REPORT AND MINUTES OF THE
TWENTY-SEVENTH SESSION OF
THE WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA
HELD IN BALI, INDONESIA
FROM 3 TO 9 SEPTEMBER 1974

October 1974
New Delhi
Section I of this volume consists of the Report of the Twenty-seventh Session of the WHO Regional Committee for South-East Asia, and Section II, the minutes of the session. Included as annexes to Section I are the final list of participants, the agenda of the session, the report of the Sub-Committee on Programme and Budget, the recommendations arising from the technical discussions on "provision of safe water supply to rural communities in South-East Asia" and the final list of official documents.
SECTION I

REPORT OF THE REGIONAL COMMITTEE*
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INTRODUCTION

The twenty-seventh session of the Regional Committee for South-East Asia was held in the Bali Beach Hotel, Denpasar, Indonesia, from 3 to 9 September 1974. Representatives were present from all Member countries of the Region. In addition, the session was attended by representatives of the United Nations Development Programme, the United Nations Children's Fund, and six non-governmental organizations in official relations with WHO, viz., International Committee of Catholic Nurses, International Dental Federation, International Federation of Gynaecology and Obstetrics, International Planned Parenthood Federation, League of Red Cross Societies and World Psychiatric Association. (For list of participants, see Annex 1.)

The session was opened in the Agong Room of the Bali Beach Hotel by the Regional Director, who took the chair in the absence of both the retiring Chairman and Vice-Chairman. The inaugural meeting was addressed by the Governor of Bali, the Minister of Health of the Government of Indonesia and the Regional Director. H.E. Sri Sultan Hamengkubuwono, Vice-President of the Republic of Indonesia, delivered the inaugural address. Messages from the Director-General of WHO, UNDP and UNICEF were read. At the end of the inaugural meeting a "Bali welcome dance" was beautifully presented by a group of girls who were the daughters of hospital staff, to the accompaniment of a Balinese orchestra.

At the first meeting, a Sub-committee on Credentials was appointed, consisting of representatives of Bangladesh, the DPRK and Maldives. His Excellency K.K. Panni (Bangladesh) was elected Chairman of the Sub-committee, which held one meeting and presented a report (document SEA/RC27/15) recognizing the validity of the credentials presented by all the representatives.

The Regional Committee elected the following office bearers:

- Chairman: Professor J. Sulianti Saroso (Indonesia)
- Vice-Chairman: Dr U Thein Nyunt (Burma)

The provisional agenda was adopted (Annex 2).

The Committee established a Sub-committee on Programme and Budget consisting of representatives from all Member countries and adopted terms of reference for this sub-committee. Under the chairmanship of Dr F.A. Wickremasinghe (Sri Lanka), the Sub-committee held four meetings and submitted a report (Annex 3), which was subsequently approved by the Regional Committee.

The Committee elected Mr T.S. Swamy (India) as Chairman of the technical discussions, which were on the subject of "Provision of safe water supply to rural communities in South-East Asia" and adopted the agenda for these discussions, which were held on 5 and 6 September 1974. The recommendations arising out of the discussions, which were noted by the Committee, are given in Annex 4.

"Organization of research in disciplines of regional priority, with special reference to methods of expanding the coverage and improving the quality of health services in the community" was chosen as the subject for the technical discussions to be held during the Regional Committee's 1975 session.
The Committee agreed to hold its twenty-eighth session in September or October 1975 in Bangladesh, as decided earlier, and its twenty-ninth session (1976) in India. It noted a prospective invitation from Thailand to hold its thirtieth session in that country.

In the course of seven plenary meetings, the Committee adopted eight resolutions, which form Part I of this report. Parts II, III and IV of the report are devoted to summaries of important matters raised in the discussions. A complete list of documents is given in Annex 5.

Throughout the session, all participants repeatedly expressed their delight at having been able to hold the session in such beautiful surroundings as those in Bali and their appreciation for the excellent arrangements made and the warm hospitality extended by the Indonesian people. At the final meeting a resolution of thanks was adopted (see SEA/RC27/R8).
PART I

RESOLUTIONS

The following eight resolutions (circulated in a special resolution series) were adopted in the course of the session:

SEA/RC27/R1 ANNUAL REPORT OF THE REGIONAL DIRECTOR

The Regional Committee,

Having considered and discussed in depth the Twenty-sixth Annual Report of the Regional Director, which covers the activities of WHO in the South-East Asia Region during the period from 1 July 1973 to 30 June 1974 (document SEA/RC27/2),

1. CONSIDERS this to be a most comprehensive record of WHO's participation in health activities in the Region during the period under review;
2. RECORDS its satisfaction with the style of presentation;
3. EXPRESSES its appreciation of the detailed information presented, including the annexes;
4. CONGRATULATES the Regional Director and his staff on the Annual Report, and
5. EXPRESSES satisfaction on the progress made in the Region during the past year.

Sixth meeting, 6 September 1974

SEA/RC27/R2 DENGUE/HAEMORRHAGIC FEVER

The Regional Committee,

Having considered the sections of the Regional Director's Twenty-sixth Annual Report relating to dengue/haemorrhagic fever, and also taking into consideration its previous resolution SEA/RC27/R31, 

Considering that dengue/haemorrhagic fever has become an increasingly important problem in many countries of the South-East Asia and Western Pacific Regions, and

Noting that there is an increased risk of dengue/haemorrhagic fever's being introduced into non-endemic areas, 

1. CONSIDERS it desirable to strengthen international co-operation in dealing with this problem, and

1See Handbook, p.4
2. REQUESTS the Regional Director to develop further assistance with preventive and control measures for dengue/haemorrhagic fever and to take up with the Director-General the possibility of including dengue/haemorrhagic fever among those diseases listed in the World Health Assembly's resolution WHA22.47, "Diseases Under Surveillance".

Handbook 1.3.2  
Page 4  
Sixth meeting, 6 September 1974  
SEA/RC27/Min.6

SEA/RC27/R3  
SELECTION OF TOPIC FOR THE TECHNICAL DISCUSSIONS IN 1975

The Regional Committee,

1. DECIDES to hold technical discussions during the twenty-eighth session in 1975 on the subject of "Organization of research in disciplines of regional priority, with special reference to methods for expanding the coverage and improving the quality of health services in the community";

2. REQUESTS the Regional Director to take appropriate steps to arrange for these discussions and to place this item on the agenda of the twenty-eighth session, and

3. URGES governments of the Region to include adequate technical representation in their delegations to the twenty-eighth session.

Handbook 4.3  
Page 48  
Sixth meeting, 6 September 1974  
SEA/RC27/Min.6

SEA/RC27/R4  
ANTI-MALARIA PROGRAMME

The Regional Committee,

Noting the recrudescence of malaria in epidemic form in Member countries of the Region, particularly in Bangladesh, Burma, India, Indonesia, Maldives, Nepal, Sri Lanka and Thailand;

Further noting that this has been primarily due to the inadequate and delayed supply of insecticides, particularly DDT, which, in turn, is due to inadequate manufacturing capacity within the Region and also to the prohibitive cost and limited supply from developed countries;

Realizing that malaria constitutes a major factor of morbidity and mortality in this region and that unless effective steps are taken in time to control the epidemic effectively, there will be serious repercussions on the socio-economic development of the countries in the Region;

Noting the high cost of insecticides and larvicides,

Recalling resolutions WHA23.12 and SEA/RC22/R4, requesting countries producing DDT to continue to do so for the benefit of public health programmes until a less toxic and equally economical insecticide can be made available in its place,
1. REQUESTS the Regional Director, as a top priority, to initiate action to:

(a) arrange for adequate and timely supply of insecticides and larvicides at reasonable cost,

(b) arrange to approach international financing agencies for aid or "soft" loans for the procurement of insecticides and larvicides,

(c) take steps to develop a manufacturing capacity for the required quantity of insecticide within the Region itself, on suitable terms of assistance,

(d) organize research for developing suitable anti-malaria measures, on both short-term and long-term bases, in order to counter the reported development of resistance in the vectors of malaria to conventional insecticides, and new approaches to organizing malaria control within the framework of the health services, and, finally,

2. URGES Member Governments to rationalize the use of insecticides, particularly DDT, in agricultural practice.
Recalling its resolution SEA/RC24/R10,

1. APPROVES the report of the Sub-Committee;

2. NOTES the proposed programme and budget estimates for 1976/1977;

3. NOTES the tentative projections of the budget estimates for 1978/1979 (document SEA/RC27/3, p.14);

4. REQUESTS the Regional Director to transmit the proposals and the projections to the Director-General for inclusion in his proposed programme and budget estimates for 1976/1977;

5. REPEATS its earlier call for a greater allocation of regular funds to the South-East Asia Region more appropriate to the Region's needs, and

6. URGES the Governments of countries in the Region to give due importance to health in the allocation of funds from other sources of assistance.

Handbook 3.3
Page 39
Sixth meeting, 6 September 1974
SEA/RC27/Min.6

SEA/RC27/R7

RURAL WATER SUPPLY PROGRAMME

The Regional Committee,

Having considered the recommendations made in the technical discussions on the "Provision of safe water supply to rural communities in South-East Asia",

Noting that the present status of rural water supplies in the Member countries shows grave inadequacies, an increasing backlog against growing community needs, deficiencies in planning policies and procedures, drawbacks in the institutional framework and lack of direction in mobilization of needed resources,

Realizing the importance of rural sanitation as a necessary concomitant of rural water supply,

Recognizing the need for and urgency of accelerating the present pace of rural water supplies as an effective protection against the continuing high incidence of water-borne diseases and

Emphasizing the recommendations of the Twenty-fifth World Health Assembly in its resolution WHA25.35,

1. DRAWS attention to the importance of promoting rural water supply and sanitation as a social infrastructure for the socio-economic growth of the nation;

2. URGES that Member States implement the recommendations made during the technical discussions held during its twenty-seventh session, especially on (a) the establishment of realistic national targets for rural water
supply and sanitation programmes and outlining a policy for their inclusion as an integral part of the national development plan; (b) setting priorities for implementing the programmes; and (c) assessing the financial, manpower and material needs of the short and long-term plan;

3. REQUESTS the Regional Director to continue to accord high priority to providing technical assistance to Member States in making assessment studies, in programme formulation and implementation and in identifying areas of specific needs qualifying for multilateral or bilateral assistance by way of expertise, equipment, materials and soft loans.

Handbook 1.4.6
Page 20
Sixth meeting, 6 September 1974
SEA/RC27/Min.6

SEA/RC27/R8
RESOLUTION OF THANKS

The Regional Committee,

1. WISHES to convey its deep appreciation to the Government of the Republic of Indonesia and to the authorities concerned for the warm welcome and generous hospitality extended to participants throughout the twenty-seventh session, and also for the excellent arrangements made for the session, and

2. EXPRESSES its thanks to Dr V.T.H. Gunaratne, Regional Director, and to all the members of his staff for their contribution to the success of the session.

Handbook 4.4
Page 49
Seventh meeting, 9 September 1974
SEA/RC27/Min.7
Introducing his annual report, the Regional Director referred to both the achievements and the setbacks during the year. Though the campaign against smallpox, for example, had recorded impressive gains in several countries, the malaria programme had experienced difficulties.

He commended the formulation of country health programmes in two countries, which had helped to determine priority health problems, objectives, activities and the resources needed. He also highlighted the launching of pilot projects for the delivery of health services, plans for providing training to new categories of health personnel, and the setting up of national medical teacher training centres in many countries. In line with modern concepts in medical education, emphasis was now being placed on the teaching of human reproduction, family planning and population dynamics in medical institutions.

There was also an increasing awareness on the part of governments of the need to provide in-service training in health education for health workers at all levels. WHO had continued to assist countries trying to lower the growth rate so as to stem the population explosion.

A major area of concern was that of the non-communicable diseases, and the Organization was now paying greater attention to cancer, cardiovascular diseases, hypertension, stroke and blindness. He hoped that governments in the Region would fully participate in the proposed WHO global programme of immunization against specific diseases, as the success of such national programmes would have a far-reaching effect on the existing morbidity and mortality rates in the Region.

In the Regional Office, steps had been taken to meet the emerging needs of countries in the Region, such as, for example, in the field of programme planning, formulation and implementation.

In the discussion, the importance of providing health care coverage in rural areas in the Region was particularly stressed, and the Committee expressed appreciation of the emphasis placed by WHO on training the necessary personnel to fill the gap. In one country, a "package" deal for the delivery of family planning and health services had been developed; in others, incentives were being given to interest physicians to go out to work in rural areas. Nevertheless, the problem was far from having been solved.

The rate of population growth, insufficient increase in the number of physicians in some countries, lack of amenities in rural areas and migration of health personnel were considered to be some of the fairly common problems, necessitating alternative methods for bringing health care to the people. Therefore, in addition to auxiliary health workers, middle-level workers like medical assistants were being trained in some countries for the purpose.
Also, continuing attention was being given to gearing medical education to meet the needs. This lack of relevance of the curricula for training health personnel was also considered to be one of the reasons for the migration of health personnel, of which Headquarters was at present making a detailed study. Further assistance from WHO was required to provide continuing education for physicians and post-graduate teachers, as well as other categories of health personnel.

It was stated that the findings of the comprehensive health manpower study conducted in Sri Lanka would shortly be made available to governments for use in planning.

Considerable progress was reported in the training of nurses and midwives, an essential component of health manpower. It was noted that in one country there were 78 categories of health workers, including 24 categories of nursing personnel alone. These latter categories were being reduced to three or four, but it had become clear that such a rationalization had to go hand in hand with a change in the health care delivery system.

In connexion with the Health Charter for Asia, the advisory group appointed by the Regional Committee had held several meetings and had made further recommendations. The Regional Office had secured external aid for specific country projects and was collecting and analysing country health information. Concrete proposals would be formulated and placed before a subsequent session of the Committee.

Malnutrition still being a major problem in many countries, it was agreed that it would be useful if the report of the survey carried out in Indonesia by a multi-disciplinary team were made available to the governments concerned.

Emphasis was placed on communicable diseases - particularly malaria, smallpox, tuberculosis and cholera - which still remained the greatest contributors to mortality in all age groups in some countries of the Region. Top priority was being given to smallpox and malaria by the countries in which these diseases were still endemic. With respect to tuberculosis - another major problem in the Region - a community-oriented control programme being carried out in one country was described; also, it was suggested that the development of a "package" i.e., a methodology for tuberculosis treatment and control written in simple terms for use by basic health services, would yield successful results. The subject of dengue/haemorrhagic fever evoked considerable interest and discussion. There was thought to be a risk of the dengue virus being introduced into non-endemic areas; surveillance was thus considered essential, and the Regional Director was asked to give further assistance with preventive and control measures and also to suggest to WHO Headquarters that dengue/haemorrhagic fever be subjected to international surveillance. Attention was drawn to the discussions on immunization at the Twenty-seventh World Health Assembly and to the steps being taken to define the problem (see resolution SEA/RC27/R2). The eradication of smallpox was cited as an outstanding example of the effect of the correct use of immunization, and it was noted with satisfaction that one country, Indonesia, had been declared smallpox-free during the year. In another, systematic vaccination had resulted in the reduction of mortality due to diphtheria, pertussis, poliomyelitis and measles.
Since many diseases, both communicable and non-communicable, could be prevented at the source by environmental health measures, emphasis was placed on community water supplies, the subject of the technical discussions (see Part IV, Section 2).

The fellowships programme was accorded great importance. Referring to the inadequate utilization of fellowships because of language difficulties, a member from one country requested the Regional Director to look for measures to overcome the problem, so that fuller utilization of the fellowships available could be made by non-English-speaking countries such as Indonesia.

Interest was expressed in the expansion of WHO assistance to student loan libraries through the supply of multiple copies of textbooks, in a scheme which had been organized in some countries and would be extended to others.

In the discussion on administration, a need was felt for more thorough technical briefing of project staff.

The Regional Committee expressed its satisfaction with the annual report (see resolution SEA/RC27/R1).
PART III

EXAMINATION OF THE PROPOSED PROGRAMME AND
BUDGET ESTIMATES FOR 1976/1977

The Sub-Committee on Programme and Budget met on 3, 5 and 6 September 1974 and submitted its report to the Regional Committee (Annex 3).

The Sub-Committee referred to the question of possible criteria for the allocation of regional resources between countries.

The Sub-Committee agreed that, subject to availability of funds, it would be desirable to organize two seminars, in 1976 and 1977 respectively, one to deal with the results of studies to increase coverage of health care delivery, and the other to discuss results of health manpower development studies in relation to health care delivery.

When discussing the projections for 1978/1979, the Sub-Committee was informed that they could be considered as flexible. It was agreed that, when the 1978/1979 programme actually came to be formulated, the strategy guidelines prepared by the Regional Office, which had been discussed during the Regional Committee's review of the Fifth General Programme of Work for a Specific Period, should be taken into consideration.

During its examination in detail of the subject "epidemiological surveillance of communicable diseases", the Sub-Committee concluded that this subject was of great importance, and proposed that the Regional Office should assist governments in the preparation and subsequent assessment of the usefulness of technical guides for such surveillance.

The Sub-Committee selected "community water supply" as the subject for detailed examination in 1975.

Various specific changes in individual country programmes were proposed by a number of representatives. These were noted, and the Sub-Committee was assured that they would be taken into account as and when possible.

The Regional Committee, in approving the report of the Sub-Committee, noted the proposed programme and budget estimates for 1976/1977 and the tentative projections for 1978/1979. It stressed the need for a further increase in the allocation of funds to the South-East Asia Region and urged governments to give due importance to health programmes in the allocation of other sources of assistance (see resolution SEA/RC27/R6). It also approved the recommendation of the Sub-Committee that its future terms of reference be revised.
PART IV

DISCUSSION ON OTHER MATTERS

1 Resolutions of Regional Interest Adopted by the World Health Assembly and the Executive Board

Under this agenda item, a considerable number of resolutions adopted by the Twenty-seventh World Health Assembly and the fifty-third session of the Executive Board were drawn to the attention of, and noted, by the Regional Committee. The following were singled out for special discussion:

(1) Environmental and health monitoring in occupational health (EB53.R23)

The plan to establish a national institute of industrial hygiene and occupational health in Indonesia was mentioned. The institute's activities would include research and training. It was suggested by one member that WHO's assistance in developing expertise and training facilities would be useful to the development of environmental health and monitoring.

(2) Continuing education for physicians (WHA27.31)

The need for broadening educational programmes in the Region so as to stress the problems in the underdeveloped countries had been widely recognized. In this resolution Member States had been called upon to give urgent consideration to the promotion of the systems approach in planning and continuing education, and also to the periodic assessment of the quality of health personnel being trained. Attention was drawn to the fact that the All-India Institute of Hygiene and Public Health in Calcutta was conducting a number of courses, both separate and combined, for physicians and non-physicians, including an MD course in social and preventive medicine.

(3) Promotion of national health services (WHA27.44)

It was proposed that as, in this resolution, the Director-General had been asked to report on this subject, his attention should be drawn to the Institute at Surabaya (Indonesia), established with WHO's assistance. Although training was at present limited to nationals of Indonesia, its expansion was envisaged to the point where it might be able to accept persons from other countries, in which interest had been expressed.

(4) WHO's human health and environment programme (WHA27.49 and WHA27.50)

The great interest of countries in the Region in this subject was clear from the choice of the topic for this year's technical discussions (see Section 2 below), as well as of the subject for discussion by next year's Sub-Committee on Programme and Budget.
(5) Intensification of research in tropical parasitic diseases (WHA27.52) and WHO's role in the development and co-ordination of biomedical research (WHA27.61)

It was noted that WHO had been sponsoring research in countries of the Region for some time by means of contractual agreements with individual workers and institutions and by some research projects, and that the Director-General was now proposing to transfer from Headquarters to the Regional Offices responsibility for most of WHO's research projects other than those of global interest. Technical guidance would still be given by Headquarters. A representative from one country proposed that a Regional Standing Advisory Committee for Biomedical Research be set up, and this proposal received strong support from the Committee. The Regional Director was asked to draw this proposal to the attention of the Director-General. Among the subjects which it was suggested would be important for regional research were: avitaminosis, goitre, urinary stones, filariasis, schistosomiasis, several other communicable diseases and helminthic infections.

The Regional Committee welcomed the idea of transferring research to the Region.

2 Provision of Safe Water Supplies to Rural Communities

One full day was devoted to the technical discussions on the provision of safe water supplies to rural communities in South-East Asia, and another meeting was convened the next day to finalize the report and recommendations (see Annex 4). In view of the importance of the subject, it was agreed to propose a resolution for submission to the Regional Committee. The discussions followed the agenda approved by the Regional Committee and centered round the guidelines, country reports and working papers, supported by a detailed background paper specifically prepared for the technical discussions and other background papers on the subject.

A general review, by all the participants, of the rural water supply situation in their countries was followed by an item-by-item discussion according to the guidelines (document SEA/RC27/13).

The group reviewed the rural water supply situation in the Region with a view to identifying the problems, and noted the following critical considerations and major constraints:

(1) There were grave inadequacies and an increasing backlog against growing needs. Hardly 10% of the present rural population had access to safe water, and with the trend of development about 20% might be expected to be covered by 1980. It was considered that this extensive backlog should be cleared within the shortest possible period in disease-prone and water scarcity areas.

(2) Cholera was entrenching itself in most countries of the Region, and other water-borne and filth-borne enteric infections were taking a heavy toll, retarding tourism and socio-economic development.
(3) There was also a lack of awareness of the importance not only of rural water supply but also of other sanitation measures.

(4) There were deficiencies in planning, inasmuch as even the rural water supply problem was yet to be assessed in many countries, and no long-range plan had yet been formulated.

(5) In the absence of such a plan no targets had been fixed, and it did not seem feasible to achieve the global targets for the United Nations Development Decade with the existing shortages of financial, manpower and material resources.

The group noted with satisfaction, and welcomed, the increased interest of UNDP, UNICEF and IBRD in rural water supply and sanitation in recent years.

The group recommended that the national targets for rural water supply and sanitation should be defined and a policy outlined for their inclusion in the national development plan, fixing suitable priorities; that the financial, manpower and material for the short and long-term plans should be assessed and all possible resources mobilized; that a suitable organization for construction, operation and maintenance be set up; that behavioural studies and health education be carried out to stimulate local participation and involvement in the programme; that the possibility of manufacture from indigenous materials be explored, to reduce the cost and accelerate implementation, and that, irrespective of the authority responsible for the rural water supply programme, the health department should play its special role in specific fields. The Regional Committee passed a resolution on this subject (SEA/RC27/R7).

3 Review of the Fifth General Programme of Work for a Specific Period (1973-1977)

The Regional Committee was requested to make a review of WHO's Fifth General Programme of Work, which would also help in the formulation of the Sixth Programme of Work. The Committee agreed to the principles, functions, criteria and objectives as stated, but felt that these were too general to be used as guidelines. On the other hand, it concentrated on the examination of the strategy guidelines which had been developed by the Regional Office on the basis of the General Programme of Work. Considerable discussion took place on these guidelines.

Regarding "Strengthening of Health Services", the Committee felt that by 1977 the coverage proposed to be reached for providing satisfactory overall health care levels to the population should be more ambitious than merely twenty per cent, and that the priority areas of assistance should include emphasis on health care delivery and innovative ways of improving this delivery. In addition, WHO assistance in undertaking research should be included in the priority areas of assistance.

Similarly, as concerned "Disease Prevention and Control", the Committee requested that the strategy guidelines should be updated, in consultation with governments. One country submitted a memorandum on its national
priority areas for the period of 1975-1980, to be regarded as such an updating; it would also be valuable in planning WHO assistance.

Many other detailed comments were made, which the Regional Director thought would be useful to him in his work and which he promised to bring to the attention of the Director-General.

4 Selection of a Subject for the Technical Discussions To Be Held During the Twenty-eighth Session

In the discussion of the subject for next year's technical discussions, two topics were suggested: the "Organization of research in disciplines of regional priority", and "Methods for expanding the coverage and improving the quality of health services in the community".

It was considered that, as the first topic was a very wide one and the second was also very important, the two subjects might be combined. Thus the topic selected was: Organization of research in disciplines of regional priority, with special reference to methods for expanding the coverage and improving the quality of health services in the community" (see resolution SEA/RC27/R3).

5 Consideration of the Recrudescence of Malaria

The Committee viewed with great concern the recrudescence of malaria in epidemic form in several countries of the Region. Because of the serious situation in India, the subject had been placed on the agenda by the Government of India, which had also prepared a paper on the subject. In the discussion on this paper, the shortage of DDT and its increased price were brought out as the major causes of the problem. The discussion led to the adoption of a resolution on this subject, which was sponsored by eight of the countries represented (see SEA/RC27/R4). WHO was asked to take action to improve the supply of insecticides, to organize research for developing suitable anti-malaria measures, to evolve new approaches to counter the reported development of resistance of malaria vectors to conventional insecticides, and to arrange to approach international agencies for aid in procuring DDT.

The Regional Director gave some information on the availability of DDT from various countries, which indicated that there was an adequate amount of DDT being produced to meet the present health demands. However, high and rising costs, the resurgence of malaria and non-health demands would create an urgent need to increase production. Advance planning of DDT requirements was required, and he would do his best to assist in the procurement as well as exploration of sources of financing expansion of production. It was noted that some countries had already been successful in obtaining assistance from international and other sources.

6 Time of the Twenty-eighth Session and Place of the Twenty-ninth and Thirtieth Sessions

The Regional Committee, with the agreement of the representative of Bangladesh, confirmed its previous decision to hold its twenty-eighth session in Bangladesh, and agreed that this session should be convened
in September or October 1975, the exact dates and venue to be proposed by the Regional Director in consultation with the Government of Bangladesh.

The Committee further decided that the twenty-ninth session should be held in India; whether it would be held in the Regional Office or elsewhere in the country to be decided later.

The representative of the Government of Thailand gave advance notice that his government was likely to invite the Committee to hold its thirtieth session in Thailand. The Committee noted this gesture with appreciation.

A resolution on this subject was adopted (SEA/RC27/R5).
ANNEXES TO THE REPORT
Annex 1

LIST OF PARTICIPANTS*

1. Representatives, Alternates and Advisers

BANGLADESH

Representative : H.E. K.K. Panni
Ambassador of People's Republic of Bangladesh to Indonesia, Jakarta

BURMA

Representative : Dr U Thein Nyunt
Director (Disease Control)
Department of Health, Ministry of Health, Rangoon

Alternate : Mr U Myint
Assistant Director (Sanitary Engineering)
Department of Health, Ministry of Health, Rangoon

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Representative : Dr Son Ou Jin
Deputy Director, Foreign Affairs Department
Ministry of Public Health, Pyongyang

Alternates : Dr Ji Song Sik
Chief of Organization and Planning Section of Korean Medical Academy, Pyongyang

Mr Choi Ho Ik
Official of Ministry of Public Health, Pyongyang

INDIA

Representative : Mr Kartar Singh
Additional Secretary, Ministry of Health and Family Planning, New Delhi

Alternate : Mr T.S. Swamy
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INDONESIA

Representative : Professor J. Sulianti Saroso
Director-General of Communicable Diseases Control
Ministry of Health, Jakarta

*Issued as document SEA/RC27/14 Rev.2, on 7 September 1974
INDONESIA (cont'd)

Alternates : Professor Dradjat D. Prawiranegara
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Advisers : Dr I.G. Brataranuh
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Denpasar

Dr Ignatius Setiady
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Dr Hapsara
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Mrs Sri Soewasti Soesanto
Head, Division of Physical Environment
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Mr Wahju Widodo
Director, Hygiene and Sanitation
Directorate-General of Communicable Diseases Control
Jakarta

Dr Ibnoe Boentarman
Director for Control of Epidemic Diseases
Directorate-General of Communicable Diseases Control
Jakarta

Secretary : Dr Abd. Moeloek Djalil
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Ministry of Health
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MALDIVES

Representative : Mr Hasan Maniku
Assistant Manager
Maldives Water and Sanitation Authority, Male

MONGOLIA

Representative : Dr Baldan Jav
Deputy Minister of Health, Ulan Bator

Alternate : Dr Piljee Dolgor
Dean of Post-graduate Training Faculty
State Medical Institute, Ulan Bator

NEPAL

Representative : Dr N.D. Joshi
Senior Public Health Administrator
i/c Indent, Procurement and Inspection
Department of Health, Kathmandu

SRI LANKA

Representative : Dr F.A. Wickremasinghe
Director of Health Services, Colombo

THAILAND

Representative : Dr Choed Donavanik
Director-General
Department of Medical and Health Services, Bangkok

Alternates : Dr Sombhong Kutranon
Director
Provincial Health Division
Department of Medical and Health Services, Bangkok

Mr Praphorn Charuchandr
Director
Environmental Health Division
Department of Public Health Promotion, Bangkok

2. Representatives of the United Nations

United Nations
Development Programme : Mr Adriano Garcia
Resident Representative
United Nations Development Programme, Jakarta

UNICEF : Mrs Satrio Sasono
Assistant Programme Officer, UNICEF, Jakarta

Mr H.R. Narula
Chief, Health and Family Planning Section
UNICEF, New Delhi
3. Representatives of Non-governmental Organizations

International Committee of Catholic Nurses: Sister Novianti Chandra

International Dental Federation: Dr G. Rizali Noor

International Federation of Gynaecology and Obstetrics: Professor R. Hariadi

International Planned Parenthood Federation: Dr (Mrs) Eka Hartono

League of Red Cross Societies: Professor Dr Satrio

World Psychiatric Association: Dr D. Thong
Annex 2

AGENDA*

1. Opening of the session

2. Sub-Committee on Credentials
   2.1 Appointment of the Sub-Committee
   2.2 Approval of the report of the Sub-Committee

3. Election of Chairman and Vice-Chairman

4. Address by the Chairman

5. Adoption of provisional agenda

6. Appointment of Sub-Committee on Programme and Budget and adoption of its terms of reference

7. Adoption of agenda, and election of Chairman, for the technical discussions

8. Twenty-sixth Annual Report of the Regional Director

9. Resolutions of regional interest adopted by the World Health Assembly and the Executive Board

10. Technical discussions - "Provision of safe water supply to rural communities in South-East Asia"

   11.1 Consideration of the report of the Sub-Committee on Programme and Budget

12. Consideration of the recommendations arising out of the technical discussions


14. Selection of a subject for the technical discussions at the twenty-eighth session of the Regional Committee

*Issued as document SEA/RC27/1 Rev.1, on 7 September 1974
15. Consideration of the recrudescence of malaria in India from 1965 onwards due to administrative logistics, fiscal and particularly technical reasons such as development of insecticide resistance in vectors and chloroquine resistance in *P. falciparum* (item proposed by the Government of India) 

16. Time of the twenty-eighth session and place of the twenty-ninth session of the Regional Committee

17. Adoption of the final report of the twenty-seventh session of the Regional Committee

18. Adjournment
Annex 3

REPORT OF THE SUB-COMMITTEE ON PROGRAMME AND BUDGET*

The Sub-Committee on Programme and Budget held a preliminary meeting on 3 September 1974 and elected Dr F.A. Wickremasinghe (Sri Lanka) as its Chairman.

The Sub-Committee met again on 5 and 6 September 1974 to undertake a detailed review of the proposed programme and budget estimates in accordance with its terms of reference as adopted by the Regional Committee (see Appendix 1) and to adopt its report.

The meetings were also attended by the following:

- H.E. K.K. Panni (Bangladesh)
- Dr U Thein Nyunt (Burma)
- Dr Son Oo Jin (DPRK)
- Mr Choi Ho Ik (DPRK)
- Mr Kartar Singh (India)
- Prof. J. Sulianti Saroso (Indonesia)
- Prof. Dradjat D. Prawiranegara (Indonesia)
- Mr Hassan Maniku (Maldives)
- Dr Baldan Jav (Mongolia)
- Dr Piljee Dolgor (Mongolia)
- Dr N.D. Joshi (Nepal)
- Dr Sombhong Kutranon (Thailand)

The proposed programme and budget estimates for 1976 and 1977 (documents SEA/RC27/3 and SEA/RC27/3 Corr.1), as well as the working papers, were introduced and explained to the Sub-Committee.

It was also explained that the form of presentation followed that of the previous year's programme and budget, except that this year the estimates had been made for two future years instead of one, following the World Health Assembly resolution WHA26.38. This was, in fact, a first step towards full biennial budgeting, which would be introduced when the proposed change in the Constitution had been ratified by a sufficient number of Members. Pending this, budget estimates for each two additional years would be presented separately. The Sub-Committee was informed which pages of document SEA/RC27/3 and which working papers related to the various items of its terms of reference.

1 General Review of the Programme and Budget Estimates for 1976 and 1977

The Sub-Committee noted the summaries on pp. 5-14 and on p. 155 of the document (see also item 1.3 below).

1.1 New activities in 1976/1977, including new projects and new components of continuing projects

One of the members, in referring to Working Paper No. 2, asked what criteria had been used to determine the amount of new activities in countries.

*Issued as document SEA/RC27/17, on 6 September 1974
It was explained that new projects, or new components of continuing projects, referred to in Working Paper No.2, were those for which no financial provision had been made in the immediately preceding year. For example, an inter-country group-educational activity which was carried out every alternate year would be considered as a new project, although in a strict sense it was a continuing activity. Furthermore, in the proposals for 1976/1977, a number of small projects had been amalgamated into fewer but larger ones. Such consolidated projects had also been listed as "new" ones.

On a question relating to criteria for the allocation of regional resources between countries, it was explained that this year an attempt had been made to make a more rational distribution of the additional resources allocated by the Director-General to this region. In view of the comments at last year's session of the Regional Committee, the inter-country programme had been kept at approximately the same level as before, and larger amounts programmed for assistance to the countries. In response to a query on increased allocations for the Region, the Sub-Committee was informed that, following discussions in the Executive Board, the Director-General was preparing a report on the allocation of resources among regions for the next session of the Board. It was also pointed out that whereas the 1976 allocation was 5.8% higher than that for 1975, the increase in the 1977 allocation over 1976 was 8%. The Sub-Committee felt that its future terms of reference might include a discussion on the criteria for the allocation of resources between countries.

The Sub-Committee felt that it would be useful to recommend that the Regional Committee adopt a resolution during this session to stress the need for a further increase in the allocation of funds to the South-East Asia Region, taking into account its health needs.

A member wondered why assistance to India and Sri Lanka was lower than in 1974, particularly as his own government had made subsequent requests in the month of May. He also mentioned that, as WHO was now planning for 1976 and 1977, country priorities might change and therefore some flexibility in implementing the programme and budget would be necessary.

It was explained that any such requests would be noted, and any further changes given due consideration. The Committee was further informed that, in determining the amount of assistance to a country, the actual delivery of planned programmes in previous years was also taken into consideration. Requests which could not be accommodated within the regional allocation would be found in the "green pages". Furthermore, assistance to the health field from other sources, including UNICEF, was also a factor. Some countries also benefited more than others by having inter-country projects located in them. In response to a suggestion made by a member, it was agreed to consider two seminars under inter-country project 0148, "Health research and development", one to deal with the results of studies to increase the coverage of health care delivery, and the other to discuss results of health manpower development studies in relation to health care delivery.
A number of modifications and additions were requested and are listed in Appendix 2. It was confirmed that these requests would be taken into account to the extent possible when the occasion arose. The representative of the DPRK remarked that, in general, his government would prefer to have fewer consultants and, instead, more provision for supplies and equipment. The representative of Mongolia also wanted fewer short-term consultants.

A member making a general comment on the importance of health care delivery services suggested that in the "objectives" of the programme statement for sub-programme 3.1.2, "Strengthening of health services", the first and the second objectives should have added to them the phrase "by integrating health programmes and innovations in health care delivery", whereas the third objective should read "to develop innovative methods of health delivery in pilot study areas, as well as demonstration models of health services to form a basis for their future expansion."

1.2 Comparison of the cost of new activities in relation to the total cost of country and inter-country projects

A member remarked that since the definition of "new" (see 1.1 above) was rather administrative in nature, there was apparently little point in making this comparison. Perhaps in future the terms of reference might be made more meaningful.

The Sub-Committee, with this reservation, noted that "new" projects and new or increased components of continuing projects represented 6.3% and 13.7% respectively of the budget estimates for 1976, the corresponding figures for 1977 being 2.3% and 10.1%.

1.3 Tentative projection for 1978/1979

The Sub-Committee noted that some aspects of this subject had been discussed during the plenary session. It was explained that the proportion of the total allocations projected for "Strengthening of health services" was being slightly reduced, but that for "Disease prevention and control" it had been slightly increased in order to meet the possible resurgence of certain communicable diseases. The allocations for "Health manpower development" and "Promotion of environmental health" would remain at about their present level.

A member stated that, this being a budgetary exercise, there was not much to discuss. However, the guidelines discussed in plenary session when it had dealt with the Fifth General Programme of Work for a Specific Period were more important. In answer to a question, it was confirmed that the projections were in no way binding and could be regarded as flexible. In reply to a question about the variations in the estimates under "Organizational meetings", it was explained that the estimates for 1976 had been based on the possibility that the Regional Committee would meet in New Delhi that year, whereas for 1977 the costing was based on the likelihood of receiving an invitation to hold the 1977 session of the Regional Committee elsewhere. Similar considerations applied to 1978 and 1979.
It was further pointed out that although the allocation for "Strengthening of health services" had been stabilized, a comparison between 1974 and 1979 showed an increase of about 50%, whereas, for example, "Health information and literature" was rising by about 30% over the same period.

One of the members stated that WHO did not seem to have funds to meet emergency situations such as floods, and thought that his country had recently been asked to indicate reductions in its WHO-assisted programme or reimburse the amounts requested, when it had asked for emergency assistance.

The Sub-Committee was informed that in such situations WHO Headquarters was normally responsible not only for providing additional funds but also for co-ordinating with other countries and agencies giving assistance in such circumstances. WHO, however, never asked a country to sacrifice any of its planned programme to meet such emergency requests; such an approach had never been the policy of the Organization.

2 Detailed Examination of Selected Subjects and Projects

2.1 Epidemiological surveillance of communicable diseases

The subject for detailed examination this year was sub-programme 5.1.2, "Epidemiological surveillance of communicable diseases".

A member emphasized that as epidemiological surveillance was essentially an action-oriented programme, it should be organized in the most suitable manner and with an effective communication system. It might be started even with minimal facilities, and as control measures developed and became effective, further objectives and more sophisticated laboratory and other techniques could be added as the needs warranted.

Since the quality of epidemiological surveillance had not been mentioned in relation to the evaluation of present status of epidemiological surveillance in the countries of the South-East Asia Region, it was suggested that in the working paper, the relevant section should read "the present status of WHO assistance to...". It was explained that for the purposes of this paper, "epidemiological surveillance" was taken in its broadest context and included measures for control as well as measures for surveillance. In discussing the parameters as outlined in the paper, special emphasis was placed on measures for training staff.

Members emphasized the varying experience in staff training. A member indicated that the Prague/NICD courses had been useful in speedily building up a trained cadre of epidemiologists. Another member emphasized that the augmentation of training in institutions such as the Communicable Diseases Centre, Atlanta, as well as certain schools of public health, had been very useful and could be further utilized to meet the requirements of the Member countries, because some training in this field was available within the country itself.
A member stressed that qualitative parameters should also be included in the assessment of the stage of development of epidemiological services and surveillance.

In discussing the table of notifiable diseases under epidemiological surveillance in the countries of this region, members emphasized that further information was available but had not been included in the table. It was suggested that, as information became available, it would be useful if the table could be updated and the WHO Regional Office informed in order to make their data as complete as possible.

In relationship to WHO's contribution to projects, it was noted that in some countries, considerable numbers of staff had been provided. A member emphasized that WHO assistance to epidemiological surveillance was one of the first programmes to be initiated in his country and had provided an effective base for continuation of epidemiological surveillance programmes. Another pointed out that officers in charge of administrative zones were responsible for the administration of comprehensive health and medical services, including surveillance and control measures for communicable diseases; therefore, this should be taken into account when assessing the staffing position of epidemiological services in the country concerned.

Since this subject was felt to be of great importance to the Region, the Regional Office should assist governments in the preparation and assessment of the usefulness of technical guides for the surveillance of communicable diseases.

2.2 Detailed examination of new projects

The Sub-Committee examined in detail the following new projects:

(a) Nepal 0039, "Health planning and programming". The Sub-Committee noted the purpose and structure of this new project.

(b) Thailand 0132, "Strengthening of rural health services". It was explained that this project had arisen out of a previous activity that had been assisted by US AID. However, this was now a new, re-oriented and integrated project. In answer to a question, it was explained that the subsidy shown under 1974 had been made to permit the Government to initiate the development of this activity.

(c) Indonesia 0097, "Post-graduate education in public health". It was noted that this project itself was not new but that some new components had been added for 1977, and that some additional provision was made in the "green pages".

(d) Mongolia 0031, "Training of health manpower". It was explained that this project, which the Government regarded as extremely important, had resulted from a merger of projects Mongolia 0008 and 0015. Its title was broad enough to allow for future incorporation of other projects.
(e) Thailand 0133, "Strengthening of epidemiological surveillance". The Sub-Committee noted that this new project was an expansion of the earlier project Thailand 0059.

(f) Burma 0109, "Mycobacterial diseases". There were no comments.

(g) Sri Lanka 0112, "Undergraduate training in public health engineering". There were no comments.

(h) Burma 0112, "Community water supply and sanitation". There were no comments.

(i) SEARO 0238, "Strengthening of epidemiological surveillance and control of communicable diseases". In answer to a suggestion that this project should include non-communicable diseases, it was explained that the programme classification structure approved by the World Health Assembly did not at present permit this to be done; instead, separate provision had been made in the inter-country programme for activities such as those in respect of cardiovascular diseases, mental health, etc. Furthermore, provision in respect of surveillance and control of the non-communicable diseases had been made in some country programmes.

2.3 Selection of a programme for detailed examination in 1975

The Sub-Committee decided to recommend "Community water supply" for examination in 1975, when the results of this year's technical discussions could be reviewed.

3 Examination of Non-project Staffing

The Sub-Committee's attention was drawn to pages 160 to 169 of document SEA/RC27/3, from which it was noted that, with one exception, no increase in non-project staffing (Regional Office, Regional Advisers and WHO Representatives) was proposed. The exception was the addition of a Regional Adviser for Mental Health in 1976 and 1977; in fact, the Director-General had been requested to provide funds from Headquarters for the recruitment of this adviser in 1975.

Replying to a comment that only eight WHO Representatives were being provided for ten countries, it was explained that the WHO Representative for Sri Lanka also covered the Maldives, and that at present no provision had been made for a WHO Representative in the DPRK.

4 Formulation of Questions To Be Considered, and General Conclusions and Recommendations

The Sub-Committee agreed that the proposed programme followed the General Programme of Work approved by the World Health Assembly.

The Sub-Committee was of the opinion that the requests and recommendations made by the Regional Committee at its twenty-sixth session were reflected in the proposed programme.
The Sub-Committee decided to recommend to the Regional Committee that it adopt a suitable resolution relating to an increase in the allocation made to the South-East Asia Region.

The Sub-Committee also recommended that its terms of reference in future be revised along the lines mentioned in this report.
The following terms of reference are suggested for the Sub-Committee on Programme and Budget:


   The general review should include, *inter alia*:
   
   (1) New activities in 1976/1977, including new projects and new components of continuing projects;
   
   (2) Comparison of the cost of new activities in relation to the total cost of country and inter-country projects, and
   

2. **Detailed examination of selected subjects and projects**

   The detailed examination should include:
   
   (1) Subjects of common interest to all the countries of the Region. (At its twenty-sixth session the Regional Committee recommended that in 1974 the sub-programme 5.1.2 "Epidemiological Surveillance of Communicable Diseases" should be examined.), and
   
   (2) New projects.

3. **Examination of non-project staffing and budget under the various sub-programmes, as required.**

4. **Formulation of questions to be considered and general conclusions and recommendations**

   (1) Does the programme follow the general programme of work approved by the Regional Committee and the World Health Assembly?
   
   (2) Are the requests and recommendations made by the Regional Committee at its twenty-sixth session reflected in the proposed programme and budget?
   
   (3) Does the Sub-Committee wish to refer to the Regional Committee any questions or remarks which it feels might require discussion in plenary session?

*Issued as document SEA/RC27/17.*
### Annex 3

### Appendix 2

MODIFICATIONS TO THE PROPOSED PROGRAMME AND BUDGET ESTIMATES FOR 1976/1977 (DOCUMENTS SEA/RC27/3 and Corr.1) REQUESTED BY GOVERNMENTS

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>DPRK</td>
<td>Various short-term consultants</td>
<td>Change to supplies, equipment and fellowships.</td>
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</tr>
<tr>
<td>India</td>
<td>1. 0176 Central Public Health Engineering Research Institute, Nagpur.</td>
<td>Add: a) 19 short-term consultant months</td>
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<td></td>
<td></td>
<td>b) 2x3 months fellowships</td>
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<td></td>
<td></td>
<td>c) $500 supplies and equipment</td>
<td>Delete: 3x4 months fellowships</td>
</tr>
<tr>
<td></td>
<td>2. 0226 Prevention and control of water pollution</td>
<td>Add: a) 1x3m short-term consultant, 5x3 months fellowships</td>
<td>Add: a) 15x3 months fellowships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) $5 000 supplies</td>
<td>Delete: 2x3 months short-term consultants</td>
</tr>
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<td></td>
<td></td>
<td>Delete: 2x3 months short-term consultants</td>
<td></td>
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<tr>
<td></td>
<td>3. 0268 Village water supply</td>
<td>Delete: a) Sanitary engineer</td>
<td>Add: a) Master drillers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) 2x6 months short-term consultants</td>
<td>Add: a) Master driller Hydrogeologist</td>
</tr>
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<td></td>
<td></td>
<td>Add: a) Master drillers 2x12 months</td>
<td>2x12 months</td>
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<td></td>
<td></td>
<td>b) 5x6 months short-term consultants</td>
<td>b) 16x3 months fellowships</td>
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<td></td>
<td></td>
<td>c) 8x3 months fellowships</td>
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</tbody>
</table>
### Report of the Regional Committee

<table>
<thead>
<tr>
<th>Country &amp; Project No.</th>
<th>India (cont'd)</th>
<th>Indonesia</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. 0270 Control of air pollution</td>
<td><strong>Add:</strong> a) 2x2 months short-term consultants</td>
<td><strong>Add:</strong> a) 1x3 months short-term consultant</td>
</tr>
<tr>
<td></td>
<td>b) 5x3 months fellowships</td>
<td><strong>Add:</strong> a) 10x3 months fellowships</td>
</tr>
<tr>
<td></td>
<td>c) $3,000 supplies &amp; equipment</td>
<td><strong>Add:</strong> a) 10x3 months fellowships</td>
</tr>
<tr>
<td></td>
<td><strong>Delete:</strong> 2x2 months supplies &amp; short-term equipment</td>
<td><strong>Add:</strong> a) 10x3 months fellowships</td>
</tr>
<tr>
<td>5. 0272 Solid waste disposal</td>
<td><strong>Add:</strong> a) 1x3 months short-term consultant</td>
<td><strong>Add:</strong> a) 10x3 months fellowships</td>
</tr>
<tr>
<td></td>
<td>b) 5x3 months fellowships</td>
<td><strong>Add:</strong> a) 10x3 months fellowships</td>
</tr>
<tr>
<td>6. (New) Instrumentation technique in public health engineering practice</td>
<td><strong>Add:</strong> **Retain human ecologist, medical statistician, fellowships and supplies under this project. **Delete them from project Indonesia 0086.</td>
<td><strong>Add:</strong> a) 10x3 months fellowships</td>
</tr>
<tr>
<td>7. (New) Computer training in distribution analysis</td>
<td><strong>Add:</strong> a) 1x3 months short-term consultant</td>
<td><strong>Add:</strong> a) 10x3 months fellowships</td>
</tr>
<tr>
<td></td>
<td><strong>b) $5,000 supplies &amp; equipment</strong></td>
<td><strong>b) $2,500 supplies &amp; equipment</strong></td>
</tr>
</tbody>
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### Country & Project No.

**India (cont'd)**

4. 0270 Control of air pollution
   - **Add:** a) 2x2 months short-term consultants
   - b) $3,000 supplies & equipment
   - **Delete:** 2x2 months supplies & short-term equipment

5. 0272 Solid waste disposal
   - **Add:** a) 1x3 months short-term consultant
   - b) 5x3 months fellowships

6. (New) Instrumentation technique in public health engineering practice
   - **Add:** a) 10x3 months fellowships
   - b) $2,500 supplies & equipment

7. (New) Computer training in distribution analysis
   - **Add:** a) 10x3 months fellowships
   - b) $2,500 supplies & equipment

**Indonesia**

1. 0137 Strengthening of epidemiological surveillance*
   - **Add:** a) 1x3 months short-term consultant (Included in green pages already. To be updated)
   - b) 10/84 months fellowships

2. 0098 National Institute of Medical Research
   - **Retain** human ecologist, medical statistician, fellowships and supplies under this project. **Delete** them from project Indonesia 0086.

3. 0135 Immunization services (including smallpox)
   - **Project should be classified under** "communicable diseases" and **not** under "non-communicable diseases".

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*Project title to be changed to "Strengthening of epidemiological surveillance and control"
### Indonesia (cont'd)

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<tr>
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<tbody>
<tr>
<td>4. 0032 Malaria eradication</td>
<td>Add: 1x12 months fellowship</td>
<td>Add: 1x12 months fellowship</td>
<td></td>
</tr>
<tr>
<td>5. 0009 Leprosy control</td>
<td>Add: Provision of fellowship/ study tour (details to be provided)</td>
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<tr>
<td>6. 0071 National community water supply and sanitation</td>
<td>Add: a) 6x2 months fellowships in rural water supply</td>
<td>b) 2x12 months fellowships for health controller</td>
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</tbody>
</table>

### Mongolia

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<tr>
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<tbody>
<tr>
<td>1. 0027 Rehydration therapy (production and control)*</td>
<td>Add: Pharmacist scientist</td>
<td>Add: Pharmacist scientist</td>
<td></td>
</tr>
<tr>
<td>2. 0002 Public health laboratory services (UNDP)</td>
<td>Continuation of the project for further years. Source of funds to be explored.</td>
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</table>

### Nepal

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<tr>
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<tbody>
<tr>
<td>1. 0010 Health laboratory services</td>
<td>Add: $1 500 supplies &amp; equipment</td>
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<tr>
<td>2. 0021 Strengthening of health services</td>
<td>Add: 3x4 months fellowships in health administration</td>
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<tr>
<td>3. 0002 Nursing education</td>
<td>Add: 1x24 months fellowship in nursing administration</td>
<td>1x12 months fellowship in nursing administration</td>
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</table>

*Activity to be continued under project Mongolia 0033. If necessary, some of the consultant provision in Mongolia may be reduced.*
<table>
<thead>
<tr>
<th>Country &amp; Project No.</th>
<th>Revisions Requested</th>
</tr>
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<tbody>
<tr>
<td><strong>Nepal (cont'd)</strong></td>
<td></td>
</tr>
<tr>
<td>4. 0019 Health education</td>
<td>Add: 2x12 months fellowships in health education</td>
</tr>
<tr>
<td>5. 0016 Tuberculosis control</td>
<td>Delete: Medical officer Delete: Medical officer Add: a) 1x3 months short-term consultant add: b) 2x3 months fellowships in tuberculosis c) 2x2 months fellowships in multiple immunization d) 1x12 months fellowship for M.P.H.</td>
</tr>
<tr>
<td>6. 0001 Malaria eradication</td>
<td>Add: a) Supplies &amp; equipment (DDT, 41 800 boxes) b) 35 microscopes c) 1 100 pumps</td>
</tr>
<tr>
<td>7. 0009 Smallpox eradication</td>
<td>Add: a) Public health officer Add: a) Public health officer</td>
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<td></td>
<td>b) 2x3 months fellowships b) 2x3 months fellowships</td>
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<tr>
<td></td>
<td>*c) $4 000, participants *c) $4 000, participants Delete: Operations officer Delete: Operations officer</td>
</tr>
</tbody>
</table>

*It is also requested that the 1975 budget estimate be increased to $4 000 from $2 000.*
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<tbody>
<tr>
<td>Nepal (cont’d)</td>
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<tr>
<td>8. 0013 Leprosy control</td>
<td>Add: a) Leprosy control officer</td>
<td>Add: a) Leprosy control officer</td>
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<tr>
<td></td>
<td>b) 1x3 months fellowship</td>
<td>b) 1x3 months fellowship</td>
<td></td>
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<td></td>
<td>*c) Participants</td>
<td></td>
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<tr>
<td>9. 0021 Development of health services**</td>
<td>Delete: a) Public health officer</td>
<td>Delete: a) Public health officer</td>
<td></td>
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<tr>
<td></td>
<td>b) Sanitarian</td>
<td>b) Sanitarian</td>
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<tr>
<td>Thailand</td>
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<tr>
<td>1. 0065 Malaria eradication</td>
<td>Add: a) Malarialogist/epidemiologist</td>
<td>Add: a) Malarialogist/epidemiologist</td>
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<td></td>
<td>b) $200 subsidy</td>
<td>b) $200 subsidy</td>
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<tr>
<td>2. 0097 Medical education and training</td>
<td>Details will follow</td>
<td>programme change</td>
<td></td>
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<tr>
<td>3. 0117 Faculty of Veterinary Sciences</td>
<td>Add: Supplies &amp; equipment (Details will follow)</td>
<td></td>
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<tr>
<td>4. 0095 Faculty of Public Health</td>
<td>Add: 1x12 months fellowship in operational research</td>
<td></td>
<td></td>
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<tr>
<td>5. 0075 Strengthening of laboratory services</td>
<td>Add: 1x3 months fellowship in clinical pathology</td>
<td>Add: 1x3 months fellowship in clinical pathology</td>
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*It is also requested that provision should be made for participants in 1975

**Requests for fellowships to be made
### Thailand (cont'd)

<table>
<thead>
<tr>
<th>Country &amp; Project No.</th>
<th>1976</th>
<th>1977</th>
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<tbody>
<tr>
<td><strong>6. (New) Specialized health manpower development (UNDP)</strong></td>
<td>Possibility of proposing this project under UNDP</td>
<td></td>
</tr>
</tbody>
</table>

In addition, the following new projects are requested. (To consist of short-term consultants, fellowships and supplies. Details to be furnished in due course.):

1. Promotion of environmental health
2. Food sanitation
3. Intestinal parasite control
4. National dental health survey

Alternatively, these components could be added to existing projects.
Annex 4

REPORT OF THE TECHNICAL DISCUSSIONS ON PROVISION OF SAFE WATER SUPPLIES TO RURAL COMMUNITIES IN SOUTH-EAST ASIA*

1 Introduction

Under the chairmanship of Mr T.S. Swamy (India) and with Mr Praphorn Charuchandr (Thailand) elected as Rapporteur, one full-day session on 5 September was devoted to the technical discussions on the above subject. The group met again on the morning of 6 September to consider and adopt the recommendations.

The discussion followed the agenda approved by the Regional Committee (document SEA/RC27/5 Rev.1) and centred round the guidelines, (SEA/RC27/13) and a working paper (SEA/RC27/8 Rev.1) supported by a detailed background paper (SEA/RC27/7 Rev.1 and Corr.1) as well as country reports (SEARO/EH/74.1-10) and other background papers.

This report, the agenda, guidelines, working paper and detailed background paper, as well as a list of all the papers, will be issued together under separate cover.

The Chairman, initiating the discussions, made some general remarks on the rural water supply situation in his country and in the Region as a whole, and asked the participants to describe the general situation of rural water supply in their countries. This review was followed by an item-by-item discussion on the agenda as provided in the guidelines. In addition to the participants in the technical discussions, Mr Shigeharu Takahashi of the World Bank, Jakarta, and Mr H. McAleer, of USAID in Jakarta, who attended as observers, also took part. The Regional Director made some helpful observations at different stages of the discussions.

2 Review and Assessment

The situation in the Region was reviewed, in order to identify the problems and the following critical considerations and major constraints were noted:

2.1 Inadequacies

The present state of rural water supplies in the Member countries showed grave inadequacies and an increasing backlog against growing community needs.

2.2 Epidemiological hazards

Cholera was entrenching itself in most countries of the Region, and other water-borne and filth-borne enteric infections were taking a heavy toll through morbidity and mortality, crippling the productive capacity of the population, discouraging the acceptance of family planning and retarding the growth of tourism and the national economy.

*Issued as document SEA/RC27/16, on 6 September 1974
There was also general lack of awareness of the importance of rural sanitation as a necessary concomitant of rural water supply.

2.3 Deficiencies in planning

The nature, scope and size of the rural water supply problem were yet to be assessed in many countries; the absence of long-range plans accounted for deficiencies in planning policies and procedures, drawbacks in the institutional framework, and lack of direction in mobilization of needed resources.


Attainment of the global target of the United Nations Second Development Decade, as recommended by WHO and accepted by the Member countries, did not seem feasible in most countries of the Region under existing shortages of finances, manpower and material resources. There was an urgent need for national plans, not only in terms of objectives but also in terms of effective policies and procedures to reach such objectives.

2.5 A region with the greatest needs

The South-East Asia Region was the WHO region with the highest population and with the highest ratio of rural to total population, with the largest number and highest densities of agricultural communities forming the backbone of the national economies, and with the greatest needs in respect of safe water supplies in particular and community health in general.

Out of the projected total rural population for the Region of 874 million in 1980, only some 180 million could be expected to have access to safe water. This was a matter of special concern to governments in shaping their future programmes.

2.6 Institution building

Under the auspices of WHO, IBRD, UNDP, UNICEF, the United Nations Environment Programme (UNEP), the International Development Research Centre and the Organization for Economic Co-operation and Development (OECD), a panel of experts would meet at WHO Headquarters in Geneva in October 1974 to prepare a medium-term programme (five to ten years) of international action involving research and development and the collection, adaptation, transfer, diffusion and utilization of technical information, to encourage progress in rural water supply and sanitation. The recommendations of the panel would be submitted to international, bilateral and national agencies, which would be invited to participate in the implementation of the programme.

The participants welcomed this development and expressed the hope that the international agencies would increase the scale of their current assistance to help to meet the needs of developing countries.
2.7 External assistance

The group was greatly encouraged to hear the views of the participants from IBRD, UNICEF and US AID on the policies of their respective organizations regarding future assistance to rural water supply programmes, and particularly welcomed the increased interest of IBRD in this field in recent years.

3 Recommendations

It was considered that meeting the urgent need for accelerating the present pace of provision of safe rural water supply should be recognized as of the greatest importance in reducing the continuing high incidence of water-borne diseases. The importance of rural water supply and sanitation as a social infrastructure for the economic growth of the nations should underlie future planning. The extensive backlog between rural water supply needs and actual coverage should be dealt within the shortest period practicable in disease-prone and water scarcity areas.

In the light of the above considerations, the following recommendations were made:

3.1 Strategy plan

3.1.1 Targets

National targets for rural water supply and sanitation must be defined and a policy outlined for their inclusion in national development plans.

3.1.2 Priorities

Suitable priorities must be set so as to secure the desired social infrastructure for improving socio-economic conditions in rural areas.

3.2 Plan of action

3.2.1 Assessment studies

(a) Assessment studies are needed in order to formulate long-term and short-term objectives.

(b) A system for collecting and analysing information on rural water supplies is needed in order to make such studies and to keep the plans up to date.

3.2.2 Organizational aspects

(a) The financial, manpower and material needs of the short- and long-term plans should be assessed, and appropriate administrative, managerial and technical services for their implementation established.
(b) Necessary measures must be instituted for developing the manpower and providing the materials needed for short-term and long-term programmes. The provision of public health engineering consultants who would introduce new ideas into rural water supply and sanitation schemes could result in more economical projects.

(c) All possible resources should be mobilized for financing a continuing programme from national capital and revenue budgets and special levies where possible; from local participation in the form of cash/labour/materials/water rates/deferred payments/or any other forms; and from external aid such as with expertise/equipment/materials/soft loans. The funds required should be allocated and used without being diverted, in order to achieve the aims of the declared policy.

(d) Rural drinking water supplies should be developed in conjunction with all irrigation schemes, thereby effecting considerable economies. Moreover, increased farm profits from irrigation schemes could help pay for drinking water supplies.

3.2.3 The possibility of a single water supply and sanitation authority

It may be desirable to establish a centralized water supply and sanitation authority, with necessary legislative and financial support, to administer the entire programme.

3.2.4 Operation and maintenance

It is essential to build up a suitable organization which will ensure the competent construction, efficient and fool-proof operation and maintenance of completed facilities, and effective surveillance of drinking water quality.

3.2.5 Local participation

Behavioural studies and health education are necessary to stimulate local participation and involvement in the provision of water supplies, in an effective programme of rural sanitary latrines and in the hygienic collection and disposal of waste water. Sociologists, behavioural scientists and public relations experts should be associated with the programme to make the local involvement more effective.

3.2.6 Transfer of knowledge and methods

It is important to develop national institutions for collecting, appraising and disseminating technical information to operational agencies. National institutes should carry out pilot studies and develop prototypical models for adapting measures for reducing costs, for labour-oriented techniques and for simple disinfection devices suited to rural needs, as well as for the formulation and implementation of training programmes.
3.2.7 **Programme evaluation**

It is essential to evaluate programmes at suitable intervals and to assess cost effectiveness, consumer interest and involvement and the progressive financial and economic viability of projects.

3.2.8 **Role of the health department**

Irrespective of the authority responsible for the rural water supply programme, the health department should play its special role in respect of (i) water quality standards and surveillance, (ii) programme evaluation, (iii) fixing priorities for endemic and problem areas, (iv) sanitary disposal of excreta and wastes, and (v) health education and community involvement.

3.2.9 **External assistance**

International and bilateral agencies should be encouraged to increase their direct technical assistance to Member countries in the following ways:

(a) in making assessment studies,

(b) in the establishment of information systems and programme formulation, implementation and evaluation,

(c) in identifying and helping to meet specific needs for multilateral or bilateral assistance by way of expertise, equipment, materials and soft loans,

(d) in setting up research and training centres and collaborating laboratories,

(e) in assisting training programmes, including programmes for the production of manuals and training guides,

(f) in establishing health criteria and codes of practice, and

(g) in the local production of materials.

In addition to providing assistance itself, WHO should act in a coordinating capacity in respect of assistance received from these and other sources.
Annex 5

LIST OF OFFICIAL DOCUMENTS OF THE TWENTY-SEVENTH SESSION*

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<td>The provision of safe water supplies to rural communities in South-East Asia (working paper for the technical discussions)</td>
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<td>Guidelines for the technical discussions on the provision of safe water supplies to rural communities in South-East Asia</td>
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*Based on the agenda

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*Issued as document SEA/RC27/Min.1, on 4 September 1974
1 Opening of the Session (item 1 of the agenda)

In the absence of the retiring Chairman and Vice-Chairman, the Regional Director took the chair, in accordance with Rule 12 of the Rules of Procedure of the Regional Committee for South-East Asia. He declared the session open.

He thanked the Government of Indonesia for inviting the Regional Committee to hold its session on the beautiful island of Bali.

1.1 Message from the Director-General of WHO

The REGIONAL DIRECTOR read the following message from Dr H.T. Mahler, Director-General of the World Health Organization:

"Greetings to all attending the inauguration of the twenty-seventh session of the Regional Committee for South-East Asia. As I mentioned during my address to the Twenty-seventh World Health Assembly, WHO's mission is firmly rooted in its Constitution. The Constitution does not change, but, in response to new challenges, the programme based on it must move forward in a state of perpetual evolution. It is to the regional committees that I look to ensure that this evolution is not only continual but also geared to the real needs of the countries which WHO was created to serve. I am confident that the twenty-seventh session of the Regional Committee for South-East Asia, though meeting in one of the most distractingly beautiful places in the world, at the invitation of the Government of Indonesia, will bear the fundamental needs of countries in mind during its deliberations. I wish you a most successful session."

2 Appointment of Sub-committee on Credentials
(item 2.1 of the agenda)

On the proposal of the REGIONAL DIRECTOR (as Chairman), the Committee agreed that the representatives of Bangladesh, the DPRK and the Maldives should constitute the Sub-committee on Credentials.

3 Inauguration of the Session (item 1 of the agenda, cont'd)

3.1 Address by the Governor of Bali

The Honourable MR SUKARMEN welcomed the participants to Bali. He said that he was sure that the session of the Regional Committee would encourage the improvement of health in Indonesia and the province of Bali and that the fight against diseases and for a more healthy environment would now become part of daily life.

He hoped that the meeting in Bali would cement relationships among the countries of South-East Asia and so help in reaching the common objective of community welfare based on mutual respect (for full text of address, see Annex 1).

3.2 Address by the Regional Director

The REGIONAL DIRECTOR thanked the Government of Indonesia for having invited the WHO Regional Committee for South-East Asia to hold its
twenty-seventh session in Bali. He said that for more than two decades WHO had been receiving ever-increasing support and valuable contributions not only in its joint efforts in improving the health of the people in the country, but also in formulating WHO's policies and programmes. He was gratified to note that the Indonesian Government had allocated special funds in the Second PELITA (National Development Plan) for the development of health centres and for water supply and sanitation in rural areas. He congratulated the Government on its great efforts leading to its success in making the country free from smallpox. Referring to other diseases in Indonesia, the Regional Director stated that the general health services in the country had been developed to such an extent that it had been possible to integrate some of the disease-control programmes with these services.

In close collaboration with other international and bilateral agencies, WHO had also been associated with the efforts of the Government in controlling diseases such as plague, dengue/hemorrhagic fever, cholera and other water-borne diseases. He was confident that the great strides made in training doctors, nurses and other health workers and the Government's efforts in applying modern planning and management techniques would be most valuable in helping the country to realize the health goals of the Second PELITA (for full text of address, see Annex 2).

3.3 Statements by Representatives of the United Nations

3.3.1 UNDP

MR ADRIANO R. GARCIA (Resident Representative, United Nations Development Programme in Indonesia) extended good wishes to the Committee on behalf of the Administrator of the United Nations Development Programme.

WHO, with its regionalized structure and its regular resources as well as its participation in UNDP-financed activities, had its own role to play in the world-wide development effort. The South-East Asia Region was the most populous of the WHO regions; therefore, these deliberations, affecting as they did the co-operative health programmes in this vast region, merited special attention. He suggested that the Committee should identify priority areas for inter-country activities that could suitably be assisted by the UNDP and WHO, as the UNDP Regional Bureau for Asia and the Far East was now starting its forward planning for regional or inter-country projects for the period 1977-1981. An endorsement by the Regional Committee of health priority areas suitable for consideration in the inter-country programme that reflected the needs of the countries of the Region and would lead to projects that were well conceived and well designed would receive due consideration by the United Nations Development Programme (for full text of statement, see Annex 3).

3.3.2 UNICEF

MR NARULA (Chief, Health Section, South Central Asia, New Delhi) extended to the Committee the good wishes of UNICEF's Executive
Director, its Regional Directors for South Central Asia and for East Asia and Pakistan, and the UNICEF Representative at Jakarta.

He said that this session was of special interest to UNICEF because of the subject selected for the technical discussions, "Provision of safe water supply to rural communities in South-East Asia". UNICEF considered that investments in water supply programmes had considerable economic and social returns, which protected the health of the population, particularly its vulnerable sections, mothers and young children living in rural and slum areas. UNICEF's participation in rural water supply programmes had considerably increased in the past few years largely because of the high priorities given to this programme by governments themselves. UNICEF was assisting rural water supply and environmental sanitation programmes in 79 countries, with an input in 1973 of more than eleven million US dollars. Its policies had been established on the recommendations of the UNICEF/WHO Joint Committee on Health Policy, and governments were being encouraged to undertake rural water supply and environmental programmes co-ordinated with other related sectoral and regional programmes of their long-term economic and social plans (for full text of Statement, see Annex 4).

3.4 Address by the Minister of Health

PROFESSOR SIWABESSY, Minister of Health, Government of Indonesia, welcomed the representatives of the Member Governments of the WHO South-East Asia Region.

The Government attached great importance to the sessions of the Regional Committee, as it was at these sessions that its own health problems, as well as those of other governments in the Region, were discussed and efforts made towards collaboration and assistance.

In Indonesia, as in all other developing countries, communicable diseases, nutritional disorders, the high birth rate, poor sanitation, lack of understanding of health on the part of the general public and shortage of adequate health manpower seemed to be the main health problems. There was a great need for finding new ways of improving health care delivery, and therefore the Government welcomed WHO's assistance to programmes for the strengthening of health services covering all aspects of health care delivery, research, planning, training adequate manpower, implementation of ambulatory health care and evaluation. He also thanked WHO for selecting Surabaya (Indonesia) as the site for one of the health service development institutes.

He felt that the agenda for the session was most appropriate and relevant to the problems which he had mentioned, and hoped that the Committee's deliberations would facilitate the solution of common problems. Malaria control was no longer a technical problem, but mainly a financial one, although this problem in Indonesia had now been partly solved with the material assistance of the Government of the United States of America. However, there were still difficulties in obtaining DDT at reasonable cost. He thought that it
might be helpful if WHO, with other specialized agencies, could explore, as a joint venture with the interested governments, the possibilities of producing DDT so that its cost could remain within the reach of the governments in the Region.

For his government the subject of the technical discussions this year was very appropriate, as Indonesia had recently embarked upon a programme for rural water supply and excreta disposal, for which a sum of the equivalent of US$6,500,000 had been allocated.

He wished the session every success in its deliberations, and hoped that all the participants would have an enjoyable stay in Indonesia. (for full text of address, see Annex 5).

3.5 Inaugural address by the Vice-President of Indonesia

Welcoming all those present, H.E. SRI SULTAN HAMENGKUBUWONO, Vice-President of Indonesia, said that the Government and the people of Indonesia greatly appreciated the decision of the Regional Committee to hold its present session in Indonesia. This meeting should provide a great stimulus to his government's efforts to carry out the health aspects of its national development plan. He pointed out that health development, *inter alia*, had been recognized as an important prerequisite for the success of national development in his country, and the health sector had therefore been accorded priority in the Second Five-Year Development Plan. Believing that the Committee was capable of formulating conclusions which could be used as guiding principles by the Member States in their efforts to solve the many common health problems which they faced, he wished it every success in its deliberations (for full text of address, see Annex 6).

3.6 Closure of the inaugural meeting

The inaugural meeting came to a close with the performance of a "Bali Welcome Dance" accompanied by a Balinese orchestra.

4 Adoption of Report of Sub-Committee on Credentials (item 2.2 of the agenda)

When the Committee reconvened, MR PANNI (Bangladesh), Chairman of the Sub-Committee on Credentials, which had met during the interval, presented the report of the Sub-Committee (document SEA/RC27/15), recommending the recognition of the validity of the credentials presented by the representatives of all the Member Governments. This report was adopted.

5 Election of Chairman and Vice-Chairman (items 3 and 4 of the agenda)

MR KARTAR SINGH (India) proposed the name of Dr J. Sulianti Saroso (Indonesia) for the office of Chairman. DR CHOED (Thailand) and MR PANNI (Bangladesh) seconded the proposal. The Committee unanimously elected Dr Sulianti as Chairman.
DR SULIANTI (Indonesia) took the chair and thanked the delegates for the honour bestowed on her and her country by electing her Chairman.

DR WICKREMASINGHE (Sri Lanka), seconded by DR BALDAN JAV (Mongolia), proposed the name of Dr U Thein Nyunt (Burma) for the office of Vice-Chairman. This proposal was unanimously adopted.

6 Adoption of the Agenda (item 5 of the agenda)

In considering the provisional agenda (document SEA/RC27/1), MR KARTAR SINGH (India) suggested the addition of an item, i.e., "Setting up of a standing committee on biomedical research for the South-East Asia Region", in view of the importance attached to this subject by the World Health Assembly and the benefits from establishing such a committee that might accrue to the countries of the Region.

The REGIONAL DIRECTOR suggested that this question might be discussed under item 9 of the agenda, which would deal with the relevant resolution of the World Health Assembly.

The Regional Director's suggestion was accepted by the Indian representative and by the Committee.

7 Appointment of the Sub-committee on Programme and Budget and Adoption of Its Terms of Reference (item 6 of the agenda)

The REGIONAL DIRECTOR observed that in recent years the Regional Committee had appointed a Sub-committee on Programme and Budget consisting of one member from each country in order to allow for a full discussion on the programme and budget proposals.

The Committee agreed that the Sub-committee should be constituted in this way.

The suggested terms of reference of the Sub-committee (document SEA/RC27/4) were adopted.

8 Adoption of Agenda and Election of Chairman for the Technical Discussions (item 7 of the agenda)

The proposed agenda for the technical discussions (document SEA/RC27/5 Rev.1) was adopted.

On the proposal of DR DRADJAT (Indonesia), Mr Swamy (India) was unanimously elected Chairman of the discussions.

9 Twenty-sixth Annual Report of the Regional Director (item 8 of the agenda)

The REGIONAL DIRECTOR, in introducing his report, said that though the year under review had seen considerable achievements in the health field, it had also been one of setbacks.
One of the major achievements in the strengthening of health services had been the formulation of country health programmes in two countries; in a third, a similar exercise was planned. These exercises had helped to identify priority areas. With regard to work on the Health Charter for Asian Development, the Regional Office had been trying to collect and process data, analyse problems and identify targets and resources. With proper support, the Charter might eventually become a valuable tool for planning.

To extend the coverage and improve the delivery of health services, some governments had undertaken pilot projects testing new approaches in the health services in keeping with their economic and human resources. WHO, as part of a global study, had reviewed two such pilot projects, and the results were to be presented to the WHO/UNICEF Joint Committee on Health Policy. The proposed establishment of a health services development institute in Indonesia would further help to focus research on these new approaches.

Welcome developments during the year had been the widespread interest in the Region in using auxiliary personnel to provide prompter and more effective health care, and increasing awareness on the part of governments of the usefulness of in-service training in health education for health workers at all levels.

To countries trying to lower the population growth rate so as to stem the population explosion, WHO had continued to give assistance in family health, including human reproduction, family planning and population dynamics.

A major area of concern was that of the non-communicable diseases, and the Organization was now paying greater attention to cancer, cardiovascular diseases, hypertension, stroke and blindness. Communicable diseases, however, continued to remain the main cause of morbidity and mortality in the Region. Though the campaign against smallpox had recorded impressive gains in several countries, the malaria programme had experienced setbacks. The magnitude of the problem faced by several countries and the possibility of the situation deteriorating further unless massive measures were undertaken were causing concern.

Referring to the proposed global programme on immunization against specific diseases being planned by WHO, he hoped that governments in the Region would fully participate in this effort, as the success of such national programmes would have a far-reaching effect on the existing morbidity and mortality rates in the Region.

Gratifying developments in the field of medical education included proposals to set up national medical teacher training centres in several countries. In line with modern concepts in medical education, emphasis was now being placed on the teaching of human reproduction, family planning and population dynamics in medical institutions. Health administrations in several countries were also planning to train new categories of health personnel.
The continued prevalence of cholera and other water-borne diseases in the countries of the Region reflected the fact that only an extremely limited proportion of the population had access to safe water supplies. Fortunately, UNDP, development banks and bilateral agencies were taking an increasing interest in supporting programmes in this field.

Finally, in the Regional Office, steps had been taken to improve the performance and to meet the challenges of the future. One of these was to delegate further responsibilities to the WHO Representatives in order to strengthen their role in assisting governments in programme planning, formulation and implementation. He hoped that delegates would give him the necessary guidance to enable the Regional Office to fulfil its obligations to Member Governments satisfactorily.

Introduction to the report (pp.vii-xv)

The CHAIRMAN then invited comments on the introduction to the annual report.

MR KARTAR SINGH (India), referring to the statements about malaria and smallpox, said that his government was at the moment very much concerned about these two diseases. Since, at the request of the Government of India, a separate item to consider the recrudescence of malaria in India had been included in the agenda, he would make his comments at the time that this item was discussed.

With regard to smallpox, India was giving top priority to the eradication of this disease, for which the original target date had been 1975. The smallpox eradication programme had been classified for central sponsorship during the Fifth Five-Year Plan, and a sum of 175 million rupees had been allocated to the programme, 35 million rupees of which would be spent during the current financial year (1974-1975). Considerable numbers of medical and paramedical personnel were at present engaged in the programme. His government expected that by the end of the current five-year plan smallpox would be completely eradicated from the country.

India was self-sufficient in regard to the production of freeze-dried smallpox vaccine. There was also a considerable improvement in the vaccination coverage of the population. The reporting procedures had also been recently streamlined, and now weekly epidemiological reports were being regularly submitted at all levels of the programme.

In order to cope with the problem, his government had initiated an intensified campaign from July 1973, particularly in the highly endemic States of Bihar, Uttar Pradesh, West Bengal and Madhya Pradesh, the four States which had accounted for 94 per cent of the total cases reported. The increase in the number of smallpox cases reported was due partly to the more intensive search which had been carried out every month since October 1973 and in which, for the moment, over 40 000 persons were actively engaged. Other States in
India were completely free from smallpox or had very few cases. Even in the four endemic States the incidence was on the decline, but the situation could possibly be due to the rainy season (July/August). September would therefore be a crucial month, in which it would be known whether the spread of smallpox had really been arrested.

He again assured the Committee that his government was very much concerned about the disease and was making all-out efforts to eradicate it completely. He wished to record his government's appreciation to WHO for its generous advisory and material assistance to the intensified smallpox eradication campaign in India.

The CHAIRMAN replied that she hoped that the Government of India would indeed be able to meet its targets with regard to its campaign for eradicating smallpox, as the success of this campaign was so important for the achievement of the world-wide target.

DR WICKREMASENGHE (Sri Lanka) congratulated the Chairman, the Vice-Chairman and the Chairman of the technical discussions on their election and the Regional Director for his comprehensive and well documented report. He singled out the eradication of smallpox in Indonesia as the outstanding achievement of the year, and congratulated the Indonesian Government on its success, which gave hope that the eradication campaign in progress in India would also realize its objectives.

In Sri Lanka, with the migration of trained health workers, particularly medical graduates and paramedical personnel, the provision of health care in rural areas still remained a major problem. Young graduates were reluctant to serve in rural areas. The Government had introduced a scheme whereby suitable quarters were being built for the staff serving in rural areas, and selection of personnel for training or fellowships abroad would depend on such service. A special allowance was also being considered as an incentive. It was felt that there would still undoubtedly be a problem, however, and the post of "assistant medical practitioner" was being revived in order to bridge the gap.

He asked for more details about the experiments being undertaken by WHO for the delivery of health services, and whether the proposed health services development institute in Indonesia would be involved in the training of personnel from other countries. As to the inter-country project on training in planning mentioned in the introduction, his government proposed that officers with an aptitude for administrative work should be selected early for training, and he hoped that they would benefit from the proposed project.

As malnutrition was a major problem in many countries, it would be useful if the results of surveys such as the one conducted in Indonesia by a multi-disciplinary team from the Massachusetts Institute of Technology could be made available to other countries.
His government wished to make maximum use of WHO fellowships, but
this would be possible only by the selection of the right type of
personnel at the right time. Training institutions abroad, which
sometimes asked for the extension of fellowships, should, he thought,
be discouraged from sponsoring any requests for extensions, as they
often resulted in dislocation of work in the government concerned.

PROFESSOR DRADJAT (Indonesia) congratulated the Regional Director on
his excellent report and on his inaugural speech. He then stressed
the Minister of Health's hope for a joint venture to product DDT,
which was increasing in cost and decreasing in availability. He also
asked whether a standardized list of drugs suitable to the disease
patterns in rural areas could be made available. He thanked WHO for
the assistance provided in the training and development of health
education personnel.

DR BALDAN JAV (Mongolia) congratulated the Chairman and the Vice-
Chairman on their election and expressed appreciation to the Regional
Director for his well presented and thought-provoking report.

He was glad to see the emphasis on issues to which Mongolia was also
giving priority. The development of basic health services could be
achieved only by creating a nation-wide network of health services
and training the personnel involved. However, he appreciated WHO's
efforts in the field of communicable diseases, which remained a
great problem in some countries, and congratulated Indonesia on
achieving a smallpox-free status; he hoped that India and Bangladesh
would soon follow this example. Apart from continuing the practical
measures to control communicable diseases, the need for continued
scientific research to find newer methods of prevention and control
should not be overlooked. Outlining some of the work in Mongolia,
he mentioned the systematic vaccination programme and the consequent
substantial reduction in mortality due to diphtheria, pertussis,
poliomyelitis and measles. Cardiovascular diseases, health educa-
tion and support to the WHO initiative in a programme of vaccination
against cerebro-spinal meningitis were other fields in which his
government had been active. In Mongolia, more than 10% of the total
budget had been allocated to the country's health programmes.

Finally, he expressed the readiness of his country to continue to
develop successful co-operation with WHO.

DR JOSHI (Nepal) also congratulated the Chairman and Vice-Chairman
on their election and the Regional Director on his excellent and
comprehensive report.

Tracing some of the important developments in Nepal during the past
year, he said that a planning unit had been established in the
Ministry of Health. The country health programme exercise had been
undertaken with the assistance of WHO, and the preparatory phase
of defining health problems, health development strategy, feasibil-
ity analysis and implementation strategy had been completed in
April 1974. Project formulation would soon be undertaken with WHO
assistance and should be useful in preparing the country's fifth
development plan, to start from July 1975. Resulting from the pilot project on the development of integrated basic health services, it had been possible to carry out effective epidemiological surveillance to enable timely detection and control of the cholera outbreak which had occurred during the year.

The resistance developed by *Plasmodium falciparum* to chloroquine and by *Anopheles annularis* to DDT had been a problem. The malaria situation in Nepal had been deteriorating, and the stage had now been reached when assistance from WHO and other appropriate United Nations agencies was urgently required so that essential supplies such as DDT, spray guns, microscopes and vehicles could be made available.

He drew attention to a pilot project carried out in Nepal in one of the districts of the Terai for simultaneous BCG and smallpox vaccination on a mass campaign basis. The results had been satisfactory, and the campaign could be extended to more districts once a feasibility study had been carried out.

The REGIONAL DIRECTOR, replying to the various comments made, underlined the tremendous efforts being made in India and Bangladesh in combatting smallpox and hoped that these efforts would lead to eradication even before the date mentioned by the Indian delegate.

As regards the multi-disciplinary team which had conducted the nutrition survey in Indonesia, he said that its report was complete and, if the Government of Indonesia had no objection, could be made available to other governments in due course. Referring to the question of extensions of fellowships, no extensions, even if requested by the training institutions, would be granted by the Regional Office without the consent of the government concerned.

The question of assistance in the manufacture of DDT mentioned by Dr Dradjat could be discussed in detail when the particular item on the agenda was taken up. As regards the other question of supplying a standard list of drugs for rural health centres, he said that he was not aware of any such list, and was not sure that a standard list would meet the needs of various countries; he could collect lists developed in other countries, however, and circulate them.

Referring to Dr Jav's statement about the systematic vaccination programme in Mongolia, the Regional Director said that the Government had agreed that a trial of the new vaccines against cerebrospinal meningitis would be carried out early next year. He was glad to hear that the Mongolian Government had allocated over 10% of its budget to health, and hoped that other governments would raise their allocations for health programmes.

The CHAIRMAN, speaking as the Representative of Indonesia and referring to Dr Wickremasinghe's question regarding the health services development institute in Indonesia, stated that, though the institute was now primarily for Indonesia, its objectives would
have a wider scope and that it could later be used by nationals of other countries. One of the projects being developed by this institute was for the publication of a maternal and child health package scheme, with emphasis, in the first instance, on child care. It was preparing guidelines for health centres, which included training objectives, the content and method of training, and evaluation aspects. She felt that the publication of such package schemes for other aspects of rural health services would be useful.

PART I - GENERAL REVIEW OF ACTIVITIES - STRENGTHENING OF HEALTH SERVICES

Planning and development of health services (pp.3-7)

The CHAIRMAN, speaking as the representative of Indonesia, referred to the proposed Health Charter and observed that when the Regional Committee had first discussed the subject some years ago, it had set certain objectives, which would, however, remain on paper only unless governments had the facilities to fulfil them. She said she would like to appeal to WHO to enlist all possible funds and resources for the purpose, as most countries of the Region were not well off and did not possess adequate means to realize the objectives. In the Americas, when the Charter of Punta del Este was drawn up, the American Development Bank had provided sizable resources for the realization of its objectives.

MR KARTAR SINGH (India), referring to the organization of basic health services, traced the development of a "package deal" in India for the delivery of both family planning and health services. Following a decision to integrate health and family planning services, the Government had set up a committee under his chairmanship to develop a programme for the preparation of multi-purpose workers. One of the committee's recommendations had been that male multi-purpose workers should not only look after programmes against malaria, smallpox, etc., but also carry out family planning work amongst the male population. A further recommendation, which had also been accepted by the Government, related to the role of female multi-purpose workers not only as family planning workers but also in distributing contraceptives, providing guidance on nutrition and immunizing children and expectant mothers. Yet another suggestion had been that the multi-purpose workers should carry some common medicines as a first line of defence against common diseases in rural areas and to increase the acceptability of the workers to the population. This recommendation had also been accepted by the Government in principle. The idea was to achieve greater and more intensive health coverage of the rural population. As against the existing average of one worker per 10 000 people, the aim was to provide one for every 5 000 of the population.

DR U THEIN NYUNT (Vice-Chairman), speaking as the representative of Burma, said that short courses on health planning had been held in his country and that his government would like to have further WHO assistance in this field.
The REGIONAL DIRECTOR described the action on the formulation of a Health Charter which had been taken since the last session of the Regional Committee. The advisory group which had been appointed by the Committee at its session in 1972 had held several meetings in the Regional Office. At its last meeting the group had made recommendations on continuing the collection of data, on relating the Health Charter to other activities of the Regional Office, on identification of potential donors and on formal acceptance by governments.

The Regional Office had already collected a certain amount of basic data and had updated statistics on health problems and health manpower on a uniform basis for the countries of the Region. Country health programming or similar operations in Bangladesh, Indonesia, Nepal and Thailand had been used to collect and analyse country health information. Similar information was now being collected in respect of the other countries.

The Regional Office was involved in many organization-wide activities which interacted with the Health Charter, including information systems development.

It was hoped that the country health programming operation in Nepal could be used as a basis for a systematic identification of aid donors for that country's national health programme. Efforts had also been continued to secure external aid for specific country projects. As soon as the Charter had taken a more definite form, the search for external sources of aid could be placed on a more comprehensive basis, but, in the meantime, country health programming had contributed to the acceptance by governments of certain components of the Health Charter approach, and WHO was using its co-ordinating role to ensure assistance to health projects from other international and bilateral agencies. For example, the Swedish International Development Association, Emmaus-Suisse, OXFAM, US AID, NORAD, DANIDA and Deutsches Aussatzigen Hilfswerk, were supporting various health programmes.

Concrete proposals for the Health Charter would be formulated in a draft document and placed, in due course, before the Regional Committee. This, as amended, if necessary, by the Committee, should then be considered at a meeting at ministerial level.

With regard to the training of multi-purpose workers in India, the Regional Director said that WHO was trying to help through project India 0280, for which a plan of operation was under discussion with the Government.

As for the point raised by the representative of Burma, he explained that WHO had indeed arranged short training courses for health planners through projects SEARO 0102 and SEARO 0178 and would continue to give priority to such training.

10 Adjournment

The meeting was then adjourned.
Annex 1

TEXT OF ADDRESS BY THE GOVERNOR OF BALI
(Translation from Bahasa Indonesia)

"Today I feel very honoured and proud that, on behalf of the local government, I can meet and welcome you.

"I am very glad that you have selected Bali as the place for this meeting, which is very beneficial for us in regard to tourism as well as world development in technological sciences. This will surely bring Indonesia, especially Bali, into this development sphere.

"For us this experience is very important in our efforts to develop our nation and our province, whose successes will serve as a stimulation to continue the promotion of humanity and the welfare of our respective countries. This will also be a very good opportunity for you to observe and become better acquainted with our island, which is a small part of only one of the many South-East Asian countries. Such acquaintances will create friendships which can serve to help each other in reaching our common objectives, a welfare community based on mutual respect.

"I hope - and I am sure - you will have a most pleasant stay in Bali and, more importantly, a successful meeting.

"We also realize that we have to fight many communicable diseases which are still difficult to eradicate efficiently. We are encouraged by the growing awareness and desire to live in a healthier environment. This must become a part of daily life to aid the fight against disease. This will be more effective if we can include the advances of modern technology.

"The exchange of experiences and knowledge is vital to assure success. This I hope will be one of the many results of this meeting.

"Finally, welcome again, and may you have a successful meeting."
"On behalf of the World Health Organization and its Regional Office for South-East Asia, I convey our profound thanks to Your Excellency Sri Sultan Hamengkubuwono for honouring us with your presence. I should also like to take this opportunity to thank your Government personally for having invited us to hold the Regional Committee's twenty-seventh session here in Indonesia in Bali. This is the fourth time that you have offered us such hospitality of your beautiful islands.

"Strung like a necklace across the southern seas, Indonesia's chain of 13 000 islands embraces the Asian continent like a rope of precious pearls. These pearls are not only of wondrous tropical beauty but also are pearls of wisdom - a wisdom matured by the millenia.

"Lying as they do, along the sea routes of Asia, your islands have nurtured the cultures from the North and the West, which have met here over the ages, been refined, developed and diversified and then dispersed south to continents as far flung as Australia and Africa.

"In this melting pot of Asia, the people of modern Indonesia are the guardians of a heritage of art and architecture that flowered here hundreds of years ago. The stupa at Borobudur is one of the finest monuments to Buddhist art. In Java, the ancient co-operative communal farming system, "gotong royong", which has also been preserved, may be of great value to other countries in our region as a guide to developing peripheral services. In Bali, which has been called "the morning of the world" and which many will feel is almost a world in itself, the people have preserved the temples of the Hindu religion inherited from a land that lies nearly 4 000 kilometres away, and they maintain to this day an elegant and refined, artistic culture and a peaceful, joyous way of life which is constantly expressed in their famous dances - a spiritual and inspiring spectacle which we shall shortly have the pleasure of seeing.

"I do not imagine that many of us have come to this, the twenty-seventh session of WHO's Regional Committee for South-East Asia, by outrigger canoe, and, regrettably, we will disperse more quickly than did the Indonesians of the ancient times. But I hope that we, too, will take away with us valuable gifts to our peoples - not the yams and the bananas, bread fruit and coconuts which were once carried so many miles across the ocean to Madagascar, nor yet the works of art which returned to influence craftsmen in southern India, but a message of hope to our people - the hope of a healthier world in which to live.

"For more than two decades, WHO has received ever-increasing support from the Government of Indonesia in joint efforts to improve the health of the Indonesian people. Recently, the Minister of Health, H.E. Dr Siwabessy, his Secretary-General, Dr Djaka, and the Directors-General have been most active in helping to formulate WHO's policies and programmes. They have
made valuable contributions to the work of WHO at national and Regional Committee levels, and also at sessions of the Executive Board and at World Health Assemblies. It was appropriate, therefore, that the President of the Twenty-sixth World Health Assembly should have been our Professor Julie Sulianti Saroso - and a most distinguished President she made.

"Since we last met in this country, in Bandung, in 1960, Indonesia has made great strides forward in all fields, including health. The Government's recognition of the importance of health is reflected in the emphasis now being placed on its development in the social sector. I am extremely gratified that the President has allocated special funds in the Second PELITA for the development of health centres and for water supply and sanitation in rural areas. This is in addition to the funds allocated in the Ministry of Health's regular budget.

"A major achievement was registered on the 25th of April this year, when a World Health International Commission declared Indonesia to be free from smallpox. WHO was an active collaborator in this great national effort against smallpox, and I heartily congratulate the national leadership and the many individual health workers who toiled unceasingly for the successful accomplishment of this tremendous task. I have no doubt that this achievement will inspire others and help to ensure that all efforts to eradicate smallpox from the Region will soon end in success.

"There remain, however, in Indonesia, as in other countries of our Region, many other public health problems caused by communicable diseases, but the general health services in this country have been developed to such an extent that some of the disease-control programmes can be integrated into them. This is the case with malaria in Java and other priority areas. Against tuberculosis, the BCG immunization programme has made good progress, and it is expected that, with the assistance of UNICEF, mass immunization will be completed by the end of this year. One of the main reasons for this progress has been the use of personnel from the smallpox eradication programme.

"There have been widespread and intensive efforts to control other infectious diseases such as plague, dengue/haemorrhagic fever and cholera, as well as other water-borne diseases, and field studies are in progress to develop the most effective measures against them. WHO, along with other international and bilateral agencies, has been working very closely with the Indonesian health authorities in these activities.

"The Indonesian Government has been enthusiastic in applying modern planning and management techniques to the development of an effective health care system, and such methods have been of great help in preparing Indonesia's Second Five-Year Health Plan, which was launched in April this year. Health planning, programming and evaluation, research and development, and the health care delivery system have been restructured and integrated in order to provide easily accessible health services to people through the development of health centres. This rearrangement will, I am confident, be most valuable in helping Indonesia to realize the health goals of the Second PELITA.
"We are all aware that the nutritional state of a people contributes to a large extent to the general health. The recent interdisciplinary team which studied the nutritional problems of Indonesia has indicated the urgency of developing a national food and nutrition policy, which would include possible modifications in agriculture and other food production programmes. I am sure that the Government will give priority to solving this problem.

"Indonesia has made considerable progress towards self-sufficiency in drugs and biologicals. The WHO code of good manufacturing practices has been adopted by law, and the necessary machinery and laboratories for quality control of drugs have been set up.

"In the Second PELITA an increase in the provision of safe water supplies and sanitation in rural areas is proposed, and I hope that, with the assistance of WHO, UNDP and other agencies, it will be possible to achieve the objectives. Substantial progress has already been made in training the different categories of manpower required for the water supply and sanitation programme.

"It is now accepted that a country's socio-economic progress ultimately depends on the productivity of the population. In Indonesia great strides have been made in preparing the strong cadres of doctors, nurses and other health workers needed to ensure the health of the people, especially in the rural areas. I am confident that the people and the Government of Indonesia will continue to give support to this band of loyal workers and encourage them in their efforts to fit themselves to do their jobs still better.

"At the opening of this short address, I reflected on the original colonizers of these islands. We can know little of the precise conditions in which our ancestors lived and the population pressures which caused their massive migrations into and then beyond these fertile islands. We do know that now it is in our power to control some of the environmental conditions affecting us. In this knowledge we shall, in this meeting, be working to pool our ideas and plan among ourselves how we can contribute to the continuing improvement of the health of the peoples of our different countries. What better motto to inspire our meeting than that of Indonesia's coat of arms: "Bhinneka Tunggal Ika" - Unity in Diversity."
"It is a great pleasure to attend this meeting and to convey to the WHO Regional Committee the Administrator's best wishes and greetings.

"There are rapid and dramatic changes taking place in the world of today, which affirm, more than ever before, the inter-dependence of nations. As you know, the General Assembly of the United Nations recently convened a Special Session which resulted in the adoption of a Declaration on the Establishment of a New Economic Order and a Programme of Action. The Administrator of the UNDP, speaking at the June session of our Governing Council, said that "the United Nations development system has a prime responsibility for responding to many of the requirements of a new economic order".

"In extrapolating from the General Assembly Declaration, the Programme of Action and the International Development Strategy, the Administrator of the UNDP referred, inter alia, to the emphasis in the discussions at the Special Session on development as being more than increased economic output. The ultimate aim is the quality of human life... even as we perceive the interrelationships in economic progress, so, too, must we understand the reinforcing relationships of poverty: malnutrition, poor health, unemployment and the inability to acquire productive skills.

"WHO, with its regionalized structure and its regular resources, as well as its participation in UNDP-financed activities, has its own role to play in the world-wide development effort. This has been defined by the Organization's governing body. At the regional level the WHO Committee for South-East Asia covers the most populous area in the globe at present served by a WHO regional office. Your deliberations, affecting as they do the co-operative health programmes in this vast region, therefore merit special attention.

"We note that revised strategy guidelines have been formulated to identify objectives, targets and priority areas of assistance by WHO programmes in the Region. These guidelines are mainly addressed to the country level.

"We would, however, suggest an identification by the Committee of priority areas for inter-country activities that can suitably be assisted by the UNDP and WHO. The reason for this suggestion is that the UNDP Regional Bureau for Asia and the Far East is now engaged in starting its forward planning for regional or inter-country projects for the next Indicative Planning Figure (IPF) programme cycle, covering the period 1977-1981. The Regional Bureau, in announcing its forward planning to the Executive Agencies, is attempting to collate information from recent inter-governmental meetings, such as this one, with a view to developing a broad inter-country programme framework for 1977-1981 and at the same time establishing linkages with corresponding activities in the context of country programmes both within..."
and outside the UNDP. As you know, the recent session of the UNDP Governing Council in Manila would indicate more than doubling the inter-country funds for Asia and the Far East over the IPF for the period 1977-1981. This increase in resources for regional activities poses a challenge to the UNDP and the agencies of the United Nations development system, and it is felt that the time to start programming for 1977-1981 is right now. An expression from this meeting of health priority areas suitable for consideration in the inter-country programme which reflect the needs of the countries of the Region and will lead to projects that are well conceived and designed, will be received by the UNDP with due consideration."
"I have great pleasure in conveying to you greetings and good wishes on behalf of Mr Labouisse, the Executive Director of UNICEF, Mr John Grün, Regional Director for South-Central Asia, Mrs Margaret Gaan, Acting Regional Director for the East Asia and Pakistan Region, and Mr David Haxton, UNICEF Representative in Jakarta, on whose behalf I speak (because he is out of the country) on this important occasion of the twenty-seventh session of the WHO Regional Committee.

"This session is of very special interest to UNICEF since it has, among other items on its agenda, the technical discussions on provision of safe water supply to rural communities in South-East Asia. I say this because UNICEF, as spokesman of the United Nations for young children, considers that clean water is one of the basic needs of the vulnerable young population, and is of the view that the investment in water supply programmes has considerable economic and social returns which protect the health of the population, particularly its vulnerable sections, mothers and young children living in backward rural and slum areas.

"UNICEF participation in rural water supply programmes has considerably increased in the past few years, largely due to the high priorities accorded to this programme by governments themselves. Other factors which prompted UNICEF to invest more of its resources in rural water supplies on a long-term basis were circumstances brought about by natural calamities and drought emergencies. UNICEF is presently participating in the rural water supply and environmental sanitation programmes of 79 countries, with its inputs for 1973 valued at over 11 million US dollars.

"UNICEF policies for water supply and environmental sanitation are established by the UNICEF Executive Board on the recommendations of the UNICEF/WHO Joint Committee on Health Policy. The last such exercise was done in 1973. UNICEF's aim, along with WHO's, is to encourage governments to undertake rural water supply and environmental sanitation programmes co-ordinated with other related sectoral and regional programmes of their long-term economic and social plans.

"Let me close here, since there will be enough opportunities to discuss this important item in the coming days.

"On behalf of UNICEF, I wish the Regional Committee every success in its deliberations."
"It gives me, as the Minister for Health of the Government of Indonesia, great personal pleasure to welcome you to this twenty-seventh session of the Regional Committee for the South-East Asia Region of WHO. We have had previous sessions in Indonesia, but this is the first time we are having one on the island of Bali, a name that is probably familiar to most of you. We, here in Indonesia, always attach the greatest importance to the sessions of our Regional Committee, because, in these sessions, our own problems, as well as those of the other Member countries are discussed. We Member countries all have our own plans and programmes for our national health services, and it is at sessions such as this that we have the opportunity to work out details of collaboration and assistance. Accordingly, and in this spirit, we are proud to be the host country on this occasion.

"As in all developing countries, communicable diseases, nutritional disorders, a high birth rate, poor sanitation, lack of understanding of health by the general public and shortage of adequate health manpower seem to be the main problems faced in the health field. In a sample survey undertaken in 1972 it was found that the prevalence rate of morbidity was 5% and that the majority of people were suffering from infectious and parasitic diseases.

"A manpower survey indicated that the number of professional nurses is only one and a half times more than the number of physicians, and that the physicians total only around 6000, most of whom are located in big cities.

"If we really want to serve the people, including those living in the villages, we must attempt innovative ways of health care delivery.

"I therefore welcome WHO's collaboration and assistance in the project for the strengthening of health services, which will cover all aspects of health care delivery, research, planning, training of adequate manpower, implementation of ambulatory health care and evaluation.

"I should like to take this opportunity to thank WHO for selecting Indonesia as the site of one of the health service development institutes. As I understand, our institute in Surabaya is the second established as a joint venture between WHO and a national government, the first being in Iran.

"The agenda for this twenty-seventh session of the Regional Committee is very appropriate. It will give us the opportunity to discuss all the problems I have mentioned before. I hope the Regional Committee's deliberations will result in resolutions which will facilitate the solving of our common problems. In this context I should like to mention specifically the problem of malaria, which has been proposed by the Government of India as an additional item on the agenda.

"Malaria control is not a technical problem any longer. We all know the epidemiology of malaria; we know which insecticides are effective against the vector, and which are the best drugs to care for the malaria patient.
"The difficulties we have been facing in Indonesia are mostly financial. This matter has been partly solved because of a project loan from the Government of the USA, starting this year. However, we still have difficulties in obtaining DDT at a reasonable price.

"It would be very helpful if WHO could explore with other specialized agencies of the United Nations the possibilities of producing the necessary insecticides as a joint venture between the appropriate United Nations specialized agency and interested governments so that the price of DDT will remain within our reach.

"The technical discussions for this year are very suitable for us in view of the new programme of rural water supply and excreta disposal starting this year in Indonesia. President Soeharto has put at the disposal of kabupaten governments the total sum of 2.7 billion rupiahs, the equivalent of US$6 500 000, to be used for assisting improvements in the villages.

"Finally, I should like to wish every success to this session, and to those who have travelled from far to come here, may I say that I hope they will have an enjoyable stay in Indonesia."
TEXT OF ADDRESS BY THE VICE-PRESIDENT OF THE REPUBLIC OF INDONESIA
(Translation from Bahasa Indonesia)

"On behalf of the Government of the Republic of Indonesia I have the honour to welcome you, the guests and participants in this twenty-seventh session of WHO's Regional Committee for South-East Asia.

"The Government and the people of Indonesia deeply appreciate the decision of the Regional Committee to hold the session this time in Indonesia. The holding of this meeting here in Indonesia will certainly give great stimulus to our efforts to carry out our national development plan of health. I wish to let you know that, besides the development of the other sectors, health development has now been recognized as an important prerequisite for the success of national development in the long term.

"For this reason, the problem of health is given priority in the Second Five-Year Development Plan, which came into effect at the beginning of this year. Our aim is that health development should not always be a programme of the Government only, but that it should be ultimately the programme of our people themselves.

"I recognize that there are many other health development problems faced by States represented in this meeting, but I am sure that this Regional Committee will be capable of formulating conclusions which can be used as guiding principles for each State in its efforts to solve the problems.

"Believing this, I pray for the blessing of God on you and wish you every success in your deliberations."
### SUMMARY MINUTES*

Second Meeting, 3 September 1974, 3.00 p.m.

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*Issued as document SEA/RC27/Min.2, on 4 September 1974.
Disease prevention and control - communicable diseases (pp.17-33)

MR PANNI (Bangladesh) thanked the Government of Indonesia for its warm hospitality and congratulated the Chairman on her election. He appreciated WHO's humanitarian efforts in alleviating the miseries of the people, particularly in under-developed countries.

The recent floods in his country had taken a heavy toll of lives and caused considerable damage to the economy. He described the situation and said that he was confident that WHO, as in the past, would extend its support in providing relief to his country.

Malnutrition and over-population were the two main problems facing Bangladesh. He was grateful to WHO for providing assistance with medicines as well as to combat malnutrition and to build up health facilities. Diseases such as cholera, smallpox, typhoid, malaria, leprosy and tuberculosis were endemic, and his government hoped to achieve success in eradicating them, with assistance from WHO. For the malaria programme, WHO had provided experts, equipment and supplies. The national tuberculosis programme had been assessed and would be integrated into the basic health services; the Government was engaged at present in the training of key personnel and in the formulation and implementation of a plan of operation. As for smallpox, the Government's target was to eradicate the disease by 1977, and WHO had provided experts, fellowships, supplies and equipment for the programme.

A national leprosy control programme had also been launched, in cooperation with WHO.

An integrated plan of operation for the surveillance and control of communicable diseases in Bangladesh was under preparation, with a joint plan of action for the control of tuberculosis and leprosy. A national environmental health programme was also being developed, which included village water supplies. The Government had accepted recommendations for the establishment of a public health engineering research institute and four regional laboratories. Other areas in which WHO had been assisting were occupational health, organization of health services, planning of hospital administration, pharmaceutical and biological quality control, nursing advisory services and training, a blindness survey, venereal-disease control, production of rehydration fluid and health education. He hoped that WHO's assistance would continue until such time as his country would be in a position to stand on its own.

He referred to the integrated health services scheme whereby greater emphasis was being laid on both preventive and curative health services in rural areas. He requested that WHO increase its assistance in the fields of health education and nutrition.

The Government of Bangladesh had launched an ambitious family planning programme, for which he hoped that more financial support and technical expertise could be provided. He was grateful for the work done by WHO.
as the executing and participating agency of the UNFPA and the World Bank in the formulation and execution of projects in family planning.

**Tuberculosis (pp.21-23)**

The CHAIRMAN (speaking as the representative of Indonesia) emphasized the importance of tuberculosis. As seen from the table on page 21, it was a problem in all countries of the Region. She referred to her participation in the deliberations of the WHO Expert Committee on Tuberculosis held in the previous year, at which the conclusion was that tuberculosis could be controlled. The Indian Tuberculosis Chemotherapy Centre in Madras had demonstrated that hospitals were not needed for treating tuberculosis cases; also, more powerful medicines were now available. In this connexion, she suggested that the services of the Tuberculosis Training and Evaluation Team (SEARO 0113) be used to develop a "package" - a methodology for tuberculosis treatment and control in simple terms for use by the basic health services.

DR WICKREMASINGHE (Sri Lanka) said that a community-oriented tuberculosis control programme with WHO assistance was in operation in Sri Lanka, where 75% of the births were taking place in maternity hospitals, and BCG vaccination of the newborn was being routinely undertaken. At the same time, at the periphery, through the pre-school vaccination programme of the integrated health services, those unvaccinated at birth were also being covered. With this approach and also the ambulatory treatment that was made available, the tuberculosis problem was being brought under control.

DR DOLGOR (Mongolia), referring to the figures given for Mongolia as "estimated prevalence and incidence of tuberculosis (among both sexes) in the countries of the South-East Asia Region" (p.21), said that he was not sure that these were very recent figures, as in Mongolia tuberculosis was now being effectively controlled. There were now so few cases that the tuberculosis hospitals had been converted to institutions with other functions.

The REGIONAL DIRECTOR observed that the inter-country Tuberculosis Training and Evaluation Team was now to be amalgamated with the project "Strengthening of Epidemiological Surveillance and Control of Communicable Diseases" (SEARO 0238), wherein provision had been made for an epidemiologist and also a number of short-term consultants, temporary advisers and seminars in 1976 and 1977. The very useful suggestion of the Chairman for a tuberculosis control "package" would be given serious consideration as a part of this project.

**Diseases subject to the International Health Regulations and epidemiological surveillance (pp.23-25)**

DR SOMBHONG (Thailand) said that the technology for eradicating smallpox was available; it was now merely a question of administration. If the health infrastructure covered the whole of a country, eradication was easy.
The CHAIRMAN said that the fight against smallpox could not wait for the development of a health infrastructure but should be fought on a war footing. Action should be taken urgently.

DR SOMBHONG (Thailand) agreed that the disease needed to be dealt with on a war footing but emphasized that this would be a short-term programme. The long-term aim should be to develop the health infrastructure so that it would be able to handle the problem.

Cholera and other enteric diseases (pp.26-27)

DR WICKREMASINGHE (Sri Lanka) stated that cholera El Tor had invaded the northern parts of his country in the past year and continued to spread in spite of intensive containment measures. Religious pilgrimages were a complication. His government was grateful to WHO and to other countries for the vaccine provided to help to control the recent outbreak.

DR BAHRAWI (Indonesia) said that cholera was still a problem in Indonesia, and the case fatality rate could be brought down only by teaching the nurses at the health centres how to administer rehydration fluids. The disease would continue to occur until environmental health conditions, especially water supply, could be improved. Indonesia was experimenting with a method of control by training paramedical personnel to administer the rehydration fluid and also educating the people about oral rehydration. He hoped that the current field trial with cholera vaccine in Indonesia would yield successful results.

Venereal diseases and treponematoses (p.29)

DR WICKREMASINGHE (Sri Lanka) stated that the incidence of infectious syphilis had shown a steady increase during 1963-1968, had decreased in 1970, but had risen again in 1974. Gonorrhoea had also shown a similar trend. This seemed to be the pattern in other countries of the Region as well. He wondered whether WHO could consider further assistance to the project in his country.

The CHAIRMAN queried whether the last sentence in this section of the Annual Report was correct. As long as the hygienic conditions of the people left much to be desired, would it be correct to say that "yaws had completely ceased to be a public health problem in South-East Asia".

The REGIONAL DIRECTOR suggested deletion of the word "completely" in the second line of the last paragraph under Section 2.4.2. This was agreed. There might still be a few pockets whose existence was not known, and he agreed with the Chairman that there was a need to keep a careful watch over the situation.

DR JUNGALWALLA (Director of Health Services), who was asked to comment, said that after yaws had been eliminated from large areas of Java and Sumatra, the lessons learnt about the impact of long-acting antibiotics on the epidemiological situation were still valid. It might be recalled
that a pilot project had been initiated in Surabaya for the utilization of special yaws project workers in the general health services. In Thailand, a similar project for the integration of disease-control programmes into the general health services had also been undertaken, and an evaluation of the experience had been used in the further planning of the programme. Since that time, because of improved communications, more pockets had been discovered in some countries, but again, with the development of the general health services, there was no need for the establishment of special campaigns. Nor did the endemicity of the disease warrant such campaigns.

MR KARTAR SINGH (India) said that in India there were still isolated pockets of yaws among the tribal population of Orissa and the adjoining areas of Madhya Pradesh. There was a high incidence of the disease among the tribal population of Koraput District. He agreed, however, with the view that the disease was curable with antibiotics, although there the chances of such drugs reaching the tribal people were limited.

Diphtheria, tetanus and pertussis (pp.29-30)

MR NARULA (UNICEF) said that he wished to inform the Committee of the assistance being provided by UNICEF to an integrated immunization programme in India, in which $2 million was being spent on vaccinating children against tuberculosis, smallpox, diphtheria, tetanus and pertussis. Multi-purpose health workers were being trained for this scheme, and a multi-purpose immunization "kit" was to be tested, with intensive use in selected areas. This, he said, was to be co-ordinated with the integrated child development services programme and so was the kind of "package" programme referred to earlier.

The REGIONAL DIRECTOR drew attention to the discussions at the Twenty-seventh World Health Assembly on the expanded programme of immunization. At WHO Headquarters discussions also had been held on the subject, and the Organization was trying to determine the steps to be taken in order to define the programme clearly, viz., (1) preparation of general guidelines to plan and organize vaccination programmes; (2) extension of WHO programmes on the potency of vaccines; (3) discussions with potential donor countries and international agencies on possible contributions to well designed programmes; (4) studies with vaccine producers on reducing the cost of vaccines, and (5) organization of seminars, etc. The Director of the Division of Communicable Diseases from WHO Headquarters was expected to visit the Regional Office as well as several countries in the Region to study the situation.

Dengue/haemorrhagic fever (p.31)

DR CHOED (Thailand) said that the first outbreak of dengue/haemorrhagic fever had occurred in Bangkok in 1958, since when the disease had appeared in Thailand annually, reaching a peak every second year. Unlike some other countries where DHF outbreaks had seemed to subside after 1964, Thailand faced an even higher incidence, with the disease spreading to small towns throughout the country. In 1972, it had experienced
the severest epidemic, with a total of 23,782 cases and 685 deaths. Although the case-fatality rate had steadily declined, from 10% in 1958 to 3.7% in 1973, the high morbidity rate and total number of deaths were of considerable significance. DHF had become the second leading cause of hospitalization and a major cause of death among pre-school children in Thailand.

The epidemiological surveillance programme against DHF had been strengthened in the provinces, and steps had been taken to improve the accuracy of clinical diagnosis. In the pilot control project in Bangkok, larviciding had proved to be highly effective in interrupting transmission. The apparently low incidence in 1974 was probably to some extent due to the control programme using larvicides. Among the factors which might be contributing to the increasing incidence of DHF were growing urbanization, insufficient water supply, poor environmental sanitation and improved means of transport. There was a potential risk of the dengue virus being introduced into receptive areas. Thus the problem of DHF was not a local one; there was a need for international co-operation in dealing with it. A surveillance programme at the international as well as local level appeared most desirable.

The CHAIRMAN said that the WHO Technical Advisory Committee on Dengue/Haemorrhagic Fever which had been convened in Manila in March 1974 had, inter alia, recommended international surveillance of this disease of unknown origin. She suggested that the Regional Office should take suitable steps to strengthen the surveillance measures with a view to giving timely warning to the countries of this region so that they could take appropriate preventive measures. The Committee might consider asking the Regional Director to suggest to the Director-General that dengue/haemorrhagic fever should be one of the diseases subject to the International Health Regulations.

DR WICKREMASINGHE (Sri Lanka) said that, although there had been no cases in Sri Lanka since 1969, he agreed with the Chairman on the need for strict vigilance to alert Member Governments for timely preventive measures.

The REGIONAL DIRECTOR said that he had noted the suggestion, and he assured the Committee that WHO would take all possible action. He observed that at the Manila meeting recommendations had also been made regarding clinical diagnosis, treatment procedures, laboratory diagnosis, surveillance, prevention, control and research. WHO was now in the process of preparing suitable instructions for use by the various Member Governments.

Some years ago, the National Institute of Communicable Diseases in Delhi and the Virus Research Centre in Poona (India) had surveyed a number of outbreaks of dengue/haemorrhagic fever. In view of the importance of the problem and the outbreaks of the disease in many countries of the Region, WHO had engaged a consultant with considerable experience in the field to assist in assessing the extent of the problem, in determining the accuracy of diagnosis of the disease, and whether its immunological aspects had been properly studied. Another
meeting of the WHO Technical Advisory Committee was scheduled to take place in Bangkok in February 1975 to take stock of the situation and to recommend suitable measures for curtailing the disease to the maximum extent possible.

It was agreed that the Regional Director should take up with the Director-General the desirability of placing dengue haemorrhagic fever among the diseases subject to the International Health Regulations.

Rabies (p.33)

DR JOSHI (Nepal) said that rabies control was a major problem in his country. In the past year Nepal had received about 80 000 ml of vaccine from India. The requirement during the current year was about 120 000 ml. The manufacturers were not in a position to supply the vaccine at regular intervals. He described problems attached to the destruction of stray dogs in his country and asked for suggestions for bringing the disease under control.

The REGIONAL DIRECTOR, replying to the representative of Nepal, said that a plan of operation for the eradication of rabies had already been submitted to the Government. As soon as the Government's reaction to the plan was known, further assistance with rabies control could be provided. A WHO consultant had also visited Nepal to look into various aspects of the problem.

Immunology (p.33)

The VICE-CHAIRMAN (speaking as the representative of Burma) stated that Burma had tackled smallpox successfully, but that tuberculosis, cholera and dengue haemorrhagic fever were still major problems. He wondered whether WHO could explore the possibility of giving priority to research in these fields in the Region.

PROFESSOR DRADJAT (Indonesia) said that his country was well aware of the importance of immunology. He suggested that an inter-country project with emphasis on research might be started.

The REGIONAL DIRECTOR observed that, for research in immunology, a research training centre had been started at the All-India Institute of Medical Sciences, New Delhi, with assistance from the Indian Council of Medical Research and WHO, and that similar centres in Singapore and Lausanne were also functioning as WHO-sponsored training and reference centres. The Regional Office would follow up the suggestions made by the delegates from Burma and Indonesia as soon as a decision had been taken on the transfer of research activities to the Region. He was planning to send a consultant to several countries to study the problem.

Cardiovascular diseases (p.35)

PROFESSOR DRADJAT (Indonesia) said that cancer and cardiovascular diseases were becoming important problems in his country, which was collecting data on incidence with a view to taking preventive measures.
Rehydration fluid (p.37)

The CHAIRMAN remarked that diarrhoea was all too common in countries of the Region. Oral rehydration could be used, but serious cases called for rehydration fluid. The Government of Indonesia had submitted a plan for the production of rehydration fluid, which the Report stated was under consideration; however, the plan had not been accepted by the UNDP.

The REGIONAL DIRECTOR replied that he was sorry to hear about this development and would see how best the Government of Indonesia could be assisted. The production of rehydration fluid was important; the fluid was also being used in the treatment of dengue/haemorrhagic fever.

Environmental health (pp.38-39)

MR SWAMY (India), observing that he was honoured at having been elected Chairman of the technical discussions, stated that the recognition of the importance of "provision of safe water supply to rural communities in South-East Asia", selected as the subject for the discussions, was in itself a major breakthrough. The developments in this field so far had been limited mostly to urban populations, the rural areas having been given low priority, even though, in South-East Asia, 80% of the population lived in these areas. Reorientation of policies and planning and also investments in this field had thus become imperative. The assistance which India had received from UNICEF and WHO in the provision of drinking water supplies, in drilling in hard rock areas and in training programmes, he said, had served as a catalyst for improving the programme. Yet hardly 13% of the population so far had access to safe drinking water.

The Regional Director had already referred to the need for assisting in pollution control. In India, the Water Pollution Control Bill had become law, and measures were being taken to establish control boards and laboratories at both national and State levels.

DR SOMBHONG (Thailand) said that the provision of safe water supplies was essential to prevent diseases caused by parasites such as hookworms, tapeworms and liver flukes, as well as to prevent cholera and other enteric disorders. Environmental sanitation had a bearing not only on the general level of health of the people but also on nutrition. It had been calculated that in Thailand 27% of the rural population (10 million people) were infested with hookworms, with an average of 100 to each person, and that these 100 hookworms took 6 ml of blood a day. The population infested with Ascaris consumed extra rice to the amount of 100 000 tons a year. If this amount were saved, Thailand could be a rice exporter. The treatment of this condition was not difficult and could easily be undertaken by properly trained paramedical personnel. WHO assistance was needed in training the paramedical personnel, however, as well as in providing facilities for diagnosis and research into low-cost indigenous drugs to tackle this problem.
The REGIONAL DIRECTOR, in replying to the observations of the delegate from Thailand, referred to research in Thailand which had revealed that 21% of the deaths, 14% of the sickness and 17% of the health expenditure were due to environmentally related diseases. He also referred to the assistance provided by WHO to the Public Health Engineering Division in Rajasthan and to three other States of India. WHO was quite prepared to extend this programme of assistance, including training facilities for paramedical personnel as necessary, to other countries of the Region.

2 Adjournment

The meeting was then adjourned.
**SUMMARY MINUTES**

Third Meeting, 4 September 1974, 9.30 a.m.

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*Issued as document SEA/RC27/Min.3, on 5 September 1974*
MR KARTAR SINGH (India) stated that India was self-sufficient in medical education; the first medical college in the country had been established in 1835, and there were at present over 100 medical colleges, which annual turned out over 12,500 graduate doctors. However, the doctors were unevenly distributed between the urban and rural areas; 68% of them were in urban areas serving 20% of the country's population, whereas the remaining 80% of the population living in rural areas was served by only 32% of the doctors. A second feature which distorted the good picture of the medical manpower situation in the country was the "brain drain", which had been referred to by the Secretary-General of the United Nations also some time ago. Among the reasons for the reluctance of doctors to go to rural areas was the lack of amenities for living - housing, schools, etc. - and of sophisticated equipment and facilities for their work. The Government of India intended to set up a medical education commission to assess the present system of undergraduate medical education, to direct the training away from the hospital and to look into the possibility of training doctors with special orientation to work in areas where sophisticated diagnostic and treatment facilities were not available. The commission would also study the distribution of trained medical personnel.

In regard to paediatric and obstetric education, these subjects, he said, were being taught in medical colleges, and the teaching of human reproduction, family planning and population dynamics was also gradually being introduced. Family planning was important for India, a country which contained 14% of the world's population, and it had been accepted as a national programme, which had been implemented for nearly two decades. Experience had shown that purely clinical approaches were not enough to influence the fertility level effectively, and a strategy had been evolved to integrate the programme into the larger and arduous task of reducing poverty and carrying out social reforms at the "grass-roots" level. India was moving towards a close integration of health care and nutrition into a wider programme for mothers and children.

He quoted a statement made by India's Minister of Health and Family Planning at the recent World Population Conference in Bucharest explaining India's attitude towards this programme in a very concise manner, citing the removal of poverty, "the main cause of over-population", as the pathway to family planning. An integrated approach was needed covering man in relation to his total environment.

DR CHOED (Thailand) said that the attempt to provide health services by emphasizing the promotive and preventive aspects could be successful only in countries where people were well-off and educated. In the developing countries, where the economic status and educational level of people were low, this approach had not been so successful. Poor people with little education used medical facilities only when they were sick.
He was convinced that merely providing health promotion and disease prevention facilities without giving due importance to the curative aspects or motivating the people to ask for preventive services would not help in achieving the goals of health programmes. The health services had to be planned in accordance with the needs of the people, but the shortage of medical manpower in relation to the needs of health care delivery in Thailand, as in many other developing countries, was acute.

The rate of population growth, the insufficient increase in the number of physicians and the fact that many doctors emigrated to other countries contributed to this shortage; and even though Thailand had a system of two years of compulsory service in rural areas for medical students after graduation, the problem of posting medical personnel in rural areas continued to be a major one. There was thus an urgent need to devise alternative methods of bringing health care to people in rural areas. Thailand was trying to solve this serious problem by creating two categories of personnel, viz., the auxiliary health worker, to work under close supervision, and the medical assistant. Action had already been taken on the preparation of the auxiliary health worker, and it was planned that the medical assistant should have sufficient, if less than professional, knowledge of both curative and preventive medicine and should be a substitute for the professional worker in rural areas. Availability of sufficient numbers of these two categories of personnel could go a long way towards solving the problem of providing health care to people in rural areas. He hoped that WHO would assist governments in this regard.

DR DRADJAT (Indonesia) said that medical education in developing countries needed to be made more relevant to the changing nature and scope of the health care delivery system, which, in turn, was affected by the increase in the value attached to health in the social conscience, demanding better service coverage, in the capability for social organization and in technology. The present lack of relevance resulted in problems such as concentration of medical doctors in urban areas and the "brain drain". There was a critical need for adequate steps to devise a more appropriate system and approach in order to identify and tackle not merely the technical but also the economic, social and cultural aspects. Inter-ministerial co-ordination and the involvement of the private sector and the community in general were also needed, as were the development of a clear concept and its translation into a plan to which the government and the community were committed. Stress should be laid on the relationship between ministries of health and ministries of education; also, faculties of medicine - the producers of doctors - should gear their curricula to the needs of the community. He requested increased WHO assistance to governments in stimulating studies and in the exchange of ideas and experiences and interaction among governments through the organization of seminars, workshops, etc.

DR DOLGOR (Mongolia) said that medical education in Mongolia was undergoing revolutionary changes. Preparations were being made for a seminar to be held shortly, with WHO assistance. In his country, where there was one doctor for every 532 people, the problem of shortage of doctors could be considered as having been solved. However, there was now a
great need for post-graduate training, and such training was being
given in different forms, such as internships, short- and long-term
courses in special subjects, etc. The fellowships provided by WHO
had been very useful. Referring to the steady increase in the number
of WHO fellowships (mentioned in the introduction to the report), he
said that he hoped that the Regional Director would increase the number
further and not decrease it. Moreover, there should not be a decrease
in the duration of the training.

DR JOSHI (Nepal) said that every year Nepal sent about 30 to 40 students
to India for undergraduate medical studies. However, after graduation
they seldom returned to the country because (a) the salary scales in
India were better than those in Nepal, or (b) they wanted to undertake
post-graduate studies, or (c) they feared that, on return, they would
immediately be posted to the interior of the country, where no proper
diagnostic facilities were available. His government had been seized
of this problem of the "brain drain" and had therefore appointed a com-
mittee, of which he was a member, to recommend a suitable solution. The
committee had now suggested that these graduates, on return to Nepal,
should be posted to different zonal and district hospitals for two
years, after which period they would be reassigned to the mountainous
region for a further two years; they would be provided with a non-
practising allowance during their internship period and would subse-
quently, after serving in the interior of the country, be given first
priority for post-graduate training.

The CHAIRMAN asked the Regional Director to give some more information
on the scheme for providing "student loan libraries" to selected medical
colleges in different countries of the Region (p.45).

The REGIONAL DIRECTOR, commenting on the various statements made,
observed that the paradoxical situation mentioned by Mr Kartar Singh
as regards the large number of medical graduates turned out every year
in India, which still had such a poor coverage of the total popula-
tion, was a striking example of the problem faced by several countries
of the Region.

He was glad that Thailand was planning to train assistant physicians
as well as auxiliary workers for work in rural areas as a means of
overcoming the shortage of doctors. Bangladesh had similar plans for
training medical assistants, and other countries as well were develop-
ing training facilities for middle-level workers who supervised the
work of the auxiliaries in the field.

Through the inter-country project "Medical Teachers' Training and Conti-
nuing Education" (SEARO 0096), several seminars on subjects such as
continuing education for physicians and post-graduate teachers' train-
ing had been conducted in the Region. He described the seminar recently
held in Bali, which had resulted in a change in the curriculum, one in
Burma, which had emphasized community health, and the one in Bangladesh,
which had led to a survey of the teaching of community medicine. In
this connexion, WHO had sought assistance from the UNDP for expanding
the existing programme.
As regards migration of doctors, WHO Headquarters was making a detailed study of the "brain drain", on which three or four governments of the Region had been invited to make observations. He pointed out that the responsibility in some countries for medical education was divided between the Ministry of Health and the Ministry of Education, but that close co-ordination through joint committees could eliminate delays and difficulties.

As for the question raised by the delegate of Mongolia, the Regional Office would do everything possible to see how best the fellowship programme for Mongolia could be expanded.

Finally, in reply to the Chairman, he said that assistance had been given to several countries of the Region through providing multiple copies of paperback textbooks for "student loan libraries". Such assistance had been started over four years earlier; schemes had so far been worked out for medical colleges in Sri Lanka, Burma, India and Thailand. The Regional Office was planning to extend this assistance to other countries as well.

Nursing education (pp.47-48)

DR WICKREMASINGHE (Sri Lanka) observed that nursing and midwifery personnel were an essential component of health manpower in the delivery of health services. In Sri Lanka, considerable headway had been made during 1973-1974 in the implementation of the nursing and midwifery education programme. He described the steps taken to improve the training of these categories of health personnel.

Several books and manuals had been translated into the national language, and many short courses on various aspects of nursing had been conducted.

As part of the comprehensive "Health Manpower Study", a draft of the study on nurse/midwifery education undertaken by the WHO nurse educator attached to project Sri Lanka 0101 had been completed. The WHO senior nurse educator with project Sri Lanka 0106 had also provided useful assistance in writing this draft report. Many of the proposals made in connexion with this study had already been implemented.

PROFESSOR DRADJAT (Indonesia) said that he was glad that in the annual report stress had been laid on improving education and training. Many of the developing countries were, he thought, facing problems due to having too many categories of health workers. Indonesia had 78 categories of health workers, among which there were 24 categories of nursing personnel. This situation created complications in the production, placement and guidance of health workers. A simplified, standardized manpower system, beginning with the nursing system, was therefore being formulated in his country, but difficulties were being encountered in finding the most suitable method of changing the existing complex system to a uniform one. There were 24 000 nurse/midwives with 24 different qualifications who needed to be retrained, to be able to perform the functions of multi-purpose health workers, and it was becoming obvious that the switch-over to the new system needed simultaneous
implementation of a change in the health care delivery system itself. The Cilandak project, which was a pioneering one in the development of the concept of field-integrated education, using a problem-solving approach and Socratic methods, had achieved a large measure of success; he expressed his appreciation for WHO assistance and hoped that this concept could be applied to the education system as a whole.

DR JOSHI (Nepal) said that, at present, Nepal had four schools for assistant nurse-midwives. The first such school had been started at Bharatpur, and from this school the first group of students had graduated in 1961. Although some of the assistant nurse-midwives had thus served the country for more than 13 years, they had no career development prospects, and he wondered if WHO could assist the Government in the organization of short training courses for this category of health workers in order to equip them for wider responsibilities and to facilitate the creation of some opportunities for promotion.

DR DOLGOR (Mongolia) conveyed his government's appreciation to WHO for assistance in the field of nursing in his country. Training in post-basic nursing was, however, still a problem. He was happy to note that WHO was now paying special attention to this aspect.

The REGIONAL DIRECTOR, referring to the remarks of Dr Wickremasinghe, said that the report on the health manpower study recently completed in Sri Lanka would soon be made available to governments.

As to the statement by Professor Dradjat, he said that he entirely agreed that there should be fewer categories of personnel; if they were few in number, it would be simpler and easier to cater to the needs for training them.

He observed that there was a project in operation in Nepal for training auxiliary nurse midwives. Two WHO nurses were already in position under the UNDP-financed project "Nursing Education and Services (Nepal 0002)" and were assisting in the training programmes.

**Education in sanitary engineering (p.48)**

MR SWAMY (India) said that there was now a surplus of trained civil engineers in his country and that many were being given some training in sanitary engineering. Post-graduate and diploma courses in sanitary engineering had been organized at university level and also at lower levels. In addition, there were 20 short-term courses for various categories of personnel. Recent studies, however, had revealed that these courses had not been tailored to meet the actual needs of the country, as they were providing theoretical rather than practical training. An expert committee had been appointed by the Government to consider how the emphasis in these courses could be shifted to the practical aspects. The other problem facing his country had been the dearth of "barefoot workers" - pump mechanics, pipe-layers with manual skills, well drillers, etc. - to work in the rural areas. He wondered if WHO could help to build up this infrastructure at the base by training such workers, with a view to further strengthening the system.
The REGIONAL DIRECTOR said that assistance had been given to the Indian Government in developing training for engineers in the design, construction and maintenance of rural water supply schemes, and if further assistance for other categories of personnel were desired by any government, WHO would be quite prepared to arrange for relevant programmes.

**Fellowships (p.50)**

DR WICKREMASINGHE (Sri Lanka), referring to the fellowship table on p.51, which covered the reporting year, July 1973 - June 1974, said that it might be useful to have such a table showing the fellowships awarded to each country during the calendar year.

The REGIONAL DIRECTOR replied that the period shown in the table coincided with the period of the report, for which such information had to be given. If, however, the Government of Sri Lanka would like to have the figures for the calendar year 1973, he would be happy to provide this.

The CHAIRMAN said that she thought that probably the reason for the low utilization of fellowships by Indonesia was due to the inability of the fellows to qualify in English. She wondered whether WHO could suggest some method of overcoming this problem so that her country would be able to make fuller use of the fellowships available. On rare occasions senior people had been given an opportunity to study English as part of their fellowships, and this had been helpful; she also drew attention to the WHO-sponsored scheme whereby nurses from the Region were being trained in Wellington, New Zealand, with English as a part of their courses.

**Technical information and reference services (pp.53-54)**

MR NARULA (UNICEF), referring to paragraph 5 on p.54, enquired whether WHO technical publications were being sent free of cost only to the departments of preventive and social medicine in medical colleges. Sometimes certain WHO publications formed a part of lists of books being provided by UNICEF to various institutions or departments.

The REGIONAL DIRECTOR, in reply, said that each medical school was being provided with one set of WHO priced publications free of cost, and in this region they normally went to the departments of preventive and social medicine. In addition, WHO publications were provided free to some institutions in accordance with a list agreed between the government concerned and WHO Headquarters. Over and above this, an arrangement had been made in this region whereby health workers and institutions could buy WHO publications at 50% discount, subscribe to them at special concessional rates and pay for them in local currency through the Regional Office or the WHO representatives' offices. This discount was also given in the case of publications included in UNICEF supply lists.
PART II - ORGANIZATIONAL AND ADMINISTRATIVE MATTERS

DR SON OU JIN (DPRK) said that his delegation was greatly pleased to be present and to participate in the session. He congratulated the Regional Director and his staff for the excellent report. An agreement between the Government of the DPRK and WHO had been signed, and the relationships between his country and the Organization and other Member countries had become closer and closer. The DPRK would continue to do its best to strengthen these relationships and to take an active part in the work of the Organization. He said that health care received very great attention in his country, and the health of the people was improving continually; special attention was being paid to mothers and children; the gap between rural and urban areas as regards health services had been narrowed; industrial pollution was being prevented so that the health of the people was protected; the mortality rate had been reduced, and the average life expectancy was now 71 years.

He said that the population of DPRK had benefited so much from their government's attention to health care that he hoped such benefits could be extended to other people elsewhere.

Administration (pp.59-63)

The CHAIRMAN suggested that in the briefing of consultants, more attention should be paid to the technical aspects of their assignment.

The REGIONAL DIRECTOR agreed that the briefing could be improved and said that he would welcome suggestions from delegates. He mentioned that, in line with the policy of entrusting more and more programme responsibilities to the WHO Representatives, they would also be playing a greater role in the briefing of new staff members who were to work in the countries to which they were assigned, and he felt that they might be in a better position to supplement the briefing adequately with regard to the technical aspects of consultants' assignments. He was grateful for the Chairman's suggestion and said that he would place this question on the agenda of his next meeting with the WHO Representatives, scheduled for November.

With regard to staffing (p.61), he said that the situation relating to vacant posts, which had been the subject of criticism by some representatives a few years earlier, had considerably improved. There were only two posts requiring selection: one an Administrative Officer in the Director of Health Services' office, the selection of whom had been delayed pending the assumption of office by the new Director, and the other in the field, that of a sanitary engineer well versed in environment pollution, for which a suitable person had been located only recently; the person selected was expected to take up his assignment very soon.

Collaboration with other agencies (pp.64-71)

MR GARCIA (UNDP) said that there had been very close co-operation between UNDP and WHO. With the approval of country programmes at the June 1974 session of the UNDP Governing Council, the first of such programmes in
Asia as far as the UNDP was concerned had been completed, and the UNDP was now reviewing the experience gained in the first round with the aim of improving country programming procedures. He also wished to inform the Committee that, since there was a long interval between planning and implementation, it would be extremely useful to be working on country programmes for the next cycle of the indicative planning figures, which would cover the period 1977-1981; the UNDP Governing Council had established tentative indicative planning figures for this period. Co-ordination with other programmes within the framework of UNDP country programming was important. As a consequence of the UNDP country programming there was a welcome trend towards close co-ordination of UNDP assistance with other programmes. In Indonesia, for example, because of the large amount of assistance available for the health sector, UNDP-financed projects had been chosen to bridge gaps or to supplement the efforts of WHO and UNICEF.

In rural water supply, for example, a pilot project assisted by WHO and UNICEF which had been started in 1969 had led to a new UNDP-assisted project for a phased rural water supply construction programme for East Java, with a population of 26 million, of which less than one per cent was estimated to receive adequate water supply. He mentioned that, in this respect, the Government of the Netherlands would also be providing assistance with rural drinking water supplies in West Java. This kind of co-ordination among Members of the UNDP system and increasing sources of external assistance were developing rapidly and thus effectively maximizing external inputs into development programmes.

MRS SATRIO (UNICEF) read out the following message from Mr David P. Haxton, UNICEF Representative in Jakarta: "The historic collaboration and co-operation which has governed WHO and UNICEF relationships for over a quarter century will no doubt be a great help in the deliberations which are to take place in the coming days. We will participate, Mr Chairman, in all of the discussions and provide our own views where the same are relevant to our joint spheres of activity. I wish the session all success."

MR SWAMY (India) said that for several years his country had been receiving assistance from UNICEF in the field of rural water supply, in a special programme related to hard-rock areas where surface water was scarce. Some of the equipment provided by UNICEF for this programme had been extremely useful in drilling wells and providing water supply to more than 15,000 villages in such areas. An important aspect which had been overlooked in this regard, and which had been realized later, was that there had been too much concentration on the drilling operation, with the result that no follow-up action had been taken with regard to maintenance of the equipment and the sanitary aspects, as mentioned earlier. He hoped that other delegates would keep this experience in mind when planning their own programmes.

PROFESSOR DR SATRIO (League of Red Cross Societies) expressed his pleasure at being able to represent the League at this session of the Regional Committee and conveyed the League's felicitations to the Regional Office and the countries of the Region for the progress made in the field of public health. The League was interested in the activities of WHO, especially in this region, as it had been involved
in medical assistance with many problems caused by man-made or natural 
disasters. The Twenty-second International Conference of the Red Cross, 
which had been held in Teheran in 1973, had produced resolutions on 
three topics which were closely related to public health — viz., com-
community services, the environment and blood transfusion. He felt that 
the Red Cross Society in each country could and should be used as a 
non-governmental partner in planning and implementing public health 
programmes, bearing in mind that public health was a community affair 
and should be tackled with the participation of every citizen as well 
as by governmental and non-governmental agencies, including the Red Cross. 
He therefore hoped that the link between the national health programmes 
of governments and the Red Cross infrastructure in the countries of the 
Region could be strengthened.

DR RIZALI NOOR (International Dental Federation) conveyed the greetings 
of the Federation and wished the session every success in its delibera-
tions, which, he thought, should lead to improvements in the health, 
including dental health, of the people of the Region. The Federation 
had always had close relations with WHO, which he hoped would be main-
tained and further strengthened. Since the incidence of dental disease 
was on the increase and, as had been mentioned in the Regional Director's 
annual report, dental health continued to receive low priority in the 
health programmes of many countries, he suggested that WHO might like to 
appoint a short-term consultant to assess the present dental health 
situation in the Region and to recommend suitable steps for strengthen-
ing dental health activities. The Federation would be happy to colla-
borate with WHO in the promotion of such activities.

The CHAIRMAN remarked that the matter of WHO's collaboration with other 
agencies was very important, and the need for strengthening the Organiza-
tion's role in bilateral and multilateral programmes had also been 
emphasized by the last World Health Assembly. She would therefore like 
to suggest that the Regional Director should in future report more 
elaborately on collaborative activities with non-governmental organiza-
tions and bilateral agencies (paras 5.4 and 5.5, p.70). She thought 
that it would be particularly useful to include in future information 
such as that which had been provided verbally by the Regional Director 
during the discussions on the Health Charter (see p.59).

MR SWAMY (India) said that although it was now being realized all over 
the Region that environmental health programmes should be expedited and 
farther expanded, the countries of South-East Asia had hardly any re-
sources to meet the challenges. He suggested that possibilities must 
therefore be explored with more affluent bilateral and multilateral 
agencies with a view to mobilizing resources on a large scale for assist-
ance to these developing countries so as to make a real impact. He did 
not think that assistance through small pilot-type projects here and 
there could make any real dent in the problem.

The Regional Director thanked the representatives from the UNDP, UNICEF 
and the non-governmental organizations for their useful comments, and 
also for their agencies' co-operation in WHO's efforts. Whenever there 
had been an emergency, such as, for instance, the recent floods in 
Bangladesh, all these agencies had worked as a well-knit unit in render-
ing assistance to countries of the Region. He was extremely happy to 
ote that their co-operation with WHO had always been close.
PART III - ACTIVITIES UNDERTAKEN BY GOVERNMENTS WITH THE HELP OF WHO (pp.75-215)

There were no comments on this part of the report, which was relevant to the discussions to take place in the Sub-Committee on Programme and Budget.

ANNEXES (pp.217-249)

With respect to Annex 7, "List of Technical Reports Issued by the Regional Office", the CHAIRMAN asked if it would be possible for Member countries to request copies of these reports.

The REGIONAL DIRECTOR replied that the Regional Office could, on request, distribute copies of these reports except for those few which the governments concerned wished to keep confidential.

Adoption of the report

The report was adopted. The CHAIRMAN said that a formal draft resolution would be presented later for consideration by the Committee.

2 Adjournment

The meeting was then adjourned.
SUMMARY MINUTES*

Fourth Meeting, 4 September 1974, 2.30 p.m.

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*Issued as document SEA/RC27/Min.4, on 6 September 1974
1 Review of the Fifth General Programme of Work for a Specific Period (1973-1977) (item 13 of the agenda)

DR JUNGALWALLA (Director, Health Services), introducing the document on this subject (SEA/RC27/11), referred to the recommendation for a periodic evaluation of the Fifth General Programme of Work. As a result, the Director-General proposed to present a review at the 55th session of the Executive Board. In addition, such a review would assist in the formulation of the Sixth General Programme of Work and in the long-term planning of WHO's future activities. Attached to the document were the strategy guidelines for the planning and formulation of WHO's programme of assistance to Member countries in the Region; in these guidelines the Regional Office had attempted to translate the principles and philosophy enumerated in the Fifth General Programme of Work into programmes relevant to the priority problems of the Region.

In order to deal with the three inter-connected activities mentioned, i.e., the review of the Fifth General Programme, the preparation of the Sixth General Programme of Work and the long-term planning of WHO's work, the Director-General had established a working committee consisting of the Directors of Health Services of the regional offices and relevant Headquarters staff, and had sought the assistance of consultants.

The Director-General was now seeking guidance from this Committee and from the other regional committees, and their comments would greatly assist him in making his presentation to the Executive Board and would serve as a guide for further action in formulating the Sixth General Programme of Work. This marked a further step in initiating the planning process from countries and the regions.

The CHAIRMAN invited the representatives to comment on this important question.

DR DRADIAT (Indonesia), referring to Table 1 on page 9 of the document, asked how the Regional Office had arrived at the estimate of the tentative projections for 1978 and 1979.

DR JUNGALWALLA (Director, Health Services) explained that the Director-General had indicated the order of magnitude of funds that could be expected for those years, and, taking into account the trends in the main programme areas, the Regional Office had made tentative projections. For example, during the period 1973-1977, the programme area "Strengthening of Health Services" had gone up from 30% of the budget to very nearly 38%, so that for the period 1978-1979 the amount had been levelled off and a proportionate increase had been made in "Disease Prevention and Control" because of the resurgence of problems such as malaria, cholera and dengue/haemorrhagic fever. As for "Health Manpower Development" and "Environmental Health", there had been a slight increase in the case of environmental health, from about 11% in 1974 to around 13%, and in the case of manpower development, the allocations remained around 16% of the budget.
MR KARTAR SINGH (India) said that the key sentence in the document was the statement by the Director-General of WHO that "the Organization can have no priorities different from those of its Member States". So far as his country was concerned, there could be no rigidity about the priorities of the programmes, which were reviewed from year to year, and funds were allocated according to the requirements. For example, in 1974-1975, two thirds of the health budget of the Central Government were to be spent on malaria. He therefore hoped that these tentative allocations would not be rigid but could be subject to revision according to the actual requirements of Member Governments.

MR NARULA (UNICEF) said that UNICEF, which had a very close working relationship with WHO, was happy that the new direction taken by WHO was similar to the one in which UNICEF was moving, and welcomed the country programming exercise. UNICEF tried to tie up its own programming with national five-year plans so as to ensure better co-ordination at the international level. UNICEF also welcomed the increased responsibility that WHO was giving to the WHO Representatives; UNICEF itself had already assigned greater responsibilities to its own country representatives. This step would ensure closer co-ordination between WHO and UNICEF at the country level in addition to the regional office level, where it was already very close. WHO's objectives were very much in line with those of UNICEF; both were guided by the recommendations of the Joint Health Policy Committee.

DR DRADJAT (Indonesia) said that within the framework of Indonesia's second five-year development plan (1974-1979), priority was being given to (1) health education of the public, (2) prevention and control of communicable diseases, with special emphasis on tuberculosis, malaria and diarrhoeal diseases, including cholera, (3) family planning, (4) environmental sanitation, and (5) nutrition. The priorities listed in Annex 2 of the document (pp.17-19) would therefore need a slight amendment, and his government would shortly be submitting a new formulation. In executing these programmes, stress was being laid on more intensive co-ordination at the central level.

The CHAIRMAN said that, in line with the objective of the strengthening of health services for the proper utilization of facilities, the target had been laid down as extending the health care system to 20 per cent of the population by 1977. She wondered whether this figure related to communicable diseases alone or to overall health care. If it was related to overall care, then she thought 20 per cent was not very ambitious; in Indonesia this figure had already been reached.

Secondly, in regard to priority areas of assistance, under the strengthening of health services much stress had been put on the health planning and management aspects and very little on health care delivery itself. She suggested that consideration might be given to innovative ways of increasing health care delivery. In discussions on the organizational study on basic health services in the World Health Assembly, it had been pointed out clearly that for developing countries such as those in this region, which had adopted western systems of
medicine, there might be other ways of increasing health coverage. Since the governments did not yet know how to bring about this increase, it might be desirable if, in the revised strategy guidelines, some attention were paid to the provision of assistance to governments in conducting studies to find newer methods of increasing coverage.

Thirdly, in the guidelines, the Regional Office had outlined four broad priority areas of assistance during the period 1975-1980, but if one looked at the lists of activities under each priority area, one found that some teaching activities which related to "development of health manpower" had been shown under the other areas.

The REGIONAL DIRECTOR explained that, in preparing the strategy guidelines, the Regional Office had been guided by the principles laid down in the Fifth General Programme of Work. Headquarters had recently informed the Regional Office of changes in the existing programme classification structure. He realized that there had been some duplication in the list of activities in the programmes under "strengthening of health services" and "development of health manpower". He had noted the observations made and would certainly take action to place the various categories of activities under the most appropriate sections.

With regard to the targets proposed in the revised strategy guidelines, they were being suggested to the countries of the Region for their consideration and implementation with suitable modifications. It was, however, the primary responsibility of the national health authorities to define the real targets. He repeated that he would like to receive guidance from the Committee in this regard.

DR JUNGALWALLA (Director, Health Services) said that the projections made in the strategy guidelines amounted only to crude estimates based on the limited information available. It was, however, planned to refine these targets when more information was received from governments. For the present, in the absence of definitions and comprehensive qualified indices for measurement, the following criteria had been adopted as a working basis: (a) The public health care system in a country was regarded as being one which provided a satisfactory level of care if there was an organized infrastructure to meet the minimum needs of the population, and (b) The urban populations were, for the time being, excluded from calculations on account of the relatively small numbers involved and as there were generally private and social health care systems available to them. The ratios of rural population to multi-purpose workers and to rurally situated health centres were used as indices for estimating satisfactory coverage. An index of one multi-purpose worker per 3,000 rural population was taken as 100 per cent coverage, and a rural health centre serving 10,000 rural population was considered as providing 100 per cent coverage. The mean of these two ratios had been used to indicate the coverage achieved in 1974.
In the case of Indonesia, the following figures had been used in the calculations: the rural population (82% of the total population of the country) came up to 98 million, and the coverage in terms of staff, totalling 9,834, came to 30%. According to the information available with WHO, the total number of health centres in the country was 2,343, and therefore the population per health centre was 42,000. Based on these figures, for the total population, the average worked out to 20 per cent. The overall average was therefore around 25 per cent coverage.

The CHAIRMAN said that although, in the case of Indonesia, the average coverage might be 25%, it would certainly be higher for some other countries of the Region. She suggested that by 1977 the targets to be reached should therefore be more ambitious than a coverage of merely 20% for providing satisfactory overall health care levels to the population.

DR JUNGALWALLA (Director, Health Services) explained that the targets mentioned in the strategy guidelines had been made in 1972 and that some of the figures available at that time were ten years old. If the suggested criteria and method as explained were accepted by the governments, the targets in the paper under review would be changed accordingly.

According to the figures available in 1974, the average coverage for the countries of the Region worked out as follows: Bangladesh, 28%; Burma, 50%; DPRK, 100%; India, 49%; Indonesia, 25%; Maldives, 7.6%; Mongolia, 100%; Nepal, 24%; Sri Lanka, 70%, and Thailand, 67%.

The REGIONAL DIRECTOR added that the figures given were based on information available to the Regional Office earlier, when the document had been prepared. There were some more recent calculations, which, however, were rough estimates, and he requested the Committee's guidance in order to make the projections more realistic.

The CHAIRMAN, commending the efforts made by the Regional Office in arriving at these figures, asked if the Committee agreed with the projections. Once accepted by the Committee, they would serve as guidelines for the Regional Office to go ahead with providing assistance. Did they agree that the 20% increase projected was sufficient?

DR WICKREMASINGHE (Sri Lanka) asked whether the projected 20% increase in coverage was in addition to what had already been achieved by the countries. He thought that, in any case, in Mongolia and DPRK, where the present coverage was considered to be 100%, there might not be any need to apply a 20% increase.

DR JUNGALWALLA (Director, Health Services) replied that the figures indicated the targets for coverage based on the information available to the Regional Office at that time. It was not the intention to set a single target of coverage for all countries, as the situation in each country varied widely. Moreover, several factors such as financial and manpower inputs projected in the national plans, demographic increases, etc., influenced the setting of such targets, and it was therefore impossible to establish a single regional criterion; the criteria had to be set according to the countries' individual plans.
MR SWAMY (India) suggested that, at least as far as environmental health was concerned, the figures should be kept flexible, as the programmes were likely to increase in magnitude over the years, with more and more community participation.

The REGIONAL DIRECTOR said again that the figures quoted were only rough estimates. He then described the projections made for both urban and rural water supply programmes. The Regional Office would welcome the Committee's guidance in order to know whether these figures were low or were realistic.

MR SWAMY (India) said that there was no dispute about the figures. All that he wished to convey was that, as the programme was likely to increase in magnitude, the figures should not be rigid.

The CHAIRMAN, referring to para 1, page 9 of Annex 2, said that the Regional Director had earlier stated that smallpox was no longer endemic in Nepal and that Indonesia was now entirely free from the disease. Therefore, interruption of transmission could not be an aim for 1975 in those countries, but perhaps only in Bangladesh and India, and instead, the prevention of spread from importations into Indonesia or Nepal or any other country could be added as one of the aims.

Referring to Section 2.3.4 (f) on the same page, she said that, as mentioned earlier, the experience in Indonesia had been that cholera vaccine was not effective in combating epidemics. She wondered whether the statements with regard to smallpox and cholera in the document should not be suitably amended.

DR JUNGALWALLA (Director, Health Services) repeated that the document before the Committee had been prepared about two years earlier and needed to be updated; the global programme of immunization would be taken into account. In regard to cholera, he agreed with the Chairman that while the Expert Committee was of the opinion that the present cholera vaccine was not effective enough, the Regional Office continued to receive requests from governments faced with epidemics.

The REGIONAL DIRECTOR, referring to the emergency requests received from Sri Lanka in October 1973 for large quantities of cholera vaccine, enquired from the representative of Sri Lanka as to how the vaccine had been used in tackling the problem and also whether any studies had been undertaken on its effectiveness in controlling the outbreak. He asked also whether the request had been based on technical reasons or was due to political or other pressures.

DR WICKREMASINGHE (Sri Lanka) said that there had been pressures from different groups; in order to cope with the situation, since the stock of vaccine in Sri Lanka was inadequate, requests had to be sent to WHO to arrange for urgent supplies. Sri Lanka had been comparatively free from cholera for about twenty years since 1953. The previous outbreaks had been the classical type, whereas the latest was
cholera El Tor, in tackling which the vaccine was hardly 40\% effective. However, the people felt more secure with the ready availability of the vaccine in the country. No studies, however, had been undertaken to assess the effectiveness of the vaccine in the control/containment of the outbreak. It was realized that for this purpose the improvement of general sanitation was essential.

DR BAHRAWI (Indonesia) said that there seemed to be some inconsistency in WHO's policy, since, on the one hand, it advised countries not to use the cholera vaccine and, at the same time, also arranged for supplies of vaccine to be sent to help to control cholera outbreaks. He felt that the provision of cholera vaccine should not find a place in a policy document such as this one.

The CHAIRMAN, amplifying the remarks of Dr Bahrawi, said that it was true that the World Health Assembly had decided that cholera would no longer be subject to the International Health Regulations. However, during a recent outbreak of cholera in one of the islands of Indonesia, the pressures were so high, both politically and psychologically, that cholera vaccination had to be undertaken to satisfy the population psychologically. In this case, studies had been made, which had shown that there was no difference in the attack rates as between the vaccinated and the unvaccinated population.

Referring to sub-para 2.3.4 "Priority areas of assistance" in the section "Disease Prevention and Control (page 9, Annex 2 of the document SEA/RC27/11), she said that no reference had been made to WHO's assistance to research. She suggested that such a reference should be included in this section.

The REGIONAL DIRECTOR, thanking the delegates for the views and the valuable guidance given, said that they would be conveyed to the Director-General to help him in preparing the review on the Fifth General Programme of Work for presentation to the Executive Board at its next session and also for preparing the long-term plan and the Sixth General Programme of Work.

2 Resolutions of Regional Interest Adopted by the Twenty-seventh World Health Assembly and the Fifty-third Session of the Executive Board (item 9 of the agenda)

Introducing the document on this subject (SEA/RC27/6), the REGIONAL DIRECTOR said that, as in previous years, attention was being drawn to a number of resolutions adopted by the World Health Assembly and the Executive Board which were thought to be of interest to the Regional Committee. It was hoped that representatives would encourage their governments to take whatever action was necessary on these resolutions.

2.1 Environmental and health monitoring in occupational health (EB53.R23)

DR BAHRAWI (Indonesia) observed that this resolution was of special importance to developing countries. In his country, under the Second Five-Year Plan, the emphasis was beginning to shift gradually from
agriculture to industry. Therefore, environmental health and protection against pollution were of concern, and the Government was planning to establish a national institute of industrial hygiene and occupational health. Recently a seminar on pesticide control for agricultural workers had been organized, in which the Ministry of Health, the Ministry of Labour, Transmigration and Co-operation, and the Ministry of Agriculture had participated. Such co-operation was essential for the development of environmental health and monitoring. The activities of the proposed institute would include research, service and training. He wished to draw the attention of the Regional Director to the research aspects of the institute's activities and requested WHO's assistance in the development of expertise and training facilities.

2.2 The role of WHO in bilateral or multi-lateral health aid programmes (WHA27.29)

The CHAIRMAN said that this subject had been discussed earlier (see pp. 59 and 90), and suggested that the comments made at that time might be useful to the Director-General, who had been asked to make a report on the subject.

2.3 Continuing education for physicians (WHA27.31)

DR BAHRAWI (Indonesia) said that many educational programmes in the Region at present were limited in outlook and did not stress the problems of under-developed countries. In Indonesia, an attempt was being made to provide the students with opportunities for continuing education. In developing countries emphasis was being laid on school education, and students received only a small amount of additional training, which had not proved effective in meeting the needs of the community. Attention therefore had to be paid to self-learning techniques and in-service training. His government planned to organize the necessary physical and technical support in order to develop this concept of continuing education.

MR KARTAR SINGH (India) commented that the operative portion of this resolution called upon Member States to consider as a matter of urgency the promotion of the systems approach in educational planning for continuing education, as well as periodic assessment of the quality of health personnel. In India, at the All-India Institute of Hygiene and Public Health in Calcutta, several courses were being conducted, including separate and combined courses for physicians and non-physicians. During 1973, 220 students had been admitted to the various regular courses, and the most notable recent addition was the introduction of an MD course in social and preventive medicine.

2.4 Promotion of national health services (WHA27.44)

The CHAIRMAN suggested that, as the Director-General had been asked to report on this subject, it might be useful to inform him that during the session an enquiry had been made as to whether it would be possible for governments of the Region to send their nationals for training at the institute established at Surabaya (Indonesia) with WHO assistance.
DR WICKREMASINGHE (Sri Lanka) confirmed that he had asked this question and agreed that the Director-General could be so informed.

2.5 WHO's human health and environment programme (WHA27.49 and WHA27.50)

MR SWAMY (India) suggested that, as these resolutions were very relevant to the subject of technical discussions this year, it might be preferable if they could be considered after the report of the technical discussions had been presented to the Committee.

The REGIONAL DIRECTOR explained that the resolutions had already been adopted by the World Health Assembly and had been listed on the agenda merely for the information of the Committee. By noting them at this stage, the Committee would not be prevented from discussing any relevant points later, or adopting any resolutions on the subject.

DR BAHRawi (Indonesia) drew attention to operative paragraph 2 of the resolution, observing that WHO's assistance in giving sufficient and appropriate attention to the subject would be helpful, since environmental health programmes had now been recognized as being most important in all the countries of the Region.

2.6 Development of the anti-malaria programme (WHA27.51)

It was agreed that this would be discussed under item 15 of the agenda.

2.7 Intensification of research in tropical parasitic diseases (WHA27.52) and WHO's role in the development and co-ordination of biomedical research (WHA27.61)

MR KARTAR SINGH (India) said that, as there were a number of public health problems common to several countries of the Region, co-ordinated research in these areas would prove fruitful and would also avoid unnecessary overlapping and duplication. At present, WHO's support to research programmes was directly controlled by WHO Headquarters. He suggested that this control should be decentralized and WHO's assistance to research activities co-ordinated at the regional level. Such decentralization, he thought, would also facilitate a better and more equitable distribution of funds. He considered, therefore, that the adoption of the resolution by the World Health Assembly (WHA27.61) on WHO's role in the development and co-ordination of biomedical research had been a step in the right direction, and suggested that Member Governments should take full advantage of it.

He further suggested that the Regional Office set up a standing advisory committee for biomedical research for the Region. Such a committee should consist of heads of medical research institutions and laboratories in different countries of the Region, and should be charged with the responsibility of identifying priority areas in the field of public health, formulating outlines of research projects, periodically reviewing the progress of research activities and suggesting measures for the application of the results obtained. He strongly advocated that his suggestion be approved by the Committee.
DR BAHRAWI (Indonesia) supported the suggestion of the representative of India for the co-ordination of biomedical research within the Region.

The REGIONAL DIRECTOR drew attention to paragraph 2 of the Health Assembly's resolution and said that, as a result of this resolution, the Director-General had decided that research schemes on problems of a regional character could now be transferred to the regions. Therefore, WHO-supported research would be classified as (1) research of global interest, under the control of Headquarters, with technical guidance from the regions, and (2) regional research, under the control of the appropriate region, with technical guidance from Headquarters. As a first step, the Director-General would like to have lists of (a) medical schools engaged in biomedical research, (b) institutes active in research in the biomedical sciences, and (c) scientists in the Region actively engaged in such research. He requested all the representatives to have this information sent to the Regional Office as early as possible after their return to their countries, assuring the Committee that he would forward to the Director-General the suggestion with regard to the formation of a standing advisory committee for the Region and would later inform the governments of the action taken in this regard.

MR KARTAR SINGH (India) thanked the Regional Director for his support. He thought that the attention of WHO Headquarters should be drawn particularly to paragraph 2(b) of resolution WHA27.61, with a view to speeding up the process of decentralization of the research activities. Once these activities were transferred to the Region, not only could close co-ordination among the countries be ensured, but also any possible overlapping avoided.

The CHAIRMAN asked the representatives to advise on the diseases on which they thought research was required. Referring to the subject of co-ordination, she said that, in Indonesia, a research project on the ecological and epidemiological aspects of plague had been undertaken, sponsored by WHO Headquarters but now to be financed by the Regional Office. Although much useful information had been collected, no analysis could now be made owing to lack of finance, as the Regional Office had no funds for research. Plague might not be considered as a disease of regional interest, as it was confined to Indonesia and Burma, but the studies were important, and she wondered what could be done to provide the funds necessary to complete this work.

MR KARTAR SINGH (India) suggested that some of the problems on which research was needed were blindness due to malnutrition among children, goitre, urinary stones, and several of the communicable diseases. However, the advisory committee suggested would be able to advise on subjects to be taken up.

DR BAHRAWI (Indonesia) considered that filariasis, schistosomiasis and several soil-transmitted helminths could be subjects for research at regional level.
The REGIONAL DIRECTOR observed that WHO had not, of course, been inactive in research in countries of the Region. The Organization had entered into contractual agreements with individual research workers and with research institutions on specific problems. It would be useful if these activities could now be transferred to the Region as soon as possible. He repeated that he would suggest to the Director-General that an advisory committee on biomedical research be formed to study the problem in its entirety so as to evolve a methodology to deal with specific problems affecting the Region. After the research had been transferred to the Region, he hoped that there would not be any undue delay in making research grants available.

2.8 WHO’s expanded programme on immunization

There was no discussion on this item.

The above resolutions, as well as the fifteen other resolutions listed in the document under discussion, were noted.

3 Selection of a Subject for the Technical Discussions at the Twenty-eighth Session of the Regional Committee (item 14 of the agenda)

The REGIONAL DIRECTOR referred to the document on this subject (SEA/RC27/9) and reminded the Committee that the four subjects listed therein were suggestions only; the Committee could, of course, choose any subject it desired.

DR BAHRAWI (Indonesia) proposed the subject "Organization of research in disciplines of regional priority".

DR U THEIN NYUNT (Burma) supported this proposal.

DR SOMBHONG (Thailand) proposed the subject "Methods for expanding the coverage and improving the quality of health services in the community". He said that, since there had been many problems in the field of public health, including delivery of health care services to cover all the areas, his delegation felt that this subject would be more appropriate.

* * *

The Committee decided that the two subjects could be combined and that the topic for the technical discussions during the twenty-eighth session of the Regional Committee should be "Organization of research in disciplines of regional priority, with special reference to methods for expanding the coverage and improving the quality of health services in the community".

4 Adjournment

The meeting was then adjourned.
**SUMMARY MINUTES**

Fifth Meeting, 6 September 1974, 11.15 a.m.

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| 1 | Consideration of the Recrudescence of Malaria in India from 1965 onwards due to administrative, logistic, fiscal and particularly technical reasons, such as development of insecticide resistance in vectors and chloroquine resistance in *P. falciparum* | 106 |
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*Issued as document SEA/RC27/Min.5, on 7 September 1974*
1 Consideration of the Recrudescence of Malaria in India from 1965 Onwards Due to Administrative, Logistic, Fiscal and Particularly Technical Reasons, such as Development of Insecticide Resistance in Vectors and Chloroquine Resistance in P. falciparum (document SEA/RC27/12) (item 15 of the agenda)

The CHAIRMAN invited the representative of India to introduce the subject, which his government had proposed as an agenda item.

MR KARTAR SINGH (India) said that the item had been proposed for discussion in the Regional Committee because the problem of malaria was of vital importance not only to India but to most of the other countries in the Region as well. A brief document on this subject had been circulated, and he would now endeavour to update the information given and also bring out the salient points on which his government considered that action on a regional basis would be desirable.

At the time of India's independence in 1947, there had been nearly 75 million cases of malaria and about 0.8 million deaths every year. In view of the immense problem, a health survey and development committee appointed by the Government had recommended a concentrated programme against malaria. Based on the recommendations of this committee, the National Malaria Control Programme had been initiated in 1956, and, encouraged by the results achieved, the Government had converted this programme into one of eradication in 1958. The National Malaria Eradication Programme (NMEP) covered all the areas of the country up to altitudes of 5 000 feet, with nearly 400 malaria units, each responsible for one million people. Based on the criteria laid down by WHO, the units proceeded from attack to consolidation and then to maintenance when eradication had been achieved, with the responsibility for malaria vigilance being vested with the general health services of the State concerned. The programme, which had been initiated with bilateral assistance, succeeded so well that by 1965 malaria morbidity had been reduced to a mere 100 000 cases, with no deaths, and it was thought that the back of the malaria problem had been broken.

Setbacks, however, began to be encountered, caused mainly by inadequate and delayed delivery of insecticides. A high-powered "in-depth" evaluation committee, consisting of both national and international experts, was appointed and reported in 1970, identifying the causes of the setbacks as being administrative, operational and technical: among the problems encountered were late receipt of insecticides, refusal to accept spraying, the bedbug nuisance, and resistance of the vector to DDT and BHC. There was also a possibility that parasite resistance to drugs was developing. The Committee had recommended inclusion of urban areas within the ambit of the programme, and stated that, in its estimation, malaria eradication was possible in 91% of the country but that in the remaining 9% it was not feasible unless various epidemiological investigations were undertaken.
The Central Government had accepted the recommendations, had taken full responsibility for financing the programme, and had initiated measures to combat the problems. Some 70 units had been reverted to the attack phase from consolidation and maintenance. Field and laboratory staff had been augmented and action initiated for the advance procurement of insecticides and replacement of vehicles. The urban malaria scheme had been initiated in towns with a population of 40,000 and above (but because of financial stringency only 28 out of 132 towns could be covered).

Hopes of bringing down the incidence of malaria to the level of 1965 had not been realized because the situation had changed. Since the latter part of 1973, there had been an unprecedented increase in the cost of petroleum products. Non-availability of insecticide was also a problem: of the 18,500 metric tons needed, only 10,000 could be procured during 1974-1975. It had also not been possible to procure BHC and malathion for units where there was resistance to DDT. Out of 97,409 units in the attack phase, nearly 50% required BHC or malathion, but these units could not be sprayed during the current year. Although the country was producing these insecticides, the quantity needed was not available because of the requirements of agriculture. The high cost of larvicides was another obstacle and more research on the problem of vector resistance was needed. Hence the emphasis was being shifted to detection of cases.

India had spent huge amounts on the malaria programme. Under the control programme, up to 1958, US $52.7 million had been spent, and from 1968 to 1973/74 the amount had been $344.1 million. A sum of Rs. 18 crores had been earmarked for 1975-76, equivalent to two thirds of the total health budget of the Union Government. These measures reflected the importance which the Government attached to the eradication of malaria.

He observed that although the programme had suffered setbacks and there had been about 1.5 million cases during 1973, the achievements had also been tremendous. This was evident from the green revolution that had taken place in many areas of the country, in what at one time had been forbidden land to colonizers. If the malaria situation now deteriorated further, it might affect the green revolution and the industrial development of the country.

He conveyed his government's appreciation to WHO for assistance in organizing an urgent consultation with leading malariologists of India, which had been held at the end of August this year. This group had been unanimous in recommending that the ultimate goal of the programme should be complete eradication but that, in view of the present situation, honest attempts should be made at effective control. The difficulties were found to be, as mentioned, the high cost, lack of availability and late receipt of insecticides, and the need for proper research activities for a cheaper anti-malarial. Fortunately, the problem of resistance of malaria parasites to drugs was not of a serious magnitude in India but was localized in certain pockets in the eastern
part of the country. India also had adequate stocks of quinine to
tackle the problem of drug resistance.

He was pleased that WHO considered malaria, a disease which a decade ago
had been nearly forgotten but which had now appeared again as a serious
public health problem, as of the highest priority. In many other
countries of the Region, there had also been a resurgence of the
disease, and, unless high priority were given to combating it, the huge
investments already made would prove to be fruitless, and the situation
would reach alarming proportions.

He concluded by saying that, after the representatives had expressed
their views on the subject, he would like to introduce a formal resolu-
tion.

DR BAHRAWI (Indonesia) said that the future strategy of malaria eradi-
cation in the Region must seek to determine a course of action aimed at
eradication best suited to the specific requirements of a variety of
country situations. These, he thought, could be grouped into four main
categories: (a) countries where the prospects of eradication were good
under existing conditions, (b) countries which were not making adequate
progress with their programmes, (c) countries with areas in the mainte-
nance phase, where the problem was to sustain the results achieved, and
(d) countries without malaria eradication programmes.

In Indonesia, malaria eradication was at present impractical, but
control measures had to be undertaken to maintain the healthy human
capital necessary for economic development. Thus, in 1974, 25 million
people in Java and Bali and 3 million in other islands were under DDT
protection, and the rest of the population in the country, where DDT
could not be applied, would be under case detection and treatment
programmes. In 1973, there were 300 000 malaria cases. In early 1974,
a high rate of morbidity had been reported from new transmigration
areas in Sumatra and Sulawesi; this was due partly to the unusual
rains during the year and inadequate DDT spraying. Although the
Anopheles vector A. aconitus was resistant to DDT, the Magetan study
had clearly shown that DDT was still effective. The effectiveness
of DDT, in spite of the vector resistance, had also been reported from
Burma, Thailand, Sri Lanka and India. DDT therefore continued to be
the cheapest, safest and the most effective insecticide, but its cost
was now becoming prohibitive for developing countries. Malathion
and propoxur, which could be alternatives, had limited operational use.

He therefore supported the plea of the representative of India that
in this region WHO should treat malaria as a problem deserving the
highest priority.

DR CHOED (Thailand), supporting the remarks of the delegates of India
and Indonesia, said that in his country there had been a progressive
increase in malaria cases during 1969-71. The climatic conditions,
which had hampered spraying operations, were probably responsible for
this increase. Withdrawal of assistance from US AID in 1970 had also
affected the programme.
In order to improve the present situation in Thailand, he suggested that (1) the present control measures should be revised, with WHO assistance; (2) a co-ordinated effort to implement the programme should be made in both the South-East Asia and Western Pacific Regions, particularly in border areas, with regard to combating persistent transmission of *A.b. balabacensis*, and finding a solution to chloroquine resistance and the replacement of DDT, to which anopheline vectors were developing resistance; (3) WHO should assist in the procurement and supply of DDT either through the UNDP or UNICEF or through bilateral organizations, and, finally (4) training centres for technical personnel might be set up with WHO assistance.

DR JOSHI (Nepal), supporting the previous speakers, said that in his country the main technical problems were: resistance of *P. falciparum* to chloroquine, resistance of *A. annularis* to DDT and a gradual increase in its tolerance of BHC, and the arrival of *A. subpictus* as a new vector in Nepal. Operational problems included the importation of cases, continued movement of people through endemic and non-endemic areas, resettlement in highly vulnerable and receptive areas, unauthorised resettlement in forest belts, migration into non-malarious areas in which there were no eradication activities, re-plastering and re-roofing of huts (and, at the same time, obviating the effects of spraying), the logistic difficulties of covering the whole population, and the construction of development projects, which attracted a large labour force from outside the country and caused a labour shortage for the malaria spraying cycle.

MR PANNI (Bangladesh), also supporting the previous speakers, said that the problems in his country were in no way dissimilar to those existing in India. The incidence of malaria had gone up and was posing a serious health problem, affecting the economy of the country. The DDT factory in Bangladesh could not operate to its fullest capacity for want of financial assistance; he wondered whether assistance would be available for expanding the capacity of this factory. If the DDT were produced within the Region, the cost of transport would be reduced. He hoped that there could be a guaranteed market for the product within the Region.

DR WICKREMASINGHE (Sri Lanka) said that the malaria situation in Sri Lanka was almost as serious as described in the document presented by India. The country had once been highly endemic, with epidemics occurring every four to five years. By 1955 control measures had brought the incidence down considerably. Spraying operations were withdrawn, except in certain highly endemic areas. Within a few months of withdrawal of spraying, however, there had been a resurgence of the disease. The withdrawal was undertaken based on hospital statistics and reports of resistance of the vector mosquito in some parts of the world. Spraying was reintroduced, and there was a reduction in the number of cases.

In 1958, Sri Lanka had embarked on an eradication programme, with spraying undertaken in the hyperendemic regions, leading to interruption of transmission and a rapid decline in the number of cases.
In 1964, there was complete interruption of spraying, and the programme advanced to consolidation. Subsequently there was a gradual increase of cases until 1967, when the disease flared up, with an island-wide epidemic, and enveloped the entire malarious areas. The epidemic reached its peak in 1969, and, with an intensive spraying programme undertaken, there was a progressive decline of cases until 1972; again in 1973, there was a recrudescence, largely due to the clearing of jungles and an all-out effort toward food production.

Climatic factors and changes in agricultural practices were partly responsible for the reappearance of the disease. The lesson to be learnt was that spraying operations should not be withdrawn in haste but should be continued (as suggested by Professor Gabaldon of Venezuela) for at least three years after the last indigenous case had been detected through intensive surveillance measures.

The procurement of insecticides had been a problem at the beginning of the epidemic, and this problem had now arisen again. The anti-malaria campaign was spending nearly Rs.27 million as against Rs.3 million in 1963. The ninefold increase in expenditure was due to the increased cost of insecticides and spraying equipment and to the rising wages of personnel. Despite the fact that DDT had not been as effective as it once had been, he felt that if applied properly, and at the right times, it could still reduce transmission, although, in some areas, change to other insecticides might be needed. He stressed the importance of total coverage and of ensuring a high degree of supervision, so that spraying operations were carried out properly. In regard to resistance, Sri Lanka had been fortunate in that the majority of infections were with P. vivax and not the drug-resistant P. falciparum.

The CHAIRMAN said that, in a resolution adopted by the last World Health Assembly (WHA27.29), the Director-General had been asked to undertake a thorough review of the malaria programme, and she therefore thought that the views of the Regional Committee would be valuable to him for inclusion in this review, which was to be presented to the Twenty-eighth World Health Assembly. She suggested that the delegates should make the full texts of their statements in this connexion available to the Secretariat.

DR NYUNT (Burma) observed that in Burma a country-wide malaria control programme had been launched in 1953 and had been converted into an eradication programme in 1957. In 1972 the programme had been reviewed, in line with the revised strategy, and converted into an anti-malaria programme, with control as the immediate objective. Malaria continued to remain one of the major public health problems in Burma, though the death rate from malaria had declined from 91.1 per 100 000 in 1954 to 4.6 per 100 000 in 1965. As against 75% of the population previously living in endemic areas, only 40% were now under malaria risk. The various areas of the country had been placed under five different phases, taking into account the availability of resources, accessibility, the epidemiology of malaria and the gains achieved by previous anti-malaria measures.
Though the mortality due to malaria had decreased, the morbidity rate was still high among patients attending rural health centres and hospitals. The Government was aware of the problem and was trying to open more rural health centres and station hospitals as part of the national health development plan.

In spite of the spraying of insecticides over a number of years, transmission of malaria persisted in those areas where A. balabacensis was the vector. Other factors contributing to this situation were inaccessibility, poor housing and socio-economic conditions. Development of resistance to insecticides had been noted in different areas, and research on this problem had been carried out from 1969 to 1973. As was the case with other countries in the Region, Burma had been experiencing difficulties in the procurement of DDT in view of the high cost involved. The annual requirement was 400 metric tons. In view of the resurgence of malaria in several countries in the Region, he agreed that WHO should pay particular attention to this disease.

MR KARTAR SINGH (India) said that, after having heard the other representatives, he could say that the problem of malaria was of importance throughout almost all the Region. He then introduced a draft resolution jointly sponsored by India and Indonesia with which the representatives from Thailand, Nepal, Sri Lanka and Burma had now also associated themselves, and commended it to the Committee for unanimous adoption.

The REGIONAL DIRECTOR observed that malaria was also a problem in the Maldives, and wondered if the representative from that country would also like to be associated with this resolution.

He informed the Committee of the discussion which had taken place on the subject at the last session of the Executive Board and in the World Health Assembly, where as many as 30 to 40 delegates had spoken to stress the importance and urgency of the problem. It had been made clear that more research work needed to be carried out as a matter of urgency.

WHO Headquarters had, at his request, collected information on the present availability of DDT from various countries. Of the major DDT producers in the USA, only one was still producing DDT, and its annual production was reported at about 30 000 metric tons, although this could be increased to 39 000 metric tons. In Western Europe, two companies had been said to produce 10 000 metric tons each per year. In Eastern Europe, the USSR was also producing DDT, but its production capacity was not known. China was also reported to be producing DDT, but it was not clear whether this DDT was available for export. There were also some DDT plants in developing countries, including Bangladesh, India and Indonesia, with a total estimated capacity of 20 000 metric tons. The total 70 000 metric tons, he felt, indicated that there was more than enough DDT to meet the present requirements of the anti-malaria programme in the Region, which had used 50 000 metric tons in 1972.
However, the main difficulty was the high cost. The oil crisis not only had affected the supply but also had caused an increase in the price, which continued to climb. Before June 1973, in the USA, prices were about $350/MT, while recent prices were more than $900/MT plus transport costs. In France, they were $800/MT plus transport costs.

With the resurgence of malaria, the requirements in the countries of the Region would now be one and a half to two times more than a year ago. It would therefore be necessary to do some advance planning of the programmes and forecast annual requirements in order to regularize the production programme and save in costs. It might be useful to have a WHO advisory team to help governments in calculating these requirements. At the request of the Economic and Social Council, FAO was studying a pooling arrangement with major manufacturers for suitable allotment of DDT in respect of agricultural and public health needs. Also, WHO could give governments information about where DDT was available or help them to place their orders with manufacturers - and in this connexion, governments should place their orders at least two years in advance. Furthermore, the capacity of the existing DDT plants in developing countries should be investigated and increased; new plants might be set up.

He added that some of the oil-producing countries might be asked to set up DDT plants as part of their oil industries, for their own use or for export at reasonable prices. WHO, FAO and UNIDO could help by coordinating the activities in this respect. Some oil-producing countries had planned to allocate large sums to developing countries, which could use a part of these funds for setting up or expanding their own DDT units. He would do his best to obtain assistance in the matter of procuring DDT and would convey the feelings of the Committee to the Director-General, emphasizing the importance of the subject and urging him to do whatever was possible.

MR MANIKU (Maldives), confirming that the Maldives would like to be associated with the draft resolution, remarked that his government was trying to do all possible, with assistance from WHO, to eradicate malaria. Male, the capital, was almost free from the disease. The main problem had been difficulties of transporting the spraying teams to the other islands.

DR WICKREMASINGHE (Sri Lanka), recalling the previous Assembly resolutions WHA22.39 and WHA23.12, said that, in view of the shortage of DDT, which was also required for use in agriculture, he would suggest adding to the draft resolution under consideration another paragraph, i.e., "URGES Member countries to restrict the use of DDT in agricultural practices".

The CHAIRMAN asked the members to send in all suggested amendments to the draft resolution, which would be discussed further at the next meeting.

2 Adjournment

The meeting was adjourned.
**SUMMARY MINUTES**

Sixth Meeting, 6 September 1974, 2.30 p.m.

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*Issued as document SEA/RC27/Min.6, on 7 September 1974*
1 **Consideration of Draft Resolutions**

Draft resolutions on the following subjects were read out by the Chairman and unanimously adopted:

1. Annual report of the Regional Director (SEA/RC27/R1)
2. Dengue haemorrhagic fever (SEA/RC27/R2)
3. Selection of subject for technical discussions in 1975 (SEA/RC27/R3)
4. Anti-malaria programme (SEA/RC27/R4)

(At this point the Vice-Chairman took the chair.)

2 **Report on the Technical Discussions** (item 12 of the agenda)

At the request of the Vice-Chairman, Mr SWAMY (India), Chairman of the technical discussions on "The provision of safe water supplies to rural communities in South-East Asia", presented the report of the discussions (document SEA/RC27/16).

The VICE-CHAIRMAN expressed his appreciation to the technical discussions group on producing such a concise and informative report.

The report was noted, and, after some discussion, it was agreed that, because of the great importance of rural water supplies to countries of the Region, a resolution on this subject would later be presented for consideration.

3 **Time of the twenty-eighth session and place of the twenty-ninth session of the Regional Committee** (document SEA/RC27/10) (item 16 of the agenda)

The REGIONAL DIRECTOR, referring to the document on this subject, reminded the Regional Committee that, at its twenty-sixth session, it had been decided to hold its twenty-eighth session in Bangladesh. He also said that the Committee might now wish to decide on the place for holding its twenty-ninth session.

Mr PANNI (Bangladesh) said that earlier in the session he had extended the invitation of the Government of Bangladesh to the Regional Committee to hold its twenty-eighth session in that country. It was now his privilege to renew this invitation. With regard to the timing of the session, the most suitable time would be during end-September-October. He suggested that the exact dates be discussed between the Government and the Regional Director.

This was agreed.

Mr KARTAR SINGH (India) pointed out that the World Health Assembly had, in resolution WHA7.26, stated that, in deciding the place of their sessions, Regional Committees should consider holding the sessions from
time to time at the site of the Regional Office, taking into account the cost involved for the Organization and the Member State concerned. The Regional Committee had, at its ninth session, decided in resolution SEA/RC9/R3 that its sessions should be held at the site of the Regional Office every other year. As such, since the next session was to be held in Bangladesh, the session to follow might be held in the Regional Office.

The REGIONAL DIRECTOR pointed out that there had been a more recent resolution of the Regional Committee on this subject, SEA/RC24/R8, stating that the Committee, in deciding on the place of its meetings, should consider holding them at the site of the Regional Office from time to time, taking into account the cost involved to the Organization and Member State concerned. It was not binding, therefore, on the Regional Committee to hold alternate sessions in the Regional Office. He said that he wished merely to bring the Committee up to date concerning its most recent decision on this matter.

MR KARTAR SINGH (India) suggested that it be decided that the twenty-ninth session should be held in India. The decision on whether it should be held in the Regional Office or elsewhere in India could be taken later.

DR CHOED (Thailand) observed that his government was interested in hosting the thirtieth session in 1977. A formal invitation to hold the 1977 session in Thailand would be extended during the Regional Committee's 1975 session.

The REGIONAL DIRECTOR thanked Dr Choed for informing the Committee in advance about a possible invitation from Thailand to hold the thirtieth session in that country, and agreed that the decision about whether to hold the twenty-ninth session at the seat of the Regional Office or elsewhere in India could be taken at the next session of the Committee.

A resolution to this effect was then adopted (SEA/RC27/R5).

4 Adoption of Resolution on Provision of Safe Water Supplies to Rural Communities in South-East Asia

The resolution on this subject, which was circulated, as had earlier been agreed, was adopted (see SEA/RC27/R7).

5 Proposed Regional Programme and Budget Estimates for 1976-1977, Consideration of the report of the Sub-Committee on Programme and Budget (items 11 and 11.1 of the agenda)

Introducing the Proposed Regional Programme and Budget Estimates for 1976-77 (document SEA/RC27/3), the REGIONAL DIRECTOR said that this year the document followed for the first time the directives of Resolution WHA26.38, requiring the programme and budget to cover a new programme not for one year alone but for two years, i.e., 1976 and 1977. With the
two-year programming now introduced, the next budget document would not appear until 1976, when it would cover 1978 and 1979. Since, however, in certain cases - for example, in countries where a country health programming exercise had been undertaken - it would be inevitable that certain changes would be requested or proposed, he expected to present to the next session a brief document listing the most important of such changes.

He then called attention to the regional programme statement appearing on pp. 1 to 4, which reviewed the situation in the whole Region, the overall work undertaken by governments and the nature of WHO assistance to the proposed programme. He also explained the various sections of the document. He had endeavoured this year to give the maximum amount of data possible on projects that might be financed from other sources of funds, even if their approval and funding could not yet be regarded as quite fully assured. However, as regards, in particular, projects financed by UNDP, it was inevitable that the totals shown for 1977 would show a marked decline, since the present UNDP IPF periods for countries in this region did not go beyond 1976; as a result, consultations between governments, UNDP and the Executing Agencies had not really begun in earnest in respect of 1977 and later years. He reminded the representatives of the importance of giving due weight to the health sector when UNDP country programmes were being prepared and reviewed.

The expected inputs from UNICEF had, wherever available, been shown for purely informational purposes, the figures to be treated as involving no commitment.

The CHAIRMAN invited the Chairman of the Sub-Committee on Programme and Budget to present the report of the Sub-Committee.

DR WICKREMASINGHE (Sri Lanka), Chairman of the Sub-Committee on Programme and Budget, read out the report (document SEA/RC27/17).

MR SWAMY (India), referring item 2.3 (p.6), "Selection of a programme for detailed examination in 1975", said that it would be necessary to make more budgetary provisions to meet the needs for training and other activities relating to community water supply, as had been recommended in the report on the technical discussions.

The REGIONAL DIRECTOR replied by explaining the procedure adopted in formulating programme proposals, and suggested that Member Governments should request the assistance they considered necessary, taking into account the recommendations arising out of the technical discussions.

The CHAIRMAN (speaking as the representative of Indonesia), referring to item 1.3, "Tentative projections for 1978/79" (p.3), drew special attention to the fact mentioned earlier, that some of the strategy guidelines, playing an essential role in forward planning, would need to be revised; the Indonesian delegation had prepared such a revision, which was distributed.
The report of the Sub-Committee on Programme and Budget (document SEA/RC27/17) was then adopted, and the Regional Committee also unanimously adopted a resolution (SEA/RC27/R6) noting the Proposed Programme and Budget Estimates for 1976/77 (documents SEA/RC27/3 and Corr.1).

6 Departure of UNICEF representatives

MR NARULA (UNICEF) said that, as he and his colleague had to leave Bali over the week-end and would not be able to attend the final meeting on Monday, he would like to express their pleasure at having been present at this session, and thus having been provided with an opportunity not only to exchange views on subjects of common interest to UNICEF and WHO but also to renew old friendships and make new ones. He expressed his appreciation to the Government of Indonesia for the hospitality extended during their stay.

7 Adjournment

The meeting was then adjourned.
**SUMMARY MINUTES**

Seventh Meeting, 9 September 1974, 9 a.m.

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*Issued as document SEA/RC27/Min.7, on 10 September 1974*
Adoption of the Final Report of the Twenty-seventh Session of the Regional Committee (item 17 of the agenda)

The CHAIRMAN invited comments on the draft final report (SEA/RC27/18). The report was considered section by section.

In regard to Part II, DR DRADJAT (Indonesia) suggested the addition of the following as a second paragraph on pages 5-6:

"The fellowships programme was accorded great importance. Referring to the inadequate utilization of fellowships because of language difficulties, a member from one country requested the Regional Director to look for measures to overcome the problem, so that fuller utilization of the fellowships available could be made by non-English-speaking countries such as Indonesia."

The CHAIRMAN commented that the point made by the representative of Indonesia had been reflected in the minutes of the third meeting (para 4, p.4 of document SEA/RC27/Min.3).

In Part IV, Section 5, p.12, the CHAIRMAN suggested that the title of the section (which was that of the agenda item), "Consideration of the Recrudescence of Malaria in India", should be merely "Consideration of the Recrudescence of Malaria", as this was a problem in many other countries of the Region as well as in India.

These corrections were accepted, and in the absence of any further comments, the CHAIRMAN announced that the report had been adopted.

Adjournment of the Session

MR KARTAR SINGH (India) said that, on behalf of his delegation and on his own behalf, he would like to thank the Chairman for conducting the proceedings of the session in such a professional and efficient manner. He was grateful to the members of the Committee for having elected Mr Swamy of his delegation as Chairman of the technical discussions, and he thanked the Regional Director and his staff for their hard work and for having distributed all the documents so expeditiously. He was particularly grateful to the Indonesian delegation for having co-sponsored the resolution proposed by India on the anti-malaria programme, and he hoped that the Regional Director would take the necessary follow-up action in arranging for an economical procurement and timely supply of the required insecticides, in furthering research measures to counter the reported development of resistance on the part of the vectors and in helping to make governments self-sufficient in the supply of insecticides and other materials to combat malaria. He was grateful to the officials of the Government of Indonesia for all they had done to make the session a success and to his fellow delegates for their understanding and co-operation.

DR BALDAN JAV (Mongolia) expressed his gratitude to the Government of Indonesia, the Minister of Health, the Governor of Bali and other officials of the Government for the excellent arrangements made for this
session on the beautiful island of Bali. He also congratulated the Chairman for her successful conduct of the session, and thanked his fellow delegates, representatives of United Nations agencies and non-governmental organizations and the Regional Director and secretariat for their contributions. He was sure that the resolutions that had been passed during the session would play an important role in the further improvement of the health services of the countries in the Region.

DR JOSHI (Nepal) said that, since this was his first exposure to a meeting of this kind, he was not sure whether he had been able to contribute to the extent that might have been expected. He was therefore particularly grateful to the Chairman for her valuable guidance. On behalf of his government he thanked the Government of Indonesia, its delegation and all of the national officials, who had left no stone unturned to make excellent arrangements for the meeting and had offered such warm hospitality. He also thanked the other delegates, the Regional Director and the WHO staff, mentioning particularly the extremely capable assistance provided to the Programme and Budget Subcommittee by Dr Jungalwalla and by other staff members such as Dr Loven, Dr Mali and Mr Taylor. He praised those who had worked collectively, late at night, to return the comments and conclusions of the members in an easily digestible form. In concluding, he wished all participants a bon voyage.

DR WICKREMASINGHE (Sri Lanka) expressed his delegation's deep appreciation to the officials of Indonesia for their warm welcome and hospitality. He congratulated the Chairman on the manner in which she had conducted the meetings, also congratulated the Vice-Chairman on his contributions to the session and the Chairman of the technical discussions on having ably steered the discussions in his group and on their valuable report, and thanked the Regional Director and his staff for their assistance. He wished all the delegates and the representatives of the United Nations agencies and non-governmental organizations a bon voyage, and was sure that they all would be carrying with them very pleasant memories of their stay on the beautiful island of Bali.

DR CHOED (Thailand) expressed his delegation's sincere appreciation of the Chairman's excellent work. He also joined the others in thanking the Vice-Chairman, the Chairman of the technical discussions and Subcommittee on Programme and Budget as well as the Regional Director and his staff for their contributions to the success of the meeting, which had provided an opportunity for mutual contacts and exchange of ideas. He hoped that all the governments in the Region would endeavour to implement the resolutions adopted and the recommendations made.

MR MANIKU (Maldives) joined others in thanking all, especially the Chairman, Vice-Chairman, delegates and host country, who had contributed to the success of this meeting. The participants would take away with them memories of the smiling faces which had greeted them on their arrival, the warm welcome and all the generous hospitality extended during their stay.
The VICE-CHAIRMAN, speaking as the representative of Burma, also thanked the Regional Director and his staff for the very able manner in which they had helped to ensure the success of the meeting. His country had been working closely with WHO since 1951 in control programmes which were now being integrated with the general health services. In the field of malaria, the programme had been converted first to one of an eradication programme and then back to control, and the experience gained in the epidemiology of the disease might be useful to other countries. He thanked the Government of Indonesia for all of the arrangements made and hospitality during the session of the Committee.

MR KARTAR SINGH (India) suggested that a resolution of thanks be adopted by the Committee.

Such a resolution was proposed by DR CHOED (Thailand) and adopted (see resolution SEA/RC27/R8).

The REGIONAL DIRECTOR expressed his thanks to the representatives for the sentiments which they had expressed regarding the assistance provided by the Secretariat. He said that, on behalf of the Regional Committee, he would like to convey sincere thanks to His Excellency the Vice-President of Indonesia for sparing valuable time to inaugurate the session and also for his inspiring address. Thanks were also due to the Minister of Health of Indonesia, Professor Siwabessy, and to the Governor of Bali for their excellent speeches and for the admirable arrangements made. He was deeply grateful to the Chairman for her wise guidance and counsel and her valuable interventions during the deliberations. He thanked the Chairmen of the Sub-Committee on Credentials, the Programme and Budget Sub-Committee and the technical discussions group for having so ably conducted their meetings. Thanks were also due to the representatives of UNDP, UNICEF and the non-governmental organizations for their contributions to the discussions.

He expressed appreciation to the representatives for their constructive and useful comments, which would guide him in his work. What mankind required was not a satellite to go to another planet nor a host of luxuries, but the basic necessity of sound mental and physical well-being. This philosophy had pervaded the Regional Committee's discussions and was an indication of the importance that governments in the Region attached to health.

Finally, he said that, through the Chairman, he would like to convey to the Government of Indonesia deep appreciation for the excellent arrangements made for holding the session and for the warm hospitality extended to one and all.

The CHAIRMAN said that, on behalf of her government and delegation and on her own behalf, she would like to thank the representatives for having elected her as Chairman of the session. She was overwhelmed by the kind sentiments which they had expressed and was grateful to them for their understanding, support and co-operation, which had facilitated her task. She also thanked the Vice-Chairman and the Chairmen of the
various groups. She expressed appreciation for the contributions made by the representatives of the UNDP and UNICEF as well as by those of the non-governmental organizations. She was grateful to the Regional Director and his staff for their untiring efforts to make the session a success. The Organizing Committee, which had tried to make the representatives' stay in Bali an enjoyable experience, deserved congratulations on their success. (At this stage, the Organizing Committee distributed, on behalf of the Ministry of Health, a souvenir to the representatives as well as to the members of the WHO secretariat.)

The Regional Committee had discussed various urgent problems, which all the participants, both as citizens of developing countries and as health workers, would be called upon to tackle. In spite of the strides made, much work remained to be accomplished. The spread of diseases due to unsafe water and poor hygiene still presented a menace. As had been made clear during the deliberations, scourges such as malaria were unfortunately reappearing in many areas, and there were new threats in the form of vector-borne diseases such as dengue/haemorrhagic fever.

This meeting of health experts, representing a great variety of cultures, symbolized mankind's best hope of tackling health problems by employing all their accumulated experience. Although the countries of this region were so diverse, yet all were united by the common desire to bring prompt and adequate health services to their populations.

Wishing all the representatives a safe return to their countries and saying that it had been a joy to have them in Indonesia during the past week, she declared the twenty-seventh session of the Regional Committee adjourned.