SUMMARY RECORD OF THE THIRD MEETING

Mandarin Court, Singapore
Wednesday, 3 October 1979 at 9.00 a.m.

CHAIRMAN: Dr A.G.K. Chew (Singapore)

CONTENTS

1. ADDRESS BY THE INCOMING CHAIRMAN: Item 5 of the Agenda

Dr CHEW (Singapore) made a brief statement to the Committee as incoming Chairman (see Annex 1 for copy of his address).

2. CONSIDERATION OF DRAFT RESOLUTIONS

The Committee considered the following draft resolutions:

2.1 Report of the Regional Director (Document WPR/RC30/Conf. Paper No. 1)

Decision: The draft resolution was adopted without comment (see resolution WPR/RC30.R2).

2.2 Budget performance 1978 - direct services to governments (Document WPR/RC30/Conf. Paper No. 2)

Decision: The draft resolution was adopted without comment (see resolution WPR/RC30.R3).

2.3 Changes in the programme budget for 1980-81 (Document WPR/RC30/Conf. Paper No. 3)

Dr ACOSTA (Philippines) asked whether it was not necessary for the Regional Committee to indicate its agreement with the changes; for example by adding at the end of the draft resolution the words " ... and concurs with those changes."

The REGIONAL DIRECTOR said that the correct procedure was for the Committee to note the changes.

In reply to a further question from Dr ACOSTA (Philippines), Mr DONALD (Director, Support Programme) explained that the 1980-81 programme budget had already been submitted to, and approved by, the World Health Assembly, so that the present task was simply to note the changes to the approved budget. If the Committee opposed certain changes, it would have to indicate its disagreement in the draft resolution, which would be communicated to the Director-General.

Dr ACOSTA (Philippines) expressed his satisfaction with that explanation and withdrew his proposed amendment to the draft resolution.

Decision: The draft resolution was adopted (see resolution WPR/RC30.R4).

3. SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES: JOINT COORDINATING BOARD: Item 11 of the Agenda (Document WPR/RC30/9) (continued from the second meeting, section 4)

The CHAIRMAN asked whether there were further proposals for nomination of countries for a term of office on the Joint Coordinating Board. There would be two countries of the Region in office for the term starting on 1 January 1980.

Dr FAAIUASO (Samoa) withdrew his country's application for membership on the Joint Coordinating Board for that term in favour of the continued membership of the Philippines, on the understanding that Samoa's application be noted for a future occasion.

It was so agreed.

There being no further comments, the CHAIRMAN asked the Rapporteurs to prepare an appropriate draft resolution. (For consideration of the draft resolution, see the fifth meeting, section 1.1).

Dr ACOSTA (Philippines) expressed his country's appreciation of Samoa's gesture of withdrawal. One term of office had not been sufficient for his country to become sufficiently involved in the work of the Board and the Special Programme.

4. SUB-COMMITTEE ON TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES: Item 12 of the Agenda

4.1 Report of the Sub-Committee on Technical Cooperation among Developing Countries: Item 12.1 of the Agenda (Document WPR/RC30/10)

Mr SUPRAMANIAM (Singapore), Chairman of the Sub-Committee on Technical Cooperation among Developing Countries, introduced the report of the Sub-Committee, stressing its recommendations as regards health manpower development. Developed countries had an important role to play in the implementation of those recommendations. The next topic for consideration by the Sub-Committee was to be "The primary health care aspects of communicable disease control".

Dr FISCHER (United States of America) noted that technical cooperation was not new to WHO. Since the creation of the Sub-Committee, technical cooperation programmes in the Region had been expanded; although much remained to be done. He observed that Dr Mahler had warned against duplication by WHO of the technical work being carried out by other United Nations Organizations particularly UNDP and UNICEF and thus it was important to define the exact scope of the concept of technical cooperation. The definition of the term laid down by the Regional Committee at its twenty-seventh session was perhaps too broad to be practicable, since it seemed to encompass all the work of the Regional Office which benefited Member States.[1] Indeed, the only things excluded from the definition were certain administrative and maintenance costs as regards the Regional Office. The excessively broad definition of technical cooperation obscured the difference between the work of WHO as a whole and that of the regional organization. The development of programmes for drug quality control was an example of genuine technical cooperation among countries for their mutual benefit, whereas the provision of training courses by one country constituted an advantage only for the recipients. The latter type of activity had been carried out by WHO for a long time and was not a good example of technical cooperation with WHO. On the other hand, if one

[1] See resolution WPR/RC27.R18, Handbook of Resolutions and Decisions of the WHO Regional Committee for the Western Pacific, Volume II, 1978, pages 12-13.

country offered a unique type of course in return for training in a different area provided by another country, then that was real technical cooperation. In his view, technical cooperation was beginning to look too much like the former technical assistance, and a sharper definition of the new concept by WHO was desirable.

The Government of the United States of America fully supported the concept of technical cooperation and had revised its policies to assist in its implementation, notably through a coordinating committee of agencies involved in bilateral programmes. With regard to training projects, the former policy of bringing individuals from developing countries to be trained in the United States of America had been replaced by one of supporting training in the countries themselves, where the local conditions and experience were more relevant. Similarly, the United States agencies were increasingly employing consultants from within the regions concerned. President Carter also had proposed the creation of a new institute for scientific and technical cooperation (ISTC) to strengthen the capacity of developing countries to meet their scientific needs. One-third of the members of the directing board of ISTC would be persons from developing countries. The object of ISTC was to involve developing countries predominantly in projects for the generation of new information and technology, rather than to provide the old-fashioned technical assistance.

The REGIONAL DIRECTOR said that the new concept of technical cooperation, which was more difficult to put into effect than technical assistance had been, worked in two ways: WHO cooperated with countries and countries cooperated among themselves. The latter type of cooperation was being increasingly stressed in the United Nations family, though it was recognized, notably in WHO, that training courses were still needed by developing countries. The main object of technical cooperation was to provide permanent services of benefit to such countries.

Dr CHRISTMAS (New Zealand) asked whether Dr FISCHER was suggesting a redefinition of "technical cooperation". He himself thought there was a good case for it. Presumably, such a redefinition ought to be made by the Sub-Committee on TCDC. He also inquired whether the representative of the United States of America was advocating multilateral instead of bilateral cooperation.

Dr FISCHER (United States of America) replied that if the concept was to be redefined, the task was too complex for the Regional Committee to tackle at its current session. The terms requiring differentiation were "technical assistance" and "technical cooperation"; such differentiation would be critical for WHO in the future. He agreed with the Regional Director that the new type of technical cooperation was much more difficult than the old form of assistance. That was why a redefinition by the Sub-Committee was needed. Technical cooperation might be bilateral or multilateral, and should be stimulated by WHO. As an example of successful technical cooperation achieved by WHO, he cited the satisfactory cold box - essential for the Expanded Programme on Immunization - that had been developed by a firm in the Philippines according to WHO specifications, themselves developed in cooperation with national authorities.

Dr CHRISTMAS (New Zealand) proposed that the Sub-Committee should review the present definition of technical cooperation and report back to the Regional Committee at its next session.

Dr COHEN (Office of the Director-General) recalled that the idea of assistance by WHO had been abandoned at the Twenty-ninth World Health Assembly. Indeed, the concept of cooperation among Member States was spelled out in the WHO Constitution. The fundamental difference between technical cooperation and the previous concept of giving something to someone was that Member States identified together what needed to be done and cooperated in doing it. The training of health workers was a good example of such cooperation: if the countries of a region reached agreement as to the type of training required and identified the countries and institutions in which it should be given, that was cooperation, not assistance. It was not so much a question of analysing the official definition of technical cooperation, but of examining the extent to which Member States were using such cooperation.

Dr ACOSTA (Philippines) said that technical cooperation could be either between WHO and developing countries or among developing countries. The Health Assembly had drawn that distinction in its resolution, and encouraged the development of technical cooperation among developing countries. WHO's policies were interpreted differently in different countries according to resources and situations, and it might happen that technical cooperation took the form of reciprocal assistance between two countries. Technical cooperation might not involve financial transactions, but merely the exchange of information and experience, which was particularly important in the context of primary health care and should be encouraged by the Regional Committee. Many primary health care activities were proceeding in the Region, each country adopting its own approach. However, no country had yet a definitive idea of how primary health care might be implemented as a national experience. As a strategy to promote technical cooperation among developing countries, WHO should create opportunities for decision-makers to see what was available in other countries. Ideally, Ministers of Health should be able to travel together to see what opportunities for cooperation existed, especially in primary health care.

Mr SUPRAMANIAM (Singapore), Chairman of the Sub-Committee on TCDC, said that, if progress in technical cooperation were to be made, it would be necessary to work out programmes that could be implemented without delay. A more abstract approach made it difficult to work out a definitive programme. For instance, in primary health care, it was no use treating or preventing diseases in an environment where bad water supply was a perpetual problem. Similarly, in a health manpower development programme, it was useless to train people in techniques for which the necessary facilities did not exist in the areas where they had to work. Such problems needed to be taken into account in technical cooperation among developing countries. However, the supply of essential drugs was a field in which there could be effective cooperation of that kind.

Dr FAAIUASO (Samoa) agreed with what the representative of the United States of America had said. Other ideas that had been aired at the World Health Assembly had been the promotion of cooperation between developed and developing countries with a view to sharing experience and knowledge, while not excluding technical assistance, and technical cooperation between developing countries and the various United Nations agencies. TCDC simply meant helping each other.

Dr FISCHER (United States of America) noted the widely accepted view that, by the very nature of WHO's organization, everything that WHO did was technical cooperation, except the maintenance of Headquarters and the regional offices and the salaries of maintenance, finance, and administration staff. If technical cooperation was what WHO did by definition, then a new term was perhaps needed for mutually beneficial activities - not assistance to countries, but truly cooperative activities.

Dr TARUTIA (Papua New Guinea) said that his country had benefited greatly from technical cooperation. However, though the services of WHO consultants were greatly appreciated, it was important that, during the entire duration of their assignments, a national counterpart should be available who could subsequently continue the projects initiated.

Dr COHEN (Office of the Director-General), referring to comments by the representatives of Papua New Guinea and the Philippines, acknowledged that the matter was a complex one. What role WHO played in technical cooperation with and among countries depended on what the Member States wanted. In its Constitution, WHO was described as "the directing and coordinating authority on international health work", and there was no doubt that the organization could play an expanding role as a catalyst in helping countries which wished to work together. For example, as part of the drug policies and management programme, the Regional Committee might agree where certain drugs were to be produced and where regional drug control laboratories should be located. That would be a tremendous step forward, in which the Regional Office could make a real contribution to technical and economic cooperation among developing countries.

Genuine cooperation between developed and developing countries was also a reality. For example, the sums saved over the years by the developed countries far outweighed their investments in the smallpox eradication programme in developing countries. Similarly, by using tuberculosis control methods through domiciliary care, worked out in the South-East Asia Region, the developed countries had been able to close down sanitaria and provide tuberculosis care at a fraction of the former cost.

Another important part of WHO's coordinating role was in the exchange of information. If Member States worked together to generate information, and WHO made sure that all countries were aware of it, that would be extremely useful. Such information should be properly used in all WHO's cooperative activities with countries.

Mr NGUYEN XUAN THU (Viet Nam) cited three types of cooperation that had equal merit: between WHO and a Member State; among developing countries; and between a developing and a developed country. The preferred type of cooperation depended on the situation in a country, its needs, and the regional situation. Diseases such as malaria, tuberculosis, leprosy, dengue fever and cholera were prevalent in many countries. All three forms of cooperation could be used to combat them, with WHO acting as coordinator.

Dr NOORDIN (Malaysia) said that the promotion of TCDC had raised expectations among developing countries, but the concept was not clearly defined. He suggested that the Sub-Committee should examine possible mechanisms for TCDC and the roles that WHO and countries could play, and on that basis tackle specific topics. It might be useful to conduct a

survey among developing countries to identify their areas of concern, what they could contribute, and what had already been done. Once the possibilities of mutual benefit had been brought to light, specific TCDC activities could be planned, with WHO playing a coordinating role.

Dr HSU SHOU-JEN (China) stressed the importance of TCDC and commended WHO's role in its promotion in recent years. TCDC activities in the health field should continue to be strengthened in the Region, using a wide variety of forms and methods, including meetings for the exchange of experience.

There being no further comments, the CHAIRMAN asked the Rapporteurs to prepare an appropriate draft resolution. (For consideration of the draft resolution, see the fifth meeting, section 1.2).

4.2 Membership of the Sub-Committee on Technical Cooperation among Developing Countries: Item 12.2 of the Agenda

The REGIONAL DIRECTOR said that representatives of Japan, Papua New Guinea, Republic of Korea and Singapore had been members of the Sub-Committee on Technical Cooperation among Developing Countries for the two years it had been established. In 1978, the Regional Committee had decided that membership should be reconsidered at the present session. The Committee might also wish to consider the question of rotation, to provide for continuity in the deliberations of the Sub-Committee.

Should the Committee deem it desirable for membership to be on a rotational basis, he proposed that two members should be replaced at the current thirtieth session, and that, from the thirtieth session on, membership should be for three years.

If the Committee agreed with the proposal on rotation, it had to decide which two members should retire and which two members should replace them. It was felt that an effort should be made to distribute membership of the standing sub-committees of the Regional Committee on an equitable basis, so that no Member State was on both sub-committees at the same time.

He suggested that the Committee might wish to consider replacing the representatives of Japan and Singapore by those of Australia and Philippines. He would make a proposal with regard to the Sub-Committee on the General Programme of Work under agenda item 13.2.

It was so agreed.

There being no further comments, the CHAIRMAN asked the Rapporteurs to prepare an appropriate draft resolution. (For consideration of the draft resolution, see the fifth meeting, section 1.3).

5. SUB-COMMITTEE ON THE GENERAL PROGRAMME OF WORK: Item 13 of the Agenda (Document WPR/RC30/11 Part I)

The REGIONAL DIRECTOR explained briefly the background to the Sub-Committee's recommendation, contained in section 2(3) of its report, that its terms of reference should be expanded.

At its meeting during the Regional Committee's twenty-ninth session, the Sub-Committee had decided that the study of WHO's structures in the light of its functions should form part of its terms of reference. In January 1979, in response to the Declaration of Alma-Ata, the Executive Board had prepared a document setting out the guiding principles and essential issues for formulating national and regional strategies for the attainment of an acceptable level of health for all by the year 2000.[1] The document contained a timetable which provided for its dissemination to Member States between January and May 1979; its review by the thirty-second World Health Assembly in May; commencement by Member States to develop national strategies and plans of action after May 1979; and a first review by regional committees of the progress made, in the last quarter of 1979.

The Sub-Committee was already carrying out the study on WHO's structures in the light of its functions. Those functions were to be geared to supporting Member States in developing and implementing their national policies, strategies and plans of action. It followed that, to produce meaningful results, the Sub-Committee also needed to be closely involved in reviewing the reactions of Member States to the Executive Board document and synthesizing them for review by the Regional Committee. That was why it had been suggested to the Sub-Committee, when it had met in March 1979, that expansion of its terms of reference to include the studies connected with the formulation of strategies for health for all by the year 2000 should be recommended to the Regional Committee.

5.1 Report of the Sub-Committee on the General Programme of Work: Item 13.1 of the Agenda (Document WPR/RC30/11 Part I)

Dr TALIB (Malaysia), Chairman of the Sub-Committee on the General Programme of Work, introduced Part I of the Sub-Committee's report.

Dr Talib said that the Sub-Committee had met twice during the year, in March and August. Under the first item in its terms of reference (review and analysis of WHO's collaboration with countries), it had chosen "primary health care within the broad context of comprehensive health services" as a main subject for study. It had also tackled the second item in its terms of reference (study of WHO's structures in the light of its functions). Its conclusions on those two items were embodied in the report, to which accounts of the Sub-Committee's country visits were attached.

The REGIONAL DIRECTOR drew attention to section 4 of the report, on the study of WHO's structures in the light of its functions, which contained a number of recommendations for the Committee's consideration. He also noted that some Member States found it difficult to participate in the Regional Committee's work because of financial constraints.

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[1] Document A32/8 presented to the Regional Committee under cover of document WPR/RC30/11 Part II Add.2; reproduced with revised timetable in document WHA32/1979/REC/1, Annex 2.

Dr FAAIUASO (Samoa), while welcoming the Sub-Committee's report, suggested that the Regional Committee might pursue its review at its next session, since many important matters were dealt with, including the role of the Regional Office. He expressed concern that, possibly because of financial difficulties, a number of Member States were not represented at the present session; the same had been true at the previous session. He believed that if WHO could pay the air fare of one representative from each Member State, participation could be improved. It was essential, for the sake of health cooperation in the Region, that each country should participate effectively.

The REGIONAL DIRECTOR replied that two States had notified him that they were unable to be represented at the present session - Fiji and Lao People's Democratic Republic. In view of their intention to join WHO, two newly independent States - Kiribati and Solomon Islands - had expressed the desire to be represented at the session and had asked for financial support. However, such support was precluded by resolution WPR/RC4.R18, which provided that travel of representatives of Members and Associate Members should be borne by their governments.[1] At the time of the resolution's adoption in 1953, travel had been cheaper and many of the developing countries of the Region had not yet become Members of WHO. As the Regional Committee was the highest decision-making organ of the Region, and thus of great importance for collaboration in international health work, he personally considered that it should be normal practice to pay the expenses of a representative of States that could otherwise not be represented. The Regional Committee's sessions were the only WHO meetings for which travel and per diem expenses were not paid - including the Committee's own sub-committees.

In answer to a request from Dr ACOSTA (Philippines) for clarification of the reference, in section 2(3) of the report, to expansion of the Sub-Committee's terms of reference, Dr HAN (Director, Programme Management) explained that the Sub-Committee's terms of reference, as originally approved, did not include studies concerning the formulation of strategies for health for all by the year 2000. At its session in March the Regional Director had, nevertheless, asked the Sub-Committee to include that subject on its agenda, and the Regional Committee was now being asked to officialize what had already been done without formal authority. That was why the Sub-Committee's report was presented in two parts, the first of which dealt with matters already included in its formal terms of reference.

Dr FISCHER (United States of America) wished only to commend the Sub-Commitee on its report and to express support for the proposed expansion of its terms of reference.

Dr NICHOLSON (United Kingdom of Great Britain and Northern Ireland) agreed with the representative of the United States of America.

The CHAIRMAN, noting that there were no further comments on the report, asked the Rapporteurs to prepare a draft resolution on the

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[1] See resolution WPR/RC4.R18, Handbook of Resolutions and Decisions of the WHO Regional Committee for the Western Pacific, Volume I, 1976, page 171.

report of the Sub-Committee. He then invited the Regional Director to make a further statement. (For consideration of the draft resolution, see the fifth meeting, section 1.4).

The REGIONAL DIRECTOR said that a final regional report on WHO's structures had to be submitted to the Director-General so that he could prepare his report for the Programme Committee of the Executive Board, to be held in November 1979. The Programme Committee would also review the reports of the six Regional Committees on the formulation of strategies for the year 2000. It would be desirable for the Sub-Committee to meet during the present session of the Committee to discuss the reports to be submitted from the Western Pacific Region, taking into account the comments representatives had just made and those they would make under agenda item 14.

Because of the time constraints involved, he suggested that the Sub-Committee and the Secretariat should be authorized to submit the reports for the Executive Board to the Director-General without further reference to the Committee. If that arrangement was agreeable, he suggested that the Sub-Committee might meet the following week, on Monday, 8 October, at 11.45 a.m., after the Committee had heard the statements from non-governmental organizations.

Decision: It was agreed to proceed as suggested by the Regional Director.

Dr CHRISTMAS (New Zealand) asked whether the proposal of the representative of Samoa regarding financial assistance for attendance at Regional Committee sessions was to be discussed now or at a later stage.

The REGIONAL DIRECTOR said the proposal could either be discussed now or the representative of Samoa could consult with the Rapporteurs and prepare a draft resolution for consideration later.

Dr HOWELLS (Australia) saw no objection to allowing the representative of Samoa to prepare a draft resolution, provided it was understood that representatives would not necessarily agree with its content. He personally felt that enough money was already spent on meetings and more should be devoted to field work.

Dr FISCHER (United States of America) thought that the representative of Samoa should eventually be invited to present a draft resolution, but that a general discussion should take place now to assist him in preparing it.

In reply to a question, the REGIONAL DIRECTOR confirmed that the World Health Assembly resolution referred to precluded all the regional organizations from paying the costs of attendance at Regional Committee sessions.

Dr FISCHER (United States of America) shared the concern of the representative of Australia that too much money should not be spent on meetings, but realized that some of the newer and smaller Member States

did have a financial problem. Perhaps the costs of attendance at the Regional Committee session could be budgeted like the fellowship programme, so that allocations could be made to those countries that needed them instead of being included in a general package.

The REGIONAL DIRECTOR thought it would be a dubious interpretation of the rules to budget for the cost of attending Regional Committee sessions under "fellowships". An alternative might be to include it in the country allocations for technical cooperation.

Mr DONALD (Director, Support Programme) felt that, if the costs of attendance at Regional Committee sessions were to be paid, it could only be under the budget for the Regional Committee. To account for them under fellowships would be an unclear arrangement and not to be recommended. Meanwhile, as had been pointed out, there was a World Health Assembly resolution precluding payment of such costs, and if it was desired that that decision be reversed, a recommendation to that effect must be made by the Regional Committee to the Executive Board and the Health Assembly.

Dr CHRISTMAS (New Zealand) said his first reaction had been to agree with the representative of Australia that more than enough money was already being spent on meetings. However, if that principle were to be adopted, it would have to apply to the Health Assembly too, or it would mean paying only lip service to the principle of participation at the regional level in framing WHO's policies, since only those Member States affluent enough to do so would be able to participate. Provided governments were prepared to adopt a more analytical approach to the budget, as advocated by the Director-General in his statement the previous day, he would be in favour of amending the 1953 resolution.

Dr CHASTEL (France) asked whether it would not be possible to devise a system under which such costs might be refunded, but only at the discretion of the Regional Director.

Dr FAAIUASO (Samoa) again stressed the importance of consultation at the Regional Committee level and said he would like to press his proposal even if it meant reversing the Health Assembly decision.

Dr FISCHER (United States of America) feared he had used the wrong word in referring to fellowships. What he had meant had simply been that the need for reimbursement of the cost of attending Regional Committee sessions should be considered case by case, or as part of technical cooperation, instead of making a simple blanket provision.

Mr DONALD (Director, Support Programme) thought it would be very difficult for the Regional Committee to establish criteria for determining a country's need for reimbursement. An alternative would be to make the same provision for all countries, on the understanding that countries which felt they did not need the reimbursement would not claim it. He believed that this was already done by certain countries with regard to attendance at the World Health Assembly.

Dr FAAIUASO (Samoa) said that, just as an indication of how expensive attendance at Regional Committee sessions could be for small countries located on the periphery of the Region, his own fare to Singapore had been US$1200, and it was almost as much to Manila.

Dr NICHOLSON (United Kingdom of Great Britain and Northern Ireland) asked whether any special arrangements were made for newly independent developing countries that might find it difficult to afford membership of one or more international organizations.

The REGIONAL DIRECTOR replied that such Member States were assessed at a special minimum rate of 0.01 per cent. of the total budget.

Mr DONALD (Director, Support Programme) added that, under the budget for the 1980-81 biennium, the minimum contribution worked out at US$21 650 per annum. Also, when a new Member joined in the course of a year, e.g. during the Health Assembly in May, its assessment for that year was reduced, usually to one-third.

Decision: The representative of Samoa was invited to prepare a draft resolution in the light of the foregoing discussion. (For consideration of the draft resolution, see the fifth meeting, section 1.6 and the seventh meeting, section 1.11)

(For continuation of discussions, see the fourth meeting, section 1).

The meeting rose at 12.00 noon.

ANNEX 1

ADDRESS BY THE INCOMING CHAIRMAN

Distinguished representatives at the Regional Committee, Mr Director-General, Mr Regional Director, distinguished representatives from the United Nations and the Specialized Agencies, representatives of nongovernmental organizations in affiliation with WHO, WHO Secretariat, ladies and gentlemen,

I thank the Committee for electing me Chairman of the thirtieth session of the Regional Committee for the Western Pacific. I cannot claim that the task you place before me will be accomplished to the same degree of satisfaction as you have experienced from past appointees at earlier sessions. It is indeed a kind gesture that you desire to express good will to Singapore in this manner. I can only say that I shall do my best, with the guidance of the Regional Director and his able Secretariat.

May I convey my congratulations and best wishes to the new Vice-Chairman, Dr Raja Ahmad Noordin bin Raja Shahbuddin, the Rapporteur in English, Dr S. Foliaki of Tonga and the Rapporteur in French, Mr Nguyen Van Trong of Viet Nam. I am sure we shall be able to pool our efforts and discharge our responsibilities as you expect of us.

This year's session covers an extensive agenda. All the issues are of concern to Singapore. We have taken advantage by fielding a good sized delegation, so that the staff of the Ministries of Health and Environment may benefit and acquire experience from this year's Regional Committee session.

Disease knows no boundaries; for which reason cooperative efforts between countries is of paramount importance in preventing and controlling the spread of disease. The knowledge one country could impart to another, and the cooperation that could be made available in times of need, has always been reflected in the activities of this Regional Committee. Singapore is doing as much as possible to provide the best of health care for its citizens. In the process, this country will be only too glad to help promote the work of WHO, not only within this Region but, if possible, for the benefit of other member countries throughout the world.

Three years ago, the health service in Singapore laid emphasis on educating the public against the infectious diseases, such as tuberculosis, leprosy and sexually transmitted diseases. This year, another national health campaign has been formally inaugurated by the Minister for Health; this time emphasizing harmful lifestyles. You will note that Singapore is highly urbanized and newly industrialized and the pattern of diseases requiring public education has moved towards the need to stress the ills of smoking, the need to keep fit and healthy,

so that diabetes and hypertension can be kept in abeyance and, of course, mental diseases, which by far and large have usually failed to receive as much attention as other acute forms of illness.

Distinguished delegates and representatives will be given an opportunity to view our exhibition and thus be informed of a cross-section of the health problems that confront us. No doubt there will still be need for cooperation through WHO to help us curb some of those problems.

At this session, we renew the opportunity to meet old friends and make new ones. It is indeed a privilege to be able to get together. I am sure the discussions, exchanges of views and experience could ultimately be translated into benefit for country delegates. May I end my address by saying that, though Singapore is small, I hope you find it beautiful in many senses of the word. It is my sincere wish that all of you will have a pleasant - if short - stay in this country. Thank you.