

WORLD HEALTH
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REGIONAL COMMITTEE

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Agenda item 18

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FINAL REPORT OF THE TWENTY-FOURTH SESSION

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CONTENTS

	<u>Page</u>
INTRODUCTION	1
PART I - RESOLUTIONS (Circulated separately and to be incorporated in the final version of the Report)	3
SEA/RC24/R1 Annual Report of the Regional Director	
SEA/RC24/R2 Family Health	
SEA/RC24/R3 Use and Control of Pesticides	
SEA/RC24/R4 Education and Training of Health Personnel	
SEA/RC24/R5 Recruitment of Field Staff	
SEA/RC24/R6 Health Statistics as a Part of National Health Planning	
SEA/RC24/R7 Long-Term Planning in the Field of Health	
SEA/RC24/R8 Time of the Twenty-fifth Session and Place of the Twenty-sixth Session of the Regional Committee and Principle of Holding Future Sessions	
SEA/RC24/R9 Selection of Topic for Technical Discussions in 1972	
SEA/RC24/R10 Proposed Programme and Budget Estimates for 1973	
PART II - DISCUSSION ON THE TWENTY-THIRD ANNUAL REPORT OF THE REGIONAL DIRECTOR	4
PART III - EXAMINATION OF THE PROPOSED PROGRAMME AND BUDGET ESTIMATES FOR 1973	7
PART IV - DISCUSSION OF OTHER MATTERS	
1. Long-Term Planning, Improvement of Evaluation Process, and Long-Term Financial Indicators	8
2. Resolutions of Regional Interest Adopted by the World Health Assembly	8
3. Occupational Health	10
4. Technical Discussions on Health Statistics Requirements for National Health Planning	10
5. Selection of Subject for Technical Discussions at the Twenty-fifth Session	11
6. Time of the Twenty-fifth Session and Place of the Twenty-sixth Session of the Regional Committee and Principle of Holding Future Sessions	11

CONTENTS (Cont'd)

ANNEXES

(Circulated separately in the SEA/RC series and to be incorporated in the final version of the Report)

1. List of Participants (SEA/RC24/13 Rev.1)
2. Agenda (SEA/RC24/1 Rev.1)
3. Report of the Sub-Committee on Programme and Budget (SEA/RC24/15)
4. Report on the Technical Discussions on Health Statistics Requirements for National Health Planning (SEA/RC24/16 Rev.1)
5. Official List of Documents of the Twenty-fourth Session (SEA/RC24/18)

INTRODUCTION

The twenty-fourth session of the Regional Committee for South-East Asia was held in Burma from 28 September to 5 October 1971 at the Inya Lake Hotel in Rangoon. Representatives were present from all countries in the Region except the Maldives. In addition, the session was attended by representatives of the United Nations (who was also the representative of the United Nations High Commissioner for Refugees), the United Nations Development Programme, UNICEF and seven non-governmental organizations in official relations with WHO. An observer from the Colombo Plan also attended (for the final list of participants, see document SEA/RC24/13 Rev.1).

In the absence of the retiring Chairman, the outgoing Vice-Chairman of the Regional Committee, Dr Thein Tun (Burma), opened the session. Colonel Hla Han, Minister of Health, Education and Foreign Affairs of the Government of Burma, delivered the inaugural address, and statements were made by Dr H.T. Mahler, representative of the Director-General of WHO, and by the Regional Director, Dr V.T.H. Gunaratne. Also at the inaugural meeting or during the course of the session, representatives of the United Nations (representing also the United Nations High Commissioner for Refugees), of the United Nations Development Programme, UNICEF, the International Union against the Venereal Diseases and the Treponematoses, and the International Planned Parenthood Federation, as well as the observer from the Colombo Plan, conveyed messages from their organizations.

At the first meeting, a Sub-Committee on Credentials was appointed, consisting of representatives from Ceylon, Mongolia and Thailand. Dr Budjav (Mongolia) was elected Chairman of the Sub-Committee, which held one meeting and presented a report (document SEA/RC24/14) recognizing the validity of the credentials presented by all the representatives.

The Regional Committee elected the following office-bearers:

Chairman	:	Lt. Col. Thein Aung (Burma)
Vice-Chairman	:	Dr G.S.L. Das (Nepal)

The provisional agenda was adopted (document SEA/RC24/1 Rev.1).

The Committee established a Sub-Committee on Programme and Budget consisting of representatives of all governments, and adopted its terms of reference (document SEA/RC24/4). The Sub-Committee elected Professor Dradjat D. Prawiranegara (Indonesia) as Chairman; it held four meetings and submitted a report (document SEA/RC24/15), which was subsequently approved by the Regional Committee.

On 30 September, the Committee held technical discussions on the subject "Health Statistics Requirements for National Health Planning", under the chairmanship of Dr S.K. Sen Gupta (India). A report on the discussions appears as document SEA/RC24/16 Rev.1.

"Teaching of Community Medicine in Undergraduate Medical Education" was chosen as the subject for the technical discussions to be held during the Regional Committee's session in 1972.

The Committee confirmed its decision to hold its twenty-fifth session in Ceylon, and decided that this session should be convened in September 1972. It was agreed that the twenty-sixth (1973) session would be held at the Regional Office in New Delhi.

In the course of seven plenary meetings, the Committee adopted ten 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 document SEA/RC24/18.

PART I

RESOLUTIONS

Ten resolutions (circulated in a special resolution series) were adopted in the course of the session (these will be incorporated in the final version of the Report).

PART II

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

In introducing his Annual Report, the Regional Director pointed out that the period covered was one of eleven months, from 1 August 1970 to 30 June 1971, in order to bring the reporting year into line with the practice in the other WHO regions whose reports ran from July to June.

There was continued growing interest among the governments in national health planning. Various training courses were available within and outside the Region, and a meeting had been held in Bangkok in October 1970 which had considered methods of improving the organization of health planning services. The possibility of promoting a health charter among the countries of Asia had also been discussed, and the Regional Director had been asked to explore this matter further.

In the discussion, emphasis was placed on the necessity for active follow-up of the development of various studies, including studies on manpower needs, proper systems analyses and cost-benefit analyses, and it was felt that WHO should take an active part in developing a methodology whereby countries would be able to determine their actual manpower needs.

It was underlined that there was an increasing need for the WHO Representatives in various countries, in co-operation with the UNDP Resident Representatives, to assess country needs and assist in health planning, especially in view of the country programming now being promoted by the UNDP. The need for the planning process to be primarily centripetal was appreciated, but it was felt that there should also be an outward flow of ideas and directives; otherwise there might be gaps and inaccuracies in any total plan for the Region which might emerge. There was a need for overall planning at the regional and global levels, which should be undertaken by WHO.

In the field of family health, with the availability of considerable resources from the UNFPA, requests for assistance not only from WHO but from numerous other bodies both within and outside the United Nations system were multiplying. WHO's primary concern remained the health of the family and the need to prevent the health services from suffering and health care from decreasing as a result of the emphasis on population aspects. It was felt that family health programmes needed to be widened in scope to ensure the practice of family health not only by the health services but in the broader aspect of social and economic development. Attention was also drawn to the need for better co-ordination and collaboration among the several agencies involved in these programmes (see resolution SEA/RC24/R2).

Regarding communicable disease programmes, progress, in general, had been satisfactory. Particular reference was made to the advances in the smallpox eradication programmes. Cholera, on the other hand, had been reported from new areas; but this development was probably due to improvements in diagnostic capacity and surveillance measures. The malaria programmes faced two problems - shortage of technical manpower and delays in the procurement of insecticides. There had been considerable improvements in the exchange of epidemiological information between countries.

The matter of pesticides, in particular DDT, was considered in detail by the Committee. It was underlined that the value of DDT in public health programmes far outweighed the dangers of possible hazards, and that every effort should be made to ensure the availability of adequate supplies for the satisfactory continuation of these programmes. Assistance was also required in the further development of those programmes which were associated with the investigation and control of possible health hazards arising out of the use of pesticides (see resolution SEA/RC24/R3).

In discussing communicable diseases, the Committee dwelt on the integration of specialized campaigns into general health services and the numerous problems associated with this complex activity, as well as the necessity to develop cost-benefit analyses of eradication programmes in order to make them more acceptable to planning authorities.

WHO's efforts in training laboratory personnel in the maintenance of laboratory equipment were commended; however, the problem of obtaining spare parts still remained. The question of proper utilization of rural laboratories also needed attention.

In environmental health, a rapidly expanding field, community water supplies remained a matter of primary concern. There was a growing interest in environmental pollution, and, with the industrialization occurring in the Region, the need for control was apparent and urgent. The Committee took note of the establishment of a special unit at WHO Headquarters to deal with environmental pollution.

Environmental pollution was another field in which many agencies were involved, and, to avoid the overlapping of effort, it was considered that WHO should be the responsible agency to deal with the health aspects of pollution. It was felt, however, that in South-East Asia water supply and waste disposal were still more important than problems arising from pollution.

In a lengthy discussion on education and training, the considerable efforts which WHO had devoted to the education and training of health manpower were welcomed; however, much still remained to be done. The need to orientate the training programmes of all members of the health team to the needs of the people was recognized (see resolution SEA/RC24/R4). In particular, the importance of the teaching of community medicine to undergraduate medical students was stressed, and the concern of the Committee about preparing doctors more adequately for community health work was reflected in the choice of the subject for the technical discussions to be held in 1972, in conjunction with the twenty-fifth session of the Regional Committee (see page 11). Studies into the pattern of delivery of health care were also considered necessary.

The Committee suggested that all forms of health educational activities should be further increased, particularly in view of the rapidly expanding family health programmes. All health personnel should be involved in the dissemination of information to the public, and the health educator, it was thought, played the important role of training this personnel.

As health statistics were recognized as an important element in the planning, implementation and evaluation of health services, there should be a strong statistical unit within or close to the Ministry of Health, responsible for co-ordinating the work on health statistics in the country. The

PART III

EXAMINATION OF THE PROPOSED PROGRAMME AND
BUDGET ESTIMATES FOR 1973

The Sub-Committee on Programme and Budget met on 28, 30 September and on 1 October 1971 and submitted its report to the Regional Committee.

The Sub-Committee reviewed the Proposed Programme and Budget Estimates for 1973 (document SEA/RC24/3), examined the tentative projection for 1974 (document SEA/RC24/15 Annex 3)* and considered additional projects requested by governments (document SEA/RC24/15 Annex 2)*, which had not been included in the main Programme and Budget document.

During its review the Sub-Committee felt that the inter-country programme should reflect regional trends *in planning.

After noting the relationship between new and continuing activities the Sub-Committee suggested that an assessment of certain projects including cost-benefit analyses be carried out.

The Sub-Committee noted the Region's share of the global budget of the Organization and stressed the need for a greater allocation of funds in view of the high density of population and the seriousness of the health problems in the Region.

In discussing the regional maternal and child health programme, the Sub-Committee indicated the need for WHO to promote further co-ordination and co-operation among the increasing number of international agencies entering the field of family health.

The selection of "General Assessment of the Tuberculosis Programme in the Region Including Cost-Benefit Analysis" as a programme for detailed examination in 1972 was agreed.

The Sub-Committee examined three new projects: (SEARO 0215 "Advisory Services", SEARO 0216 "Participation in Meetings", and SEARO 0217 "Editorial Consultant Services") and endorsed their inclusion in the budget proposals for 1973.

The Regional Committee approved the report of the Sub-Committee (document SEA/RC24/15), adopted the Proposed Programme and Budget Estimates for 1973 (document SEA/RC24/3 and its supplements)*, recommended the inclusion of its proposals in the Director-General's Proposed Programme and Budget Estimates for 1973 and requested the Regional Director to convey to the Director-General the need for additional funds in the Region (resolution SEA/RC24/10).

*Working Papers Nos. 8 and 6 prepared for the Sub-Committee on Programme and Budget will be attached as Annexes 2 and 3 to the Report of the Sub-Committee

PART IV

DISCUSSION OF OTHER MATTERS

1. Long-Term Planning, Improvement of the Evaluation Process, and Long-Term Financial Indicators

The Representative of the Director-General summarized the history of events leading to the present situation, indicating the manner in which it was considered developments might occur in the near future and the way in which Member States could co-operate within the framework of Regional Committees for the purpose of extending the the long-term planning of the Organization's programmes on the basis of national health plans and their present and long-term needs in the health field. It was clear that such long-term planning involved a change from resource-oriented to programme-oriented thinking, planning and budgeting. Long-term financial indicators would help governments co-ordinate existing resources and make more efficient use of them. In promoting co-ordination, the needs and priorities at country, regional and global levels should also be integrated.

It had been the hope of the Organization that countries would make long-term forecasts so that WHO would be able to plan its Fifth General Programme of Work (1974-78) in a programme-oriented manner. There were difficulties regarding budgeting and planning cycles of governments which did not synchronize with those followed by WHO, but a start had to be made. With more explicit planning and realistic targets, the countries of the Region were much more likely to attract aid from the donor areas.

It was mentioned that WHO Headquarters had produced a manual on project systems analysis and would be pleased to forward copies on request.

From the amount of discussion which took place on this subject, it was obvious that all the governments in the Region were keenly interested in the subject and would welcome guidance from WHO in efforts to improve their planning processes and to develop long-term financial indicators. A resolution was adopted (SEA/RC24/R7).

2. Resolutions of Regional Interest Adopted by the World Health Assembly

Resolutions of the Twenty-fourth World Health Assembly which were thought to be of special interest to the Region had been presented in document SEA/RC24/P, and those on the following subjects were noted: Regional Office for South-East Asia: Extension of the Regional Office Building (WHA24.25). Situation of the Cholera Pandemic (WHA24.26) Occupational Health Programme (WHA24.30), the Development of the

Medical Use of Ionizing Radiation (WHA24.31), Disinsection of Aircraft (WHA24.36), Smallpox Eradication (WHA24.45), Problems of the Human Environment (WHA24.47) Community Water Supply: Report on the Financial Consequences of the Programme for WHO (WHA24.55), Strategy for Health During the Second United Nations Development Decade (WHA24.49) Drug Dependence (WHA24.57) and Training of National Health Personnel (WHA24.59)

Regarding the resolution on the situation of the cholera pandemic (WHA24.26) one delegation considered although this resolution referred to "clear evidence that vaccine is of little use in preventing the spread of the disease" there were clear indications that, though not very effective, the vaccine gave a reasonable degree of protection for up to six months and had been found very useful in containing a recent threat of an epidemic situation. It was also suggested that the proposed study on the implications of the removal of cholera from the list of diseases covered by the International Health Regulations might include consideration of the possibility of including in the Regulations a provision enabling port health authorities to remove cases of cholera occurring on board ship. These observations were noted for transmission to the Director-General.

The resolution on occupational health programmes (WHA24.30) also formed a special item of the agenda (see below).

In the discussion of the resolution on the development of the medical use of ionizing radiation (WHA24.31), a suggestion was made that national legislation might be introduced empowering a competent authority in each country to control the installation and use of radiological units and that in the case of countries not having such authorities WHO might assist in an advisory capacity in this matter.

As for the resolution concerning the disinsection of aircraft (WHA24.36) recent scientific evidence had shown that the "blocks-away" method with pyrethroid insecticides was effective. In its practical application, however, as it was done now, especially in bigger capacity aircraft, it had not been so effective. It was observed, therefore, that if the "blocks-away" method of disinsection were to be followed, air crews should be trained in its proper use.

In the consideration of the resolution on smallpox eradication (WHA24.45) a query was raised as to whether the considerable progress achieved in the Region might be due, perhaps to the cyclical decline in the disease rather than to the success of the immunization programmes. The Director-General's representative asserted that worldwide studies seemed to show that it was not due to such a decline, and he considered that health administrations in the Region deserved great credit for their achievements.

In considering the resolution on problems of human environment the Committee noted that although WHO had made extensive preparations for the forthcoming Stockholm "Conference on Man and His Environment", ministries of health had been under-represented in the inter-governmental preparatory working group. Representatives were urged to ensure that the ministries were well represented in the conference itself.

A separate paper (document SEA/RC24/9 Rev.1) in connection with the resolution on community water supply: Report on the financial consequences of the programme for WHO (WHA24.55) was noted.

3. Occupational Health

In its resolution WHA24.30, the Twenty-fourth World Health Assembly recommended that regional committees discuss means of developing occupational health services in industrializing countries. A paper on the subject prepared by WHO Headquarters was presented by the Regional Director.

In this paper, the scope, objectives and practices of occupational health were outlined. Emphasis was laid on the fact that approximately one third of the world's population was gainfully employed and represented the backbone of the economy and progress. The health of these workers was obviously an important factor in productivity and development. Nevertheless, traditionally occupational health had been given secondary attention.

Possible forms of assistance through the WHO's regional and Headquarters programmes were outlined; and the paper was noted.

4. Technical Discussions on Health Statistics Requirements for National Health Planning

During the two meetings devoted to these discussions, attention was concentrated on the subject of planning processes and the information needs they imply, and the different kinds of demographic and health statistical data which are prerequisite for realistic planning were specified.

A critical review was made of existing health statistical services as well as of the kinds of health statistical data collected in the countries of the Region. The deficiencies of the data collected as well as methods of remedying them were also considered. Finally, the information systems for health planning, monitoring and evaluation were discussed.

There was general agreement that closer co-ordination and collaboration between health statisticians, health planners, health administrators and decision makers should be established for the proper collection and utilization of statistical information.

A further conclusion was that the data collected should be relevant for planning purposes and sufficiently reliable for realistic planning of health programmes and their subsequent evaluation.

In view of the inadequate development of health statistical services and scarce statistical resources, the production of superfluous data which are not required and not utilized should be avoided.

There was general agreement that all the health statistical activities in a country should be co-ordinated in a single unit, preferably one of the same rank as other technical divisions of the Ministry of Health or the Directorate of Health Services. It was stressed that training of health statistical personnel - at professional, intermediate and lower levels - should be continued.

The group adopted a report which was presented to, and noted by, the Regional Committee (SEA/RC24/16 Rev.1).

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

A list of possible topics had been submitted for the consideration of the Regional Committee (in document SEA/RC24/5). After some discussion the Committee selected "Teaching of Community Medicine in Undergraduate Medical Education" as the subject for the technical discussions to be held during the twenty-fifth session (resolution SEA/RC24/R9).

6. Time of the Twenty-fifth Session and Place of the Twenty-sixth Session of the Regional Committee and Principle of Holding Future Sessions

The Regional Committee decided to hold its twenty-fifth session in Ceylon in September 1972 and its twenty-sixth session in the Regional Office.

After discussing at some length earlier debates and decisions on the periodicity of sessions to be held at the site of the Regional Office the Committee resolved to decide upon the place of future sessions of the Regional Committee at the appropriate time, keeping in mind the resolution of the World Health Assembly (WHA 7.26), which provides that, taking into account the costs involved both for the Organization and for the countries concerned, regional committees should consider holding their sessions from time to time at the site of the regional office (resolution SEA/RC24/R8).