TWENTY-SIXTH SESSION OF THE
WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA
HELD IN
NEW DELHI, INDIA
FROM 18 TO 24 SEPTEMBER 1973

FINAL REPORT AND MINUTES OF
THE MEETINGS

NOVEMBER 1973
NEW DELHI
WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR SOUTH-EAST ASIA

REPORT AND MINUTES OF THE
TWENTY-SIXTH SESSION OF
THE WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA
HELD IN NEW DELHI, INDIA
FROM 18 TO 24 SEPTEMBER 1973

November 1973
New Delhi
Section I of this volume consists of the Report of the Twenty-sixth Session of the WHO Regional Committee for South-East Asia, and Section II, the minutes of the session. Included as annexes to Section I are the final list of participants, the agenda of the session, the report of the Subcommittee on Programme and Budget, the report on the technical discussions on "Application of modern management methods and techniques for the improved delivery of health services" and the final list of documents.
SECTION I

REPORT OF THE REGIONAL COMMITTEE*

*Issued as "Draft Final Report of the Twenty-sixth Session of the WHO Regional Committee for South-East Asia", document SEA/RC26/17, on 22 September 1973, adopted at the last meeting of the Regional Committee (see p. 106).
CONTENTS

INTRODUCTION

PART I - RESOLUTIONS

SEA/RC26/R1 Twenty-fifth Anniversary of the Regional Organization for South-East Asia of WHO 3

SEA/RC26/R2 Annual Report of the Regional Director 3

SEA/RC26/R3 Time and Place of the Twenty-seventh and Twenty-eighth Sessions 4

SEA/RC26/R4 Selection of Topic for the Technical Discussions in 1974 4

SEA/RC26/R5 Health in the Service of Asian Development: Health Charter 5

SEA/RC26/R6 Proposed Programme and Budget Estimates for 1975 5

PART II - DISCUSSION ON THE TWENTY-FIFTH ANNUAL REPORT OF THE REGIONAL DIRECTOR 7

PART III - EXAMINATION OF THE PROPOSED PROGRAMME AND BUDGET ESTIMATES FOR 1975 10

PART IV - DISCUSSION ON OTHER MATTERS 11

1. Policy Statement by the Director-General 11

2. Development of a Health Charter for Asia 11

3. Resolutions of Regional Interest Adopted by the World Health Assembly 11

4. Technical Discussions on the Application of Modern Management Methods and Techniques for the Improved Delivery of Health Services 11

5. Selection of Subject for the Technical Discussions at the Twenty-seventh Session 12

6. Time of the Twenty-seventh Session and Place of the Twenty-eighth Session 12

ANNEXES

1. List of Participants 13

2. Agenda 19
3. Report of the Sub-Committee on Programme and Budget


5. List of Official Documents of the Twenty-sixth Session
REPORT OF THE REGIONAL COMMITTEE

INTRODUCTION

The twenty-sixth session of the Regional Committee for South-East Asia was held in New Delhi from 18 to 24 September 1973 in World Health House. Representatives were present from all Member countries of the Region, including the Democratic People's Republic of Korea (DPRK), a new Member, which was represented in the Committee for the first time. In addition, the session was attended by representatives of the United Nations Development Programme, United Nations Children's Fund, United Nations Information Centre, New Delhi, United Nations High Commissioner for Refugees, United Nations Food and Agriculture Organization, International Bank for Reconstruction and Development, International Labour Organization, United Nations Educational, Scientific and Cultural Organization and one other inter-governmental and thirteen non-governmental organizations in official relations with WHO. An observer from the Colombo Plan also attended. (For final list of participants, see Annex I). The Director-General of WHO was present.

As the year 1973 marks the twenty-fifth anniversary not only of the World Health Organization but also of the Regional Organization for South-East Asia, special celebrations were held. The session and the celebrations were inaugurated by Mr. R.K. Khadilkar, Minister of Health and Family Planning, Government of India, who delivered an address. Speeches were also made by the Director-General and the Regional Director. Messages of felicitation received from heads of state/government of Member countries and from the United Nations and specialized agencies were read, as were statements by the representatives of the governments on progress in the health field in their countries. Short selections of music characteristic of the different countries were played before and after the reading of the messages. As part of the celebrations, on the evening of 20 September, a cultural programme was organized by the Ministry of Health and Family Planning of India in association with the Embassies of Indonesia, Nepal and Thailand in New Delhi.

A supplement to the volume "WHO: Twenty Years in South-East Asia", updating the information contained in the annexes to the original document, and a printed edition of the Handbook of Resolutions and Decisions of the Regional Committee (1949-1972) were brought out to mark the occasion. In addition, it was announced that a collection of the texts of the messages received and statements read out at the anniversary celebrations would be issued later in a souvenir booklet. A resolution on the twenty-fifth anniversary was also adopted (resolution SEA/RC26/R1).

At the first meeting, a Sub-Committee on Credentials was appointed, consisting of representatives of Burma, Maldives and Sri Lanka. Mr. de Silva (Sri Lanka) was elected Chairman of the Sub-Committee, which held one meeting and presented a report (document SEA/RC26/14) recognizing the validity of the credentials presented by all the representatives and, with respect to a request from the Consul General in India of the Democratic People's Republic of Korea for inclusion of a third alternate in their delegation, recommending that he should be admitted as an Adviser pending the receipt of proper credentials from the Government. This report was adopted by the Committee.
The Regional Committee elected the following office-bearers:

Chairman : Dr J.B. Shrivastav (India)
Vice-Chairman : Dr T. Hossain (Bangladesh)

The provisional agenda was adopted (Annex 2).

The Committee established a Sub-Committee on Programme and Budget consisting of a representative from each Member country, and adopted terms of reference for this sub-committee. Under the chairmanship of Dr Choed Tonavanik (Thailand), the Sub-Committee held four meetings and submitted a report (Annex 3), which was subsequently approved by the Regional Committee.

The Regional Committee elected Dr P.P. Sumbung (Indonesia) as Chairman of the technical discussions, which this year were on the subject of "Application of modern management methods and techniques for the improved delivery of health services". The discussions were held on 20 and 21 September 1973. The report, which was presented to and noted by the Regional Committee, is given in Annex 4.

"Provision of safe water supply to rural communities in South-East Asia" was chosen as the subject for the technical discussions to be held during the Regional Committee's 1974 session.

The Committee decided to hold its twenty-seventh session in September 1974 (in Indonesia, as decided earlier) and its twenty-eighth (1975) session in Bangladesh.

In the course of seven plenary meetings, the Committee adopted six resolutions, which form Part I of this report. Parts II, III and IV are devoted to summaries of important matters raised in the discussions. A complete list of documents is given in Annex 5.
PART I

RESOLUTIONS

The following six resolutions (circulated in a special resolution series) were adopted in the course of the session:

SEA/RC26/R1

TWENTY-FIFTH ANNIVERSARY OF THE REGIONAL ORGANIZATION FOR SOUTH-EAST ASIA OF WHO

The Regional Committee,

Having celebrated the Twenty-fifth Anniversary of the Regional Organization for South-East Asia on the opening day of its twenty-sixth session,

Having received with appreciation messages of congratulation and support from Heads of State or Government of all Members of the Region,

Taking the opportunity to review not only the undoubted achievements but also the occasional setbacks of the last quarter century's health work in the Region,

1. THANKS the governments of the Members of the Region for all the support received since 1948;

2. RECOGNIZES with appreciation the assistance and collaboration unstintingly given by international and national agencies both within and outside the United Nations system, and

3. CALLS UPON all Members in the Region to rededicate themselves to WHO's single objective - the attainment by all peoples of the highest possible level of health - and to continue to sustain the Organization's work morally and materially in the future, as they have so wholeheartedly done in the past.

Second Meeting, 18 September 1973

SEA/RC26/R2

ANNUAL REPORT OF THE REGIONAL DIRECTOR

The Regional Committee,

Having considered and discussed in depth the Twenty-fifth Annual Report of the Regional Director, which covers the activities of WHO in the South-East Asia Region during the period from 1 July 1972 to 30 June 1973 (documents SEA/RC26/2 and SEA/RC26/2 Corr.1), and

Recalling the request contained in Resolution SEA/RC25/R2 referring to budget performance reporting,

1. CONSIDERS that the annual report reviews in a most comprehensive manner WHO's participation in, and support to, the health activities in the Region during this period;
2. RECORDS its satisfaction with the progress made during the year and with the detailed information presented in the report;

3. ENDORSES the Regional Director's proposal for the inclusion in future annual reports of tables showing budget performance for the previous financial year and the status of budgetary implementation in the current year, and

4. CONGRATULATES the Regional Director and his staff on a useful and comprehensive annual report.

Handbook 2.3  Sixth Meeting, 21 September 1973
Page 31  SEA/RC26/Min.6

SEA/RC26/R3  TIME AND PLACE OF THE TWENTY-SEVENTH AND TWENTY-EIGHTH SESSIONS

The Regional Committee,

Recalling resolution SEA/RC25/R4,

1. CONFIRMS its previous decision to hold its twenty-seventh session in Indonesia, in September 1974, and

2. ACCEPTS with appreciation the invitation of the Government of Bangladesh to hold the twenty-eighth session in Bangladesh.

Handbook 4.2.2  Sixth Meeting, 21 September 1973
Page 46  SEA/RC26/Min.6

SEA/RC26/R4  SELECTION OF TOPIC FOR THE TECHNICAL DISCUSSIONS IN 1974

The Regional Committee,

1. DECIDES to hold technical discussions at its twenty-seventh session in 1974 on the subject of "Provision of safe water supply to rural communities in South-East Asia";

2. REQUESTS the Regional Director to take appropriate steps to arrange for these discussions and to place this item on the agenda of the twenty-seventh session, and

3. URGES governments of the Region to include adequate technical representation in their delegations to the twenty-seventh session.

Handbook 4.3  Sixth Meeting, 21 September 1973
Page 48  SEA/RC26/Min.6
REPORT OF THE REGIONAL COMMITTEE

The Regional Committee,

Having considered the report of the special Sub-Committee nominated by the twenty-fifth session of the Regional Committee (document SEA/RC26/10);

1. ENDORSES the recommendations contained in the Sub-Committee's report.

2. AGREES to the modification of the time schedule suggested by the Sub-Committee as necessary in the light of further experience;

3. NOTES with satisfaction the progress made so far in pursuing the work outlined, and

4. REQUESTS the Regional Director:

   (1) to continue to utilize the assistance of the special Sub-Committee,

   (2) to continue efforts in the implementation of the recommendations, and

   (3) to report further progress at a future session of the Regional Committee.

Handbook 1.4.1  Sixth Meeting, 21 September 1973
Page 12  SEA/RC26/Min.6

The Regional Committee,

Having considered (a) the proposed programme and budget estimates for 1975 (document SEA/RC26/3), and (b) the report of the Sub-Committee on Programme and Budget (document SEA/RC26/16);

1. APPROVES the report of the Sub-Committee;

2. APPROVES the proposed programme and budget estimates for 1975 (document SEA/RC26/3);

3. ENDORSES the tentative projection for 1976 (document SEA/RC26/3, p.14),

4. ENDORSES the activities proposed for financing by the United Nations Development Programme and from the United Nations Fund for Population Activities, including inter-country activities (document SEA/RC26/3);
5. RECOMMENDS that the proposals contained in document SEA/RC26/3 be transmitted to the Director-General for inclusion in his proposed programme and budget estimates for 1975.
Introducing his annual report, the Regional Director briefly reviewed the considerable achievements in the Region during the past twenty-five years. He welcomed to the Region its new Member - the Democratic People's Republic of Korea. He mentioned the considerable progress which had been made by Bangladesh since the last session of the Committee.

He drew special attention to two areas reviewed during the year for further WHO assistance, viz., (1) the introduction of modern methods of management in the health services, and (2) medical care, and to the gratifying determination and efforts of the Governments of Bangladesh and India to meet the target of smallpox eradication by 1975. The challenge to the Organization of achieving global smallpox eradication had also been forcefully brought out by the Director-General in his speech during the twenty-fifth anniversary celebrations.

In the discussion, the delegates welcomed the emphasis on WHO's co-ordinating role, in spite of inherent difficulties in its implementation, on the unity of the Organization, which facilitated the most effective use of all resources; on the need for countries to be self-reliant, and on further strengthening the relationships between countries and the technical services of the Organization towards improved country assistance.

The importance of adequately staffed national health planning units at various levels and of their placement at proper organizational levels of the administration, as well as the further assistance required if they were to undertake adequately such responsibilities as data analysis, formulation of alternative approaches, monitoring and evaluation, were highlighted in the discussions. The gap between planning and implementation was still wide. WHO's assistance was required also in removing the difficulties in the collection of relevant data which would be valid for utilization in national health planning. It was agreed that, within these limitations, the capacity for long-term planning needed to be developed and that frequent changes in the planned programme, which hindered implementation, should be reduced. It was noted that WHO was planning to strengthen its own capacity in national health planning.

The Committee noted with interest the emphasis being placed on reorganization of health services to meet the needs of rural areas throughout the Region. The strengthening of the services at peripheral levels, the gradual co-ordination and integration of "vertical" programmes, the increasing attention to preventive measures and the establishment of referral systems were mentioned. Several examples of studies in health service organization and their application, as well as experience with modern techniques, were discussed. It was agreed that much remained to be done in this respect, and WHO assistance might be necessary in some cases; however, it was essential that countries should find a solution to their own problems and draw up plans to meet their specific priorities and needs on the basis of relevant studies of the situation.
In spite of the present limited experience, it was agreed that developing countries needed to understand, and to use suitably, modern techniques and systems analysis methodology in seeking an answer to their problems. WHO's programme for assistance in this area and the steps already taken in this respect were noted with satisfaction.

The shortages of manpower, aggravated by the "brain drain" and the maldistribution of personnel, made it difficult for countries to staff and expand their services. WHO's intention to carry out a multi-national study of the international migration of selected health personnel was welcomed. Other suggestions, including careful selection of fellows, possible steps to be taken by governments to ensure the return of the fellows on completion of their studies and the need for making maximum use of regional and national training facilities, were made. Members also noted the increasingly large number of fellowships awarded and the consequent problems of their administration at national and international level.

Carrying out an urgent review of manpower needs and giving more attention to the proper training, utilization and supervision of auxiliary health personnel were further steps essential for achieving maximum coverage and improvement of the quality of health services.

Measures being taken by Member countries to augment training facilities, especially for doctors and nurses, were described. The need for curriculum review and improved selection procedures for more teachers conversant with modern teaching methods, for teaching materials and for improved co-ordination between teaching institutions and the health services was emphasized.

A suggestion was made that more seminars on post-graduate education, stressing teaching methodology and research, should be organized. Also, in respect of the large number of relevant group educational activities which had already been conducted through national initiative, with WHO assistance, it was important to undertake critical evaluation and ensure follow-up of the recommendations resulting from these activities.

Shortages of DDT, increase in prices, vector resistance, and especially operational failures were among the factors responsible for the recrudescence of malaria in some countries.

The question of the desirability of trying to integrate leprosy and tuberculosis programmes was raised, and it was considered that such a joint approach might be possible in view of common methodological principles and the availability and experience of advanced technology which could be successfully applied in countries with a reasonably sound infrastructure.

It was generally agreed that cholera mortality had been greatly reduced; considerably more emphasis on improved environmental sanitation was, however, essential. Efforts to obtain further resources through cost-analysis studies had not been promising but needed to be pursued. The Committee noted that one country was giving priority to water supply in recognized "cholera-endemic" zones.
Dengue haemorrhagic fever outbreaks were increasing in some
countries of South-East Asia and in neighbouring countries, and a plea
was made for more inter-regional co-operation in solving this problem.
The joint programme planning being applied by WHO Headquarters, its
Regional Offices for South-East Asia and the Western Pacific and the
national governments was considered a useful step in this direction.

Attention was drawn to the increasing co-operation and utilization
of reference laboratories in the Region, and even fuller utilization of
these services was urged. In the discussions, delegates also stressed the
importance for governments to take more action in improving, expanding
and reorganizing their national health laboratory systems, and to make
greater use of regional training facilities. A further measure for
improving co-ordination was considered to be the circulation of some of
the information which WHO had compiled on available resources, guidelines,
lists of standard equipment, etc., for laboratory services.

Reference was made to the regional survey of cancer which had
recently been undertaken by two WHO consultants, and to plans for holding
an inter-country seminar. Similar assessments had been made in some
countries; research was being conducted, and facilities for training
staff in some specialties had been established.

The Regional Director's proposal, made in response to a request
of the Regional Committee at its twenty-fifth session, for including in
future annual reports information on budget performance for the preced-
ing and current year was accepted.

The Annual Report was adopted by the Regional Committee (see
resolution SEA/RC26/R2).
The Sub-Committee on Programme and Budget met on 18, 20 and 21 September 1973 and submitted its report to the Regional Committee (Annex 3).

The Sub-Committee observed that there was some difficulty in determining details of the components of projects as outlined in the new form of presentation of the programme and budget document.

It noted that, in accordance with global strategy, emphasis on communicable-disease programme was decreasing and was being gradually replaced by more stress on integrating certain control activities into basic health services, which were now included under programmes for the strengthening of health services.

The tentative projections for 1976 were endorsed, although it was noted that whereas the increase in the Regular budget estimates over the previous year was 8.13% for 1975, the corresponding increase in respect of 1976 was only 5.8%.

The changes in certain projects included in the programme and budget estimates for 1975, which had been suggested by various Member Governments, were noted by the Sub-Committee.

After reviewing in detail the subject 'Organization of Medical Care', the Sub-Committee also endorsed recommendations that WHO programmes of assistance in this field be directed mainly to the following four specific areas: (i) planning, organization and management of medical care; (ii) evolution of referral systems; (iii) education and training in medical care administration, and (iv) conduct of research and training in research methodology.

The Sub-Committee selected Sub-programme 5.1.2 "Epidemiological Surveillance of Communicable Disease", for detailed examination in 1974.

The Regional Committee approved the report of the Sub-Committee, approved the proposed programme and budget estimates for 1975, endorsed the tentative projections for 1976, and endorsed the activities proposed for financing by the United Nations Development Programme and from the United Nations Fund for Population Activities, including inter-country activities (see resolution SEA/RC26/R6).
PART IV

DISCUSSION ON OTHER MATTERS

1. **Policy Statement by the Director-General**

   At the suggestion of the Regional Director, the Chairman requested the Director-General, who had recently taken up office and who was present at the session, to make a special statement. The Director-General's address, which dealt principally with two broad issues having an important bearing on WHO's future, e.g., co-ordination and the relationship between WHO's central technical services and direct assistance to countries, was very much appreciated by all delegates and stimulated considerable discussion during the subsequent meetings. The full text of the speech has been reproduced as an Annex to the Minutes of the second meeting (see p.47).

2. **Development of a Health Charter for Asia**

   This item was taken up in connexion with a statement in the Annual Report (SEA/RC26/2, p.ix). A document on the subject (SEA/RC26/10) was also presented. The steps taken toward the development of a Health Charter, which included the organization of an information system within the Regional Office, preparations for improved data collection and analysis, and updating existing information, plans for quantitative health analysis, the review of related Regional Office programmes to include the projected work on the Charter, as well as preliminary efforts to explore additional resources, were noted and approved. The Regional Committee agreed to the suggested priority areas of communicable-disease control, family health, nutrition and provision and maintenance of water supply and drainage (resolution SEA/RC26/R5).

3. **Resolutions of Regional Interest Adopted by the World Health Assembly**

   The following resolutions of the Twenty-sixth World Health Assembly which were thought to be of special interest to the Region and had been presented in document SEA/RC26/3 were noted by the Committee: Smallpox Eradication Programme (WHA26.29), Organizational Study on Methods of Promoting the Development of Basic Health Services (WHA26.35), Co-ordination within the United Nations System: General Matters (WHA26.49) and WHO's Programme for Human Health and Environment (WHA26.58).

4. **Technical Discussions on the Application of Modern Management Methods and Techniques for the Improved Delivery of Health Services**

   The technical discussions centred on the constraints in the management and effective delivery of health services. In two meetings, the group studied the working paper (SEA/RC26/11), considered statements on the existing situation in some of the countries of the Region and reviewed the problems that needed to be borne in mind in connexion with the application of modern methods and techniques in health services. In a third meeting it formulated its recommendations and report (Annex 4).
The constraints identified were: lack of a clear policy and objectives for health services in relation to socio-economic development; inadequate understanding of health problems on the part of both receivers and givers of health care; poor utilization of resources or potential resources; inadequate co-ordination of the work of all personnel providing health services in the same geographical area; inadequate or no integration of preventive, curative and family planning services; insufficient two-way flow of patients, information and assistance between services at the periphery, intermediate and central levels; increasing costs and inequitable distribution of health services, and meagre allocations for health in the development plans.

For an effective delivery of health services, it was considered that: (a) the community should participate in all aspects of the services; (b) ways should be found of building up new types of health manpower, and (c) an organization should be developed in each country for improved delivery of health services within the financial and manpower constraints.

One of the main recommendations was that countries should examine their health service organization, based on local conditions. Other recommendations were for the strengthening of the health information system, training in health administration and management adapted to the local situation, strengthening of training institutions, utilization of external resources for training, provision of expertise in management sciences, application of new techniques at all levels, and provision of incentives and training for career development.

Possible areas in which WHO could assist were also indicated.

5. **Selection of Subject for the Technical Discussions at the Twenty-seventh Session**

Taking into account the subjects discussed in the last ten years and the four subjects suggested in document SEA/RC26/6, as well as one proposed from the floor, viz., family health, the Committee decided that the subject for technical discussions during the twenty-seventh session should be "Provision of safe water supply to rural communities in South-East Asia" (see resolution SEA/RC26/R4).

6. **Time of the Twenty-seventh Session and Place of the Twenty-eighth Session**

The Regional Committee confirmed its previous decision to hold its twenty-seventh session in Indonesia and agreed that this session should be held in September 1974, the exact dates to be negotiated by the Regional Director and the Government of Indonesia. The Government had decided that the session would be held in Bali.

The Committee also accepted the invitation of the Government of Bangladesh to hold its twenty-eighth session in that country in 1975 (resolution SEA/RC26/R3).
ANNEXES TO THE REPORT
Annex 1

LIST OF PARTICIPANTS*

1. Representatives, Alternates and Advisers

BANGLADESH

Representative : Dr T. Hossain, Secretary, Ministry of Health and Family Planning, Dacca

Alternate : Dr Nurul Islam, Director, Post-graduate Hospital, Dacca

BURMA

Representative : Dr Sa Tun, Deputy Director, Department of Health, Ministry of Health, Rangoon

Alternate : Dr Kyaw Khaing, Divisional Health Officer, Mandalay Division

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Representative : Dr Djang Yong Pyo, Director of the Planning Department, Ministry of Public Health, Pyongyang

Alternates : Prof. Pyu Gyu Dong, Vice-Chairman of the Korean Medical Association, Pyongyang

Dr Son Gyong Ho, Chief of Section of the Ministry of Public Health, Pyongyang

Adviser : Mr Jon Song Myong, Vice-Consul of the Democratic People's Republic of Korea in India, New Delhi

INDIA

Representative : Dr J.B. Shrivastav, Director-General of Health Services, New Delhi

Alternates : Dr P. Diesh, Commissioner, Rural Health and Mobile Hospitals, New Delhi

Dr P.N. Wahi, Director-General, Indian Council of Medical Research, New Delhi

Dr C.R. Krishnamurthy, Director (Policy Planning), Department of Health, Ministry of Health and Family Planning, New Delhi

*Issued as document SEA/RC26/13 Rev.1, on 22 September 1973
INDIA (contd.)

Alternates (contd.)

Dr S.L. Dhir, Deputy Director-General of Health Services (Planning), New Delhi

Dr T.P. Roy, Assistant Director-General of Health Services (IH), New Delhi

Advisers

Dr Banwari Lal, Chief of Health Division, Planning Commission, New Delhi

Dr M.I.D. Sharma, Director, National Institute of Communicable Diseases, Delhi

Dr V. Soma Sundra Rao, Director, National Malaria Eradication Programme, Delhi

Dr A. Timappaya, Director, National Institute of Health Intelligence, New Delhi

Dr S.K. Sen Gupta, Director, Central Bureau of Health Intelligence, New Delhi

Dr P. Balkrishnan, Director of Health Services, Tamil Nadu

Dr P.R. Sondhi, Director of Health Services, Haryana, Chandigarh

Mr B.B. Rau, Adviser, Public Health and Environmental Engineering, Ministry of Works and Housing, New Delhi

Dr R.N. Basu, Assistant Director-General of Health Services (SP), New Delhi

Dr B.N. Bhattacharyya, Assistant Director-General of Health Services (CH), New Delhi

Dr S.N. Roy, Assistant Director-General of Health Services (Vaccine), New Delhi

Dr B.N.M. Barua, Assistant Director-General of Health Services (BCG), New Delhi

Dr (Miss) E.V. Sebastian, Assistant Commissioner (MCH), Department of Family Planning, Ministry of Health and Family Planning, New Delhi

Miss A. Cherian, Nursing Adviser, Directorate General of Health Services, New Delhi

Dr B.C. Ghoshal, Deputy Assistant Director-General of Health Services (CH), New Delhi
INDONESIA

Representative : Dr R. Brotoseno, Inspector-General, Department of Health, Jakarta
Alternate : Dr Peter Patta Sumbung, Chief of Bureau for Special Affairs, Department of Health, Jakarta

MALDIVES

Representative : Mr Mohamed Zahir Naseer, Under Secretary, Public Health Division, Ministry of Health, Male
Alternate : Mr Mohamed Ismail Maniku, Secretary, Ministry of Health, Male

MONGOLIA

Representative : Dr Shagdarsurengyn Jigjidsuren, Chief of the Department of the Ministry of Public Health, Ulan Bator
Alternate : Dr Zambalgaravyn Jadambaa, Acting Chief, Department of Foreign Relations, Ministry of Public Health, Ulan Bator

NEPAL

Representative : Dr G.S.L. Das, Deputy Director-General, Ministry of Health, Kathmandu
Alternate : Dr R.M. Shrestha, Integration Officer, Directorate of Health Services, Ministry of Health, Kathmandu

SRI LANKA

Representative : Dr L.B.T. Jayasundera, Deputy Director (Laboratory Services), Ministry of Health, Colombo
Alternate : Mr W.K.H. de Silva, Second Secretary, Sri Lanka High Commission in India, New Delhi

THAILAND

Representative : Dr Choed Tonavanik, Director-General, Department of Medical and Health Services, Ministry of Public Health, Bangkok
Alternate : Dr Banloo Siriphanich, Director, Lerd-Sinn Hospital, Department of Medical and Health Services, Bangkok

Dr Samlee Plianbangchang, First-Grade Medical Officer, Division of Health Training, Department of Medical and Health Services, Bangkok
### 2. Representatives of the United Nations and Specialized Agencies

<table>
<thead>
<tr>
<th>Organization</th>
<th>Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Nations Development Programme (UNDP)</td>
<td>Mr. G. Grisogono, Deputy Resident Representative, UNDP, New Delhi</td>
</tr>
<tr>
<td>United Nations Children's Fund (UNICEF)</td>
<td>Mr. John Grun, Deputy Director, UNICEF South Central Asia Regional Office, New Delhi; Mr. Hans Raj Narula, Chief of Health Section, UNICEF South Central Asia Regional Office, New Delhi</td>
</tr>
<tr>
<td>United Nations Information Centre (UNIC)</td>
<td>Mr. R. Stajduhar, Director, United Nations Information Centre, New Delhi</td>
</tr>
<tr>
<td>United Nations High Commissioner for Refugees (UNHCR)</td>
<td>Mr. F.L. Pijnacker Hordijk, UNHCR Representative in India, New Delhi</td>
</tr>
<tr>
<td>Food and Agriculture Organization (FAO)</td>
<td>Mr. H.V. Henle, Regional Information Officer, FAO Sub-Regional Office for Asia and the Far-East, New Delhi</td>
</tr>
<tr>
<td>International Bank for Reconstruction and Development (IBRD)</td>
<td>Mr. W.H. Gilmartin, Resident Representative, New Delhi</td>
</tr>
<tr>
<td>International Labour Organization (ILO)</td>
<td>Mr. A.D. Granger, Director, ILO Area Office, New Delhi</td>
</tr>
<tr>
<td>United Nations Educational, Scientific and Cultural Organization (UNESCO)</td>
<td>Dr. V.G. Podinitsin, Chief of UNESCO Mission in India, and Director, UNESCO Field Science Office for South Asia, New Delhi</td>
</tr>
</tbody>
</table>

### 3. Representatives of Inter-Governmental Organizations

<table>
<thead>
<tr>
<th>Organization</th>
<th>Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Committee of Military Medicine and Pharmacy</td>
<td>Major General R.S. Hoon, Senior Consultant (Medicine), Office of the Director-General, Armed Forces Medical Services, Ministry of Defence, New Delhi</td>
</tr>
</tbody>
</table>
4. Representatives of Non-Governmental Organizations

<table>
<thead>
<tr>
<th>Organization</th>
<th>Name and Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christian Medical Commission</td>
<td>Dr. P.K. Duraiswami, Director, Co-ordinating Agency for Health Planning, New Delhi</td>
</tr>
<tr>
<td>International Committee of Catholic Nurses</td>
<td>Sister Ella Stewart, Vice-President of CICIAMS for South-East Asia, C.N.G.I. Secretariat, Mahim, Bombay</td>
</tr>
<tr>
<td>International Council of Nurses</td>
<td>Miss M. Philip, Secretary, The Trained Nurses Association of India, New Delhi</td>
</tr>
<tr>
<td>International Dental Federation</td>
<td>Dr. P.P. Sahni, 12, Kasturba Gandhi Marg, New Delhi</td>
</tr>
<tr>
<td>International Federation of Gynaecology &amp; Obstetrics</td>
<td>Dr. B.N. Purandare, Obstetrician and Gynaecologist, Chowpatty Maternity and Gynaecological Hospital, Bombay</td>
</tr>
<tr>
<td>International Federation of Pharmaceutical Manufacturers Associations</td>
<td>Mr K.J. Divatia, Executive Director, Sarabhai Chemicals Private Limited, Wadi Wadi, Baroda</td>
</tr>
<tr>
<td>International Federation of Surgical Colleges</td>
<td>Colonel R.D. Ayyar, 21, Lodi Estate, New Delhi-3</td>
</tr>
<tr>
<td>International Hospital Federation</td>
<td>Dr. P.N. Ghei, Medical Superintendent, Irwin Hospital, New Delhi</td>
</tr>
<tr>
<td>International Planned Parenthood Federation</td>
<td>Dr. Muki Reksoprodjo, Director, National Training and Research Centre, The Indonesian Planned Parenthood Association, Jakarta</td>
</tr>
<tr>
<td>Alternate:</td>
<td>Dr. M.K. Krishna Menon, No. 480 Poonamalle High Road, Madras (Tamil Nadu)</td>
</tr>
<tr>
<td>International Union of Pure and Applied Chemistry</td>
<td>Prof. S. Rangaswami, Department of Chemistry, University of Delhi, Delhi</td>
</tr>
<tr>
<td>World Federation of Occupational Therapists</td>
<td>Mrs Kamala V. Nimbkar, The Amerind, 15th Road, Khar, Bombay</td>
</tr>
</tbody>
</table>
World Veterans: Colonel J.H. Chibber, WVF Council Member for India, Federation New Delhi

World Veterinary: Dr B.K. Soni, Deputy Director-General (Animal Health), Indian Council of Agricultural Research, New Delhi

5. Observers

Colombo Plan: Mr I.K. McGregor, Director, The Colombo Plan Bureau, Colombo
Annex 2

AGENDA*

1. Opening of the session
2. Sub-Committee on Credentials
   2.1 Appointment of the Sub-Committee
   2.2 Approval of the report of the Sub-Committee
3. Election of Chairman and Vice-Chairman
4. Address by the Chairman
5. Twenty-fifth anniversary of WHO and of the Regional Office for South-East Asia
6. Adoption of provisional and supplementary agenda
7. Appointment of Sub-Committee on Programme and Budget and adoption of its terms of reference
8. Adoption of agenda and election of Chairman for the technical discussions
9. Twenty-fifth Annual Report of the Regional Director
10. Resolutions of regional interest adopted by the World Health Assembly
11. Technical discussions - "Application of modern management methods and techniques for the improved delivery of health services"
12. Proposed regional programme and budget estimates for 1975
   12.1 Consideration of the report of the Sub-Committee on Programme and Budget

*Issued as document SEA/RC26/1 Rev.1, on 22 September 1973
<table>
<thead>
<tr>
<th></th>
<th>Item</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Consideration of the recommendations arising out of the technical discussions</td>
<td>SEA/RC26/15</td>
</tr>
<tr>
<td>14</td>
<td>Selection of a subject for the technical discussions at the twenty-seventh session of the Regional Committee</td>
<td>SEA/RC26/6</td>
</tr>
<tr>
<td>15</td>
<td>Development of institutions imparting orientation training to health personnel, refresher and mid-career courses and advanced courses for health administrators (item proposed by the Government of India)</td>
<td>SEA/RC26/12</td>
</tr>
<tr>
<td>16</td>
<td>Time of the twenty-seventh session and place of the twenty-eighth session of the Regional Committee</td>
<td>SEA/RC26/7</td>
</tr>
<tr>
<td>17</td>
<td>Any other business</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Adoption of the final report of the twenty-sixth session of the Regional Committee</td>
<td>SEA/RC26/17</td>
</tr>
<tr>
<td>19</td>
<td>Adjournment</td>
<td></td>
</tr>
</tbody>
</table>

*During the course of the session, this item was withdrawn by the Indian Government.*
Annex 3

REPORT OF THE SUB-COMMITTEE ON PROGRAMME AND BUDGET*

The Sub-committee on Programme and Budget held a preliminary meeting on 18 September 1973 and elected Dr Choed Tonavanik (Thailand) as its Chairman. The meeting was attended by the following:

Dr. T. Hossain (Bangladesh)
Dr. Kyaw Khaing (Burma)
Dr. Djang Yong Pyo (DPRK)
Dr. Jon Song Myong (DPRK)
Dr. T.P. Roy (India)
Dr. S.L. Dhir (India)
Dr. R. Brotoseno (Indonesia)
Dr. Mohamed Zahir Naseer (Maldives)
Dr. S. Djigjidsuren (Mongolia)
Dr. Z. Jadamba (Mongolia)
Dr. G.S.L. Das (Nepal)
Dr. L.B.T. Jayasundera (Sri Lanka)

The proposed programme and budget estimates for 1975, contained in document SEA/RC26/3, were introduced to the Sub-committee. The new form of presentation of the documents, as well as the following four working papers, were explained:

Procedure for Programme Planning (P&B/WP/1)
Programme Classification Structure (P&B/WP/2)
Continuing and New Projects (P&B/WP/3)
Organization of Medical Care (P&B/WP/4)

In answer to a question, the new project numbering system was described, and it was pointed out that the abbreviations used in the new system were indicated in Working Paper No. 2 containing the new programme classification structure.

It was pointed out by members that Annex 1 to the programme and budget document did not give details of the short-term consultants and fellowships as shown in the past; they said that the Member States felt that without this information they would find it difficult to plan the implementation of the projects. In reply, it was stated that these programmes had been drawn up on the basis of details submitted by governments through respective WHO Representatives, who had the necessary information on which the estimates were based. For convenience of the members, details of project components for individual country projects and for the inter-country projects were distributed during the following meeting.

The Sub-committee met again on 20 and 21 September 1973 and undertook a review of the proposed programme and budget estimates in accordance with its terms of reference (see Appendix).

*Issued as document SEA/KC26/16, on 21 September 1973
1. General Review of the Proposed Programme and Budget Estimates for 1975 (SEA/RC26/3)

The Sub-Committee was referred to pages 5 to 13 of the programme and budget document, containing summaries of the budget estimates for 1973, 1974 and 1975 under all sources of funds and broken down by programmes and sub-programmes and by organizational levels.

It was explained that the decreasing amounts shown against UNDP and UNFPA for 1974 and 1975 arose from the fact that under these sources only those activities had been included which were either already approved or for which the necessary financing was reasonably assured.

In response to a question by one of the members concerning the difference between "9.3 Regional General Support Services" and "9.4 Regional Common Services", reference was made to the programme analyses for these services, which contained information on the objectives of the programmes.

It was further confirmed that the increase in the programme and budget estimates for 1975 was 8.13% over 1974 and the percentage of the inter-country programme was 17% of the total estimates for services and assistance to Member States.

It was pointed out that there was a trend gradually to decrease the proportion of inter-country programmes in the total budget estimates. In fact, assistance provided under inter-country projects for 1975 was less than the provisions made for 1974. Whenever several countries supported a particular project, it was usually included in the proposed programme. It was further explained that many inter-country projects gave assistance to those fields for which corresponding country projects did not exist.

The variation in the budget estimates for 1973, 1974 and 1975 for sessions of the Regional Committee was explained; the significant increase in 1974 was due to the Organization's share of the additional cost of holding the twenty-seventh session in Indonesia instead of at the Regional Office. In addition, the Host Government would also contribute both in cash and in kind towards the total cost of the session. The increased cost in 1975 as compared to 1973 provided for the participation of the Director-General or his representative in the Regional Committee, as well as the provision of a short-term consultant to help in the preparation of the paper for the technical discussions. The objective of this programme also was explained in the relative programme analysis.

One of the members, in a statement, made the following requests:

(a) Consequences of currency fluctuations should not fall on the developing countries, and no reductions in country programmes should be made.

(b) The WHO Headquarters and the Regional Office should endeavour to streamline their activities and make all possible economies in administrative costs.
(c) The resources available within the Region should be put to the most effective use.

In reply to the above, it was explained that points (a) and (c) had been noted and were in harmony with the general policy adopted by WHO; so far as (b) was concerned, it had been the policy of WHO to exercise every economy and to avoid all unnecessary expenses.

In reply to a question concerning the decrease in the costs of the programme for Sri Lanka under the Regular budget, it was pointed out that this programme had been established in accordance with the requests received from the Government. Further, the Government of Sri Lanka had signed an agreement with UNFPA for programmes worth approximately four million dollars over three years, to be funded under UNFPA. The plan of operation for these programmes provided for some activities which took over the family health and maternal and child health aspects of programmes previously funded under the Regular budget. In addition, the malaria eradication programme, assistance for which would reach its peak in 1974, had been curtailed because of effective control measures. One project (nutrition) had been completed.

The question was asked why the budget for communicable diseases showed some decrease, and it was explained that some communicable-disease programmes were phasing out; also, emphasis was being given to the integration of certain control activities into basic health services, which now appeared under the "Strengthening of Health Services" programme. It was noted that the budgetary provision for this programme had been increased, as had the total programme for non-communicable diseases. This was part of the global strategy.

1.1 New Activities in 1975, including new projects and new components of continuing projects

1.2 Comparison of the cost of new activities in relation to the total cost of country and inter-country projects

It was noted that new activities accounted for 8.68% of the total estimates for field activities, continuing projects for 76.32% and new or increased components in continuing projects for 15%.

The following changes or additions were suggested:

Bangladesh

(1) More training courses to be arranged within the country rather than placing fellows abroad.

(2) Priorities of the training to be stressed in the following fields:

(i) Laboratory services - to arrange training for paramedical technicians, including microscopists, radiographers, etc.
(ii) Nursing - crash programme to train 1,100 nurses envisaged, with which the IBRD would help, provided the syllabus included family planning.

(iii) Statistics - assistance in the establishment of a statistical bureau, which would also help in health education.

(iv) Refresher courses for post-graduates and teachers - in the form of visits to institutions outside the country.

**Burma**

Addition of a consultant for one month to serve the project Burma 0094, "Strengthening of Health Services", in 1974. This consultant was required for reviewing the programmes related to the integration of special disease campaigns, i.e., against leprosy, tuberculosis, trachoma and malaria.

**India**

Two posts of nurse educators included in the green pages for project India 0136, "Post-Basic Nursing Education", to be upgraded to the Regular budget.

**Mongolia**

A change in the fellowship component in project Mongolia 0029, "Emergency Services", whereby three fellowships for four months each instead of two three-month fellowships would be provided.

**Sri Lanka**

A change in the programme under Sri Lanka 0093, "Veterinary Public Health Services (Zoonoses Control)", with greater emphasis being placed on rabies eradication with immediate effect.

**Thailand**

One short-term consultant to be added for two months in 1975 to project Thailand 0107, "National Institute of Dermatology".

In project Thailand 0065, "Malaria Eradication", the post of sanitarian which had been dropped in 1974, to be continued.

These suggestions were noted. It was stated that they could be reflected in the revised 1974 and 1975 proposals after official government requests had been received or after further discussions at country level.
The Representative of the Democratic People's Republic of Korea stated that the development of his country's programme would be discussed separately with the Regional Office. Referring to the country programme statement for DPRK, he mentioned that certain suggested amendments had been made available to the Regional Office in writing. He requested that his statement be noted and any appropriate action taken.

It was explained that the inter-country project SEARO 0228, "Epidemiology, Control and Management of Cardiovascular Diseases", had been included in the budget in response to well-supported requests. Even though cardiovascular diseases are not a major problem for this region, some countries did seek assistance in this field. In this connexion, reference was made to the relative programme analysis, which indicated that intensive coronary care units, with rehabilitation facilities, were being organized in India, Mongolia, Nepal and Sri Lanka.

1.3 Tentative Projection for 1975

It was noted that the projection for 1976 of the Regular budget, indicated on page 14 of the programme and budget document, represented an increase of 5.8% over 1975. It was explained that while this figure appeared low by comparison with increases in prior years, it was nevertheless of the same order of magnitude as that applied to the Organization's total Regular programme. In addition, there was every likelihood of further funds becoming available from other sources such as UNDP, UNFPA and certain specific funds channelled through the Voluntary Fund for Health Promotion. Moreover, some projects would be discontinued, and in this way also funds would be freed for the development of new projects.

The Sub-Committee noted the projections for 1976 and endorsed the relative shifts between appropriation sections as appropriate to the trends and developments in programme priorities.

2. DETAILED EXAMINATION OF SELECTED SUBJECTS AND PROJECTS

2.1 "Organization of Medical Care"

The Regional Committee at its twenty-fifth session had selected the above subject for detailed examination by the Sub-Committee. The Sub-Committee studied and reviewed with interest Working Paper P6B/WP4/ Add.1, a summary of Working Paper P6B/WP4, "Organization of Medical Care", to which it frequently referred for elaboration and detailed information. The stage of development of organization of medical care in the Region with relation to manpower, institutions and medical infrastructure, together with future development plans, was reviewed and discussed. The main problem areas in the organization of medical care were also identified.

Accepting the comprehensive aspects of medical care as defined in the working paper, the Sub-Committee noted that tremendous efforts were being made to develop and assist countries in the organization of medical care. On examining the various aspects of the subject, it found that the
inputs into direct medical care per se seemed rather limited, although the medical care programme, as covered by allied subjects indirectly, had been quite substantial. The Sub-Committee observed the unbalanced distribution of health manpower and services as between urban and rural areas, and in this respect it was considered important to pay particular attention in future programming to developing the infrastructure at the local level. The necessity for developing a two-way referral service built into the regionalized medical care system was similarly stressed. It was also noted that traditional or indigenous systems of medical care existed in all the countries; the role which those systems could play in effective delivery of medical care was considered important for exploration on modern scientific lines.

As base-line data in the countries were lacking, and as it had not been possible in the early days of WHO to fix quantified targetted objectives, the impact of the programme of medical care in the countries could be assessed only in general terms. There was enough evidence to show that medical care service development in Member countries had been progressing satisfactorily in terms of national and international inputs in this highly important area.

Finally, the Sub-committee, referring to the Regional Director's Annual Report (SEA/RC26/2, page ix), endorsed the recommendation that WHO programmes in this field be directed mainly to four specific areas, namely the planning, organization and management of medical care; evolution of referral systems; education and training in medical care administration, and the conduct of research and training in research methodology.

2.2 New projects

The Sub-Committee decided to review the following new projects included in the programme and budget estimates for 1975:

(i) Bangladesh 0022 : Development of Public Health Laboratories, including Production of Vaccines, and

(ii) Bangladesh 0023 : Health Education.

The object of all projects in Bangladesh was to achieve integration of basic health services and family planning services. These two new projects were likely to play a great role in attaining this objective.

(iii) India 0288 : Establishment of Regional Cancer Centres

Assistance from WHO was specially needed to assist in the development of the cancer centres, on which great emphasis had been placed in the Government's Fifth Five-Year Plan. A member asked whether these centres could also be utilized by other countries, and the Representative from India agreed to consider this suggestion subject to governments' requests.

(iv) Mongolia 0028 : Rehabilitation Services

This project was examined and supported.
(v) Mongolia 0029 : Emergency Services

A request that the consultant provided in 1975 should be made available in 1973 was noted.

(vi) Nepal 0036 : Maintenance of Electro-medical Equipment

This project was considered of vital importance in training staff in the maintenance of equipment, as well as in assisting in the development of a coronary and general intensive care unit.

(vii) SEARO 0235 : Educational Technology

The object of this project was to assist governments in the development of local teaching materials, e.g., manuals and audio-visual aids. A consultant would be provided to assess the countries' needs. It was also planned to organize a training course for participants from various countries. The institutions having reasonably advanced techniques in this field would be further assisted by the provision of fellowships. It was suggested that the duration of the consultant's assignment would not be sufficient to meet all these needs. Further assistance would, however, depend on the response to the project from the countries; it might be possible to extend the consultant's services if required.

2.3 Selection of a Programme for Detailed Examination in 1974

After reviewing the programmes discussed in previous years, the Sub-Committee decided to recommend Sub-programme 5.1.2 (Epidemiological Surveillance of Communicable Diseases) for examination in 1974.

3. EXAMINATION OF NON-PROJECT STAFFING AND BUDGET UNDER THE VARIOUS SUB-PROGRAMMES, AS REQUIRED

The details concerning non-project staff contained in Annex 1 of the programme and budget document (pages 136 to 155) were examined, and it was noted that the number of such staff (Regional Office, Regional advisers and WHO Representatives) remained at the same level in 1975 as in 1973 and 1974, namely 197, out of which 55 were in the professional and 142 in the general services category.

It was explained that the increased costs in 1974 and 1975 for WHO Representatives, as compared to 1973, were due to:

(i) statutory increases in the emoluments of the staff concerned;

(ii) expected increases in salary scales of general service staff in certain countries of the Region.

Moreover, the 1973 figures were based on estimated actual obligations after taking delays in recruitment into consideration.
4. FORU MLATION OF QUESTIONS TO BE CONSIDERED
AND GENERAL CONCLUSIONS AND RECOMMENDATIONS

4.1 It was noted that the Proposed Programme and Budget Estimates for

4.2 The Sub-Committee noted that the requests and recommendations made
by the Regional Committee at its twenty-fifth session had been reflected
in the Proposed Programme and Budget Estimates for 1975.

4.3 The Sub-Committee did not wish to make any special remarks requir-
ing discussion by the Regional Committee.
Suggested Terms of Reference for the Sub-Committee on Programme and Budget*

The following terms of reference are suggested for the Sub-Committee on Programme and Budget:

1. General review of the proposed programme and budget estimates for 1975 (SEA/RC26/3)

   The general review should include, *inter alia*:

   (1) New activities in 1975, including new projects and new components of continuing projects

   (2) Comparison of the cost of new activities in relation to the total cost of country and inter-country projects

   (3) Tentative projection for 1976

2. Detailed examination of selected subjects and projects

   The detailed examination should include:

   (1) Subject of common interest to all the countries of the Region. (At its twenty-fifth session, the Regional Committee recommended that in 1973 the subject should be 'Organization of medical care'.)

   (2) New projects

3. Examination of non-project staffing and budget under the various sub-programmes, as required

4. Formulation of questions to be considered and general conclusions and recommendations

   (1) Does the programme follow the general programme of work approved by the Regional Committee and the World Health Assembly?

   (2) Are the requests and recommendations made by the Regional Committee at its twenty-fifth session reflected in the proposed programme and budget?

   (3) Does the Sub-Committee wish to refer to the Regional Committee any questions or remarks which it feels might require discussion in plenary sessions?

*Issued as document SEA/RC26/4, on 25 July 1973*
1. INTRODUCTION

Under the chairmanship of Dr Peter Patta Sumbung (Indonesia), one afternoon session on 20 September 1973 and one morning session on 21 September 1973 were devoted to technical discussions on "The application of modern management methods and techniques for the improved delivery of the health services". The group met again on the afternoon of 21 September 1973 to consider and adopt its recommendations. At the first meeting, Dr R.M. Shrestha (Nepal) and Dr Samlee Plianbangchang (Thailand) were elected as Rapporteurs.

The discussions, which followed the agenda adopted by the Regional Committee (document SEA/RC26/5), were based mainly on the document "Application of modern management methods and techniques for the improved delivery of health services" (SEA/RC26/11), which had been distributed in advance to serve as a background paper.

The following background material was also circulated:

1. Document CHS/72/2 - Suggested outline for use by countries as preparation for the technical discussions on "Organization, structure and functioning of health services and modern methods of administrative management", held during the Twenty-sixth World Health Assembly, 1973

2. Document A26/ Technical Discussions/1 - A background document based on replies received from countries for reference and use in the above-mentioned technical discussions.

3. Document A26/ Technical Discussions/4 - Statement by the General Chairman of the above-mentioned technical discussions

4. Document A26/ Technical Discussions/5 - Report on the above-mentioned discussions at the Twenty-sixth World Health Assembly

5. Annex 11 of WHO Official Records No.206 - Organizational study on methods of promoting the development of basic health services

*Issued as document SEA/RC26/15, on 21 September 1973

The group also considered statements on the situation in some of the countries represented.

In addition to the participants in the technical discussions, the Chairman called upon one observer for comments, viz., Dr P.K. Duraiswamy, Director of the Co-ordinating Agency for Health Planning, New Delhi.

2. REVIEW

In reviewing the management of health services, the participants noted the following considerations and constraints:

(1) lack of a clear development policy and clear objectives for health services in relation to socio-economic development;

(2) inadequate understanding of health problems and what to do about them by consumers and providers of health care;

(3) poor utilization of existing resources and inadequate harnessing of potential resources, human and other, for health;

(4) inadequate co-ordination and integration between different authorities and organizations providing health services in the same geographical areas;

(5) inadequate or no integration of preventive, curative and family planning services;

(6) an insufficient two-way flow of patients, information and assistance to and from the periphery, intermediate centres and the central supporting services;

(7) the increasing cost of health services and their inequitable distribution, with the result that the basic health needs of all the people were not being met;

(8) the participation of communities in the promotion of their own health and in contributing to health services policy, financing and decision-making;

(9) the need to find ways of developing new types of health manpower, including local multi-purpose health workers, and of employing them on a wider scale;

(10) the need to develop an organization in the countries of the Region for improved delivery of health services within the existing constraints - both financial and
manpower - for the masses in rural areas, which alone constitute about 80% of the population, and

(11) meagre allocation of funds (3% to 5%) for health in the overall socio-economic development plans in most countries of the Region.

3. Recommendations

Following the discussions, the following recommendations were made to strengthen the administration and management of health services at different levels:

3.1 Organization

Member countries are encouraged to consider their organization of the health services in order to strengthen administration and management. The examination should be based on the local conditions and should make use of appropriate investigations, including new techniques for field studies.

3.2 Health Information System

The health information system should be strengthened for the improvement of management of health services.

3.3 Training

(1) Training in health administration and management is necessary at all levels of the organization.

(2) The system of training in health administration and management should be adapted to the national situation by each country.

(3) In-service and pre-service training should be given at all levels. Formal academic training in management is recommended for the middle-level and top-level managers.

(4) All students receiving training for health services should be introduced to the concept of management and administration during their formal training by the appropriate existing departments in their own settings.

(5) The existing institutions should be identified and strengthened for the training of health administrators and managers.

(6) Available resources outside the existing health institutions should also be utilized.
3.4 Technical Expertise

(1) The health administrators should know about the basic concept of administration and management and at least recognize the new techniques available.

(2) Expertise in the management sciences should be available to the top health administrator. The team of experts should include a public health administrator, health economist, systems analyst, management expert, social scientist and statistician.

(3) This expertise at the moment can be appropriately located in the planning cell.

3.5 Level of Application

(1) The new techniques should be applied at all levels, depending on the problems.

(2) In order to apply the new techniques efficiently, the top-level manager should have a positive attitude.

3.6 Incentive System

Each country should review its personnel system, giving particular attention to the use of incentives and training for career development.

3.7 International Co-operation

Although the training of health administrators and managers is mainly the responsibility of the national government, it needs to be strengthened through international co-operation.

There are four areas recommended for WHO assistance:

(a) collection and dissemination of information on studies relevant to the introduction of modern management techniques,

(b) compilation of health management manuals on applied aspects of health services management,

(c) organization of meetings relevant to the introduction of modern management techniques in health services, and

(d) assistance to Member Governments by providing expertise in modern management techniques.

Note: This report, the agenda for the technical discussions (SEA/RC26/5) and the working paper considered (SEA/RC26/11) will be issued together under separate cover.
LIST OF OFFICIAL DOCUMENTS OF THE TWENTY-SIXTH SESSION*

SEA/RC26/1 Rev.1 Agenda

SEA/RC26/2 and Corr.1 Twenty-fifth Annual Report of the Regional Director to the Regional Committee for South-East Asia

SEA/RC26/3 Proposed programme and budget estimates for 1975

SEA/RC26/4 Suggested terms of reference for the Sub-Committee on Programme and Budget

SEA/RC26/5 Proposed agenda for the technical discussions on the application of modern management methods and techniques for the improved delivery of health services

SEA/RC26/6 Selection of subject for technical discussions in 1974

SEA/RC26/7 Time and place of sessions of the Regional Committee

SEA/RC26/8 Resolutions of regional interest adopted by the Twenty-sixth World Health Assembly

SEA/RC26/9 Feasibility of reporting information on budget performance

SEA/RC26/10 Health in the service of Asian development: Health Charter: Report of the Sub-Committee appointed by the Regional Committee at its twenty-fifth session

SEA/RC26/11 Application of modern management methods and techniques for the improved delivery of health services (paper for the technical discussions)

SEA/RC26/12 Development of institutions imparting orientation training to health personnel, refresher and mid-career courses and advanced courses for health administrators

SEA/RC26/13 List of participants

SEA/RC26/13 Rev.1 Final list of participants

SEA/RC26/14 Report of the Sub-Committee on Credentials

*Issued as document SEA/RC26/18, on 22 September 1973
**SEA/RC26/15**  
Report on the technical discussions on "The application of modern management methods and techniques for the improved delivery of health services."

**SEA/RC26/16**  
Report of the Sub-Committee on Programme and Budget

**SEA/RC26/17**  
Draft report of the twenty-sixth session of the WHO Regional Committee for South-East Asia

**SEA/RC26/18**  
List of official documents of the twenty-sixth session

**Provisional Minutes**

**SEA/RC26/Min.1**  
Summary minutes - first meeting, 18 September 1973, 9.00 a.m.

**SEA/RC26/Min.2**  
Summary minutes - second meeting, 18 September 1973, 3.00 p.m.

**SEA/RC26/Min.3 & Corr.1**  
Summary minutes - third meeting, 19 September 1973, 9.00 a.m.

**SEA/RC26/Min.4**  
Summary minutes - fourth meeting, 19 September 1973, 3.00 p.m.

**SEA/RC26/Min.5**  
Summary minutes - fifth meeting, 20 September 1973, 9.00 a.m.

**SEA/RC26/Min.6**  
Summary minutes - sixth meeting, 21 September 1973, 2.30 p.m.

**SEA/RC26/Min.7**  
Summary minutes - seventh meeting, 24 September 1973, 10.00 a.m.

**Resolutions**

For list, see Table of Contents of this report.
SECTION II

MINUTES OF THE SESSION
CONTENTS*

<table>
<thead>
<tr>
<th>Agenda</th>
<th>Item No.</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Opening of the session</td>
<td>40-41</td>
</tr>
<tr>
<td>2.</td>
<td>Sub-Committee on Credentials</td>
<td>40</td>
</tr>
<tr>
<td>2.1</td>
<td>Appointment of the Sub-Committee</td>
<td>40</td>
</tr>
<tr>
<td>2.2</td>
<td>Approval of its report</td>
<td>40-41</td>
</tr>
<tr>
<td>3.</td>
<td>Election of Chairman and Vice-Chairman</td>
<td>41</td>
</tr>
<tr>
<td>4.</td>
<td>Address by the Chairman</td>
<td>41</td>
</tr>
<tr>
<td>5.</td>
<td>Twenty-fifth anniversary of WHO and of the Regional Office for South-East Asia</td>
<td>41-42, 44</td>
</tr>
<tr>
<td>6.</td>
<td>Adoption of agenda</td>
<td>40</td>
</tr>
<tr>
<td>7.</td>
<td>Appointment of Sub-Committee on Programme and Budget and adoption of its terms of reference</td>
<td>40</td>
</tr>
<tr>
<td>8.</td>
<td>Adoption of agenda and election of Chairman for the technical discussions</td>
<td>41</td>
</tr>
<tr>
<td>9.</td>
<td>Twenty-fifth Annual Report of the Regional Director</td>
<td>45-46, 54-97, 100</td>
</tr>
<tr>
<td>10.</td>
<td>Resolutions of regional interest adopted by the World Health Assembly</td>
<td>100</td>
</tr>
<tr>
<td>11.</td>
<td>Technical discussions - &quot;Application of modern management methods and techniques for the improved delivery of health services&quot;**</td>
<td>102</td>
</tr>
<tr>
<td>12.</td>
<td>Proposed regional programme and budget estimates for 1975</td>
<td>103</td>
</tr>
<tr>
<td>12.1</td>
<td>Consideration of the report of the Sub-Committee on Programme and Budget</td>
<td>103</td>
</tr>
<tr>
<td>13.</td>
<td>Consideration of the recommendations arising out of the technical discussions</td>
<td>102-103</td>
</tr>
</tbody>
</table>

*Based on the agenda

**Held in conjunction with but not as a part of the regular proceedings of the Regional Committee
<table>
<thead>
<tr>
<th>Agenda Item No.</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.</td>
<td>Selection of a subject for the technical discussions at the twenty-seventh session of the Regional Committee</td>
<td>101</td>
</tr>
<tr>
<td>15.</td>
<td>Development of institutions imparting orientation training to health personnel, refresher and mid-career courses and advanced courses for health administrators</td>
<td>100</td>
</tr>
<tr>
<td>16.</td>
<td>Time of the twenty-seventh and place of the twenty-eighth session</td>
<td>101</td>
</tr>
<tr>
<td>17.</td>
<td>Any other business</td>
<td>106</td>
</tr>
<tr>
<td>18.</td>
<td>Adoption of the final report of the twenty-sixth session</td>
<td>106</td>
</tr>
<tr>
<td>19.</td>
<td>Adjournment</td>
<td>106-110</td>
</tr>
</tbody>
</table>
# SUMMARY MINUTES*

First Meeting, 18 September 1973, 9.00 a.m.

## TABLE OF CONTENTS

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Opening of the session</td>
<td>40</td>
</tr>
<tr>
<td>2.</td>
<td>Appointment of Sub-Committee on Credentials</td>
<td>40</td>
</tr>
<tr>
<td>3.</td>
<td>Adoption of the agenda</td>
<td>40</td>
</tr>
<tr>
<td>4.</td>
<td>Appointment of Sub-Committee on Programme and Budget and adoption of its terms of reference</td>
<td>40</td>
</tr>
<tr>
<td>5.</td>
<td>Approval of the report of the Sub-Committee on Credentials</td>
<td>40</td>
</tr>
<tr>
<td>6.</td>
<td>Election of and address by the Chairman</td>
<td>41</td>
</tr>
<tr>
<td>7.</td>
<td>Election of Vice-Chairman</td>
<td>41</td>
</tr>
<tr>
<td>8.</td>
<td>Adoption of agenda, and appointment of Chairman, for the technical discussions</td>
<td>41</td>
</tr>
<tr>
<td>9.</td>
<td>Inauguration of the twenty-sixth session and of the twenty-fifth anniversary celebrations</td>
<td>41</td>
</tr>
<tr>
<td>10.</td>
<td>Adjournment</td>
<td>42</td>
</tr>
</tbody>
</table>

*Issued as document SEA/RC26/Min.1, on 18 September 1973*
1. Opening of the session (item 1 of the Agenda)

The twenty-sixth session of the Regional Committee was opened by Dr J.B. SHRIVASTAV (India), Vice-Chairman, who presided over the meeting in the absence of the Chairman. Dr Shrivastav extended a warm welcome to all delegates, representatives of the United Nations and specialized agencies and those of inter-governmental, non-governmental and other organizations, and expressed the hope that the deliberations of the session would be fruitful and that the delegates would find their stay in India a pleasant one. He specially welcomed the presence of the delegation from the Democratic People's Republic of Korea, which had only recently joined the Region. He mentioned with appreciation Dr Mahler's earlier work in India, and wished him all success in his future task.

2. Appointment of Sub-committee on Credentials (item 2.1 of the Agenda)

On the proposal of the CHAIRMAN, the Committee agreed that representatives from Burma, Maldives and Sri Lanka should constitute the Sub-committee on Credentials, which met to consider the credentials submitted by the representatives.

3. Adoption of the Agenda (item 6 of the Agenda)

The Committee unanimously adopted the agenda as proposed in document SEA/RC26/1.

4. Appointment of Sub-committee on Programme and Budget and adoption of its terms of reference (item 7 of the Agenda)

It was decided that, as in the past few years, the Sub-committee on Programme and Budget should be a sub-committee of the whole, consisting of one member from each country. The terms of reference for the Sub-committee as outlined in document SEA/RC26/4 were adopted.

5. Approval of the report of the Sub-committee on Credentials (item 2.2 of the Agenda)

MR DE SILVA (Sri Lanka), who had been elected Chairman of the Sub-committee on Credentials, presented the Sub-committee's report (document SEA/RC26/14). The Sub-committee had found that the credentials of the representatives of all the Member States (Bangladesh, Burma, Democratic People's Republic of Korea, India, Indonesia, Maldives, Mongolia, Nepal, Sri Lanka and Thailand) were in order and recommended that their validity be recognized.

With reference to a request from the Consul-General of the Democratic People's Republic of Korea in New Delhi for adding a third alternate to their delegation, the Sub-committee recommended that, pending the receipt of revised or supplementary credentials from the Government concerned, the proposed third alternate should be admitted as an Adviser under Rules 1 and 25 of the Rules of Procedure of the Regional Committee.
The Regional Committee agreed with these recommendations, and the report of the Sub-Committee was adopted.

6. **Election of and address by the Chairman**
   (Items 3 and 4 of the Agenda)

On the proposal of DR G.S.L. DAS (Nepal), seconded by DR R. BROTOSENO (Indonesia), Dr J.B. Shrivastav (India) was unanimously elected Chairman of the Committee.

DR SHRIVASTAV took the chair and thanked the delegates for bestowing on him the unique honour of being elected to preside over the session, which, he felt, was specially significant because of the presence of the Health Minister, the addition of a new Member, viz., the Democratic People's Republic of Korea, and the fact that this was the twenty-fifth anniversary of both the Organization and the Regional Office. To be associated with an organization such as WHO, he considered, was an honour, and to take part in a session of the Regional Committee or to preside over its meetings an even greater honour.

7. **Election of Vice-Chairman**
   (Item 3 of the Agenda, continued)

On the proposal of MR MOHAMED ZAHIR NASEER (Maldives) seconded by DR P. DIESH (India), Dr T. Hossain (Bangladesh) was unanimously elected Vice-Chairman.

8. **Adoption of agenda, and appointment of Chairman, for the Technical Discussions**
   (Item 8 of the Agenda)

DR T. HOSSAIN (Bangladesh) proposed the name of Dr Peter Patta Sumbung (Indonesia), who was unanimously elected as chairman for the technical discussions.

The suggested agenda for the technical discussions (document SEA/RC26/5) was adopted.

9. **Inauguration of the Twenty-sixth Session and of the Twenty-fifth Anniversary Celebrations**
   (Item 5 of the Agenda)

MR R.K. KHADILKAR, Minister of Health and Family Planning, India, formally inaugurated the twenty-sixth session of the Regional Committee and the twenty-fifth anniversary celebrations of the Organization and the Regional Organization for South-East Asia. In his address, he referred to the noteworthy service rendered by the South-East Asia Regional Office in the field of health and the model relationship that had been established between it and the countries of the Region. He felt that unless development programmes were directed with social vision there was the risk of creating fresh health problems. In addition to the many health problems faced by the countries of the Region, population inflation threatened to offset the results of development. He thanked WHO and other international agencies for all that they had done to assist his country in alleviating human suffering. His country would remain
dedicated to the ideals for which the Organization stood, and it would be their endeavour to strengthen the Organization in all possible ways.

Anniversary Celebrations*

As part of the celebrations, the representative of each government read out messages received from Heads of State or Government, preceded and followed by short interludes of music characteristic of the different countries of the Region.

The programme continued with addresses by DR H.T. MAHLER, Director-General, and DR V.T.H. GUNARATNE, Regional Director.


In connexion with the final item on the anniversary programme, "Statements by the representatives of each Member State in the South-East Asia Region", the representatives of the Democratic People's Republic of Korea, Bangladesh and Burma read out their statements.

The CHAIRMAN announced that the remaining statements would be presented at the next meeting.

10. Adjournment

The meeting was then adjourned.

*The messages and speeches given as part of the celebrations are being brought out separately in the form of a souvenir volume.
SUMMARY MINUTES

Second Meeting, 18 September 1973, 3.00 p.m.

TABLE OF CONTENTS

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Twenty-fifth anniversary celebrations (continued)</td>
</tr>
<tr>
<td>2.</td>
<td>Policy statement by the Director-General</td>
</tr>
<tr>
<td>3.</td>
<td>Twenty-fifth Annual Report of the Regional Director</td>
</tr>
<tr>
<td>4.</td>
<td>Adjournment</td>
</tr>
</tbody>
</table>

Annex Text of policy statement by the Director-General 47

*Issued as document SEA/RC26/Min.2, on 19 September 1973
1. Twenty-fifth anniversary celebrations*
   (item 5) (continued)

   Statements were made by representatives of the remaining countries, viz., India, Indonesia, Maldives, Mongolia, Nepal, Sri Lanka and Thailand.

   The CHAIRMAN, in summing up the statements, said that he felt that three points had been highlighted, namely: (1) that in South-East Asia there were still enormous health needs, e.g., in communicable diseases, malnutrition, water supplies and sanitation; (2) that the health problems in the countries of the Region in general concerned very large populations, and (3) that financial resources and resources in trained manpower and equipment were still extremely limited. For these reasons it would not be possible to attain self-sufficiency and self-reliance for some time, and therefore there was a special need for international agencies to come to the help of countries in this area of the world and those at a similar stage of development in other areas. He wished to make a strong plea that investment in these areas was really an investment for the health of the whole world and not merely of the people of the regions concerned.

   He then proposed a draft resolution on the celebration of the twenty-fifth anniversary, which was unanimously adopted (see SEA/RC26/R1).

2. Policy Statement by the Director-General

   This statement is annexed.

   The CHAIRMAN, thanking the Director-General for his remarks, observed that his own thinking had been much along the same lines, and recalled the suggestions he had made at earlier sessions of the Regional Committee that the Regional Office should play a more dynamic role in assisting national governments in their planning processes. He was glad to note that an economist had now been assigned to the Regional Office for this purpose. Referring to a suggestion made by the Director-General on the need for governments to develop confidence in the Organization, he said that care should be taken to see that technical competence alone remained the criteria in the recruitment of staff. Such a precaution would gain the confidence of Member countries and increase the effectiveness of the Organization. On another point, he fully agreed that governments should strive towards self-reliance and self-sufficiency and should try not to continue to be dependent on external advice and assistance with modern methods and techniques, much of which, in any case, needed considerable adaptation to local situations. WHO could play an important role in encouraging the process of making people realize their own problems and find ways of solving them on their own.

   It was clear that countries should look to only one organization for the co-ordination of health assistance, and in the field of health, WHO, which had been active for the past quarter of a century and possessed

---

*The messages and speeches given as part of the celebrations are being brought out separately in the form of a souvenir volume.
the necessary expertise, was the agency for governments to approach, rather than some other organization, but before countries could approach WHO only, there was a clear need for better co-ordination among the agencies in the United Nations system.

3. Twenty-fifth Annual Report of the Regional Director (Item 9)

The REGIONAL DIRECTOR, introducing his Annual Report, said that he was doing so with a special sense of privilege, as 1973 marked the completion by WHO of twenty-five years of work in the South-East Asia Region. During the year, the Democratic People's Republic of Korea had joined the Organization and had been assigned to South-East Asia. He had paid a visit to that country and was convinced that WHO would gain much from its association with its new Member as well as being able to assist as far as possible. In Bangladesh, it had been possible to commence operations to rehabilitate the health services as conditions became stabilized.

This year a change had been brought about in the presentation of the proposed programme and budget estimates, to reflect the increasing emphasis on country health programming. There was also consolidation of a trend away from small, fragmented projects towards more comprehensive sub-programmes as integral parts of well-knit programmes. The results of a study on the possibility of including a "performance budget" as part of the Annual Report also formed part of the documentation for the Regional Committee.

Reviews were being made of two special areas, viz., medical care facilities and the use of modern management methods and techniques for the improved delivery of health services. Some subjects which had received attention included attempts to initiate studies on the long-term indicators of the cost of alternative health programmes, planning for a regional seminar on quantitative studies of health services combining health economics and operations research, an exercise in country health programming in Bangladesh, and the evaluation of two inter-country programmes - one in health planning and the other in medical education. Substantial progress had been made with regard to the documentation centre on family planning and on the utilization of MEDLARS' services in the Regional Office Library.

As for health manpower development, with the intention of instituting a national system of continuing education, a refresher course on the care of the newborn was being planned to take place in Indonesia. WHO assistance was also being given in bringing about changes in curriculum and learning experience in the field of human reproduction, family planning and population dynamics.

Following a study of paediatric education and training, carried out earlier, a remodelled undergraduate curriculum based on a three-month posting for students had been drawn up and was being tested; advice was also being given on paediatric teaching at internship, diploma and doctoral level. In the field of nursing, group educational activities were being arranged sequentially, with built-in evaluation
and follow-up, and multi-disciplinary programmes had been carried out in areas such as orthopaedic patient care and rehabilitation.

As for communicable diseases, especially smallpox, tremendous efforts were being made by the governments in collaboration with WHO. For example, India and Bangladesh were aiming at eradicating smallpox by 1975. Though morbidity from malaria continued, there had been a general improvement in the situation.

The trend towards developing an increasing number of programmes in the field of non-communicable diseases continued, and proposals for long-term assistance in the field of mental health were under consideration.

A seminar on the epidemiology of cancer was being planned. Bangladesh was accumulating valuable experience in the utilization of high doses of vitamin A on a large scale, which was likely to lead to interesting results in regard to the problem of xerophthalmia. In environmental health the focus was on the provision of basic, essential sanitary services. Attention also continued to be given to problems connected with the use of pesticides.

The problems in the delivery of a large fellowship programme, which accounted for 25% of WHO's budget for the Region, were under review. Difficulties in placement often arose owing to delays in selection, frequent changes in programmes and requests for placement at short notice, and co-operation of governments in this matter would enable the WHO fellowships programme to meet the priority needs of countries more effectively.

Finally, he requested that the Committee make a critical review of the report so as to give him the necessary guidance for future programmes.

4. Adjournment

After a few announcements were made by the Regional Director, the meeting was adjourned.
TEXT OF THE STATEMENT BY THE DIRECTOR-GENERAL,
DR H. MAHLER

"When I try to sense the historical forces at play in internationalism, it seems somewhat as though the strong post-war idealism gradually waned and led into the first United Nations Development Decade, which, in turn, led, rightly or wrongly, to disappointment and to a dangerously low point of cynicism, despair and defeatism. However, I now sense a beginning of a general awareness in all of us being in the same global space-ship and that if we are to prevent mutiny we must muster the conscience and will it takes to tackle the social indecencies prevailing on board. There are hopeful signs of, on the one hand, the most disfavoured in our space-ship realizing that self-reliance is the indispensable physical and moral quality to better their own lot and, on the other hand, the most favoured on board equally realizing that paternalism carries the seed within it of ultimate self-destruction. This is perhaps a somewhat naïve synthesis, but I am convinced that it is highly significant for you to make up your own minds as to what kind of moral climate WHO is likely to find itself in over the next ten to twenty years. If there is no such positive moral climate, you should tell your Director-General, because in that case he should not be searching, through you, for new visions of the Organization's destiny but rather be content with plodding along the road of pragmatism in a socially irrational world.

"Today I do not intend to express my opinion on any particular of WHO's well-known priority programmes, but rather to raise two broad issues that I personally believe have considerable bearing on WHO's future mission. They are: firstly, co-ordination, and, secondly, relationship between central technical services and direct assistance to countries.

"There is still a very long time to go before WHO becomes the international health conscience that the Constitution so clearly envisages. One important technique for moving in this direction is co-ordination. Now, I believe that this word, which implies 'bringing parts into proper relationship', has gradually lost much of its punch through over-use and misuse. It is my personal opinion that the aggressive methodological development of co-ordinating techniques will be one of the primary tasks for WHO in the seventies. Clearly, WHO has in several fields a very creditable record of such co-ordination, but I am sure it has mostly been in areas without strong national positions, such as in a number of communicable diseases. When it comes to such major areas of co-ordination as, for instance, 'comparable indices of health status', 'health manpower development', 'health services development', 'the development and standardization of medical technology for major problems such as mental health, cardiovascular diseases and cancer', then we have barely started to put down our feet on these thorny roads. Prophesying is at best a risky affair, but gazing into the crystal ball of WHO's destiny, I am convinced that a vigorous emphasis on co-ordination in the best sense of the word is likely to remove many present doubts as to WHO's future mission and thereby progressively weld together a dynamic consensus support for this mission from all the Organization's Members.
"There is, in my opinion, no doubt that such a concept of co-ordination will require a very high degree of confidence in the Organization from developed and developing countries alike. As an example of what is demanded from the developed countries, I believe they would have to establish national WHO co-ordination units with a high level of technical competence in order both to mobilize national resources for WHO-co-ordinated studies as well as to ensure implementation of consensus decisions reached by WHO's governing bodies. As long as the majority of the developed countries are not really prepared to let WHO get under their national skins, I do not think international health co-ordination will receive that moral tour de force without which it will remain a passive game. I believe I here should emphasize that when using the term "WHO", I do not mean its constantly-changing secretariat, but the constitutional instrument in its holistic sense. As an example of what is demanded from the developing countries, I believe they might even go so far as to legalize the acceptance of WHO as the only international body responsible for assisting them with the co-ordination of all external inputs to the health sector. There is a considerable amount of lip service paid to this principle, but I am afraid that the practice of it leaves very much to be desired. If such changes in attitudes progressively should be forthcoming from Member States, I am sure that your Organization will condition its reflexes to respond adequately to the challenge. The beneficial consequences deriving from such a co-ordination approach would be many indeed, but I shall single out only a few that I consider are particularly important: (1) greater sense of participation in, and particularly responsibility for, the Organization's programme by all Member States; (2) improved short-, medium- and long-term planning of WHO's programme through a meaningful relationship between the general programme of work covering a specific period and the aggregation of individual country programmes; (3) better identification of priorities for concentration of WHO efforts, leading to a reduction in the present detrimental inconsistencies in Member States' attitudes towards WHO's programme priorities; (4) a vast acceleration in promoting scientific progress in health technology and in making all Member States benefit from it; (5) increased possibilities for mobilizing additional resources beyond WHO's regular budget for the health care sector in developing countries, and (6) increased managerial efficiency deriving from WHO's structure from Headquarters through Regional Offices to country levels and vice versa.

"I am aware that all this is a long-term and complex process, but it is important for all Member States to realize that if this is what they expect from the Organization, then not only small adjustments in present attitudes but radical departures from these will have to be generated in each country. We need much more work done at national level in order to generate the new ideas from concept to implementation required for moving in this direction. This also requires a deep mutual trust between Member States, with a broad-based dynamic consensus as to whether WHO should go in the seventies and eighties. And if you wish to move the Organization along this uneven road, I plead with you to pay heed to the experience from child psychology, namely that indifference and punishment retard the child's growth potential. In consequence, you should ensure that your Director-General and his colleagues, to whom you have entrusted the responsibility of executing your ideas, do not, in an important
transitional period, become self-defensive, with all its negative consequences, in regard to ultra-resistance to creativity and change.

"I have first touched upon co-ordination because it leads me straight into the problem of the Executive Board's next organizational study, "Inter-relationships between the central technical services of WHO and programmes of direct assistance to Member States".

"Permit me first of all to say that I believe the Board must assume an increasing responsibility for the Organization's programme and work. It is therefore of critical importance both that the Director-General constantly improve the relevance of documentation provided to the Board and that its members are increasingly prepared to share the collective decision-making process within the Board's constitutional mandate. I underline share and collective, because if the Board's deliberations degenerate into a series of monologues, they will hardly be of much use to the Organization. As a digression on this theme, Regional Committees might perhaps be better used than in the past for preliminary discussions of important items coming up in the following World Health Assembly. At a minimum, this would serve to draw the attention of Members to items requiring special home-work before they arrive at the Assembly. Such an Assembly item will certainly be the Board's next organizational study.

"I shall now return to the substance of the Board's organizational study and why I consider it of extreme importance in connexion with the above concept of co-ordination. You are certainly aware that in the so-called UNDP Jackson report, the central technical services were singled out as the "natural role" for the specialized agencies, whereas considerable doubt was expressed as to either the appropriateness or the competence of the agencies in regard to direct country assistance. You are equally aware of the fact that this view is more or less shared by a not inconsiderable number of governmental authorities in developed and developing countries alike. Now, WHO's Constitution makes both central technical services and direct country assistance integral parts of the Organization's life. What is more, successive Boards and Assemblies have emphasized over and over again the need for a planned inter-dependence between these two aspects of WHO's work. If we are to preserve this inter-dependence, which in my opinion makes WHO much more than a cool technocracy and rather what I will call a warm social technocracy, then you will have to make sure that this inter-dependence finds its dynamic expression in words and particularly in deeds. I would permit myself to put forward for your reflection a few minimum requirements for keeping the Organization's programme as one integral whole:

"(1) that direct country assistance unequivocally reflects and interacts with the Health Assembly's priority setting

"A danger exists in my opinion in two tendencies, one being that of considering the broad, non-quantified priorities laid down in the general programme of work covering a specific period as a carte blanche for any conceivable assistance activity, the other being that of considering the individual countries' wishes as to types of assistance as the supreme guide for the Organization. Many real arguments can be
brought forward in support of both attitudes. But I am of the firm personal opinion that, unless we can develop programming and evaluation techniques whereby we do bring the two processes of central and peripheral priority setting into explicit relationships, the Organization may degenerate into serving in a purely managerial role in country assistance. I have used the word "degenerate" deliberately, because it is my conviction that the Organization, as THE international health agency, potentially has much more to offer than management only. As I have said earlier, the emphasis on WHO's co-ordinating role at the country level could substantially contribute to bringing the two priority setting processes together, and I believe that the practical entry into this country co-ordination is through the methodology of country programming.

By country programming I understand the systematic assessment of health problems and the context in which they exist, aimed at identifying areas susceptible to change. In addition, it is an attempt to ascertain the resources required to induce and sustain such changes in health problems and health services and to identify those which might effectively be provided by external resources. I would therefore plead with all Member States interested in receiving external support for their health sectors that they give almost dramatic emphasis to developing a country programming capacity and that they let WHO play a significant partnership role in this development.

"(2) that direct country assistance has significance in national developmental terms"

"In my personal opinion, this implies that such assistance has a measurable impact on the priority areas specified in the general programme of work covering a specific period. The emphasis here is on "measurable" and "impact" because there is perhaps a slight tendency for WHO's direct country assistance to be more in the nature of palliative homoeopathy than preventive and curative therapy of health problems. If this is true, it could be dangerous for the Organization in that it will not get the full feed-back on its performance in these priority areas and thereby easily be lulled into a confusing complacency.

"Because WHO's resources are minute compared to government resources and can be easily dissipated, it is of critical importance to select projects for WHO support where (a) the government is aggressively resolved to make a success of the project; (b) the national staff are competent, motivated and able to succeed; (c) the project will promote self-sustaining growth, and (d) WHO can provide the essential technical know-how.

"The implementation of all this in turn hinges upon governments' willingness - yes, wish - to make WHO a vigorous partner for co-ordinating external resources. It is my deep conviction that, should this concept of co-ordination gradually become a reality, the Organization could become instrumental in mobilizing far greater resources for national developmental projects than could ever become available from its regular budget. Meanwhile, it is particularly important that the regular budget be used in a way to build up the confidence in the Organization both in developed and in developing countries."
"(3) that direct country assistance exploits to the full the knowledge and resources available throughout the Organization.

"As I have already said earlier, it is of the utmost importance to managerial efficiency that Member States treat the Organization's structure as one indivisible, mutually supporting entity, from Headquarters through Regional Offices to the countries and vice versa. Any undue emphasis on hierarchical structural barriers within this entity will lead to waste and fractionation. I believe the Regional Committees have a broad responsibility in ensuring that WHO is not seen in a fragmented light, because otherwise I am afraid the Organization may tend to fall apart into a network of disjointed bureaucracies.

"I would like to emphasize that the above reflections constitute my present, personal vision of WHO, and that it is quite possible that discussion in the forthcoming Boards and Assemblies may substantially modify this vision. My purpose in expressing these thoughts to the Regional Committee today is certainly not to prejudice your thinking: it is solely to promote your deeper reflection before you go to debate these two important issues at forthcoming World Health Assemblies."
SUMMARY MINUTES*

Third Meeting, 19 September 1973, 9.00 a.m.

TABLE OF CONTENTS

1. Twenty-fifth Annual Report of the Regional Director (item 9 of the agenda) (continued) 54
2. Adjournment 65

*Issued as document SEA/RC26/Min.3, on 20 September 1973
1. Twenty-fifth Annual Report of the Regional Director (item 9 of the agenda) (continued)

The CHAIRMAN invited comments on the Introduction to the Annual Report.

DR DAS (Nepal) congratulated the Chairman, the Vice-Chairman and the Chairman of the Sub-Committees on their election and the Regional Director on his Annual Report, which he described as comprehensive, lucid and well presented.

Referring to page xiv, where it had been mentioned that in addition to xerophthalmia, which was a leading cause of blindness, the problem of cataract alone was estimated to afflict four to five million people in the Region, he asked what WHO was doing in this direction.

DR SUMBUNG (Indonesia), who also congratulated the Chairman and the Vice-Chairman on their election, expressed appreciation to the Director-General for being present at the session and complimented the Regional Director on his comprehensive report. He observed that WHO had a different structure from other United Nations agencies in that some of its functions were decentralized at the regional offices. He sought the views of the Director-General as to how the WHO decentralized system compared with the systems of other organizations. With regard to implementation of projects, the Regional Office was responsible for most of the projects in countries of the Region, but there were others which were administered directly by Headquarters. He wondered whether there was a definite plan as to which projects would be directed by Headquarters and whether there were any criteria for the two different types of assistance.

As for co-ordination, he felt that the Director-General's plea that WHO should be the co-ordinator of all health projects (including those assisted by other agencies) was not practicable in some areas. The family planning programme in Indonesia was a case in point. At neither the national nor the international level was family planning considered as a purely health matter.

Referring to the statement on smallpox made on page xii, he said that it was true that a majority of the cases reported were from this region, but he wondered whether WHO was not rather pessimistic about the future achievement of eradication. Would South-East Asia be the last region to eradicate the disease, when so much effort was being made in this direction?

He strongly endorsed the statement made on page viii that, in reorganizing the health infrastructure of developing countries, it was essential to evolve patterns best suited to local needs. Generally, the concept of establishing health centres to serve rural areas was accepted in the Region, but such centres were not always used by the people, who preferred to go to larger hospitals (as in Sri Lanka, he understood). He would therefore prefer to concentrate on upgrading certain selected centres.

He added that the incidence of dengue/haemorrhagic fever had dramatically increased in Indonesia. If not controlled, it might become
a large public health problem in his country. The fatality rate had been very high. It had been thought that the disease was imported from countries east of Indonesia and was moving towards the west. He felt that this was a field where inter-regional co-operation could be valuable, and requested WHO assistance in this respect.

The CHAIRMAN replied that although he agreed that there had sometimes been a lack of co-ordination between Headquarters and the regional offices, this was no doubt being corrected.

He also agreed with the delegate from Indonesia on the need for strengthening inter-regional co-operation in combating haemorrhagic fever, which had also been on the increase in India. The very high mortality rate from this disease, especially among the children in the 1-8-year age-group, was causing concern. Another difficulty was the absence of an effective vaccine against the disease.

With regard to health centres, DR JAYASUNDERA (Sri Lanka) confirmed that in Sri Lanka there was the problem of patients' bypassing rural health centres and going to district and provincial hospitals for treatment. However, he felt that this problem could not be prevented, since these larger hospitals had better diagnostic and other facilities.

To his query as to what kind of typhus was meant in the reference in the last paragraph on page vii of the Introduction, the REGIONAL DIRECTOR replied that the reference was to louse-borne typhus.

The CHAIRMAN said that he thought that there would be a problem as long as one considered the health centres as curative centres. If they were thought of as public health centres, the situation would change; they should provide preventive services which would not be available in sophisticated hospitals. A close linkage of the health centres with large hospitals would instil greater confidence among the patients and increased acceptability of the health centres. Another important aspect of this linkage was the function of the health centre in following up patients discharged from the hospital.

DR DIESH (India), referring to the statement on page xi about shortages and maldistribution of health manpower, said that in India the problem of brain drain, particularly of doctors, was an important factor contributing to the shortage. It would be useful to undertake a study on the extent and causes of such migration of qualified personnel, and WHO might assist governments in this endeavour. As for the statement on page vii about the achievement of smallpox eradication by 1975, he agreed this was rather pessimistic. He gave some figures showing that prevalence had already come down in India in the last few months.

DR HOSSAIN (Bangladesh) thanked the delegates for electing him as Vice-Chairman. Commenting on the statement about regionalization which the Director-General had made on the previous day, to the effect that all the regions were only a part of the whole, he agreed, but, as the Chairman had pointed out, all had not attained an equal level of development, and until this could be achieved, he hoped that WHO would give special attention to the underdeveloped and developing regions.
As for co-ordination, another point stressed by the Director-General, in the day-to-day activities there should be increased co-ordination at the national, regional and central levels. As an example, he referred to an instance in Bangladesh, where, because of lack of co-ordination, certain assistance that was available from Headquarters had not reached the country. He also considered that greater importance should be given to the role of technical personnel. Health personnel were able to move among the people and find the real diseases from which they suffered. Specialists from WHO, with access to the latest technical knowledge, should take the health message to the people in such a way that the health services would be delivered to individuals on a humanitarian basis. He considered that the new orientation given by the Director-General in this connexion was important and hoped that governments would try to translate it into action.

Difficulties were being experienced in Bangladesh in integrating family health activities, as compared to integrating other vertical programmes, into the health services. Various agencies assisting in family planning were seeking to have their own implementation machinery. He was convinced that family planning was a health subject and primarily the task of the Health Ministry and of WHO. The designation of 1974 as World Population Year by the United Nations might give the right motivation for the health workers of the world to unite and advance the health approach in tackling the population problem.

He described the proposed health service pattern which had been evolved in order to provide effective delivery of health services to the people, in which two "family welfare workers" - one male and one female - would render both preventive and curative services at the village level. A tier of health institutions from this to the central level would provide total health care at all levels.

Finally, he thanked the Regional Director for all the assistance given to Bangladesh in combating smallpox, and confirmed that every effort would be made to eradicate it from the country by 1975. The health authorities in Bangladesh would implement WHO's ideas in the health structure of the country, and in so doing they would like to be protected from the onslaught of non-medical specialists, who were trying to take away health work from the health authorities.

(At this point the Chairman left the meeting, and the Vice-Chairman took the chair).

DR SAMLEE PLIANBANGCHANG (Thailand) also congratulated the Regional Director on his comprehensive report. Mention had been made of a reorganization in the Ministry of Public Health in Thailand (page viii); the statement might be misleading, as the main purpose of the reorganization was integration of curative and preventive medicine at the departmental level and not unification of various divisions under the Director-General. Regarding the last paragraph on the same page, he observed that the statement with reference to his country that increasing use was being made of the services of architects for planning and location of health institutions, etc., was not clear, since this had long been the practice in Thailand; there had been no special use of architects.
Regarding paragraph 2 on page xii, Thailand was not considering the introduction of a new category of health personnel to serve as "assistants to physicians", as mentioned. However, there was a plan for reducing the duration of medical education from six to five years and at the same time upgrading the existing auxiliaries and paramedical staff.

DR NURUL ISLAM (Bangladesh) said that in the present situation regarding facilities and the needs of the countries of the Region, he felt that there was no scope for considering any rural health centre as one giving purely curative services; all such centres should be responsible for total health care. With reference to paragraph 5, page ix, he asked for clarification as to what was meant by the term "senior national staff".

He referred to the problem of "brain drain", and suggested that this problem be studied vis-a-vis existing facilities, including the available manpower in countries of the Region. He suggested that fellowships should be awarded to suit the needs of the local situation and be aimed at filling gaps in the services. Consideration should be given to issuing to fellows special passports that would limit their stay outside their country. He also suggested that fellowships within the Region should be encouraged except for training in specialized areas.

On page xii, in the first line of the first paragraph, he suggested changing the word "persons" to "health workers". Referring to the statement made by the delegate from Thailand about the term "assistants to physicians" occurring in the same paragraph, he asked whether Thailand did not, in fact, have a course for auxiliary health workers, who were considered so necessary in countries of the Region.

DR SAMLEE PLIANBANGCHANG (Thailand) clarified that, although no new category of personnel known as "assistants to physicians" was being created, Thailand was training one category of health personnel known as "junior health workers". What he had said was that a medical curriculum reform was under way to reduce by one year the period of training that a medical student had to undergo on completion of his basic education.

DR ISLAM (Bangladesh) further remarked that he was surprised to note that in the Introduction to the Annual Report there was no mention of post-graduate education, with which WHO was so much involved. Referring to the paragraph on fellowships on page xii, he also asked whether it was possible to know the percentage of requests received from governments for changes in fellowship plans.

The REGIONAL DIRECTOR, replying to the question about cataract raised by the delegate from Nepal, said that the statement in the Introduction had been meant only to draw attention to the extent of the problem in the Region. The Regional Office had recruited a consultant to study the situation. Also, much work on the subject of cataract had been done in India, where mobile teams had gone round rural areas and helped to reduce the number of cases.

With regard to smallpox, in reply to the comment from the delegate from Indonesia, he said that the statement about the possibility of eradication by 1975, about when eradication of smallpox from the Region could
be expected, had been based on discussions at the World Health Assembly and the dates when it was expected to be eradicated from Africa, but he was glad to note from the discussions at this meeting that it now seemed possible that eradication would be achieved in this region even earlier than he had hoped.

On the question of dengue/haemorrhagic fever, he welcomed the suggestion made by the delegate from Indonesia, adding that a joint meeting of experts from the South-East Asia and the Western Pacific Regions of WHO had been scheduled for December 1973 but had been postponed to February 1974.

In reply to the point raised by the delegate from India on the question of "brain drain", he drew attention to the discussion on this subject which had taken place at the last session. The manpower study being carried out in Sri Lanka, which was expected to be completed by December of this year, should be useful, and he hoped to be able to report to the Committee on this study at its next session. Also, the World Health Assembly, in resolution WHA25.42, had asked Member Governments to participate in a multinational study of the international migration of physicians and nurses, which should lead to conclusions which would be of help to national governments in planning their health manpower strategy.

In regard to the comment by the delegate from Thailand concerning "assistants to physicians", there had been a specific request from the Government, which had been included in the Proposed Programme and Budget Estimates. As for the major reorganization in the Ministry, since several divisions related to service had been placed under the Director-General of Medical and Health Services, this had been mentioned, the special Departments - Directorate General of Health Promotion and Directorate General of Medical Services - were not mentioned; any amendments desired, however, could be made. On the question of the architect, the services of a short-term consultant architect had been made available to Thailand to assist in the planning of a medical school in the Prince of Songkhla University.

Referring to the question raised by the delegate from Bangladesh on the meeting of "senior national staff", he explained that this had been a meeting attended by high-level government officials such as directors of health services from the Member countries of the Region.

With regard to the question of fellowships, frequent requests from some of the Member Governments for last-minute changes of programme or for extension of studies not previously envisaged did create difficulties in securing placements as well as placing considerable strain on the Organization's resources. The percentages of such requests were not readily available, but there were quite a number. He hoped that governments would appreciate the problem and would co-operate in facilitating the Organization's task in this regard. WHO did attempt to see that most of the fellowships awarded were geared to the programmes being carried out in the country. The number of ad hoc fellowship awards was decreasing.
The CHAIRMAN said that he hoped that the suggestion of the delegate from Bangladesh about the possibility of issuing a special passport with some kind of WHO endorsement, limiting the tenure of stay in a country for studies under the WHO fellowship programme, would be considered. Regarding the question of "brain drain", he said that it was rather a one-way traffic, more towards the west than the east. Some kind of a mechanism should be devised whereby it would become incumbent on the part of the receiving countries to obtain some kind of clearance from the country concerned before employing these fellows. He hoped that the Director-General might find some suitable solution.

The DIRECTOR-GENERAL said that he was glad that his remarks seemed to have provoked a dialogue, which would no doubt be continued in the Assembly, when it considered the Executive Board's forthcoming Study on the Central Technical Services and Direct Country Assistance. He expressed once again his belief that unless Member Governments could identify themselves fully with WHO, which was their own organization, so that WHO's ideas and ideals suffused all that was going on in health in their countries, the purpose of the Organization, as envisaged in the Constitution, would not be achieved. WHO was not a multi-national operation but an inter-governmental instrument for achieving the very important objective of "attainment of the highest possible level of health for all the people". It had been created for the consumers, and not for any profession. From this concept, everything would fall into place. Once it was possible to realize a natural kind of association or partnership between the ministries of health and the Organization, he felt sure that the question of co-ordination at the country level would not look strange or confusing. Problems relating to co-ordination within a government could possibly be due to vested interests of some of the parties concerned. Again, if ministries of health had full confidence in the Organization, it would be easier to work together to see how best the interests of the health sector could be protected. Such a situation would also facilitate the work of the Organization in achieving better co-ordination vis-a-vis other international and bilateral agencies operating in the field of health in the various countries, and could lead to very much increased resources.

In reply to Dr. Hossain, the Director-General said that the Constitution of WHO had provided for a regionalized organization, and he believed that in the health field, Member Governments would have no difficulty in exploiting the regional character of WHO to the maximum. WHO had gone through various evolutionary or revolutionary phases: creativity; leadership; strong central direction; growth through delegation; the crisis of control (when cohesion was necessary), and now growth through co-ordination. Co-ordination should not be a dead word but should exist throughout the Organization, avoiding, however, a crisis of "red tapism". Already there was a movement from co-ordination to collaboration. WHO was one of the few agencies in the world today that could show true internationalism, as it could be less governed by politics than others.

The instance of available assistance not reaching Bangladesh would be looked into, but there was an open dialogue between the Regional Office and Headquarters, and co-ordination was assured.
As regards the difference between Headquarters and regional projects, all were national projects implemented with assistance from WHO. Managerially, most of them were financed by the Regional Office; the only exception was that headquarters had so far been responsible for the implementation of research projects. Even here, the thinking was changing; though there might have been friction sometimes, if a Member Government clearly understood its own need, then all such frictions would disappear.

(At this point, the Chairman resumed the chair.)

The Director-General, in answer to a query from Dr Sumbung, said that the question was how to get rid of some of the classical dogmas with regard to such matters as the functions of hospitals and health centres, and the halo surrounding the physician and the public health nurse. As long as there were vested professional interests it would not be possible to have a reasonable configuration of the needs of the consumers of health care. Also, considerable amounts of money were being spent on sophisticated clinical research not directly related to the health needs of the community, and, the countries being victims of outside technocratic influences, the health services found it difficult to find the money to deliver health care.

He repeated that it was most essential that countries have the ability to study their own particular situation, to plan, analyse, evaluate and decide what was needed.

There were three pyramids, namely, the need-demand pyramid, with special demands at the top, springing from the big bulk of ordinary needs of the people, then, closely related to it, the educational pyramid (on the bottom the preparation of health workers, to cope with 80% to 90% of the needs, and at the top, the super-specialist education), and thirdly, the "facilities" pyramid, which should be planned appropriately to serve the other two. Unless national planning units became strong and acquired prestige and unless their importance were recognized by national governments, it would not be possible to find proper solutions to health problems and there would be great difficulty in attracting suitable people to man these units. There was a need to bring greater pressure on the governmental leadership to strengthen health planning units.

Under pressure, WHO had tried to define the term "health centre" and also to specify the ideal staffing pattern, etc., for such centres. However, WHO could only advise on how to determine demands, needs and the training needed for personnel to man the services in a particular type of country situation; in this task, WHO Headquarters and regional offices were both involved, since research could not be separated from application. It was really for the national health administrations themselves to conduct studies in this field and arrive at solutions best suited to each country or the local situation.

The CHAIRMAN, agreeing with the statement of the Director-General that each country should evolve the type of health services best suited to its needs and conditions, stated that in India there was little
relationship between the training received by the health personnel and the duties they were expected to carry out. Measures were being taken to remedy the situation. For example, medical education was being restructured. WHO had, of course, laid down certain broad guidelines in regard to the staffing of health centres, but it was for each individual country to determine what it needed and to adapt the criteria to suit local needs.

He felt that there should be no resistance on the part of professional health workers to the idea of auxiliary workers or paramedical personnel carrying out professional work, when, in certain countries, there was indeed a definite need for such personnel to help fill the gaps resulting from the lack of trained professional staff.

Part I - General Review of Activities

Public health administration

Planning and strengthening of health services (pp. 3-6)

DR HOSSAIN (Bangladesh) described in detail the pattern evolved in his country for the improved delivery of health services; this system was based at the thana level. It was called the "Integrated Thana Health and Family Planning Complex", and each complex was designed to serve a population of about 200,000. An administrator - a medically qualified person - was in charge of each of these complexes. Considerable difficulties had been experienced in filling the posts of administrators and even in agreeing with other ministries to give them the title of "administrator". However, these obstacles had been overcome, and newly qualified doctors were now required to spend an internship period - one year of compulsory service - in the rural areas.

At present the problem was that medical students were concentrating more on the clinical side since it held a better future for them. As the health centre must have the responsibility for total health care instead of being merely a curative or preventive centre, efforts were being made to broaden the scope of medical personnel in order to prepare them for the leadership role they would have to play in the context of a more comprehensive public health approach.

DR DIESH (India) said that although planning had to be done according to needs, it was necessary to determine those needs and to define priorities. In India, in order to promote the accessibility of health services and remove regional disparities, major emphasis was being laid on a "Minimum Needs Programme", which envisaged the establishment of public health centres in community development blocks and also sub-centres, each catering to a population of 10,000. These measures were taken in addition to upgrading some 1,283 public health centres to 30-bed rural hospitals in order to develop a proper referral system. The Government was also looking into the problem of providing adequate supplies of medicines to primary health centres. WHO had an important role to play in evolving a global strategy for the maximum utilization of health care services, although he agreed that each country had to design a system according to its needs and conditions.
DR SUMBUNG (Indonesia) said that since the time of the technical discussions on national health planning during the Regional Committee's session in 1968, there had been increasing interest in the subject, and many countries in the Region had taken steps to establish or strengthen planning units. In Indonesia, a planning bureau had been functioning at the central level and took decisions on matters of policy. However, each province was required to draw up its own programme. A team from the Central Bureau of Planning visited the provinces to assist them in this task, and a national health conference was held before a co-ordinated national plan was finally evolved. Such a system of feedback from the provinces enabled them to develop a more problem-oriented planning process. WHO assistance through the "Strengthening of National Health Services" project (Indonesia 0086) had been of considerable help in this direction, his government required this assistance on a long-term basis through provision of regular WHO staff in different specialties. It was also felt that assistance should be concentrated on certain major projects. A problem often encountered in the strengthening of health services was that economists and planning bodies were critical of the money spent in the health sector, as at present the resources used in this sector were input-oriented. Strengthening national health planning units should make it possible to show the input as well as the output.

With regard to country programming, he noticed that the UNDP budget allocation in the health sector was gradually going down. It was imperative to make the best use of UNDP assistance, as it was quite difficult to finance health projects from other sources. In this connexion, he felt that the decision taken at the last World Health Assembly to adopt biennial programming and budgetting would make it more difficult to plan national programmes and assistance and would lead to requests for frequent revisions. He wondered to what extent the planning units in the Regional Office and at WHO Headquarters had been strengthened so that their expertise could be utilized for strengthening planning units at the national level.

DR JADAMBAA (Mongolia) welcomed the participation of the delegates from the Democratic People's Republic of Korea at the session. He also congratulated the Regional Director on his comprehensive report.

In Mongolia, the Government had given priority to the strengthening of its national health services, control of communicable diseases and training of health manpower, and more recently, to the better organization and management of the health sector. In the past, emphasis had been placed on the curative part of public health services, but at present the integration of curative and preventive services into the general health services, with much more attention to the preventive aspects, was making much progress. Thus the services available to the community were not only more effective but also economical.

DR ISLAM (Bangladesh) asked whether it was considered really necessary to add the phrase "and family planning" after "health". Health included family planning.

Referring to paragraph 5 of item 1.1.2 on page 4 of the Report, he said that he had noted that in Indonesia a manual for health centre
staff was under preparation. Such manuals would be invaluable if, in view of the very limited knowledge of English of the rural health centre staff, they were in the local language. The training itself should also be in the local language.

The CHAIRMAN commented that with regard to "health" and "family planning", in India the Ministry itself was the "Ministry of Health and Family Planning", however, it was now being increasingly realized that family planning and health could not be kept separate. The position probably varied from country to country.

DR SAMLEE (Thailand) said that in Thailand there were many other plans in addition to the health plan within the provincial development plan for Chonburi which had been prepared in collaboration with WHO Headquarters and the Regional Office.

With regard to project systems analysis, practical difficulties were being encountered in its proper implementation in Thailand. The Health Planning Division alone understood the system; the other key officials, both in the Ministry of Public Health and at the provincial level, did not have much knowledge of the system, and they were therefore not taking any real interest in implementing it. Since project systems analysis was one attempt at applying modern methods of management and administration, it was absolutely necessary to consider the specific educational and training requirements of the officials concerned before such a sophisticated system was introduced in a developing country.

DR DHIR (India) said that the subject of national health planning was very important and had not been given due attention. It was also a very complex process and was proving more difficult in the developing countries, mainly for three reasons, i.e., lack of data, lack of trained manpower and the gap between the needs of the people and the resources available to meet them. In India, planning had been thought of in 1951, and through constant efforts during the last four five-year plans it had been possible to create adequately staffed and strengthened planning units at both central and state levels. These units were considered adequate for preparing the plans, but were not equipped for vigorous follow-up on the progress of expenditure and physical achievements. Frequently, even the inadequate amount allocated to health was not fully spent at the end of the plan period.

DR DAS (Nepal) said that one of the conclusions of the seminar on health planning held in the Regional Office in 1968 had been that planning cells should be set up in health ministries and not in directorates of health, so that it would be possible to effect sound and better ministerial co-ordination. Nepal had experienced some difficulties in such a set-up in that the responsibility for the implementation of the programme rested with the Directorate of Health. He asked about the experience of other countries in this respect.

The CHAIRMAN said that in India there was one common planning bureau for the Ministry of Health and the Directorate General of Health Services. Both were equally involved, and the Ministry was able to coordinate the work with the Planning Commission and other social welfare
departments. In reply to a comment by DR SUMBUNG (Indonesia) that it appeared that the Planning Bureau was a kind of technical mechanism and that the financial allocations were determined by a higher echelon, he said that in India the higher echelon was the Planning Commission.

DR TIMAPPAYA (India) observed that most of the doctors in charge of the programmes did not have proper training in management techniques. In India, the Planning Commission, realizing this inadequacy, had agreed to the setting up of the National Institute of Health Administration and Education in New Delhi in 1964 to provide training to doctors and other health workers. The Institute had conducted a number of training programmes, particularly staff college courses, in which senior administrators such as those at the district and higher levels participated. Also, courses on hospital administration were being conducted, and in 1970, at WHO's request, a course on health planning for teachers was organized. The Institute had been collaborating with the Asian Institute in Bangkok and with WHO in organizing courses on national health planning. Another rewarding experience for the Institute had been the research project in district health administration in Rohtak District (Haryana). Based on the findings of a study of this project, it was proposed to have multi-purpose instead of uni-purpose workers in the country.

The DIRECTOR-GENERAL said that the Organization was aware that it needed to be strengthened internally so that it could assist Member Governments more effectively in the field of health planning. He planned to make some arrangements at Headquarters so as to be able to take more vigorous action in this direction. He thought that forecasting over a long period should not lead to frequent major changes subsequently, although there could be modifications within the framework. Frequent changes would make any feedback difficult, and programme delivery would suffer. When there was a substantially developed project, the resources should be made flexible so as to be able to shift them to get the maximum output. WHO itself should probably not insist on such specific earmarking of funds. Any forecasting, to be useful, must be realistic.

Even though a country might say that it did not have the necessary capacity for developing a planning methodology or systems analysis and that more training was needed, he thought developing countries were just as capable of doing so as the developed countries and needed this type of planning even more in order to avoid waste. It was dangerous to believe that developing countries were not capable of following sophisticated planning techniques and systems analysis.

The CHAIRMAN said that he sympathized with the delegate from Indonesia, because if the tools used in forecasting were not good (and they were not available in many countries), then the plans had to be modified at intervals. When that was the case, efforts should be directed toward improving the techniques used in framing plans. WHO assistance was needed in this sphere.

DR SUMBUNG (Indonesia) said that the Chairman had correctly interpreted his remarks; he was referring to tactical planning and not strategy planning or long-term planning. A great deal of the quality of planning depended on the competence at national planning levels.
The REGIONAL DIRECTOR, referring to the remarks made by the delegate from Indonesia, said that the strengthening of the Planning Bureau in Indonesia had been an activity with which WHO Headquarters, the Regional Office and the Government had been intimately connected, and efforts were being made to plan research development as part of the project "Strengthening of National Health Services" (Indonesia 0086). The Director-General had definitely stated that the full responsibility for this project would be with the Regional Office and the national authorities and that any further assistance to be provided by WHO Headquarters would be through the Regional Office. The WHO staff of project Indonesia 0086 was assisting the governmental authorities in formulating plans.

Referring to the Director-General's statement on strategy planning, he said that when national planning units were properly constituted it should be possible to formulate good plans without recourse to frequent modifications. He also clarified that, though the Regional Committee at its session in 1973 would be discussing and finalizing the budget proposals for 1975 for incorporation into the Director-General's Proposed Programme and Budget Estimates for that year, it would be possible for the Regional Committee at its next session in 1974 to modify, if necessary, any of the planned projects already approved by the Committee in 1973 and by the World Health Assembly in 1974.

The details of the Programme Support and Co-ordination Unit established in the Regional Office were given on page 65 of the Annual Report and on page 103 of the programme and budget document. He described this unit, which was being developed gradually but was shaping up. He said that members of the Programme Support and Co-ordination Unit would be sent to various countries to study research facilities, etc., and, in fact, some of the members had already visited certain countries. It was his hope that the services of this unit would be fully utilized by the governments.

On the subject of project systems analysis, the methodology had been transferred to two countries of the Region - Indonesia and Thailand. In Indonesia, a very good project request had been developed for submission to the UNDP for assistance in the field of water supplies.

Recently, a UNDP evaluation mission had visited some of the countries in the Region in connexion with two UNDP-assisted inter-country projects, viz., Regional Health Manpower Development (SEARO 0096) and Team in Health Planning, Training and Related Study Methodologies (SEARO 0178).

The CHAIRMAN suggested that the expertise of the Programme Support and Co-ordination Unit in the Regional Office would no doubt be useful for developing countries in the Region. There had been a long-felt need for such a unit in the Regional Office, and the governments should make full use of the facilities available.

2. Adjournment of Meeting

The meeting was then adjourned.
SUMMARY MINUTES*  
Fourth Meeting, 19 September 1973, 3.00 p.m.

TABLE OF CONTENTS

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Twenty-fifth Annual Report of the Regional Director (continued)</td>
<td>68</td>
</tr>
<tr>
<td>2</td>
<td>Departure of the Director-General</td>
<td>77</td>
</tr>
<tr>
<td>3</td>
<td>Adjournment</td>
<td>78</td>
</tr>
</tbody>
</table>

*Issued as document SEA/RC26/Min.4, on 21 September 1973
MINUTES OF THE FOURTH MEETING

1. Twenty-fifth Annual Report of the Regional Director (continued)

Organization of basic health services (pp. 4-5) (continued), medical care (p.6), family health (pp. 7-9)

DR SUMBUNG (Indonesia) said that the subject of basic health services was important and required further discussion. He recalled the discussions that had taken place on this subject at the last World Health Assembly. There seemed to be differing interpretations of the term 'basic health services', which in this region was usually used to refer to rural health services, but meant something different in western countries. The importance of providing adequate health services to the rural population, where such a high proportion of the population lived, needed attention. In developing countries, stress was being laid on socio-economic development, and there often seemed to be more interest in increasing the gross national product and per capita income than in distributing the gains equitably. There was a need for WHO to look into the problem and to try to assist governments in providing the best possible health services to the rural population. There were also the problems of under-utilization of the services provided, lack of confidence at the consumer level, etc. Perhaps the system itself needed to be changed.

He felt that the subject of medical care had not been given adequate attention in the report.

As for family health, he observed that although WHO had maintained, and all agreed, that family planning was a part of maternal and child health services, there was pressure for giving it top priority. It might even mean that the programme at present should be treated as a vertical programme. Family planning included not only provision of necessary medical services but also had problems such as motivation and education of the people. The question was how to implement it as a top priority programme without adversely affecting the other health programmes.

DR DIESH (India) said that he agreed with the observations of the delegate from Indonesia with regard to provision of basic health services to the vast rural population. Though the urban population had enough medical care, there seemed to be a need for co-ordinating national programmes such as the malaria eradication programme with the efforts by the local bodies in urban areas.

In order to remove the imbalance in the rural areas, his government had decided to integrate a number of vertical programmes into the general health services and to train a corps of multi-purpose workers. At the village level there would be one male and one female worker, though the number of female workers might need to be doubled, to carry the health services to the doorstep of the villager. Explaining the health set-up at the primary health centre and district levels, he said that maternity-based family planning programmes were also being developed in rural areas. In order to give a fillip to the family planning programme, consideration was being given to utilizing the services of the traditional birth
attendant, in whom people in the rural areas had more confidence than in the auxiliary nurse-midwives.

DR HOSAIN (Bangladesh) said that the effective delivery of health services was dependent on the quality of training given to multi-purpose workers. He referred in this connexion to the pilot project in his country for training and utilizing, as multi-purpose workers, the basic health workers from different programmes. There had been initial difficulties, but they had been overcome. He mentioned the puzzling attitude of one of the United Nations agencies, which had thought that the family planning services should come under the supervision of the Ministry of Fisheries; another had suggested the need for establishing a separate Ministry, however, he had convinced them that this was a matter for the Health Ministry. The multi-purpose workers needed proper supervision. They should speak the language of the people. He recalled the advice given by the Prime Minister of Bangladesh to a group of medical college graduates that they should not call themselves 'big doctors' but should create a personal relationship with the people they were to serve.

DR SHRESTHA (Nepal) described in detail the experiment carried out successfully during the last year in Nepal through two pilot projects - one in the mountainous region and the other in the terai - for providing integrated health services to the population. In the first pilot project the existing malaria programme staff structure and organization had been maintained, but some additional responsibilities had been given to the personnel. In the second, the whole structure had been completely changed and made into an integrated programme. All the existing specialized campaigns had been fully involved in this experiment and had given full co-operation in implementing the pilot projects. A curriculum committee had been set up to draw up curricula for training the multi-purpose workers and other personnel to carry out the integrated programme.

When additional tasks were given to the basic health workers, the area covered had to be reduced. Recently a time/motion study had been conducted, and an activity/time study was to be carried out. In locating the health centres, provision was made for district-level participation.

The REGIONAL DIRECTOR, in reply to Dr Sumbung, said that the Regional Office would be prepared to provide such assistance as was required by the Member Governments in the formulation of health plans. With regard to medical care, this subject had been dealt with in the Introduction and was also to be the subject of a special study to be carried out by the Sub-Committee on Programme and Budget at the present session of the Regional Committee. A detailed working paper and also a summary had been issued (SEA/RC26/P&B/WP/4 and Add.1).

As for family planning, the Regional Office had assisted Indonesia and some other countries in a post-partum programme. WHO, of course, had a mandate from the World Health Assembly to consider the family planning programme as part and parcel of the general health services and not as a vertical programme. He hoped that it would be possible to convince other family planning agencies that it must be part of an integrated programme.
He added that the Regional Office had been very closely connected with the pilot project on integrated health services being carried out in Nepal.

The CHAIRMAN pointed out that family planning programmes had started as vertical programmes in some countries but, sooner or later, would have to be merged into the general health services. The question was when and how this should be done. For this integration to be practicable, the psychology and the "philosophy" of the health workers would need to be changed and their outlook broadened, and adequate training should also be given. Moreover, the area and population to be covered by the multi-purpose worker would naturally have to be smaller than in the case of a uni-purpose worker.

The larger the number of tasks to be performed by the basic health worker, the greater the need for supervision would be. He considered that developing this programme was an exercise that each country would have to do in its own way, as conditions differed. Ultimately, delivery of family health would be only through comprehensive health care for the family. Eventually a point would be reached when the acceptability of the vertical family planning programme would depend upon the efficiency of other programmes such as health education and also competence of health services. Therefore the programme would be family health and not family planning. While this concept was gaining acceptance at the national level, at the international level there were still compartmental thinking and handling by such organizations as the World Bank and UNFPA, which needed the attention of WHO.

Nursing (pp. 9-11)

SISTER ELLA STEWART (International Committee of Catholic Nurses), referring to the difficulties in attracting staff to work in the rural areas (which had been mentioned in the discussions), thought that this unwillingness might be due to their urban-oriented training. She wondered whether training nursing staff in rural areas would not partly solve the problem. The International Committee of Catholic Nurses was running such a training centre in a rural area in India, with trainees from the locality, who would be working in the locality.

The CHAIRMAN said that the suggestion made by the representative of the International Committee of Catholic Nurses was an excellent one. In India the training of nurses was being encouraged at the district level, and in some institutions in rural areas also. Even at taluk levels it had been proposed to have hospitals at upgraded family health centres which would also train nurses. The trained nurses, however, were reluctant to go to work in sub-centres, probably because their training had been hospital-oriented. It was perhaps necessary to look into the type of training that was being given.

In reply to a question from Dr Sumbung (Indonesia) as to what type of nurses it was planned to train for work in rural areas, the type of training planned and who would give the training, the CHAIRMAN said that at the district level there were many hospitals with a bed strength of about 300-500 serving training centres and having facilities for training.
The nurses that were being trained (auxiliary nurse-midwives) were expected to take care of the types of diseases that would commonly be met at primary health centre or sub-centre level and to be able to look after routine ailments; they did not need highly sophisticated training, nor was it desirable.

DR HOSSAIN (Bangladesh) said that, in his country, for a total number of 12 000 hospital beds there were only 700 nurses for the entire country. The reason for this low number of nurses was partly the socio-cultural and religious pattern and partly the state of affairs in the pre-independence years. His Government was determined to remedy the situation and hoped that WHO would accept this challenge and give even more assistance to the training of nurses.

Environmental health (pp. 11-12)

DR WAHI (India) said that the Indian Council of Medical Research, in collaboration with WHO, had undertaken research work in environmental health at its allied institute at Ahmedabad in areas such as air pollution, agricultural hazards, insecticides and pesticides and the agro-chemical effects of DDT spraying. WHO's efforts so far had been mainly in monitoring the effects. Deeper involvement of WHO in this work would be most useful, especially in view of the increasing industrialization and urbanization in developing countries.

The CHAIRMAN said that there was a need to seek support for work in environmental health from other international agencies such as the United Nations Environmental Programme, so that more funds would be made available for this work. The governments of the Region should try to strengthen the hands of WHO in whatever further efforts it made in this direction. He asked the Director-General whether there had been any new developments in this regard.

The DIRECTOR-GENERAL replied that WHO, with the funds at its disposal, had been very active in setting up norms and quality criteria and in establishing information systems relating to decision-making in respect of protection of the environment. However, there was a great need to protect the biologically needier rural populations and therefore to emphasize the mobilization of more funds to provide rural water supplies rather than limiting attention to protecting the comparatively more fortunate urban populations. WHO would, of course, be collaborating with the United Nations Environmental Programme.

DR ROY (India) said that health hazards to working merchant seamen required further attention. He suggested that the results of studies on this subject which had been going on in Poland and New Zealand might be made available through WHO to the countries of the Region.

Nutrition (pp. 14-17)

DR DIESH (India) observed that extensive research work on Vitamin A prophylaxis had been undertaken in India under the auspices of the National Institute of Nutrition at Hyderabad. This programme, which had already covered about five million children, was in the process of being evaluated.
DR DAS (Nepal) said that he wished to express his country's gratitude to the Government of India for assisting Nepal with supplies of iodated salt and for helping with the distribution of salt in not easily accessible areas.

The CHAIRMAN mentioned that a further assessment of the goitre programme in Nepal was being planned.

Mental health (pp. 17-18)

The CHAIRMAN said that he was glad to note that WHO had been taking much interest in mental health and had been assisting countries with the provision of consultant services and the organization of group educational activities. In these programmes, the emphasis was on community-oriented mental health services, on early detection and treatment and on decentralized services.

Occupational health and rehabilitation (pp. 19-20).

DR BANLOO (Thailand) said that his country had been interested in strengthening its physiotherapy departments and had gained some experience in the past four years. One of the important problems they faced was the shortage of physiotherapists. Another was the inability to keep the patients in hospital long enough for successful treatment.

It was important to strengthen the rehabilitation services in the hospital if effective results were to be achieved, and he hoped that WHO could be of assistance in this regard. He sought the views of the other countries in the Region on how best to solve this problem.

The REGIONAL DIRECTOR, replying to the delegate from Thailand, said that he had noted Dr Banloo's request. During the year a team of three consultants had visited several countries to conduct courses for training national staff.

DR WAHI (India) said that the National Institute of Occupational Health at Ahmedabad had been tackling the environmental aspects of occupational health. The Institute was also doing some fundamental research work which was industry-oriented.

The CHAIRMAN said that there were three further institutes in India, namely, the Rajendra Prasad Chest Institute at Patna, which specialized in the occupational health of miners, Safdarjang Hospital in New Delhi, and the All-India Institute of Physical Medicine and Rehabilitation at Bombay, which organized training courses for national and international personnel.

Radiation health (pp. 20-21)

DR ISLAM (Bangladesh) said that in his country many items of costly equipment remained idle due to lack of either spare parts or competent technicians. It was therefore necessary to train national staff in the maintenance of such equipment; the services of a mobile team could perhaps be made available to the countries of the Region.
The REGIONAL DIRECTOR, in reply, said that WHO had already taken action to train electro-medical technicians at the national level by assigning staff members. As for Bangladesh, a project on this subject had been developed and was expected to be in operation shortly.

The CHAIRMAN agreed that WHO had been active in this field, it had organized courses in collaboration with certain institutes and had provided experts. What was important was to develop this competence at the provincial and other levels.

Cancer (pp. 21-22)

DR Wahi (India), expressing his gratification at the inclusion of a section on this subject in the Annual Report, said that, with progress in the control of communicable diseases, chronic and degenerative diseases were finally receiving much greater attention. Referring to the report of the two WHO consultants who had visited various countries of the Region earlier in the year to assess the cancer problem, he said that he hoped it had made an impact in the countries concerned.

The Government of India had continued to evince keen interest in cancer and had under consideration proposals for upgrading existing cancer institutes to provide comprehensive cancer control services on a regional basis, and for establishing cancer units in each medical college for the training of health personnel. He referred to the Indian Government's Cancer Assessment Committee and to the project at Ranchi-puram. Research must continue, but what was now needed was that the Regional Office, with funds from the International Agency for Research on Cancer and WHO headquarters, should take measures to control the problem through collaborative effort. India had facilities for the training of cytologists, cyto-pathologists and cyto-technicians, and he invited other countries of the Region to take advantage of these facilities.

The REGIONAL DIRECTOR said that Dr Wahi had been one of the two WHO consultants who had recently conducted the cancer survey which had been mentioned, and as a result of their recommendations, documentation had been prepared for a seminar to be held later in 1973. The Regional Office would await with interest the outcome of the seminar, in which not only the ICMR but also the International Agency for Research on Cancer in Lyon would be participating.

Cardiovascular diseases (pp. 22-23)

DR Islam (Bangladesh) said that with the increase in the longevity of life of the people in the Region, cardiovascular diseases were becoming increasingly important. Simultaneously, with rapid industrialization, there was a rise in the incidence of chronic bronchitis. He wondered whether, with the limited personnel and financial resources available, it was advisable to confine attention to the cardiovascular diseases or to utilize intensive care units also for renal dialysis. It would also be useful to know whether there should be a different cadre of personnel and separate organization of services for prevention, control and rehabilitation in the case of the respiratory, cervical and renal diseases or
whether the same personnel should be trained to tackle all three aspects of the problem.

The CHAIRMAN said that this subject had recently come up for discussion in India, when two different views had been expressed: one was that renal, cervical, and respiratory units should be combined, and the other was that the cervical and respiratory units could be integrated but that the renal intensive care should be kept separate. He agreed with the latter viewpoint but thought that, with the limited resources and supplies available, a reasonable compromise would be to locate the two units very close together.

Pharmacology and toxicology (pp. 23-25)

Quality control of pharmaceutical and biological products

DR ISLAM (Bangladesh) said that the quality control of pharmaceutical and biological products was one of the most serious problems facing his country. Many sub-standard and spurious drugs, suspected to have been smuggled from neighbouring countries, were being sold in Bangladesh. Possibly there was a competition among the importers to bring in cheaper medicines from foreign countries. So far there was no effective quality control of drugs in many countries of the Region. It would, he thought, be a worthwhile investment to create an effective organization for the quality control of drugs, and he strongly pleaded for immediate WHO assistance in this matter.

The CHAIRMAN said that India had been making strenuous efforts to frame quality control regulations. The problem in Bangladesh might be tackled by a government agency if it could control the import and distribution of drugs. However, quality control was also an inter-governmental problem. He stressed the urgent need for establishing quality control laboratories in the countries of the Region.

Drug dependence (p. 24)

DR WAHI (India) stated that drug dependence had been found to be a very important problem in India, as more and more young people in the universities were taking to drugs. An excellent report had emanated from a seminar on the subject recently held in Delhi. He hoped that rapid progress would be made with the proposed joint collaborative project between the ICMR and WHO, in which it was planned to conduct both retrospective and prospective studies of people addicted to all kinds of drugs.

The REGIONAL DIRECTOR said that he had noted the comments made. He drew attention to the fact that a WHO pharmaceutical chemist had gone to Bangladesh recently, had helped to analyse the problem and had outlined the training required. Another WHO consultant had then visited the country as a follow-up, to assist in devising measures for strengthening the quality control laboratory.
Food safety: hazards to man from pesticides (pp. 24-25)

DR WAHI (India) said that there were two important toxicology units in India - one at Lucknow and the other at Ahmedabad - both of which were working well.

The CHAIRMAN added that WHO assistance (originally, he thought, intended for Ahmedabad) had been provided to the unit at Lucknow, and there was a need for similar assistance to the one at Ahmedabad, in view of the large size of the country and its requirements in this field.

The REGIONAL DIRECTOR said that, within the provisions budgetted, it should be possible to give this assistance.

Medical stores management (p. 25)

DR TIMAPPAYA (India) said that in India, where there was a great need for training in the field of medical stores management, the National Institute of Health Administration and Education in New Delhi had been organizing short courses and seminars on materials management.

Communicable diseases (pp. 25-26)

DR DIESH (India) said that the Annual Report was very clear with regard to plans for the prompt eradication of smallpox. As regards malaria, however, the eradication programme, which was now in its sixteenth year, had proved to be very costly. He wondered whether WHO could suggest any new strategy, particularly in view of the increasing problems of vector resistance.

DR JAYASUNDERA (Sri Lanka) said that Sri Lanka also had the problem of increasing tolerance to DDT on the part of the vector. Procurement of DDT also continued to present difficulties. He wondered whether information on the use of the ideal type of insecticide or combination of insecticides could be made available.

The REGIONAL DIRECTOR replied that much needed to be done to reach the goal of complete eradication of malaria. In the earlier years, the reaction of the vector to insecticides and certain administrative difficulties could not have been foreseen. However, as had been recommended later by the World Health Assembly, if the countries could not envisage definite eradication, they could at least take measures to ensure an effective control programme.

DR KELLETT (Senior Regional Malaria Adviser) stated that all the countries in the Region would recall that WHO had asked them to carry out strategy reviews to demarcate the areas in which eradication was not possible, but where control measures should be carried out. Although national staff were the leaders of the teams which had made these reviews, their recommendations had not been implemented in all cases. Moreover, if coverage had been complete as defined, WHO considered that the problem of parasite resistance should not have arisen. Most of the setbacks to the programme were due more to operational failures than to technical difficulties.
DR SHRIVASTAV (India) said that the procurement of DDT was going to be an even more difficult problem in the future, with the decision of the major manufacturing countries to stop production. If the other countries in the Region could give more precise estimates of their requirements for the next ten to fifteen years and inform WHO, the Government of India would explore the possibility of expanding their capacity to meet the needs.

Tuberculosis (pp. 30-31)

DR ISLAM (Bangladesh) said that in 1952 he had attended a conference at which there had been only a brief discussion on the question of having a single cadre of personnel for both tuberculosis and leprosy control programmes. He noted that this month in Japan there was to be another meeting to discuss the same subject. He wondered whether control measures for the two diseases should be combined.

The CHAIRMAN said that experiments were being carried out in some States in India with respect to joint BCG/leprosy programmes. Whereas a great deal of knowledge was available in regard to methods of transmission and control of tuberculosis, in the field of leprosy the knowledge that was available was not so precise; on the other hand, the work in immunology had attained more importance in leprosy than in tuberculosis. Personally he felt that both programmes should be kept separate for the present, as they sometimes required concentrated special attention, and although there might be a joint administrator or chief for both at the top, there was a need for separate approaches, particularly in hyperendemic areas.

DR ISLAM (Bangladesh) explained that when he had mentioned the joint programmes, what he had in mind was the practical approach to the problem rather than the theoretical aspect. He looked at the problem from a therapeutic point of view, as the drugs for both the diseases were more or less similar, except perhaps for the sulphone group of drugs; also, with the dearth of manpower, it was possible that the leprosy worker could carry out the work of both programmes.

DR HOSSAIN (Bangladesh) said that in his country there were perhaps three million tuberculosis patients. His government was worried about the problem, but had not been able to give it the same amount of attention as, for example, smallpox. Though a considerable amount of knowledge was available regarding the disease, at the moment there were no essential data on the basis of which to plan a control programme. He urged the Regional Director to give early attention to this matter.

The DIRECTOR-GENERAL said that both WHO Headquarters and the Regional Office had brought out numerous documents on the subject, based on the scientific research carried out in India, giving standardized medical technology that could be used by any health service with a reasonably sound infrastructure; as far as he could see, there was no problem in combining the tuberculosis and leprosy programmes if this was found practicable. A great deal of the methodology that had been applied to tuberculosis could also be usefully applied to leprosy. What was required
was to ascertain the support to be given to the general health services to enable them to take on the work. For both tuberculosis and leprosy, a remarkable technology was available, and national administrations should make use of it.

He mentioned that in one region a suggestion had been made to abandon the term "leprosy" and go back to "Hansen's disease". If the word "leper" was avoided, patients might feel encouraged to seek more assistance from the basic health services, which should be such that they continued to motivate leprosy patients to seek treatment over long periods of time. He agreed with the Chairman's remarks that there should be at certain levels an aggressive identification with the disease, be it leprosy or tuberculosis.

The REGIONAL DIRECTOR said, in reply to the remarks of the delegate of Bangladesh, that the inter-country tuberculosis training and evaluation team was to visit Bangladesh shortly to assist in formulating plans for assistance and in drawing up curricula for the training of medical and other workers. In 1974, it was planned to hold an inter-country seminar on tuberculosis, at which the integration of tuberculosis and leprosy programmes would be considered in the light of the scientific knowledge then available. He also referred to the inter-regional leprosy/BCG trial which had been going on in Burma for some years to assess the value of BCG vaccination in the prevention of leprosy among the child population and to obtain information on the epidemiological, immunological and other aspects of leprosy. As this Headquarters-assisted project was coming to an end in 1974, the Regional Office was enquiring from the Government of Burma whether it wished the project to be continued beyond 1974 from the regional budget.

The DIRECTOR-GENERAL said it was not that WHO Headquarters particularly wanted to discontinue the leprosy/BCG research project but that it was hoped that the maximum use could be made of the statistical data on the project activities by September 1974. From the reports available so far on the progress of the project's activities, the data, though inconclusive, seemed to give a slight indication that the vaccine was effective.

The CHAIRMAN said that the Government of India had been engaged in similar research work on leprosy at the Chingleput Institute and on tuberculosis at the National Tuberculosis Institute in Bangalore, in which he was sure WHO was interested.

2. Departure of the Director-General

The DIRECTOR-GENERAL said that as he was leaving for Geneva the next morning, he wished to thank delegates for having permitted him to take part in the discussions. He noted that from year to year the discussions were more sharply focussing attention on new challenges. Active participation on the part of all Member States stimulated courage and encouraged a feeling of optimism about the future of the Organization. After having listened to the views of the various delegates, he was convinced that the historical winds were blowing in the right direction and could very well lead to genuine internationalism.
The CHAIRMAN said that the twenty-sixth session of the Regional Committee for South-East Asia had been fortunate in many respects, one of which was that the Director-General had been able to spend a few days with them and participate in the deliberations. The Director-General had taken an active interest in the technical aspects of the discussions and had greatly inspired the delegates by his deep devotion to the aims of WHO. He had no doubt that, under the able and dynamic leadership of Dr Mahler, the future of the Organization was in safe hands and that WHO would be able to find solutions to the major health problems of the world.

3. **Adjournment**

The meeting was then adjourned.
### TABLE OF CONTENTS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Twenty-fifth Annual Report of the Regional Director (concluded)</td>
<td>80</td>
</tr>
<tr>
<td>2</td>
<td>Health in the service of Asian development: health charter</td>
<td>95</td>
</tr>
<tr>
<td>3</td>
<td>Adjournment</td>
<td>97</td>
</tr>
</tbody>
</table>

*Issued as document SEA/RC26/Min.5, on 21 September 1973.*
Epidemiological surveillance (pp. 31-32)

DR ROY (India) said that the subject of yellow fever was very vital not only for India but also for most of the countries of South-East Asia. He was glad to note from the table on page 32 of the report that yellow fever had never been notified in South-East Asia, but feared that in the near future this might not be the case, if countries susceptible to the introduction of the disease did not take adequate steps to prevent it. In India, strict vigilance was observed in order to prevent the introduction of the virus, but he was not sure of the vigilance exercised in neighbouring countries. In this matter the closest co-operation was required. Also, the aircraft disinsection method followed at the moment was not effective, and WHO was studying the possibility of suggesting a better one.

DR HOSSAIN (Bangladesh) said that, as regards yellow fever, he felt that the serious problem of preventing the transmission of the disease through air traffic should be taken up at the regional level. There had been problems because of not having yellow fever vaccine available at the airport in Dacca.

The CHAIRMAN said that India was manufacturing a large amount of yellow fever vaccine, which could be supplied to other countries directly or through WHO.

DR IGNJATOVIC (Regional Adviser on Communicable Diseases) said that the trials carried out so far in the application of dichloro vapour for aircraft disinsection indicated that it was safe for passengers and crew on board, but results of the trials with regard to the effect of the insecticide on the sensitivity of the electronic equipment on board aircraft would be known only by the end of October 1973.

Smallpox (pp. 34-35)

DR HOSSAIN (Bangladesh) said that the organization for smallpox in his country consisted of four divisions, and there was a definite target date for achieving eradication of the disease. Teams of national and WHO staff were visiting the rural areas to cover the majority of the population, and he hoped that their efforts would succeed in achieving complete eradication by 1975.

Cholera (pp. 35-36)

DR SAMLEE (Thailand) stated that there were sporadic cases of cholera in the northern and central parts of his country, with a mortality rate of about 0.05 per cent. By improving the sanitary conditions in the provinces threatened by cholera, he hoped that the problem could be brought under control in the next few months.

DR JAYASUNDERA (Sri Lanka) said that the last outbreak of the disease in Sri Lanka had been in 1953, and since then no cases had been reported.
DR DAS (Nepal) said that in Nepal cholera was reported almost every year during the monsoon period and was found in epidemic form in Kathmandu Valley. His government had experienced some difficulty in achieving eradication since the cholera vaccine was not of high potency, and also environmental conditions left much to be desired.

DR SUMBUNG (Indonesia) observed that cholera, an endemic disease in the Region, would obviously not rapidly disappear. As it was closely linked with environmental sanitation and hygiene, the provision of safe water supply to the rural population would be vital if eradication of cholera were to be achieved. This was indeed an expensive undertaking, and efforts were being made to show to the economists and administrators the economic benefits which would accrue from such an investment, but so far the outcome had not been very encouraging. He sought the assistance of WHO in this connexion.

DR ISLAM (Bangladesh) said that the mortality rate in Bangladesh was nil, and this fact showed how collective effort could help in the control of a disease. The Cholera Research Laboratory in Dacca had provided a good service. One of the formerly endemic districts had not reported any cases in the past seven years.

DR HOSSAIN (Bangladesh) added that teams of health workers had been sent to the flood-affected areas with vaccines and water purification tablets in order to arrest the spread of the disease. Experts from the NIH of the USA were also assisting the Cholera Research Laboratory in trying to provide an effective vaccine.

DR BA TUN (Burma) said that in Burma the mortality rate was low except in some remote areas, and no cholera epidemics had been reported in recent years; however, there were some sporadic cases. The laboratory services, particularly in some of the township hospitals, were still weak. He asked for WHO assistance in strengthening these services so that cases could be diagnosed promptly. He hoped that WHO was continuing to sponsor research directed toward developing an effective vaccine.

DR DIESH (India) said that India had been invaded by the cholera vibrio (El Tor) in 1964 and that a larger epidemic had followed in subsequent years in several States. Since 1966 classical cholera had been almost completely replaced by the El Tor biotype.

A considerable reduction in cholera cases had now been achieved in the country, and the mortality rate was below 5 per cent. He outlined the steps being, or to be, taken to combat this disease, and mentioned that very high priority had been accorded by his government in the Fifth Five-Year Plan to providing safe water and improving environmental sanitation in rural areas.

The CHAIRMAN said that the problem of providing protected water supply was common to many countries of the Region. He wondered whether areas where cholera was hyper-endemic could be identified and given priority for the provision of safe water. Such a programme would bring immediate results to convince the administrators/planners of the value of investments in water supply programmes and would help to extend this activity to other areas.
Efforts at carrier studies were being made in India. Finally, regarding vaccine, he said that the strains could be isolated in the countries themselves, and also that they could be obtained from other countries.

The REGIONAL DIRECTOR said that he had noted the observations made by the delegates. The Regional Office was trying to eliminate cholera and to stimulate water supply programmes; in this connexion he mentioned the development of a water supply project in Nepal with assistance from the UNDP, for which financial assistance from the World Bank was also being explored.

As regards effective vaccines, two types of vaccine were on trial in India. The results so far were not satisfactory, and the studies were being continued.

Plague (p. 36)

DR SAMLEE (Thailand) said that Thailand had been free from the incidence of plague for ten years, but surveillance measures were being continued so as to prevent any recurrence of the disease.

Leprosy (pp. 36-37)

DR HOSSAIN (Bangladesh) commented that there were a few areas in Bangladesh from which leprosy cases were reported, and there were possibly more which were undiagnosed. It was planned to tackle this problem under the new integrated health care scheme. For this purpose a special training programme for the family welfare workers would be necessary.

Venereal diseases and treponematoses (p. 37)

DR SAMLEE (Thailand) said that venereal diseases were a serious health problem in Thailand especially in cities and large towns. WHO assistance in this subject had been concentrated on the clinical aspects, and more attention should now be given to prevention, for which technical guidance and assistance from WHO would be essential.

DR HOSSAIN (Bangladesh) said that as the result of a request made at the last session of the Regional Committee in Sri Lanka, a WHO expert had visited Bangladesh to investigate the incidence of venereal diseases following the war of liberation. His report had brought out some interesting facts, which were being carefully studied as a basis for future action.

The CHAIRMAN said that it was unfortunate that there was stigma attached to venereal diseases in that the persons affected were reluctant to report at the hospitals or the health centres. Perhaps venereal-disease treatment clinics could be associated with dermatology; the patients would then be less reluctant to visit the clinics.

The REGIONAL DIRECTOR remarked that the aim of the venereal-disease project in operation in Thailand had been to control venereal diseases and train staff in clinical and laboratory aspects. A short-term consultant epidemiologist in venereal diseases, who would advise on the preventive aspects, was to be assigned before the end of the year.
Virus diseases (pp. 38-40)

DR ISLAM (Bangladesh) stated that he was not sure about the incidence of trachoma, but poliomyelitis was not uncommon in Bangladesh. Respiratory virus infections were widely prevalent. He enquired whether laboratory facilities for isolation of the viruses were available in the Region.

DR BA TUN (Burma) said that trachoma was endemic in central Burma, and a control programme was being launched. The incidence of dengue/hemorrhagic fever had been increasing in the country in 1970; the number of cases reported each year was about 1,000, with a 3% case-fatality rate. It was found that the disease attacked especially the pre-school group and school-children. Environmental health programmes were being carried out in schools. For treatment, the administration of plasma had been found to be effective, and he sought WHO assistance in the production of plasma in local hospitals.

DR SON (DPRK) said that Japanese encephalitis was not a problem in his country.

DR RAY (India) mentioned that the existence of Japanese B encephalitis had been recognized for a long time on the eastern coast of India, identified by means of serological surveys. This year, on the advent of the monsoon, a number of cases had occurred in a district of West Bengal. Contrary to normal expectations, the mortality rate this year had been very high: it was 80% in the child population, with an overall rate of 40%. The virus had recently been isolated. The usual vector for Japanese B encephalitis was known to be Culex fatigans. However, recently a virus antigenically similar to the Japanese B encephalitis virus had been isolated from a species of Anopheles, and this posed a new problem. Epidemiological surveys carried out in the Asansol area had confirmed that the disease was confined mostly to the lower socio-economic groups normally engaged in work in the coal fields, and that incidence ranged from the very young child to adults of old age. A vaccine was available in certain countries, but its cost, the need to administer two doses and high fall-outs, as shown by experience in other similar programmes, were deterrents to its use.

DR SUMBUNG (Indonesia) stressed the need for inter-regional co-operation in tackling hemorrhagic fever. He hoped that the forthcoming meeting in Manila on this subject would bring out standard criteria for the diagnosis and control of the disease. He again emphasized the need for international co-operation in efforts at control.

DR JAYASUNDERA (Sri Lanka) said that immunization against poliomyelitis had been carried out over a number of years in his country. However, during the first half of this year, there had been an increase in incidence as compared to the two previous years, perhaps owing to incomplete immunization. With regard to infectious hepatitis, during 1973 there had been an increase in the number of cases in Sri Lanka. As to the arbovirus infections, there had been some cases of dengue and Japanese B encephalitis, but no cases of hemorrhagic fever this year.
DR TUN (Burma) said that Burma had been sending specimens to neighbouring countries for laboratory diagnosis of dengue/haemorrhagic fever. He hoped that WHO could strengthen the national laboratories so that they could undertake diagnoses promptly.

The REGIONAL DIRECTOR, replying to the point raised by the delegate from Bangladesh about facilities for the isolation of polio virus, said that this was being done by the Indian Council of Medical Research wing of the Haffkine Institute in Bombay, by the Colombo South Hospital in Sri Lanka and by the Department of Medical Sciences in Thailand.

Rabies (p. 40)

DR DAS (Nepal) stated that rabies was a serious problem in Nepal, one which was difficult to control. The production of rabies vaccine, with assistance from WHO, might go a long way to help in the programme.

DR JAYASUNDERA (Sri Lanka) requested that the WHO project "Veterinary Public Health Services (Zoonoses Control)" (Sri Lanka 0093) be redesignated as "Rabies Eradication Project", so as to concentrate on this important problem. If a well-planned programme were launched, he thought it would not be difficult to eradicate the disease from Sri Lanka in three years, with WHO assistance in vaccine production.

The REGIONAL DIRECTOR replied that it should be possible to change the title, if the Government so desired.

Immunology (p. 41)

The CHAIRMAN said that developments in immunology were bringing about a new breakthrough in diagnosis and therapy. Many activities had been undertaken in the Region, including the field of leprosy immunology. Group educational activities on this subject had been organized, and more were planned.

The REGIONAL DIRECTOR confirmed that some very successful group educational activities, attended by a large number of participants from the Region, had been organized, and it had been planned to hold a meeting on immunology in 1974 and one in 1975 under an inter-country programme. If there were any specific requests for assistance he would be glad to consider them. Budgetary provision for training in immunology had been made for 1973, 1974 and 1975.

The CHAIRMAN said that the research and teaching institutions in the Region should take full advantage of the courses organized by WHO.

Health laboratory services (pp. 41-43)

DR BANLOO (Thailand), referring to the section on blood transfusion on page 43, stated that in his country the blood transfusion service had been a major problem some years earlier, but the situation had improved. The increase of voluntary blood donations by the public was due mainly to the leadership of Her Majesty the Queen, who provided
strong support to the Red Cross Association of Thailand. He hoped that WHO could assist such voluntary agencies, which, he felt, were doing a better job than governmental agencies in this regard.

DR JAYASUNDERA (Sri Lanka), describing the set-up of the health laboratory services and the work done by different types of laboratories in his country, said that, with assistance from WHO, the diagnostic laboratory services had been improved in the last few years. Doctors were being trained in microbiology so that they could assist in epidemiological surveillance. The blood transfusion services in Sri Lanka were very good, and the WHO consultant who had recently visited the country had recommended that the set-up in Sri Lanka should be considered as a model for the Region.

DR DAS (Nepal) said that in Nepal health laboratory services were still in an infant stage. With the help of WHO, laboratory technicians were being trained.

DR JADAMBA (Mongolia), stressing the importance of laboratory services in public health work, said that in Mongolia, though the organizational set-up was quite good, there was a shortage of equipment. He then described the health laboratory system in his country and said that during the Regional Director's recent visit to Mongolia, it had been agreed to continue the WHO-assisted project on health laboratory services. The country had a blood transfusion centre in the capital and smaller centres in all except two of the aimaks.

DR SUMBUNG (Indonesia) observed that at present the health laboratory services in Indonesia consisted mostly of clinical laboratories, which had now, with the assistance of UNICEF, been extended to the rural areas. As the health centre system was intended to render both curative and preventive services, the rural health laboratories should be utilized for both these purposes. Indonesia was producing all the necessary vaccines and had attained self-sufficiency in smallpox vaccine. The production of BCG vaccine had been started. In Djakarta, the Central Public Health Laboratory had been strengthened with WHO and other international assistance.

Blood transfusion was a problem in the country. Not many people volunteered to donate blood, and the Government was not in favour of the idea of buying and selling it. He wondered whether there was any possibility of WHO's assisting in the establishment of private blood banks.

DR ISLAM (Bangladesh) said that he was happy to note that the services of many health laboratories in the Region were available. Since laboratory services could not be established very quickly, it was often necessary to make the best use of what was available in other countries. For this purpose, he suggested that information on the laboratory facilities available within the Region should be circulated. Ways and means should also be found for quick transport of laboratory material, as using the normal commercial channels meant many delays; WHO might perhaps allow the use of its diplomatic pouch service for such despatches. The main difficulties in Bangladesh were limited laboratory equipment and
shortage of reagents, and he would appreciate WHO's assistance in this regard. With regard to blood transfusion, this was one of the areas to which he felt not enough attention had been paid. WHO consultants should be provided to study the existing services and suggest improvements.

DR TUN (Burma) said that he fully agreed with the representative from Indonesia about the desirability of strengthening the laboratory services in both preventive and curative aspects. In Burma, laboratory services were still poor. With WHO assistance, the National Health Laboratory needed strengthening to become a reference, teaching, intelligence and research centre for the whole country; further assistance was required so that it could quickly train the laboratory staff needed at different levels. Laboratories had been established at 33 district and township hospitals, for which UNICEF had provided equipment. His Government intended to extend these services to more such hospitals. With regard to blood transfusion, in Burma there was a very good voluntary blood donor scheme, but there was difficulty in producing antisera. He requested WHO assistance in the production of antisera at central as well as peripheral level.

DR DIESH (India) said that in India considerable progress had been made with regard to the development of health laboratory services. Following the WHO-assisted seminar in 1970, a national seminar had been held, which highlighted the importance of laboratory services in the integrated health services. This seminar had made recommendations on the training of manpower, close co-operation with allied services and provision of incentives to attract personnel to the laboratory services. Three thousand health laboratory assistants were working in the primary health centres. In addition to laboratories at taluk, district, regional and central levels, there were twelve national laboratories doing specialized work. Blood transfusion services still remained a big problem, as, in India, reliance was placed mostly on commercial blood donors.

DR HOSSAIN (Bangladesh) stated that the Institute of Post-graduate Studies in Dacca needed to have a very well equipped laboratory for diagnostic, training and research purposes. Even the eight medical colleges in the country did not have well equipped laboratories. The country needed trained laboratory technicians; to begin with, at least five hundred would be required. He requested that as his country was an "underdeveloped" one, the Regional Director should assist it further not only in training technicians and providing reagents, but also in ensuring an adequate supply of equipment by UNICEF.

The REGIONAL DIRECTOR said that it was heartening to note that the importance of health laboratory services was well recognized and that the assistance provided by WHO had been appreciated. WHO had assisted both small and large institutions. Several eminent consultants had been assigned during the past year. He briefly described the type of assistance which had been provided.

With regard to the point raised by the representative from Indonesia regarding assistance to private blood banks, he pointed out that WHO normally assisted only government-sponsored programmes.
Regarding the suggestion made by the representative from Bangladesh on the use of the WHO diplomatic pouch for despatch of laboratory material, he regretted that this was prohibited. However, other possibilities could be explored to assist Bangladesh in solving their specific problems in this regard.

With reference to Dr Hossain's request for assistance in the training of technicians, he commented that there was already a project (Bangladesh 0022) for developing health laboratory services, including vaccine production. He did not consider Bangladesh "underdeveloped" but developing, as judged by its great absorption capacity.

DR TAWIL (Regional Adviser on Health Laboratory Services) stated that there had been a definite improvement in the countries of the Region in regard to health laboratory services. In this regard, there had been a consensus on the methodology, philosophy and pattern to be followed, which had been brought up for the first time in 1966 and taken up again in 1970, when a conference was held. There was a genuine effort to improve laboratory services as a part and parcel of the general health services. Any improvement in the laboratory services depended on the training of qualified manpower to run them. Practically all the countries, including Bangladesh, had been running one basic course, assisted by qualified and specialist tutors, and some were training at degree or postgraduate levels. WHO had helped the governments to build up manpower, achieve self-sufficiency in training, and reorganize the laboratories, as well as to set up and strengthen reference laboratories. Also, UNICEF had provided essential equipment for laboratories. Assistance had also been given in the establishment of reference laboratories.

DR DIESH (India) said that India would be glad to offer to the countries of the Region, including Bangladesh, facilities for training laboratory assistants. As regards venereal diseases, India was now producing VDRL reagent and could supply it, if needed, to other countries.

The CHAIRMAN suggested that, keeping in view the entry of some new Members into the Region, it would be useful for the Regional Office to circulate information on the activities already undertaken in regard to the establishment of health laboratory services, the guidelines set up, the equipment recommended at different levels, and the role of reference laboratories. There were some very useful documents on these aspects of laboratory services which he thought could be circulated with advantage.

**Vaccine production** (pp. 43-44)

DR DIESH (India) said that India was very much concerned with the production of freeze-dried smallpox vaccine. Partly because of some delay in the arrival of equipment, the target of production at the laboratories had fallen short of its schedule. However, the shortfall at one production centre was more than offset by production above capacity at other centres. The production for the year 1972-73 was estimated at six million ampoules, and it was hoped to achieve the target of 10.4 million ampoules (56 million doses) by the end of the Fourth Five-Year Plan. As regards DPT vaccine, since India was embarking on a national immunization programme during the Fifth Plan period, the Government
concurred with the suggestion for an increased production of biologicals. The present method did not permit production of large batches, and smaller ones had proved to be uneconomical. The Government expected assistance through a consultant who would advise on production methods, and also hoped to receive the required equipment from UNICEF. During the Fifth Plan, it was hoped to achieve the production target of one hundred million doses and to cover 60% of the vulnerable population group by the end of the Plan period, when the programme would be phased out.

India was also producing 25 million doses of rabies vaccine as against the country's requirement of 23 million doses. The Central Research Institute had started research on the removal of encephalogenic factors and had taken other measures to improve quality.

DR JAYASUNDERA (Sri Lanka) said that Sri Lanka was at present able to meet its requirements for cholera, TAB and smallpox vaccines. The country was hoping also to produce freeze-dried smallpox and rabies vaccines. A plan of operation was under preparation, and it was expected that UNICEF assistance would be available. As regards other vaccines, such as BCG and polio vaccine, these were at present being imported, but it was hoped to produce diphtheria and tetanus components as the next stage of this plan.

Health statistics (pp. 45-46)

DR SAMLEE (Thailand) stated that his government considered health statistics as a very important component of health service administration. In Thailand, as a result of the recent re-organization of the Ministry of Public Health, there was a certain lack of co-ordination between the various departments of the health services, with the Division of Vital Statistics, the Division of Health Statistics in the Department of Medical and Health Services, and the Division of Health Planning in the Office of the Under-Secretary, in the Department of Public Health Promotion. He pleaded for more emphasis on co-ordination in WHO's assistance to Thailand in the field of statistics.

DR SUMBUNG (Indonesia) agreed that health statistics played a key role in the formulation of national health plans. In Indonesia, considerable efforts were being made to strengthen the Department of Health Statistics, but so far it had not been possible to develop a good methodology in the collection of information. He wondered whether it would be possible for WHO to provide some assistance. A large amount of data was being collected by various departments, placing a heavy burden on the lowest echelons in filling up forms and providing the same information over and over again. He also suggested that the title of this section of the Annual Report be changed to "Health Information", as it covered a wide area.

The CHAIRMAN said that India had a statistical section which was known as the Central Bureau of Health Intelligence. However, this was only a question of nomenclature.

DR ISLAM (Bangladesh), noting that consultants on vital and health statistics had been provided to Burma and to the Indian Council of Medical
Research, said that Bangladesh would like to have similar assistance from WHO by way of consultants to advise the Post-graduate Institute of Medicine in Dacca on the training of its students and on evaluating its research projects.

DR HOSSAIN (Bangladesh) explained the steps taken in his country to collect data at the family level (by introducing family cards) and to process the data through various levels up to the Post-graduate Institute of Medicine.

The REGIONAL DIRECTOR said that he had noted the suggestions made. As for changing the title of the chapter "Health Statistics", in the titles used for the Annual Report, the Regional Office normally adopted the same nomenclature as Headquarters, but this possibility could be reviewed.

DR SEN GUPTA (Director, Central Bureau of Health Intelligence, India) explained in detail the training facilities available in India for statisticians at both junior and senior levels. The Government was running four centres - the Model Vital and Health Statistics Unit in Nagpur (training in general health statistics and medical coding), the Christian Medical College in Vellore (diploma course for medical record officers), Safdarjung Hospital in New Delhi (medical record technicians), and the All-India Institute of Hygiene and Public Health in Calcutta (one-year diploma course in statistics). His government would be glad to offer these training facilities to any countries wishing to avail themselves of them.

Education and training (pp. 46-54)

DR CHOED (Thailand) said that medical education was a subject which deserved top priority. There had been shortage of health personnel, especially of doctors, in his country. The four medical schools were at present turning out 300 to 350 graduates annually, and the figure was expected to go up to around 400 or 500 when a fifth school would, shortly, be opened. In his opinion, the present pattern of training the doctors in sophisticated methods would not succeed in delivering the required health care to the people. He felt strongly that in medical education there should be less emphasis on the academic aspects and more on community health. When efforts were being made to increase the number of doctors, the importance of making them community-oriented should be kept in view. Unless this were done, the present reluctance to undertake work in rural areas would continue. Attempts were being made in Thailand to produce basic doctors and to reduce the medical curriculum from six to five years, as mentioned, concentrating more on community health. Also, it was intended to upgrade a certain number of provincial hospitals in terms of personnel and equipment for use as training centres. It was proposed to select young men from the local areas around these hospitals, train them there and post them to work in their own local situation. He requested WHO assistance in upgrading the provincial hospitals and said that he would appreciate comments from other delegates.

DR JADAMBAA (Mongolia) observed that although there were enough doctors available in his country, there were some problems such as non-availability in the medical institutions of trained teachers who were
conversant with modern teaching methods, and lack of teaching materials, including the latest standard textbooks. There was a need to procure textbooks published in different countries. It was also important to evaluate attempts made at improving services and at introducing new methods of teaching.

DR ISLAM (Bangladesh) said that he felt that the Annual Report had given due emphasis to the important subject of medical education, and this had also been reflected in Annex 3, listing group educational activities. In his country a seminar devoted to community medicine had been organized soon after the WHO-sponsored meeting in Rangoon, where subjects such as changes in the medical curriculum and introduction of training, including refresher training for doctors working in rural areas, had been discussed.

WHO had been organizing a number of group educational activities which had resulted in valuable recommendations. He would be interested to know of the steps taken by WHO to follow up on the implementation of these recommendations in the various countries. Unless such short courses were followed up, not much benefit could be expected from them.

With regard to the problem of brain drain, his country had devised certain measures to counter it. Locally qualified doctors were given, as far as possible, preference in selections. Also, the Government had followed the principle, that, as far as possible, no medical graduate was sent abroad on a fellowship unless he had already undergone the postgraduate training already available within the country. This ruling also applied to the award of WHO fellowships.

Finally, he would be glad to see the organization of some seminars which would be exclusively devoted to post-graduate education and medical research. Such seminars would also help to determine the available resources and the future requirements of the Region in this field.

DR BA TUN (Burma) mentioned that in Burma responsibility for medical education had been transferred from the Ministry of Education to the Ministry of Health in order to produce the basic doctor which the country needed. With regard to paediatric and obstetric education, he was happy to note the downward trend in the infant mortality rate, but in order to reduce it further, there should be more attention to the care of the newborn. He suggested that WHO should send experts to the countries of the Region for training national staff in neonatology, so that they could later train the other health personnel, such as paramedical workers and nurses, in this subject.

DR DIESH (India) said that in his country there was a great need for basic doctors, but unfortunately there were many hurdles in the way of producing them. Despite increased numbers of medical graduates, there was still an imbalance, as the doctors tended to concentrate in urban areas. Certain steps had been taken, therefore, to ensure that the medical graduates would serve in the rural areas for some time but had not been very successful, mainly because the education imparted under the present curriculum was too sophisticated to suit the needs of the rural community.
Referring to the steps taken in Bangladesh to stop the brain drain, he said that India, too, had taken several measures in this direction, but the situation had not improved. There were constitutional difficulties in prohibiting an individual from leaving the country. In order to make the basic health services community-based and community-oriented, the Government had under consideration a scheme to entrust each medical college with the responsibility for the entire medical and health care of a district. In this way, one third of the districts would be covered. Reforms of the curriculum to suit the needs of the community were also contemplated.

DR HOSSAIN (Bangladesh) said that in spite of divergent opinions about having a dual system of medical profession, the political thinking in his country was in favour of reintroducing the licenciate course to produce a different type of doctor to help to deliver the health services in the rural area.

DR SUMBUNG (Indonesia), describing the experience in his own country, which had tried to produce different categories of doctors, said that there had been rivalry and lack of rapport among the different types of doctors themselves. For example, older doctors who were less qualified considered themselves just as competent as new medical graduates, and aspired for positions for which they did not have the requisite preparation. In view of these factors, it had been decided to produce only one category of doctor, whose training would be community-oriented and who was required to serve in rural areas for three years. However, Indonesia was giving additional training to paramedical personnel in order to be able to utilize their services in delivering health care to the rural population.

DR DAS (Nepal) said that the number of health personnel in Nepal was very small: there were only 300 (i.e., 1 to 40 000 people), and only half as many nurses as doctors. So far, priority had been given to the training of auxiliary health personnel. The establishment of a medical college in the country had been postponed, and, instead, the Institute of Medicine had recently been established with a view to producing more auxiliary health personnel. Fifty health posts were being opened every year and were manned by multi-purpose auxiliary health workers. The brain drain was also a problem in Nepal: the Government recently had to take severe action against some doctors who had failed to return to the country after completing their studies abroad. He felt that it might be helpful if WHO, in future, could arrange for placement of medical doctors from his country for studies in the countries of the Region; it would then be easier to ensure their return to Nepal on completion of their studies.

The REGIONAL DIRECTOR, replying to the point raised by the representative from Thailand with regard to assistance in upgrading provincial hospitals, said that he was aware of the difficulties experienced by Thailand, as nearly 80% of the doctors wanted to remain in Bangkok and the Government was finding it very difficult to post them outside. A mission from Thailand had visited some countries to study the situation. He was looking forward to discussing the subject further with the Director-General, Ministry of Public Health of Thailand, during his visit to that country in October. WHO would certainly be willing to assist the Government in upgrading provincial hospitals.
With regard to medical education in Mongolia, it was realized that the doctor-patient ratio in that country was extremely good (1 doctor to 560 people) and that the Government could now concentrate on the quality of the doctors produced. WHO had recently assisted the Government in the formulation of a request to the UNDP for assistance with a medical education project. He hoped that the Government would give high priority to processing the request.

He agreed with Dr Islam about the importance of post-graduate education and would bear his remarks in mind. WHO had held several seminars on teacher training during the year.

As for the brain drain, as mentioned, a meeting was being convened by WHO Headquarters at which this subject would be specifically discussed and recommendations made, so that a combined report could be presented to the WHO Executive Board. Also, a seminar would shortly be held in Pondicherry (India) to discuss the internship period for medical graduates.

As to the discussions on the type of doctor a country should produce, each country naturally had to devise its own methodology to tackle this problem. Once all the political and other aspects were settled at government level, WHO would be quite willing to provide whatever assistance was considered necessary.

**Fellowships (pp. 50-53)**

DR HOSSAIN (Bangladesh) mentioned some problems regarding fellowships. Sometimes individuals themselves took the initiative in trying to get fellowships. He referred to an instance where a fellow (who had not yet become a Bangladesh citizen) had received a WHO fellowship from the Regional Office. Any possible loopholes in the system whereby fellows could get away from their responsibilities to their governments should be plugged. There were other problems with regard to the selection of fellows by the Ministry, selection of places of study, etc. The fellows themselves, he felt, should not be given the choice of places to visit. Once the number of fellowships allocated to a country and the field of study and duration were known, the government concerned could prepare a consolidated list, out of which selections of fellows could be made from time to time. It was necessary to ensure that the money spent on fellowships was utilized to the fullest benefit of the receiving country.

The CHAIRMAN said that the Regional Office had its own limitations and could not be held responsible for ensuring the return and best utilization of the fellows by the countries, who had been recommended by their own governments. This was the responsibility of the governments themselves, which could ask the fellows to sign bonds, as had been the practice in India, ensuring they would serve their country on return from their fellowships, if this was considered desirable.

The REGIONAL DIRECTOR explained that it was not WHO policy to award a fellowship directly to any individual unless specifically requested by the government. As far as he knew, this had never been done in the Regional Office. As regards the places to be visited, normally the fellow could suggest the places where he wished to take up his studies, but, again, it
was for the governments to recommend where he should go, and for the Regional Office to ensure the best feasible placement to meet the needs of the programme. Governments were also expected to review the applications carefully. The effective utilization of the fellows was also the responsibility of governments, and, as pointed out by the Chairman, the Regional Office could do little in the matter. Member Governments could perhaps evolve a system or methodology for ensuring their return. He requested governments to see that, as far as possible, requests for fellowships were not made on an ad hoc basis but were strictly related to a planned programme of work.

DR HOSSAIN (Bangladesh) clarified his earlier statement by saying that he had not meant that the Regional Office had awarded a fellowship directly to an individual but merely that the individual had made an attempt to get it.

Part II - Organizational and Administrative Matters

The Regional Committee (pp. 59-60)

With reference to the request made at the last session of the Regional Committee that the Regional Director should study the question of including, in his Annual Report, more information on costs to facilitate budget performance (mentioned in the last paragraph of p. 59), the REGIONAL DIRECTOR said that a document had been prepared on the subject.

MR TAYLOR (Chief, Administration and Finance), introducing the document (SEA/RC26/9) on "Feasibility of Reporting Information on Budget Performance", explained the basis on which the Regional Director proposed to report the requested information in future years. His proposal was illustrated by the two tables annexed to the document. These tables related to Regular funds only, as this was the only source of funds for which complete budget estimates on a full annual basis existed, and for which therefore a comparison of performance against budget could be reported. The first table was based on published information concerning obligations incurred in the last financial year, and compared these with the revised budget estimates for that year. The second table was similar in structure but related to the current year, the comparison in this case being between the budget estimates and the obligations expected to be incurred by year-end. He also mentioned that the Director-General had recently initiated a two-year study on information systems; the results of this study might eventually contribute to better performance reporting throughout the Organization.

In reply to a question from the Chairman as to the amount of the budget allocated to "overheads", MR TAYLOR stated that if by this term the Chairman referred to the regional general support services and regional common services, these two sub-programmes accounted for 7.2% of the Regular budget.

The REGIONAL DIRECTOR said that the statements annexed to the working paper had been prepared in accordance with the instructions of the Regional Committee to see how actual budget performance compared with the
planned budget. If the Committee found the information valuable, he would be happy to provide it regularly in future. Should any useful material be produced in future as a result of the study which had recently been initiated, this would be brought to the notice of the Committee at the appropriate time.

The CHAIRMAN said that he had found the statements very useful, and would like them to be provided every year.

This was agreed.

Personnel (pp. 61-63)

DR DAS (Nepal), referring to the statement on page 62 of the report, asked for details of the post under 'Regional Advisers' which had been shown as having been inactivated in 1973.

The REGIONAL DIRECTOR replied that the post in question was that of an administrative officer, and that the provision had now been used to establish an additional post in Bangladesh.

Regarding the position on recruitment as shown in the statement referred to above, he said that, in all, 190 long-term posts were filled as at 30 June 1973 and that there remained only seven still requiring selections at that date. There had been even further progress since that time, in that action had been taken to fill five of these seven posts, leaving only two posts requiring further action; a selection had in fact been made for one of these posts, but the candidate could not yet be offered the appointment, as this post was to be funded from the United Nations Fund for Population Activities, from which an assurance for the continuation of the post beyond 1973 was still awaited.

The CHAIRMAN said that he was happy to note that the situation on recruitment had shown remarkable improvement in the last two years. The Regional Committee's vigilance and its active follow-up had contributed to this improvement, and the Regional Director deserved the congratulations of the Committee for his efforts in this direction.

DR HOSSAIN (Bangladesh) said that his country had been in need of urgent assistance since the time it was liberated and so had been looking to all quarters for such assistance. The WHO Regional Office for South-East Asia had been the first to rush to its help and had continued to provide assistance, whenever requested, within the budgetary limitations. For this assistance, his country would always be grateful to WHO.

Collaboration with other agencies (pp. 66-67)

DR DURAISHAMI (Christian Medical Commission) conveyed the greetings of the Commission to WHO on the occasion of the twenty-fifth anniversary. He said that the Commission was one of the organizers of the Co-ordinating Agency for Health Planning in New Delhi which had the aim of bringing together all Christian and non-Christian voluntary organizations rendering health and medical care in the various States of India.
National voluntary health associations had been formed in most States to co-operate with the Central and State governments in order to co-ordinate their efforts and obtain the best results with the limited resources.

MDMS NIRMKAR (World Federation of Occupational Therapists), conveying the greetings of the Federation, congratulated the Regional Office on its twenty-five years of useful work and the Regional Director and his staff for their outstanding contribution to the health care of the population in the Region.

MISS PHILIP (International Council of Nurses) expressed the Council's gratitude for having been invited to be represented at the session and said that the quarter century of WHO's existence had seen much improvement in the quality of life of people the world over, who were looking to the Organization for continued assistance. She conveyed the felicitations of the Council to WHO for its unique achievement and wished the Organization all success in its future activities.

Part III Activities Undertaken by Governments with the Help of WHO

There were no comments on this part of the report.

Adoption of the Report

The report was adopted. The CHAIRMAN congratulated the Regional Director and his staff on the excellent Annual Report and said that he would present a formal draft resolution for consideration by the Committee.

2. Health in the service of Asian development: health charter
   (Item 9 of the agenda)

This item was taken up as part of the discussion on the Annual Report.

Giving some background information on the development of a Health Charter, the CHAIRMAN said that this was an important subject. He invited the Regional Director to inform the Committee of the developments that had taken place since the last session.

DR JUNGALWALLA (Director of Health Services) introduced the document on the subject (SEA/RC25/10), the report made by the Sub-Committee on Health in the Service of Asian Development: Health Charter, which had been appointed by the Regional Committee at its last session. He explained the action that had been taken by the Regional Office on the Sub-Committee's recommendations, pending their acceptance by the Regional Committee.

Within the Regional Office, a review of the action necessary to set up a sound base for establishing a health information system had been completed. As a result, the Planning Officer in the Programme Support and Co-ordination Group had been made the operational focus for the information system, and the Health Statistics Unit had been brought into closer relationship.
Other steps taken included the preparation of an analysis of the various data requirements for all planning purposes and of a correlation chart. A seminar on health economics had been organized in India and was expected to lead to studies of health problems specifically related to the costs of health programmes. Regional and country strategy guidelines had been formulated, and priority programmes for each country were to be reviewed at the WHO Representatives' meeting to be held in November. The meeting would also review the priority needs for the development of the health charter.

With regard to action taken on the Sub-Committee's recommendations, the routine updating of country information had continued. Experience with the collection of data for the Sub-Committee's meeting had shown that there was a need for the further development of country health information systems. Action had already been taken to obtain information for 1970. Problems encountered in this regard included the difficulty in obtaining specific data in the field of communicable diseases. These problems were being sorted out, and the validity of using such data was being examined.

The results of the country programming exercise in Bangladesh were awaited in order to facilitate the setting of priorities and targets for that country. Graphical indicators as presented to the Sub-Committee were being updated, and further country profiles were under preparation. A comparison with other regions was under contemplation.

He said that the main problem foreseen was that of the suggested timetable (item 4 of the recommendations). The collection of data was proving to be a long process, and the Committee might like to agree that the timetable be made a little more flexible.

The CHAIRMAN drew attention to the interim priorities (item 2 of the recommendations), which the Sub-Committee had discussed at length, taking fully into account the investments required to be made by Member Governments from within their limited national resources; those decided on were: (i) communicable-disease control, (ii) family health, (iii) nutrition, and (iv) provision and maintenance of water supply and drainage. He invited comments from delegates and asked particularly whether the Regional Committee endorsed those priorities.

The interim priorities were unanimously agreed to by the Committee.

With regard to the timetable, the REGIONAL DIRECTOR said that he was not sure whether it would be possible to meet the schedule recommended; he agreed with Dr Jungalwalla that the collection of proper statistical data would prove to be very time-consuming, particularly in regard to certain countries. Some flexibility in the time schedule would indeed be desirable, and he would like to call another meeting of the Sub-Committee in early 1974 to review the progress made by that time and to receive advice on further action. A detailed progress report could then be presented to the Regional Committee at a future session.

The CHAIRMAN added that in order to obtain the base-line data necessary, sample surveys might need to be undertaken in some countries;
this would take additional time. He would recommend the Committee's agreement to the Regional Director's request for flexibility and for another meeting of the Sub-Committee. However, he felt it would be necessary to fix some kind of timetable so that the work would be completed as soon as possible.

The Committee agreed to the Chairman's suggestion.

3. **Adjournment**

The meeting was then adjourned.
### TABLE OF CONTENTS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Resolutions of regional interest adopted by the Twenty-sixth World Health Assembly</td>
<td>100</td>
</tr>
<tr>
<td>2</td>
<td>Draft resolution on the adoption of the Twenty-fifth Annual Report of the Regional Director</td>
<td>100</td>
</tr>
<tr>
<td>3</td>
<td>Development of institutions imparting orientation training to health personnel, refresher and mid-career courses and advanced courses for health administrators</td>
<td>100</td>
</tr>
<tr>
<td>4</td>
<td>Time of the twenty-seventh session and place of the twenty-eighth session of the Regional Committee</td>
<td>101</td>
</tr>
<tr>
<td>5</td>
<td>Selection of a subject for the technical discussions at the twenty-seventh session of the Regional Committee</td>
<td>101</td>
</tr>
<tr>
<td>6</td>
<td>Draft resolution on health in the service of Asian development: health charter</td>
<td>101</td>
</tr>
<tr>
<td>7</td>
<td>Report by the Chairman of the technical discussions</td>
<td>102</td>
</tr>
<tr>
<td>8</td>
<td>Proposed programme and budget estimates for 1975 and consideration of the report of the Sub-Committee on Programme and Budget</td>
<td>103</td>
</tr>
<tr>
<td>9</td>
<td>Adjournment</td>
<td>104</td>
</tr>
</tbody>
</table>

*Issued as document SEA/RC26/Min.6 on 22 September 1973*
In the absence of the Chairman, the Vice-Chairman took the chair.

1. **Resolutions of regional interest adopted by the Twenty-sixth World Health Assembly (item 10 of the agenda)**

   The **REGIONAL DIRECTOR** introduced the document on this subject (SEA/RC26/8), which contained four resolutions adopted by the World Health Assembly which had already been forwarded to governments by the Director-General. He drew attention to the implications of these resolutions on the situation in countries of the Region, and suggested that, as the subjects of the resolutions had already been discussed, if the Regional Committee agreed, the resolutions might be noted.

   Referring to the resolution on smallpox eradication (WHA26.29), **DR DIESH (India)** brought to the attention of the Committee the steps taken by his government to ensure that eradication would be achieved by 1975.

   He also explained the action taken by India in regard to the resolution on human health and environment (WHA26.58) and mentioned that his government would soon be enacting some legislation for the prevention of water and air pollution.

   The Committee agreed to note the resolutions.

   (At this point, the Chairman assumed the chair.)

2. **Draft resolution on the adoption of the Twenty-fifth Annual Report of the Regional Director**

   The **CHAIRMAN** read out a draft resolution on this subject, and suggested the addition of the words "and his staff" in operative paragraph 4 after the words "the Regional Director".

   **DR DIESH (India)** suggested the inclusion of a statement congratulating the Regional Director on his achievement in reducing the number of vacant posts.

   After much discussion, the Committee decided that it was not necessary to add a separate paragraph on the latter suggestion but agreed to modify operative paragraph 2 to read as follows:

   "RECORDS its satisfaction with the progress made during the year and with the detailed information presented in the Annual Report;".

   The resolution was adopted with this change and with the addition that had been suggested by the Chairman.(for final text, see SEA/RC26/R2).

3. **Development of institutions imparting orientation training to health personnel, refresher and mid-career courses and advanced courses for health administrators (Item proposed by the Government of India) (item 15)**

   At the request of the representative from India, who said that this subject had already been sufficiently discussed, the Committee agreed to the withdrawal of this item from the agenda.
4. Time of the twenty-seventh session and place of the twenty-eighth session of the Regional Committee (item 16)

The Committee confirmed its earlier decision to hold its twenty-seventh session in Indonesia, in September 1974. The Indonesian Government had decided that the session would be held in Bali from 3 to 9 September. However, on the request of the Committee, DR PROTOSENO (Indonesia) agreed that the exact dates would be left open, to be decided between the Government and the Regional Director in the light of other commitments of WHO and with the understanding that it would need to be held before September 25th (the beginning of Ramadan).

As for the twenty-eighth session (1975), DR HOSSAIN (Bangladesh), on behalf of his government, extended a formal invitation to the Committee to hold the session in Bangladesh, probably in Dacca. The Committee accepted this invitation with appreciation.

A resolution on this subject was adopted (SEA/RC26/R3).

5. Selection of a subject for the technical discussions at the twenty-seventh session of the Regional Committee (item 14)

The REGIONAL DIRECTOR referred to the document on this subject (SEA/RC26/6) and explained that the four subjects listed in this document were suggestions only. The Committee was, of course, free to select any subject it desired.

DR DJANG YOOG PYO (DPRK) proposed the fourth subject listed, "Provision of safe water supply to rural communities of South-East Asia", as being very important to the vast majority of the people in the Region.

DR DAS (Nepal) proposed the subject 'Family health'.

After some discussion, it became clear that the majority of the representatives supported the representative of the DPRK in being in favour of the subject "Provision of safe water supply to rural communities in South-East Asia"; some expressed the view that "sanitation" should be added; others suggested the addition of "drainage".

Ultimately, the Committee agreed to select the subject, "Provision of safe water supply to rural communities in South-East Asia" without any changes, so as to be able to concentrate on the most important subject. It was considered that sanitation, drainage and other aspects would also no doubt be brought in during the discussion. A resolution on this subject was adopted (SEA/RC26/R4).

6. Draft resolution on health in the service of Asian development: health charter

The CHAIRMAN introduced a draft resolution on the subject, which was adopted with a minor amendment (see SEA/RC26/R5).
7. Report by the Chairman of the Technical Discussions
(item 13)

On the request of DR SUMBUNG (Indonesia), Chairman of the technical discussions, DR SHRESTHA (Nepal), the Rapporteur, read out the report.*

DR HOSSAIN (Bangladesh), congratulating the Chairman of the technical discussions for his excellent report, suggested a few minor modifications on pages 2 and 4. He wondered why a list of the participants had not been included. He also requested clarification of a point in item (2), para 3.4, of the report, concerning the "top administrator": in his opinion, the health administrator should be the top administrator and would be assisted by other experts in management.

The CHAIRMAN, referring to item (9) on page 3, said that the statement here seemed to be rather too greatly simplified; he felt that the expression "new types of health manpower" required some elaboration as to the types that were envisaged. Also, in regard to the phrase "this expertise at the moment can be appropriately located..." (in item 3 in para 3.4 on page 4), he thought that a recommendation as to where it would ultimately be located should be included.

In reply, DR SUMBUNG (Indonesia) said that he thought there was no need to list the names of the participants in the technical discussions, as the deliberations were open to all and almost everyone took part in them from time to time.

He agreed to the editorial corrections suggested on page 2, i.e., the deletion of the word "various" in the first paragraph and, in Section 2, "Review", the deletion of the word "of" in the first line of item (2). Regarding item (4) he explained that in some areas integration was not effective and in some others there was no integration at all; that was the reason for the wording of this item.

On page 3, item (9) at the top of the page, he clarified that the group had felt that there might be a need to look for new types of health workers or to remodel the existing ones - as, for example, in Thailand. They had wished to include only a general statement.

On page 4, he agreed to the addition of the word "health" in line 2 of item (2) of Section 3.4, so that the phrase would read "top health administrator". As for item (3) of that section, he said that many countries had planning units or cells, but that these cells did not have adequate expertise, and it had been considered that, as a first step, the expertise proposed should be available to them; once the number of economists, etc., had been increased, then the experts might assist research institutions or hospitals.

*Because of the shortage of time, the draft report which had been presented to the technical discussions group was considered in plenary; the minor amendments made by the group and those later accepted by the Chairman as a result of the above discussions in the Regional Committee have been incorporated in the final report on the discussions (document S/EA/RC(5)/14).
The report on the technical discussions was noted by the Regional Committee.

8. Proposed programme and budget estimates for 1975 and consideration of the Report of the Sub-Committee on Programme and Budget (items 12 and 12.1)

Introducing the proposed regional programme and budget estimates for 1975 (document SEA/RC26/3), the REGIONAL DIRECTOR called attention to the programme statement appearing on pages 1 to 4, which reviewed the health situation in the Region, the programmes undertaken by Member Governments and the nature of the work proposed to be carried out in the following years. He also explained the various sections of the document.

The CHAIRMAN invited the Chairman of the Sub-Committee on Programme and Budget to present the report of the Sub-Committee (document SEA/RC26/16).*

DR CHOED TONAVANIK (Thailand), Chairman of the Sub-committee on Programme and Budget, read out the report.

The CHAIRMAN, in response to an enquiry from DR HOSSAIN (Bangladesh), explained that traditional and indigenous systems of medicine such as ayurveda and homoeopathy had some very effective and good remedies for certain types of diseases such as psychosomatic diseases, allergies and high blood pressure. He gave details of some of the experiments being carried on at the All-India Institute of Medical Sciences, New Delhi, in this connexion.

At the suggestion of DR ISLAM (Bangladesh), the words "on modern scientific lines" were added to the last line of the first paragraph on page 6.

DR DIESH (India) said that a pilot project was under way in India to test the delivery, acceptability and effectiveness of three systems of medicine - ayurvedic, homoeopathic and allopathic - among similar populations in rural areas.

DR TIMMAPPAYA (India) said that surveys had revealed that ayurvedic and homoeopathic practitioners tended to settle down in the larger villages and that a majority of these practitioners, though not institutionally qualified, were using modern medicine.

The proposed programme and budget estimates for 1975 (SEA/RC26/3) and the report of the Sub-Committee on Programme and Budget (document SEA/RC26/16) were then adopted, and the Regional Committee also unanimously adopted a resolution on this subject (SEA/RC26/R6).

*Because of the shortage of time, only the draft report which had been presented to the Sub-Committee on Programme and Budget was considered; the minor amendments made by the Sub-Committee and by the Regional Committee have been incorporated in the final report of the Sub-Committee (document SEA/RC26/16).
9. **Adjournment**

DR HOSSAIN (Bangladesh) said that he hoped that his remarks about a fellowship for a candidate not nominated by the Government had not been misunderstood. The Regional Office had not awarded the fellowship and had not been at all at fault; he had meant his criticism to apply only to persons who tried to bypass the proper channels for the award of fellowships.

As he had to return to his country over the week-end and would not be able to be present at the final meeting on Monday, he would like to thank the delegates for electing him Vice-Chairman and the Regional Director and his staff for the facilities and hospitality extended to his delegation.

The meeting was then adjourned.
**TABLE OF CONTENTS**

1. Any-other business .......................... 106
2. Adoption of the final report of the twenty-sixth session .................. 106
3. Adjournment of the session .................. 106

*Issued as document SEA/RC26/Min.7, on 25 September 1973*
1. Any other business (item 17 of the Agenda)

No items were brought up under this agenda item.

2. Adoption of the final report of the twenty-sixth session of the Regional Committee (item 18)

The CHAIRMAN invited comments from the delegates on the draft report (SEA/RC26/17), which had been circulated earlier.

There were no comments.

The CHAIRMAN remarked that the absence of any comments on the draft report clearly bore testimony to the expertise that the Regional Office staff had developed in preparing concise and accurate reports. He wished to record the Committee's congratulations to the staff members, many of them working behind the scenes, for their contribution to the report.

The report was then adopted.

3. Adjournment of the session (item 19)

DR CHOED (Thailand) expressed his sincere appreciation for the successful proceedings of the session. Countries of this region had many common health problems, and an exchange of ideas and mutual co-operation would certainly lead to the acceleration of the process of health promotion. WHO had to take the leadership in supporting, within its resources, and in guiding and co-ordinating these activities. Thailand was in need of assistance in improving its health services, and he was sure that the various resolutions which had been adopted by the Committee would be implemented with WHO's guidance and assistance. Member countries should take the outcome of these meetings as guidance in their future efforts at strengthening their health services. He congratulated the Chairman and the Regional Director and his staff, who had all worked so hard to ensure that the session would be a successful one.

DR JAYASUNDERA (Sri Lanka) also paid tributes to the Chairman for having conducted the meetings so ably, and thanked the Regional Director and his staff for the assistance given in making the session a complete success. He also expressed his appreciation to the Government of India for the hospitality extended during the delegates' stay.

DR DAS (Nepal) said that the session had been a memorable one, as the Committee had celebrated the twenty-fifth anniversary of the establishment of the Regional Office in a very fitting manner; all were grateful to Mr Khadilkar, the Minister of Health and Family Planning, for having inaugurated the session and to the Government of India for organizing a cultural show. He also highly appreciated the Director-General's attendance at the session and considered that his remarks had been most invigorating. He said that he wished to associate himself with the feelings of appreciation expressed by his fellow delegates for the hard work done by the Regional Director and his staff. He also thanked the Vice-Chairman and the Chairmen of the technical discussions and the Subcommittee on Programme and Budget for their excellent contribution.
Finally, he congratulated the Chairman for the way in which he had conducted the session and for having guided the deliberations to a fruitful conclusion.

DR JADAMBA (Mongolia) complimented the Chairman for having successfully conducted the meetings, in which many subjects of importance had been discussed and decisions arrived at. He thanked the Regional Director and his staff for having given the Committee all possible assistance. He also expressed appreciation to the Government of India for the hospitality extended to delegates.

MR NASEER (Maldives) said that it was gratifying that at the twenty-sixth session of the Regional Committee delegates had also had the opportunity of celebrating the twenty-fifth anniversary of the Organization and of the Regional Office. On behalf of his government, he thanked WHO for its tremendous achievements during the past twenty-five years, and expressed the hope that the Organization would grow from strength to strength. Not only had the deliberations at the session been useful and stimulating, but also they had been carried on in an atmosphere of complete friendship and co-operation. He thanked the Regional Director and his staff for all the hard work done to help his country, and conveyed his appreciation to the Chairman for conducting the meetings so well, and to the Government of India for making the delegates' stay so comfortable.

DR BROTOSENO (Indonesia) said that he was most grateful to the Regional Director and his staff for organizing the session so well and for bringing it to a conclusion within the stipulated time. Under the wise guidance of the Chairman, the Committee had achieved most useful results. He wished to express his gratitude to the Government of India and the Minister of Health and Family Planning for all they had done to make the stay in New Delhi a pleasant one. He hoped that it would be possible, in the coming years, to strengthen the health services in each country so as to give its people the highest standard of health. His country looked forward to receiving the delegates from all the countries of the Region at the twenty-seventh session, to be held in Bali in 1974.

DR KYAW KHAING (Burma) said that among the countries represented at the session, some were large and others small, with different political and administrative structures, different religions and different cultures. However, with their limited resources, all the countries were trying to do their best for the improvement of the health of the people, particularly in the rural areas. He hoped that, as in the past, WHO would continue its efforts in supporting these efforts. On behalf of his government, he expressed his sincere thanks to WHO for all the assistance provided to Burma.

DR DJANG YONG PYO (DPRK) thanked the Chairman, fellow delegates and the Regional Director for the kind sentiments which they had expressed about the participation of his country in the session. His government would work in a spirit of co-operation and friendship with other countries towards the objective of improving the health of the people of the Region. He congratulated the Chairman for conducting the meetings so efficiently, and wished the Regional Director all success in his good work.
DR DIIESH (India) expressed his sincere appreciation for the comprehensive manner in which so many subjects had been discussed. The session had had a special significance in that it marked the twenty-fifth anniversary of WHO and of the Regional Office, and also because of the presence of the Director-General. On behalf of his country and also that of his delegation, he wished to thank the Chairman for conducting the meetings in a masterly fashion. He also thanked the Regional Director and his staff, the Chairman of the technical discussions and the Chairman of the Sub-Committee on Programme and Budget for their contributions.

SISTER ELLA STEWART (International Committee of Catholic Nurses), speaking on behalf of all of the non-governmental organizations represented at the session, thanked WHO for affording these organizations the opportunity to be represented at the twenty-sixth session of the Regional Committee and to have taken part in the deliberations. They all appreciated the line of thinking of the Committee on the various subjects discussed, and also all of the cooperation extended to them.

The REGIONAL DIRECTOR said that he had asked for an opportunity to speak before the session was adjourned to express his grateful thanks for the excellent cooperation he had received from all the participants in bringing the session to a successful conclusion. He was greatly moved by the kind sentiments expressed by the representatives. The active part which they had taken in the discussions and the very constructive comments made during the discussion on the Regional Director's Annual Report were most gratifying. He had carefully noted the comments made during the session and assured the representatives that their remarks would serve as guidelines for the future work of the Regional Office. He thanked the Chairman for his wise guidance and also the Vice-Chairman, who had presided over the meetings twice during the absence of the Chairman. Thanks were also due to the Chairmen of the Sub-Committee on Programme and Budget and of the technical discussions, who had handled the proceedings extremely well.

In the celebration of the twenty-fifth anniversary, he was most grateful for the messages of greetings received from heads of state/governments and also for those given by representatives of the United Nations and its specialized agencies, inter-governmental and non-governmental organizations, and the observer of the Colombo Plan. He thanked the Government of India and the Indonesian, Nepalese and Thai Embassies in New Delhi for their contributions to the cultural evening, and the Indian Government for its kind hospitality. He was grateful to the Director-General for attending the session, and also the members of the Regional Office staff for their hard work. Finally, on behalf of the Regional Office, he wished to convey appreciation to the Minister of Health, Government of India, for having inaugurated the session.

The CHAIRMAN, in his concluding remarks, stated that this session of the Regional Committee had special significance, as he had mentioned on the inaugural day, as, first, it had marked the completion of twenty-five years since the establishment of both WHO and of the South-East Asia Regional Organization; second, the number of members in the "family" of the Region had risen, with the admission of the latest Member - the
Democratic People's Republic of Korea — and, third, perhaps this was the first time that all the countries had been represented by at least two members, so that participation was possible in the deliberations of both the Sub-Committee on Programme and Budget and the technical discussions group. Also especially welcome was the presence of the Director-General soon after his taking over his new office, his stimulating participation and the fact that he gave to the Committee his views about the future development of WHO and its activities not only in this region but all over the world. Though there were areas in which it was possible to make considerable progress, as reflected in the concluding remarks made by the representatives, there were certain others where a great deal of effort on the part of everyone was still needed. Commenting on the remarks made by the representative of Thailand, he said that he agreed with him that all efforts should be made to implement the resolutions of the Regional Committee, as no purpose would be served by merely adopting them. He was also glad to note the remark made by the representative of the Maldives on the progress made in filling the vacant posts. Of all the WHO regional offices, South-East Asia perhaps was the one with the least number of vacant posts.

In the discussions, areas of top priority had been identified in the plans for the Asian health charter; they included communicable diseases, nutrition, family health and water supply and drainage. With regard to the needs of the predominantly undeveloped rural areas, the problem was one of large populations with limited resources. Therefore, there was a need for special attention to such areas. He reiterated his earlier observation that investments in the Asian and African Regions would have a direct impact on health improvement in the world as a whole.

The discussions throughout had been free and frank, and in this connexion he appreciated the contributions of the various delegations. The criticisms had been constructive and had been noted by the Regional Director and would be acted upon. The contributions by the Chairman and Rapporteur of the technical discussions had been very useful and reflected new ideas and ways of thinking. The work of the Sub-Committee on Programme and Budget had been much appreciated. The leadership of the Regional Director had been exemplary and was worthy of emulation, and he had been ably assisted by all his staff. He again expressed particular appreciation for the prompt and efficient production of the documents.

The organizers of the cultural programme and the artists from Thailand, Nepal and Indonesia deserved the special thanks of the Regional Committee.

Referring to the twenty-seventh session, to be held in Bali in September 1974, he said that Indonesia had made tremendous progress in the field of health, adopting a new outlook on planning, which had included achievements in the eradication of smallpox and the control of other communicable diseases and in rural health. A visit to Indonesia would be most worthwhile in that there would be many things to learn from its efforts.
Health was a subject which did not stand on protocol, as had been borne out by the Regional Director, who had rushed to the help of Bangladesh when that country was in urgent need of assistance. He and the other delegates present would always be ready to help the Regional Director, who could commandeer their services for whatever assistance was needed in alleviating the suffering and promoting the well-being of the people of the Region. He wished all the delegates bon voyage back to their own countries, and declared the twenty-sixth session of the Regional Committee closed.