CHAPTER III

The First Regional Committee of the World Health Organization

Inaugural Session

On Monday 4 October 1948, a conference was called in the office of India's Minister of Health in New Delhi for the purpose of forming the Regional Committee. In inaugurating this conference, the Prime Minister of India, Pandit Nehru, declared that the political conflicts of the world were caused mainly by fear, and that therefore the solution of political and economic problems could be assisted by greater international co-operation in matters like health, where there was no reason for any kind of conflict. He welcomed the new organization, he said, not only for what everyone hoped could be achieved in the health field but also because of the wider influence it could exert in fostering the amity of nations.

The meeting was also addressed by India's Minister of Health, Rajkumari Amrit Kaur, and by the Director-General of the World Health Organization, Dr Brock Chisholm; the speeches were broadcast by radio throughout India.

The participants immediately formed themselves into a committee to discuss the establishment of and programme details for a WHO regional office in South-East Asia. The delegates and observers from governments who were present were:

AFGHANISTAN	Sardar Ghulam Mohammad Khan, Chargé d'Affaires for Afghanistan in India
BURMA	Dr U Ba Maung, Port Health Officer, Rangoon
CEYLON	The Honourable Mr S. W. R. D. Bandaranaike, Minister of Health and Local Government Mr E. W. Kannangara, Permanent Secretary Dr W. G. Wickremesinghe, Acting Director of Medical and Sanitary Services

	Dr S. F. Chellappah, Retiring Director of Medical and Sanitary Services
	Dr D. V. Mahatantila, Private Secretary to the Minister
FRANCE	Dr Bigot (observer)
	Mr Raoul Bertrand (observer)
INDIA	The Honourable Rajkumari Amrit Kaur, Minister for Health
	Dr K. C. K. E. Raja, Director-General of Health Services
	Lt. Col. C. Mani, Deputy Director-General of Health Services
	Dr P. V. Benjamin
	Col. Jaswant Singh
NEPAL	Col. Sovag Jung Thapa (observer)
SIAM (THAILAND)	Dr Luang Bhayung Vechassastra, Director-General of Public Health

There were also the following representatives of international agencies: from the United Nations Information Centre, Mr Kamal Kumar; from FAO, Mr P.V. Acharya; from ILO, Mr K.E. Matthew, and from UNESCO, Dr Alexander Wolskey, as well as an observer from the Indian Red Cross Society, Lt. Col. I. S. Nalwa.

For WHO, in addition to Dr Chisholm, the Director-General, Mr C. H. Moore, Administrative Officer at Headquarters, attended.

After electing Rajkumari Amrit Kaur as Chairman for the first year and adopting rules of procedure, the newly formed Regional Committee for South-East Asia unanimously approved the nomination of Dr C. Mani as Director of the WHO South-East Asia Office. Dr Mani had been in the public health field in India and, as mentioned earlier, had been a member of the Technical Preparatory Committee for the International Health Conference, of the Conference itself, and of the Interim Commission during its existence from 1946 to 1948.

In reply to a circular letter issued by the Executive Secretary of the Interim Commission, the Government of India had suggested Mysore (where the Government of Mysore offered Cheluvamba Mansions in Mysore City) as a suitable site for the Regional Office of WHO, and this had been accepted by the working party set up at the First World Health Assembly. However, at this meeting in New Delhi, the Director-General of WHO made a statement to the Committee citing the discussions of a committee of the United Nations Economic and Social Council in which a recommendation had been made that the location of regional offices of United Nations agencies should be decided only after consultation with the United Nations Administrative Committee on

Co-ordination. He pointed out that any selection made by the Regional Committee must therefore be provisional and that:

> In view of the pre-existence of offices of other United Nations bodies and of specialized agencies in this area, notably the United Nations Information Office, the Indian Branch Office of ILO and the Field Science Office of UNESCO, it will be necessary to present a completely watertight case for the selection of Mysore as the site of the Regional Office, as searching questions will be asked by the Administrative Committee on Co-ordination and by the Economic and Social Council. [1]

After discussion, the Regional Committee resolved to recommend Delhi as the site for the Regional Office [2]. It was reasoned that other United Nations offices were already established there, that it was desirable to have ready access to ministries and embassies, and that it was essential to have rapid means of communication and transport to all parts of the Region as well as to WHO Headquarters in Geneva and to other WHO regional offices. It was recommended that the Regional Office should be established and should commence work as early as possible, not later than 1 January 1949.

The Committee then proceeded to discuss the programme they wished to see carried out in the first year in South-East Asia as a part of the over-all activities of WHO, keeping in mind the six top priority programmes to which the First World Assembly had decided that major attention should be devoted—those in the fields of malaria, tuberculosis, venereal diseases, maternal and child health, nutrition and environmental hygiene (see page 20).

The delegations from India and Ceylon had brought with them detailed proposals for WHO assistance to their countries in respect of malaria, tuberculosis, venereal diseases and maternal and child health. In addition, India asked for help with a nutrition programme and Ceylon advice on filariasis control. Burma requested six fellowships and a BCG team, and Thailand eight fellowships and a malaria advisory team. Afghanistan did not at that time make any specific request. After discussion, the Committee recommended to the Director-General and Executive Board the following allocations for field programmes for 1949:

	US $
Afghanistan	50 000
Burma	94 000
Ceylon	78 000
India	300 000
Thailand	56 000
	578 000

[1] Document RC/SEA/7, presented to the first session of the Regional Committee

[2] Resolution SEA/RC1/R3, October 1948

For the financing of the Regional Office, the Committee recommended a budget of $93 040, of which $65 230 was to cover the salaries and allowances estimated for the secretariat, to consist of a Director, a Deputy Director, a Category I officer and two Category II officers, with twenty-four clerical and custodial staff members at local rates of pay.

The Committee also decided that the Regional Director should be authorized to correspond directly with the Ministries of Health of governments in the Region, and the Director-General was requested to make the necessary arrangements with Member Governments to that effect.

The session adjourned at 7 p.m. on Tuesday, 5 October 1948. In those two days the framework had been virtually completed for the first-ever international regional health organization in Asia; major organizational questions had been decided, and an initial programme of work outlined.

One measure of the success of the development of international co-operation in South-East Asia may be found by comparing the 1948 Committee of five Members, recommending a regional office with 29 staff members and a programme allocation of $600 000, with the 1966 Committee of nine Members (Afghanistan, Burma, Ceylon, India, Indonesia, the Maldive Islands, Mongolia, Nepal and Thailand), recommending for 1968 a secretariat of 95 staff members and a field programme allocation of $7 371 654.

Functions and Growth

The Regional Committee is the hub round which the work of the Regional Office revolves. Articles 50 and 51 of the WHO Constitution state:

Article 50

The functions of the regional committee shall be:

(*a*) to formulate policies governing matters of an exclusively regional character;

(*b*) to supervise the activities of the regional office;

(*c*) to suggest to the regional office the calling of technical conferences and such additional work or investigation in health matters as in the opinion of the regional committee would promote the objective of the Organization within the region;

(*d*) to co-operate with the respective regional committees of the United Nations and with those of other specialized agencies and with other regional international organizations having interests in common with the Organization;

(*e*) to tender advice, through the Director-General, to the Organization on international health matters which have wider than regional significance;

(*f*) to recommend additional regional appropriations by the governments of the respective regions if the proportion of the central budget of the Organization allotted to that region is insufficient for the carrying-out of the regional functions;

(*g*) such other functions as may be delegated to the regional committee by the Health Assembly, the Board or the Director-General.

Article 51

Subject to the general authority of the Director-General of the Organization, the regional office shall be the administrative organ of the regional committee. It shall, in addition, carry out within the region the decisions of the Health Assembly and of the Board.

From the beginning of April to the end of November each year, a large part of the work in the Regional Office is concentrated on preparations for and actions on the decisions of the Regional Committee.

Membership

At the first session of the Regional Committee in 1948, only Afghanistan, Burma, Ceylon, India and Thailand were represented, but France and Nepal sent observers (see above, page 31).

It was at the Second World Health Assembly, in 1949, that a decision was taken on the status of non-self-governing territories (resolution WHA2.103). This authorized the representation of Members of WHO not having their seat of government within the Region but responsible for the conduct of the international relations of territories or groups of territories which were within the Region; such States were to participate as Members of the Regional Committee, each with one vote only for all the territories for which they were responsible. Thus in the South-East Asia Region, France (French India), Portugal (representing Goa) and the United Kingdom of Great Britain and Northern Ireland (for the Maldive Islands) became Members. These States sent representatives to the Regional Committee, off and on, from the second session, held in 1949 (in which year Portugal was represented by Dr F. J. Cambournac, who in 1954 became WHO's Regional Director for Africa), to the sixteenth session, in 1963—the last occasion when any one of the three "metropolitan" States was represented. French territories and Portuguese territories became part of the Republic of India in 1954 and 1961 respectively, and the Maldive Islands, for which the United Kingdom had been responsible, became independent on 26 July 1965.

Indonesia, which had become an independent sovereign State on 27 December 1949, was first represented at the fourth session of the Regional Committee in 1951. The First World Health Assembly, in 1948, had proposed that Indonesia be in the Western Pacific Area, but when, on 23 May 1950, during the

Third World Health Assembly, the Republic of the United States of Indonesia joined WHO, it asked to be included in the South-East Asia Region, and this request was agreed to.

Nepal was included in the Region by formal resolution of the Assembly in 1953 and first attended the Regional Committee as a Member in 1954.

The Mongolian People's Republic became a Member of WHO on 18 April 1962. The Fifteenth World Health Assembly, in 1962, approved its inclusion in the Region of South-East Asia, and Mongolia sent a representative, for the first time, to the Regional Committee's 1962 session.

Thus, compared with five Members in 1948, the Region now has the following nine Members (listed according to the dates of joining WHO):

Thailand	26 September 1947
India	12 January 1948
Afghanistan	19 April 1948
Burma	1 July 1948
Ceylon	7 July 1948
Indonesia	23 May 1950
Nepal	2 September 1953
Mongolia	18 April 1962
Maldive Islands	5 November 1965

(see "The Lands and Peoples of the Regions", page 100)

Time and Place of Sessions

The annual meeting of the Regional Committee is held normally in September of each year; this timing was decided as early as 1949, so that the Committee should meet as soon as possible after the World Health Assembly, which is usually held in May, and at a time when the decisions of the Assembly (and especially the determination of the following year's budget) have been promulgated.

At its fifth session (1952) the Committee accepted a procedure of deciding two years ahead on the place where its session would be held; this was to facilitate accurate advance budgeting. The following year the principle of holding alternate sessions of the Regional Committee at the Regional Office in New Delhi was adopted.

To convene the Regional Committee at a place away from the Regional Office inevitably increased expenditure on this item, and in 1956, at its ninth session, the Committee debated the question, which had similarly been discussed by the Fifth World Health Assembly in respect of its own meetings. The Regional Director had prepared a comparative statement of expenditure

incurred both by WHO and by host countries on the sessions of the Regional Committee for South-East Asia from 1950 to 1956. This revealed that increased costs to the Organization for holding sessions away from New Delhi had been in the range of $4 000 to $6 000 per session. During the discussion, stress was laid on the great advantages which accrued from meetings outside the regional headquarters, which were thought to bring "the aims and objectives of the Organization to the very doors of the people of the countries that it seeks to serve" [1] and also to foster mutual understanding and appreciation of the problems of Member States. It was decided that the additional expenditure to both the host government and WHO every second year was well worth while.

The times and places of the twenty sessions of the Regional Committee held from the year 1948 to 1967 are given in Annex 1.

Language

The working language of the Regional Committee has always been English. As English has been the language of higher education in most of the countries of the Region, no real difficulty over languages has ever arisen.

At the second session of the Committee, in 1949, the French delegate suggested that whereas the language of debate could remain English, all documents for and records of the Committee should be translated into French. The Regional Office provided translation for a year or two, but because a permanent mechanism for this purpose inevitably would increase the administrative expenses of the Regional Office and would be of service to only one of the Members, the proposal was never pressed to the extent of an amendment to the Rules of Procedure. Similarly, when Mongolia joined the Committee, no change was made for the same reason.

The Committee has always been watchful to ensure that administrative costs would not unnecessarily reduce the funds available for field programmes of technical assistance. For example, in 1953, when the Executive Board was considering reimbursement of travel expenses of representatives to sessions of regional committees, the South-East Asia Regional Committee resolved that "such payment of travel expenses by WHO is desirable, provided it does not reflect adversely on the field programmes of the Organization"[2], and the Board finally decided against reimbursement of such costs.

[1] Resolution SEA/RC9/R3, September 1956
[2] Resolution SEA/RC6/R8, September 1953

Rules of Procedure

Rules of procedure were adopted at the first session of the Regional Committee in 1948; at the eighth session, in 1955, new rules to provide for uniformity between the various organs of WHO were approved, and, from then onwards, amendments and additions have been made as a result of the experience gained as the years have gone by. An important amendment made at the nineteenth session, in 1966, concerned Rule 49, on the nomination of the Regional Director. In short, this amendment provides that proposals from Member States of names of persons to be considered for nomination as Regional Director should be made early enough to be circulated to Member countries not less than ten weeks before the date fixed for the Committee's session at which a person is due to be nominated. Previously, names had been proposed only at the time when the Committee actually met in secret session in order to make a nomination. This amendment follows the general pattern for all regions.

From the beginning, the Rules of Procedure have provided for the annual elections of a Chairman and a Vice-Chairman, who will hold office until successors are elected. For the list of the Chairmen and Vice-Chairmen of the Regional Committee for South-East Asia, see Annex 1.

Because the Director-General of WHO is "*ex-officio* Secretary of the Health Assembly, of the Board, of all commissions and committees of the Organization and of conferences convened by it" (Article 32 of the WHO Constitution), he is also *ex-officio* secretary of the regional committees. He may delegate these functions, and has done so—to regional directors. Thus, the Rules of Procedure of the Regional Committee for South-East Asia state (Rule 16) that the Director shall *act* as Secretary of the Committee and any sub-division thereof. He, too, may delegate these functions.

In this manner the Regional Director, appointed by the Executive Board, is responsible to the Director-General for carrying out within the Region the decisions of the Health Assembly and the Executive Board, and, as Secretary to the Regional Committee, he serves the latter both as adviser and as executive, and also ensures that their advice or recommendations are brought to the notice of the Director-General for consideration by the Executive Board and Assembly, as necessary. The Regional Director is responsible also for seeing that all decisions of the Regional Committee which have been approved by the Executive Board and World Health Assembly or which fall within established policies of the Organization are, in fact, implemented. He makes an annual report to the Regional Committee.

Pattern of Work

In fulfilment of the constitutional functions of the Regional Committee, the general pattern of its operations was established quite early in its life so as to cover discussion and conclusions on:

(i) the work of the Organization during the preceding year (i.e., consideration of the Regional Director's annual report).

(ii) the regional programme and budget estimates for the following two years.

(iii) resolutions of regional interest adopted by the World Health Assembly and Executive Board during the year prior to the Committee's session.

(iv) items proposed by Member States or by the Regional Director.

(v) technical discussions on a chosen topic relating to health promotion in the Region.

Annual Reports

The first report of the Regional Director covered the period from January to July 1949 and was submitted to the second session of the Committee in October of that year. It was an unbound, mimeographed document of twenty-two pages. Its size gradually increased, even as WHO's regional operations expanded, and in 1956 it suddenly appeared in a quarantine-yellow Bristol binding containing an Introduction, 113 pages of reporting and seven annexes. Whereas the content has followed well-established lines throughout and grown in size to 270 pages, the colours of binding have covered various shades of violet, indigo, blue, green, yellow, orange, red—the colours of the spectrum. The 1959/60 report was the first to be embellished with photographs from WHO projects under the title of "Progress in Pictures"—a good public relations alliterative caption.

The Annual Report now is widely distributed in 500 copies, but its primary purpose is to enable States to discuss, comment and advise on the work of WHO in the Region. It has indeed been the practice at the South-East Asia Regional Committee to allow ample time—latterly a day and a half or more—for detailed examination and discussion of the Regional Director's Annual Report. Such debate on the activities of the Regional Organization constitutes a most valuable source of guidance to the work of the Regional Office for mutual understanding of, and information and advice on, health problems common to the countries of the Region and for common approaches to their solution.

Regional Programme and Budget

Each year the Regional Committee examines, amends as necessary and approves the programme and budget estimates for work two years ahead. The pattern of procedure was established as early as 1949, when governments were asked to submit proposals for the 1951 programme before the Regional Committee's second session, which was to be held in September 1949. This two-year cycle, which is followed in all WHO regions, enables regional committees to discuss the proposals, especially with respect to priorities and development of a balanced programme, so that requested regional programmes can be forwarded to the Director-General for submission to the Executive Board in January and to the World Health Assembly in May. After approval by the Assembly, immediate action is taken by the Director-General to allocate funds to all the regions. Practice over the years has made this procedural mechanism work more smoothly, but the manner of operation has remained the same.

The basic principles guiding the planning of programmes and the trend of change over the years are discussed in another chapter. Here it is necessary only to mention the importance and value of the Regional Committee's full involvement in framing and controlling the regional programme of work. This was stressed at the eleventh session of the Executive Board, when, during the examination of the programme and budget for 1954, it was made clear that it was the responsibility of the Regional Committee to build up integrated regional programmes.

In the early fifties it became possible to estimate the probable total amount of funds which would be available for the Region in any one year. From then on, Member countries' programme proposals were costed in the Regional Office and presented to the Regional Committee for decision on priority, as between the programme which could be fitted within the probable expenditure ceiling and "additional projects", which would have to await availability of additional funds, perhaps accruing from savings on the budgeted programme.

The proposed programme has always been presented to the Regional Committee under two main headings: the administrative expenses of the Regional Office for the servicing of the field programmes, and the cost of the field operations themselves. It has always been a primary concern of the Regional Director, and, as mentioned earlier, of the Regional Committee itself, to ensure that the cost of administrative overheads is kept low. In the earliest years of the WHO South-East Asia Region, expenditure on the Regional Office was naturally high (22.50% in 1950), as compared with the cost of field programmes, which were then in an early stage of development; in subsequent years, however,

as the field programme steadily expanded, the Regional Office costs became proportionately lower. By 1952, administrative overheads accounted for only 10.09% of the total expenditure, and from then on the cost of the Regional Office has generally been between 7% and 11% of the total, even though the total budget has risen from $376 072 in 1949 and $620 449 in 1950 to an estimated $6 249 371 for 1968 (see Table 2, page 98).

Resolutions of Regional Interest Adopted by the Assembly and Executive Board

Such resolutions have regularly been brought to the attention of the Regional Committee and frequently have elicited comments or advice from the Regional Committee. In May 1950, for example, in connection with the framing of a long-term general programme of work for a specific period, the Assembly asked the Board to consider the recommendations of regional committees; this subject was thus discussed at the third session of the South-East Asia Regional Committee, in September 1950, and proposals were made which, in due course were reviewed by the Board (January 1951) before it approved WHO's general programme for the specific period 1952-1955. Similarly, recommendations of the Regional Committee concerning the rights and obligations of Associate Members, made in 1948, 1953 and 1966, were accepted by the Assembly, and the 1953 resolution of the Committee, advising for the time being against a world-wide mass campaign against smallpox, also was accepted by the World Health Assembly in 1954.

These examples have been cited as a small sample in order to underline the value to WHO of the Organization's pattern of regionalization, which not only facilitates more efficient service to meet the requirements of Member States in the Region but also provides a means of obtaining first-hand advice from national health authorities, who know best the local factors which should influence the policies of a world-wide health organization.

Matters for Discussion Proposed by Members or by the Regional Director

Discussions at Regional Committees have covered a very wide range of both administrative and technical problems and, throughout, have served to clarify and crystallize regional policy on WHO's functions and methods of work.

At its second session, the Committee agreed that if the Regional Office was to work effectively, the Regional Director must be permitted to correspond

directly not only with Ministries of Health (see page 34), but, on purely technical matters, with health directorates at both central and "federal unit" levels.

At its third and fourth sessions, the Committee recommended the setting up of separate sections in national health directorates to deal with international health matters and the establishment of national committees to co-ordinate programmes of technical assistance from various sources. Member States provided the Regional Office with lists of national specialists and experts and of research and training institutes which could be of help to the WHO programme. For the same purpose of mutual aid, the Committee, at its sixth session, agreed with a proposal from Burma that arrangements should be made through WHO for the loan of experts by one country to another on a reimbursement basis.

It was in 1955, at the eighth session, that there emerged from the discussions the statement that "mass programmes, while useful, were not contributing towards building up a permanent health structure" [1], and resolutions were adopted—at that and the following session—on the need for consolidating such campaigns into permanent health services. At the eighth session also, Afghanistan recommended the provision of short-term consultants to follow up, from time to time, with advice on national projects which had been started with the help of WHO staff and later were being maintained by national staff only.

As a result of such discussions, of which the above are examples (and which were initiated either by the Regional Director or by individual Member States), the on-going regional programmes of WHO have been influenced towards change of approach, of methods, of objectives and of priorities. The changing trends over twenty years, which are discussed in a subsequent chapter, can in fact be followed throughout by reference to the resolutions and decisions of successive sessions of the Regional Committee; these, as early as 1956, were compiled in the form of a Handbook, which is brought up to date annually in a new edition, obtainable from the Regional Office.

Technical Discussions

The present practice by which "technical discussions" on a chosen subject of mutual interest are held at the time of the sessions of the Regional Committee

[1] *Report of the Eighth Session of the Regional Committee*, September 1955, document SEA/RC8/20, p. 3

may be said to have started at the time of the third session in 1950, in compliance with a resolution of the second session:

> The Regional Committee,
>
> Considering it desirable to bring together the heads of public health services of the countries of the Region in order to discuss public health problems of mutual interest,
>
> REQUESTS the Regional Director to make preliminary studies on this subject and to take such steps as are necessary to arrange to hold such meetings at the same time as the meetings of the Regional Committee. [1]

At the third session, held in Kandy, Ceylon, arrangements had been made for a three-day conference to follow immediately after the meetings of the Regional Committee. To that conference not only Member Governments but also the Health Directorates of States in India were invited to send participants, and thus, altogether, 28 directors of health services or departments took part. Discussions covered a wide field: general promotion of health, school health, health education of the public, training of health personnel, environmental sanitation, control of communicable diseases and health statistics—and one session was devoted to "WHO—what it is and how it works".

After three days of normal sessions, participants were given the opportunity to survey the health services of Ceylon on a conducted tour lasting another three days. Twenty-eight resolutions were put forward for adoption.

This conference, held at a time when the Regional Committee and the WHO Regional Office were in an early stage of programme development, served a very useful purpose in promoting co-operative endeavour by the Member States of the South-East Asia Region, and provided also for a better understanding of the role to be played by WHO in giving technical assistance. The time required for so comprehensive a conference, however, on top of the period needed for a Regional Committee session, was too long to be suitable for annual repetition, so that it was two years later when technical discussions at the time of the Regional Committee were arranged again.

In the meantime, the Executive Board, at its sixth and seventh sessions in 1950, had recommended to the Assembly that time should be found during the Assembly's own meetings for more thorough discussion of a small number of specified subjects with a view to applying the existing knowledge to public health administration. Therefore, the Fourth World Health Assembly, in May 1951, devoted special time to informal technical discussions on "The education and training of medical and public health personnel", and, on the basis of the experience thus gained, the Assembly has continued to hold such discussions annually.

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[1] Resolution SEA/RC2/R12, September 1949

In June 1951, the Executive Board invited regionale committes to consider the advisability of holding technical discussions on matters of regional interest; however, the Fifth World Health Assembly (May 1952) suggested that subjects chosen for technical discussion at the Assembly might be the subject also for "preparatory discussion at the regional level during meetings of regional committees" [1]. The Regional Committee for South-East Asia showed its independence in that, at its following session (the fifth session, 1952), it noted that there had been no specific request from the Executive Board on the Assembly's proposal and decided "to choose as subjects for technical discussion matters of regional interest only" [2]. This viewpoint was later endorsed by the Executive Board at its eleventh session.

Technical discussions have now become a regular institution; they are held for convenience at the time of Regional Committee sessions but are not part of the official work of the Committee. The discussions are informal ones, in which participants take part freely as individual health experts instead of as delegates from Member countries; observers and advisers to delegates can also participate. One and a half to two days are set aside for the discussions, and there is no doubt of the value of such an exchange of views on a public health problem and on the application to Member countries of methods for adapting modern knowledge to the existing circumstances.

The subjects selected for technical discussion by the Regional Committee for South-East Asia have covered a wide range. Those dealt with in the annual technical discussions, starting with the fifth session, have been as follows:

1952 (1) Training of auxiliary personnel, and
(2) The problem of health services in rural areas
1954 Nursing requirements in South-East Asia
1955 Review of anti-tuberculosis measures in the South-East Asia Region
1956 School health education
1957 Health education of the public
1958 Health aspects of community development programmes
1959 Role of immunization in communicable-disease control
1960 Evaluation of training programmes of auxiliary health personnel in the South-East Asia Region
1961 The role of the public health department in the improvement of nutrition
1962 Community water supplies
1963 Case-finding and domiciliary treatment in tuberculosis control
1964 Smallpox eradication
1965 Integration of malaria eradication into the general health services
1966 Health laboratory services
1967 Maternal and child health, with particular reference to integration into the general health services

[1] Resolution WHA5.77, May 1952
[2] Resolution SEA/RC5/R3, September 1952

At its recent 1967 session, the Regional Committee chose for technical discussion in 1968 the subject of "national health planning", deciding at the same time, however, that the technical discussions for that year would take the form of a special seminar, to be held in commemoration of the twentieth anniversary of the World Health Organization.

These discussions are always prepared carefully in advance by the technical staff in the Regional Office, the establishment and growth of which are described in the next chapter.