

SUMMARY RECORD OF THE SEVENTH MEETING

Auditorium Level 2

Sydney Convention and Exhibition Centre, Sydney

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CHAIRMAN: Dr Michael WOOLDRIDGE (Australia)

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1. ACTION PLAN ON TOBACCO OR HEALTH: Item 17 of the Agenda
(Document WPR/RC48/13)

The REGIONAL DIRECTOR, introducing the item, said that since the document before the Committee had been printed a meeting had been held on 23 August in connection with the Tenth World Conference on Tobacco or Health in Beijing, China. The meeting, attended by 27 participants and 7 observers, had provided another valuable opportunity to review progress in implementing the Action Plan. Nineteen countries and areas in the Region had reported on their activities, providing an update on the action taken in the five areas of the Action Plan. Most of the participants had been focal persons on tobacco or health. He noted with satisfaction that all 36 countries and areas in the Region had now nominated a focal person, which made collaboration easier. He was also pleased with the collaboration between the Western Pacific and South-East Asia Regions. The commitment to work closely together in the future to control tobacco use was an important recommendation from the meeting.

National policies on tobacco or health had been established in 13 countries and areas in the Region, and in two more countries policy documents had been presented to the government.

Data on tobacco use and control activities had been collected in most countries, and 25 had reported on the implementation of the Action Plan by completing the 1996 questionnaire. WHO had continued to improve the regional database on tobacco or health, and had provided consolidated data to WHO headquarters and to the Member States. A Regional Office information folder on tobacco or health was available; it contained country profiles and fact sheets, and gave a good overview of developments in the Region.

The Regional Director explained that the tobacco or health programme was relevant to each of the three themes of *New horizons in health*. With regard to preparation for life, health-promoting schools included a policy on non-smoking, and the prevention of tobacco use was also used as an entry point for the development of health-promoting schools. The second theme, protection of life, was supported by the implementation of smoke-free environments, particularly in the workplace. Finally, the quality of life in later years was immeasurably improved if tobacco smoking was absent.

Advocacy and health education continued to be carried out on a regular basis. World No-tobacco Day was now observed by 34 countries and areas in the Region. Laws and regulations, which included health warnings, advertising bans, smoke-free places and prohibition of sales to

minors were in place in 29 countries and areas, and taxes had been increased in 12 countries and areas. However, additional efforts by all Member States were needed.

The Regional Director reminded representatives that three years earlier he had called for a Region free of tobacco advertising by the year 2000, and the Regional Committee had fully supported that call. It had become the heart of the Action Plan on Tobacco or Health for 1995-1999. Six countries and areas in the Region had total bans on advertising. However, the full commitment of the Regional Committee was needed if the objective was to be achieved and total bans were to be in place in all Member States when the Committee next reviewed implementation of the Action Plan in 1999. Children in the Western Pacific Region should be allowed to grow up free from commercial pressures to smoke.

The Tenth World Conference on Tobacco or Health had highlighted the need for strenuous efforts to be made to help people stop using tobacco. That was the only way to reduce the 10 million deaths caused by tobacco which were projected by 2025. Of the 800 million smokers who lived in developing countries, almost half were in the Western Pacific Region. Some 60% of men and 8% of women in the Region smoked - 340 million men and 45 million women. In addition to the objective of a Region free of tobacco advertising, better education on the harmful effects of tobacco use was needed. Funding for such activities should come from tobacco taxes.

The Regional Director concluded by saying that the task was enormous, but he was sure that concerted efforts could significantly reduce tobacco use in the Western Pacific Region.

Dr OOMI (Japan) said that, although the percentage of women in Japan who smoked was lower than the average for developed countries, the percentage of male smokers was among the highest and rates of smoking had risen in young people following the liberalization of tobacco imports. Passive smoking was of great concern to the general public and efforts were being made to separate smokers and non-smokers. Japan had also undertaken education on the adverse effects of tobacco, advocacy such as promotion of a non-smoking week, and promotion of voluntary measures by the tobacco industry, such as the closure of vending machines at night.

Some countries in the Region had successfully implemented comprehensive tobacco control policies. Australia's achievements had been reported at the technical briefing, New Zealand and Singapore had also made great strides and recent initiatives by China were valuable and instructive. Japan could benefit from the experiences of others in enhancing its own tobacco control efforts.

He requested the Regional Office to increase its efforts against tobacco. In the Region as a whole, it was important to promote and implement measures within an international framework, taking into consideration the recommendations of the recent Beijing Conference, and to encourage Member States to formulate concrete national action plans. In addition, worldwide efforts should be made to collect detailed information on tobacco products, to promote the regulation of tobacco advertising, to promote non-smoking in public places and to prevent young people from starting smoking.

Japan wished to participate actively in discussions concerning a draft framework convention which were being led by WHO.

Professor WHITWORTH (Australia) said that Australia had been able to fulfil many of the objectives of the Regional Action Plan and now had comprehensive national tobacco control policies in place. Data were being collected and disseminated nationwide and health advocacy and information and education campaigns were a regular feature of health promotion activities. Legislation was in force in every jurisdiction, covering various aspects ranging from passive smoking to sales restrictions and advertising bans, and the taxation structure ensured that prices were a disincentive to consumption.

Current statistics pointed to the success of Australia's strategies: in the past decade total consumption had declined consistently and there had been a steady increase in the number of people who had never smoked. However, there was no room for complacency since, although male smoking rates had declined from 72% in 1945 to 27% in 1995, more than one-quarter of all Australians still smoked and smoking by women was a significant problem. Moreover, smoking rates among young people had not declined as sharply those for older age groups and rates among indigenous Australians were twice the national average.

The Minister of Health had recently launched a media campaign designed to encourage smokers to stop the habit. It was aimed at smokers aged 18-40 years and was underpinned by extensive support for those wishing to stop smoking. In keeping with the principles of the National Drug Strategy, the campaign was a product of national collaboration and had the full support of Federal and State Governments, health professionals and the nongovernmental sector. It was also the product of considerable behavioural research. The graphic television commercials used in the campaign were among the most hard-hitting and confrontational approaches ever undertaken in anti-tobacco education in Australia.

Australia took pride in its achievements and hoped that its experiences would be of benefit to other Member States in the Region.

Professor Whitworth said that one of the key objectives of the regional Action Plan was the elimination of tobacco advertising by the year 2000. The objective was admirable but would be difficult to achieve and would require the concerted efforts of Member States to ensure, for example, that Formula One motor racing executives could not simply move races to countries in the Region because of advertising bans elsewhere. In Australia, the prohibition on tobacco advertising was almost total; exceptions were point of sale advertising and certain international events that might be lost to the country were advertising not permitted. The Government had imposed strict restrictions on advertising at the latter.

She applauded the tobacco control efforts of other countries in the Region and in particular the significant progress made by China, Malaysia, Singapore and New Zealand.

Recent claims by a tobacco company about the adverse consequences, from the industry perspective, of the activities of WHO and others in the area of tobacco control legislation were both a concern and a signal that steps were being taken in the right direction. If the tobacco industry felt strongly enough about the strength of such legislation in countries such as Fiji and Samoa to comment on them in a company annual report, then it must be making a significant impact on the industry's activities.

Member States of the Region should continue to be guided by the principles of the regional Action Plan in an effort to reduce the harm caused by tobacco consumption.

Dr DORAISINGAM (Malaysia) expressed concern that the Western Pacific Region had experienced the highest increase in tobacco consumption of all WHO regions and wondered what the reasons for that might be.

Malaysia had been very active in implementing tobacco control measures and a National Task Force on Tobacco Control had been established. Indirect advertising of cigarette brand names through trademark diversification was still allowed under current legislation, and was a major hindrance to anti-smoking efforts, particularly among young people. The Ministry of Health had recently negotiated a voluntary withdrawal of such advertising from all terminals of Kuala Lumpur International Airport with effect from April 1997.

Malaysia was continuing to strengthen tobacco control through legislation. New regulations prohibited minors under 18 years from smoking and the list of public places and buildings in which smoking was prohibited had been greatly extended.

Dr LIU Guo-bin (Macao) said that implementation of the Regional Action Plan in Macao focused on three main areas, policy development, legislation and education.

Local tobacco production was limited, with six cigarette factories and a total of 430 employees. However, imports were widely available and prices were cheaper than in neighbouring areas. A recent survey had shown that smoking rates in the age group 15-24 years were 14% for men and 3.2% for women, and in those aged 25 years and above they were 35.6% and 4.2%, respectively.

Control activities were aimed at preventing smoking among children and young people, protecting non-smokers in public places, encouraging cessation among smokers and, most importantly, the restriction of tobacco promotion activities, with a ban on advertising as the ultimate goal.

The first anti-tobacco legislation in Macao, passed in 1983, which had restricted advertisements, prohibited smoking in public places and prohibited sales to minors and from vending machines, had not been effectively enforced. A new law had been passed in 1996. It stipulated banning of all types of cigarette advertising, a stronger system of penalties and greater powers for enforcement bodies. However, enactment had been delayed until 1 July 1997 and its provisions had been modified by the Legislative Assembly to include a transition period which would allow some forms of advertising up to December 1998.

Health education was the key element of anti-tobacco activities and had been conducted consistently and jointly by governmental and nongovernmental organizations to provide information on the health hazards of smoking and on healthy lifestyles. Efforts were focused on children and students, with many activities organized in schools.

Despite its efforts to date, Macao still had a long way to go to achieve the objectives of the Regional Action Plan. The success of activities would greatly depend on the ability to influence policy-makers, politicians and sectors other than health. Every effort would therefore be made to unite all possible forces in order to attain a smoking-free city.

He urged WHO to continue to play an active role in promoting the implementation of the Regional Action Plan.

Professor YIN Dakui (China) commended the achievements of Member States in implementing the Regional Action Plan in terms of policy formulation, data collection, public information and education, and legislation, and endorsed the analysis of existing problems and future activities presented in the progress report. He urged WHO to organize exchange of information and experiences between regions and to provide the necessary technical support to assist Member States to adopt more feasible and effective tobacco control measures.

China was making considerable progress in implementing the Regional Action Plan. A primary national network on tobacco control had been established and anti-smoking organizations had been formed in 31 provinces, autonomous regions and municipalities, resulting in a steady increase in anti-smoking activities.

Legislation in place since 1991 covered the sale of tobacco, protection of minors and tobacco advertising. By July 1997, 72 cities had issued regulations prohibiting smoking in public places. A ban on smoking in public transport had also been enforced.

Activities in the areas of anti-tobacco publicity and health education through institutions and the mass media were increasing, especially among high-risk populations and at the time of the annual no-smoking day, which had been observed for the past decade. The importation of foreign cigarettes was prohibited and measures were in place to tackle illegal trafficking in such products. Intensive research was under way to find effective tobacco-control measures for young people and it was hoped that the mobilization of young people against tobacco would also have a positive impact on their parents and teachers. A tobacco-advertising-free cities initiative had recently been launched, with Beijing and Shanghai taking the lead.

The recent Tenth World Conference on Tobacco or Health held in Beijing had attracted several thousand participants and had been judged a great success. China's President and other senior members of the Government had attended the Conference, and the President's address would no doubt provide a further stimulus to tobacco control work in China.

Although tobacco consumption in China had started to decline in 1996, smoking hazards remained serious and further tobacco control efforts were needed. He expressed appreciation for the technical support and guidance received from the Regional Office and many other international organizations and countries and hoped that China could count on continued support in the future in order to intensify its efforts to attain the goals of the Regional Plan of Action.

Dr MENG (Cambodia) informed the Committee that the annual World No-Tobacco Day had been observed in Cambodia since 1991. It was supported by health education materials and radio and television programmes. Legislation to ban tobacco advertising had been initiated but was not yet in force. However, the Government was already supporting the Ministry of Health in the production of health education materials and in requesting the inclusion of health warning labels on all cigarette advertising. A directive to all public institutions to establish a smoke-free workplace had been issued but was not yet fully observed. Health personnel who smoked were one of the obstacles to the development of this policy, together with the economic and political situation in the country and a general lack of understanding of the problem. Cambodia planned to continue its tobacco control activities, including legislative and tax measures, and hoped to achieve the Action Plan objective of a ban on tobacco advertising by the year 2000.

Dr KUN (Nauru) said that over half of the cancer deaths in Nauru were the direct result of cigarette smoking, and increases in smoking over the past 20 years would be reflected in increasing rates of cancer over the next few years. Because of the addictive nature of the habit, efforts to encourage smokers to stop smoking had to be reinforced by other measures, such as health education, taxation and restriction of advertising and importation of tobacco products. He was therefore pleased to report that his Government was taking steps to levy a special tax on tobacco products.

Cancer mortality was high in Nauru. In the period 1 January 1995 to 21 March 1997 there had been 19 deaths from neoplasms (18 cancers, 1 brain tumour), giving a world standardized mortality rate per 100 000 of 207.4 and 318 person-years of life lost. During the period covered, neoplasms had produced the highest age standardized mortality rate, the third highest numbers of deaths and the fourth highest numbers of person-years of life lost in the country. Mortality had been directly linked to cigarette smoking in more than half of the cancer cases: the six cases of lung cancer and four other types of cancer. Since most smoking-related cancers resulted in death within a few years of diagnosis the only option was prevention by decreasing the proportion of the population who smoked. In addition to cancer, smoking also contributed to ischaemic heart disease, peripheral vascular disease, and high levels of respiratory infection in children.

He requested support from WHO in carrying out a programme to improve the awareness of public health problems related to tobacco smoking, alcohol consumption, obesity and cancer.

Dr RAJAN (Singapore) said that her country's comprehensive National Smoking Control Programme, launched in 1986, followed the guidelines of the WHO Action Plan closely and covered all the five main areas identified. The programme was coordinated by the Ministry of Health with 53

other participating organizations, including ministries, statutory boards, the private sector, employers, unions, professional organizations and the media.

A 1993 survey on cigarette smoking had revealed a smoking rate of 17.4% among adults aged 18-64 years, one of the lowest rates in the world. In 1996 a Committee on Smoking Control had been formed with members from the business sector, youth organizations, self-help groups, the media and health professionals to review campaign strategies and provide policy direction. Keeping in mind the WHO Action Plan and Singapore's own unique situation, the Committee had suggested ways of strengthening smoking control efforts.

Relevant education programmes were organized at all levels, with particular emphasis on youth, and an annual mass media campaign was held to publicize current issues and problems. Smoking control education was included in the curricula of all primary and secondary schools and as part of healthy lifestyle programmes in tertiary institutions. The Ministry of Health workplace programme included components on smoking education and cessation. Patient education was conducted by health professionals and the benefits of healthy lifestyles were promoted through community programmes. The mass media were used extensively and campaigns achieved high public awareness. Community programmes were supported by sports, religious and voluntary organizations. The smoking cessation service had established clinics and distributed self-help "quit kits", and ran a 24-hour telephone counselling line.

Legislative measures which had started in the 1970s had been regularly reviewed and revised and were now among the most comprehensive in the world. Legislation enacted in 1992, which came under the purview of the Ministry of Health, prohibited tobacco advertising and promotion in the media and public places, prescribed the use of prominent health warnings on tobacco product packets, severely limited nicotine and tar levels in cigarettes, and prohibited sale and supply of tobacco to minors, use of tobacco in public by minors, and sales from vending machines. Sponsorship by tobacco companies required permission from the Ministry. Further legislation, under the purview of the Ministry of the Environment, prohibited smoking in a wide variety of public places, buildings and transport, and the majority of flights run by the national airline were smoke-free.

Tax on tobacco products had increased steadily since 1972 and currently represented 55% of the cost of a pack of cigarettes.

Singapore planned further health education activities in the future and was also planning to introduce the licensing of tobacco retailers with effect from 1998. Retailers caught selling to minors would lose their licence.

Dr Tran Thi Trung CHIEN (Viet Nam) reported that the Viet Nam Steering Committee on Tobacco Control had drawn up an action plan aimed at reducing tobacco consumption, especially among young people, and morbidity and mortality caused by tobacco-related diseases.

Recent activities had included banning of advertising in the mass media and of smoking on national airline flights and in certain public places, health education and promotion campaigns, observation of World No Tobacco Day and the Viet Nam No Tobacco Week, and collection of data on the relation between smoking and certain diseases. None the less, much remained to be done in terms of tobacco control, and she looked forward to continued support from WHO in that regard.

Dr TEMU (Papua New Guinea) explained that although Papua New Guinea had introduced a Tobacco Control Act in 1987, and had succeeded in banning smoking on national airline flights and in public places, enforcing the legislation had proved difficult.

Another major problem was the dumping of tobacco products by both domestic and foreign manufacturers. Concerned by the inconsistency between trade and health policies, he pleaded with Member States to cooperate in tobacco control, as manufacturers were a powerful force, especially in small countries. The document under review indicated that tobacco consumption had not been controlled, and he suggested that the Action Plan on Tobacco or Health should be reviewed. It did not tackle the root of the problem: prevention. The Region needed to take stronger action, for example, by adopting as its goal "no tobacco manufacturing in the Region". That might not be feasible, but nothing was impossible if all Member States worked together to achieve that goal.

He requested that Member States share information on the use of tobacco taxes to fund health promotion and on successful measures to encourage enterprises other than tobacco manufacturers to sponsor sports.

He requested the Committee to resolve that ministers of health should advise their governments of the social implications of offshore trade of tobacco products.

Mr RODRIGUEZ (United States of America) noted with concern that the Region was experiencing the highest levels of tobacco consumption per capita and the highest percentage

increase worldwide. He supported the call for intensified action in the Region to implement the Action Plan on Tobacco or Health.

In the United States of America a proposed legislated settlement with cigarette manufacturers was expected to lead to a major change in the way tobacco products were manufactured, marketed and distributed. It was expected that measures to be taken would include regulation of the tobacco industry, payment to others by the industry, prevention of underage use of tobacco products, curtailment of advertising, and standards to minimize involuntary exposure.

He hoped that countries in the Region would consider introducing tobacco control regulations, provided that they applied equally to domestic and foreign products and did not discriminate against foreign companies.

Mr ROKOVADA (Fiji) reported that his Government had introduced legislation on tobacco control to restrict the availability of tobacco to young people, and to ban advertising and sponsorship by tobacco firms and smoking in public places. Various education programmes were under way to raise awareness of the adverse health effects of tobacco use. Further, his Government had just agreed to levy a special tax on tobacco, the proceeds of which would be allocated directly to the Ministry of Health. Although the measures had yet to be approved by Parliament, he hoped that the end result would be a reduction in tobacco consumption and an increase in the health budget.

Mr TEKEE (Kiribati) observed that in his country acute respiratory infections were the leading cause of morbidity in children, and could be linked to the high prevalence of smoking. Respiratory and cardiovascular diseases were also rising. Several measures had been taken to implement the Action Plan on Tobacco or Health, although legislation had yet to be introduced regarding health warnings, advertising, smoke-free places and pricing policies. Seminars for parliamentarians on tobacco and alcohol control were planned, and it was hoped that these would lead to recommendations for firm policy guidelines and regulations. Cooperation within the South Pacific Healthy Island Health Promotion Project was providing much needed support.

Dr SOALADAOB (Palau) reported that in Palau all tobacco products were imported. There was heavy consumption of both smoking and chewing tobacco, use of which had risen at an alarming rate among young people. Lung cancer was the leading cause of death, and oral cancer, the fifth.

A number of tobacco control measures had been taken, including a ban on smoking in workplaces, prohibition of sales to minors, and an increase in the excise tax on tobacco products, although in general enforcement was difficult. Nevertheless, a ban on sponsorship of sports by

tobacco companies had been successfully introduced. Several studies had been carried out on tobacco use, especially among schoolchildren and young people.

Mr Gang Lip KIM (Republic of Korea) said that, in view of the extremely high rate of smoking in Korea, the Government had established the legal basis for a national health promotion programme. Tobacco control measures introduced included health warnings on products, regulation of advertising and promotion, prohibition of sale to minors, and designation of non-smoking areas in public places. Those measures would be carefully assessed in order to improve future policies.

Dr INFANTADO (Philippines) agreed that the tobacco or health movement faced serious challenges. The highly organized and well-resourced industry was a formidable force to tackle. In the Philippines, where the average family spent more on tobacco and alcohol than it did on health care, a sustained media campaign was under way to raise public awareness of the adverse health effects of tobacco use. A number of measures had been taken, such as banning of smoking in public places and on flights. The annual "sportsfest" was held without sponsorship from tobacco companies, and a "sin" tax had been introduced on tobacco products, revenue from which was shared with the Department of Health.

Dr DANIEL (Cook Islands) regretted that, although the Ministry of Health had worked intensively for ten years to reduce smoking, results were discouraging. The chief difficulty was enforcing legislation. The forming of partnerships with other government departments and nongovernmental organizations would help to advance towards the goal of tobacco-free Cook Islands. However, unless a concerted effort was made to lobby for the closure of cigarette factories in the Region, progress would continue to be long and slow.

Dr CHIU PUI-YIN (Hong Kong, China) reported that Hong Kong, China, had achieved most of the objectives of the Action Plan on Tobacco or Health. A major anti-smoking campaign had been initiated over ten years ago, which included legislative and fiscal measures, health education and promotion, and restrictions on the use, sale and promotion of tobacco products. As a result, the percentage of regular smokers had been dropping steadily, and was currently one of the lowest in the world, although the prevalence of tobacco use among women and young people was a cause for concern.

Mr KRIEBLE (New Zealand) said that his Government, aware of the health threat posed by tobacco use, was continuously seeking ways to strengthen its tobacco control policies. It had recently

amended provisions in order to strengthen legislation and harmonize it with that of Australia. There had also been a number of successful prosecutions for sale of products to minors.

New Zealand had shared its experience with other Member States at the recent conference on tobacco in Beijing. It fully supported the regional Action Plan on Tobacco or Health.

The CHAIRMAN asked the rapporteurs to draft a suitable resolution.

2. CONSIDERATION OF DRAFT RESOLUTIONS

The Committee considered the following draft resolutions:

2.1 Renewing the strategy for health for all: Report of the Sub-Committee, Part II (Document WPR/RC48/Conf. Paper No. 4 Rev.1)

Mr TSUDA (Japan), English-speaking Rapporteur, said that “policy approaches” should be replaced by “policies” in the third preambular paragraph.

It was so agreed.

Professor WHITWORTH (Australia) proposed the addition of “and Health for All in the 21st Century” at the end of that paragraph, which would also mean adding an “s” to “document”.

Mr TSUDA (Japan), Rapporteur, pointed out the final preambular paragraph referred to “the need to revise” the global document referred to by the representative of Australia. Therefore he felt that there was no need to add a further reference to the third preambular paragraph.

Professor WHITWORTH (Australia) maintained her proposal.

It was so agreed.

Decision: The draft resolution, as amended, was adopted (see resolution WPR/RC48.R4).

2.2 New horizons in health (Document WPR/RC48/Conf. Paper No. 5 Rev. 1)

Dr JEAN-FRANÇOIS (France), French-speaking Rapporteur, explained that the expression "budgetary information" had been used in paragraph 2(4) in preference to "budget" because several documents were involved.

Dr BART (United States of America) said that was an improvement.

Professor WHITWORTH (Australia) proposed the addition to that phrase of the words "and financial" to make it "budgetary and financial information".

In addition she proposed that in that paragraph the words "the investment in implementing" should be replaced by "current funding and proposed allocation for the implementation of".

It was so agreed.

Mr TSUDA (Japan), English-speaking Rapporteur, said that paragraph 2(3) should end at the word "indicators" in the penultimate line, and that a new paragraph (4) should be inserted reading:

"to support Member States to improve their capacity to collect, analyse and compare data."

The present paragraph 2(4) would thus be renumbered 2(5).

It was so agreed.

Decision: The draft resolution, as amended, was adopted (see resolution WPR/RC48.R5).

2.3 Technical briefing (WPR/RC48/Conf. Paper No. 6)

The CHAIRMAN said that the Regional Committee had to decide on the topic to be inserted in operative paragraph 4. The Secretariat had suggested two alternative topics, as detailed in the document WPR/RC48/9/INF.DOC. 2, which had been circulated to representatives. The two alternative topics were "parasitic diseases" and "traditional medicine". Representatives were, however, free to propose further topics if they chose. He invited the Committee to consider the wording first.

Dr BART (United States of America) said that he had found the discussion on that item the preceding day very helpful, and he wished to associate himself with the remarks of China and Japan that the briefings should be accommodated as part of the Regional Committee session at the same

time as efforts were continued to seek economies. He therefore proposed that a paragraph be added to the draft resolution reading:

“5. REQUESTS that the Regional Director arrange technical briefings during the Regional Committee’s session in such a way as to permit shortening of the overall duration by half a day.”

The CHAIRMAN asked whether the Committee agreed that sessions should be shortened by half a day.

The REGIONAL DIRECTOR said he understood the concern of the representative of the United States of America and would do what he could to accommodate his wishes. However, the length of the agenda for the next session, at which the programme budget would be considered, was not yet known; nor were the wishes of Members regarding the details of that discussion. But he would consult them and his secretariat as to the possibilities.

The CHAIRMAN suggested that the proposed new paragraph should request the Regional Director “to explore the possibility of arranging the technical briefings as part of the Regional Committee session in such a way as to permit the shortening ...”.

Dr BART (United States of America) said he was confident that the Regional Director would find a way of doing so, and that the resulting economies could be used for programme activities.

The REGIONAL DIRECTOR said that the substance of the proposed new paragraph could be incorporated editorially into paragraph 2.

It was so agreed.

The CHAIRMAN invited the Committee to select the subject for technical briefings at the next session, to be inserted in paragraph 4.

Professor LI Shichuo (China) proposed “traditional medicine”.

Mrs Le Thi Thu HA (Viet Nam) seconded the proposal.

It was so decided.

Decision: The draft resolution, as amended, was adopted (see resolution WPR/RC48.R6).

2.4 Women, health and development (WPR/RC48/Conf. Paper No. 7)

Mr TSUDA (Japan), English-speaking Rapporteur, explained that the words “particularly that” should be deleted from the last preambular paragraph, since the subject of the draft resolution was women. The comma following “violence” in the last line of that paragraph should also be deleted.

A new paragraph 2(2) should be inserted requesting the Regional Director to collect and disseminate relevant statistics. The subsequent subparagraphs should be renumbered accordingly.

It was so agreed.

Dr DURHAM (New Zealand), noting that, as reported in the summary record of the sixth meeting (page 214), the Regional Director had said that “as yet there were no [women] WHO country representatives” and that “few women had stayed on in the Organization long enough to reach this senior position”, but that “this issue would be addressed”, said that if he could indicate how it was intended to act to increase the number of women in such positions it might not be necessary to include a specific provision in the draft resolution.

The REGIONAL DIRECTOR said that it was necessary to distinguish between the recruitment of new women staff and the promotion of women staff within the Organization. The resolution (in its paragraph 2(3) in particular) seemed to be addressing the former aspect. He remembered saying that, as senior staff of WHO, country representatives could not be recruited straight into such high positions. However, with more women rising to higher positions it was likely that they would receive due recognition and be promoted to country representatives. He had already appointed a female director and he would continue his efforts to recruit and promote women staff as appropriate. He hoped it would remain his prerogative to manage staff without requiring a specific provision in a resolution.

Professor WHITWORTH (AUSTRALIA) proposed the following amendments: from operative paragraph 2(3) deletion of “to encourage representation of women as”, replacing it with “50% of new appointments of”; after “consultants and” insertion of “representatives”, and after “groups” insertion of “are women”. She proposed also the addition of the following to operative paragraph 2(4): “to consult with Member States on the identification of suitably qualified women for appointment to these positions”, and “to report annually to the Regional Committee on recruitment of women and progress towards targets in all areas listed in operative paragraph 2(4) above”.

The REGIONAL DIRECTOR accepted the spirit of the proposals, which accorded perfectly with World Health Assembly resolution WHA50.16, though the wording might have to be examined, since in some categories they were not "appointments". The World Health Assembly wording had been "representation of women in these categories". It read, "calls for targets to be set at 50% by the year 2002 for new appointments of women to professional categories" - which meant appointment of women staff to the WHO secretariat. It continued, "representation of women as temporary advisers, consultants and on scientific and technical advisory groups". The Assembly resolution had been very well worded in order to avoid confusion between appointments as such and other types of representation or attendance at meetings in different capacities. The Regional Director suggested therefore that the wording which had already been accepted by the World Health Assembly be used.

The CHAIRMAN suggested that the matter be resumed at the end of the day if no further difficulties arose.

Dr BART (United States of America) alluded to the similar, very helpful discussion at the previous session of the Regional Committee, and expressed the hope that targets be seen as aspirational rather than hard targets. The essential thing was that all appointments be based on competence. He did not wish the Regional Director to be compelled to make an inappropriate appointment or to hire or use a consultant simply in order to meet a gender-based target.

The CHAIRMAN proposed that that point be noted in the summary record.

Dr BART (United States of America) asked that the previous year's wording on aspirational targets be brought in.

The CHAIRMAN proposed that that be entrusted to the rapporteurs.

Dr DURHAM (New Zealand) did not want the summary record to suggest that women were less competent than men. Had the previous intervention been left to stand, the record might be misleading. The whole purpose of the resolutions in both the Assembly and the Regional Committee was that WHO should stop using only the old boys' network and start using some women's networks. There were plenty of competent women; they simply had to be sought out.

The CHAIRMAN suggested that the matter be left to the rapporteurs. He proposed that, if no acceptable wording could be found, the draft resolution should not include Australia's contribution, and that it be put on the agenda of the next session.

Dr BART (United States of America) feared that his words had been misconstrued. He questioned not the competence of women but the possibility of finding them in good time and for particular posts. There was no need to belabour a principle on which everyone agreed; the problem was practicality.

Professor WHITWORTH (Australia) observed that the purpose of the small paragraph calling on the Regional Office to consult with Member States to identify appropriate women was the key to resolution of the minor difference around the table.

The REGIONAL DIRECTOR expressed the hope that that intervention be recorded in the summary record and promised to consult with Member States in order to find suitable women in various categories - temporary advisers, consultants and members of expert panels. He asked that his pledge also feature in the summary record.

2.5 Development of health research (Document WPR/RC48/Conf. Paper No. 8)

The CHAIRMAN asked for comments on the fifth draft resolution, Conference paper No. 8, Development of Health Research.

Dr DURHAM (New Zealand) proposed that after operative paragraph 2(1) the following words be inserted after "priority health research": "especially as it relates to the new directions enunciated in the *New horizons in health*". This was simply to make the resolution consistent with all the other resolutions that referred back to *New horizons in health*. She recommended also an amendment to operative paragraph 3(4): deletion of the word "encourage", replacing it with "strengthen"; she also requested that the following be added to the end of that paragraph: "and to report back to the forty-ninth session of the Regional Committee on an action plan to strengthen the dissemination and diffusion of research results in the Western Pacific Region".

The REGIONAL DIRECTOR remarked that he had been asked to report back to the next session of the Regional Committee on many things; the question was whether they could be covered in the Regional Director's report or if they required separate agenda items. The latter option might result in an agenda that could not be completed in four-and-a-half days. The Regional Director accepted the wording and hoped that the Regional Committee would accept that the matter would be covered by the Regional Director's report.

The CHAIRMAN asked for further comments and declared the draft resolution on Development of Health Research adopted as amended.

Decision: The draft resolution, as amended, was adopted (see resolution WPR/RC48.R7).

2.6 Infant and young child nutrition and implementation of the International Code of Marketing of Breast-milk Substitutes (Document WPR/RC48/Conf. Paper 9)

The CHAIRMAN asked for comments, then declared the resolution adopted.

Decision: The resolution was adopted (see resolution WPR/RC48.R8).

3. MEMBERSHIP OF GLOBAL COMMITTEES FROM THE WESTERN PACIFIC REGION:
Item 18 of the Agenda

3.1 Special Programme of Research, Development and Research Training in Human Reproduction: Membership of the Policy and Coordination Committee: Item 18.1 of the Agenda (WPR/RC48/14)

The REGIONAL DIRECTOR said that the Policy and Coordination Committee (PCC) was the governing body of the Special Programme of Research, Development and Research Training in Human Reproduction. It was composed of four categories of members from the various Member States, with a total of 32 members. One of the categories, category (2), had 14 members. Three of these memberships were allocated to the Western Pacific Region. Those members were to be elected by the Regional Committee for three-year terms according to a country's financial or technical support for the Special Programme, and its interest in this field, as reflected by national policies and programmes.

At present the three members from the Western Pacific Region under category (2) were Japan, New Zealand and Singapore. The period of tenure of the member from New Zealand was due to expire on 31 December 1997.

In order to maintain the full representation of the Western Pacific Region on the Policy and Coordination Committee, the Regional Committee should elect one Member State to nominate a member whose three-year term would start on 1 January 1998. The Regional Committee might wish to elect the Republic of Korea.

The next meeting of the Policy and Coordinating Committee would be held from 17 to 19 June 1998.

The CHAIRMAN said that, since there were no further comments, the Republic of Korea would serve on that committee for a three-year term.

It was so decided (see Decision WPR/RC48(3)).

3.2 Special Programme for Research and Training in Tropical Diseases: Membership of the Joint Coordinating Board: Item 18.2 of the Agenda (WPR/RC48/15)

The REGIONAL DIRECTOR said that Paragraph 2.2.2 of the Memorandum of Understanding on the Administrative and Technical Structures of the Special Programme for Research and Training in Tropical Diseases provided for the selection by the WHO Regional Committees of two Member States from among those directly affected by the diseases dealt with by the Special Programme, or from among those providing technical or scientific support to the Special Programme.

The two Member States of the Western Pacific Region thus selected were China and Papua New Guinea. Since the three-year period of tenure for Papua New Guinea expired on 31 December 1997, the Committee would need to appoint a Member State to represent this Region from 1 January 1998. It might wish to consider Singapore as a replacement for Papua New Guinea.

The exact dates and place of the 1998 meeting of the Joint Coordinating Board would be conveyed to Member States in due course.

The CHAIRMAN said that, since there were no further comments, Singapore would serve on that committee.

It was so decided (see Decision WPR/RC48(4)).

3.3 Action Programme on Essential Drugs: Membership of the Management Advisory Committee: Item 18.3 of the Agenda (WPR/RC48/16)

The REGIONAL DIRECTOR said that the Management Advisory Committee had been created in 1989 to replace the Meeting of Interested Parties. The Committee acted as an advisory body to the Director-General of WHO on matters related to policy, strategy, finance, management, monitoring and evaluation of the WHO Action Programme on Essential Drugs (DAP).

The Management Advisory Committee met once a year or more often upon the proposal of either its Chairperson or the Director-General.

Two Member States from each of WHO's six regions were selected by the respective Regional Committees for three-year terms. Priority was given to Member States which were active in drug policy and programme development.

Mongolia and Cambodia were currently the Member States from the Western Pacific Region whose representatives served on the Management Advisory Committee. Cambodia's term of office would end on 31 December 1997. The Regional Committee should therefore select one Member State to replace Cambodia as a representative of the Western Pacific Region on the Management Advisory Committee. The selected Member State would serve for three years from 1 January 1998 to 31 December 2000.

The Committee might wish to consider Viet Nam as the representative.

The CHAIRMAN said that, since there were no further comments, Viet Nam would serve on that committee.

It was so decided (see Decision WPR/RC48(5)).

4. CORRELATION OF THE WORK OF THE WORLD HEALTH ASSEMBLY, THE EXECUTIVE BOARD AND THE REGIONAL COMMITTEE: Item 19 of the Agenda

4.1 Consideration of resolutions of the Fiftieth World Health Assembly and the Executive Board at its 99th and 100th sessions: Item 19.1 of the Agenda (WPR/RC48/17)

The REGIONAL DIRECTOR explained that 15 resolutions adopted by the Fiftieth World Health Assembly and one resolution adopted by the Executive Board during its 100th session had implications for the Regional Committee. The document provided information on activities in the Region which were relevant to the terms of the resolutions. Resolutions adopted by the Fiftieth World Health Assembly or the Executive Board during its 99th and 100th sessions that related directly to other items on the agenda had been annexed to the documents covering those items.

He drew the attention of the Committee to the operative paragraphs which related to activities which Member States could undertake in the Region to implement the resolutions.

The CHAIRMAN then read out the titles of the resolutions one by one, inviting comments from the representatives.

Professor WHITWORTH (Australia) commented on resolution WHA50.37, Cloning in human reproduction, a supplementary item at the last World Health Assembly which had resulted in the important resolution before the Committee. The issue had since arisen in other United Nations fora, but often without full technical advice. The Australian delegation maintained that it was imperative for WHO to be fully engaged in this very contentious ethical, scientific and legal issue. The speaker was pleased to hear that there was to be a WHO discussion on human cloning in the Western Pacific Region, and she hoped that the Director-General would establish an expert working group to consider all aspects of cloning in consultation with other appropriate bodies.

The CHAIRMAN then invited comments on Executive Board resolution EB100.R1, Health systems development for the future. There were no comments.

Dr SEKI (Japan) raised a general issue which was of indirect relevance to resolutions WHA50.29, Elimination of lymphatic filariasis as a public health problem, WHA50.34, Malaria prevention and control, and WHA50.35, Eradication of dracunculiasis. He informed the Regional Committee that the subject of infectious diseases as a whole had been addressed by the Denver Summit of the Eight in June 1997 as part of the initiative for a caring world, advocated by Japanese Prime Minister Hashimoto at the Lyons Summit the previous year. Dr Seki read out part of the conclusion of the Denver Summit, to the effect that in the ensuing year the governments would promote more effective coordination of international response to outbreaks of disease; promote the development of a global surveillance network, building upon the existing national and regional surveillance systems; and help to build public health capacity to prevent, detect and control infectious diseases globally, exploring the use of regional stocks of essential vaccines, therapeutics and diagnostic aids, and other materials. Prime Minister Hashimoto had proposed at the Denver Summit that a report be prepared on global control measures against parasites and Japan's past experiences in this field. This would be presented to the subsequent G8 summit, at Birmingham in the United Kingdom. It was hoped that this would be a milestone in promotion of the control of tropical and especially parasitic diseases.

4.2 Correlation of the agendas of the World Health Assembly, the Executive Board and the Regional Committee: Item 19.2 of the Agenda (Document WPR/RC48/18)

The REGIONAL DIRECTOR explained that the document under review showed the relation between the Committee's current agenda and items to be discussed at the forthcoming sessions of the Executive Board and the World Health Assembly. The full draft provisional agendas were shown in Annexes 2 and 3. The correlation was presented for the information of the Regional Committee, and to provide an opportunity for comment on any of the agenda items mentioned there.

There were no comments.

5. TIME AND PLACE OF THE FORTY-NINTH AND FIFTIETH SESSIONS OF THE REGIONAL COMMITTEE: Item 20 of the Agenda

The REGIONAL DIRECTOR said that as the Committee would be called upon at its forty-ninth session to nominate a person to serve as Regional Director, the Committee had decided to hold that session at the Regional Office in Manila. It remained for him to propose the dates of the session. As the Committee was aware, efforts were being made to coordinate the dates of all sessions of the six regional committees, first to enable the Director-General to attend at least part of them all; and second, to allow enough time for the discussions of all the regional committees to be reflected in the documentation for the Executive Board meeting in January. He therefore proposed 14 to 18 September 1998 as the dates of the forty-ninth session.

The REGIONAL DIRECTOR said that the Committee would no doubt wish the Representative of Macao to inform it about the situation regarding the invitation of his Government to hold the fiftieth session in Macao.

Dr TRONI (Macao) said that the Government of Macao wished to confirm its invitation to hold the fiftieth session of the Regional Committee in 1999 in Macao. He hoped that the hospitality shown by the Government of Australia and the excellent arrangements made for the current session could at least be duplicated by his Government. He looked forward to welcoming all representatives to Macao in 1999, which would also mark the historic transition of the country from Portuguese administration to Chinese sovereignty.

The REGIONAL DIRECTOR said that although the dates of future sessions were usually not decided too far in advance, he would like to propose that the dates of the fiftieth session be tentatively set for 13 to 17 September 1999 for planning purposes.

The CHAIRMAN noted that the Committee wished to accept the kind invitation of the Government of Macao, and agreed to the dates of its forty-ninth and fiftieth sessions as 14 to 18 September 1998, and 13 to 17 September 1999, respectively. He therefore requested the *Rapporteurs* to prepare an appropriate draft resolution.

The meeting rose at 11.55 a.m.