

PART II

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

Presenting his Annual Report, the Regional Director said that the remarkable victory against smallpox had brought with it not only a great sense of relief, but also high hopes for a similar breakthrough in the case of other major killing diseases against which potent immunizing agents were available. Referring to the dangerous resurgence of malaria in recent years, he felt that, while integrating vertical malaria programmes into the general health services, no slackening of activities must be allowed, and called for inter-departmental co-operation at all levels in dealing with malaria control. As for leprosy, while intensive research had to be undertaken to find more effective curative and preventive measures, surveillance activities to detect cases for early treatment should be intensified. Urgent research was also needed in the field of dengue haemorrhagic fever, which accounted for a large number of deaths, especially among children. Much greater attention to the improvement of environmental sanitation would be necessary for the successful control of diarrhoeal diseases, which took a heavy toll among children.

The concept of primary health care was based on the community approach, which stressed the need for building up health services around the life patterns of the people and promoting them as an integral part of total community development. The countries of the Region were improving their health services on the basis of this concept.

While stressing the need for greater mobilization of internal and external resources for health development, he said that the Regional Office proposed to call a meeting in 1978 of representatives of the health and other ministries concerned to finalize the Health Charter so that it could become a useful tool for attracting outside resources.

As for health manpower development, given the political will, Member countries would be able to bring about a shift towards shortening the duration of higher technical courses and task-oriented education in order to develop suitable manpower, commensurate with the current needs of the countries.

Research was needed not only to find new and more effective solutions to health problems but also to develop appropriate technology. With the establishment of the Regional Advisory Committee on Medical Research, action had been taken to initiate goal-oriented research in the priority areas of health services, malaria, leprosy, dengue haemorrhagic fever, liver diseases including liver cancer, and diarrhoeal diseases in children.

Where country health programming had been undertaken, there had been an appreciable improvement in the health planning process. Effective technical co-operation and exchange of appropriate knowledge and expertise would not only result in the optimal use of scarce resources, but also create the climate for self-reliance.

Regarding a move for the pooling of all operational funds within the United Nations system, the Regional Director, recalling the constitutional function of WHO, appealed to Member States for their united support to preserve the identity of the Organization.

The Committee showed great interest in various inter-related aspects of the planning and development of health services and raised a number of important issues. The main point of discussion was on the country health programming exercises which had been undertaken in Bangladesh, Burma, Nepal and Thailand and were expected to be undertaken in Sri Lanka and Mongolia. The relationship between country health programming and national health planning was explained by the Regional Director, who stated that the process of country health programming was itself national health planning but that country health programming was always based on systems analysis, operational research, programme budgeting, behavioural sciences, etc. Therefore, in countries where these aspects of health planning were taken into consideration, there would be no need for country health programming. The Director-General further elaborated on the significant difference between planning, programming and implementation. In country health planning, a simple method based on the systems approach was applied, and in the process of country health programming, the objectives, targets, resources and relationships to other sectors were specified. Since country health programming took into consideration aspects of implementation as well, the commitment for the delivery of the plan was stronger.

There was considerable discussion on national health information systems. The Committee was informed of the various stages of the development of health information systems in some countries. Reference was made to the important and urgent need for developing information systems in the Region, and stress was laid on the role and effectiveness of feeding relevant information to programme and budget formulation. The Committee showed keen interest in the functioning of national co-ordinating committees for WHO programmes as exemplified by the Royal Thai Government/WHO Co-ordinating Committee. It was agreed that WHO would lend its international status to help secure all necessary support to health ministries, in implementing their programmes within their own countries, through such co-ordinating committees where appropriate. The actions that had been taken to implement the recommendations of the inter-regional seminar on country health programming were reported. Information relating to the development of health services and the establishment of the necessary infrastructure, including the training and utilization of health manpower in Member countries, was also provided.

The discussions on family health started with a reference to the importance of the expanded programme of immunization (EPI) in family health. It was particularly stressed that, with the present technical knowhow and resources, EPI was going to be a programme with no end in sight. Therefore, it must be fully integrated with the maternal and child health/family health component of health services. The specific role of nutrition in maternal and child health activities was also mentioned. The Committee unanimously agreed that the best approach for the delivery of child health was through the family health service, which should include nutrition, immunization, rehydration and diarrhoeal disease control, and health

education. It was emphasized that this group of services should be the core of primary health care.

It was accepted that in most countries of the Region, the population explosion had been identified as a major problem. The inter-relationship of population, family planning and health was again stressed. The most successful examples of family planning programmes were from those countries where family planning was implemented as an integral part of the health services. The Committee noted that there had been invaluable assistance from the United Nations and other agencies in this field. The co-ordinating role of and technical input from WHO in this programme was also appreciated. It was agreed that WHO would further help national family planning programmes to the maximum extent possible.

The possibility of rendering oral health and mental health services as a package delivered through primary health care was also mentioned. The Committee was informed of the regional consultative meeting on mental health to be held in the Regional Office in December 1977. The attention of the Committee was drawn to the World Health Assembly resolution (WHA30.38) on mental retardation. It was suggested that due consideration be given to exploring and developing suitable activities to tackle mental retardation in the Region (resolution SEA/RC30/R4).

On the subject of communicable diseases, the Committee noted with satisfaction the remarkable success that this region had achieved in the eradication of smallpox, and looked forward to similar successes against other diseases.

On the question of malaria, the Committee viewed with concern the increasing trend of malaria incidence in most of the Member countries, although it noted the downward trend in some countries. In this connexion, the Committee stressed the need for the production of insecticides and anti-malarials within the Region. The Committee was informed that, as a follow-up of the third meeting of the Regional Advisory Committee on Medical Research, a workshop on the preparation of study protocols for research in *Plasmodium falciparum* resistance would be convened in the Regional Office and that a three-week course for research workers on the *in vitro* chloroquine susceptibility test on *P. falciparum* cases would be held towards the end of 1977 in Prabhudhabad, Thailand.

The Committee was informed that, although the incidence of dengue haemorrhagic fever in Thailand and Indonesia had shown an increase, the case fatality had substantially decreased as a result of steps taken on the basis of the technical guidelines prepared by the Technical Advisory Committee on dengue haemorrhagic fever. It was stated that this committee would be reconvened in Manila in 1978.

A representative expressed his concern about the emergence of primary resistance of the tuberculosis mycobacterium to INH/streptomycin, since the second-line drugs were very expensive.

In regard to leprosy, the Committee expressed its satisfaction with the research activities undertaken in the Region in this field. As for the question of the large-scale production of rifampicin in the Region,

the Committee was informed that there was at present a drug-trial on rifampicin going on in Burma and India, and therefore it would be appropriate to await the results of this trial before considering large-scale use and production of the drug.

Under bacterial diseases, the expanded programme of immunization was discussed at length. It was noted that the expanded programme of immunization, unlike smallpox eradication, was not a one-time measure but a long-term, continuous programme which would have to be implemented through integrated health services. The Committee was also informed that the expanded programme of immunization had been included in the Regional Director's Development Programme. A suggestion was also made that the disease pattern, the cost involved and the importance of carrying out immunological studies should be taken into account before embarking on a national programme. Considerable discussion took place on the question of vaccine production in the Region. The Committee was informed that a meeting would be convened in the Regional Office on this subject to develop a programme which might lead the countries to self-sufficiency in vaccine production in the Region.

The development of the health manpower specially required for the implementation of the primary health care programme received particular attention. The re-orientation of the medical curriculum towards training for primary health care, and the training of midwives and other community-level health workers to form the first-level, referral points from the villages, and of middle-level workers to constitute the second-level referral points, were some of the areas which were highlighted.

The Committee was informed of a proposal drawn up in Sri Lanka for providing, under one institution, the training of all auxiliary health personnel.

The Committee considered the problem of safe water supply, especially in rural areas. It noted that a number of water supply projects were being implemented along with rural upliftment activities under public works ministries, while some others were integrated with primary health care programmes of the health ministries. The Committee expressed the view that low-cost and effective technologies would have to be developed for this purpose in order to increase coverage. It noted that the subject of appropriate technology for the development of rural water supplies would be discussed at the next session of the Regional Advisory Committee on Medical Research and hoped that the findings and recommendations of the Advisory Committee would be useful in developing such technologies.

The Chairman of the Regional Advisory Committee on Medical Research reported on the work of the Committee. Priority areas for research having been identified, the Advisory Committee had recommended setting up five research study groups. Each of these - concerned with malaria, leprosy, dengue haemorrhagic fever, liver diseases, and alternative strategies for the delivery of health care - had further focused attention on the priority needs for action within their respective fields; in some, such as dengue haemorrhagic fever and liver cancer, research protocols were being developed. Attention was being paid to the problem of diarrhoeal diseases of children, particularly those related to epidemiology and oral rehydration. The next subject for detailed study was the development of appropriate technology for

the improvement of environmental health at the village level. The importance of establishing and further strengthening medical research councils or analogous bodies in Member countries was also stressed. Further, the urgent need for the development of a comprehensive and co-ordinated research programme, based on national programmes, was highlighted. A resolution on this subject was adopted (resolution SEA/RC30/R5). The Committee expressed satisfaction with the progress made so far and urged the Regional Director to continue to support this important programme.

While reviewing organizational and administrative matters, the Committee wished to be advised on the follow-up action taken on the question raised last year concerning the inclusion of the offices of WHO Representatives and the posts of Regional Advisers under the country programmes. It was pointed out that the Committee's views had been conveyed to the Director-General and had been included by the Programme Committee of the Executive Board in its report (EB59/6). The Executive Board had noted that the role and function of WHO at country level, particularly the role of the WHO Representatives, was the subject of a current organizational study by the Executive Board. The matter would be further discussed by the Executive Board at its sixty-first session in January 1978.

The Committee also referred to the proposed amendments to Articles 24 and 25 of the Constitution which would lead to an increase in the membership of the Executive Board from thirty members to thirty-one. On being informed of the very small number of acceptances of these proposed amendments, the Committee decided to adopt a resolution (SEA/RC30/R6) urging expeditious action, as this should lead to a more equitable representation for the South-East Asia Region in the Executive Board.

The main discussion, however, focused on the recent moves to develop a central planning and control authority for social and economic development and on the possibility of the assessed contributions to the Organization being reduced and channelled into such a fund. The Committee strongly endorsed the view that the constitutional mandate of the Organization to furnish adequate technical assistance had to be safeguarded, and requested the Regional Director and the Director-General to convey its concern about these developments to Member States (resolution SEA/RC30/R7).