Technical Discussions appears in Annex 4.

6.3 Selection of topic for the Technical Discussions in 1970

The Committee selected "Health Manpower in Developing Countries: Problems and Needs" as the subject for the Technical Discussions in 1970 (see resolution WPR/RC20.R2).

7 Reports received from governments on the progress of their health activities

The Chairman acknowledged the following reports presented to the Committee:

(1) AUSTRALIA - Report on national health activities, 1968-69;
(2) CAMBODIA - Brief report on public health activities, 1968-1969;
(3) CHINA - Country report for 1969;
(4) FIJI - Brief report on public health activities, 1968;
(5) GILBERT AND ELlice ISLANDS - Medical Department Annual Report for the year ended 31 December 1968;
(6) HONG KONG - Brief report on health activities during 1968;
(7) JAPAN - Report on the progress of health activities for the fiscal year 1968 (April 1968 - March 1969);
(8) LAOS - Cholera in Savannakhet; Smallpox campaign in Laos; Antimalaria Service in Laos; Activities of the Maternal and Child Health Service; Activities of the Tuberculosis Service; Orthopaedics in Laos; Activities of the Hospital Statistics Service;
(9) MALAYSIA - Brief report on the progress of health activities, 1968;
(10) NEW CALEDONIA AND ITS DEPENDENCIES - Brief report on health activities, 1968-1969;
(11) NEW ZEALAND - Report on progress of health activities, 1968;
(13) PHILIPPINES - Brief report on health activities, 1968-1969;
(14) REPUBLIC OF KOREA - Brief report on health situation in 1968;
(15) TIMOR - Brief report on the public health services in 1968;
(16) VIET-NAM - Brief report on national health activities in Viet-Nam, 1968.

The following additional reports were presented:

(1) HONG KONG - Report on the outbreak of cholera, July 1969;
(2) SINGAPORE - Report on the immunization programme in 1968.
PART IV. RESOLUTIONS ADOPTED BY THE COMMITTEE

WPR/RC20.R1  LONG-TERM PLANNING IN THE FIELD OF HEALTH, BIENNIAL PROGRAMMING AND IMPROVEMENT OF THE EVALUATION PROCESS

The Regional Committee,

Having considered resolution WHA22.53, adopted by the Twenty-second World Health Assembly on "Long-term Planning in the Field of Health, Biennial Programming, and Improvement of the Evaluation Process"; and

Having heard a report from the Representative of the Director-General on how this would affect the preparation of the Fifth General Programme of Work and future programming,

1. NOTES with satisfaction that future programme and budget estimates will include a projection for an additional year;

2. NOTES further that Member States will be asked to send to WHO their observations and recommendations on questions of long-term planning in the field of health and the establishment of a new general programme of work of WHO for 1972-1976, or for 1973-1977;

3. RECOMMENDS that Member States within the Region should take into consideration, when preparing the above recommendations, the following points:

   (1) the establishment of a functional relationship between existing or future national health plans and the new General Programme of Work of WHO;

   (2) the following major programme activities as suitable breakdowns in the preparation of the new General Programme of Work:

      (a) the preventive and health promotion services, including communicable disease control, environmental
health, family planning, and the control of non-communicable diseases;

(b) strengthening of health services, including national health planning, manpower studies, public administration and the organization of medical care;

(c) the development of education and training curricula consistent with the details of the health plan and of educational facilities commensurate with manpower requirements.

(3) the feasibility of bringing out trends in these major programme activities that would help in defining the fields in which WHO assistance would be required;

(4) the feasibility of aggregating these trends into regional plans;

4. RECOMMENDS further that, when considering the question of long-term health planning, Member States should also take into consideration the following:

(1) the integration of national health plans with socio-economic plans;

(2) the machinery for planning in the health field;

(3) the definition of the responsibilities of the health sector in areas of multi-responsibility;

(4) the establishment of priorities and targets, manpower requirements and training, and budgetary and other financial provisions;

(5) procedures for the continuous evaluation and, if necessary, modification of the plan;

5. REQUESTS the Regional Director to consult with Member States on their needs for the future and to submit to the next
session of the Committee a regional plan, based on the proposals received from governments;

6. RECOGNIZES the need to retain sufficient flexibility within the plan to enable the Regional Director to make any adjustments found to be necessary.

Sixth meeting, 29 September 1969

WPR/RC20.R2  TECHNICAL DISCUSSIONS

The Regional Committee,

Having considered the topics suggested by the Government of France and the Regional Director for the Technical Discussions during the twenty-first session of the Committee,

DECIDES that the subject for the Technical Discussions in 1970 shall be "Health Manpower in Developing Countries: Problems and Needs".

Sixth meeting, 29 September 1969


The Regional Committee,

Having examined the report presented by the Regional Director at the request of the Regional Committee at its nineteenth session, on the modifications made to the 1969 and 1970 regular programme and budget estimates,¹

TAKES NOTE of the changes made;

II Having considered the revisions requested by governments to the Supplementary List and those brought forward during the meeting; REQUESTS the Regional Director to consider the Supplementary List revised accordingly.

Sixth meeting, 29 September 1969

WPR/RC20.R4 PROPOSED PROGRAMME AND BUDGET ESTIMATES FOR 1971

The Regional Committee,

Having examined the proposed programme and budget estimates for 1971, including the Voluntary Fund for Health Promotion and the Supplementary List, and the report of the Sub-Committee; REQUESTS the Regional Director to transmit the proposals as amended during the twentieth session of the Committee to the Director-General for his consideration for inclusion in his proposed programme and budget for 1971.

Sixth meeting, 29 September 1969

WPR/RC20.R5 PROGRAMME EVALUATION

The Regional Committee,

Having considered resolution WHA22.53 on long-term planning in the field of health, biennial programming, and improvement of the evaluation process,

1 Document WPR/RC20/P&B/3, Revisions Requested by Governments to the Supplementary List.
2 Document WPR/RC20/11, Report of the Sub-Committee on Programme and Budget.
3 Document WPR/RC20/2.
1. BELIEVES there is need for re-evaluation of WHO assistance to Member countries to ensure that maximum health benefits are achieved for the funds invested;

2. APPRECIATES the extent of the task of the Regional Director, the Regional Advisers, and the Country Representatives in assessing the needs and deciding the best methods of conducting country programmes;

3. REQUESTS the Regional Director to include in the Agenda for future Committee meetings, reports by governments on the progress of current programmes receiving WHO assistance.

Sixth meeting, 29 September 1969

WPR/RC20.R6 ANNUAL REPORT OF THE REGIONAL DIRECTOR

The Regional Committee,

Having considered the Nineteenth Annual Report of the Regional Director;

Noting the considerable progress being made in the control of communicable diseases within the Region but at the same time, Recognizing the new problems posed by the increasing incidence within the Region of such diseases as cancer and the cardiovascular diseases, road accidents and the increasing prevalence of air and water pollution;

Noting with satisfaction the work being done by WHO to assist individual countries to evolve health plans which are realistic in terms of the health needs and the available financial resources of the countries concerned, and

Recognizing with satisfaction the trend towards a more scientific approach in national health planning through health practice research,
1. COMMENDS the Regional Director on the presentation and content of the Report;

2. THANKS the regional office and WHO field staff for the part they have played in the programme of work as outlined in the Report;

3. REQUESTS the Regional Director to find ways and means of stimulating regional co-operation in the field of health practice research and national health planning.

Sixth meeting, 29 September 1969

WPR/RC20.R7 HEALTH ASPECTS OF POPULATION DYNAMICS

The Regional Committee,

Having considered the report submitted by the Regional Director on the health aspects of population dynamics and the information presented during the meeting,

1. EXPRESSES its satisfaction with the action taken since the nineteenth session of the Regional Committee but urges the Regional Director to seek ways to develop further family planning activities which may be requested by any government;

2. NOTES with approval the efforts made to promote family planning activities within basic health service programmes;

3. EXPRESSES the hope that additional resources will be provided to WHO, including assistance from the United Nations Trust Fund for Population Activities.

Sixth meeting, 29 September 1969

WPR/RC20.R8 THE EPIDEMIOLOGY AND PREVENTION OF ACCIDENTS

The Regional Committee,
Having considered the provisions of resolution WHA19.36 of the Nineteenth World Health Assembly; and

Having considered the report presented by the Regional Director to the Regional Committee on the epidemiology and prevention of accidents,

1. BELIEVES that accident control is a wide problem with many aspects, and that WHO can assist by the collection and analysis of statistical data and in providing information to governments and making suitable recommendations for preventive measures when requested;

2. SUGGESTS that the topic might be considered for the Technical Discussions held in connexion with a future session of the Committee.

Sixth meeting, 29 September 1969

WPR/RC20.R9 TRAINING OF NATIONAL HEALTH PERSONNEL

The Regional Committee,

Having noted resolution WHA21.20 adopted by the Twenty-first World Health Assembly requesting the Regional Committee to undertake an analysis of the problems of training professional and auxiliary personnel; and

Having considered the report submitted by the Regional Director on the training of national health personnel,

1. ENDORSES the suggestions made in the report on the type of information which might be collected;

2. RECOGNIZES the urgency and the importance of the subject;

3. CONSIDERS there has been insufficient time to collect accurate data;
4. **RECOMMENDS** that Member countries should be invited to collect the necessary data which should be analyzed and made the subject of a seminar or, alternatively, referred for consideration to an expert committee;

5. **REQUESTS** the Regional Director to transmit to the Director-General the working paper, the summary records and this resolution for the information of the Executive Board.

Sixth meeting, 29 September 1969


The Regional Committee

1. **NOTES** that no invitation has been received for the twenty-first and twenty-second sessions of the Regional Committee;

2. **AUTHORIZES** the Regional Director to accept, on behalf of the Regional Committee, any such invitation which may be extended and to inform all Member governments at the earliest possible date;

3. **DECIDES** that if no invitation is received for the twenty-first and twenty-second sessions, these will be held at regional headquarters in Manila.

Sixth meeting, 29 September 1969

WPR/RC20.R11 ADOPTION OF THE REPORT

The Regional Committee,

Having considered the draft report of the twentieth session of the Committee,

ADOPTS the report.

Seventh meeting, 30 September 1969
WPR/RC20.R12 RESOLUTION OF APPRECIATION

The Regional Committee

EXPRESSIONS its appreciation and thanks to:

(1) the First Lady of the Philippines and her Adviser on Community Services, for having invited the Representatives and the Secretariat to a concert at the Cultural Center;

(2) the Director, Regional Health Office No. 3, Department of Health, Philippines, for having arranged an interesting field visit to Rizal Province;

(3) the Chairman and other officers of the Committee;

(4) the Chairman of the Technical Discussions, the plenary session rapporteurs, and the chairmen and rapporteurs of the discussion groups;

(5) the representatives of the United Nations and United Nations Children's Fund, the United Nations Development Programme, the South Pacific Commission, and the non-governmental organizations who made statements;

(6) Mr Milton P. Siegel, Representative of the Director-General, for the honour of his visit and his invaluable advice;

(7) the Regional Director and the Secretariat for their work in connexion with the meeting.

Seventh meeting, 30 September 1969
1 Opening of the session

2 Address by retiring Chairman

3 Address by the Director-General

4 Election of new officers: Chairman, Vice-Chairman and Rapporteurs

5 Address by incoming Chairman

6 Adoption of the agenda

7 Technical Discussions

   Statement by the Chairman of the Technical Discussions

8 Proposed programme and budget estimates for the financial year 1 January - 31 December 1971

   8.1 Establishment of the Sub-Committee on Programme and Budget

   8.2 Consideration of the report presented by the Sub-Committee on Programme and Budget

9 Acknowledgement by the Chairman of brief reports received from governments on the progress of their health activities

10 Report of the Regional Director

11 Resolutions of regional interest adopted by the Twenty-second World Health Assembly

12 Health aspects of population dynamics: Action taken in relation to resolution WPR/RC19.R8 adopted by the Committee at its nineteenth session

13 Filariasis control: a progress report

14 The epidemiology and prevention of accidents

15 Training of national health personnel

16 Statements by representatives of the United Nations and Specialized Agencies, of intergovernmental and non-governmental organizations in official relations with WHO
17 Selection of topic for the Technical Discussions during the twenty-first session of the Regional Committee

18 Report by the Chairman of the Technical Discussions

19 Time, place and duration of the twenty-first and twenty-second sessions of the Regional Committee

20 Adoption of the draft report of the Committee

21 Adjournment
## LIST OF REPRESENTATIVES
### LISTE DES REPRESENTANTS

### I. REPRESENTATIVES OF MEMBER STATES
#### REPRESENTANTS DES ETATS MEMBRES

<table>
<thead>
<tr>
<th>Country</th>
<th>Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AUSTRALIA</strong></td>
<td>Dr J.S. Boxall</td>
</tr>
<tr>
<td></td>
<td>Director of International Health</td>
</tr>
<tr>
<td></td>
<td>Department of Health</td>
</tr>
<tr>
<td></td>
<td>Canberra</td>
</tr>
<tr>
<td></td>
<td>Dr R.T. Taureka</td>
</tr>
<tr>
<td></td>
<td>Regional Health Officer</td>
</tr>
<tr>
<td></td>
<td>New Guinea Highlands</td>
</tr>
<tr>
<td></td>
<td>Papua and New Guinea</td>
</tr>
<tr>
<td></td>
<td>Mr P.W. Carroll</td>
</tr>
<tr>
<td></td>
<td>Third Secretary</td>
</tr>
<tr>
<td></td>
<td>Australian Embassy</td>
</tr>
<tr>
<td></td>
<td>Manila</td>
</tr>
<tr>
<td><strong>CAMBODIA</strong></td>
<td>Dr Phav Sany</td>
</tr>
<tr>
<td></td>
<td>Inspecteur général de la Santé</td>
</tr>
<tr>
<td></td>
<td>et Professeur de pédiatrie</td>
</tr>
<tr>
<td></td>
<td>Ecole de Médecine</td>
</tr>
<tr>
<td></td>
<td>Phnom-Penh</td>
</tr>
<tr>
<td><strong>CHINA</strong></td>
<td>Dr C.K. Chang</td>
</tr>
<tr>
<td></td>
<td>Director</td>
</tr>
<tr>
<td></td>
<td>Department of Health Administration</td>
</tr>
<tr>
<td></td>
<td>Ministry of Interior</td>
</tr>
<tr>
<td></td>
<td>Dr T.Y. Lee</td>
</tr>
<tr>
<td></td>
<td>Deputy Commissioner of Health</td>
</tr>
<tr>
<td></td>
<td>Taiwan Provincial Health Department</td>
</tr>
</tbody>
</table>
CHINA (continued) Dr Y. Hsiung
    Deputy Director of Health
    Taipei City Health Department

FRANCE
    Médecin-Général J. Rondet
    Directeur de la Santé et de
    l'Hygiène publique de la
    Nouvelle-Calédonie

    Médecin-Colonel E. Poyet
    Directeur du Service de Santé
    de la Polynésie française

JAPAN
    Dr K. Kanamitsu
    Director
    Environmental Sanitation Bureau
    Ministry of Health and Welfare

    Dr I. Shigematsu
    Chief
    Department of Epidemiology
    Institute of Public Health
    Ministry of Health and Welfare

    Mr M. Yamasaki
    First Secretary
    Embassy of Japan in the
    Republic of the Philippines

    Dr M. Oike
    Assistant Chief
    General Affairs Section
    Medical Affairs Bureau
    Ministry of Health and Welfare

    Mr N. Maskawa
    Second Secretary
    Embassy of Japan in the
    Republic of the Philippines

LAOS
    Dr Phouy Sunthorn
    Directeur des Affaires
    administratives

    Dr Thongphet Phetsiriseng
    Directeur du Service d'hygiène
    et de médecine préventive
<table>
<thead>
<tr>
<th>Country</th>
<th>Name</th>
<th>Position</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaysia</td>
<td>Dr Raja Ahmad Noordin</td>
<td>Deputy Director (Health)</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Kuala Lumpur</td>
</tr>
<tr>
<td></td>
<td>Dr Abdul Khalid bin Sahan</td>
<td>Senior Medical Officer</td>
<td>Selangor State</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Kuala Lumpur</td>
</tr>
<tr>
<td></td>
<td>Dr C.O. Innis</td>
<td>Principal Medical Officer (Health)</td>
<td>Sabah</td>
</tr>
<tr>
<td>New Zealand</td>
<td>Dr W. Murphy</td>
<td>Deputy Director of Public Health</td>
<td>Department of Health</td>
</tr>
<tr>
<td>Philippines</td>
<td>Dr C.S. Gatmaitan</td>
<td>Undersecretary for Health and Medical Services</td>
<td>Department of Health</td>
</tr>
<tr>
<td></td>
<td>Dr A.N. Acosta</td>
<td>Medical Adviser</td>
<td>Department of Health</td>
</tr>
<tr>
<td></td>
<td>Dr J. Valera</td>
<td>Chief</td>
<td>Division of Epidemiology</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Department of Health</td>
</tr>
<tr>
<td></td>
<td>Dr L. Carlota</td>
<td>Director</td>
<td>Bureau of Health Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Department of Health</td>
</tr>
<tr>
<td></td>
<td>Dr G. Balbin</td>
<td>Director</td>
<td>Regional Health Office No.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Department of Health</td>
</tr>
<tr>
<td></td>
<td>Dr J. Almonte</td>
<td>Chief</td>
<td>Field Health Operations</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Department of Health</td>
</tr>
</tbody>
</table>
PHILIPPINES  
(continued)  
(suite)  
Dr T. Gomez  
Chief  
Office of Health Education  
and Personnel Training  
Department of Health  
(Adviser/Conseiller)  

Dr P. Rigonan  
Chief  
Division of Hospital Standards  
and Administration  
Department of Health  
(Adviser/Conseiller)  

Dr F. Gomez  
Supervising Statistician  
Disease Intelligence Center  
Department of Health  
(Adviser/Conseiller)  

PORTUGAL  
Dr Diego Hora Silva Ferreira  
Chef des Services de Sante  
Macao  

REPUBLIC OF KOREA  
Dr Sung-Hee Rhee  
Chief of Training  
National Institute of Health  
(Chief Representative)  

Mr Sae-Hoon Ahn  
Second Secretary  
Korean Embassy  
Manila  
(Alternate/Suppléant)  

UNited KINGDOM  
ROYAUME-UNI  
Dr C.H. Gurd  
Director of Medical Services  
for Fiji and  
Inspector-General of the  
South Pacific Health Service  
(Chief Representative)  

Dr P.H. Teng  
Director of Medical and  
Health Services  
Government of Hong Kong  
(Alternate/Suppléant)  

Miss H. Upton  
Third Secretary in the  
British Embassy  
Manila  
(Adviser/Conseiller)
REPORT OF THE REGIONAL COMMITTEE

UNITED STATES
OF AMERICA

Dr. R.K.C. Lee
Professor
School of Public Health
University of Hawaii
Honolulu

Dr. J.L. Stockard
Research Coordination
Technical Assistance Bureau
United States Agency for
International Development
Washington

Dr. J.P. Keeve
Chief Public Health Adviser
United States Agency for
International Development
Manila

VIET-NAM

Dr. Truong Minh Cac
Directeur général adjoint
de la Santé

Dr. Dang Quoc Phu
Chef du Service de médecine préventive

WESTERN SAMOA
SAMOA-Occidental

Dr. J.C. Thieme
Director of Health
Health Department

II. REPRESENTATIVES OF THE UNITED NATIONS AND SPECIALIZED AGENCIES
REPRESENTANTS DES NATIONS UNIES ET DES INSTITUTIONS SPECIALISEES

UNITED NATIONS
NATIONS UNIES

Mr. A.E. Meager
UNICEF Representative
in the Philippines
III. REPRESENTATIVES OF OTHER INTERGOVERNMENTAL ORGANIZATIONS
REPRÉSENTANTS D'AUTRES ORGANISATIONS INTERGOUVERNEMENTALES

INTERNATIONAL COMMITTEE OF MILITARY MEDICINE AND PHARMACY
COMITÉ INTERNATIONAL DE MEDECINE ET DE PHARMACIE MILITAIRES

Brigadier General E.S. Filart, MC
Surgeon General
Armed Forces of the Philippines
Member of the International Committee of Military Medicine and Pharmacy

SOUTH PACIFIC COMMISSION
COMMISSION DU PACIFIQUE SUD

Dr G. Loison
Directeur de Programme (Santé)
Commission du Pacifique Sud
Nouvelle-Calédonie

IV. REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS
REPRÉSENTANTS DES ORGANISATIONS NON GOUVERNEMENTALES

INTERNATIONAL COUNCIL ON ALCOHOL AND ADDICTIONS
CONSEIL INTERNATIONAL SUR LES PROBLÈMES DE L'ALCOOLISME ET DES TOXICOMANIES

Dr R. Seaborn
President of the Foundation for Research and Treatment of Alcoholism of Australia
INTERNATIONAL DENTAL FEDERATION
FEDERATION DENTAIRE INTERNATIONALE

Dr B. Barbors
Institute of Hygiene
University of the Philippines

INTERNATIONAL UNION FOR
HEALTH EDUCATION
UNION INTERNATIONALE POUR
L'EDUCATION SANITAIRE

Dr P. Herrera
Chief
Division of Health Education
and Personnel Training
Department of Health
Manila

INTERNATIONAL FEDERATION OF
GYNECOLOGY AND OBSTETRICS
FEDERATION INTERNATIONALE DE
GYNECOLOGIE ET D'OBSERVETRIQUE

Dr J. Villanueva
Professor of Obstetrics
University of the Philippines

THE WORLD MEDICAL ASSOCIATION, INC.
L'ASSOCIATION MEDICALE MONDIALE, INC.

Dr A.Z. Romualdez
Secretary General
The World Medical Association, Inc.
Manila

MEDICAL WOMEN'S
INTERNATIONAL ASSOCIATION
ASSOCIATION INTERNATIONALE
DES FEMMES MEDECINS

Dr H. Baja-Panlilio
National Corresponding Secretary
of the Philippine Medical Women's
Association to MWIA

WORLD FEDERATION FOR
MENTAL HEALTH
FEDERATION MONDIALE POUR
LA SANTE MENTALE

Dr E. Aldaba-Lim
Philippine Psychological
Corporation

INTERNATIONAL COMMITTEE
OF CATHOLIC NURSES
COMITE INTERNATIONAL CATHOLIQUE
DES INfirmiERES ET ASSISTANTES
MEDICO-SOCIALES

Mrs M. Ordonez
Vice-President of CICIAMS
for Asia,
President of the Catholic Nurses' Guild of the Philippines

INTERNATIONAL UNION
OF NUTRITIONAL SCIENCES
UNION INTERNATIONALE DES
SCIENCES DE LA NUTRITION

Dr C. Ll. Intengan
National Science Development
Board
Quezon City
REGIONAL COMMITTEE: TWENTIETH SESSION

PERMANENT COMMISSION AND INTERNATIONAL ASSOCIATION ON OCCUPATIONAL HEALTH COMMISSION PERMANENTE ET ASSOCIATION INTERNATIONALE POUR LA MEDECINE DU TRAVAIL

Dr M.V. Olympia, Jr.  
Civil Aeronautics Administration  
Manila International Airport

WORLD FEDERATION OF OCCUPATIONAL THERAPISTS FEDERATION MONDIALE DES ERGOTHERAPEUTES

Mrs C.M. Abad  
Occupational Therapy Association of the Philippines

INTERNATIONAL PLANNED PARENTHOOD FEDERATION FEDERATION INTERNATIONALE POUR LE PLANNING FAMILIAL

Professor S. Matsumoto  
Department of Obstetrics/Gynaecology  
Gunma University, School of Medicine  
Japan

Dr R. Apelo  
President  
Planned Parenthood Movement in the Philippines  
Philippine General Hospital

LEAGUE OF RED CROSS SOCIETIES LIGUE DES SOCIETES DE LA CROIX-ROUGE

Dr V. Galvez  
Assistant Secretary General  
The Philippine National Red Cross
1 INTRODUCTION

1.1 At its seventh session, the Regional Committee, in resolution WPR/RC7.7, decided "that the establishment of a sub-committee on programme and budget, consisting of six members plus the Chairman of the Regional Committee, should become a routine activity of the Regional Committee"; and recommended that "the membership of this sub-committee be rotated among the Representatives of various members, subject to the provision that any Representative desiring to be a member of the sub-committee should be entitled to participate".

The Sub-Committee on Programme and Budget met on 25 September 1969, under the chairmanship of Médecin-Général J. Rondet. The attendance was as follows:

Members in accordance with the principle of rotation:

- **Australia**
  - Dr J.S. Boxall
  - Dr R.T. Taureka
  - Mr P.W. Carroll

- **China**
  - Dr C.K. Chang
  - Dr T.Y. Lee

- **France**
  - Médecin-Colonel E. Poyet

- **Japan**
  - Dr K. Kanamitsu
  - Dr M. Yamasaki
  - Dr M. Oike
  - Mr N. Maekawa

- **New Zealand**
  - Dr W. Murphy

- **Republic of Korea**
  - Dr Sung-Hee Rhee

- **United Kingdom**
  - Dr C.H. Gurd
  - Miss H. Upton

- **Viet-Nam**
  - Dr Truong Minh Cac
  - Dr Dang Quoc Phu
Other members of the Committee also in attendance were:

Laos  
Dr Phouy Sunthorn  
Dr Thongphet Phetsiriseng

Malaysia  
Dr Raja Ahmad Noordin  
Dr C.O. Innis

Philippines  
Dr P. Rigonan

Portugal  
Dr Diego Hora Silva Ferreira

United States of America  
Dr R.K.C. Lee  
Dr J.L. Stockard  
Dr J.P. Keeve

Western Samoa  
Dr J.C. Thieme

The Representatives of the United Nations Development Programme, the International Dental Federation, the International Committee of Catholic Nurses and the League of Red Cross Societies also attended.

Dr D.R. Thomson, Director of Health Services, acted as Secretary. Mr Milton P. Siegel, Representative of the Director-General, and the Regional Director also attended the meeting.

In the course of its meeting, the Sub-Committee examined the proposed programme and budget estimates in accordance with the guidelines given on page 53. In addition, it had before it two other documents: WPR/RC20/P&B/2, which summarized the changes that had taken place in the 1969 and 1970 estimates since the nineteenth session of the Regional Committee, and WPR/RC20/P&B/3, "Revisions Requested by Governments to the Supplementary List Annexed to the Regional Programme and Budget Estimates for 1970 contained in document WPR/RC19/2".

2 GENERAL PRINCIPLES AND PROCEDURES

The Sub-Committee noted that the introductory notes on pages 1 and 2 of WPR/RC20/2 had been expanded to include some considerations of the programming cycle of the Organization.
2.1 Changes made to the 1969 and 1970 approved programme and budget estimates

The Sub-Committee reviewed the information submitted by the Regional Director (document WPR/RC20/R&F/2), which had been prepared in response to requests by members of the Regional Committee to be provided with additional information on changes occurring in the programme and budget of the Organization since the time when the Regional Committee last had the opportunity of being presented with these proposals. The document compared figures that appeared last year in the regional programme and budget estimates with those for the same year that were included in this year's document. In addition, it contained the following information:

(a) a comparison between the revised budget for 1969 which was presented last year and the operational estimates as of 25 May 1969, by which time there was a much closer appreciation of the possibilities of implementation of the programme (see pages 55-60).

(b) a comparison between the original 1970 programme and budget estimates that had been presented to the Committee last year and a revision which had been arrived at according to the best knowledge at the present time of what the situation might be in 1970 (see pages 61-65).

Attention was drawn to the fact whereby there was comparison not only in money but also in man-months and fellowship months of the changes made to the 1970 programme and budget estimates (see pages 61-65), so that a more precise idea of the impact on programme would be obtained, in addition to information on budgetary changes.

The Sub-Committee noted that some of the latter had had to be made as a result of decisions taken recently by the World Health Assembly.
during which the Director-General had put up some proposals for additional funds to cover unexpected expenditures that could not be foreseen when the budgets for 1969 and 1970 were under preparation. This unexpected expenditure concerned decisions of the General Assembly of the United Nations on the levels of salaries of international staff, similar decisions on the levels of salaries of general service staff in Geneva and an emergency situation that had occurred in Equatorial Guinea. In the discussion of the supplementary estimates for 1969, the Assembly had agreed to the proposals made by the Director-General on how to finance these additional estimates. The impact on the budget for the Western Pacific Region had been the deletion of a provision for fellowships for Japan in the amount of $10,000. This change had been agreed to by the delegate of Japan who had participated in the discussions at the World Health Assembly. A revised allocation for 1969 had been received from the Director-General to meet the increased costs of the salaries of international staff arising from changes in their salary scale.

As the World Health Assembly had approved an effective working budget level for 1970 that was lower than that proposed by the Director-General, some adjustments had to be made in the proposals for 1970 reflected in document WPR/RC20/2. The commencement of the inter-country project on the training of anaesthetists (pages 268-269 of the document) would be deferred. This represented a decrease in 1970 in the order of $10,850.

2.2 Preparation of the programme and budget estimates

The Sub-Committee noted that when the programme proposals contained in document WPR/RC20/2 were being built up, the constitutional objectives of WHO were kept in mind. Consideration was also given to the Fourth General Programme of Work for a Specific Period, which would end in 1971. Throughout the history of WHO, the contents of the General Programme of Work had hardly changed. There had been some refining of objectives, perhaps some changes in emphasis, but the main trends were
REPORT OF THE REGIONAL COMMITTEE

the same: strengthening of health services, fighting against communicable and non-communicable diseases, improving environmental health, promoting education and training. More recently, there had been some emphasis on co-ordination of programme, particularly at the national level. The priorities of the Fourth General Programme of Work had, in fact, been endorsed by the Regional Committee at its sixteenth session.

In addition, there was quite a long series of resolutions of the Regional Committee which were used as a guide in building up the annual programme. The most recent of these had emerged from a discussion on long-term planning during the nineteenth session, in which, in addition to the global priorities decided by the World Health Assembly, the Regional Committee had emphasized certain elements that it felt were particularly interesting for the Region.

The Sub-Committee session was the second phase of a joint effort of governments and the Regional Office to build up the programme. It followed continuing consultations that had been held by the WHO Representatives, not only with the health authorities of countries in the Region but also with other bodies such as planning authorities, economic ministries, co-ordinating bodies, and, of course, the Resident Representatives of the United Nations Development Programme.

In the present proposals for 1971 the major subject heading of public health administration was considerably emphasized. This rather broad label could be made to include practically any activity of the Organization. But major subject headings could be misleading. The form of presentation of the Organization's programme and budget had been decided by a succession of World Health Assemblies and could not be changed without additional decisions of WHO's governing bodies. At a time when WHO was emphasizing integrated projects, for example, when it insisted that family planning should be integrated into maternal and child health, that maternal and child health should be part of
general public health services, that disease control programmes should be carried out through the general health services rather than specialized entities, decreases in the major subject headings for specialized programmes did not necessarily reflect a decrease in the effort given to these programmes, but rather an effort towards their integration.

The Sub-Committee's attention was also drawn to the operational studies in public health practice sponsored and undertaken by the Government of Malaysia with WHO's assistance. This research was intended to lead to better definitions of the need and demand for health care, of the utilization of health services. It was hoped, eventually to arrive at new definitions of the types and numbers of staff that the Government would need in order to provide the most effective service to the people. The studies in Malaysia were being conducted in co-operation with WHO's Division of Research in Epidemiology and Communications Science. This was a very welcome development and it was hoped that it could be extended to other, similar, projects in the future.

The Representative of the United Kingdom expressed his appreciation of the documentation submitted this year to the Sub-Committee, as his delegation was one of those that had last year requested this extra information. He asked whether it would be possible to include in the opening pages, after the summaries for the Regional Office, the Regional Advisers and the WHO Representatives, a summary of the country programmes, in much the same format as provided for the Regional Office, showing the individual allocations to various countries, and then another page giving a summary of the inter-country programmes by major subject heading.

The United Kingdom Government was a very strong supporter of WHO and wished to assist financially and in every other possible way, but it was rather concerned about the rather large magnitude of the increases
year by year. In this respect, it was happy to see that the increase in the budget for 1971 over 1970 was projected at 9.2% whereas that between 1969 and 1970 was budgeted at 9.6%. It was the main concern of the United Kingdom delegation to see that whatever money was allocated was invested in health programmes which would provide the greatest possible health dividends for the money invested. He noted with interest the statement of the Representative of the Director-General that during the recent opening of the United Nations General Assembly, "many speakers had indicated that the stage had been reached, after more than twenty years (it was actually twenty-four years since the Charter of the United Nations was approved in San Francisco) where it had become necessary to take a new look at the structure created in the post-war world and to review the Charter of the United Nations with particular emphasis on its responsibility for the maintenance of peace and security. Reference also had been made to reviewing the functions of the Economic and Social Council. These suggestions for a review of the United Nations Charter are not new, as similar suggestions had been mentioned at a number of the recent sessions of the General Assembly. For its part, WHO felt that one must always take a look at the current circumstances, see what work was being carried out and take whatever remedial action was necessary in order to make such improvements as were required".

The countries themselves should also be called upon to evaluate the programmes that they were requesting, particularly with regard to fellowships. Assurance should be given that requests for fellowships represented a real need, that the people being given extra training would come back to provide advancement along the line of the national health programme and that they would not find themselves balked by the absence of a job so that they tended to get disinterested, leading them to swell the brain drain.

The Secretary said that the information requested by the Representative of the United Kingdom would be incorporated in the documentation prepared for the Committee in the future.
Although evaluation of WHO-assisted projects should primarily be a function of the recipient governments, the Regional Office had instituted for some months now a review mechanism of the different programmes for which the Regional Advisers had technical responsibility. In this exercise, WHO's current activities were constantly reviewed to see what improvements were required, whether projects should be continued, discontinued or carried out in a different way. A considerable amount of importance was attached in the Regional Office to this regular review of activities.

The Representative of Australia asked what principles were being followed in the difficult task of allocating funds and quoted as an example the award of fellowships.

The Secretary said that WHO had tried to promote the establishment of national fellowship co-ordination committees within the countries receiving aid. The purpose of this was to ensure that the requests which were sent to WHO represented government priorities and did not duplicate requests made to other organizations and that the subject matter and object of the fellowship were closely related to the health plans of the country in question. Not all countries had such committees and this was where a WHO representative had an important role to play, as he was able to have continuous and informal discussions with government representatives. The Regional Office relied heavily on the opinion of the WHO representative as to whether proposals for fellowships had a particular justification.

The Representative of the United States of America congratulated the Secretariat on the additional documentation which it had submitted. This gave a clear picture of the changes which had taken place. He asked whether in future it could be prepared in sufficient time so that it could be seen by the main offices of Member States which could then evaluate the contents fully.

The Secretary agreed that in future all documentation relating to the programme and budget estimates should be distributed in advance of the meeting.
The Representative of the United States of America asked whether special problems, the size of population and stage of economic development were taken into consideration when considering requests for assistance.

The Secretary said that a Programme Committee, consisting of the Director of Health Services, the Assistant Directors of Health Services, the Chief, Administration and Finance, and the Budget Officer, had been set up in the office which looked at proposals coming from countries and proposed priorities to the Regional Director. One of the criteria was whether the requests were compatible with a national long-term plan for the development of health services. In many countries, however, there was no long-term health plan. In such cases, requests for assistance had to be reconciled with the factors cited by the Representative of the United States of America. The Regional Office had to deal with countries and territories with very different ecologies and economies and great variations in stages of development. It had to consider the needs of countries that were very highly evolved in their economic development and of those which, for the time being, did not appear to have any prospects of development. When a country's need was great, WHO tried to do everything possible for that country, using the resolutions of the World Health Assembly and the Executive Board as guides. The Twentieth World Health Assembly had, in fact, adopted a resolution (WHA20.50), recommending that WHO should be more flexible in its assistance to developing countries. Another factor in considering requests for assistance was the capacity of the country to absorb the assistance given and the availability of national counterpart staff who could be trained.

The Representative of the United States of America stated that his delegation was greatly concerned with the continuing increase in the WHO budget over the past twenty years. The annual increase continued to be over 9%. His Government would not be able to support the increased budget proposed. In view of the extraordinary changes and development in medical sciences, technology, transportation, communication and decision-making processes, it believed that WHO should reassess its administration and
procedures. His delegation felt that the Regional Committee had the responsibility of advising the Regional Director on this continuing increase in budget. Some items could be cut down, such as inter-country programmes and even posts in the Regional Office. The Regional Director should re-examine the organization and staffing of the Regional Office in order to use its resources more effectively.

The Representative of France supported the statements made by the Representatives of the United Kingdom and the United States of America regarding the constant increase in the WHO budget in the course of the past years. The 9.2% increase proposed for 1971 went beyond the limit of 6% recommended by certain governments. His Government would not be able to support the increased budget proposed.

3 REQUESTS AFFECTING THE 1970 PROGRAMME AND BUDGET ESTIMATES

The Representative of Malaysia requested the addition of a public health administrator to the strengthening of health services and training of health personnel project (Malaysia 0035) in 1970. The reason for this was that the one WHO medical officer attached to the project was fully involved in health practice research and, in the meantime, there were pressing needs involving the strengthening of basic health services. His Government was willing to make certain adjustments to meet this request. These were as follows: the deletion of the senior public health nurse educator under the Institute of Public Health (pages 118-119); the reduction in the number of consultant months for the mental health project from four to three, and the reduction in the number of consultant months for the health education project from three to two and a-half.

4 REVIEW OF THE PROPOSED PROGRAMME AND BUDGET ESTIMATES FOR 1971

4.1 Specific comments

The Sub-Committee noted that the total regular budget proposal for 1971 was $5,973,600 compared with $5,470,000 for 1970. This was an increase of $503,600, or 9.2%, over 1970.

For 1969 the total shown in document WR1/RC20/2 was $4,850,964. It was noted that this did not reflect the additional funds approved by
the World Health Assembly to meet the increased costs of professionally graded staff which amounted to $142 000. Based on the adjusted figure of $4,992,964, the increase from 1969 to 1970 was $477,036, or 9.6%.

It was noted that there were no major changes in presentation or in the major subject headings between the estimates in document WPR/RC20/2, and last year's document, WPR/RC19/2. Attention was called, however, to a change in detail in the item "Regional office temporary staff" (page 11). Contrary to previous years, this item showed all estimated costs of temporary general service staff, general service overtime, as well as of temporary language staff. These costs had previously been allocated to established posts. No increase was estimated between 1969 and 1971.

The change followed a headquarters requirement.

4.2 Regional Office (pages 4-11)

The Sub-Committee noted that the 1969 total of $597,000 had been increased by $17,000 to cover the additional costs of professionally graded staff, making a revised total of $614,000. It was noted further that the regular budget and other funds, mainly under the United Nations Development Programme (UNDP), administered by the Regional Office, represented 9.9%, 10.9% and 11.6% for the years 1969, 1970 and 1971, respectively. The increased percentage in 1970 and 1971 reflected the tapering off and completion of the Region's two Special Fund projects (in China and the Philippines) and the reduced Technical Assistance funds presently committed. The reduction between 1969 and 1971 was in excess of $600,000. Attention was drawn to the possibility of additional UNDP funds becoming available to the Region in 1970 and 1971.

The Representative of the United States of America referred to last year's discussions on percentages of the budget for regional offices. He wondered why there was such a great variation among the regional offices. In view of the greater mobility now possible because of improved means of transportation, communication and information systems, one would expect to see in the years ahead a reorganization of the staffing pattern of the Regional Office and Regional Advisers.
Mr Siegel, Representative of the Director-General, said that it was unwise to make a comparison because every regional office in WHO varied somewhat. Costs would differ because of the difference in size and geography involved. This was clearly the case with regard to travel. The costs of travel in the Western Pacific Region were higher than those of other regions covering smaller geographical areas. Another important factor that created differences between the costs of regional offices was the rather large differences in some cases in the salary scales of general services staff, which scales are established on an inter-agency basis, i.e., the agencies that comprised the United Nations system. The salary scales for general services staff are established in relationship with the best prevailing rates in the duty stations concerned.

4.3 Regional Advisers and WHO Representatives (pages 12-19)

The Representative of the United States of America asked for information on the post of second Education and Training Adviser and the type of qualifications required.

The Secretary said that, for some years now, the programme in the field of education and training had continuously increased. There was in particular a very heavy fellowship load, which had become clearly too much for a single professional staff member to handle. At this particular time when there was need to devote attention to the problems of medical education and their relation to national health plans and manpower plans, it was felt that a full-time senior officer was required to concentrate on this problem. The type of person required should have had much experience in medical education in developing countries and be interested in new integrated methods of teaching medicine. It would be recalled that the Director-General had stressed, during the last meeting of the Regional Committee, the fact that WHO was currently facing a crucial period in the development of medical education. It was absolutely essential that educational methods used in schools in the Region be tailored to the needs of the countries rather than to the traditions of other nations, which was largely now the case. The Adviser referred to would, therefore, be a medical educator.
4.4 Field activities, including inter-country projects (pages 20-274)

The Representative of the United States of America drew attention to the number of inter-country projects proposed and asked what the criteria were for limiting such projects. He noted also that WHO was supporting a number of projects to strengthen teaching institutions and he was concerned with the possible loss of investment if the manpower trained did not remain within the country.

The Secretary said that suggestions for inter-country programmes emanated from the WHO technical staff, the WHO representatives and Member governments. The proposals were examined against the background of priorities already mentioned. If it was thought that the proposal had merit, the interest of countries and territories in the activity was then sought. Their opinion was the determining factor as to whether or not a proposal was included.

The question of the brain drain was, indeed, a delicate one. He thought it was an example of the conflicting interests within a country of government departments concerned with health and those concerned with economic development. There were countries in the Region where the health planners were desirous of promoting certain activities but where economic planners were against it. As a health organization, WHO could exert very little influence on the economic policy of a country at a given time and any attempt to do so would be resented.

The Regional Director said that he had discussed the question of the brain drain with a Minister of Health, who had asked him what he could do to alleviate this problem. The Regional Director had suggested that a health manpower survey be undertaken in order to determine present and future needs and resources. Once these needs had been met, then a country would be in a position to allow its trained personnel to take up posts abroad.

Referring to the loss of investment in trained staff raised by the Representative of the United States of America, the Regional Director said that a condition set by the Organization when awarding
fellowships was that the fellows returned to their respective countries for a minimum of three years. This condition was unfortunately not always enforced.

The Representative of the United Kingdom referred to the filariasis control advisory services project listed on page 238 and asked whether funds could be made available for staff in neighbouring countries to visit Western Samoa and see what was being done in the field.

The Secretary said that what was required was a small provision of possibly two fellowship months. This would be added to the Supplementary List attached to the 1971 programme and budget proposals.

The Representative of Viet-Nam referred to the orthopaedics and rehabilitation project (Viet-Nam 0042) mentioned on page 216 of document WPR/RC20/2. During discussions with the Regional Director at the World Health Assembly in Boston, the Minister of Health had understood that difficulties would be encountered in recruiting a homogeneous team. There were also problems on the side of the Government, such as delays in the completion of the hospital establishments which were an integral part of the project. His delegation now requested that this particular project be postponed and that the funds earmarked for it should be used to add to the provisions for the National Institute of Public Health (Viet-Nam 0038), which was more important and which needed funds in great quantity.

4.5 Consideration of the Supplementary List annexed to the regional programme and budget estimates for 1971 contained in document WPR/RC20/2 (pages 308-332)

Referring to his previous remarks in connexion with 1970, the Representative of Malaysia requested the addition of a public health administrator for the strengthening of health services and training of health personnel project (Malaysia 0035), to provide continuity of this activity. He stated further that it had not been possible to finance the continuation of the post of entomologist for the malaria eradication programme in Sarawak (Malaysia 0043) under the Technical Assistance component of the United Nations Development Programme beyond the end of 1970. He requested that the post be added to the Supplementary List.
attached to the 1971 programme and budget estimates. The holder of this post would be stationed in West Malaysia but would be responsible for the entomological aspects of the programmes in both East and West Malaysia.

The Sub-Committee noted that the Government of Portugal had requested two nursing fellowships for Timor.

The Representative of Viet-Nam asked for information on the procedure followed in implementing items in the Supplementary List.

The Secretary informed the Sub-Committee that the Programme Committee, to which he had already referred, met monthly. The amount of funds that had become available as a result of delays in the recruitment of field staff, or in the receipt of submission of fellowship applications by governments or as a result of requests from governments to postpone the implementation of projects until a later date were reviewed by the Committee. The additional government requests appearing in the Supplementary List were then studied and the same priorities used in connexion with the regular programme were followed in selecting items for implementation.

4.6 Revisions requested by governments to the Supplementary List annexed to the regional programme and budget estimates for 1970 contained in document WPR/RC19/2 (Document WPR/RC20/P&B/5)

Attention was drawn to the fact that a number of revisions had been requested by governments to the Supplementary List annexed to the 1970 programme and budget estimates (document WPR/RC19/2). These requests were for implementation early in 1970 before the World Health Assembly could approve any future supplementary list, such as that attached to the 1971 proposals. They were being brought to the notice of the Sub-Committee since they constituted programme changes which would take effect during 1970.

The Representative of Laos requested the provision of two two-year fellowships, one in preventive medicine and the other in
neuro-psychiatry in 1970, and suggested that these be added to the document under consideration.

The Representative of Malaysia requested that six consultant months should be added to the Supplementary List in 1970 to enable a sociologist, an economist and other consultants in special fields to assist in the further planning and development of the strengthening of health services and training of health personnel project (Malaysia 0035). A three-month fellowship was also requested under the same project. This would permit the head of the Division of Planning and Research, which had recently been established, to study health planning. It was hoped that this might be awarded from savings in 1969.

The Representative of the United Kingdom asked for the addition of a nine-month fellowship to permit a physician to study diseases of the chest. The justification for this fellowship was that Fiji was experiencing a considerable decrease in the incidence of tuberculosis and would have to start to reorientate tuberculosis physicians to the wider field of chest diseases. It was likely that a tuberculosis hospital would be closed at the end of 1970. The Government wished to start the reorientation programme as soon as possible.

The Representative of France stated that French Polynesia had requested a health education fellowship in 1970. This should be included among the revisions requested by governments to the 1970 Supplementary List.

The Representative of Cambodia requested that a paediatrician/nutritionist should be added to the list as assistance was required in the strengthening of the child health services.

Pages 67-71 contain the revisions requested by governments to the Supplementary List annexed to the regional programme and budget estimates for 1970 contained in document WPR/RC19/2, including those brought forward during the meeting.
5 OTHER MATTERS DISCUSSED

5.1 Supplies and equipment

The Representative of the United Kingdom asked for information on the policy of WHO in connexion with the provision of supplies and equipment, as all too often there was a great need for these and governments were unable to provide them. As an example, he cited the fact that UNICEF was not able to provide drugs, such as diethylcarbamazine, for mass filariasis campaigns. In a case such as this, he wondered whether WHO could assist.

The Secretary said that the UNICEF/WHO Joint Committee on Health Policy had authorized WHO to proceed in partnership with UNICEF in a pilot project on filariasis control in Western Samoa. UNICEF had provided the equipment and supplies required. The results of the pilot project would be reported to the Joint Committee which, in turn, would make recommendations to the UNICEF Executive Board. There was no guarantee that UNICEF would agree to support mass filariasis control campaigns. If it did not, the possibility of WHO supplying the drugs required could then be considered in the light of resolution WHA20.50 on the policy governing assistance to the developing countries. This resolution had mentioned, among other things, material assistance to the programmes of developing countries provided that the budget was not increased for this purpose. WHO had, in fact, already supplied some drugs to the pilot project.

5.2 Evaluation

The Sub-Committee considered a draft resolution submitted by the Representative of Australia on the need for re-evaluation of WHO assistance to Member countries to ensure that maximum health benefits were achieved for the funds invested. This was endorsed by the Representatives of the United Kingdom and the United States of America.
Following discussion, it was agreed that this draft resolution should be submitted to the main Committee and that the text should be preceded by a preambular reference to resolution WHA22.53 on "Long-term Planning in the Field of Health, Biennial Programming and Improvement of the Evaluation Process".
SUGGESTED GUIDELINES FOR THE SUB-COMMITTEE ON PROGRAMME AND BUDGET

1 Introduction by the Director of Health Services of the proposed programme and budget estimates for the financial year 1 January - 31 December 1971 (Document WPR/RC20/2)

2 Any general observations

3 Review of the proposed programme and budget estimates
   3.1 Summaries (pp. 2-3)
   3.2 Regional Office (pp. 4-11)
   3.3 Regional Advisers and WHO Representatives (pp. 12-19)
   3.4 Field activities, including inter-country projects (pp. 20-274)
   3.5 Special Accounts (pp. 278-306)
   3.6 Consideration of the 1971 Supplementary List (pp. 308-332)
   3.7 Revisions requested by governments to the Supplementary List annexed to the regional programme and budget estimates for 1970 contained in document WPR/RC19/2 (Document WPR/RC20/P&B/3)

4 Consideration of a draft resolution for submission to the main Committee
I. COMPARISON OF 1969 REVISED AND OPERATIONAL BUDGET ESTIMATES
(See explanatory notes on following pages)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>REGIONAL OFFICE</td>
<td>398,600</td>
<td>597,000</td>
<td>(1,600)</td>
</tr>
<tr>
<td>FIELD ACTIVITIES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaria</td>
<td>694,960</td>
<td>685,000</td>
<td>(9,960)</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>265,211</td>
<td>280,831</td>
<td>17,670</td>
</tr>
<tr>
<td>Venereal diseases and treponematoses</td>
<td>46,142</td>
<td>76,590</td>
<td>30,448</td>
</tr>
<tr>
<td>Bacterial diseases</td>
<td>32,827</td>
<td>4,325</td>
<td>(28,502)</td>
</tr>
<tr>
<td>Parasitic diseases</td>
<td>22,934</td>
<td>52,416</td>
<td>29,482</td>
</tr>
<tr>
<td>Virus diseases</td>
<td>45,163</td>
<td>50,320</td>
<td>1,157</td>
</tr>
<tr>
<td>Smallpox</td>
<td>15,573</td>
<td>15,000</td>
<td>(573)</td>
</tr>
<tr>
<td>Leprosy</td>
<td>16,247</td>
<td>25,518</td>
<td>9,271</td>
</tr>
<tr>
<td>Communicable diseases - general activities</td>
<td>278,602</td>
<td>279,232</td>
<td>630</td>
</tr>
<tr>
<td>Environmental health</td>
<td>308,217</td>
<td>370,101</td>
<td>61,884</td>
</tr>
<tr>
<td>Public health administration</td>
<td>1,102,977</td>
<td>1,026,922</td>
<td>(76,055)</td>
</tr>
<tr>
<td>Nursing</td>
<td>279,877</td>
<td>236,356</td>
<td>(43,521)</td>
</tr>
<tr>
<td>Health education</td>
<td>101,351</td>
<td>94,681</td>
<td>(6,670)</td>
</tr>
<tr>
<td>Dental health</td>
<td>45,015</td>
<td>30,000</td>
<td>(15,015)</td>
</tr>
<tr>
<td>Social and occupational health</td>
<td>10,900</td>
<td>12,300</td>
<td>1,400</td>
</tr>
<tr>
<td>Maternal and child health</td>
<td>186,036</td>
<td>157,853</td>
<td>(28,183)</td>
</tr>
<tr>
<td>Mental health</td>
<td>45,925</td>
<td>47,117</td>
<td>1,192</td>
</tr>
<tr>
<td>Nutrition</td>
<td>195,596</td>
<td>204,591</td>
<td>9,000</td>
</tr>
<tr>
<td>Radiation health</td>
<td>10,400</td>
<td>4,170</td>
<td>(6,230)</td>
</tr>
<tr>
<td>Education and training</td>
<td>498,561</td>
<td>479,104</td>
<td>(19,457)</td>
</tr>
<tr>
<td>Biology, pharmacology and toxicology</td>
<td>16,100</td>
<td>10,950</td>
<td>(5,150)</td>
</tr>
<tr>
<td>Chronic and degenerative diseases</td>
<td>25,520</td>
<td>18,400</td>
<td>(7,120)</td>
</tr>
<tr>
<td>Vital and health statistics</td>
<td>92,971</td>
<td>92,087</td>
<td>(884)</td>
</tr>
<tr>
<td>Sub-total</td>
<td>4,337,675</td>
<td>4,253,964</td>
<td>(83,711)</td>
</tr>
<tr>
<td>Less - delays in filling new posts</td>
<td>(80,675)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total - FIELD ACTIVITIES</td>
<td>4,257,000</td>
<td>4,253,964</td>
<td>(3,036)</td>
</tr>
<tr>
<td>Total - WESTERN PACIFIC</td>
<td>4,855,600</td>
<td>4,850,964</td>
<td>(4,636)</td>
</tr>
</tbody>
</table>

1/ Prepared as of May 25, 1969.
Summarized below are modifications to the 1969 programme (WPR/RC20/2) as of 25 May 1969 as compared with the 1969 programme reviewed by the Regional Committee last year (WPR/RC19/2).

MALARIAMALARIAMALARIA

Additions: British Solomon Islands Protectorate 0501 (formerly 0002), laboratory technician post.
          Cambodia 0501, supplies.
          Laos 0504, sanitarian post (originally programmed for 1970) and local costs.
          Malaysia 0043, supplies.
          Republic of Korea 0013, operational studies and local costs.

Reductions: WPRO 0143, 6 consultant months.
             Various, fellowships advanced to 1968 and recruitment delays.

TUBERCULOSIS

Additions: WPRO 0075, supplies and 1 consultant month.
           WPRO 0155, participant costs.

Reductions: Philippines 0504 (formerly 0069), 6 consultant months (advanced to 1968).
             Various, fellowships advanced to 1968 and recruitment delays.

VENEREAL DISEASES

AND TREPONEMATOSES

Additions: Cambodia 0504, 2 consultant months.
           China 0001, 3 consultant months.
           Viet-Nam 0026, supplies.

BACTERIAL DISEASES

Additions: Cambodia 0025, freight on vaccine.
           Malaysia 0075, freight on vaccine.
BACTERIAL DISEASES (continued)

Reduction: Gilbert and Ellice Islands 0008, project reclassified as Communicable Diseases - General Activities, after deleting posts of medical officer (epidemiologist) and laboratory adviser and replacing by medical officer (bacteriologist).

PARASITIC DISEASES

Additions: Western Samoa 0501 (formerly 0007), entomologist post. WPRO 0080, 6 consultant months, supplies and temporary advisers.

Reduction: Various, recruitment delays.

VIRUS DISEASES

Addition: WPRO 0158, supplies.

Reduction: WPRO 0158, 6 consultant months, participant costs and temporary staff.

LEPROSY

Addition: China 0045, leprologist post extended.

Reduction: Various, fellowships advanced to 1968.

COMMUNICABLE DISEASES - GENERAL ACTIVITIES

Additions: Cambodia 0505, 4 consultant months. China 0046, 4 consultant months. China 0200, 2 fellowship months. Gilbert and Ellice Islands 0008, project reclassified from Bacterial Diseases. Republic of Korea 0033, 1 consultant month. Viet-Nam 0014, supplies. WPRO 0137, supplies and general service secretary post.
COMMUNICABLE DISEASES -
GENERAL ACTIVITIES (continued)

Reduction: Various, fellowships advanced to 1968 and recruitment delays.

ENVIRONMENTAL HEALTH

Additions: Cambodia 0024, supplies.
          Japan 0026, 2 consultant months.
          Malaysia 0041, sanitary engineer post.
          Republic of Korea 0029, 3 fellowship months.
          Singapore 0200, 12 fellowship months.
          WPRO 0168, vector control course.
          WPRO 0169, 13 consultant months.
          WPRO 0200, 32 fellowship months.

Reduction: Various, fellowships advanced to 1968 and recruitment delays.

PUBLIC HEALTH ADMINISTRATION

Additions: China 0049, supplies.
          China 0057, supplies.
          Malaysia 0035, scientist post, 3 consultant months and supplies.
          New Hebrides 0500, public health nurse post for 12 months.
          Republic of Korea 0025, supplies.
          Republic of Korea 0034, 1 consultant month.
          Republic of Korea 0035, 3 consultant months.
          Tonga 0009, 3 fellowship months.
          Viet-Nam 0018, 12 fellowship months.
          Western Samoa 0500 (formerly 0012), medical records officer post.
          WPRO 0159, participant costs.

Reductions: Malaysia 0035, sanitarian post.

          Republic of Korea 0035, medical officer (hospital administrator) post.
          Tonga 0009, medical records officer post.
          Various, fellowships advanced to 1968 and recruitment delays.
NURSING
Additions: China 0055, nursing post (originally programmed for 1970) and 4 fellowship months.
China 0200, 12 fellowship months.
Reduction: Various, fellowships advanced to 1968 and recruitment delays.

HEALTH EDUCATION
Addition: Republic of Korea 0200, 12 fellowship months.
Reduction: Various, fellowships advanced to 1968 and recruitment delays.

DENTAL HEALTH
Additions: Viet-Nam 0035, 3 consultant months.
WPRO 0160, 2 consultant months.
Reduction: Various, fellowships advanced to 1968.

SOCIAL AND OCCUPATIONAL HEALTH
Addition: New Caledonia 0200, 1 fellowship month.

MATERNAL AND CHILD HEALTH
Reductions: Republic of Korea 0003, 4 consultant months.
Various, fellowships advanced to 1968 and recruitment delays.

MENTAL HEALTH
Reduction: Various, fellowships advanced to 1968.

NUTRITION
Additions: Cambodia 0511, 6 fellowship months extension.
WPRO 0148, secretary post and duty travel.
NUTRITION (continued)

Reductions: WPRO 0148, 36 fellowship months.

Various, fellowships advanced to 1968 and recruitment delays.

RADIATION HEALTH

Reductions: Singapore 0013, 2 consultant months.

Various, fellowships advanced to 1968.

EDUCATION AND TRAINING

Additions: Laos 0015, lecturer in preventive medicine post for 12 months and lecturer in histopathology post for 12 months.

Philippines 0091, 27 fellowship months.

Republic of Korea 0041, 4 consultant months, 12 fellowship months and grant.

Singapore 0011, 6 consultant months.

Singapore 0200, 6 fellowship months.

Viet-Nam 0038, 1 fellowship month.

WPRO 0200, 32 fellowship months.

Reduction: Various, fellowships advanced to 1968 and recruitment delays.

BIOLOGY, PHARMACOLOGY AND TOXICOLOGY

Reduction: Various, fellowships advanced to 1968.

CHRONIC AND DEGENERATIVE DISEASES

Reduction: Various, fellowships advanced to 1968.

VITAL AND HEALTH STATISTICS

Reduction: Various, fellowships advanced to 1968 and recruitment delays.
II. COMPARISON OF 1970 ORIGINAL AND REVISED BUDGET ESTIMATES

(See explanatory notes on following pages)

<table>
<thead>
<tr>
<th>Item</th>
<th>Field Staff</th>
<th>Consultants</th>
<th>Fellowships</th>
<th>Total</th>
<th>Changes in Revised Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Office</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>683</td>
</tr>
<tr>
<td>Field Activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaria</td>
<td>276</td>
<td>264</td>
<td>12</td>
<td>12</td>
<td>88</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>120</td>
<td>120</td>
<td>9</td>
<td>4</td>
<td>30</td>
</tr>
<tr>
<td>Venereal diseases and</td>
<td>24</td>
<td>24</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>treponematoses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bacterial diseases</td>
<td>12</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>Parasitic diseases</td>
<td>6</td>
<td>24</td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Virus diseases</td>
<td>9</td>
<td>9</td>
<td></td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>Smallpox</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Leprosy</td>
<td>12</td>
<td>9</td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Veterinary public health</td>
<td>7</td>
<td>3</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Communicable diseases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General activities</td>
<td>102</td>
<td>144</td>
<td>39</td>
<td>24</td>
<td>18</td>
</tr>
<tr>
<td>Environmental health</td>
<td>156</td>
<td>156</td>
<td>28</td>
<td>17</td>
<td>107</td>
</tr>
<tr>
<td>Public health administration</td>
<td>344</td>
<td>372</td>
<td>46</td>
<td>42</td>
<td>221</td>
</tr>
<tr>
<td>Nursing</td>
<td>84</td>
<td>84</td>
<td>6</td>
<td>6</td>
<td>240</td>
</tr>
<tr>
<td>Health education</td>
<td>12</td>
<td>12</td>
<td>6</td>
<td>6</td>
<td>35</td>
</tr>
<tr>
<td>Dental health</td>
<td>12</td>
<td>12</td>
<td>6</td>
<td>6</td>
<td>114</td>
</tr>
<tr>
<td>Social and occupational</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal and child health</td>
<td>12</td>
<td>12</td>
<td>6</td>
<td>10</td>
<td>31</td>
</tr>
<tr>
<td>Mental health</td>
<td>12</td>
<td>12</td>
<td>4</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>Nutrition</td>
<td>120</td>
<td>99</td>
<td>19</td>
<td>13</td>
<td>54</td>
</tr>
<tr>
<td>Radiation health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Education and training</td>
<td>170</td>
<td>168</td>
<td>71</td>
<td>68</td>
<td>554</td>
</tr>
<tr>
<td>Biology, pharmacology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>and toxicology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic and degenerative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>diseases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital and health statistics</td>
<td>24</td>
<td>24</td>
<td>4</td>
<td>4</td>
<td>21</td>
</tr>
<tr>
<td>Sub-total</td>
<td>1,498</td>
<td>1,527</td>
<td>298</td>
<td>253</td>
<td>1,689</td>
</tr>
<tr>
<td>less delays in filling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>new posts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total - FIELD ACTIVITIES</td>
<td>1,498</td>
<td>1,527</td>
<td>298</td>
<td>253</td>
<td>1,689</td>
</tr>
<tr>
<td>Total - WESTERN PACIFIC</td>
<td>1,498</td>
<td>1,527</td>
<td>298</td>
<td>253</td>
<td>1,689</td>
</tr>
</tbody>
</table>

Note that 1970 columns show 1970 original estimates (WHR/RC19/2) and 1970 R columns show 1970 revised estimates (WHR/RC20/2).
Summarized below are modifications to the 1970 programme (WPR/RC20/2) as compared with the 1970 programme reviewed by the Regional Committee last year (WPR/RC19/2).

MALARIA

Additions: British Solomon Islands Protectorate 0501 (formerly 0002), laboratory technician post for 12 months.
Laos 0504, local costs.
New Hebrides 0502 (formerly 0005), supplies.

Reductions: Laos 0504, malariologist post for 12 months.
Malaysia 0043, malariologist post for 12 months.
New Hebrides 0502 (formerly 0005), 2 fellowships for 4 months each.
Papua and New Guinea 0200, 2 fellowships for 3 months each.

TUBERCULOSIS

Addition: Philippines 0504 (formerly 0069), statistician post for 12 months.

Reductions: Philippines 0504 (formerly 0069), public health nurse post for 12 months, 5 consultant months, 1 fellowship for 6 months and 1 for 3 months.

BACTERIAL DISEASES

Reductions: Gilbert and Ellice Islands 0008, medical officer post for 6 months, laboratory adviser post for 6 months and 6 consultant months. (Project reclassified as Communicable Diseases - General Activities)

PARASITIC DISEASES

Addition: Western Samoa 0501 (formerly 0007), epidemiologist post for 6 months and entomologist post for 12 months.
LEPROSSY
Addition: Republic of Korea 0004, 3 consultant months.
Reduction: Republic of Korea 0004, leprosy adviser post for 12 months.

VETERINARY PUBLIC HEALTH
Reduction: WPRO 0175, 4 consultant months.

COMMUNICABLE DISEASES - GENERAL ACTIVITIES
Additions: Cambodia 0505, statistician post for 12 months.
China 0046, virologist post for 12 months.
Gilbert and Ellice Islands 0008, medical officer post for 12 months. (Project classified as Bacterial Diseases in original 1970 estimates)
WPRO 0137, general service secretary post for 12 months.
Reduction: China 0046, medical laboratory tutor post for 6 months and 15 consultant months.

ENVIRONMENTAL HEALTH
Addition: Malaysia 0041, sanitary engineer post for 12 months.
Reductions: Malaysia 0041, sanitarian post for 12 months.
Ryukyu Islands 0200, 1 fellowship for 3 months.
Viet-Nam 0033, 9 consultant months.

PUBLIC HEALTH ADMINISTRATION
Additions: Malaysia 0035, scientist post for 12 months and public health nurse post for 12 months.
Malaysia 0082, tutor in microbiology post for 12 months and 1 fellowship for 6 months and 1 for 4 months. (Project classified as Education and Training in original 1970 estimates)
PUBLIC HEALTH ADMINISTRATION (continued)

Additions (continued):

New Hebrides 0500, public health nurse post for 12 months.

Philippines 0500 (formerly 0088), medical officer post for 12 months, public health nurse post for 12 months and sanitarian post for 12 months.

Republic of Korea 0034, public health administrator post for 4 months (continuation of post for full year).

Republic of Korea 0035, 12 consultant months.

Viet-Nam 0018, non-medical technologist post for 12 months.

Reductions: Malaysia 0035, sanitarian post for 12 months.

Malaysia 0076, 4 consultant months.

Philippines 0040, 3 consultant months.

Philippines 0088, 6 consultant months.

Philippines 0106, 3 consultant months.

Republic of Korea 0035, medical officer post for 12 months.

Viet-Nam 0042, nurse anaesthesiologist post for 12 months, nurse (post-operative care) post for 12 months and 2 physiotherapist posts for 12 months each.

NURSING

Addition: Republic of Korea 0021, nurse educator post for 12 months.

Reduction: Trust Territory of the Pacific Islands 0001, public health nurse educator post for 12 months and 3 fellowships for 12 months each.

MATERNAL AND CHILD HEALTH

Addition: WPRO 0181, regional course, including 4 consultant months. (Project classified as Education and Training in original 1970 estimates)
REPORT OF THE REGIONAL COMMITTEE 65/66

NUTRITION

Addition: Laos 0511, 1 fellowship for 12 months.

Reductions: Cambodia 0511, public health nutritionist post for 12 months.
Laos 0511, 6 consultant months.
WPRO 0148, public health nutritionist post for 9 months, 1 fellowship for 12 months and 5 fellowships for 9 months each.

EDUCATION AND TRAINING

Additions: Laos 0015, lecturer in preventive medicine post for 12 months and lecturer in histopathology for 12 months.
Republic of Korea 0041, grant.
Ryukyu Islands 0003, 16 consultant months.
Viet-Nam 0038, sanitarian post for 12 months.

Reductions: Laos 0015, 13 consultant months.
Malaysia 0082, tutor in microbiology post for 12 months, 1 fellowship for 6 months and 1 for 4 months. (Project reclassified as Public Health Administration)
Ryukyu Islands 0003, 3 lecturer posts for a total of 16 months.
Viet-Nam 0038, vector control technician post for 12 months.
WPRO 0162, 2 fellowships for 12 months each and 3 fellowships for 6 months each.
WPRO 0180, 4 fellowships for 6 months each. (Project reclassified as Biology, Pharmacology and Toxicology)
WPRO 0181, regional course including 6 consultant months. (Project reclassified as Maternal and Child Health)

BIOLOGY, PHARMACOLOGY AND TOXICOLOGY

Addition: WPRO 0180, 4 fellowships for 2-1/2 months each. (Project classified as Education and Training in original 1970 estimates)
REPORT OF THE REGIONAL COMMITTEE

REVISIONS REQUESTED BY GOVERNMENTS TO THE SUPPLEMENTARY LIST ANNEXED TO THE REGIONAL PROGRAMME AND BUDGET ESTIMATES FOR 1970 CONTAINED IN DOCUMENT WPR/RC19/2, INCLUDING THOSE BROUGHT FORWARD DURING THE MEETING

CAMBODIA

MATERNAL AND CHILD HEALTH

Advisory Services

A paediatric nutritionist to lecture in paediatrics and to advise the Ministry of Health in connexion with the development of paediatric and nutritional services in the rural areas ($18,000).

Total - CAMBODIA: $18,000

CHINA

VENereal DISEASES AND TREPONEMATOSES

Venereal Disease Control

Two six-month fellowships in venereal disease laboratory techniques ($8,500).

LEPROSY

Leprosy Control

A leprologist (continued for six months) ($14,675).

COMMUNICABLE DISEASES - GENERAL ACTIVITIES

Communicable Disease Control Centre

Additional requirement - two twelve-month fellowships, one for study of laboratory techniques in biologics and the other for a Master of Public Health degree ($16,800).

Total - CHINA: $39,975
FIJI

TUBERCULOSIS
Fellowships

A nine-month fellowship to permit a physician to study diseases of the chest ($4700).

Total - FIJI: $4700

FRENCH POLYNESIA

HEALTH EDUCATION
Fellowships

An eighteen-month fellowship ($11100).

Total - FRENCH POLYNESIA: $11100

LAOS

MALARIA
Malaria Control

Additional requirement - a three-month fellowship for a medical officer and two three-month fellowships for technicians ($3600)

PUBLIC HEALTH ADMINISTRATION
Advisory Services

Additional requirement - a public health nurse to assist the national maternal and child health services programme ($17840).

Health Laboratory Services

Additional requirement - supplies and equipment ($12000).

EDUCATION AND TRAINING
Fellowships

Two two-year fellowships, one in preventive medicine and the other in neuro-psychiatry ($15600).
LAOS (continued)

VITAL AND HEALTH STATISTICS
Advisory Services Laos 0512

Additional requirement - supplies and equipment ($500).

Total - LAOS: $49,540

MALAYSIA

MALARIA
Eradication Programme, West Malaysia Malaysia 0020

Additional requirement - supplies and equipment ($42,000).

PUBLIC HEALTH ADMINISTRATION
Strengthening of Health Services and Training of Health Personnel Malaysia 0035

Additional requirements - six consultant months to enable a sociologist, an economist and other consultants in special fields to assist in the further planning and development of the project ($10,800); a three-month fellowship to permit the head of the Division of Planning and Research, which has recently been established, to study health planning ($3,500).

EDUCATION AND TRAINING
University of Malaya Malaysia 0040

Additional requirement - three months for a nurse consultant ($5,400).

Total - MALAYSIA: $61,700

PHILIPPINES

TUBERCULOSIS
Tuberculosis Control Philippines 0504

Additional requirement - a three-month and a six-month fellowship ($8,600).
PHILIPPINES (continued)

PUBLIC HEALTH ADMINISTRATION
General Health Services Development Philippines 0500

Additional requirement - three consultant months in paediatric nutrition ($5400).

Total - PHILIPPINES: $14 000

SINGAPORE

NURSING
Nursing Administration and Practice Singapore 0004

A nurse educator (continued from 1969) ($16 770).

Total - SINGAPORE: $16 770

TRUST TERRITORY OF THE PACIFIC ISLANDS

PUBLIC HEALTH ADMINISTRATION Trust Territory of the Pacific Islands 0200

Two three-month fellowships in public health administration ($3900).

EDUCATION AND TRAINING Trust Territory of the Pacific Islands 0200

Two three-month fellowships in clinical medicine ($3300).

Total - TRUST TERRITORY OF THE PACIFIC ISLANDS: $7 200
VIET-NAM

PUBLIC HEALTH ADMINISTRATION
Hospital Administration  

Additional requirement - two consultant months ($3600).

Total - VIET-NAM:  $ 3,600

GRAND TOTAL:  $226,585
"The Planning and Organization of a National Epidemiological Service" was the subject selected for the Technical Discussions in accordance with resolution WPR/RC19.R5 adopted during the nineteenth session of the Regional Committee for the Western Pacific Region.

2 PLANNING AND PREPARATION FOR THE DISCUSSIONS

Advanced planning included preliminary correspondence between the Chairman of the Technical Discussions and the Secretariat. Participants were requested to familiarize themselves with the organization, functions and activities of the epidemiological service in their own country or territory. Working documents and other background materials are listed on page 83.

3 ORGANIZATION OF DISCUSSIONS

The Technical Discussions opened with a plenary session. This was followed by meetings in three discussion groups and a concluding plenary session which adopted the Technical Discussions report.

The Chairman of the Technical Discussions was Dr Itsuzo Shigematsu (Japan). Dr J.L. Stockard (United States of America) and Dr Truong Minh Cac (Viet-Nam) were elected rapporteurs of the plenary sessions. The discussion groups were chaired by Dr J.S. Boxall (Australia) for Group A, Dr W. Murphy (New Zealand) for Group B and Dr G. Loison (South Pacific Commission) for Group C; their respective rapporteurs were Dr P.H. Teng (United Kingdom), Dr Raja Ahmad Noordin (Malaysia) and Dr Dang Quoc Phu (Viet-Nam). A list of group discussion officers and members is given on pages 85-91.
The Chairman in his opening remarks noted that, although epidemiological services still hold a place of leadership in public health, considerable improvement in the planning and organization of these services is needed in many countries. Success can be achieved only if the services are well developed, include all of the essential public health disciplines and are staffed by capable personnel.

The Regional Adviser in Communicable Diseases in reviewing the epidemiological situation in the Western Pacific Region called attention to variations among the countries and territories with regard to completeness of registration, accuracy of diagnoses and the lists of notifiable diseases. The incidence of communicable diseases is considerably higher in the less developed nations and territories than in the developed ones. Today, because of communicable disease control programmes, life expectancy has increased. This is particularly evident in the developed nations where these programmes have been highly successful and where a relative increase has occurred in the incidence of chronic non-communicable diseases. Although some of the attention of epidemiological services might fruitfully be directed toward non-infectious disease problems, it was felt that several reasons existed for according the highest priority to the epidemiology of communicable diseases throughout the Region. Sharp reductions in the incidence of preventable or easily cured communicable diseases in the developed countries have induced a public disinterest in the highly successful disease control programmes. The incidence of infections, such as venereal disease, is increasing because persons at risk often have misplaced confidence in obtaining a rapid cure with antibiotic drugs. In addition, a number of micro-organisms now are developing resistance to the antibiotics. Although the prevention of many communicable diseases by immunization has been brought to a high level of efficiency, the benefits of these scientific accomplishments have not yet been fully realized in some areas. By contrast, methods for preventing chronic non-communicable diseases have not yet been sufficiently
developed. Accordingly, far fewer benefits can be expected at present from investments in chronic non-communicable disease control programmes than would accrue from the same investment in communicable disease control projects, utilizing preventive measures of proved value.

In order to approach the communicable disease problems of the Western Pacific Region most effectively, a policy, a plan and an organization flexible enough to adjust to changes are required. Compatible and complete data suitable for measurement of progress and programme evaluation are also needed.

The Chairman indicated that to be successful, epidemiological services must have: (1) services directly implementing countermeasures against communicable diseases and (2) indirect or informational activities to support the direct services. Epidemiological surveillance constitutes the basis for recognition of the problem, and the planning, implementation and evaluation of control measures. Surveillance is a responsibility of all persons concerned with the health of the public. A good surveillance organization extends from the private physician to the headquarters of the international organizations.

Data collection, particularly of morbidity and mortality reports, for statistical analysis, epidemiological interpretation, and the rapid dissemination of results are essential for maintaining epidemiological surveillance.

It was noted that even under the best circumstances, underreporting of diseases exists. In Japan, it had been useful to supplement routine morbidity reporting with surveys of population groups. For example, checking absenteeism in schools during epidemics of highly communicable diseases, such as influenza, provides valuable information. Immunological surveys also are used to follow the level of population antibody response to selected diseases. The immunological surveys facilitate also the implementation and evaluation of immunization programmes.
In some countries, the absence of legislation has been disadvantageous to epidemiological services since this has made it difficult to obtain the co-operation of laboratories and hospitals in the reporting of epidemiological data.

The Chairman also observed the need for adequate and capable personnel to serve as epidemiologists, microbiologists, statisticians and laboratory technicians in the epidemiological services. He felt that recruitment of well-trained people was possible particularly in the presence of a good national policy concerning the work of the epidemiological service.

The Director, Division of Communicable Diseases, WHO, emphasized that different nations have widely different requirements to be fulfilled by a national epidemiological service. Factors influencing the organization include the existing level of development of health services, available material and human resources, cultural background of the people and the spectrum of prevalent diseases.

The principal public health problems throughout tropical regions are the infectious diseases. Some occur only in man while others are transmitted to man from a variety of domestic and wild animal life. The epidemiological service, therefore, must be prepared to deal with all factors in the environment which contribute to the transmission of infection.

Effective control and prevention of communicable diseases can be achieved only by a multi-disciplinary approach including specialists in epidemiology, medical microbiology, entomology, health statistics, sanitary engineering, veterinary health, and miscellaneous laboratory and field personnel.

Each discipline requires an adequate continuous source of appropriate supplies, equipment and funding.

At the national level, ideally, there should be a central institute with a public health laboratory capable of responding to
the epidemiological problems in the country. The institute would investigate and control epidemics, organize and direct epidemiological surveillance, perform routine diagnostic and specialized laboratory services, train personnel in the public health disciplines, participate in studies of specific diseases, collect, process and disseminate epidemiological information and co-operate with other established institutions when such services cannot be provided within the institute.

Public health operational efficiency is dependent largely upon a staff of qualified, dedicated, career personnel in an organization which can identify populations at risk of specific diseases and assure that staff and materials for disease control programmes are provided. Such efficiency can be achieved by modern epidemiological services only to the extent that the epidemiological approach, using modern microbiological laboratory, statistical, logistical and maintenance methods, is employed.

Once a well-developed national epidemiological service has been established, public health authorities can receive valuable assistance in determining policy, preparing budgets and directing operational programmes. Data of high quality can assist the establishment of programme priorities by revealing more clearly the relative importance of multitude of human illnesses. Budget requirements can be determined more reliably when predictions of the range and trends of disease incidence are reasonably well defined and the geographic areas most likely to be affected are known. Implementation of disease control programmes is facilitated by an active epidemiological service which detects the occurrence of, and locates, individual cases and groups of cases of preventable diseases. The manifestation of changing disease patterns or absence of expected results signals the need for a control programme readjustment. Field investigations by trained epidemiologists should be undertaken to determine the reasons for the programme failure, whether it is to deal with an introduction of disease from abroad, or to control an endemic disease within the country. Used in this manner the epidemiological service provides a disease control
programme evaluation. Therefore, continuous epidemiological surveillance should continue also when the stage of successful elimination of a disease as a public health problem is reached.

Considering the stages of development of health services and availability of manpower and material resources, the building and strengthening of epidemiological services at national level should proceed through a series of steps. The first step in the development of epidemiological services is the creation of an epidemiological unit at the ministry of health under the direction of a qualified epidemiologist. This should utilize the existing microbiological laboratories and statistical services available in the country. In the extreme situation of islands with small populations where the creation of microbiological laboratories would be uneconomical, modern means of communication and transport will facilitate laboratory investigation as this could be provided through bilateral or international assistance outside the country. Depending upon the size of the country, the need for an epidemiological unit and a microbiological laboratory at regional or provincial levels and eventually at district level is necessary. Further development of epidemiological services in the country should make full use of modern medical microbiological laboratories which are community oriented and simultaneously provide diagnostic services for the hospitals. The central microbiological laboratory or institute should provide to the peripheral laboratories, methodological guidance and necessary reference diagnostic materials (reference sera, antigens, strains, etc.) and training facilities for the laboratory personnel. In the next stage, the participation of other scientific disciplines or services are essential (vector biology and control, environmental health, food hygiene, veterinary public health, etc.). In conclusion, the epidemiological services can be considered good only if, depending on existing personnel and material resources, they are able to deal successfully with major and preventable diseases.
GROUP DISCUSSIONS

The Technical Discussion groups considered the following points:

(1) **What is a good epidemiological service?**

The following definition was proposed:

A good epidemiological service means the successful application of scientific methodology to the study and control of diseases, disability, and death.

(2) **Components and elements of an epidemiological service**

It was generally recognized that the essential components of an epidemiological service should include morbidity and mortality reporting; statistical services; and microbiological laboratories. In addition, the groups felt that a number of other elements could well be included. These were research, legislation, health education, emphasis on epidemiology in medical education, and, especially, continuous surveillance by means of the dissemination of information.

Considerable attention was given to the desirability of enlisting the assistance of non-governmental professional personnel and the public through an information service appropriate to the target audience.

The component elements of a good epidemiological service would utilize complex equipment and quantities of high quality supplies and it was considered essential that provision be made for an adequate logistics and maintenance service.

(3) **Minimal requirement and elementary source needed when means are limited**

It was recognized that the minimal requirement for satisfactory service could vary from place to place depending upon the local situation with respect to personnel and material. In those situations where abundant supplies of those elements of an epidemiological service were available, the minimum requirement might be larger than in one where only limited staff and materials could be brought into use. It was,
however, generally agreed that under all circumstances a central epidemiological unit and a system for the collection and analysis of data were mandatory.

(4) Staffing, supervision and training

It was considered that the epidemiological unit should be headed by a trained epidemiologist. He should be supported by existing field staff whose services should be made available by the peripheral medical officer of health.

Considering the recent tremendous progress in biology and the application of mathematical methods, modern epidemiological surveillance methodology requires that there be adequate training and re-training of epidemiologists. The epidemiologist should have a medical qualification, with specialization or a diploma in epidemiology.

It was felt that sufficient attention should be given to training in epidemiology and community-oriented microbiology at medical schools. It was also felt that training in epidemiology should be emphasized and available also for other professional and auxiliary health personnel and should correspond to the health problems of the country.

The supporting role of health education in the control and prevention of communicable diseases was also recognized.

In order to have an effective epidemiological programme in solving the important communicable disease problems, it was thought that the workers should adopt an attitude of multi-disciplinary approach. To achieve this, there should be co-operation with mutual respect for others on the team. All health personnel needed should be co-opted from other governmental and non-governmental organizations. The epidemiologist should have full administrative and material support and under special circumstances could also be vested with statutory powers.

The work of the central epidemiological unit should not be understood as consisting only of administrative activities but should involve
the continuous methodological guidance of the peripheral services, information feedbacks and field investigations of epidemics or other communicable disease problems (mobile teams).

(5) Most effective way and administrative structure to assure co-ordination between government and non-governmental organizations

The initial step in the development of an administrative structure which will assure co-ordination between the government and non-governmental organizations is an inventory of all available resources within the nation or territory. This should include the personnel, materials and scientific facilities of the government and the non-governmental organizations.

Once the inventory has revealed the resources which may fruitfully be co-ordinated with the work of the epidemiological service, liaison should be established by the central epidemiological unit. In order to obtain the full participation of useful resources not directly incorporated within the epidemiological services, it is important to have as the responsible liaison person someone who exhibits qualities of outstanding leadership.

It was stressed that the continuous evaluation of control and preventive measures should be an integral part of surveillance.

6 SECOND PLENARY SESSION

In what way can WHO best assist or participate in promoting epidemiological services?

The paper presented by the Director, Division of Communicable Diseases, WHO, outlines five ways in which the Organization is assisting Member countries to promote epidemiological services. These are as follows:

(1) providing technical advice in building-up and strengthening epidemiological, public health laboratory and statistical services;

(2) giving technical advice in the planning, implementation and evaluation of specific diseases control and prevention programmes;
(3) providing training facilities (courses, seminars) and individual training grants;

(4) facilitating the standardization and international comparability of laboratory results by providing methodological advice and reference laboratory material (sera, reference strains, antigens, etc.) through the network of WHO Reference Centres;

(5) participating in surveillance activities at national and international levels by providing methodological advice and/or means for the collection, transport and storage of biological material (blood, sera, etc.) for investigation by the WHO Serum Reference Bank.

WHO is also providing, on the request of countries, emergency aid in epidemics.

The participants stressed the importance of:

(1) identifying the strengths and deficiencies of epidemiological services in the countries and territories which comprise the Western Pacific Region;

(2) Member governments co-operating to achieve greater comparability in lists of notifiable diseases, registration of deaths, reports of morbidity and the standardization of diagnostic laboratory procedures.

The usefulness of WHO providing teams for special field surveys was emphasized. The possibility of governments reporting to the Regional Committee on the epidemiological situation within their country and on what they were doing to improve their epidemiological services was also mentioned.
# List of Working Papers and Background Materials

<table>
<thead>
<tr>
<th>Document ID</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>WPR/RC20/TD1</td>
<td>Technical Discussions Programme</td>
</tr>
<tr>
<td>WPR/RC20/TD2</td>
<td>Procedures and Techniques for the Technical Discussions</td>
</tr>
<tr>
<td>WPR/RC20/TD3</td>
<td>Guidelines for Technical Discussions</td>
</tr>
<tr>
<td>WPR/RC20/TD3 Add.1 Rev.1</td>
<td>Topics for Technical Discussions</td>
</tr>
<tr>
<td>WPR/RC20/TD4 Rev.1</td>
<td>General Remarks on the Epidemiological Situation in the Western Pacific Region by Dr B. Velimirovic, WHO Regional Communicable Disease Adviser, Office for the Western Pacific</td>
</tr>
<tr>
<td>WPR/RC20/TD5</td>
<td>Basic Consideration on the Organization and Planning of Epidemiological Services at Country Level by Dr K. Raska, Director, Division of Communicable Diseases, Geneva</td>
</tr>
<tr>
<td>WPR/RC20/TD6</td>
<td>The Practical Aspects of Planning and Organization of a National Epidemiological Service by Dr Itsuzo Shigematsu, Chief, Department of Epidemiology, Institute of Public Health, Tokyo, Japan</td>
</tr>
<tr>
<td>WPR/RC20/TD7</td>
<td>Discussion Group Memberships</td>
</tr>
<tr>
<td>WPR/RC20/TD8</td>
<td>Evaluation Questionnaire</td>
</tr>
</tbody>
</table>
# LIST OF OFFICERS AND MEMBERS

## TECHNICAL DISCUSSIONS

**BUREAU ET MEMBRES DES DISCUSSIONS TECHNIQUES**

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Nationality</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL CHAIRMAN</td>
<td>Dr. Itsuzo Shigematsu</td>
<td>Japan</td>
<td>Japan Department of Epidemiology Institute of Public Health Ministry of Health and Welfare</td>
</tr>
<tr>
<td>PRESIDENT</td>
<td></td>
<td>Japon</td>
<td></td>
</tr>
<tr>
<td>ENGLISH RAPPORTEUR</td>
<td>Dr. J.L. Stockard</td>
<td>United States</td>
<td>United States Agency for International Development Washington</td>
</tr>
<tr>
<td>RAPPORTEUR DE LANGUE ANGLAISE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRENCH RAPPORTEUR</td>
<td>Dr. Truong Minh Cac</td>
<td>Viet-Nam</td>
<td></td>
</tr>
<tr>
<td>RAPPORTEUR DE LANGUE FRANCAISE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DISCUSSION GROUP A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHAIRMAN</td>
<td>Dr. J.S. Boxall</td>
<td>Australia</td>
<td>Australian Department of International Health Canberra</td>
</tr>
<tr>
<td>PRESIDENT</td>
<td></td>
<td>Australie</td>
<td></td>
</tr>
<tr>
<td>RAPPORTEUR</td>
<td>Dr. P.H. Teng</td>
<td>United Kingdom</td>
<td>United Kingdom Director of Medical and Health Services Government of Hong Kong</td>
</tr>
<tr>
<td>MEMBERS</td>
<td>Dr. T.Y. Lee</td>
<td>China</td>
<td></td>
</tr>
<tr>
<td>MEMBRES</td>
<td></td>
<td>Chine</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr. K. Kanamitsu</td>
<td>Japan</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Japon</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mr. N. Maekawa</td>
<td>Japan</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Japon</td>
<td></td>
</tr>
</tbody>
</table>
MEMBERS

Dr Abdul Khalid bin Sahan
Senior Medical Officer of Health
Selangor State
Kuala Lumpur

Dr C.S. Gatmaitan
Undersecretary for Health and Medical Services
Department of Health

Dr J. Valera
Chief Division of Epidemiology
Department of Health

Dr T. Gomez
Chief Office of Health Education and Personnel Training
Department of Health

Dr Sung-Hee Rhee
Chief of Training
National Institute of Health

Dr R.K.C. Lee
Professor School of Public Health
University of Hawaii

Dr J.P. Keeve
Chief Public Health Adviser
United States Agency for International Development
Manila

Mr A.E. Meager
UNICEF Representative in the Philippines

Brigadier General E.S. Filart, M.C.
Surgeon General
Armed Forces of the Philippines
Member of the International Committee of Military Medicine and Pharmacy

Malaysia
Malaisie
Philippines
Philippines
Philippines
Republic of Korea
République de Corée
United States of America
Etats-Unis D'Amérique
United States of America
Etats-Unis D'Amérique
United Nations
Children's Fund
Fonds des Nations Unies pour l'Enfance
International Committee of Military Medicine and Pharmacy
Comité international de Médecine et de Pharmacie militaires
MEMBERS

Dr R. Seaborn  
President of the Foundation  
for Research and Treatment  
of Alcoholism of Australia

International Council on  
Alcohol and Addictions

Dr B. Barbers  
Institute of Hygiene  
University of the Philippines

International Dental  
Federation

Dr J. Villanueva  
Professor of Obstetrics  
University of the Philippines

International Federation of  
Gynecology and Obstetrics

Dr E. Aldaba-Lim  
Philippine Psychological  
Corporation

World Federation for  
Mental Health

Dr C. Ll. Intengan  
National Science Development  
Board  
Quezon City

International Union of  
Nutritional Sciences

Dr V. Galvez  
Assistant Secretary General  
The Philippine National  
Red Cross

League of Red Cross  
Societies

DISCUSSION GROUP B

CHAIRMAN  
Dr W. Murphy  
Deputy Director of Public  
Health  
Department of Health

New Zealand  
Nouvelle-Zélande

RAPPORTEUR  
Dr Raja Ahmad Noordin  
Deputy Director (Health)  
Ministry of Health  
Kuala Lumpur

Malaysia  
Malaisie

MEMBERS

Dr R.T. Taureka  
Regional Health Officer  
New Guinea Highlands  
Papua and New Guinea

Australia  
Australie
<table>
<thead>
<tr>
<th>MEMBERS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr C.K. Chang</td>
<td>China</td>
</tr>
<tr>
<td>Director</td>
<td>Chine</td>
</tr>
<tr>
<td>Department of Health Administration</td>
<td></td>
</tr>
<tr>
<td>Ministry of Interior</td>
<td></td>
</tr>
<tr>
<td>Mr M. Yamasaki</td>
<td>Japan</td>
</tr>
<tr>
<td>First Secretary</td>
<td>Japon</td>
</tr>
<tr>
<td>Embassy of Japan in the</td>
<td></td>
</tr>
<tr>
<td>Republic of the Philippines</td>
<td></td>
</tr>
<tr>
<td>Dr A.N. Acosta</td>
<td>Philippines</td>
</tr>
<tr>
<td>Medical Adviser</td>
<td></td>
</tr>
<tr>
<td>Department of Health</td>
<td></td>
</tr>
<tr>
<td>Dr G. Balbin</td>
<td>Philippines</td>
</tr>
<tr>
<td>Director</td>
<td></td>
</tr>
<tr>
<td>Regional Health Office No. 3</td>
<td></td>
</tr>
<tr>
<td>Department of Health</td>
<td></td>
</tr>
<tr>
<td>Dr P. Rigonan</td>
<td>Philippines</td>
</tr>
<tr>
<td>Chief</td>
<td></td>
</tr>
<tr>
<td>Division of Hospital Standards and Administration</td>
<td></td>
</tr>
<tr>
<td>Department of Health</td>
<td></td>
</tr>
<tr>
<td>Mr Sae-Hoon Ahn</td>
<td>Republic of Korea</td>
</tr>
<tr>
<td>Second Secretary</td>
<td>République de Corée</td>
</tr>
<tr>
<td>Korean Embassy</td>
<td></td>
</tr>
<tr>
<td>Manila</td>
<td></td>
</tr>
<tr>
<td>Dr C.H. Gurd</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>Director of Medical Services for Fiji and</td>
<td></td>
</tr>
<tr>
<td>Inspector-General of the</td>
<td></td>
</tr>
<tr>
<td>South Pacific Health Service</td>
<td></td>
</tr>
<tr>
<td>Miss H. Upton</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>Third Secretary in the</td>
<td></td>
</tr>
<tr>
<td>British Embassy</td>
<td>Royaume-Uni</td>
</tr>
<tr>
<td>Manila</td>
<td></td>
</tr>
<tr>
<td>Dr J.L. Stockard</td>
<td>United States of America</td>
</tr>
<tr>
<td>Research Coordination</td>
<td></td>
</tr>
<tr>
<td>Technical Assistance Bureau</td>
<td></td>
</tr>
<tr>
<td>United States Agency for</td>
<td></td>
</tr>
<tr>
<td>International Development</td>
<td></td>
</tr>
<tr>
<td>Washington</td>
<td>Etats-Unis D'Amérique</td>
</tr>
</tbody>
</table>
MEMBERS
Dr J.C. Thieme
Director of Health
Health Department

Dr F. Herrera
Chief
Division of Health Education and Personnel Training
Department of Health
Manila

Mr A.J. Joseph
Resident Representative of the United Nations Development Programme in the Philippines

Dr A.Z. Romualdez
Secretary General
The World Medical Association, Inc.
Manila

Mrs M. Ordonez
Vice-President of CICIAMS for Asia,
President of the Catholic Nurses' Guild of the Philippines

Dr M.V. Olympia, Jr.
Civil Aeronautics Administration
Manila International Airport

Dr R. Apelo
President
Planned Parenthood Movement in the Philippines
Philippine General Hospital

Western Samoa
Samoa-Occidental

International Union for Health Education
Union internationale pour l'Education sanitaire

United Nations Development Programme
Programme des Nations Unies pour le Développement

The World Medical Association, Inc.

International Committee of Catholic Nurses
Comité international catholique des Infirmières et Assistantes médico-sociales

Permanent Commission and International Association on Occupational Health
Commission permanente et Association internationale pour la Médecine du Travail

International Planned Parenthood Federation
Fédération internationale pour le Planning familial

DISCUSSION GROUP C
GROUPE DE DISCUSSION C

CHAIRMAN
Dr G. Loison
Directeur de Programme (Santé)
Commission du Pacifique sud
Nouvelle-Calédonie

PRESIDENT
South Pacific Commission
Commission du Pacifique sud

Commission du Pacifique sud
Nouvelle-Calédonie
RAPPORTEUR
Dr Dang Quoc Phu
Chef du Service de Médecine préventive
Viet-Nam

MEMBERS
Mr P.W. Carroll
Third Secretary
Australian Embassy
Manila
Australia

Dr Phav Sany
Inspecteur général de la Santé et
Professeur de pédiatrie
Ecole de Médecine
Phnom-Penh
Cambodia

Médecin-Colonel E. Poyet
Directeur du Service de Santé de la Polynésie française
France

Médecin-Général J. Rondet
Directeur de la Santé et de l'Hygiène publique de la Nouvelle-Calédonie
France

Dr Y. Hsiung
Deputy Director of Health
Taipei City Health Department
China

Dr M. Oike
Assistant Chief
General Affairs Section
Medical Affairs Bureau
Ministry of Health and Welfare
Japan

Dr Phouy Sunthorn
Directeur des Affaires administratives
Laos

Dr Thongphet Phetsiriseng
Directeur du Service d'hygiène et de médecine préventive
Laos

Dr C.O. Innis
Principal Medical Officer (Health)
Sabah
Malaysia

Dr L. Carlota
Director
Bureau of Health Services
Department of Health
Philippines
MEMBERS

Dr J. Almonte
Chief
Field Health Operations
Department of Health
Philippines

Dr F. Gomez
Supervising Statistician
Disease Intelligence Center
Department of Health
Philippines

Dr Diego Hora Silva Ferreira
Chef des Services de Santé
Macao
Portugal

Dr Truong Minh Cac
Directeur général adjoint
de la Santé
Viet-Nam

Dr H. Baja-Panlilio
National Corresponding
Secretary of the
Philippine Medical Women's
Association to MWIA
Medical Women's International Association
Association internationale
des Femmes Médecins

Mrs C.M. Abad
Occupational Therapy
Association of the
Philippines
World Federation of
Occupational Therapists
Fédération mondiale
des Ergothérapeutes

Professor S. Matsumoto
Department of
Obstetrics/Gynaecology
Gunma University
School of Medicine
Japan
International Planned Parenthood Federation
Fédération internationale pour le Planning familial
### LIST OF DOCUMENTS

<table>
<thead>
<tr>
<th>Document Code</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>WPR/RC20/1</td>
<td>Agenda</td>
</tr>
<tr>
<td>WPR/RC20/1-a</td>
<td>Annotated agenda</td>
</tr>
<tr>
<td>WPR/RC20/2</td>
<td>Proposed programme and budget estimates for the financial year 1 January - 31 December 1971</td>
</tr>
<tr>
<td>WPR/RC20/3 and Corr.1</td>
<td>Nineteenth Annual Report of the Regional Director to the Regional Committee for the Western Pacific</td>
</tr>
<tr>
<td>WPR/RC20/4</td>
<td>Resolutions of regional interest adopted by the Twenty-second World Health Assembly</td>
</tr>
<tr>
<td>WPR/RC20/5</td>
<td>Health aspects of population dynamics</td>
</tr>
<tr>
<td>WPR/RC20/6</td>
<td>Filariasis control: a progress report</td>
</tr>
<tr>
<td>WPR/RC20/7</td>
<td>The epidemiology and prevention of accidents</td>
</tr>
<tr>
<td>WPR/RC20/8</td>
<td>Training of national health personnel</td>
</tr>
<tr>
<td>WPR/RC20/9</td>
<td>Selection of topic for the Technical Discussions during the twenty-first session of the Regional Committee</td>
</tr>
<tr>
<td>WPR/RC20/9 Add.1</td>
<td>Selection of topic for the Technical Discussions during the twenty-first session of the Regional Committee (Items proposed by the Government of France)</td>
</tr>
<tr>
<td>WPR/RC20/10</td>
<td>List of representatives (see Annex 2 of document WPR/RC20/13)</td>
</tr>
<tr>
<td>WPR/RC20/11</td>
<td>Report of the Sub-Committee on Programme and Budget (see Annex 3 of document WPR/RC20/13)</td>
</tr>
<tr>
<td>WPR/RC20/12</td>
<td>Final report of the Technical Discussions on the planning and organization of a national epidemiological service (see Annex 4 of document WPR/RC20/13)</td>
</tr>
<tr>
<td>WPR/RC20/13</td>
<td>Report of the twentieth session of the Regional Committee for the Western Pacific</td>
</tr>
</tbody>
</table>
REGIONAL COMMITTEE: TWENTIETH SESSION

WPR/RC20/SR/1  Summary record of the first meeting - 23 September 1969

WPR/RC20/SR/2  Summary record of the second meeting - 23 September 1969

WPR/RC20/SR/3  Summary record of the third meeting - 24 September 1969

WPR/RC20/SR/4  Summary record of the fourth meeting - 24 September 1969

WPR/RC20/SR/5  Summary record of the fifth meeting - 25 September 1969

WPR/RC20/SR/6  Summary record of the sixth meeting - 29 September 1969

WPR/RC20/SR/7  Summary record of the seventh meeting - 30 September 1969

WPR/RC20/P&B/1  Suggested guidelines for the Sub-Committee on Programme and Budget (see page 53 of document WPR/RC20/13)

WPR/RC20/P&B/2  Proposed programme and budget estimates for 1971 (see pages 55-65 of document WPR/RC20/13)

WPR/RC20/P&B/3  Revisions requested by governments to the Supplementary List annexed to the regional programme and budget estimates for 1970 contained in document WPR/RC19/2, including those brought forward during the meeting (see pages 67-71 of document WPR/RC20/13)

WPR/RC20/TD1  Technical Discussions programme

WPR/RC20/TD2  Procedures and techniques for the Technical Discussions

WPR/RC20/TD3 and Add.1  Guidelines for the Technical Discussions

WPR/RC20/TD4 Rev.1  General remarks on the epidemiological situation in the Western Pacific Region
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>WPR/RC20/TD5</td>
<td>Basic considerations on the organization and planning of epidemiological services at country level</td>
</tr>
<tr>
<td>WPR/RC20/TD6</td>
<td>The practical aspects of planning and organization of a national epidemiological service</td>
</tr>
<tr>
<td>WPR/RC20/TD7</td>
<td>Discussion group memberships</td>
</tr>
<tr>
<td>WPR/RC20/TD8</td>
<td>Individual evaluation questionnaire</td>
</tr>
<tr>
<td>(unnumbered)</td>
<td>Brief reports received from governments on the progress of their health activities (see Part III, section 7 of document WPR/RC20/13, for list of reports received)</td>
</tr>
</tbody>
</table>