REPORT OF THE 30TH CCPDM
REPORT OF THE THIRTIETH MEETING OF THE CONSULTATIVE COMMITTEE FOR PROGRAMME DEVELOPMENT AND MANAGEMENT

THE THIRTIETH meeting of the Consultative Committee for Programme Development and Management (CCPDM) was held in Chiang Mai, Thailand, from 7 to 9 September 1996. The Committee’s conclusions and recommendations on the four subjects included in the Agenda are contained in Sections 5 to 8 of this report.

Section 5 contains the observations and recommendations of the CCPDM on the regional health situation and their bearing on WHO programme development in the South-East Asia Region, with particular reference to integrated approach to prevention of noncommunicable diseases.

Section 6 contains the deliberations and recommendations of the CCPDM on the progress in the implementation of the intercountry WHO collaborative programme (ICP II). This section will be considered by the Sub-committee on Programme Budget of the Regional Committee.

Section 7 contains the observations and recommendations of the CCPDM on resolutions of regional interest adopted by the Forty-ninth World Health Assembly and decisions of the ninety-seventh session of the Executive Board. This section will be considered by the Regional Committee under Agenda item 9.

Section 8 contains the observations of the CCPDM on the provisional agendas of the ninety-ninth session of the Executive Board and the Fiftieth World Health Assembly. This section will be considered by the Regional Committee under Agenda item 10.
1. INTRODUCTION

THE THIRTIETH meeting of the Consultative Committee for Programme Development and Management (CCPDM) was convened by the Regional Director in Chiang Mai, Thailand, from 7 to 9 September 1996, with the Agenda as contained in Annex I.

2. INAUGURAL SESSION

THE MEETING was opened by Dr Samlee Plianbangchang, Director, Programme Management, on behalf of the Regional Director. In his inaugural address, Dr Samlee extended his warm greetings and welcomed the participants.

He said that the CCPDM was an important mechanism for joint action between the Member States and WHO in the development and management of the WHO collaborative programme. Its role was particularly significant in the current situation when WHO and the Member States were facing new challenges with limited resources for the health sector. It was therefore essential to ensure that the priorities of WHO and those of the countries were determined in a way that synergistic effects on health development could be achieved through optimal use of the available resources. The regrouping of the Organization’s programme structure was expected to provide the required flexibility in programme budgeting and lead to increased efficiency in programme implementation.

Most Member Countries in the Region were now in a stage of epidemiological transition, facing the problems of both communicable and noncommunicable diseases. The changing demographic patterns, rapidly increased urbanization and industrialization, changes in behaviours and lifestyles were posing a serious threat to human health in developing countries. While WHO would continue to devote its efforts to the control of these diseases, it was time that the Member Countries started taking concrete action on these emerging health problems.

Recalling the decision of the forty-eighth session of the Regional Committee to pool resources at the intercountry level by contributing 2 per cent of the WHO country Regular Budget for utilization in three focused areas, Dr Samlee said that this initiative was yielding encouraging results. He expressed the hope that this new approach, in the management of SEAR’s Regular budget would increase the momentum in regional health development. The current meeting would be reviewing the implementation of this-supplementary intercountry programme.
He referred to the Regional Consultation on WHO Constitution, convened recently, which reviewed the mission and functions of WHO within the overall context of Health for All. The outcome of this Consultation would be discussed during the forthcoming session of the Regional Committee.

As in the previous year, the CCPDM would be reviewing the resolutions and decisions of the previous World Health Assembly and the Executive Board session as well as the provisional agendas of these bodies for the coming year. In this context, he urged the meeting to recommend measures for the effective implementation of the WHA and EB resolutions and decisions in the SEA Region.

3. ELECTION OF CHAIRMAN AND REPPORTEUR

DR B.D. CHATAUT (Nepal) was elected Chairman, and Mrs Mawatwati Djamaluddin (Indonesia) as Rapporteur of the meeting.

4. ADOPTION OF AGENDA (Agenda item 2)

THE CCPDM adopted the agenda as contained in document SEA/PDM/Meet.30/1 (Annex I). The programme of the meeting and the list of participants are given in Annexes 2 and 3 respectively.

5. REVIEW OF THE REGIONAL HEALTH SITUATION, WITH PARTICULAR REFERENCE TO INTEGRATED APPROACH TO PREVENTION OF NONCOMMUNICABLE DISEASES

(Agenda item 3)

WHILE reviewing the working paper on this item (SEA/PDM/Meet,30/3), the CCPDM noted that noncommunicable diseases (NCDs) had been emerging as problems of public health importance in recent years. Despite the notable improvement in the health status of the people of the Region during the past decade, there had been a steady increase in NCDs, the impact of which could seriously erode the gains already made if effective interventions were not put in place in the immediate future. Until now control activities in regard to NCDs in the countries of the Region had been sporadic and dependent on special efforts and interest of some individuals and a few NGOs. It was now time that NCDs were given proper attention so that appropriate and timely preventive and control measures were developed and implemented.

The working paper elaborated the concept and issues of an integrated-approach to the prevention and control of NCDs including the idea of a pilot project. The attention of the
CCPDM was drawn to the section on “Issues for Consideration” of the working paper and the members were requested to keep these issues in mind while making their observations and suggestions.

During the discussion, the following points emerged:

- It was recognized that NCDs had become a serious issue in the SEA Region and needed more attention. However, communicable diseases, which continued to be priority health problems in most countries of the Region, should not be overlooked, particularly in the context of new and emerging diseases. National priorities should be taken into account in the formulation of strategies for the prevention and control of NCDs. A classification of risk factors related to specific diseases or particular injuries should be developed to support the formulation of the strategy. In this connection, policy-makers should be convinced about the need for an integrated approach.

- Integrated approach, though welcome, is a difficult task. Since the scope of NCDs is very wide, attention should be focused on priority diseases that are locally prevalent and those with common risk factors instead of attempting to cover a wide range of diseases. Attention should also be given to defining the best level at which integration should occur. An intercountry pilot project on integrated NCD control, focusing on a joint operational research area, should be initiated in order to ensure effective support to the countries.

- Health education, counselling and promotion of a healthy lifestyle should be considered as important strategies for the prevention of noncommunicable diseases. However, health education should not be limited to diseases per se but should include all aspects of healthy life. Reduction of stress and controlling of rapid and unplanned urbanization should be paid attention to. Spiritual dimension and nature cure, such as Yoga, should be included in the school curriculum. The role of non-health sectors, NGOs and the mass media in educating the public on the conditions that cause NCDs and how to guard themselves against such conditions needs to be emphasized.

- There is a need for political commitment, not only for promoting a healthy lifestyle as cost-effective prevention of NCDs, but also to ensure that health promotion gets its due share in the national and local budgets as well as those of international donors.

- Epidemiological studies and research should be undertaken, where needed, to determine the magnitude and type(s), of NCDs and to define better the at-risk populations for focused action. In addition to cancer, CVDs; genetically induced disorders, etc., many conditions, such as stress, accidents, nutritional disorders are important. This will help in ensuring national commitment. A regional network for sharing such information should be established.
In order to improve the delivery of health care services, primary and secondary care levels need strengthening with proper screening and referral services.

Information sharing and networking of concerned individuals and institutions are essential to the development of NCD prevention and control.

After the discussion, the Committee made the following recommendations:

1. Member Countries should formulate strategies for the prevention of NCDs, taking into account their own priorities and resources. At the same time, they should keep in view that the issue of communicable diseases should not be neglected.

2. Member Countries should undertake epidemiological studies and research to ascertain the magnitude of the problem, and to develop an information base for use in planning for prevention of NCDs and associated risk factors.

3. Member Countries should develop an environment conducive to facilitating the participation of the community, the mass media, the private sector and the NGOs in order to be proactively involved in the implementation of programmes for the prevention of NCDs.

4. WHO should assist the Member Countries in developing a regional strategy for the prevention and control of NCDs, which should also include dissemination of information and networking arrangements between WHO and collaborating centres.

6. REVIEW OF PROGRESS IN THE IMPLEMENTATION OF INTERCOUNTRY WHO COLLABORATIVE PROGRAMMES (ICP-II) (Agenda item 4)

The CCPDM noted that, pursuant to the directive of the forty-seventh session of the Regional Committee, the Regional Director had developed a proposal in three strategic areas of focus, viz. Advocacy for Health, Technical Cooperation among Countries and Intercountry Co-operation on Standard Settings and Innovations, to tackle common problems faced by Member States in the Region in a spirit of regional solidarity and approach. These proposals had been reviewed by the CCPDM at its twenty-seventh meeting in April 1995, and endorsed by the Sub-committee on Programme Budget of the ‘Regional Committee, at its forty-eighth session, which approved the three supplementary intercountry programme (ICP-II) proposals (resolution SEA/RC48/R4) and requested the Regional Director to implement them after transferring resources by adjustment of the country allocation of the 1996-1997 programme budget on a pro rata basis.

While reviewing the status of implementation of collaborative activities under ICP-II, as given in the working paper (document. SEAIPDMI Meet.30/4), the CCPDM noted that the rate of implementation of activities under ICP-II as of 16 August 1996, was quite satisfactory at 39%. A brief review of expected products and activities undertaken to-date was also done by the CCPDM. It also noted that since a number of activities under ICP-II were still
in the process of implementation, it would be possible to evaluate the benefits accruing to the Member States from those activities only when the products of these activities were achieved nearer the end of 1997.

During the discussion that ensued, the following observations were made:

- The activities under ICP-II are to be implemented during a period of two years and the final products would be fully reflected nearer the end of the 1996-1997 biennium.
- The ‘evaluation of implementation of ICP-II should be based both on financial delivery as well as the results of a technical appraisal and the quality of products delivered.
- ICP-II activities have effectively promoted cooperation and collaboration among countries on specific issues related to border area health and improvement of the health status of people living in the border areas.
- ICP-II had contributed to better use of WHO collaborating centres and centres of excellence in the Region. Besides, with the implementation of ICP-II, WHO is also considering expanding the collaborating centres by establishing them in those areas where they do not exist at present.
- The CCPDM wished to place on record its appreciation of the commendable efforts made by the Regional Director and his staff in developing this new initiative for promoting closer cooperation among the Member Countries of the Region.

After detailed discussion, the CCPDM made the following recommendations:

(1) This innovative form of cooperation among countries should be enhanced and further strengthened by extending it to other priority areas collectively identified by the Member Countries, such as transfer of technology, etc.

(2) Member Countries and WHO should focus their attention more on the quality of activities implemented and products delivered.

(3) The full potential of WHO collaborating centres and other institutions of excellence in the Member Countries of the Region should be utilized in the training of fellows as well as for observation and study tours with a view to reducing their cost.


THE CCPDM was informed that, in accordance with its revised terms of reference, it should (a) review the decisions and resolutions of the previous Executive Board sessions and the World Health Assembly with regard to their regional implications, and (b) examine the
agendas of the forthcoming Executive Board session and the World Health Assembly to ensure correlation of the work of these Governing Bodies with that of the Regional Committee. Further, the CCPDM, at its twenty-eighth meeting in September 1995, had recommended that the working papers relating to the above two issues should be combined and brought out as one document. Accordingly, the working document (SEAIPDMIMeet.306) had been prepared, with Part 1 containing the decisions and resolutions of regional interest of the Forty-ninth World Health Assembly and ninety-seventh session of the Executive Board, and Part 2 containing provisional agendas of the ninety-ninth session of the Executive Board and the Fiftieth World Health Assembly.

Part I of the working document incorporates ten selected resolutions and two decisions of the ninety-seventh session of the Executive Board and eleven resolutions of the Forty-ninth World Health Assembly, which have regional implications.

The following resolutions were discussed by the CCPDM whose observations are given under the respective items:

(1) **Budgetary reforms, including reorientation of allocation** (EB97.R4)

The CCPDM noted that the Executive Board, vide its resolution EB97.R4, had endorsed the proposal to transfer 2 per cent of the resources in 1998-1999 from the global and inter-regional programme to country programmes, one-half for including HIV/AIDS activities in the mainstream of WHO programmes; and, in countries of greatest need, one-half for diseases that can be eliminated or eradicated.

(2) **Review of WHO procurement policy** [EB Decision EB97(3)]

While noting the Executive Board’s decision on review of WHO Procurement Policy, the CCPDM felt that options 1 and 2 could not be separated. Depending upon the development situation or the benefit that is likely to accrue to individual countries by the use of either of these options, WHO might apply either option 1 or option 2 to them.

(3) **Revised drug strategy** (WHA49.14 and EB97.R14)

The CCPDM noted that the WHA and EB resolutions on the revised drug strategy were a welcome measure as this would help the Member Countries to increase their efforts to promote rational use of drugs, and to enhance drug regulatory mechanisms for the monitoring and control of efficacy.

(4) **International framework convention for tobacco control** (WHA49.17 and EB97.R8)

The CCPDM was informed that this issue involved two main aspects, viz. supply reduction and demand reduction. The Committee noted that the issue of supply reduction was very much related to the economic policy of the exporting countries. Therefore, a
rational justification should be developed for close linkage between health and productivity of the country, which is critical in order to be competitive in the global economy and to get a political commitment for the same. Since it is beyond the capability of the health sector to campaign on such matters, enlisting the support of new actors should be seriously considered.

(5) Prevention and control of iodine deficiency disorders (WHA49.13 and EB97.R9)

The CCPDM felt that while promoting the use of iodised salt for the prevention and control of iodine deficiency disorders, production and availability of adequate stocks of iodised salt should be ensured. In order for this programme to have sustainability and a lasting impact, Member Countries should strengthen intersectoral collaboration.

(6) Smallpox eradication Destruction of Variola stocks
(WHA49.10 and WHA49.23)

The CCPDM noted with satisfaction the recommendation of the World Health Assembly that the remaining stock of variola virus be destroyed by 30 June 1999.

(7) Personnel matters: Employment and participation of women in the work of WHO
(WHA49.9 and WHA49.23)

The CCPDM noted that employment and participation of women in the work of WHO in SEAR continued to be low. Therefore, conscious efforts must be made by WHO to work in close collaboration with Member Countries to find competent women candidates, based on merits and equal opportunities. In doing so, efforts must be made to guard against any brain drain of competent women in the countries concerned. Efforts should be undertaken to provide appropriate incentives and a positive work environment to encourage female applicants (child care, spouse employment opportunity, etc.). In some countries action would need to be taken now to educate and train competent women who could be tomorrow's candidates.

(8) Review of the Constitution of WHO [EB Decision EB97(11)]

The CCPDM was informed that the Regional Director had organized a Consultation on the WHO Constitution in August 1996, which had been attended by three current members of the Executive Board from the Region. The conclusions and recommendations of this Consultation were noted. With regard to the issue of regrouping of the WHO Regions in connection with the review of the WHO Constitution, the Committee was informed that an ad hoc group of the Executive Board was currently reviewing WHO's mission and functions. The issue of constitutional review and amendment might be taken up, if indicated, at that time when the regrouping of WHO's regions might be an area for consideration. The Committee felt that the entity of the WHO South-East. Asia Region must be protected since the Region, although comprising only 10 Member States, contained 25 per cent of the world population and carried the highest burden of poverty and health problems.
The CCPDM recommended that its observations on the resolutions with regional implications, adopted by the ninety-seventh session of the Executive Board and the forty-ninth World Health Assembly be brought to the attention of the forty-ninth session of the Regional Committee under the relevant agenda item.

The CCPDM further observed that in future the resolutions of the governing bodies be grouped under two headings: (1) those resolutions of the World Health Assembly which the regions are expected to implement, and (2) those on which the CCPDM could deliberate and formulate its views.

8. REVIEW OF THE DRAFT PROVISIONAL AGENDAS OF THE NINETY-NINTH SESSION OF THE EXECUTIVE BOARD AND THE FIFTIETH WORLD HEALTH ASSEMBLY

The DRAFT agendas of the ninety-ninth session of the Executive Board and the Fiftieth World Health Assembly were brought to the attention of the CCPDM for its review before they were considered by the Regional Committee. The Committee noted the correlation of their work with that of the Regional Committee in that three items being considered by the Regional Committee at its current session would also be reviewed by the Executive Board and the World Health Assembly at their respective sessions in 1997.

An observation was made that the number of awards presented at the World Health Assembly was increasing and the prize money varied widely. It was suggested that in order to retain their prestige and to save time, given the increasingly shorter duration of the Assembly, common criteria could be developed for these awards. The Committee was informed that it was difficult to standardize the awards or to rationalize the prize money. As such prizes and awards were governed by separate foundations and statutes which could usually be modified only by the Foundations themselves. Attempts in this respect in the past by the world bodies had not borne fruit. However, a decision had been taken to administer certain regional awards at the regional level.

The CCPDM was further informed of the concern expressed by WHO headquarters at the low implementation of the WHO Regular budget in South-East Asia Region. While several Member Countries in the Region had the world’s largest country allocations under the Regular Budget, it was pointed out that implementation was being monitored closely by headquarters. The Executive Board, at its ninety-ninth session would review the situation in January 1997 and there was a possibility that a decision might be made to shift funds from low implementation region to others in greatest need. It was emphasized that the focus of the Executive Board would be less on the regional needs than ability to use fully and well the funds allocated to it.

The Member Countries of the Region agreed to do, their utmost to achieve their objective of full programme implementation through innovative approaches. The Regional Office had already taken various steps to ensure speedy implementation of the regional budget.
Nevertheless, the Committee requested the Regional Director to be proactive in this regard so that the Member Countries were not confronted with a situation of having to surrender a part of the regional allocation.

9. ADOPTION OF REPORT (Agenda item 7)

THE CCPDM adopted the draft report of its thirtieth meeting with some modifications.

10. CLOSURE

SPEAKING on behalf of the participants, Mrs Renu Sahni Dhar (India) and Dr Jigmi Singay (Bhutan) expressed their appreciation of the manner in which the CCPDM worked as a close, cohesive and vibrant group. They complimented the WHO secretariat on their producing a succinct report and for formulating lucid working papers for the agenda items. During the field visit, the participants had an opportunity to look at the health care delivery system in Thailand from which many a lesson could be learnt. They profusely thanked the Royal Thai Government for the excellent arrangements and their hospitality.

The Regional Director, while thanking the members for their hard work, mentioned that the CCPDM functioned as a think tank, giving advice on important policy matters and broad issues. Though the CCPDM had been established as an advisory body to the Regional Director, its advice on broader policy issues strengthened and sharpened the discussion and deliberations in the Regional Committee and the Sub-committee on Programme Budget. The WHO secretariat had only a facilitating role. WHO had much to learn from the wisdom and deliberations of the CCPDM. On many issues, such as integration of NCDs, pollution, anti-smoking campaign, broad aspects had to be kept in mind, thinking globally and acting locally according to the situation. What was more important was to obtain a regional commitment and bring about solidarity in, dealing with regional health issues. Expressing his happiness at the way the supplementary intercountry programmes had been formulated and implemented, he said that the intercountry programmes were in fact meant for the countries, facilitating speedy implementation and overcoming the bottlenecks. They also played a significant role in advocacy for health. He cited the recent Conference of Parliamentarians on Health and Development in this regard. At the same time, WHO input had to be used as a catalytic seed money in delivering health care, utilizing in a better way the funds coming from other sources, such as the World Bank. With flexibility in the use of its Regular budget resources, WHO could bridge the gap in such cases. The Regional Director stressed the critical and important role played by the WHO/Government joint mechanisms in implementing WHO collaborative programmes in this regard. He complimented the Thai authorities for their warmth, hospitality and excellent arrangements.
The Chairman thanked all the participants, the Rapporteur and the secretariat for their hard work in bringing out an excellent report. He expressed happiness at the contributions made by each participant in making the meeting a success. He thanked the Royal Thai Government for its excellent arrangements and hospitality.

He then declared the meeting closed.
Annex 1

AGENDA

1. Opening of the meeting
2. Adoption of Agenda
3. Review of the regional health situation, with particular reference to integrated approach to prevention of non-communicable diseases
4. Review of progress in the implementation of intercountry WHO collaborative programmes (ICP II):
   (1) Advocacy for Health (ICP HSD 021)
   (2) Technical cooperation among countries (ICP TCC 031)
   (3) Intercountry cooperation on standard setting and innovations (ICP THC 001)
5. Briefing on the regional implications of the decisions and resolutions of the Forty-ninth World Health Assembly and the ninety-seventh and ninety-eighth sessions of the Executive Board
6. Review of the draft provisional agenda of the ninety-ninth session of the Executive Board and of the Fiftieth World Health Assembly
7. Adoption of report and closure

Originally issued as document SEAIIPDMIMeet.30/1 dated 6 August 1996
# Annex 2

## TENTATIVE PROGRAMME

### Saturday, 7 September 1996

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<td>Opening of the meeting and nomination of Chairperson and Rapporteur</td>
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<td>0930-1000 hrs</td>
<td>Agenda Item 2</td>
<td>Adoption of Agenda</td>
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<td>1000-1100 hrs</td>
<td>Agenda Item 3</td>
<td>Review of the regional Health situation, with particular reference to integrated approach to prevention of noncommunicable diseases</td>
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<td>1100-1230 hrs</td>
<td>Agenda Item 4</td>
<td>Review of progress in the implementation of intercountry WHO collaborative programmes (ICP II): (1) Advocacy for Health (ICP HSD 021) (2) Technical cooperation among countries (ICP TCC 031) (3) Intercountry cooperation on standard setting and innovations (ICP THC 001)</td>
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<td>1400-1700 hrs</td>
<td>Agenda Item 5</td>
<td>Briefing on the regional implications of the decisions and resolutions of the Forty-ninth World Health Assembly and the ninety-seventh and ninety-eighth sessions of the Executive Board and</td>
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<td>Agenda Item 6</td>
<td>Review of the draft ‘provisional agenda of the ninety-ninth session of the Executive Board and of the fiftieth World Health Assembly</td>
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### Sunday, 8 September 1996

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<td>1030-1200 hrs</td>
<td>Chairman and Rapporteur to meet with Secretariat to finalize draft report</td>
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### Monday, 9 September 1996

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<td>0900 hrs</td>
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*Originally issued as document SEAR/PDM/Meet.30II.1 dated 6 August 1996*
Annex 3

LIST OF PARTICIPANTS'

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Deputy Permanent Secretary for Public Health
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Dr. Somchai Peerapakorn
Ministry of Public Health
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WHO Secretariat

Dr. Samlee Plianbangchang, Director, Programme Management
Mr. R. Spina Helmholz, Director, Administration and Finance
Dr. E.B. Doberstyn, WHO Representative to Thailand
Mr. Y. Younan, Budget and Finance Officer
Mr. S. Vedanarayanan, Administrative Officer to Director, Programme Management
Mr. N.A. Doraiswami, Special Assistant, Programme Coordination
Mr. M.R. Kanagarajan, Assistant to Director, Programme Management