



REGIONAL COMMITTEE

SEA/RC28/27

Twenty-eighth Session

29 August 1975

Agenda item 25

DRAFT

FINAL REPORT

OF THE TWENTY-EIGHTH SESSION OF THE WHO
REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

New Delhi, 25-30 August 1975

REGIONAL COMMITTEE DOCUMENT

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INTRODUCTION

The twenty-eighth session of the Regional Committee for South-East Asia was held in the Regional Office in New Delhi from 25 to 30 August 1975. The session was opened by the Chairman, Dr Sulianti Saroso, who welcomed the delegates and guests and thanked Dr Karan Singh, Minister of Health and Family Planning, India, for being present. Representatives were present from all Member countries of the Region. In addition, the session was attended by representatives of the United Nations Development Programme, the Food and Agriculture Organization of the United Nations and the International Labour Organisation in New Delhi. Representatives of eleven non-governmental organizations in official relations with WHO were also present.

The session was inaugurated by Dr Karan Singh, Minister of Health and Family Planning, and an address was given by Dr V.T.H. Gunaratne, Regional Director, who also read out a message from Dr H. Mahler, Director-General of WHO.

At the first meeting, a Sub-Committee on Credentials was appointed, consisting of representatives of India, Maldives and Nepal. Mr Gian Prakash (India) was elected Chairman of the Sub-Committee, which presented two reports (SEA/RC28/24 and Add.1) recommending that the validity of the credentials of all the representatives be recognized.

Before proceeding with the remainder of the agenda, the Regional Committee was informed by the Regional Director of the repeated unsuccessful efforts he had made only ten days earlier to find out whether the session could be held in Dacca as scheduled. He went on to explain why he had been compelled to decide, in consultation with the Chairman of the Regional Committee, to change the venue to the Regional Office. The Committee, while regretting very much that it was not holding this session in Bangladesh, unanimously approved this decision.

The Regional Committee elected the following office bearers:

Chairman : Dr Mostakul Hoque (Bangladesh)
Vice-Chairman : Dr N.D. Joshi (Nepal)

It established a Sub-Committee on Programme Budget consisting of representatives of all the governments and adopted terms of reference for this Sub-Committee (SEA/RC28/4). Under the chairmanship of Dr Sulianti Saroso (Indonesia), the Sub-Committee held four meetings and submitted a report (document SEA/RC28/25), which was subsequently approved by the Regional Committee.

The Committee elected Dr U Mya Tu (Burma) as Chairman of the technical discussions, which were on the subject of "Organization of research in disciplines of regional priority, with special reference to methods for expanding the coverage and improving the quality of health services in the community", and adopted the agenda for these discussions (SEA/RC28/5). The discussions were held on 27 August, and the group met on 28 August to consider and adopt their recommendations which were presented to and noted by the Regional Committee (document SEA/RC28/26).

"Development of national nutrition programmes, with special reference to the vulnerable sectors of the population" was chosen as the subject for the technical discussions to be held during the Regional Committee's 1976 session.

It was agreed that the twenty-ninth session of the Committee would be held in September in Srinagar (India), and, as agreed earlier, the thirtieth session in Thailand, in 1977.

In the course of seven plenary meetings, the Committee adopted twelve resolutions, which have been issued separately in the resolution series and will form part of the final version of this report.

Parts II, III and IV of the report are devoted to summaries of important matters raised in the discussions. A complete list of documents is being circulated as document SEA/RC28/28.

PART I

RESOLUTIONS

The twelve resolutions adopted by the Regional Committee have been issued in special resolution series (SEA/RC28/R1 - R12) and will be incorporated in the final version of the report.

PART II

DISCUSSION ON THE TWENTY-SEVENTH ANNUAL REPORT
OF THE REGIONAL DIRECTOR

Presenting his Annual Report, the Regional Director referred to the widening gap between the developing and the developed nations, which had also affected the health sector. The efforts so far made to improve the health of the people had not yielded the desired results, and there was therefore a need for new approaches to tackle the problems being encountered.

A process of introspection was taking place within the Organization itself as to how best to face the new challenges. The emphasis was being shifted from small projects to comprehensive programmes, and this new approach was being adopted by some countries in the Region.

The process of country health programming, which was going on in a number of countries, had enabled them to assess their problems and plan their own solutions within available resources. This was essentially a national undertaking in which WHO provided assistance and advice. Exchange of views and consultations among health authorities of different countries would go a long way in tackling problems, and, in this respect, WHO's role in arranging meetings which brought together representatives from different countries had proved beneficial.

The implementation of the smallpox eradication campaign in the Region was an excellent example of international collaboration, and it was hoped that "zero incidence" of the disease in the entire Region would soon be reached. The Charter for Health Development would be another example of such international collaboration.

In view of the importance of biomedical research, it was proposed to set up a Regional Advisory Committee on Medical Research.

The question of providing health care was of over-riding importance in the Region, as the majority of the people lived in rural areas. To this end there was a need to integrate health with overall socio-economic development.

There were numerous other serious problems in the Region, such as malnutrition, poor water supply and sanitation, blindness, dengue haemorrhagic fever, malaria and several other communicable and non-communicable diseases, which deserved attention.

In the discussions that followed, a paper on a multi-purpose workers scheme was considered, and the general feeling was that such a scheme would improve the coverage of the rural population. Many of the delegates described the multi-purpose worker schemes being organized in their respective countries. It was recognized that, though the details of implementing the programme, such as type of personnel training, staffing and functions, varied from country to country, attempts were being made to improve the health service delivery systems, particularly for rural areas, by using multi-purpose health workers

in some form or other. The importance of this subject was stressed, the main points emerging during the discussion being the need for planning the programme, training and education, supervision and guidance of field workers and evaluation. A resolution was adopted requesting the Regional Director to collect and disseminate information on the programmes in different countries, develop guidelines for evaluation, etc. (see SEA/RC28/R6).

The discussion on family health concentrated on the need to achieve self-sufficiency in the production of various contraceptives. The potential of nurses as multi-purpose workers and the role of multi-purpose workers in family planning were also touched upon.

The importance of integrating nutrition with basic health services was considered, as was the need to develop programmes for combating malnutrition and deficiency states, especially xerophthalmia, which it was thought required priority attention. There was also an urgent need to develop programmes for providing nutritional supplements to the most vulnerable segments of the population.

Other subjects relating to the strengthening of health services which were discussed included health education, dental health, mental health, drug dependence and quality control of pharmaceutical and biological products.

Under the last subject, mention was made of the need in the Region for capability in the assessment of the bio-availability of drugs.

One further country expressed interest in beginning a country health programming exercise, and it was agreed that a limited number of advisers from the Regional Office would be made available for this purpose at the Government's convenience.

Malaria was discussed under another agenda item (see Part IV, Section 12).

The remarkable progress made during the year in the smallpox eradication campaign in the Region was noted, particularly the remarkable achievement of reaching zero incidence in India.

It was pointed out that zero incidence was not the same as eradication, however, and that continued vigilance was absolutely necessary for some time to come, especially in the border areas with Bangladesh where, although the number of cases and pending outbreaks was declining most satisfactorily, the disease still persisted.

Other communicable diseases discussed included leprosy, tuberculosis and dengue haemorrhagic fever, which were causing concern in most of the countries of the Region. Various facets of leprosy, which was a major health problem, were discussed at length, and it was agreed that the Regional Director would organize an inter-country meeting at the end of 1975 to review all aspects of the subject, particularly the different methods of integrating leprosy control into the general health services.

With respect to tuberculosis, the Committee noted the trend in many countries towards having combined leprosy and tuberculosis control programmes. Much importance was attached to the problem of dengue haemorrhagic fever, which was considered to be one of the major killing diseases of children under ten years of age, at least in three countries of the Region. It was felt that a systematic approach should be adopted towards prevention, diagnosis, treatment, and control of the disease in the context of epidemiological surveillance. Also, co-ordination of epidemiological surveillance of this disease between the South-East Asia and the Western Pacific Regions should continue, along the lines established by the WHO Technical Advisory Committee on Dengue Haemorrhagic Fever, and special attention should be paid to research (see Resolution SEA/RC28/R2).

Recognizing the role that health laboratory services played in the control of communicable diseases, epidemiological surveillance and biomedical research, several representatives requested that the programme be expanded. The importance of health statistical services was also brought to the attention of the Committee.

The magnitude of the problem of visual impairment and blindness was discussed at length. Suggestions were made for mitigating the rate of social dependence and economic loss to the community. Particular attention was paid to the organization of eye camps for cataract and the prevention of xerophthalmia by the administration of high doses of vitamin A. WHO was requested to provide technical assistance to Member countries, to assist in mobilizing international, bilateral and non-governmental resources for community-oriented ophthalmic services, including treatment and rehabilitation, and to co-ordinate programmes for the prevention and treatment of blindness. It was recommended that governments adopt national policies and programmes on the prevention of visual impairment and blindness (for resolution, see SEA/RC28/R10).

The importance of improving the environment as a means of promoting the health of the people was stressed. The possibility of eliminating environmental health hazards by making productive use of pollutants was considered, and the need for strengthening WHO's co-ordinating role in the field of water supply and sanitation stressed. The Organization's involvement with UNDP, IBRD, UNICEF and UNEP in feasibility and sector studies on rural water supply schemes and environmental monitoring processes was outlined. It was emphasized that health ministries should take a more active part in ensuring a healthy environment in new settlements through closer co-ordination with other ministries and in this context the value of governments' setting up high-powered interministerial committees on environmental affairs was emphasized.

The problems of training doctors and nurses to get them for work among rural communities was discussed at length. The need for revision of the medical school curricula was mentioned by most of the delegates, as it was noted that while a large number of doctors were being produced, their training continued to be unrealistic in not preparing them to meet the real needs of the communities - especially rural communities; this was possibly one of the factors resulting in the brain drain. As the real need was for doctors with a rural bias, it was considered that emphasis should be placed

on training them in a rural community. In many countries of the Region such community-oriented training, during both the undergraduate and the internship period had been initiated, but much more needed to be done, as the present efforts had not so far resulted in producing a change in the outlook of the medical profession so as to make them willing to work in rural areas. Various difficulties and problems encountered in training health manpower in a community setting were mentioned, including the considerable financial outlay required, and a plea was made to the international agencies to provide assistance. The need for a change in outlook of the teaching staff in existing medical schools was also stressed. This raised the problem of how to train teachers in medical school in the teaching of community-based medicine. An important suggestion made was that each medical college should adopt certain primary health centres and use them for training purposes.

The need for revising training courses for nurses to make them more community-biased was also stressed, and it was suggested that WHO might undertake an experiment in which nurses would be trained in a community setting rather than in a hospital.

Proper task-oriented training of auxiliary health workers, who had to provide not only primary health care but also supervisory services, based on well-defined job descriptions, was also emphasized.

It was brought to the attention of the Committee that a WHO study group had recommended that in future, instead of establishing traditional medical schools, consideration be given to starting "Centres for Health Sciences" which might undertake the training of the whole range of health personnel who had to work as a team.

The Regional Committee expressed its satisfaction about the progress made in administrative matters, and particularly the greatly improved performance in recruitment of long-term staff as compared with the situation three to four years earlier. The Committee congratulated the Regional Director on his report, and adopted a resolution (SEA/RC28/R3).

PART III

EXAMINATION OF THE REVISED PROGRAMME
BUDGET ESTIMATES FOR 1976/1977

The Programme Budget Sub-Committee met on 25, 27 and 28 August 1975, and submitted its report to the Regional Committee (SEA/RC28/25).

The Sub-Committee discussed extensively the question of criteria for the allocation of resources among countries, and agreed that efforts should be made by the Regional Office to develop resource allocation parameters and to propose guidelines for their application, taking into account the Regional Committee's discussions on this and related subjects. The Sub-Committee requested that the proposed guidelines should be sent to governments for comments with a view to using them, if possible, not only in the preparation of the proposed 1978/1979 Programme Budget but also in its review by the Regional Committee in 1976.

The Sub-Committee noted that the Director-General tentatively proposed to increase the 1977 allocation for the South-East Asia Region by some \$450 000. The Sub-Committee recommended that the question of detailed adjustments to the proposed changes in the 1976/1977 Programme Budget be taken up by further consultations between individual governments and the Regional Office.

During the detailed examination of the selected programme for 1975, i.e., community water supply, the Sub-Committee stressed that WHO should play a co-ordinating role not only as regards the inputs of various agencies but also between the different governmental agencies involved. It was pointed out that even where WHO's assistance was given to departments such as those for public works or rural development, the ministry of health should be involved.

The utility of making a detailed examination each year of a selected programme was also discussed, and the Sub-Committee concluded that the benefits derived from such discussions were only marginal and therefore that such examinations might be discontinued in future.

The Sub-Committee also recommended the reinstatement of one inter-country project, which had been deleted, to be retitled "Development and Strengthening of Health Intelligence Systems and Disease Control", as well as provision for entomological support to programmes dealing with insect-borne diseases, should budgetary resources permit.

The Regional Committee approved the report of the Sub-Committee, noted the changes in the original programme budget for 1976/1977, and concurred in the Sub-Committee's recommendations (Resolution SEA/RC28/R7).

PART IV

DISCUSSION ON OTHER MATTERS1. Preliminary Draft Charter for Health Development

The Regional Director introduced the draft of the Charter for Health Development in South-East Asia (document SEA/RC28/18). After reviewing the preparatory phases which had led to the formulation of this draft, he explained its underlying purpose and sought the Committee's views and guidance. The Regional Committee welcomed the approach towards such a charter and, having suggested a number of changes relating to style, content and structure, approved the principles contained in the draft. It was agreed that members should send to the Regional Director further detailed suggestions, and, having heard the Regional Director's description of the further steps he envisaged taking in due course, they asked him to report on progress to a future session (resolution SEA/RC28/R4).

2. Malaria

The Committee expressed grave concern over the recrudescence of malaria in some of the countries of the Region and felt the need for prompt and drastic measures to contain the disease in order not to waste the money and efforts that had been put into this programme over the last two or three decades.

Shortage of DDT, its increased price and lack of adequate resources, development of resistance by vectors, drug resistance and inadequate supply of anti-malarials were the main difficulties.

Continued spraying of DDT over large areas for many years, especially in view of its increased cost, would be a great drain on the exchequer of the countries in the Region. This fact, together with the problems mentioned above and the resurgence of malaria in areas in which it had been almost eradicated, had made certain countries change their strategy to one of selective control. It was stressed that new ways of controlling malaria other than by residual spraying of insecticides, such as bio-environmental intervention and chemotherapy, must be found.

The Committee felt that it was essential to give continued priority to the containment of the disease, intensification of efforts in P.falciparum areas in order to prevent mortality due to malaria, the strengthening of epidemiological and entomological services, collaboration among neighbouring countries to tackle the problem of malaria in border areas, and research activity to find alternative insecticides and control techniques.

In a resolution on the subject (SEA/RC28/R12), the Committee requested the Regional Director to continue his efforts to assist governments in increasing the production of anti-malarials and insecticides, and in training personnel for long-term anti-malarial activities, as well as to stimulate and support studies on the operational aspects of control methods. A regional meeting to evolve a suitable strategy for anti-malaria operations in the countries of the Region was also recommended.

3. Biomedical Research

The Committee welcomed the trend of events which had led to the generation of interest and further development of biomedical research. It was felt that research in the Region should be purposeful and based on carefully selected priority areas. In addition to the recommendations of the technical discussions group, consideration should also be given to other important areas. Touching upon the paucity of certain types of equipment essential for research, reference was made to the possible use of the WHO Revolving Fund for Teaching and Laboratory Equipment for Medical Education and Training. Due recognition was given to the important role to be played by a viable and effective research information system.

The Committee welcomed the proposed establishment of a Regional Advisory Committee on Medical Research, and there was a general consensus that though the membership should be limited in number, it should have a balanced representation from geographical areas and disciplines and should be open to research administrators as well as to research scientists. It was expected that the Regional Advisory Committee on Medical Research would be in a position to advise the Regional Director and thereby be instrumental in furthering the research activities in the Region. As to the funding aspect, it was pointed out that all the available resources - national, international and bilateral - should be tapped and the research programmes developed as joint efforts in a spirit of co-ordination and co-operation.

4. Resolutions of Regional Interest Adopted by the World Health Assembly and the Executive Board

Thirteen resolutions were considered under this item, several of them in conjunction with related subjects during the discussion on the Annual Report of the Regional Director. The following were the subjects of particular discussion:

(1) Amendment of Articles 24 and 25 of the Constitution - Increase in the membership of the Executive Board (WHA28.22)

The Regional Committee noted that, although in the course of the Twenty-eighth World Health Assembly the membership of the Executive Board had been increased from 24 to 30, none of the additional seats had been allocated to the South-East Asia Region. It therefore welcomed the proposal for a further increase, contained in this resolution, which would ensure that the South-East Asia Region could have elected annually one Member entitled to designate a person to serve on the Board, and that therefore there would be three persons on the Board nominated by Members of this Region, instead of two as at present. The Committee felt that a marginal increase, from 30 to 31 seats, would be the preferred solution and adopted a resolution to this effect (SEA/RC28/R5).

A resolution of appreciation to Dr Sulianti, Chairman of the twenty-seventh session, for her work for the Committee at the Assembly and elsewhere, was also adopted (SEA/RC28/R1).

(2) Method of work of the World Health Assembly (WHA28.69)

It was suggested that during the debate on the Director-General's Annual Report at the World Health Assembly, this Region might give an example of brevity by having only, say, two speakers who would represent

the Region; advantage might also more often be taken of the procedure whereby a full prepared text may be included in the verbatim records, the actual intervention in the debate being limited to a few highlights only.

(3) Organizational study on the inter-relationship between the central technical services of WHO and programmes of direct assistance to Member States (EB55.26 and WHA28.41)

The Regional Committee noted and supported the main theme of the conclusions and recommendations of the study, i.e., that the Organization's functions should be regarded as an integrated whole and that its role was one of co-ordination. National health authorities, the WHO secretariat and its governing organs should work together in partnership.

(4) Other resolutions

The following resolutions were considered along with the corresponding subjects when they were taken up either during the discussion of the Annual Report of the Regional Director or as separate agenda items:

Promotion of national health services relating to primary health care (WHA28.88)

Development of the anti-malaria programme (WHA28.87)

Smallpox eradication programme (WHA28.52)

Leprosy control (WHA28.56)

Prevention of blindness (WHA28.54)

WHO's role in the development and co-ordination of biomedical research (WHA28.70)

Resolutions related to the following were adopted:

Multi-purpose health workers	(SEA/RC28/R6)
Blindness	(SEA/RC28/R10)
Leprosy	(SEA/RC28/R11)
Malaria	(SEA/RC28/R12)

The Regional Committee also noted the following three resolutions:

Co-ordination with the United Nations system: general matters - UNDP-supported activities and those financed from other extra-budgetary sources (WHA28.41)

Utilization and supply of human blood and blood products (WHA28.72)

Biennial budgeting (WHA28.74)

5. Draft Sixth General Programme of Work

The Regional Committee considered a document reviewing the draft Sixth General Programme of Work of WHO (document SEA/RC28/19), which consisted of two parts. The first part dealt with the global Sixth General Programme of Work to be considered at the fifty-seventh session of the Executive Board and contained suggested programme objectives as well as criteria of general applicability for the selection of programmes at all levels. The second part was more specific to the Region, and suggested, for the consideration of Members, regional and country priority objectives, quantified health and health care aims at both country and regional levels, and possible ways in which WHO could assist in achieving such objectives. With reference to the second part of the document, the Committee agreed that while, in general, the proposed programme objectives were acceptable, governments should inform the Regional Director of their suggestions for any changes in them after further review. It considered, however, that the quantified aims suggested in the document, particularly for the country level, required a thorough revision, for which purpose Members should furnish additional relevant data. The validity of certain proposed parameters, e.g., the doctor/population ratio, was queried. The relationship between objectives, quantified aims and forms of assistance also needed further clarification.

It was agreed that governments should send their further observations on the document to the Regional Director soon after the representatives returned to their countries.

6. Technical Discussions on Organization of Research in Disciplines of Regional Priority, with Special Reference to Methods for Expanding the Coverage and Improving the Quality of Health Services in the Community

Following these discussions, which took place in two sessions on one day, the group adopted a report (see SEA/RC28/26). Research aimed at expanding the coverage and improving the quality of health care delivery to the community was defined as "health services research", on which the discussions were centred. As there was a great similarity in the problems facing different countries in the Region, it was felt that regional norms should be established for orientation in the planning for health services.

It was considered that health services research should be generated from perceived problems of the health care system, and that it should be planned and conducted in close co-operation with those who would use the results.

The role of WHO was seen to be both a co-ordinating and a collaborating one. Its co-ordinating role, especially that of the Regional Office, would be in the nature of increasing its work in the dissemination of information and in convening scientific meetings on research topics of high regional priority in order to fill significant

gaps in information, correct serious disproportions and avoid unnecessary duplication in the collective efforts to extend knowledge of the health services.

It was expected that the proposed Regional Advisory Committee on Medical Research would be in a position to stimulate and co-ordinate research activities related to the delivery of health services within the context of overall national policies and research management. The three main constraints were insufficient funds, inadequate manpower, inadequate instruments and lack of know-how.

The main recommendation was that health services research, as defined, should be considered in the broad context of biomedical research, as well as in the socio-economic framework in which the health problems occurred.

The group listed areas of research which were highly relevant to the achievement of its recommendations.

Finally, it recommended that the WHO Regional Office should play an even more active co-ordinating role in relation to countries in the Region as well as other United Nations and bilateral agencies in furthering health services research within the context of overall research policies.

7. Selection of a Subject for the Technical Discussions at the Twenty-ninth Session of the Regional Committee

Two subjects, "nutrition" and "health manpower development", were suggested as topics for the technical discussions to be held during the twenty-ninth session. In the discussion, attention was drawn to constraints in the implementation of nutrition programmes in the Region and the growing role of malnutrition in augmenting the deleterious effects of communicable diseases. It was therefore agreed that the topic, "Development of national nutrition programmes with special reference to the vulnerable sectors of the population", would be the subject of the technical discussions to be held during the twenty-ninth session (see resolution SEA/RC28/R8).

8. Time and Place of Twenty-ninth Session and Place of Thirtieth Session of Regional Committee

At the twenty-seventh session of the Regional Committee it had been decided to hold the twenty-ninth session in India, and at the present session, the Representative from India issued an invitation from his government to the Regional Committee to meet in Srinagar in September 1976. This invitation was accepted with appreciation, as was the formal invitation from the Government of Thailand, whose Representative confirmed definitively his Government's tentative invitation, proffered at the twenty-seventh session last year, to act as host to the thirtieth session of the Regional Committee in 1977 (see resolution SEA/RC28/R9).