SUMMARY RECORD OF THE SECOND MEETING

New Town Hall, Civic Centre, Suva
Wednesday, 5 September 1984 at 2.30 p.m.

CHAIRMAN: Dr T.M. Biumaiwai (Fiji)

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1. ACKNOWLEDGEMENT BY THE CHAIRMAN OF BRIEF REPORTS RECEIVED FROM GOVERNMENTS ON THE PROGRESS OF THEIR HEALTH ACTIVITIES: Item 7 of the Agenda

The CHAIRMAN acknowledged reports on the progress of health activities received from the following countries or areas: Australia, China, Hong Kong, Kiribati, Lao People's Democratic Republic, the Republic of Korea, Samoa, Singapore, Solomon Islands and Viet Nam, which were being distributed to the Committee.

2. REPORT OF THE REGIONAL DIRECTOR: Item 9 of the Agenda (Document WPR/RC35/4)

The REGIONAL DIRECTOR, introducing the report on the work of WHO during the period 1 July 1983 - 30 June 1984, said that the Organization had continued to collaborate in the endeavours of Member States to reshape their health systems for the achievement of the goal of health for all by the year 2000 through the formulation and implementation of national health-for-all policies and strategies and the promotion and application of the managerial process for national health development.

Member States were very well aware of the mechanisms developed for the monitoring and evaluation of progress in implementing the national strategies. After the first exercise in monitoring, which had been reported to the Committee in 1983, gratifying conclusions could be reached.

The magnitude of the tasks facing Member States, particularly developing countries, was great. The constraints, such as shortage of skilled manpower and budgetary stringency, aggravated by the adverse economic climate, were formidable. Nevertheless, reasonable progress was being made by countries in promoting the concept of primary health care, which remained the key to the achievement of health for all. Health care coverage was being expanded; the active participation of individuals, families and communities in health matters was being encouraged on the basis of the principle of self-reliance. Efforts were being made to ensure the reorientation and retraining of health manpower, particularly of health workers at the periphery; managerial capabilities were being strengthened, particularly at the intermediate or first referral level, which was vital for the implementation of primary health care at the community level.

The Secretariat had actively collaborated in all the areas just mentioned. In that connection, he particularly drew attention to the sections of the report dealing with health systems development, organization of health systems based on primary health care, and health manpower.

Of particular significance in the field of health manpower development were the efforts being made to more actively involve universities, including medical schools, and health training institutions in the preparation and implementation of health-for-all policies and strategies. That included efforts to ensure a community-oriented approach to medical education and greater relevance of the curricula to the real needs of health services and communities. Meetings of directors and representatives of schools and departments of public health and of deans of medical schools had been held.
in Manila during the year, to discuss issues arising in that context. WHO had also continued to cooperate in the reorientation of training institutions in accordance with the principles of a community-based approach and task-oriented curriculum.

In the same context, he drew the Committee's attention to the findings and recommendations of the Sub-Committee on the General Programme of Work at its recent meeting in June. Of particular importance was resolution WHA37.31 on the role of universities in the strategies for health for all, which had recently been adopted by the Thirty-seventh World Health Assembly.

In the introduction to the report, he had referred to the first monitoring exercise by Member States reported to the Committee in 1983. In the same context, he wished to draw the Committee's attention to the very important resolution WHA37.17, adopted by the Thirty-seventh World Health Assembly, which urged Member States, among other things, to accord the highest priority to, and assume full responsibility for, the continuing monitoring and evaluation of their health-for-all strategies.

It would be noted in that connection that the Regional Committee was being asked to carry out a first evaluation of the regional strategy in 1985. To facilitate the preparation of the regional evaluation, Member States would be requested to evaluate their own national strategies. The Director-General had already referred to the kinds of questions that had to be answered if the evaluation was to be honest and true. It was hoped that the evaluation reports prepared on the basis of the Common Framework and Format, which had been reviewed by the Sub-Committee on the General Programme of Work in June 1984, would reach him by March 1985.

The Regional Committee would wish to study the matter in greater detail when it came to consider the report of the Sub-Committee under agenda item 11.1.

Dr TAPA (Tonga) commended the Regional Director and his staff for the achievements reported, and expressed his appreciation also to the Director-General and staff of WHO Geneva for their support to the Region. The first session of the Regional Committee to be held during the second term of office of the Regional Director was significant, and augured well for the future of their highly populated area. In view of their meagre natural resources, the small islands of the Western Pacific Region had great need of the technical support of WHO and other governments, bilateral aid as well as all other forms of cooperation.

Dr KITAGAWA (Japan) congratulated the Regional Director and his colleagues on the very clear and comprehensive report and noted with satisfaction the steady progress made in the development of programmes at regional and country levels. Among the programme areas of specific interest to his delegation was, first, health systems development. Formerly, Japan had experienced very high mortality rates from tuberculosis and other communicable diseases. However, there had been rapid progress in improving the general level of health of the population with the result that, with the decline in infant mortality, the average life expectancy in Japan was now among the highest in the world. The establishment of health centres
throughout the country during the past thirty years represented an important achievement in the field of public health. The major activities of such centres, namely, general medical examinations, early diagnosis, health education and promotion, reflected the changing trends in disease, rising medical costs and the growing concern with health. In the context of the total health care system such centres now constituted an important link with existing health facilities. In accordance with the Global Strategy, emphasis was being given to the development of health systems based on primary health care. In terms of technical cooperation with developing countries, special attention was paid to the development of human resources. An example of successful collaboration was the joint Japan/WHO project on health laboratory technology in Tonga, aimed at strengthening national capability in laboratory technology.

Another area of particular concern to his country - and indeed to many other countries - was the prevention and control of cancer and cardiovascular diseases, which were now the leading cause of death in Japan. A ten-year strategy for cancer control, promoting intensive and diversified research and involving international cooperation, had been adopted in June 1983. A general meeting of WHO collaborating centres concerned with stomach cancer had been held in Tokyo in July 1984. A WHO workshop on health for the elderly, with special reference to the control of cardiovascular diseases, would be held in October 1984 in Fukuoka. He requested the Regional Director to follow the progress made in the control of those diseases and to make further efforts to promote research and the exchange of information and experiences.

He also noted with interest the reorientation of malaria control programmes, which gave new hope for control of that persistent problem. Approximately 40% of mankind were at risk from that disease and the situation was aggravated by the resistance both of the vector to the pesticide and of the parasite to the commonly used drugs. In view of the grave situation, a special committee for malaria control had been set up in the Japan International Cooperation Agency (JICA) to integrate malaria control in line with the WHO strategy.

Japan was conscious of its responsibilities within the Region and hoped that WHO would continue its efforts to improve health conditions throughout the world.

Mr LAVEA (Samoa) thanked the Regional Director for his excellent report. The major health problem in Samoa was the acute shortage of doctors, which had been brought to the attention of the World Health Assembly in 1983 and 1984. As an interim solution, UNDP had responded favourably to a request for ten United Nations Volunteer doctors on a cost-sharing basis. A university foundation course had been started in Samoa, which, it was hoped, would provide a sound foundation for further training in medical schools overseas. He thanked the Regional Director for according fellowships for such training in Samoa.

Dr KOOP (United States of America) thanked the Regional Director for his report and verbal presentation. He believed it would be useful in future to include narrative information on programme objectives and related
achievements with suggestions for appropriate follow-up. That would enable Member States to assess their own progress in terms of regional strategies. He warmly endorsed the Director-General's statement and strongly supported his forthright and courageous questions to Member States. In the context of health for all, the United States of America was taking strong measures to solve the leading public health problem by calling for a 'smoke-free' society by the year 2000. Other health projects would be linked to health for all in a similar manner.

Dr LIU XIRONG (China) commended the Regional Director on his concise report; its comprehensive introduction gave a clear picture of the work done in the Region and the progress achieved over the past year. He expressed appreciation of the work done by the Regional Director in promoting technical cooperation in the medical and health field among Member States of the Region and of the efforts made to improve the health of the people.

He noted with satisfaction the work done in supporting the implementation, monitoring and review of programme activities in the Seventh General Programme of Work so that activities were better suited to health conditions and needs, thus promoting implementation of the health-for-all strategy at country and regional levels.

He was pleased to see that priority was being given to strengthening the managerial process for national health development and health information system development, thereby developing national capability to formulate, implement and evaluate health-for-all strategies.

Regarding manpower development — a very important aspect — considerable work had been done by WHO in the placement of fellows and in sponsoring workshops and training courses, with good results; he hoped that work in that field would continue to be strengthened.

New work initiated by the Regional Director during the past year included programmes on the health of the elderly, the development of community-based rehabilitation, and the publication of a standard acupuncture nomenclature. There was no doubt that the significance of all those programmes would very soon be apparent.

Hepatitis was a serious problem in the Region, and the work done in that field — including support for the production of diagnostic reagents and hepatitis B vaccine — was much appreciated.

The constant interest of the Director-General in the work in the Region, the guidance he provided, and the increased budgetary allocation to the Region were particularly welcome.

Dr SUNG-WOO LEE (Republic of Korea) commended the Regional Director on his excellent and comprehensive report, and expressed special thanks for the technical cooperation with his country during the past year.

Mr DUPONT (France) commended the Regional Director on his report. France was prepared to support any action of WHO in the Region, and to
contribute to a positive cooperation, which could have recourse to the medical, human and technical skills available in the territories of the Pacific. It was hoped that the French territories in the Region would follow WHO's recommendations regarding the goal of health for all. The results of research could be made available to the Organization as a whole and to the Western Pacific Region; the hospitals, technical institutions and nursing schools in those territories could be used for the training of auxiliary health personnel.

Dr KHALID (Malaysia) congratulated the Regional Director on his concise but comprehensive report, which indicated that satisfactory progress had been made in implementing programmes at country and regional level.

Regarding the health situation and trend assessment, he hoped that further refinement of health-for-all indicators would be undertaken and that the problems faced by Member States in collecting and interpreting data would be further studied. The true value of those indicators and the health-for-all monitoring system would only be realized when they were used in health system improvement.

Resolution WHA37.17, adopted by the Thirty-seventh World Health Assembly, required the regional committees to carry out a first evaluation of the regional strategies in 1985. He believed that that exercise would be more complex and difficult than the preparation of the first monitoring report; although it was going to be a national undertaking, he hoped that WHO would continue to help Member States in preparing the evaluation report.

With regard to health manpower development, he believed that middle-level management should be further strengthened. More emphasis should be given to planning and evaluation methodologies, team building, organization dynamics, structural arrangements, communication, supervision, various aspects of personnel management, and even such basic skills as organizing a meeting, influencing decision-makers, and bringing about changes.

Regarding public information and education for health, appropriate use of the mass media should be further developed.

He had already referred to research promotion and development, essential drugs, and the International Drinking Water Supply and Sanitation Decade in his opening address.

Dr KEAN (Australia) commended the Regional Director on his report and reiterated the point made by the representative of the United States of America that the report could be made even more useful to Member States if progress and problems were measured against objectives, both at the overall and the programme level.

Dr REILLY (Papua New Guinea) congratulated the Regional Director on his report and expressed thanks for the support given to his country over the past year. The Director-General had referred to the problem of malaria control, which was a serious preoccupation both in Papua New Guinea and the Region as a whole. Papua New Guinea was reorganizing its spraying programme
owing to technical problems; it was returning to more traditional approaches to vector control and making drugs more readily available to people in the villages. A primary health care approach was being followed, and community participation was being introduced. He would be grateful to receive more information from the Regional Director regarding progress in research on malaria vaccines.

Mr SOUVANNAVONG (Lao People's Democratic Republic) commended the Regional Director on his concise, clear and comprehensive report. The Regional Office had achieved considerable progress during the past year, and his country had received active support from the Organization. Regarding the support services, he shared the concern expressed about the expenditure on the WHO Programme Coordinators' Offices; in his country the allocation for the WHO Programme Coordinator's Office represented a substantial proportion of the total funds allocated. He wished to congratulate the Regional Office on the spirit of economy it had shown, as well as on all its other achievements.

Dr DANG HOI XUAN (Viet Nam) congratulated the Regional Director on his excellent report. The purpose of health activities in his country was to try to resolve rationally the various public health problems in the context of a developing country which had rather limited material resources and had suffered so much from the sequelae of war. The Government had to satisfy the demands of the people. Health was regarded as one of the most important goals of economic and social progress and the people's welfare - and, at the same time, as the mainspring of all progress. Its concept of health coincided exactly with that adopted by WHO and with the Declaration of Alma-Ata regarding primary health care and the goal of health for all by the year 2000.

On the basis of a thorough study of the health situation in the country and the high birth rate and population growth, the following principles had been adopted: (1) the health service must serve to promote production and national defence, protect life and be available to the working people; (2) it must be based on preventive medicine; (3) it must integrate modern and traditional medicine; (4) it must be based on the masses and their own forces, with the assistance of the Government and international cooperation, which must be further extended.

The guiding principles and the strategy for building up the public health services in Viet Nam required the effective cooperation of WHO. Such cooperation had already produced good results; the threat of major epidemics had been considerably limited, the incidence of poliomyelitis was low, and communicable diseases were being progressively eliminated. Maternal and child health, including nutrition, continued to be one of the main activities of the health services. The goal to be achieved by 1985 was a natural growth rate of 1.7 per cent.

Viet Nam was very interested in international cooperation in the medical and pharmaceutical fields; such cooperation was essential for the promotion of health in all countries and at the same time made it possible to exploit the national resources available in a rational way. Cooperation between countries having similar natural, geographical and climatic
conditions would be particularly fruitful; in an atmosphere of peace and stability it would provide the right conditions to achieve health for all by the year 2000.

Dr BARKER (New Zealand) supported the suggestion made by the representatives of the United States of America and Australia: the Regional Director's excellent report could be further improved if it were based on achievements according to objectives.

Dr KOTEKA (Cook Islands) congratulated the Regional Director on his comprehensive report and expressed his thanks for the support given to Cook Islands. Referring to the comments of the Director-General in his review of the approaches needed to achieve health for all, he stressed that the Government of Cook Islands would continue to promote strategies to achieve that goal. He thanked all Member States of WHO, and in particular New Zealand, for supporting the application of Cook Islands for membership of WHO.

Dr THONG (United Kingdom of Great Britain and Northern Ireland) congratulated the Regional Director on his comprehensive report.

Dr DA SILVA (Portugal) congratulated the Regional Director on his outstanding report and thanked all representatives for their tribute to Dr José da Paz.

Dr ACOSTA (Philippines), referring to the section covering the managerial process for national health development, stressed the importance of developing mechanisms for monitoring and evaluating progress made towards health for all. In that regard, he agreed wholeheartedly with the representative of Malaysia. It was equally important to train those responsible for implementing programmes in order to develop managerial abilities. He thanked the Regional Director for his collaboration on those two issues.

Dr BAVADRA (Fiji) stated that WHO had played an important role in developing health services in Fiji. Since 1981, Fiji had given priority to primary health care, and the cooperation of local and intercountry WHO staff had made possible the attainment of certain goals sooner than might otherwise have been expected. In the area of water supply, WHO and UNICEF had collaborated in the organization of training programmes on the use of low-cost methods for the construction of ferrocement supply systems. Funding from WHO had also permitted the organization of primary health care seminars at village level. A WHO team had reviewed the immunization programme, and the major recommendations resulting from that review were now being implemented. The infant mortality rate in Fiji had already been reduced from 40 per 1000 in 1974 to 22 per 1000 in 1982, an achievement that was largely attributable to the cooperation of WHO and the primary health care approach.

In the field of nutrition, significant progress had been made in the development of a national food and nutrition policy, and a committee had been established to supervise and coordinate its implementation. WHO and UNICEF had collaborated in nutrition projects aimed at schoolchildren, and
in promoting breast-feeding. In addition, WHO had collaborated in convening a working group to draw up a code on the marketing of breast-milk substitutes. Advice on the draft code was now being obtained from all interested organizations before it was presented to the Cabinet for adoption.

WHO had also helped to set up a national bulk purchase scheme for essential drugs in Fiji. The scheme had been established in 1981 and had now been extended to rural areas, where community pharmacies were serving as outlets for those drugs.

Through WHO-funded primary health care seminars, people had come to realize the importance of community health workers in providing basic care services. By the end of 1983, 630 village health workers had gone through the various training programmes, and the total number of health workers had increased from 1 per 347 population in 1980 to 1 per 259. Local consultants had been recruited to develop a standard training curriculum and a set of practical guidelines for village health workers.

WHO had cooperated in an evaluation of primary health care in Fiji. The report of the evaluation was not yet complete, but the major findings had already been discussed and implemented.

Both local and intercountry WHO resources had been used in developing primary health care in Fiji. Fiji supported the maintenance of a strong intercountry programme. Intercountry programme staff were generally familiar with the situation in a country, which facilitated exchange of ideas and experience, and intercountry meetings provided an opportunity for neighbouring countries to interact, both professionally and socially.

Dr Goh Kee TAI (Singapore) congratulated the Regional Director on his report, and expressed his gratitude for the inclusion of viral hepatitis as a separate topic on the agenda, noting that it was an important public health problem in Singapore.

Mr HARPER (Solomon Islands) said that the concept of primary health care had been accepted in Solomon Islands in 1980, when a seminar had been held. WHO had collaborated in the training of village health aides, and training workshops were now being carried out at provincial level. The aim was to allow people to participate fully in programmes intended to supply their health care needs. The primary health care programme had been progressing well, but malaria continued to be a crucial problem. Malaria was a major cause of death in Solomon Islands, and problems had been encountered in obtaining the necessary finance for its control. WHO was therefore requested to cooperate by providing funds for insecticides, drugs, equipment and expertise to help combat malaria.

The Committee then considered the report of the Regional Director section by section.

Introduction

There were no comments.
General programme development
There were no comments.

Health systems development
There were no comments.

Organization of health systems based on primary health care
There were no comments.

Health manpower
There were no comments.

Public information and education for health
There were no comments.

Research promotion and development
There were no comments.

General health protection and promotion (pages 13-14)

Dr SUNG-WOO LEE (Republic of Korea) felt that nutrition and oral health were so important that they should be treated separately and in greater detail. The same applied to accident prevention.

Protection and promotion of the health of specific population groups (pages 14-15)
There were no comments.

Protection and promotion of mental health (page 15)
There were no comments.

Promotion of environmental health (pages 16-17)

Dr KHALID (Malaysia) said that the Western Pacific Regional Centre for the Promotion of Environmental Planning and Applied Studies (PEPAS) was called upon to play a very important role in the International Drinking Water Supply and Sanitation Decade programme, both in Malaysia and in other parts of the Region.

Dr TAPA (Tonga) said that the promotion of environmental health was an important element in primary health care in his country. Ninety-one per cent. of the total population now had access to safe water and it was hoped to achieve complete coverage well before the target year of 1990. Sanitation, however, was lagging considerably behind. The UNDP/WHO pilot sanitary disposal and sewage project had been successful and would be continued under a recent agreement with the World Health Organization.
**Diagnostic, therapeutic and rehabilitative technology** *(pages 17-19)*

Dr DANG-HOI XUAN (Viet Nam) said that in recent years WHO and many countries throughout the world had begun to show increasing interest in traditional medicine's role in health development, partly because health resources in many of the developing countries were inadequate but even more so because traditional medicine was effective.

Only sixteen years remained before the year 2000 and, unless all possible resources were mobilized, including traditional medicine, it would prove very difficult for some developing countries to attain the objective of health for all by that year.

For many years past, Viet Nam had been basing its health promotion plans on a judicious combination of traditional and modern medicine and traditional methods of treatment such as herbal medicines and acupuncture were in constant use in primary health care.

Each commune had been recommended to cultivate thirty-five species of medicinal plants to treat a range of common symptoms and ailments, such as feverishness, coughs, diarrhoea, etc.

Certain traditional methods of effective treatment appreciated by the population had been used in health establishments at various levels but, apart from the practical side, modern scientific research methods had been applied to some aspects of traditional medicine in a number of scientific and technical establishments such as the Institute for Acupuncture, an institute for traditional pharmacology and the institutes of traditional medicine.

Experience over a number of years had shown that traditional medicine could play a very important role in primary health care, was feasible in developing countries and helped reduce health costs.

Viet Nam proposed that information on traditional medicine should be expanded under WHO auspices by a more complete exchange of information between developing countries, that study programmes on the subject should be further extended in developing countries of proven capacity in that domain, and that WHO should organize annual seminars to exchange experience and to make recommendations to the Organization on the promotion of traditional medicine as part of primary health care.

Dr BAVADRA (Fiji) said that primary health care in the rural areas of Fiji was unthinkable without the use of traditional medicine and a workshop on that subject was to be held in November.

Fiji was also conducting a survey in cooperation with WHO on the condition and needs of the elderly.
Dr TAPA (Tonga) thanked the Government of Japan and WHO for the project culminating in the establishment of a new public health laboratory in Tonga. His country was also grateful for the cooperation received from the WHO Pharmaceutical Officer in organizing the joint purchase of pharmaceuticals when the previously proposed South Pacific pharmaceutical service had been modified. (For continuation of the discussion, see the third meeting, section 2).

The meeting rose at 4.50 p.m.