WORLD HEALTH ORGANIZATION
REGIONAL COMMITTEE FOR THE WESTERN PACIFIC
SEVENTEENTH SESSION
Manila, 22-27 September 1966

REPORT OF THE REGIONAL COMMITTEE
MINUTES OF THE PLENARY SESSIONS

MANILA
November 1966
WORLD HEALTH ORGANIZATION
REGIONAL COMMITTEE FOR THE WESTERN PACIFIC
SEVENTEENTH SESSION
Manila, 21 to 27 September 1966

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MINUTES OF THE PLENARY SESSIONS

MANILA
November 1966
NOTE

The seventeenth session of the Regional Committee for the Western Pacific was held in the WHO Conference Hall, from 21 to 27 September 1966, under the chairmanship of Dr Thor Peng Thong (Cambodia), with Dr S.R. Sayampanathan (Singapore), as Vice-Chairman. Dr J.C. Thieme (Western Samoa) and Dr Koukeo Saycocie (Laos) were the Rapporteurs.

The Regional Committee met on 21, 22 and 27 September. Technical discussions were held on 23, 24 and 26 September. The Report of the Committee will be found in Part I of this document on pages 1-76, the minutes of the plenary sessions in Part II on pages 83-216.

The Sub-Committee on Programme and Budget met on 23 and 26 September. The report of the Sub-Committee will be found on pages 31-56.
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INTRODUCTION

The seventeenth session of the Regional Committee for the Western Pacific was held in Manila from 21 to 27 September 1966. The meeting was attended by representatives of all Member States in the Region, and by representatives of France, Portugal, the United Kingdom of Great Britain and Northern Ireland, and the United States of America, attending on behalf of certain territories in the Region. Representatives of the United Nations and the United Nations Development Programme, UNICEF, the International Committee of Military Medicine and Pharmacy, the South Pacific Commission and eleven non-governmental organizations in official relations with WHO were also present. Dr P. M. Kaul, Assistant Director-General, attended the session as representative of the Director-General.

The Committee elected the following officers:

- **Chairman**: Dr Thor Peng Thong (Cambodia)
- **Vice-Chairman**: Dr S. R. Sayampanathan (Singapore)
- **Rapporteurs**
  - In English: Dr J. C. Thieme (Western Samoa)
  - In French: Dr Koukeo Saycocie (Laos)

Formal statements were made by the representatives of the United Nations and the United Nations Development Programme, of UNICEF, the International Committee of Military Medicine and Pharmacy, the South Pacific Commission and eleven non-governmental organizations in official relations with WHO.

The agenda is given in Annex 1 and the list of representatives in Annex 2.
At its first plenary session the Committee established a Sub-Committee on Programme and Budget, composed of representatives of the following countries: France, Laos, Malaysia, Philippines, Portugal, Singapore, the United States of America and Western Samoa. The Sub-Committee held two meetings, following which it submitted a report to the main Committee. Further details are given in Part II and Annex 3 of this report.

The Committee received with regret an announcement made by the Representative of Malaysia that his Government was no longer able, for financial reasons, to invite the Committee to hold its eighteenth session in Kuala Lumpur. It noted that the Government of China might be interested in inviting the Committee to hold this session in Taipei. It was agreed that the Regional Director would keep the Member States informed of the progress of negotiations and, if a formal invitation were forthcoming, he was authorized to accept it (see resolution WPR/RC17.R9). It was also agreed that no decision would be made as to the site of the nineteenth session until the Committee met again (see resolution WPR/RC17.R10).

In the course of six plenary sessions, the Committee adopted twelve resolutions which are set out in Part V.

PART I. ANNUAL REPORT OF THE REGIONAL DIRECTOR
ON THE WORK FROM 1 JULY 1965
TO 30 JUNE 1966

The Regional Director, in introducing the Annual Report, referred to the major developments which had taken place during the period under
review and summarized his expectations for the immediate future as follows:

1. The preparation of realistic long-range health plans, the establishment of priorities, and the formulation of practical targets which should be subjected to periodic assessment.

2. The further expansion of the health services at all levels based on improved supervision and the upgrading of performance standards; the development of industrial health programmes hand-in-hand with economic development plans.

3. Increased activity in the field of health promotion, including organized efforts to deal with the problems of medical care; the consideration of the health aspects of social security schemes; the establishment of closer liaison between hospitals and health centres.

4. An increase in the number of specialized units required to give technical guidance to the field operations of the general health services, with special attention being given to the strengthening of central and provincial laboratories, and the establishment of epidemiological and health statistics services.

5. Continuation of efforts to eradicate malaria and cholera and to maintain the Region free from smallpox; the fullest possible utilization of the new information which, it was hoped, would become available from the pilot studies and research being carried out on cholera, on the use of thiacetazone with INH in tuberculosis, on the most suitable
chemotherapeutic methods for the control of filariasis; continued research in the fields of Japanese encephalitis and haemorrhagic fever.

6. The integration of family planning programmes into maternal and child health programmes and increased efforts to promote the health of the pre-school child.

7. The intensification of health education programmes.

8. Expanded programmes in environmental sanitation in both rural and urban areas.

9. The more rational utilization of trained manpower as part of national development plans; improved personnel policies; the training of polyvalent instead of single-purpose auxiliary workers.

The Committee then reviewed the Report chapter by chapter.

During the discussion, a considerable amount of attention was focused on family planning. A number of governments reported on the activities now in progress in their countries and the results achieved. The resolutions adopted by the World Health Assembly and the Regional Committee were reviewed again. The view was expressed that the most important consideration was the training of professional and non-professional staff, as very little was known about the operative part of the programme. Knowledge could, however, be gained from the experiences of a number of countries in the Region and many public health institutions were beginning to develop courses on population problems, fertility and reproduction, and demography.

The Committee noted that the Secretariat had to carry out the instructions of its legislative and governing bodies and the resolution of the Nineteenth World Health Assembly had to be followed. The Director-General had instructed the Regional Directors on the type of assistance
which the Organization could now provide, and there seemed no doubt that if a government requested fellowships for training in the fields of population problems or the health aspects of population planning, these would be provided.

The Committee noted further that UNICEF had received several requests for assistance in family planning and that this matter was now being discussed between UNICEF and WHO.

Following further discussion, a draft resolution was presented by the Representatives of China, Japan, Republic of Korea, and the United States of America. This was unanimously adopted at the fifth meeting (see resolution WPR/RC17.R6).

The importance of education and training programmes and the need for continuous communication between the consumers and the trainers of manpower was emphasized. It was noted that in the proposed programme and budget estimates for 1963 more than 9.5 per cent. of the allocation for field activities was devoted to this field. The Regional Director also pointed out that all WHO-assisted projects had, in fact, education and training aspects. Concern was expressed at the departure of trained manpower from the developing to the developed countries. It was considered that this was a problem which needed further study.

Other points raised during the discussion related to the steps being taken by various governments to intensify their communicable disease programmes and to expand their mental health programmes. It was noted with satisfaction that progress had been made in the development of environmental health and health education services and that Australia and New Zealand were planning to establish degree courses in nursing.
The Committee considered that the Report provided a comprehensive picture of activities during the period under review and that much progress had been made (see resolution WPR/RC17/R1).

PART II. PROPOSED PROGRAMME AND BUDGET FOR 1968

The Sub-Committee on Programme and Budget (established in accordance with resolution WP/RC7/R7 adopted by the Committee at its seventh session) held two meetings.

The Regional Committee reviewed the proposals for 1968 in the light of the findings and observations of the Sub-Committee.

The proposed regional programme and budget estimates for 1968 were noted by the Committee and the Regional Director was requested to transmit them to the Director-General for his consideration for inclusion in his proposed programme and budget for 1968 (see resolution WPR/RC17/R7). The report of the Sub-Committee is contained in Annex 3.

PART III. OTHER MATTERS DISCUSSED

1 Smallpox eradication programme (Document WPR/RC17/5)

The Committee reviewed a report presented by the Regional Director containing a proposal for a regional smallpox eradication programme and a suggested plan of action.

A number of representatives reported on the measures being taken to maintain their populations free from smallpox. The ease with which smallpox could again invade the Region as a result of the rapid development of air communications was stressed by all. The Committee viewed with concern reports that in some cases vaccination certificates were being issued without the person having been vaccinated at all.
It considered that the attention of Member governments should be drawn to the importance of ensuring that the issuance of a vaccination certificate meant that the vaccination had actually been successfully completed. The Committee endorsed the proposal of the Regional Director for a regional smallpox eradication programme and emphasized, in particular, the importance of the travelling seminar which would permit health officers to study clinical cases of smallpox in countries where the infection still existed (see resolution WPR/RCl7.R2).

2 **Cholera (Document WPR/RCl7/6)**

The Committee noted the action taken by the Secretariat in connexion with the resolution adopted at its last meeting. It noted further that since the document had been issued an additional two countries had replied to the letter sent out earlier in the year. Only four out of the twelve countries replying had expressed interest in receiving assistance, namely, China (Taiwan), Laos, Philippines and the Republic of Viet-Nam.

The Regional Director urged governments to take advantage of the services of the inter-regional cholera team presently stationed in Manila, as from the preliminary information received not all governments were maintaining a national cholera control centre. During the discussion of this item, the importance of strengthening environmental health services as one of the major measures in cholera control was stressed.

The Committee decided to take note of the report presented by the Regional Director.

3 **Establishment of a central registry on poisoning (Document WPR/RCl7/7)**

This item was placed on the agenda at the request of the Government of Singapore, which proposed the establishment of a central registry which
would collect and disseminate information on poisonings to the various countries in the Region. In this way, a body of information on poisoning from household products, medical, agricultural, veterinary and industrial chemicals would be built up.

The Committee acknowledged a report received from the Government of Australia on the proceedings of the First National Conference on Poisoning, which had been held in Canberra on 28 April 1966, and a copy of the first instalment of its National Poisons Register Manual.

The Committee also had before it a document prepared by the Secretariat which summarized some aspects of the proposal, which had also been the subject of the technical discussions during the fifteenth session of the WHO Regional Committee for Europe.

During the discussion, the Committee was informed that poison control information centres existed in five countries in the Americas, twenty-two countries in Europe, one in the Eastern Mediterranean, one in South-East Asia and three in the Western Pacific - Australia, Japan, and New Zealand. The various difficulties involved in establishing regional centres were mentioned. The Committee noted that although WHO Headquarters was very interested in this subject and the Division of Biology and Pharmacology, with its unit of Pharmacology and Toxicology, was undertaking studies in a number of fields, including the long-term effect on human beings of the use of insecticides and pesticides, it did not have the resources to tackle the problem in any substantive manner. WHO would, however, do its best to disseminate information or to assist any governments to set up their own poison control information services.

The Committee noted with appreciation the offer of the Representative of Australia to communicate, on request, information on the data which his Government was collecting (see resolution WPR/RC17/R3).
4  The epidemiology of filariasis in the Western Pacific Region
(Document WPB/RC17/8)

This item was placed on the agenda at the request of the Government of Portugal, which considered that it was opportune for the Committee to review the problem of filariasis and consider whether more effective control methods could be found. The Committee also had before it a document prepared by the Secretariat, summarizing the situation in the Region on the basis of information available in the Regional Office.

Further information was presented by representatives on the situation in Australia, China (Taiwan), Malaysia, French Polynesia, Portuguese Timor, Republic of Korea, Territory of Papua and New Guinea and Western Samoa and on the measures advocated to control this disease. It was noted that mass drug treatment had succeeded in reducing the microfilarial rate considerably in a number of places.

The Committee adopted a resolution urging governments to continue to study the problem and to find more effective ways of controlling the infection. It also expressed the hope that UNICEF would continue to support campaigns in this field (see resolution WPB/RC17.R4).

5  The epidemiology of endemic goitre in the Western Pacific Region
(Document WPB/RC17/9 and Add.1)

This item was proposed by the Government of Portugal which believed that, as the documentation on the control of goitre was incomplete, it would be useful to have the subject discussed by the Committee. The Committee also had before it a document prepared by the Secretariat, summarizing the situation in the Region on the basis of information available in the Regional Office.

Further information was presented by representatives on the situation in China (Taiwan), Laos, Malaysia, New Zealand, Philippines,
Portuguese Timor and the Territory of Papua and New Guinea and the steps being taken to control the disease. It was noted that the infection had virtually been eliminated in New Zealand where under the Food and Drug Regulations there was a requirement that iodized salt should contain between 0.75 and 1.5 parts of iodine per 20,000. It was further noted that salt iodization plants had been set up in East Malaysia (Sarawak) and that a pilot study using iodized salt, assisted by UNICEF and WHO, was in progress in China (Taiwan).

The Committee adopted a resolution expressing its thanks to the representatives who had presented additional information (see resolution WPR/RC17/R5).

6 Resolutions of regional interest adopted by the thirty-seventh session of the Executive Board and the Nineteenth World Health Assembly (Document WPR/RC17/3)

The attention of the Committee was drawn to eleven resolutions of regional interest adopted by the Executive Board and the World Health Assembly. These covered the Consolidation of the Special Fund and the Expanded Programme of Technical Assistance in a United Nations Development Programme (resolution EB37.R41); Establishment of a Revolving Fund for Teaching and Laboratory Equipment for Medical Education and Training (resolution WHA19.7); Malaria Eradication Programme (resolution WHA19.13); Establishment and Operation of World Health Foundations (resolution WHA19.20); Resolution AFR/RC15/R2 Adopted by the Regional Committee for Africa at its Fifteenth Session on 9 September 1965 (resolution WHA19.31); Headquarters Accommodation: Voluntary Contributions from Governments (resolution WHA19.33); Programme and Budget Estimates for 1967: Voluntary Fund for Health Promotion (resolution WHA19.40); Health Aspects of World
Population (resolution WHA19.43); Study of the Nature and Extent of Health Problems of Seafarers and the Health Services Available to Them (resolution WHA19.48); Community Water Supply Programme (resolution WHA19.50); Reports of Expert Committees (resolution WHA19.51).

The Representative of the United Kingdom referred to the resolution on voluntary contributions and stated that the United Kingdom wished to reiterate its established policy that it was opposed in principle to the financing, by means of voluntary contributions, of programmes which it considered should be financed out of the regular budget.

The discussion centred around resolution WHA19.43 on the Health Aspects of World Population. The Committee noted the further instructions given to the Regional Directors by the Director-General on the type of assistance which could now be provided by the Organization. The WHO policy with regard to the promotion of research on population growth and its decision to render technical assistance to governments upon request was welcomed.

PART IV. OTHER BUSINESS

1 Progress reports from governments on their health activities

The Chairman acknowledged the following reports which had been presented to the Committee:

(1) AUSTRALIA - Health Activities in 1965/1966 in Australia
(2) CAMBODIA - Brief Progress Report of Health Activities in Cambodia (September 1965 to September 1966)
(3) CHINA - Country Report on Health for 1964; Taiwan's Health - 1965
(4) FIJI - A Short Report on Health Services in Fiji
(5) FRENCH POLYNESIA - Brief Report on the Progress Achieved in the Field of Public Health during the Year 1965-1966
(6) GUAM - Report on the Progress of Health and Medical Services
(8) LAOS - Progress Report on Public Health in Laos
(9) MACAO - A Brief Report on the Progress of Health Activities during the Period 1 July 1965 to 30 June 1966
(10) MALAYSIA - Brief Report on the Progress of Health Activities - East Malaysia (Sabah); Brief Report on the Progress of Health Activities in West Malaysia
(12) NEW ZEALAND - Progress in Health Activities in New Zealand
(13) PAPUA AND NEW GUINEA - Progress of Health Activities in the Territory of Papua and New Guinea - 1965-1966
(14) PHILIPPINES - The State of Health in the Philippines (1965)
(15) REPUBLIC OF KOREA - Brief Report of the Health Situation in 1965
(16) SINGAPORE - Report on the Progress of Health Activities
(17) TIMOR - Report on the Progress of Health Activities, 1965
(18) VIET-NAM - Progress of Health Activities in Viet-Nam - 1965-1966
2 Technical Discussions

2.1 Designation of Chairman

At its eleventh session, the Regional Committee adopted a resolution (WP/RC11.R11) recommending that the Chairman of the Technical Discussions should be appointed well in advance of the meeting. Following consultations between the Regional Director and the Chairman of the Regional Committee, Dr Amadeo Cruz, Director, Bureau of Health Services, Department of Health, Manila, was selected for this office.

2.2 Organization

The theme of the Technical Discussions was "The Role of the Health Department in Environmental Health Activities".

The first session consisted of introductory statements and an explanation of procedures. The participants were then divided into three groups which met separately and conducted a free discussion in accordance with guidelines and references provided. The third session was again a plenary one at which the reports prepared by the discussion groups were presented. Full details are contained in the report of the Technical Discussions which appears in Annex 4.

2.3 Selection of topic for the Technical Discussions in 1967

The Committee selected "The Integration of Maternal and Child Health and Family Planning Activities in the General Health Services", as the subject for the Technical Discussions in 1967 (see resolution WP/RC17.R3).
PART V. RESOLUTIONS ADOPTED BY THE COMMITTEE

WP/R17.R1 ANNUAL REPORT OF THE REGIONAL DIRECTOR

The Regional Committee,

Having reviewed the Sixteenth Annual Report of the Regional Director covering the activities of WHO in the Western Pacific Region during the period 1 July 1965 to 30 June 1966,

1. NOTES with satisfaction the increase in activities and the progress made;

2. COMMENDS the Regional Director and his staff for the work accomplished and the preparation of a comprehensive and interesting report.


WP/R17.R2 SMALLPOX ERADICATION PROGRAMME

The Regional Committee,

Having reviewed the report presented by the Regional Director on the smallpox eradication programme,

1. REAFFIRMS its support of the world-wide smallpox eradication programme;

2. EMPHASIZES the danger of the reimportation of smallpox into the Region particularly as a result of the rapid development of air communications;

3. DRAWS the attention of Member governments to the importance of ensuring that the issuance of a vaccination certificate for their countries means that the vaccination has actually been successfully completed;
4. ENDORSES the regional smallpox eradication programme presented in document WPR/RC17/5;

5. REQUESTS the Regional Director to arrange a travelling seminar to permit health officers to study clinical cases of smallpox in the countries where the infection still exists.


WPR/RC17.R3  ESTABLISHMENT OF A CENTRAL REGISTRY ON POISONINGS

The Regional Committee,

Having considered the proposal made by the Government of Singapore to establish a regional registry on poisonings, and having reviewed the report submitted by the Regional Director,

1. EXPRESSES its thanks to the Representative of Australia for submitting to the Committee extracts of the Proceedings of the First National Conference on Poisoning, which was held in Canberra on 25 April 1966, and a copy of the first instalment of the National Poisons Register Manual;

2. NOTES with appreciation the offer of the Representative of Australia to communicate, on request, information on the data which his Government is collecting;

3. NOTES that WHO is not yet in a position to tackle the problem in any substantive manner;

4. REQUESTS the Regional Director to assist any government so desiring to set up its own central poison information service.

WPR/RC17.R4  FILARIASIS

The Regional Committee,

Having reviewed the report presented by the Regional Director on the epidemiology of filariasis in the Western Pacific Region; and

Having noted with interest the additional reports presented on the subject by Representatives,

1. EXPRESSES the hope that:

   (1) governments will continue to study this problem and particularly to find more effective ways of controlling the disease; and

   (2) UNICEF will also continue to support campaigns against it;

2. REQUESTS the Regional Director to provide the countries concerned with any new information which arises in this field.


WPR/RC17.R5  ENDEMIC GOITRE

The Regional Committee,

Having reviewed the report presented by the Regional Director on the epidemiology of endemic goitre in the Western Pacific Region,

1. EXPRESSES its thanks to the Representatives who presented further information on the situation in their countries;

2. TAKES NOTE with interest of the measures advocated to control this disease.

WPR/RC17.R6 HEALTH ASPECTS OF WORLD POPULATION

The Regional Committee,

Having considered resolution WHA19.43 adopted by the Nineteenth World Health Assembly on the health aspects of world population,

1. NOTES that no requests have yet been submitted to the Regional Director for assistance in this field;

2. NOTES further that a number of Member countries in the Western Pacific Region are carrying out active programmes in family planning;

3. RECOMMENDS that Member governments who are interested should consider requesting fellowships to observe operational programmes within the Region or for training in the health aspects of family planning.


WPR/RC17.R7 PROPOSED PROGRAMME AND BUDGET ESTIMATES FOR 1968

The Regional Committee,

Having examined the programme and budget estimates proposed for the financial year 1 January - 31 December 1968 and the report of the Sub-Committee on Programme and Budget,

1. AGREES that the following inter-country programmes proposed for implementation under the United Nations Development Programme/Technical Assistance funds are important and should be continued in 1967 and 1968:

- Maternal and child health advisory services, South Pacific
- Environmental health advisory services, South Pacific
2. REQUESTS the Regional Director to transmit the programme and budget proposals to the Director-General for his consideration for inclusion in his proposed programme and budget for 1968;
3. ADVISES caution as regards the increase of unnecessary expenses.

Fifth meeting, 27 September 1966

WPR/RC17.R8  TECHNICAL DISCUSSIONS

The Regional Committee,

Having considered the topics suggested by the Regional Director for the Technical Discussions during the eighteenth session of the Committee,

DECIDES that the subject for the Technical Discussions in 1967 shall be "The Integration of Maternal and Child Health and Family Planning Activities in the General Health Services".

WPR Handb.Res., 4th ed., 5.5.2 (14)
Fifth meeting, 27 September 1966

WPR/RC17.R9  EIGHTEENTH SESSION OF THE REGIONAL COMMITTEE

The Regional Committee

1. NOTES with regret that the Malaysian Government is no longer able to act as host at the eighteenth session of the Regional Committee in 1967;
2. NOTES further that an invitation might be extended by the Government of China to hold the session in Taipei in 1967 but that this is subject to confirmation being received from the Government;
3. REQUESTS the Regional Director:

   (1) to discuss this matter further with the Government of China; and

   (2) to inform all Member governments, at the earliest possible date, and no later than the end of the year, of the final decision reached;

4. AUTHORIZES the Regional Director to accept the invitation on behalf of the Committee;

5. DECIDES that, should the invitation not materialize, the meeting will be held at regional headquarters in Manila.


WPR/RC17.R10 NINETEENTH SESSION OF THE REGIONAL COMMITTEE

The Regional Committee

DECIDES to defer its decision as to the site of the nineteenth session in 1968 until the next session of the Committee.


WPR/RC17.R11 RESOLUTION OF APPRECIATION

The Regional Committee

EXPRESSES its appreciation and thanks to:

(1) The Secretary of Health of the Philippines and the Chargé d'Affaires a.i. of Cambodia to the Philippines for the hospitality extended;

(2) the Chairman and other officers of the Committee;
(3) the representatives of the United Nations and the United Nations Development Programme, the United Nations Children's Fund, the International Committee of Military Medicine and Pharmacy, the South Pacific Commission, and the non-governmental organizations who made statements;

(4) Dr Kaul, Assistant Director-General, for the honour of his visit and his invaluable advice;

(5) the Regional Director and the Secretariat for their work in connexion with the meeting.

Fifth meeting, 27 September 1966

WPR/RC17.R12 ADOPTION OF THE REPORT

The Regional Committee,

Having considered the draft report of the seventeenth session of the Committee,

ADOPTS the report.

Sixth meeting, 27 September 1966
AGENDA

1. Formal opening
2. Address by retiring Chairman
3. Address by the Representative of the Director-General
4. Election of new officers: Chairman, Vice-Chairman and Rapporteurs
5. Address by incoming Chairman
6. Adoption of the agenda
7. Technical Discussions
   Statement by the Chairman of the Technical Discussions
8. Proposed programme and budget estimates for the financial year
   1 January - 31 December 1968
   8.1 Establishment of the Sub-Committee on Programme and Budget
   8.2 Consideration of the report presented by the Sub-Committee
      on Programme and Budget
9. Acknowledgement by the Chairman of brief reports received from
   governments on the progress of their health activities
10. Resolutions of regional interest adopted by the thirty-seventh
    session of the Executive Board and the Nineteenth World Health
    Assembly
11. Report of the Regional Director
12. Smallpox eradication programme
13. Cholera: action taken in relation to the resolution adopted by
    the Committee at its sixteenth session
14. Establishment of a central registry on poisonings: Item proposed
    by the Government of Singapore
15. The epidemiology of filariasis in the Western Pacific Region:
    Item proposed by the Government of Portugal
16. The epidemiology of endemic goitre in the Western Pacific Region:
    Item proposed by the Government of Portugal
17 Selection of topic for the Technical Discussions during the eighteenth session of the Regional Committee

18 Consideration of the report presented by the Technical Discussion Group

19 Time, place and duration of the eighteenth and nineteenth sessions of the Regional Committee

20 Other business

21 Adoption of the draft report of the Committee

22 Adjournment
LIST OF REPRESENTATIVES
LISTE DES REPRESENTANTS

I. REPRESENTATIVES OF MEMBER STATES
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Sarawak
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Deputy Director of Medical Services
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<th>Country</th>
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<tr>
<td>PHILIPPINES</td>
<td>Mr. I. Bantug</td>
<td>Field Sanitary Engineer</td>
<td>Regional Health Office No. 3, Department of Health</td>
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<td>Mr. B. Hizon</td>
<td>Senior Sanitary Engineer</td>
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<td>Mr. D. Gonzales</td>
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<td>PORTUGAL</td>
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<td>Dr. Manuel Florentino Matias</td>
<td>Chief of Health Services</td>
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<td>Mr. Carlos da Luz Nunes</td>
<td>Attaché to the Portuguese Embassy in Manila</td>
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<td>Republic of Korea</td>
<td>Dr Y.K. Cha</td>
<td>Chief Representative, Director</td>
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<td>(Chef de délégation)</td>
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<td>Bureau of Public Health, Ministry of Health and Social Affairs</td>
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<td>Mr J.H. Suh</td>
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<td>Chief, Sanitation Section, Ministry of Health and Social Affairs</td>
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<td>International Organizations Section, Ministry of Foreign Affairs</td>
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<td>Singapore</td>
<td>Dr S.R. Sayampanathan</td>
<td>Senior Health Officer, Ministry of Health</td>
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<td>Dr C.H. Gurd</td>
<td>Alternate/Suppléant</td>
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<td>Director of Medical Services, Fiji</td>
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<td>Dr R.K.C. Lee</td>
<td>Chief Representative, Director of Public Health and Medical Activities</td>
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<td></td>
<td>(Chef de délégation)</td>
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<td>University of Hawaii</td>
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<td>Dr H. De Lien</td>
<td>Alternate/Suppléant</td>
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<td>Chief, Health Division, United States Agency for International Development, Manila</td>
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<td>Dr R. Hogan</td>
<td>Adviser/Conseiller</td>
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<td>Director of Public Health and Welfare, Guam</td>
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II. REPRESENTATIVES OF THE UNITED NATIONS AND SPECIALIZED AGENCIES

UNITED NATIONS AND
UNITED NATIONS DEVELOPMENT PROGRAMME
NATIONS UNIES ET PROGRAMME DES NATIONS
UNIES POUR LE DEVELOPPEMENT

Mr W.H. Cornwell
Resident Representative of the
United Nations Development
Programme in the Philippines

III. REPRESENTATIVES OF OTHER
INTER-GOVERNMENTAL ORGANIZATIONS
REPRESENTANTS D'AUTRES ORGANISATIONS INTERGOUVERNEMENTALES

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MILITARY MEDICINE AND PHARMACY
COMITE INTERNATIONAL DE MEDECINE
ET DE PHARMACIE MILITAIRES

It. Colonel E.C. Panganiban, MC
Deputy Surgeon General
Armed Forces of the Philippines
Camp General Emilio Aguinaldo
SOUTH PACIFIC COMMISSION
COMMISSION DU PACIFIQUE SUD

Dr G. Loison
Executive Officer for Health
South Pacific Commission
New Caledonia

IV. REPRESENTATIVES OF NON-
GOVERNMENTAL ORGANIZATIONS
REPRESENTANTS DES ORGANISATIONS
NON GOUVERNEMENTALES

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THE PREVENTION OF BLINDNESS
ASSOCIATION INTERNATIONALE DE
PROPHYLAXIE DE LA CECITE

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COMITE INTERNATIONAL CATHOLIQUE
DES INfirmIERES ET ASSISTANITES
MEDICO-SOCIALES

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Guild of the Philippines
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INfirmIERES

Mrs. R.S. Diamante
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Philippine Nurses' Association
Manila

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Manila Doctors Hospital

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Bureau of Public Dental Services
Department of Health
Manila

Dr E. Castillo (Alternate/Suppléant)
Bureau of Public Dental Services
Department of Health
Manila

INTERNATIONAL HOSPITAL FEDERATION
FEDERATION INTERNATIONALE DES
HOPITAUX

Dr E.D. Congco
President
Philippine Hospital Association
Manila
INTERNATIONAL PLANNED PARENTHOOD FEDERATION
FEDERATION INTERNATIONALE POUR LE PLANNING FAMILIAL

Professor Han Su Shin, M.D.
Chairman
Regional Medical Committee
Planned Parenthood Federation of Korea

INTERNATIONAL UNION OF ARCHITECTS
UNION INTERNATIONALE DES ARCHITECTES

Mr. A. Dimalanta
President
Philippine Institute of Architects
Manila

LEAGUE OF RED CROSS SOCIETIES
LIGUE DES SOCIETES DE LA CROIX-ROUGE

Dr. B. Roa
Member
Board of Governors
Philippine National Red Cross
Manila

Dr. G.C. Caridad
Director of the
Medical Services
Philippine National Red Cross
Manila

MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION
ASSOCIATION INTERNATIONALE DES FEMMES MEDECINS

Dr. T. Gomez
University of Santo Tomas
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THE WORLD MEDICAL ASSOCIATION
L'ASSOCIATION MEDICALE MONDIALE

Dr. J.C. Denoga
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WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS
FEDERATION MONDIALE DES SOCIETES D'ANAESTHESIOLOGISTES

Dr. O. Gomez
Director of Anesthesia
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WORLD VETERANS FEDERATION
FEDERATION MONDIALE DES ANCIENS COMBATTANTS

Dr. J. Bacala
College of Medicine and
Head of the School of Nursing
University of Santo Tomas
Manila
INTRODUCTION

1.1 At its seventh session, the Regional Committee, in resolution WP/RC7.R7, decided "that the establishment of a sub-committee on programme and budget, consisting of six members plus the Chairman of the Regional Committee, should become a routine activity of the Regional Committee"; and recommended that "the membership of this sub-committee be rotated among the Representatives of various Members, subject to the provision that any Representative desiring to be a member of the sub-committee should be entitled to participate".

The Sub-Committee on Programme and Budget met on 23 and 26 September 1966, under the chairmanship of Dr Thor Peng Thong (Cambodia). The attendance was as follows:

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<tr>
<td>France</td>
<td>Médecin-Général M. Orsini</td>
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<tr>
<td>Laos</td>
<td>Dr Koukëo Saycocie</td>
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<td>Malaysia</td>
<td>Dr L.W. Jayesuria</td>
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<td>Dr R. Dickie (alternate)</td>
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<td>Dr C.H. James (alternate)</td>
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<td>Mr Abdul Aziz bin Mohamed (alternate)</td>
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<td>Philippines</td>
<td>Dr A.H. Cruz</td>
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<td>Dr A.N. Acosta (alternate)</td>
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<td>Portugal</td>
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<td>United States</td>
<td>Dr R.K.C. Lee</td>
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<td>of America</td>
<td>Mr M.K. Koizumi (adviser)</td>
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<td>Western Samoa</td>
<td>Dr J.C. Thieme</td>
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</table>
The meetings of the Sub-Committee were attended also by the following members of the Committee and their alternates and advisers:

Country
Australia        Dr H.E. Downes
                Dr R. Taureka
Cambodia        Mr Ok Sam On
China           Dr C.K. Chang
                Dr T.C. Hsu
Japan           Dr M. Matsuo
                Mr K. Watanabe
New Zealand     Dr C.N.D. Taylor
Republic of Korea Dr Y.K. Cha
                  Mr J.H. Suh

1.2 In the course of its meetings, the Sub-Committee examined the proposed budget in accordance with the guidelines given on page 49. In addition to the proposed programme and budget estimates for the financial year 1 January - 31 December 1968 (document WPR/RC17/2), the Sub-Committee was provided with three working papers: (1) analysis of proposed programme and budget estimates, regular funds - 1967-1968 (see pages 51-52); (2) major subject headings used in the proposed programme and budget estimates for 1968 (see pages 53-54); and (3) additions or changes to the proposed programme and budget estimates for the financial year 1 January - 31 December 1968 (see pages 55-56).

2 REGULAR PROGRAMME AND BUDGET ESTIMATES

2.1 Level of the proposed programme and budget estimates for 1968

2.1.1 The Sub-Committee noted that the estimates proposed for the Region under the regular budget in 1968, excluding expenses in connexion with the Regional Committee, amounted to $4 372 416, an increase of $361 251, or 9.01%,
over that in 1967. Of this amount, $589,209 had been allocated to the Regional Office and $3,783,207 to the field programme. The Sub-Committee noted further that the percentage increase from 1967 to 1968 was only 8.6% if the gross figures were considered rather than the net figures, the latter allowing for delays in filling new posts.

2.1.2 The increase in the estimates for the Regional Office amounted to $54,992 (15.2% of the overall increase). The increase was due to normal statutory salary increments, the normal increases foreseen under other statutory staff costs (such as post adjustment), the cost connected with the salary and allowances for a new M.5 post under general services (general services clerk), the uneven distribution of home leave costs, and a revision of the common services' estimates mainly attributable to a rise in wages for contractual services resulting from a new minimum wage law adopted in the Philippines.

2.1.3 The increase of $306,259 in the estimates for programme activities, after allowing for delays in recruitment, was made up of $49,302 for regional advisers, $21,863 for WHO representatives and $235,094 for field projects; 84.78% of the overall increase had, in fact, been allotted to programme activities. In the case of the regional advisers and WHO representatives the increase related to normal statutory salary increments for existing staff, statutory staff costs and the uneven distribution of home leave. In addition, there was an increase in common services for the regional advisers.

2.2 Programme aspects

2.2.1 The Regional Director informed the Sub-Committee that in establishing the proposed programme and budget estimates for 1968 two main factors had been taken into account: continuing projects and the allocation proposed by the
Director-General for these activities. One hundred and forty-six projects were proposed under twenty-one major subject headings - 127 represented country and 19 inter-country projects. A total of 196 fellowships were also included, of which 106 were for study within the Region.

2.2.2 Consistent with the still developing national health services, a substantial proportion of the programme in 1968 would continue to give emphasis to the strengthening of the general health services, the control of communicable diseases and the education and training of health personnel.

2.2.3 In recent years, WHO had assisted in national health planning through direct services (e.g., Laos, Republic of Korea) or through the indirect or direct participation of field staff (e.g., China, Malaysia). In 1968, assistance would again be extended to the Republic of Korea and, it was hoped, should the present emergency be resolved, also to the Republic of Viet-Nam.

2.2.4 In the British Solomon Islands Protectorate, Laos, Malaysia and Western Samoa, peripheral basic health services were being developed to meet local needs. In the Philippines, the public health demonstration project aimed to strengthen the already existing local services by upgrading performance standards and improving supervision while, at the same time, using the project as a field practice area for health trainees. In the Republic of Korea, another demonstration project sought to strengthen the health services at provincial, county and district levels by developing representative units at these levels in each province.

2.2.5 In other countries, peripheral health services development was being spearheaded by the strengthening of the maternal and child health services at local and intermediate levels.
2.2.6 In many countries, specialized units were being developed at the central level to help guide technically the field operations of the general health services. This trend was reflected in Laos, where a vital and health statistical project would be inaugurated, while in the Republic of Korea and West Malaysia central epidemiological services would be set up. A number of health laboratory services projects initiated in preceding years would continue to receive support; other specialized technical units to receive attention would include nutrition, school health, dental health, mental health, as well as health education and nursing services.

2.2.7 Efforts would also be concentrated on the effective execution and assessment of control programmes against the major communicable diseases. The regional communicable diseases advisory team, which would start work in 1967, would be continued in 1968. One of its major activities would be to assist countries to study means of combating cholera, Japanese encephalities and haemorrhagic fever. Tuberculosis still remained a major public health problem in the Region. The regional tuberculosis advisory team would, therefore, continue to provide advisory services to governments in connexion with the planning, organization and evaluation of their national tuberculosis programmes. To date, assistance had been provided to nine countries and four territories. Two new country projects were proposed, one in Singapore and the other in Malaysia.

2.2.8 An important part of the proposed programme and budget estimates for 1968 was earmarked for malaria activities (17.95% of the total regular programme of the Region for 1968).

The present forecast for 1968 could be summarized as follows:

(a) There would be full malaria eradication programmes in five areas of the Region, namely, in Brunei, West Malaysia, East Malaysia (Sabah,
Sarawak), and the Philippines.

(b) Pre-eradication programmes would be in operation in the British Solomon Islands Protectorate, Cambodia, Republic of Korea and Republic of Viet-Nam.

(c) The malaria eradication training centre in Manila, which had been in operation since 1963 and in which the Government of the Philippines and the United States Agency for International Development also participated, would continue its activities.

(d) A malaria eradication assessment team would make an independent appraisal of the status of malaria eradication or of any special aspects of the malaria programmes in selected countries. This team might later become a permanent inter-country assessment team in order to give further technical support to the malaria field teams.

2.2.9 The award of fellowships would continue to be a major feature of the regional programme. To the greatest extent possible, priority had been given to the award of fellowships to staff connected with WHO-assisted projects and individuals holding teaching and leadership positions. Particular attention had also been given to the strengthening of departments of preventive and social medicine in faculties of medicine in order to promote the integration of the preventive and promotive aspects of health in curative medicine.

2.2.10 In the developing countries, major activities in the field of environmental health would still be in general sanitation, including water supplies, excreta disposal and food hygiene.

2.2.11 In the South Pacific, public health nursing advisory services would be continued. WHO would also give assistance to the nutrition education and training centre in Suva.
2.3 Percentage obligated for the different activities

The Sub-Committee was provided with two working documents, one which indicated the percentages obligated for the different activities (Annex 2) and the other which listed the number of different, although related, projects appearing under the general heading of "public health administration" (see page 53).

2.4 Supplementary List

The Sub-Committee was informed that as the total requests received from Member governments considerably exceeded the regular budget allocation proposed by the Director-General for this region, certain requests had had to be relegated to the Supplementary List (additional projects requested by governments and not included in the proposed programme and budget estimates) for possible implementation if savings became available. The Sub-Committee noted that the following additional requests had been received from governments and that these would also be included in the Supplementary List:

(a) American Samoa - Dental Health: a twelve-month fellowship

(b) Laos - Nutrition Advisory Services: consisting of a non-medical nutritionist and a twelve-month fellowship: to start in 1967

(c) Malaysia - University of Malaya: a statistician

(d) New Caledonia - Health Education: a twelve-month fellowship

(e) New Caledonia - Environmental Health: a four-month fellowship

(f) Tokelau Islands - Education and Training: a six-month fellowship

The Sub-Committee noted further that the education and training fellowships listed under Cook Islands on page 268 had been deleted.

2.5 Ad hoc requests

The Regional Director drew attention to the problems which had arisen during the past year in connexion with ad hoc requests for assistance.
Although there was in the programme and budget estimates an inter-country advisory services project (WPRO 79) which was designed to meet such requests, the amount of money allocated to this project was limited. If realistic health plans were drawn up, requests for ad hoc assistance would automatically be reduced and the Organization would not be placed in the unfortunate situation of being unable to meet a government request.

2.6 Discussion

2.6.1 General

The Representative of the United States of America called the attention of the Regional Director to the necessity of applying forward-looking and dynamic programming concepts. Bearing in mind particularly the changing patterns of communications, transportation and the advancing levels of national health administrations while avoiding a too slavish adherence to past administrative patterns.

He then referred to the Regional Director's statement that there were 196 fellowships planned for 1968 and asked whether these had been specifically requested by governments and whether the possibility of governments providing them themselves had been discussed. He also referred to the reduction in the allocation for maternal and child health and asked if consideration had been given to a possible increase in family planning activities in relation to maternal and child health.

The Regional Director stated that all fellowships listed in the proposed programme and budget estimates for 1968 and for previous years had been requested by governments, as had all the items shown in the document. Requests for fellowships were carefully screened and studied in order to make the best possible use of available funds. Higher priority was given to fellowships connected with projects receiving WHO assistance,
as trained staff would mean that these projects could be turned over to the national counterpart staff sooner. Many of the fellowship requests received had had to be given a lower priority and these would be found in the Supplementary List.

As far as maternal and child health was concerned, the reduction in 1968 compared to 1967 was due to the provision for an inter-country meeting in 1967, which amounted to US$27 100, and the tapering off of assistance in some projects and the relatively heavy statutory costs that are related to such action. It could be noted, however, that 1968 nevertheless showed an increase over 1966.

Family planning assistance in connexion with maternal and child health projects would, of course, depend upon government requests for such assistance and the Organization's ability to respond in the light of available funds and the terms of the Organization's policy as set forth by the World Health Assembly.

2.6.2 Regional Advisers and WHO Representatives

Reference was made to the opinion expressed at previous sessions that the travel funds for Regional Advisers were inadequate so that they did not have a chance to render fully the services required of them.

The Regional Director pointed out that in the approved programme and budget for 1966 the total amount for duty travel for regional advisers had been $41 500. In agreement with WHO Headquarters, the allocation had been increased to $43 500. If necessary, this amount would be increased further by making other adjustments to the programme.

The Representative of the United States of America suggested that the Regional Director should study further the criteria for determining whether a country needed and should have a WHO representative. The establishment of a country representative office meant immediately the
employment of an additional number of staff. He would prefer to see the funds now allocated to this type of activity added to the Regional Office so that there were more regional advisers who could provide the specialist assistance more urgently required by governments. Too much decentralization was dangerous as it prevented the staff in the Regional Office from getting into the field.

The Representative of France supported the suggestion that a careful selection should be made of the areas in which WHO representatives were required. As far as the French territories in the South Pacific were concerned, they had more need for specialist advisers, as a health structure, in fact, existed in all the territories.

The Representatives of Cambodia and Western Samoa considered that from a practical point of view a WHO representative was necessary, and his presence was useful in co-ordinating the different proposals made by the specialist advisers and in assisting the Government to make a final selection of its programme needs. He also ensured closer liaison between the Government and the Regional Office.

The Sub-Committee noted that the WHO representatives in the Region had been given instructions to assist governments in their areas in the formulation of national health plans, which were basic to any well-balanced programme. They also had to co-ordinate all WHO-assisted activities within the country and to maintain contact with other international, bilateral and government agencies interested in health programmes.

Dr Kaul, Assistant Director-General, informed the Sub-Committee that experience not only in this region but in almost all regions showed that there were needs in a practical programme which could only be handled by somebody who was on the spot. The type of duties that the
WHO representatives carried out could never be covered by the Regional Office. The WHO Constitution stated that WHO was to act as a co-ordinating body for all international health activities and the Organization had undertaken this responsibility in all developing countries where the multitude of the assistance given to health activities both by WHO, evidenced by its increasing budget, as well as by bilateral and other international agencies, was obvious. In some countries, the WHO representative served as the secretary of the co-ordinating committee at national level and in a number of countries this committee met regularly once a month. The developing countries required to review continuously their health programmes and the WHO representatives could assist considerably by indicating some of the changes which might be made. If the Organization had to depend on specialists, its budget would have to be doubled. It was not possible to have specialists in all fields and there was also the question of recruiting enough high-level staff. It was essential to have a broad integrated health programme and if too much emphasis were placed on special fields, health activities might not develop in a balanced manner.

Dr Kaul assured the Representative of the United States of America that the Director-General and the Regional Directors had considered the staffing pattern of the WHO representative's office very carefully. It was not the intention to decentralize the regional offices. It was the intention to have the technical work of the Organization done at the highest level and in a continuous way. Any tendency for the WHO representatives' offices to grow was being resisted and, as a policy, was discouraged by the Director-General. In the Region of the Americas, for instance, where there were a number of zone offices fully staffed, the reverse process was now in operation and attempts were being made to redesign these offices in accordance with the pattern of the WHO representatives' offices in the rest of the world.
2.6.3 Country Projects

(a) Brunei (page 21)

*Malaria eradication programme (Brunei 3)*

It was noted that after 1969 it was not considered necessary to continue assistance to the malaria project as the Government had sufficient trained national staff who could undertake the programme when the WHO staff were withdrawn.

(b) Cook Islands (page 57)

*Education and training fellowships (Cook Islands 200)*

The Sub-Committee noted that the Government had requested a change to be made in connexion with the education and training fellowships (see page 55).

(c) Laos (page 85)

*Malaria fellowships (Laos 200)*

It was noted that assistance had been given by the United States Agency for International Development to this programme, but that this had now been withdrawn. The Representative of Laos asked whether WHO could assign a malariologist to study the situation in detail and submit his report to the Regional Office as to what future activities should be carried out in this field.

The Regional Director stated that arrangements would be made for a malariologist to visit the country to assess the situation. This could possibly be arranged when the WHO malaria assessment team was established.

(d) Malaysia (pages 97-115)

The Sub-Committee noted that the Government of Malaysia had requested changes in three projects: Nutrition Advisory
Services, Sabah and Sarawak (Malaysia 55, page 109); Environmental Health Advisory Services, Sabah and Sarawak (Malaysia 41, page 111); and University of Malaya (Malaysia 40, page 113). Full details of these changes are given on page 55.

(e) Philippines

Malaria eradication programme (page 127)

The Sub-Committee noted that a greater part of the administrative difficulties connected with the malaria eradication programme had been resolved. The Secretary of Health had taken over full responsibility for malaria eradication and there was now a full-time director for the project. Legislation had recently been passed by the Philippine Congress so that the programme had now become centralized instead of regionalized and there would thus be more effective direction and supervision.

(f) Viet-Nam (pages 183-197)

The Representative of the United States of America asked if the Regional Director had given greater attention to the needs for training and service programmes in Viet-Nam.

The Regional Director informed the Sub-Committee that after his assumption of office his first visit had been to Viet-Nam. Discussions had been held with the Minister of Health and his staff and also with the representatives of other assisting organizations. The Ministry had requested modifications to the 1966, 1967 and 1968 programmes to meet its future needs. A proposal had been recently received outlining various immediate and long-term needs of the country. These included training. The matter was still
under negotiation so that it was possible that some of the projects listed in the document might be modified to meet present urgent needs.

2.6.4 Inter-Country Programmes

**Nutrition Education and Training Centre for the South Pacific** (WPRO 148, page 225)

The Sub-Committee noted that, at the request of the Government of Fiji, the justification under this project had been re-worded (see page 56). It was further noted that there were two nutrition projects in the South Pacific, one related to the Department of Nutrition and Dietetics of the Fiji School of Medicine, the second to the Nutrition Training Courses for the South Pacific which will be sponsored by the South Pacific Commission.

The Regional Director informed the Sub-Committee that the Regional Office considered that these two projects should be co-ordinated. Immediately after the meeting, therefore, the Regional Adviser in Nutrition would go to Bangkok with the Director of Medical Services, Fiji and the Executive Officer for Health of the South Pacific Commission, to discuss with FAO and UNICEF how this could be done.

3 UNITED NATIONS DEVELOPMENT PROGRAMME

3.1 Technical Assistance

3.1.1 The Sub-Committee was informed that the estimates shown in the document were based on the requests submitted by governments to the Administrator of the United Nations Development Programme. This programme would be considered by the Governing Council of the Programme towards the end of 1966.

3.1.2 The Regional Director drew attention to the two inter-country programmes proposed for the South Pacific - a maternal and child health
advisory services project and an environmental health advisory services project. He pointed out that it was his responsibility to secure funds for inter-country projects proposed under this programme. It was important, therefore, that the Sub-Committee should decide whether it wished to support the projects mentioned and, if so, an endorsement to this effect should be included in the draft programme and budget resolution it would recommend to the main Committee.

3.1.3 The Regional Director then drew the attention of the Sub-Committee to the importance of health authorities obtaining a proper share of the funds under the United Nations Development Programme. During the biennium 1967-1968, the allocation of funds under this programme for health activities in the Region had decreased from approximately $1.7 million in the 1965-1966 biennium to approximately $1.4 million in the 1967-1968 biennium, that is, a net decrease of $300,000. If this trend continued, the regional programme would be greatly reduced. This emphasized the importance of providing adequate justifications for the health programme, which should be clearly associated with or have a direct bearing on the national development plan. Such plans should also be so phased that a new economic-oriented health project could be established immediately an earlier one was completed.

3.2 Special Fund

The Regional Director reported that although not appearing in the proposed programme and budget estimates, there was foreseen for 1968 the continuation of a project approved in June 1966 by the Governing Council of the United Nations Development Programme. This project, which would probably start in the last quarter of 1966, consisted of the preparation of a "Master Plan for Sewerage for Metropolitan Manila". Funds were being
provided by the United Nations Development Programme/Special Fund at a total cost of $690,200 and WHO would be the Executing Agency. The counterpart contribution by the Government was estimated at $398,000. This was the first Special Fund project in the Region.

3.3 Discussion

3.3.1 General

The Representative of China referred to the fact that he had heard that the representative of the United Nations Development Programme would be taking over the responsibility for all the United Nations and Specialized Agency and UNICEF staff. There had been very effective co-operation between the WHO representative's office, the UNICEF liaison office and the Government, and he asked if this new arrangement would, in fact, affect WHO.

Dr Kaul stated that the United Nations Expanded Programme for Technical Assistance had started to appoint country and regional representatives many years ago. With the combining of the Technical Assistance Programme and the Special Fund into the United Nations Development Programme, the United Nations representatives would now act on behalf of both programmes. They also acted on behalf of some agencies, such as FAO and UNESCO, which had no regional offices. As WHO, since its inception, had had a decentralized structure, there had been no need to have its field programme either serviced or negotiated through a United Nations representative. In the case of WHO, the programmes were highly technical and it would be difficult for a non-technical person to give advice in the field of medicine. In the education and economic fields, economic or administrative advisers appointed as United Nations representatives could well act with ease. Both organizations co-operated, however, very closely. The United Nations representatives were provided with whatever information they required. If
there were no other facilities, the Organization could use those of the United Nations offices and, in some cases where there was no United Nations representative, WHO provided the same assistance.

3.3.2 Country Projects

Laos

The Representative of Laos drew attention to the fact that the post of country liaison officer would be suppressed at the end of 1967 and emphasized the importance of the continued assistance of a public health administrator.

The Regional Director pointed out that there was provision in the regular programme for the post of a WHO representative for Laos and the occupant of this post would continue to provide the advisory services required.

The Sub-Committee noted that it had not been possible to start the environmental sanitation project because this had not been included by the Government in its Category I request to the United Nations Development Programme. It had, however, been included under the Category II programme and if the Health Department could persuade its planning committee to upgrade the project to Category I, the Organization would give this request its fullest support. The post of sanitarian attached to the rural health development project had also not been included in the Government's Category I programme. The re-establishment of this post under Category I would also be supported.

3.3.3 Inter-Country Projects

The Sub-Committee agreed that the two inter-country projects included under this programme should be supported and a phrase to this effect should be included in the draft resolution.
4 VOLUNTARY FUND FOR HEALTH PROMOTION

The Sub-Committee noted that the proposed estimates also included activities to be funded from the following accounts: Special Account for Community Water Supply, Malaria Eradication Special Account, Special Account for the Leprosy Programme, Special Account for the Yaws Programme, and Special Account for Smallpox Eradication. Its attention was drawn to the fact that projects listed under these Special Accounts could only be implemented if sufficient voluntary contributions became available under the Voluntary Fund.

5 FUNDS ALLOCATED BY UNICEF

The Sub-Committee noted that the amounts expected to be provided by UNICEF for the years 1966 and 1967 had been indicated. The information for 1968 was not yet available and would be inserted as a global figure in the programme and budget estimates which the Director-General would submit to the Executive Board and World Health Assembly.

6 GENERAL CONCLUSIONS

The Sub-Committee found that the proposed programme and budget estimates were acceptable and followed the general programme of work approved by the Regional Committee and the World Health Assembly.
1. General review of the proposed programme and budget estimates for the financial year 1 January - 31 December 1968 (Document WPR/RC17/2)

The general review should include, inter alia:

(1) new activities in 1968;

(2) comparison of the costs of new activities in relation to the total cost of field activities.

2. Detailed examination and analysis of the proposed programme and budget estimates

(1) Review of summaries

(2) Review of Regional Office

(3) Review of Regional Advisers and WHO Representatives

(4) Review of field activities, including inter-country projects

3. General conclusions

In drawing its conclusions, the Sub-Committee should answer the following questions:

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

(2) Is the proposed programme acceptable to the Committee?

The Sub-Committee should also list any questions which it considers the Regional Committee should discuss in plenary session.
### ANALYSIS OF PROPOSED PROGRAMME AND BUDGET ESTIMATES
#### REGULAR FUNDS - 1967-1968

#### SUMMARY

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<thead>
<tr>
<th>Description</th>
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<th>1968</th>
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#### ANALYSIS OF FIELD ACTIVITIES - REGULAR - 1967

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<th>MAIN HEADINGS</th>
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<tr>
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<td></td>
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<tr>
<td>treponematoses</td>
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<td></td>
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ANALYSIS OF FIELD ACTIVITIES - REGULAR - 1968

<table>
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</thead>
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<td></td>
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<tr>
<td>Public health administration</td>
<td>764 650</td>
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<td>Nursing</td>
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<td>TOTAL (GROSS)</td>
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<td>83.96</td>
<td>624 586</td>
</tr>
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During the meeting of the Sub-Committee on Programme and Budget held in connexion with the fifteenth session of the Regional Committee, it was suggested that discussions of the proposed programme and budget estimates would be facilitated if Representatives could be provided with a list of the different subjects under some of the major headings.

Projects would be included under:

- **Public Health Administration**, if they relate to national health planning, public health laboratory services, organization of medical care, hospital administration, hospital architecture, and such integrated fields as "rural health", "public health programmes".

- **Social and Occupational Health**, if they relate to occupational health (including hygiene of seafarers and aviation medicine); sports medicine; accident prevention; forensic medicine, medical rehabilitation of the physically handicapped; problems of social medicine connected with infants and the aged, and matters pertaining to medico-social work.

- **Chronic and Degenerative Diseases**, if they relate to cardiovascular diseases, cancer, rheumatic diseases, gerontology and other chronic non-communicable diseases.

- **Environmental Health**, if they relate to waste disposal, environmental pollution, sanitation services and housing, environmental biology, community water supply, vector control.
- Education and Training, if they relate to general medical education, training in preventive medicine, general assistance to medical schools (including schools of public health), and seminars or other meetings on such subjects, and cannot be identified with any other major subject headings.

- Other Activities, if they relate to human genetics, immunology, space medicine, pharmaceuticals, pharmacology and toxicology, international quarantine, and activities which cannot be identified with any specific subject heading.
AMENDMENTS MADE TO THE PROPOSED PROGRAMME AND BUDGET ESTIMATES FOR 1968 ON THE BASIS OF REQUESTS RECEIVED FROM GOVERNMENTS

COOK ISLANDS

Education and Training: Fellowships, Cook Islands 200 (page 57)

The provision was amended as follows:

"Two fellowships (one continued from 1967) for undergraduate medical training, $16,600; two fellowships (one continued from 1967) for nurses, $7,400."

MALAYSIA

Education and Training: University of Malaya, Malaysia 40 (page 113)

The justification under this project was deleted and replaced by the following:

"To assist the Government in training teaching staff for the Faculty of Medicine of the University of Malaya. The project started in 1965 with the appointment of a tutor in medical laboratory technology. In 1966, a nurse educator (administration) and a statistician were added. In 1967, fellowships for the advanced training of national counterparts, a second nurse educator and a visiting professor in biostatistics will be provided. It is expected that assistance will continue through 1969. Provision: two visiting professors, $31,865; a senior nurse educator and a nurse educator (both continued), $31,261; a two-year fellowship in social and preventive medicine, $12,000; a two-year fellowship in nursing education, $12,000."

Nutrition: Advisory Services, Sabah and Sarawak, Malaysia 55 (pages 109-110)

The post of non-medical nutritionist was deleted entirely and that of a medical nutritionist was included in 1968 only. A twelve-month fellowship was also included in 1968.

Environmental Health: Advisory Services, Sabah and Sarawak Malaysia 41 (pages 111-112)

A second sanitary engineer was added, the money for this post being that saved as a result of the deletion of the post of non-medical nutritionist mentioned above.
The justification was changed as follows:

"This centre was constructed by the Government of Fiji with assistance from the South Pacific Health Service. The Unit was officially opened in July 1966 and has now been designated as Department of Nutrition and Dietetics of the Fiji School of Medicine. WHO will provide advisory services and five three-month fellowships a year to enable personnel from territories in the South Pacific to receive training at the Centre. It is hoped that the South Pacific Commission, FAO and UNICEF will also participate in this project. WHO assistance will start in 1968 and will continue for an initial period of five years. Provision: a medical nutritionist and a non-medical nutritionist, $30,575; five fellowships, $7200; supplies and equipment, $1250."
REPORT OF THE TECHNICAL DISCUSSIONS
ON
THE ROLE OF THE HEALTH DEPARTMENT IN ENVIRONMENTAL HEALTH ACTIVITIES

1 INTRODUCTION

1.1 Subject

"The Role of the Health Department in Environmental Health Activities" was the subject selected for the Technical Discussions in accordance with resolution WP/RC16.RB adopted during the sixteenth session of the Regional Committee.

1.2 Preparation and arrangements for the Discussions

Technical preparation for the Technical Discussions involved a thorough review of the environmental sanitation situation in Member countries, based on the annual reports of health ministries, regular reports issued in relation to the planning and execution of WHO-assisted country projects and visits to countries by regional office staff and short-term consultants. Three working documents were prepared as background material and distributed to governments well in advance of the meeting. A preliminary list of questions and problems which might be considered by health department officials prior to attending the Technical Discussions was despatched in July to Member governments and to non-governmental organizations. The Technical Discussions opened with a plenary session followed by meetings in three discussion groups and concluded with a closing plenary session. The proposed questions for consideration of the discussion groups are shown on pages 71-72.

2 FIRST PLENARY SESSION

In opening the meeting, the Chairman noted that the Role of the Health Department in Environmental Health is a subject which embraces most of the activities designed to protect the people from disease and to promote their general well-being. He recalled that the stated purposes of the discussions were:

(1) to review health problems due to improper or incomplete control of the environment by investigating what the health departments could do to remedy these problems;
(2) to consider the existing sanitation services within the health departments and see if these services were adequate to solve the problems and implement environmental sanitation programmes properly and efficiently;

(3) to analyze the role of the health department in the field of sanitation with reference to local problems such as lack of funds and personnel and interference by other agencies;

(4) to recommend, in the light of the suggestions made and the examination of the present situation, the necessary steps to develop and use the sanitation services which form part of national health organizations and programme.

The Chairman further drew attention to the Sixteenth Annual Report of the Regional Director, which indicates that activities in the field of environmental sanitation are being continually expanded and that the extent of WHO technical assistance is also being increased as shown by the number of field sanitary engineers and other sanitation staff assigned throughout the Region. He pointed out, however, that a great deal remained to be done and that, in some areas, the improvement in environmental conditions had not been sufficient to deal with present problems and with the rapid increase of population in urban communities.

In introducing his paper (WPR/RC17/TA4), Dr. Cruz gave the following summary:

(1) The government agency responsible for taking necessary initiative in stimulating action and providing essential technical guidance in the implementation of environmental health activities is the health ministry or department.

(2) It is imperative for every country to develop a long-term environmental sanitation programme which should be a part of the overall national health plan and should fit into the local, social and economic system.

(3) Sanitation services are strengthened by the creation of a central division or bureau responsible for such activities.

(4) Often such services are limited due to lack of suitably trained manpower and inadequate financial resources. The greatest problem is how to obtain the necessary funds to ensure good results as well as to provide adequate pay for the environmental health staff.

(5) In some developing countries, health ministries have embarked on environmental sanitation activities, such as the construction of rural water supplies and of
facilities for the sanitary disposal of human excreta and refuse, but very few of these facilities meet public health standards. In the more developed nations, improved and modern methods are being introduced to overcome this difficulty.

(6) Proper training should be provided for the environmental sanitation staff.

(7) Community participation should be stimulated and coordination with various government agencies, professional and civic organizations concerned will help to attain fruitful results.

Mr. Lanoix focussed his remarks on some of the major environmental health trends and problems mentioned in his paper (WPR/RC17/TD5). He stated that:

(1) The people in the Western Pacific Region are still paying a heavy tribute to many infections and helminth infestations which could be curtailed drastically through the effective application of basic sanitation measures. Available epidemiological information and health statistics hardly reflect the true situation, which is often appalling, in respect of these communicable diseases.

(2) While this burden affects chiefly the vast and populous rural areas of this Region, already many cities and towns are undergoing rapid urbanization and industrialization which, too often, take place with little or no control and which result in deteriorating housing, surface drainage and other environmental problems connected with excreta and sewage disposal and refuse collection and disposal. In several areas, these problems seem to be multiplying faster than health departments, with their present plans, organization and staff, can cope with.

(3) Environmental health desires great attention in national health planning as well as in economic and physical development plans, such as those elaborated by public works departments and municipal administrations. It is WHO's hope that the newly-created Asian Development Bank, like the World Bank and the United Nations Special Fund, will assist Member States in financing well-designed and "bankable" projects such as water supply, sewerage and sewage disposal schemes, especially in countries affected by or threatened by the spread of cholera and haemorrhagic fever.
In facing the environmental sanitation problems in fast-urbanizing communities the traditional medical officer of health - public health inspector team is becoming inadequate. Modern and epidemiologically-effective solutions to "old" problems, e.g., the provision of safe and adequate water supplies in a convenient way for the population either in urban or rural areas, call for the application of both the biological sciences and engineering, and require the addition to the public health team of a new type of worker - the professional public health engineer. The same, and more, may be said of the "newer" environmental problems which often involve the disciplines of architecture and of city planning besides civil and hydraulic engineering. Simultaneously, several aspects of community sanitation programmes, e.g., food and milk hygiene and refuse disposal, now demand that supervising health inspectors should possess still higher, and longer, education and training in the technology of these subjects.

In addition to establishing environmental sanitation services at all levels of health planning and administration, health departments might encourage other government departments carrying out large environmental improvement programmes, such as water supply, sewerage, housing and town planning schemes, to staff themselves up with public health engineers whose task it would be to prevent the creation of new environmental health hazards by these agencies.

Administrative and budget problems in the countries require for their solution persistent efforts on the part of the central and municipal health authorities. Requests backed by economic data and justifications are often appreciated by public administration and finance officials.

Evaluation is an essential pre-requisite for adequate planning of any health, or sanitation programme. Periodical evaluation of environmental sanitation programmes needs to be carried out if scarce funds are to be properly allocated between the various elements of a programme.

Mr. Valdes-Pinilla, Secretary for the Technical Discussions, introduced Mr. Le Bosquet's paper (WPR/RC17/TD6) on "The Role of Health Agencies in Community Water Supply." He referred in particular to:

the stimulation and promotion role of health departments for the construction of safe piped community water supplies;
(2) the advisory role of health departments on matters concerning water quality and in the setting-up of sanitary standards and designs;

(3) the role of supervision of the water services, to ensure that at all times water is safe for the consumption of the community.

He pointed out that health departments should be involved in all the stages of a community water supply programme, namely the planning, organization, design, construction and operation of water supply systems. He expressed concern at the fact that, should health departments default, this role might be taken away from them and given to other government agencies which are eager to undertake these responsibilities, but which, in most instances, do not have the necessary competence in the biological aspects of water supplies and the public health engineering personnel to carry out these tasks successfully from the public health point of view.

3 MEETINGS OF THE THREE DISCUSSION GROUPS

3.1 Nature and scope of environmental health problems in the countries and territories of the Region

These problems usually well-known are related to social and cultural factors. They concern rural populations, often poor, as well as urban populations undergoing a rapid industrialization with what it implies as regards water supplies, waste matter disposal, overcrowded dwellings, air pollution, proliferation of insects and rodents carriers of diseases, etc.

Shortage of qualified staff, equipment and budgetary resources partly explains the rudimentary situation of environmental health, particularly in the developing countries.

The case has been mentioned of low-lying islands where natural resources in drinking water are insufficient. Rain-water collected in tanks often presents a contamination risk. Desalinated sea water would be the normal solution for this problem.

The schools and dispensaries themselves are often without sanitary equipment, even in the most developed countries in the Region. Water is necessary in the remotest villages so that water-sealed latrines may be used. Maintenance of the sanitary equipment is not always done as it should be, sometimes as a result of lack of training in the sub-professional staff.

In some countries, the administrative structure prevents the health services from intervening in the construction of water supply systems, which is the responsibility of the public works or the municipal services. Public corporations are sometimes responsible for the
operation of water distribution networks. However, too many specialists (geologists, hydrologists, engineers, etc.) are not under the authority of the responsible health officers. Therefore, it seems necessary to establish a central water board with a representative of the health service. It may be asked whether it is up to the health service to encourage the government to create this central service.

Some participants feel that the only role of the health service is in connexion with water control, to determine its purity at the time of distribution as well as in the planning stage and during the construction of the water supply system.

In certain countries of the Region, the capital city is the only town where there is a network for the distribution of drinking water and a sewerage system.

The collection and hygienic disposal of household garbage are often far from being solved.

The financing agencies of the state or the municipality give a low priority to projects aiming at the improvement of environmental health.

3.2 Existing environmental sanitation services

Almost all countries and territories in the Region have services which are entrusted in whole or in part with the solution of environmental health problems. But such services are not necessarily found in Ministries of Public Health. The Ministry of Agriculture is responsible for irrigation (which is sometimes implicated in the transmission of diseases such as malaria and bilharziasis). The Ministry of Public Works may be in charge of city planning services, sewerage and water supplies, although the latter is often entrusted to an autonomous authority or to municipalities. In French territories, the "Génie Rural" may be responsible for rural water supply. In some communities, local authorities have also been given this duty. Their lack of qualified staff and of experience has sometimes had disastrous consequences. The Education Department may, in some instances, be made responsible for school hygiene. Refuse collection and disposal is, in most instances, a responsibility of local authorities where it may be handled by municipal engineers or other non-health services.

In Japan, an Environmental Pollution Control Service Corporation was set up in October 1965 jointly by the Ministry of Health and the Ministry of Trade and Industry. While large industries can finance the cost of providing the mechanical equipment and facilities required for the prevention of air and water pollution, small industries cannot meet the expenses involved. The Corporation's functions are:

(1) to assist factories in constructing such facilities and to provide them with loans at very low interest rates and long re-payment periods;
(2) when industries are required to move to new zones, to provide housing for the displaced workers and to secure new land for siting the factories.

The Ministry of Health contributes about 50% of the Corporation's finances.

3.3 Planning, programme and budget

In planning an environmental health programme, the national health department will, of course, take into consideration the multiplicity of agencies which will be involved in its execution. Furthermore, it will pay due regard to the increasing importance of the many new environmental health problems associated with the rapid increase of population, urbanization and industrialization. These problems are often beyond the capability of local authorities to solve either financially or technically.

Environmental health covers a vast field and every public health service should decide on priorities in the light of problems confronting the country, the province, or the municipality concerned. At present, it seems obvious that water supply in urban and rural areas does constitute the number one problem facing most countries of the Region.

In rural areas, environmental health programmes can often utilize community development techniques for the construction of simple sanitary installations such as latrines, wells, springs, and small drinking water distribution networks. The group discussion has shown that, in most countries of the Region, public health services can assume the execution of environmental health programmes in rural areas. In any case, these services should be in a position to give advice on any water supply project, urban or rural, undertaken by another public department.

In urban areas, the role of the public health services should be limited to the control of the hygienic quality of drinking water supplies. However, this department should take the necessary initiative whenever possible towards the creation of a central autonomous water board which will be responsible, in collaboration with all other interested departments, for the construction, the management, and the operation of urban water supply networks. It was emphasized that the health department should not seek to obtain or retain direct responsibility for such programmes as water supplies, garbage disposal, etc., if another agency has the resources and the public health engineering personnel to carry out these functions satisfactorily. In these circumstances the health department should assume a supervisory role.

Improvement of environmental health necessitates budgetary allocations for personnel, equipment and works. Too often funds are reserved for programmes of economic development rather than sanitation activities. This difficulty may be overcome in certain cases if the public health authority can demonstrate that the expenditures envisaged
will, in fact, be productive investments. For instance, in the preparation of city plans, it may be necessary to demonstrate that the cost for the construction and maintenance of 100,000 septic tanks will be more than the cost of a sewerage system, in the long run.

A water fluoridation programme will save many hours of work for dental and medical services in general. The number of working days lost as a result of the prevalence of an endemic disease may justify the cost of mass campaigns. Income resulting from tourism will justify a mosquito control programme.

In respect of solid wastes disposal by means of sanitary landfills, it may be possible to demonstrate that the land recuperated (for parks, playgrounds, etc.) constitutes a net gain for the municipality concerned. Atmospheric pollution may cause damages to buildings before the public authorities take notice.

However, such demonstrations are difficult since often the results of a sanitation campaign will only be felt in the distant future. It is necessary to establish sound baselines in order to provide for later calculations.

It is difficult to determine the percentage of the total health budget which should be allocated to environmental sanitation activities, because the situation and the needs differ from place to place and from one country to another. It was noted that, in Korea, such activities received a little more than 1% of the health budget at national level, and that in the Philippines it is 0.62%. In China, the percentage usually goes up to between 5% and 8%. In other countries of the world where sanitation is poor it has been found that no less than 10% of the national health budget should be devoted for environmental sanitation activities.

3.4 Organization, administration and co-ordination

In small territories, there are no great difficulties in respect of the co-ordination which should normally prevail between the central health administration and local authorities. Such is not the case in large countries where there exist financially autonomous administrations, at municipal or local level, composed of representatives elected by the population. Often conflicts arise between these administrations and the central public health service especially when the latter only possesses advisory, but no executive, powers.

The role of the national public health service should be to call the government's attention upon the importance of environmental health in national health programmes, and to promote activities aimed at the prevention of environmental health problems which may be created by other governmental administrations. The national public health service should also assume the co-ordination of all sanitation activities undertaken by other departments. It should stress the necessity for proper maintenance of all sanitary installations.
The group participants considered that it is important to have a public health (or sanitary) engineer as the chief of the central division of environmental health of the public health service because, in view of his competence as a specialist, he should be the person designated to represent the department of health in its co-ordination role. The services of this engineer will also be particularly appreciated by local authorities which most often do not have such specialists on their staff.

Co-ordination is not always an easy job, due to the lack of interest and of understanding of many public administration officials who tend to give exclusive priority to economic matters over sanitation activities. Co-ordination may take place at national level in National Health Councils, and at local level in Municipal Health Commissions. It also involves representation from the health department on housing and town planning boards. The central health administration should advise, but it should also have a veto power, on projects which have been elaborated by other departments and ministries and which may result in the creation of new health hazards for the population. It should also issue guidelines for architects, city planners and public works engineers outlining the basic principles, standards and regulations on environmental health which should be observed by these specialists in their development programmes.

Without effective co-ordination and the financial and administrative support of other departments concerned, the public health officer may not be able to carry his programme in a thorough and satisfactory manner. It sometimes occurs that he gets discouraged, sits back and does nothing, abandoning his responsibilities for others to carry out. This is a dangerous procedure because the time may come when the public health service may find itself deprived of any power which it may still possess for the control of environmental health. In order to prevent this, the public health service should periodically evaluate its environmental health programme, with a view to eliminating all obstacles, whether of an administrative or technical nature, and to seek new legal powers if necessary for the effective control, supervision and co-ordination of all measures undertaken to improve the environment. In this matter, the professional conscience and responsibility of public health service officers are of paramount importance. In well-developed countries such as Australia and the United States of America difficulties of this nature are avoided through effective procedures for communication, co-ordination and co-operation between the different departments concerned. The need was cited for health departments to review and, when necessary, to bring their sanitary legislation up-to-date.

3.5 Personnel and training

The group participants were of the opinion that it is the responsibility of the national public health service to recruit and to train environmental health personnel. This personnel includes public health (or sanitary) engineers and sanitarians, the latter category may be subdivided into two or three groups depending upon basic educational levels and the extent of the specialized training provided.
As a matter of principle, training programmes should be tailored to suit the problems at hand.

The public health (or sanitary) engineer is an environmental health specialist and, as such, he should be entrusted within public health administrations with the direction of this programme, in particular with the supervision of measures related to water supply, excreta and solid wastes disposal, etc. It was noted that, in the Philippines, China, New Zealand, and the United States of America, public health engineers are in charge of the Central Health Department's Environmental Sanitation Division under the direct supervision of the Director of the Department. Public health engineers working in the public health services should also be at the disposal of provincial, municipal and local administrations in order to assist them in a practical and effective way in the solution of local environmental health problems.

Physicians themselves do not possess sufficient technical knowledge in this field, and those who are given responsibilities in environmental health should be provided with an appropriate postgraduate education in public health. In this way, the two categories of personnel (the public health officer and the public health engineer) will be better able to understand each other and to collaborate effectively. The participants expressed their wish that not only should their governments pay attention to the training of such specialists but WHO should further intensify its fellowship programme for this purpose.

There is a definite advantage for municipal authorities (water and sewage disposal units, housing and city planning services, etc.) and for public works departments to employ public health engineers. In these administrations, such engineers should be responsible for the design and construction of sanitary installations. In so doing, they will observe health and sanitation standards and regulations established by the health authorities which should also approve the plans of such projects. Co-ordination between the two departments will in this way be greatly facilitated.

In the United States of America, there exists one public health (or sanitary) engineer for 33 000 inhabitants as a general average. This ratio is about one for 250 000 in rural areas. For comparison purposes, there is at present one sanitary engineer for 870 000 inhabitants in the Philippines, one for 500 000 in China and one for 3 000 000 in Viet-Nam. In other countries of the Region the situation is worse, as there are no sanitary engineers at all. In view of the enormous sanitation problems which still prevail in most of the countries of the Region it is easy to see the considerable gap which exists in so far as the number of sanitation personnel is concerned.
As regards salary levels for public health engineers, it was noted that these are usually inadequate and insufficient to enable the employment by health departments of experienced engineers. It was agreed that these salary levels should, at least, not be lower than those for engineers working in other government departments or those for medical officers of similar rank in the health department.

So far as sanitarians are concerned, there is an increasing need for the training of a higher type of personnel, perhaps at university level. Such sanitarians are required for supervisory duties and for the planning of programmes such as those concerned with milk and food sanitation and refuse disposal, which call more for the application of the biological sciences than for competence in engineering technology. Among the various types of education and training devices which may be utilized, the participants called attention to the value of:

(a) in-service and refresher training programmes, which may include locally-arranged courses or overseas fellowships;

(b) the creation of public health training institutes which, in addition to regular courses, may organize short courses for the public health staff and for civil and municipal engineers, architects and city planners, in well-selected subjects covering both the technical and administrative aspects of environmental health programmes;

(c) the introduction of basic environmental courses, including laboratory exercises, into the curricula of civil engineering, municipal engineering, as well as lower technical schools;

(d) demonstration projects, which are useful for the promotion of environmental sanitation programmes. Their value is aptly summarized by Confucius:

"If I hear, I forget
If I see, I remember
If I do, I know."

Health departments and academic institutions training health personnel should be closely associated.

3.6 Health education and community participation

The participants recognized that environmental health programmes cannot be successfully carried out without full participation by the benefitting population which should also play a role in the planning as well as in the execution of projects. For this purpose,
it is necessary that the population be led to understand and to discover the economic advantages, in one word, to appreciate the value of environmental health facilities.

Health education is recommended for all levels of the population. It is also necessary for public administration officials as well as for urban and rural dwellers. In this connection, mention was made of the Technical Discussions which took place in 1965 at the Regional Committee in Seoul, Korea, on the subject of "The Use of Health Education Services in National Health Programmes". Principles and methods of health education should be included in the basic training of all environmental health workers.

3.7 Evaluation of programmes

The group expressed the opinion that public health services should carry out periodically an evaluation of their environmental health programmes in order to determine not only the actual status of these programmes but also to measure the efforts made in their implementation and the effectiveness of the programme components in achieving the desired goals. This point has been already commented upon partly in paragraph 3.4 above. Further examples were cited by some participants in order to illustrate the concrete advantages, administrative as well as technical, which may result from such an evaluation. One of the most important results of evaluation will be the determination of the revision of priorities which should be granted to the various elements of a general programme of environmental health. In preparing for a programme evaluation, criteria and objectives must, of course, be carefully fixed in advance in order that the activities of the responsible government services may later be adequately measured.

3.8 Suggestions for consideration by governments and by WHO

Among the many suggestions contained in the above paragraphs the participants wish to call the particular attention of governments and of WHO to the need:

(a) for training environmental health personnel (public health engineers, sanitarians, and public health doctors);

(b) for long-term planning in environmental health as well as in public health;

(c) for establishing environmental health units at the policy-making level within health departments;

(d) for adequate financial means to carry out environmental health activities.

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CLOSING PLENARY SESSION

The general Chairman called successively on each of the group chairmen to introduce their group reports. A general discussion followed covering the subjects of education and training programmes in environmental health, in health education in relation to sanitation activities, and on the place of environmental health units in health administrations. The opinions expressed and agreed upon have been recorded in the preceding paragraphs.

The general Chairman then made a brief summary recapitulating the main points which have been listed above. He thanked all the chairmen and rapporteurs and also the participants for their valuable contributions to the success of the Technical Discussions. He also acknowledged the excellent assistance received from the Regional Director, his staff, and the Chief of Sanitation Services and Housing, WHO Headquarters. Appreciation was expressed also to the general Chairman by a spokesman on behalf of the participants for his efficiency in leading the Technical Discussions.
PROPOSED QUESTIONS FOR CONSIDERATION
OF THE DISCUSSION GROUPS

I. Questions for discussion Group A

1. To what extent are environmental sanitation problems taken into consideration in national health planning in countries of this Region?

2. Keeping in mind the sanitary conditions in the developing countries, what percentage of the total health budget should be allocated to environmental sanitation field activities?

3. What are examples of effective action taken against administrative problems which hamper the sanitation activities of the health department?

4. How are adequate salary levels for public health engineers and sanitarians to be obtained?

5. In the developing countries, how much effort is justifiable in promoting "stop-gap" methods for the solution of environmental health programmes, when the real need is for permanent solutions to problems, e.g. of water supply or sewage disposal?

II. Questions for discussion Group B

1. To what extent is improvement of environmental sanitation the duty and responsibility of the health department?

2. How can national health administrations secure the services of the specialized professional personnel required for the planning, administration and supervision of environmental health programmes?

3. Should the health department seek to undertake services in which non-medical skills are required? How can the health department provide staff to undertake this job?

4. From a health officer's point of view, what are the mechanics of getting the environment improved? This might be discussed within several frames of reference, such as that of a health officer in charge of a medium-sized city, a health officer in charge of a section in the national health department, or in regard to several specific environmental problems, such as improvement of the community water supply or control of mosquitoes.

5. Can the health department properly and effectively supervise or stimulate action by other government agencies in the field of sanitation?
III. Questions for discussion Group C

1. What should be the role of local health departments and the role of the national department in regard to the planning and implementation of environmental sanitation programmes? The Chairman of the Technical Discussions will make every effort to get group members to give examples and report on problems and on what the situation is, not what the speaker thinks it ought to be.

2. In regard to improvement of the environment for health purposes, how can the performance of the health department and the health officer be evaluated, i.e., if diseases and deaths occur which can be prevented by environmental improvements, should it be said that the health officer is not doing his job?

3. In view of the strong epidemiological relationships of water supplies to public health and well-being of the population, could the health department provide the leadership required to foster the establishment of central water agencies which will be responsible for the planning, organization and construction of self-supporting water system?

4. How is it possible to demonstrate the economic advantages of environmental health programmes promoted by the Department of Health?

5. Should health departments take the initiative and carry out a programme of construction of small piped water supplies in rural communities when no other department is interested in doing so? Or should the health department sponsor such activities under other departments concerned provided these are adequately staffed with qualified public health engineering personnel?
LIST OF DOCUMENTS

WPR/RC17/1
Agenda

WPR/RC17/1-a
Annotated agenda

WPR/RC17/2
Proposed programme and budget estimates for the financial year 1 January - 31 December 1968

WPR/RC17/3
Resolutions of regional interest adopted by the thirty-seventh session of the Executive Board and the Nineteenth World Health Assembly

WPR/RC17/4
Sixteenth Annual Report of the Regional Director

WPR/RC17/5
Smallpox eradication programme

WPR/RC17/6
Cholera

WPR/RC17/7
Establishment of a central registry on poisoning

WPR/RC17/8
The epidemiology of filariasis in the Western Pacific Region

WPR/RC17/9 and Add.1
The epidemiology of endemic goitre in the Western Pacific Region

WPR/RC17/10
Selection of topic for the Technical Discussions during the eighteenth session of the Regional Committee

WPR/RC17/11 and Add.1
List of representatives (see Annex 2 of document WPR/RC17/14)

WPR/RC17/12
Report of the Sub-Committee on Programme and Budget (see Annex 3 of document WPR/RC17/14)

WPR/RC17/13
Report of the Technical Discussions on the role of the health department in environmental health activities (see Annex 4 of document WPR/RC17/14)

WPR/RC17/14
Report of the seventeenth session of the Regional Committee for the Western Pacific
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WPR/RC17/TD6  The role of health agencies in community water supply, by Mr H. LeBosquet

WPR/RC17/TD7 and Add.1  Discussion group memberships

WPR/RC17/TD8  Individual evaluation questionnaire

(unnumbered)  Brief reports received from governments on the progress of their health activities (see Part IV, item 1 of document WPR/RC17/14 for list of reports received)