Section I of this volume consists of the Report of the Twenty-fifth Session of the WHO Regional Committee for South-East Asia, and Section II, the minutes of this 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 report on the technical discussions on "Teaching of Community Medicine in Undergraduate Medical Education" and the final list of documents.
WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR SOUTH-EAST ASIA

REPORT AND MINUTES OF THE
TWENTY-FIFTH SESSION
OF THE WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA
HELD IN COLOMBO, SRI LANKA,
FROM 12 TO 18 SEPTEMBER 1972

October 1972
New Delhi, India
SECTION I

REPORT OF THE REGIONAL COMMITTEE*

*Issued as "Draft Final Report of the Twenty-Fifth Session of the WHO Regional Committee for South-East Asia", document SEA/RC25/15, on 18 September 1972 and incorporating a resolution adopted and changes made at the last meeting of the Regional Committee (see pp.128-129).
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REPORT OF THE REGIONAL COMMITTEE

INTRODUCTION

The twenty-fifth session of the Regional Committee for South-East Asia was held in Sri Lanka from 12 to 18 September 1972 at the Hotel Taprobane, Colombo. Representatives were present from all Members of the Region. In addition, the session was attended by representatives of the United Nations and United Nations Development Programme, UNICEF, ILO, and eight inter-governmental and non-governmental organizations in official relations with WHO. An observer from the Colombo Plan also attended (for final list of participants, see Annex 1). The Director-General of WHO and one of the Assistant Directors-General were present.

The session was opened by the outgoing Chairman of the Regional Committee, Dr Thein Aung (Burma). The inaugural meeting was held in the Lotus Room of the Hotel Taprobane. Drums and dancing by the celebrated Kandyan dancers heralded the arrival of the Prime Minister of Sri Lanka, who, according to tradition, lit the ceremonial lamp before inaugurating the session. At the end of the inaugural function, the national anthem of Sri Lanka was sung by a group specially trained by the Professor of Public Health of the Faculty of Medicine, Colombo.

The Prime Minister made the inaugural address. Addresses were also given by the Minister of Health of Sri Lanka and the Director-General of WHO, and statements made by the Regional Director and representatives of the United Nations (also representing the UNDP) and UNICEF.

At the first meeting, a Sub-committee on Credentials was appointed, consisting of representatives from the Maldives, Mongolia and Nepal. Dr N.K. Shah (Nepal) was elected Chairman of the Sub-committee, which held one meeting and presented a report (document SEA/RC25/12) recognizing the validity of the credentials presented by all the representatives.

The Regional Committee elected the following office-bearers:

Chairman : Dr C.E.S. Weeratunge (Sri Lanka)
Vice-Chairman : Dr J.B. Shrivastav (India).

The agenda was adopted (see Annex 2).

The Committee established a Sub-committee on Programme and Budget consisting of representatives of all the Members, and adopted terms of reference for this Sub-committee. Under the Chairmanship of Dr U Kyaw Sein (Burma), the Sub-committee held three meetings and submitted a report (Annex 3), which was subsequently approved by the Regional Committee.

One of the first actions by the Regional Committee was to nominate Dr V.T.H. Gunaratne as Regional Director for a new term.

The Committee elected Dr K.A. Monsur (Bangladesh) as Chairman of the technical discussions, which were on the subject of "The teaching of
community medicine in undergraduate medical education". The discussions were held on 14 and 15 September 1972. The report, which was presented to the Committee, appears in Annex 4.

"Application of modern management methods and techniques for the improved delivery of health services" was chosen as the subject for the technical discussions to be held during the Regional Committee's 1973 session.

Bearing in mind the fact that the year 1973, which would mark the twenty-fifth anniversary of WHO, would also be the twenty-fifth anniversary year for the South-East Asia Region, the Regional Committee decided that the latter anniversary should also be celebrated in an appropriate manner.

The Committee confirmed its previous decision to hold its twenty-sixth session at the Regional Office in New Delhi, and decided that the session should be convened in September 1973. It accepted with appreciation an invitation from the Government of the Republic of Indonesia to hold the twenty-seventh 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 are devoted to summaries of important matters raised in the discussions. A complete list of documents is given in Annex 5.
PART I

RESOLUTIONS

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

SEA/RC25/R1  NOMINATION OF THE REGIONAL DIRECTOR FOR SOUTH-EAST ASIA

The Regional Committee,

Considering Article 52 of the Constitution, and

In accordance with Rule 49 of its Rules of Procedure,

1. NOMINATES Dr V.T. Herat Gunaratne as Regional Director for South-East Asia, and

2. REQUESTS the Director-General to propose to the Executive Board the appointment of Dr V.T. Herat Gunaratne for a new term from 1 March 1973.

Handbook VIII, 8.3  Second meeting, 12 September 1972
Page 7  SEA/RC25/Min.2

SEA/RC25/R2  ANNUAL REPORT OF THE REGIONAL DIRECTOR

The Regional Committee,

Having considered and discussed in depth the Twenty-fourth Annual Report of the Regional Director, which covers the activities of WHO in the South-East Asia Region during the period from 1 July 1971 to 30 June 1972 (documents SEA/RC25/2 and SEA/RC25/2 Corr.1),

1. CONSIDERS that this report reviews in a most comprehensive manner WHO's participation in and support to the health activities in the Region during this period;

2. RECORDS its satisfaction with the report;

3. EXPRESSES its appreciation of the detailed information presented;

4. REQUESTS the Regional Director to study further the possibility of including in the report information on the budget performance of the programme for the preceding year and the current year programme status, and to report thereon to the twenty-sixth session of the Regional Committee, and
5. CONGRATULATES the Regional Director on a useful and comprehensive Annual Report.

The Regional Committee,

Having considered (a) the proposed programme and budget estimates for 1974 (documents SEA/RC25/3 and SEA/RC25/3 Corr.1 and Add.1), including the programme changes requested by governments for 1973, and (b) the report of the Sub-committee on Programme and Budget (document SEA/RC25/14), together with its appendices*,

1. APPROVES the report of the Sub-Committee;
2. APPROVES the proposed programme and budget estimates for 1974 (documents SEA/RC25/3 and SEA/RC25/3 Corr.1 and Add.1);
3. ENDORSES the activities proposed for financing by the United Nations Development Programme, and from the United Nations Fund for Population Activities, including inter-country activities (documents SEA/RC25/3 and SEA/RC25/3 Corr.1 and Add.1);
4. NOTES the further additional requests received from governments (document SEA/RC25/14, Appendix 2)*;
5. NOTES the tentative projection for 1975 (document SEA/RC25/14, Appendix 3)*;
6. RECOMMENDS that the further additional requests received and the tentative projection to which reference is made in paragraphs 4 and 5 above should be considered as supplements to the proposed programme and budget estimates for 1974 (documents SEA/RC25/3 and SEA/RC25/3 Corr.1 and Add.1), and
7. RECOMMENDS that the proposals contained in document SEA/RC25/3, SEA/RC25/3 Corr.1 and Add.1 and the supplements be transmitted to the Director-General for inclusion in his proposed programme and budget estimates for 1974.

*See Appendices 2 and 3 to Annex 3.
TIME AND PLACE OF THE TWENTY-SIXTH AND TWENTY-SEVENTH SESSIONS

The Regional Committee,

Recalling resolution SEA/RC24/8,

1. CONFIRMS its previous decision to hold its twenty-sixth session at the Regional Office in New Delhi in September 1973, and

2. ACCEPTS with appreciation the invitation of the Government of the Republic of Indonesia to hold the twenty-seventh session in Indonesia.

SELECTION OF TOPIC FOR THE TECHNICAL DISCUSSIONS IN 1973

The Regional Committee,

1. DECIDES to hold technical discussions at its twenty-sixth session in 1973 on the subject of "Application of modern management methods and techniques for the improved delivery of health services";

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-sixth session, and

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

TWENTY-FIFTH ANNIVERSARY OF WHO

The Regional Committee,

1. Having considered the document on this subject presented by the Regional Director (SEA/RC25/8) and resolution EB50.R18 on plans for the celebration of the twenty-fifth anniversary of the World Health Organization,

NOMINATES the Chairman and, in case of his absence, the Vice-Chairman, of the twenty-fifth session of the Regional Committee to speak on behalf of the South-East Asia Region at the commemorative meeting of the Twenty-sixth World Health Assembly in 1973, and
II. Considering also that the twenty-fifth anniversary year of the Organization coincides with the twenty-fifth year of the South-East Asia Region,

1. DECIDES that the twenty-fifth anniversary year of the Organization and of the establishment of the Regional Office should be celebrated at the regional level;

2. URGES Member States to organize national programmes according to their possibilities and conditions, possibly in conjunction with the national World Health Day celebrations, by the issue of special commemorative stamps and special messages, with the objective of making health problems better understood and of intensifying efforts for their solution, and

3. REQUESTS the Regional Director to transmit this resolution to Member States of the South-East Asia Region.

Handbook X, 10.9
Sixth meeting, 15 September 1972
Page 9
SEA/RC25/R7

HEALTH IN THE SERVICE OF ASIAN DEVELOPMENT:
HEALTH CHARTER

The Regional Committee,

Considering the fact that countries in South-East Asia should be able to secure for their populations the maximum benefit of planned socio-economic development with built-in priorities,

Being convinced that a health charter for the development of the countries in the Region is desirable,

Noting with satisfaction the efforts made so far by the Regional Director for South-East Asia towards developing such a charter, as outlined in document SEA/RC25/10,

REQUESTS the Regional Director:

(1) To continue his efforts in the development of a health charter;

(2) To take measures to collect further relevant information on priority health programmes, utilizing the assistance of the special sub-committee nominated by the Regional Committee at its twenty-fifth session;

(3) To explore potential external assistance from bilateral and multi-lateral, in addition to national sources, and
(4) To report on progress to a future session of the Regional Committee.

Handbook X, 10.9  
Page 9  
Sixth meeting, 15 September 1972  
SEA/RC25/Min.6

SEA/RC25/R8  
RESOLUTION OF THANKS

The Regional Committee,

1. WISHES to convey its deep appreciation to the Government of the Republic of Sri Lanka and to the authorities concerned for the cordial welcome and warm hospitality extended to participants and for the excellent arrangements made for the twenty-fifth session, and

2. EXPRESSES its gratitude to the Director-General and Assistant Director-General of WHO for their presence and valuable guidance, and to the Regional Director and his staff for their able assistance, which contributed greatly to the success of the session.

Handbook V, 5.6  
Page 22  
Seventh meeting, 18 September 1972  
SEA/RC25/Min.7
Introducing his annual report, the Regional Director drew special attention to two related matters - the impressive way in which the Government of India had dealt with the influx of ten million refugees, and the addition of a new Member to the Region, Bangladesh.

In the discussion, delegates emphasized the need for the further strengthening of planning organizations and improvement of administration and management at all levels of the health administration. Reorganization of health services, effective co-ordinating machinery and linkages within health services programmes in all countries were described. The Committee particularly welcomed the reference in the report to the need for further use of modern administrative methods.

Allusions were made to insufficient trained manpower, which was estimated in one country (Bangladesh) as being only 50% of the urgent needs, and to the necessity for creating the type of manpower required through special studies and the adaptation of training and teaching programmes towards this end. It was noted that poor manpower planning and inappropriate training systems were continuing to be a major cause of exodus of urgently required health personnel from some countries of the Region. Studies were under way to devise measures for correcting this situation, and it was felt by many that WHO's assistance to such studies would be of value. Economic incentives were not enough, and, in fact, it had been the experience that subsidies to health workers were of limited value.

The availability of additional funds for family health had made it necessary to seek new approaches to programme implementation rather than follow traditional patterns for effective delivery. Experience in countries had confirmed the necessity of early and effective utilization of health service facilities in the execution of programmes; the integration of previously separated family planning programmes within the health services was being planned or implemented throughout the Region. It was emphasized that WHO priorities could only match those of the governments of the countries, and that improved co-ordination of all assistance was essential for the furtherance of these programmes. The large-scale research projects aimed at finding newer and cheaper methods of fertility regulation, made possible through additional funds to WHO, were noted with interest.

The country programme approach for co-ordinated methods by which health services could be urgently extended to rural areas was being critically examined in a number of countries. One of the main questions under consideration was the need to meet qualitative and quantitative manpower requirements. The shortage of qualified personnel and the problem of their distribution, for varying reasons, had led some countries to
consider alternative methods of meeting urgent needs for delivery of basic services to large population groups. The use of practitioners of traditional systems of medicine, organization of short training courses for health workers and delegation of responsibilities for utilizing a limited number of drugs, under supervision, were reported as being measures under consideration or implementation.

It was pointed out that the country programme approach when applied to the co-ordination of United Nations assistance could lead to lower priorities for health programmes, and the Committee felt that this possibility required serious consideration by health ministries. Much still needed to be done to improve co-ordination within national and international administrations.

The high rates of mortality and morbidity caused by malnutrition, poor environmental conditions and infectious diseases in children were continuing to place a heavy strain on medical and health resources. It was estimated that over 50% of the total deaths were among children. It was urged that high priority continue to be given to programmes in this field by national authorities and international and bilateral agencies.

Protein calorie and vitamin A deficiency still remained widespread, and, with parasitic infestation, were the major causes of the high prevalence of malnutrition in infants and children in the Region. The countries had been active in testing new approaches to the organization of preventive services; experience with the nutritional rehabilitation centre approach, which was found costly in one country, was considered to be of special interest.

The proposed follow-up of the recommendations of the inter-regional meeting of experts on the prevention of xerophthalmia, recently held in India, was noted with satisfaction.

While aware of the increasing global concern as regards environmental pollution, the Committee stressed that priority for countries of this region remained the provision of safe water supply to the greater part of the population, and especially to the rural areas. Waste disposal was a major concern in the fast-developing urban areas.

The targets set for the United Nations Second Development Decade were welcomed, but the constraints in most countries of the Region continued to be lack of resources. It was repeatedly stressed that the substantial assistance already being provided by United Nations and bilateral agencies was inadequate to meet the needs, and that the targets indicated were unlikely to be attained unless additional assistance were forthcoming. Suggestions to deal with this need were emphasized in a separate paper on a Health Charter for Asia (SEA/RC25/10), as was a recommendation that governments of the Region should regard this subject as one of the priority areas for national and international support.
The widespread hazards caused by indiscriminate use of pesticides in agricultural practice had led to the enactment of effective legislation and the institution of licensing, control and monitoring measures, supported by the establishment of specialized laboratory services. The need for WHO's assistance in initiating adequate measures after assessment of the problems in making the necessary supplies available and in training personnel was indicated. The services of consultants which WHO had sent to several countries were appreciated, and it was hoped that they would be continued.

Because of the withdrawal of aid to malaria operations by assisting agencies and the importance of meeting the needs for DDT, some participants expressed concern regarding the future of the anti-malaria programmes in some countries of the Region, which was the largest user of DDT for this purpose in the world. The assessments provided by WHO of the global manufacturing capacity, global and regional DDT consumption and production resources available in countries of the Region were noted with satisfaction, as was the information that WHO was actively pursuing with a major manufacturing country the need for continuing production to meet global needs. The offer of a government in the Region to examine the possibility of stepping up national production, if necessary, to meet regional needs, was noted.

The expansion of national control and treatment facilities for tuberculosis, together with more effective co-ordination of programmes with the general health services would, it was hoped, provide a sound base for a regional anti-tuberculosis programme. In several of the countries in the Region, the assessment by WHO teams had helped in drawing up further plans, and it was felt that assistance from WHO and other United Nations organizations would continue to be required for a further period.

Members also stressed that continuing action was needed in order to maintain the present satisfactory state of progress in the smallpox eradication programmes. Further assistance from WHO was required in assessments, in the supply and production of vaccines, in establishing sound epidemiological services, and in the provision of equipment and other essential items as well as in arranging for inter-country meetings, group educational activities and other training programmes.

More countries were becoming self-sufficient in the production of rehydration fluid, and thus were enabled to deal with cholera and other gastro-intestinal conditions, improve distribution facilities and train an increasing number of auxiliaries in the use of rehydration techniques, as well as provide early information on outbreaks of disease. From India's recent experience in dealing with refugee problems, it was agreed that the use of vaccine had been of value in the prevention of cholera outbreaks. It was thought that it could also be useful in similar situations in the future, in spite of recent evidence of the limited value of vaccine to confer effective protection.
Several Member Governments had initiated the use of poliomyelitis vaccine for the population at risk, especially children, with varying experiences. It was felt that WHO assistance in assessing the immunity status of vulnerable populations, in arranging for laboratory and other examinations in neighbouring countries, in establishing comprehensive multi-purpose laboratory systems in the countries and in undertaking research would be of value.

There was concern about the increasing problem of drug addiction especially in adolescent and young adult groups. Work carried out in some countries to obtain basic data on the extent and nature of the problem, and by the recently established United Nations Fund for the Control of Drug Abuse, as being of assistance in increasing the facilities for treatment and rehabilitation of drug addicts, were noted with satisfaction.

On the administrative side, the Committee expressed its satisfaction with the progress made in recruitment, and especially with the fact that field staff posts were nearly all filled. It was considered that the Annual Report should give more information on the progress made in filling vacant posts.

A suggestion was made that expertise available within the countries of the Region should be used to ensure the expeditious filling of posts. It was explained to the Committee that the principle of an equitable geographical distribution was contained in the Constitution of WHO; this principle applied to a global and not to a regional basis; any change in its application could be decided on only by the World Health Assembly.

The Committee discussed a proposal that the Regional Director's Annual Report might in future give information enabling budget performance to be gauged; this question was referred to the Regional Director for further study, and the Committee adopted a resolution recording its satisfaction with the report (resolution SEA/RC25/R2).
PART III

EXAMINATION OF THE PROPOSED PROGRAMME AND BUDGET ESTIMATES FOR 1974

The Sub-Committee on Programme and Budget met on 12, 14 and 15 September and submitted its report to the Regional Committee (see Annex 3).

In its review of the proposed programme and budget estimates for 1974 (document SEA/RC25/3 and Corr.1 and Add.1), the Sub-Committee examined the tentative projections for 1975* and considered further additional projects requested by governments*, which had not been included in the main programme and budget document.

After noting new and continuing activities, the Sub-Committee suggested that it would be useful for the Asian Malaria Conference, last held in 1969, to be convened in 1974.

The Sub-Committee, in discussing the subject "General assessment of the tuberculosis programme in the Region, including a cost benefit analysis", which had been referred to it, noted the limitations and complexity of such an analysis as applied to tuberculosis programmes. However, it was considered that this study - the first attempt to apply this method to a health programme in the Region - was useful, and it was therefore recommended that future programmes be subjected to similar analyses.

The selection of "Organization of medical care" as a subject for detailed examination for 1973 was recommended.

The Sub-Committee examined six new country projects (Burma 0013, India 0280, Mongolia 0021, Sri Lanka 0089 and Thailand 0122) and one new inter-country project (SEAR0 0226), as well as one continuing project (Bangladesh 0018), and endorsed their inclusion in the budget estimates for 1974.

It was noted that the number of posts in the Regional Office had not increased in proportion to the increased budget estimates under programme activities.

The Regional Committee approved the report of the Sub-Committee. It adopted the proposed programme and budget estimates for 1974, with the addendum and supplements*, and recommended the inclusion of the proposals in the Director-General's proposed programme and budget estimates for 1974 (resolution SEA/RC25/R3).

*See Appendices 2 and 3 to Annex 3.
PART IV
DISCUSSION ON OTHER MATTERS

1. Nomination of the Regional Director for South-East Asia

The Regional Committee met in camera to consider the nomination of the Regional Director for South-East Asia, and approved a resolution (SEA/RC25/RI) nominating Dr V.T. Herat Gunaratne for a new term from 1 March 1973.

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

The following resolutions of the Twenty-fifth World Health Assembly and of the forty-ninth and fiftieth sessions of the Executive Board which were of special interest to the Region had been presented in document SEA/RC25/8 and were noted: Organizational Study by the Executive Board on Medical Literature Services to Members (WHA25.26); Community Water Supply (WHA25.35); Training of National Health Personnel (WHA25.42); Smallpox Eradication (WHA25.45); Prevention of Blindness (WHA25.55); Problems of the Human Environment (WHA25.58); Occupational Health Programmes (WHA25.63); Sessions of Regional Committees (EB49.R14), and Twenty-fifth Anniversary of the World Health Organization (EB50.R18).

Regarding the resolution on the Executive Board's special study on medical literature services to Members (WHA25.26), the Committee discussed the need for medical literature and especially the high cost of textbooks. It expressed an interest in increased assistance from WHO in the supply of paperback editions of textbooks for the use of students, and in the translation of the textbooks into the national languages. More detailed information on MEDLARS was also requested.

In the discussion on community water supply (WHA25.35), the importance of raising funds for increased assistance to rural water supplies was particularly stressed. The representative of UNICEF confirmed that UNICEF had given high priority to rural water supply projects.

On the subject of occupational health programmes (WHA25.63) and the stress they laid on the overall health of the worker, WHO assistance to programmes in the Region was outlined. The representative of ILO also drew attention to WHO/ILO collaboration in this field, and to the team approach being followed in an institute established with ILO assistance in Bombay.

As to the resolution on the twenty-fifth anniversary of WHO (EB50.R18), the Committee designated the Chairman, or, if he should be unable to attend, the Vice-Chairman, of the twenty-fifth session as speaker for the South-East Asia Region at the celebrations of the twenty-fifth anniversary, which were to be held during the Twenty-sixth World
14 REPORT OF THE REGIONAL COMMITTEE

Health Assembly. The Committee further proposed that the South-East Asia Region's own twenty-fifth anniversary be similarly celebrated at the time of the next session (SEA/RC25/R6).

3. Health in the service of Asian Development: a health charter

The Regional Director had arranged for a preliminary study to be carried out to assist the Regional Committee in reviewing the possibility and desirability of attempting to develop a health charter.

This question was discussed in detail, and the Committee agreed that the establishment of such a charter would be most beneficial. It was considered that the first step was the collection of data in a scientific manner, perhaps over a period of some years. Then, support at the political level and the necessary finance should be sought. A sub-committee of four members was appointed to provide any necessary guidance and assistance to the Regional Director in continuing his efforts in this direction. A resolution on this subject was adopted (SEA/RC25/R7).

4. Technical discussions on the teaching of community medicine in undergraduate medical education

During the three meetings devoted to these discussions, numerous problems were considered. Attention was particularly concentrated on the urgent need for adjusting teaching programmes now to the needs and demands of the mainly rural communities in South-East Asian countries, as foreseeable up to the end of the present decade, the time when a student entering a medical school in 1972 will be qualified to assume duties in the health services of his country.

It was considered that community medicine was not a new discipline to be added to the various medical specialties usually represented in the departmental structure of medical schools. Community medicine was a concept, and in practising it not only all medical disciplines but the behavioural sciences as well had to be involved.

The student should be brought into contact with the community from the very beginning of his undergraduate course and maintain this contact throughout the course. This would enable him to identify and deal with health problems when taking over responsibility for health care delivery to a defined community.

The graduate should be able to find the best solution to every identified health problem, weighing alternatives in terms of availability of - often limited - resources, of economics, of probability of success, and of acceptability by the community.

The graduate should also have some skills in managerial techniques since he was expected to assume administrative responsibilities in his work in health services.
Quite a lot of discussion was devoted to the problem of whether or not the student should be prepared for the task to be the "leader" of the team of health workers co-operating in the delivery of health care to the community.

Due consideration was given, in the discussions, to particulars of teaching programmes, such as the statement of objectives, design of the learning experiences, and evaluation of their effectiveness. In this context, problems like the proper utilization of time for training in the field (viz., in the community), the necessary close co-operation between medical schools and those responsible for the delivery of health care (Ministry of Health), and the desirability and feasibility of multi-disciplinary and multi-professional teaching programmes were discussed.

The group adopted a report which was presented to, and noted by, the Regional Committee (see Annex 4).

5. Selection of subject for the technical discussions at the twenty-sixth session

The Committee, after considering document SEA/RC25/9, which contained a list of topics which had been selected for the technical discussions during the previous ten years and a list of possible topics suggested for the 1973 discussions, selected the subject "Application of modern management methods and techniques for the improved delivery of health services" (SEA/RC25/R5).

6. Time of the twenty-sixth and place of the twenty-seventh sessions

The Committee confirmed its previous decision to hold its twenty-sixth session in the Regional Office, and agreed that this session should be held in September 1973. It accepted the invitation of the Government of the Republic of Indonesia to hold its twenty-seventh session in Indonesia in 1974 (SEA/RC25/R4).
ANNEXES TO THE REPORT
LIST OF PARTICIPANTS*

1. **Representatives, Alternates and Advisers**

**BANGLADESH**

Representative : Dr T. Hossain, Secretary, Ministry of Health and Family Planning, Dacca

Alternate : Dr K.A. Monsur, Director, Health Services (Preventive), Dacca

**BURMA**

Representative : Dr Thein Aung, Deputy Minister, Ministry of Health, Rangoon

Alternates : Dr Kyaw Sein, Deputy Director (Public Health), Ministry of Health, Rangoon

Dr Kyaw Tint, Lecturer, Preventive and Social Medicine, Institute of Medicine I, Rangoon

**INDIA**

Representative : Dr J.B. Shrivastav, Director-General of Health Services, New Delhi

Alternate : Mr M.K. Kutty, Joint Secretary, Ministry of Health and Family Planning, New Delhi

Advisers : Dr S.K. Sengupta, Director, Central Bureau of Health Intelligence, New Delhi

Dr (Mrs) Prabha Malhotra, Professor of Preventive and Social Medicine, Maulana Azad Medical College, New Delhi

**INDONESIA**

Representative : Dr Peter Patta Sumbung, Director, Bureau of Special Affairs/Foreign Relations, Department of Health, Djakarta

Alternate : Mr Soegantyo Koesoemodigdo, Minister Counsellor, Indonesian Embassy in Sri Lanka, Colombo

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*Issued as document SEA/RC25/11 Rev.1 on 16 September 1972*
REPORT OF THE REGIONAL COMMITTEE

MALDIVES

Representative : Mr Hussain Ali Didi, Ambassador of the Republic of Maldives in Sri Lanka, Colombo
Alternate : Mr Mohamed Zahir Naseer, Under-Secretary, Ministry of Health, Male

MONGOLIA

Representative : Dr Sumbragyn Shaadai, Deputy Minister of Public Health, Ulan Bator
Alternate : Dr Z. Jadamba, Head of the Department of Foreign Relations, Ministry of Public Health, Ulan Bator

NEPAL

Representative : Dr Narayan Keshari Shah, Chief Epidemiologist, Directorate of Health Services, Ministry of Health, Kathmandu

SRI LANKA

Representative : Dr C.E.S. Weeratunge, Secretary, Ministry of Health, Colombo

Alternates : Professor K. Rajasuriya, Director of Health Services, Colombo
Dr F.A. Wickremasinghe, Deputy Director (Public Health Services), Colombo
Dr D.A. Jayasinghe, Deputy Director (Medical Services), Colombo

Advisers : Dr W.A.B. de Silva, Assistant Director (EQ-ER), Department of Health, Colombo
Dr N.M.P. Mendis, Epidemiologist, Department of Health, Colombo
Professor E.J. de Fonseka, Professor of Public Health and Preventive Medicine, Faculty of Medicine, Colombo
Professor B.A. Jayaweera, Dean, Faculty of Medicine, Peradeniya
Professor (Mrs) Priyani E. Soysa, Professor of Paediatrics, Faculty of Medicine, Colombo
THAILAND

Representative : Dr Somboon Vachrotai, Deputy Director-General, Department of Health, Bangkok

Alternate : Dr Pirote Nings-anonda, Director, Division of Health Training, Department of Health, Bangkok

2. Representatives of the United Nations and Specialized Agencies

United Nations : Dr C. Hart Schaaf, Resident Representative, UNDP, Colombo

Mr John Grun, Deputy Director, UNICEF, New Delhi

United Nations Development Programme : Dr C. Hart Schaaf, Resident Representative, UNDP, Colombo

UNICEF : Mr John Grun, Deputy Director, UNICEF, New Delhi

International Labour Organisation : Mr N.S. Mankiker, ILO Adviser on Occupational Safety and Health, Colombo

3. Representative of Inter-governmental Organizations

International Committee of Military Medicine and Pharmacy : Lt. Col. D.R.P. Suriyapperuma, Corresponding Member, I.C.M.M. & P., and National Director, Army Medical Services, Colombo

4. Representatives of Non-governmental Organizations

International Council of Nurses : Mrs N. Visvanathan, President, Ceylon Nurses' Association, Colombo

International Dental Federation : Dr N. Gunawardhane, Ceylon Dental Association, Colombo

International Federation of Obstetrics & Gynaecology : Dr (Miss) Siva Chinnatamby, Secretary of the Association of Obstetricians and Gynaecologists of Ceylon, Colombo
<table>
<thead>
<tr>
<th>International Federation of Surgical Colleges</th>
<th>Dr Ananda Soyza, Secretary, College of Surgeons, Colombo</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Planned Parenthood Federation</td>
<td>Dr Krishna Menon, Former Director-Professor, Institute of Obstetrics and Gynaecology, Madras Medical College, India</td>
</tr>
<tr>
<td>League of Red Cross Societies</td>
<td>Dr R.L. Tiruchelvam, Vice-Chairman of the Ceylon Red Cross Society, Colombo</td>
</tr>
<tr>
<td>World Medical Association</td>
<td>Dr E.H. Mirando, 12 Fairfield Gardens, Colombo</td>
</tr>
</tbody>
</table>

5. **Observers**

| Colombo Plan | Brig.-Gen. A.B. Connelly, Director, Colombo Plan Bureau, Colombo |
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 and supplementary 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-fourth Annual Report of the Regional Director

9. Nomination of the Regional Director

10. Resolutions of regional interest adopted by the Twenty-fifth World Health Assembly and the forty-ninth and fiftieth sessions of the Executive Board

11. Technical discussions - "The teaching of community medicine in undergraduate medical education"

12. Proposed regional programme and budget estimates for 1974
   12.1 Consideration of the report of the Sub-Committee on Programme and Budget

*Issued as document SEA/RC25/1 Rev.1, on 12 September 1972
### Report of the Regional Committee

13. Consideration of the recommendations arising out of the technical discussions   
   SEA/RC25/13 and Corr.1

14. Health in the service of Asian development: a health charter   
   SEA/RC25/10 and Add.1 and Corr.1

15. Selection of a subject for the technical discussions at the twenty-sixth session of the Regional Committee   
   SEA/RC25/9

16. Review of inter-country projects in the Region (item proposed by the Government of Ceylon)   
   (Withdrawn)

17. Time of the twenty-sixth session and place of the twenty-seventh session of the Regional Committee   
   SEA/RC25/5

18. Any other business

19. Adoption of the final report of the twenty-fifth session of the Regional Committee   
   SEA/RC25/15

20. Adjournment
Annex 3

REPORT OF THE SUB-COMMITTEE ON PROGRAMME AND BUDGET

The Sub-Committee on Programme and Budget held a preliminary meeting on 12 September 1972 and elected Dr U Kyaw Sein (Burma) as its Chairman. The meeting was attended by the following:

- Dr T. Hossain (Bangladesh)
- Mr M.K. Kutty (India)
- Dr S.K. Sengupta (India)
- Dr Peter Patta Sumbung (Indonesia)
- Mr Mohamed Zahir Naseer (Maldives)
- Dr Shaadai Sumbaa (Mongolia)
- Dr Z. Jadamba (Mongolia)
- Dr Narayan Keshari Shah (Nepal)
- Dr F.A. Wickremasinghe (Sri Lanka)
- Dr W.A.B. de Silva (Sri Lanka)
- Dr Pirote Nings-anonda (Thailand)

The Sub-committee was introduced to the proposed programme and budget estimates for 1974, contained in documents SEA/RC25/3 and SEA/RC25/3 Corr.1 and Addendum 1, and the general layout of these documents was described. In addition, the following seven working papers were provided and explained to the sub-committee:

- Procedures for programme planning (P&B/WP/1)
- Continuing and new projects (P&B/WP/2)
- Programme changes in 1973 estimates (P&B/WP/3)
- Field staffing pattern (P&B/WP/4)
- Cost effectiveness and cost-benefit analysis of tuberculosis programmes in the countries of South-East Asia (P&B/WP/5)
- Tentative projection for 1975 (P&B/WP/6)
- Additional projects requested by governments (P&E/WP/7)

The Sub-committee met again on 14 September 1972 and undertook a review of the proposed programme and budget estimates in accordance with its terms of reference (see Appendix 1).


A general explanation of how projects were processed for inclusion in the budget document was given to the Sub-committee. In reply to a question as to whether any indicative planning figures such as UNDP figures were available to the Regional Office when it was planning programmes under the regular budget, it was explained that in the programming procedure for the regular budget, the IPF system was not applicable. In fact, the regional allocation under the regular budget was established by the Director-General on the basis of discussions in the World Health Assembly. It was also clarified that no country allocations were made.

*Issued as documents SEA/RC25/14 and Corr.1 on 15 and 16 September 1972
The budgetting cycle followed by WHO was determined by the constitutional requirements of the Organization. However, in the year following, Member States could ask for a revision of the budget when the planning for a further budgetary period was undertaken. A member referred to the new form of presentation of the proposed programme and budget estimates as discussed in the Twenty-fifth World Health Assembly. The Sub-Committee was informed that the exact details were being worked out (resolution WHA25.23).

1.1 **New Activities in 1974, Including New Projects and New/Increased Components of Continuing Projects**

The Sub-Committee reviewed the new projects and the new/increased components of continuing projects, as tabulated in working paper P&B/WP/2. A new project was defined for the Sub-Committee as one for which no financial provision had been made in the previous financial year.

In regard to new/increased components in continuing projects, it was explained that the funds shown against such projects in P&B/WP/2 did not necessarily represent an increase in cost; the purpose of the list was to indicate additional components (irrespective of the cost) as compared with the components appearing in 1973.

The Sub-Committee was also informed that the assistance budgetted for projects in Bangladesh was met from an additional allocation made by the Director-General.

During the discussion, the members concerned requested the following changes in the Proposed Programme and Budget Estimates for 1974:

<table>
<thead>
<tr>
<th>Project No.</th>
<th>Title of Project</th>
<th>Proposed Changes in 1974</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indonesia</td>
<td>0032 Malaria Eradication</td>
<td>Delete one fellowship for 12 months. Add four fellowships for 3 months each (METC)</td>
</tr>
<tr>
<td>0050</td>
<td>Tuberculosis Control</td>
<td>Add three fellowships for 3 months each</td>
</tr>
<tr>
<td>0099</td>
<td>Plague Epidemiology</td>
<td>Increase supplies and equipment by $1,500</td>
</tr>
<tr>
<td>0081</td>
<td>Smallpox Eradication</td>
<td>Government wishes an assessment of the programme to be carried out in 1974</td>
</tr>
<tr>
<td>0098</td>
<td>National Institute of Medical Research</td>
<td>Project 0126 to be merged into 0098 and the project narrative to be amended</td>
</tr>
<tr>
<td>0126</td>
<td>National Institute of Public Health, Surabaya</td>
<td></td>
</tr>
</tbody>
</table>
**REPORT OF THE REGIONAL COMMITTEE**

<table>
<thead>
<tr>
<th>Project No.</th>
<th>Title of Project</th>
<th>Proposed Changes in 1974</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indonesia 0071</td>
<td>National Community Water Supply and Sanitation</td>
<td>To merge 0200 (Port Health) into 0071 (four fellowships for 3 months each)</td>
</tr>
<tr>
<td>0200</td>
<td>Fellowships (Port Health)</td>
<td></td>
</tr>
<tr>
<td>0086</td>
<td>Strengthening of National Health Services</td>
<td>Health educator to be replaced by a systems analyst</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Senior nurse administrator to be replaced by a management expert</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Project narrative to be amended</td>
</tr>
<tr>
<td>0091</td>
<td>Strengthening of Epidemiological Services</td>
<td>Project 0200 (Epidemiology of Eye Diseases) to be merged into 0091 (one fellowship for 3 months)</td>
</tr>
<tr>
<td>0200</td>
<td>Fellowships (Epidemiology of Eye Diseases)</td>
<td></td>
</tr>
<tr>
<td>Sri Lanka 0058</td>
<td>Malaria Eradication</td>
<td>Delete one malarialogist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Delete one sanitary engineer</td>
</tr>
<tr>
<td>New project</td>
<td>Food Hygiene</td>
<td>Add one consultant for eleven months</td>
</tr>
<tr>
<td>0078</td>
<td>Strengthening of Epidemiological Services</td>
<td>Add one fellowship for 18 months</td>
</tr>
<tr>
<td>0047</td>
<td>Medical Education</td>
<td>Add one fellowship for 12 months</td>
</tr>
</tbody>
</table>

The above requests for changes were listed for possible inclusion next year in the 1974 revised budget estimates, subject to formal requests from governments.

The Sub-Committee noted that the last Asian Malaria Conference had been held in 1969 and that earlier conferences had been held at intervals of three or four years; it felt that it would be useful for such a conference to be convened in 1974.

It was explained that, this being an inter-regional matter, the Sub-Committee's recommendation, if supported by the Regional Committee, would be brought to the attention of WHO Headquarters.
1.2 **Comparison of the Cost of New Activities in Relation to the Total Cost of the Field Activities**

It was noted by the Sub-committee that the cost of new projects and new increased components of continuing projects was 23.42% of the total cost of project activities proposed in 1974.

1.3 **Changes Proposed in the 1973 Programme**

The Sub-committee examined the changes proposed in the 1973 budget, which reflected the wishes of governments. The Representative from Sri Lanka asked whether the Seminar on Advanced Malaria Epidemiology (SEARO 0114) proposed for 1973 could be converted into a training course on planning for senior malaria officers. It was explained that preliminary arrangements for the seminar had already been made and the Government of India had offered to act as host. However, it was open to the Government of Sri Lanka to request such training under a country project.

1.4 **Field Staffing Pattern**

In examining the field staffing pattern, a member asked about the relative percentage of expenditure on administrative staff and on other staff. The Sub-committee was informed that there was no definition of "administrative staff" at the regional level, and it was therefore not possible to make a comparison of the suggested nature. However, the cost of the staffing component (including short-term consultants) in programme activities amounted to over six million dollars and accounted for 63% of the budget for programme activities. Fellowships, supplies and equipment and other components were approximately 22%, 7% and 8% respectively. The total estimated cost of the Regional Office, which could not, however, be regarded as "administrative", was roughly 9% of the total budget estimates for 1974.

A clarification was given with regard to the number of staff appearing under each category of field staff (P&B/WP/4), and it was explained that this was a consolidated summary (by category and by subject) of all the posts appearing in documents SEA/RC25/3 and Corr.1 and Add.1.

In reply to a query, the recruitment procedure was explained. This matter had already been thoroughly discussed in the plenary meeting and would be covered in the report of the Regional Committee.

2. **DETAILED EXAMINATION OF SELECTED PROGRAMMES AND PROJECTS**

2.1 **General Assessment of the Tuberculosis Programme in the Region, Including a Cost-Benefit Analysis**

The Regional Committee, at its twenty-fourth session, had selected the following subject for detailed examination by the Sub-committee:

"A general assessment of the tuberculosis programme in the countries of South-East Asia, including a cost-benefit analysis"
The Sub-Committee studied in detail a paper (P&B/WP/5) in which a cost-benefit analysis had been attempted on the basis of information available in assignment reports of WHO staff members and publications from various countries.

The Sub-Committee noted the disparity in prevalence and incidence of the disease between males and females, and that there was no satisfactory explanation for this situation.

The general basis for the assumptions made were examined. They included an examination of treatment details, including a one-year treatment period.

The detailed basis of the calculations on the "benefit" and "losses" in economic terms was examined. While noting that the benefit from anti-tuberculosis treatment could be expressed in economic and epidemiological terms, the Sub-committee felt that there were limitations to the method of calculation of economic benefits on the basis of one year's treatment, and that the benefit-cost ratio after a year of anti-tuberculosis treatment (5.6, as calculated) was low and provided inadequate justification, on economic grounds alone, for support of tuberculosis programmes. The social values and epidemiological need for treatment also would have to be stressed.

The Sub-committee noted with interest the high cost of treatment, without concomitant economic or epidemiological benefits, of cases diagnosed as radiologically positive but not confirmed bacteriologically.

The Sub-committee agreed with the general conclusions contained in P&B/WP/5.

It was felt by the Sub-committee that programmes selected for future detailed examination could also usefully be subjected to a cost-benefit analysis.

2.2 New Programmes or Projects

The Sub-committee then examined in detail the following new projects contained in the proposed programme and budget estimates for 1974.

**Burma 0103 (School Health Services)**

It was noted that a WHO consultant had reviewed the school health services in Burma in 1969 under an inter-country project (SEARO 0175, School Health). Based on this review, a country project had been developed for implementation in 1974.

**Sri Lanka 0089 (Freeze-Dried Smallpox Vaccine Production)**

In reply to a question as to whether it was not cheaper to get vaccine from abroad instead of starting local production, it was explained that smallpox vaccine in liquid form was already being produced and that the equipment was for the production of freeze-dried
vaccine. At a suitable time, production would be extended to freeze-dried rabies vaccine as well. A draft request for UNICEF assistance had been prepared and awaited submission by the Government with an indication of the priority attached to the programme.

It was asked why UNICEF assistance was not reflected in the budget document. It was clarified that the column "Other sources" in the budget indicated those funds which were made available to the Organization, as executing agency, by the UNDP and UNFPA. The funds allocated by UNICEF were not channelled through WHO and hence not reflected in the Proposed Programme and Budget Estimates.

India 0280 (Training Programmes for Medical Officers and Trainers of Basic Health Workers)

With regard to WHO's policy concerning payment of expenses for national training courses, it was stated that, in accordance with resolution WHA6.35, WHO participated in the cost of training on a sliding scale over a period of five years. In the field of health manpower development, however, assistance was being given for fellowships for academic training in national universities and institutes. WHO did not usually assist participants in attending national training courses at their place of residence.

Mongolia 0021 (Strengthening of Mental Health Services and Training of Personnel)

The project was examined and supported.

Thailand 0122 (Poison Information Centre, Siriraj)

It was explained that this centre had been established in 1965 in the Division of Toxicology, Department of Forensic Medicine, Siriraj Hospital, and that its functions included (i) collection of information on all cases of poisoning notified in Thailand; (ii) advice to and education of the public on the prevention and treatment of accidental or occupational poisoning; (iii) provision of a laboratory service for the detection of poisons as an aid to diagnosis and the follow-up of treatment; (iv) provision of a 24-hour service for advice and consultation in cases of poisoning, and (v) provision of facilities for research in toxicology and related fields and collaboration with international centres. WHO assistance was to improve and expand the services provided and to develop work in the monitoring of adverse drug reactions, as recommended in a World Health Assembly resolution.

SEARO 0226 (Medical Rehabilitation)

During the course of the examination of this project, the representative of Indonesia requested that it be located in his country.
2.3 **Continuing Project**

Bangladesh 0018 (Strengthening of Rural Health Services)

As Bangladesh had joined the Region recently, the Sub-Committee selected the above project for review. In reply to a question on health training of auxiliaries, it was explained that the Government of Bangladesh had attached high priority to the expansion of integrated health services in rural areas and to the re-training of uni-purpose auxiliary health workers as multi-purpose workers, in order to assist the thana health centres in rendering a comprehensive service.

2.4 **Selection of a Programme for Detailed Examination in 1973**

After reviewing the programmes discussed in previous years, the Sub-committee decided to recommend the subject "Organization of medical care" for examination in 1973.

3. **EXAMINATION OF THE REGIONAL OFFICE STAFFING AND BUDGET**

Pages 2-17 of document SEA/RC25/3, containing the proposed staffing and the budget estimates in respect of the Regional Office, Regional Advisers and WHO Representatives, were examined in detail. It was noted that the number of posts in the Regional Office had not increased in proportion to the increased budget estimates under programme activities.

4. **GENERAL CONCLUSIONS AND RECOMMENDATIONS**

4.1 **General Programme of Work**

After having made a detailed examination, the Sub-committee considered that the proposed programme and budget estimates for 1974 followed the Fifth General Programme of Work (1973-1977) approved by the World Health Assembly and the Regional Committee.

Clarifications were given with regard to the transfer of funds from one project to another within the same country or among various components in the same project. It was pointed out that the savings resulting from non-implementation and/or delayed implementation of projects were pooled and utilized to meet new requests made by Member countries in accordance with the priorities which they established. In this connection, preference was given to the projects included in the "green pages". This system did allow flexibility in the operation of the programmes.

4.2 **Reflection of Requests Made at the Previous Session**

The Sub-committee went through the resolutions approved at the twenty-fourth session of the Regional Committee and noted that the proposed programme and budget estimates for 1974 took account of the recommendations made by the Committee at that session.
4.3 Additional Projects Requested by Governments

The Sub-Committee also noted that some further additional requests had been received from the governments after the preparation of the proposed programme and budget estimates for 1974 (see Appendix 2).

4.4 Tentative Projection

The Sub-Committee examined the working paper on tentative projection for 1975 (see Appendix 3) and noted that it reflected an increase of 7.99% over the 1974 budget estimates.

4.5 Proposed Resolution

The Sub-Committee met again on 15 September 1972 and agreed to recommend the attached resolution to the Regional Committee (see p. 4, resolution SEA/RC25/R3), which was adopted unchanged (ref. minutes of the sixth meeting, p.125).
Suggested Terms of Reference for the Sub-Committee on Programme and Budget*

The following terms of reference are suggested for the Sub-Committee on Programme and Budget:

1. General review of the proposed programme and budget estimates for 1974 (SEA/RC25/3)

   The general review should include, inter alia:

   (1) New activities in 1974, including new projects and new components of continuing projects.

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

   (3) Changes proposed in the 1973 programme.

   (4) Field staffing pattern.

2. Detailed examination of selected programmes and projects

   The detailed examination should include:

   (1) A programme of common interest to all the countries of the Region. (At its twenty-fourth session, the Regional Committee decided that in 1972 the subject should be "General assessment of the tuberculosis programme in the Region, including a cost-benefit analysis")

   (2) New programmes or projects.

3. Examination of Regional Office staffing and budget as required

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

   In drawing its conclusions, the Sub-Committee may wish to keep the following questions in mind:

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

*Issued as document SEA/RC25/4, on 14 July 1972
(2) Are the requests and recommendations made by the Regional Committee at its twenty-fourth 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 sessions?
Additional Projects Requested by Governments*

**BURMA**

1. **Burma 0017 - Leprosy Control**
   
   Subsidy
   
   (subject to availability of funds under the Special Account for the Leprosy Programme)
   
   15 000

2. **Burma 0066 - Health Education**
   
   One 18-month fellowship
   
   8 100

3. **Burma 0077 - Burma Pharmaceutical Industry**
   
   (Production of Biologicals)
   
   One 24-month fellowship
   
   10 200

4. **Burma 0094 - Strengthening of Health Services**
   
   One consultant for 6 months
   
   12 000

5. **Burma 0095 - Burma Medical Research Department, Ministry of Health**
   
   One consultant for 4 months $8 000
   
   One 12-month fellowship 5 400
   
   One 6-month fellowship 3 300 16 700

6. **Burma 0097 - Maintenance and Repair Workshop for Health Equipment**
   
   Two 12-month fellowships
   
   10 800

   **Total Burma 72 800**

**MONGOLIA**

1. **Mongolia 0012 - Strengthening of Radiological Services and Maintenance of Electro-medical Equipment**
   
   One 34-month fellowship
   
   13 700

*Issued to members of the Sub-Committee as P&B/WP/7 dated 22 August 1972
2. **Mongolia 0016 - Quality Control of Drugs**

   Three 4-month fellowships $7,800  
   Supplies and equipment 3,000 $10,800

3. **Mongolia 0018 - Epidemiological Services and Surveillance**

   One consultant for 2 months 4,000

4. **Mongolia 0022 - Community Health Services**

   One 10-month fellowship $4,700  
   Two 4-month fellowships 5,200 9,900

   **Total Mongolia** 38,400

   **GRAND TOTAL** 111,200
## Summary of Budget Estimates from 1972 to 1974, with a Tentative Projection for 1975*

### Regular Budget

(Expressed in US dollars)

<table>
<thead>
<tr>
<th>Programme Activities</th>
<th>Estimated Obligations</th>
<th>Tentative Projection for 1975</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1972</td>
<td>1973</td>
</tr>
<tr>
<td><strong>Communicable Diseases</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaria</td>
<td>1,111,653</td>
<td>1,178,394</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>134,778</td>
<td>174,620</td>
</tr>
<tr>
<td>Venereal Diseases and Treponematoses</td>
<td>24,000</td>
<td>17,500</td>
</tr>
<tr>
<td>Bacterial Diseases</td>
<td>36,428</td>
<td>58,085</td>
</tr>
<tr>
<td>Parasitic Diseases</td>
<td>34,486</td>
<td>17,600</td>
</tr>
<tr>
<td>Virus Diseases</td>
<td>66,050</td>
<td>42,600</td>
</tr>
<tr>
<td>Smallpox</td>
<td>754,347</td>
<td>794,363</td>
</tr>
<tr>
<td>Leprosy</td>
<td>104,787</td>
<td>109,083</td>
</tr>
<tr>
<td>Veterinary Public Health</td>
<td>85,300</td>
<td>91,650</td>
</tr>
<tr>
<td>Communicable Diseases - General Activities</td>
<td>337,991</td>
<td>394,368</td>
</tr>
<tr>
<td><strong>Environmental Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental Health</td>
<td>613,959</td>
<td>728,116</td>
</tr>
<tr>
<td>Occupational Health</td>
<td>36,100</td>
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<tr>
<td>Radiation Health</td>
<td>127,765</td>
<td>128,128</td>
</tr>
<tr>
<td><strong>Public Health Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health Services</td>
<td>2,147,385</td>
<td>2,418,194</td>
</tr>
<tr>
<td>Nursing</td>
<td>805,042</td>
<td>897,671</td>
</tr>
<tr>
<td>Health Education</td>
<td>149,655</td>
<td>225,350</td>
</tr>
<tr>
<td><strong>Health Protection and Promotion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Health</td>
<td>153,657</td>
<td>246,899</td>
</tr>
<tr>
<td>Nutrition</td>
<td>148,178</td>
<td>163,011</td>
</tr>
<tr>
<td>Dental Health</td>
<td>75,600</td>
<td>60,750</td>
</tr>
<tr>
<td>Mental Health</td>
<td>42,950</td>
<td>60,000</td>
</tr>
<tr>
<td>Immunology</td>
<td>29,200</td>
<td>8,750</td>
</tr>
<tr>
<td>Non-communicable Diseases</td>
<td>99,879</td>
<td>130,090</td>
</tr>
<tr>
<td><strong>Education and Training</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education and Training</td>
<td>692,610</td>
<td>669,627</td>
</tr>
<tr>
<td><strong>Other Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biology, Pharmacology and Toxicology</td>
<td>161,837</td>
<td>224,089</td>
</tr>
<tr>
<td>Vital and Health Statistics</td>
<td>188,646</td>
<td>225,146</td>
</tr>
<tr>
<td><strong>Total - Programme Activities</strong></td>
<td>8,182,093</td>
<td>9,084,288</td>
</tr>
<tr>
<td><strong>Regional Office</strong></td>
<td>828,480</td>
<td>889,061</td>
</tr>
<tr>
<td><strong>Total - Operating Programme</strong></td>
<td>9,010,573</td>
<td>9,974,149</td>
</tr>
<tr>
<td><strong>Regional Committee</strong></td>
<td>13,500</td>
<td>7,000</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>9,024,073</td>
<td>9,981,149</td>
</tr>
</tbody>
</table>

*Issued to members of the Sub-Committee as document P&H/WP/6, dated 14 August 1972*
Annex 4

REPORT ON THE TECHNICAL DISCUSSIONS ON THE TEACHING OF COMMUNITY MEDICINE IN UNDERGRADUATE MEDICAL SCHOOLS*

1. INTRODUCTION

Under the chairmanship of Dr K.A. Monsur (Bangladesh), two sessions on 14 September 1972 were devoted to the technical discussions on "The teaching of community medicine in undergraduate medical education", and the group met again on the next day to consider and adopt its recommendations. At the first meeting, Dr (Mrs) P. Malhotra (India) and Prof. T.E.J. de Fonseka (Sri Lanka) were elected rapporteurs.

The discussions, which followed the agenda adopted by the Regional Committee (see Appendix), were based mainly on three documents which had been distributed in advance: (1) the main background paper, by Dr Alibazah, WHO Temporary Adviser (document SEA/RC25/6), (2) one on an example at Lucknow, by Dr B.G. Prasad, WHO Regional Adviser on Community Health Services (document SEA/RC25/6, Add.1), and (3) one on the training given at Ramathibodi Hospital, Faculty of Medicine, Mahidol University, Bangkok, by Dr Prem Buri, WHO Temporary Adviser (document SEA/RC25/6, Add.2).

The following background material was also circulated:

1. WHO Technical Report Series No.327, "The Training and Preparation of Teachers for Medical Schools with Special Regard to the Needs of Developing Countries".

2. WHO Technical Report Series No.355, "The Use of Health Service Facilities in Medical Education".

3. WHO Technical Report Series No.489, "Implications of Individual and Small Group Learning Systems in Medical Education".


The group also considered statements on the situation in some of the various countries represented, copies of which participants had brought with them for distribution.

In addition to the participants in the technical discussions, the Chairman called upon two observers for comments.

In reviewing the teaching of community medicine in undergraduate medical education, the participants noted the following special

*Issued as document SEA/RC25/13 and Corr.1 on 15 and 16 September 1972
considerations and constraints:

(1) In practically all countries of South-East Asia only a small urban elite receive adequate health care. However, the large majority of people living in rural areas get only a rudimentary type of care.

(2) The rapidly growing population (which is likely to double in the next 20-30 years) will create further problems for the health care delivery systems.

(3) The developing countries can expend only a small fraction of what is spent on health care by the industrialized countries, and even this amount is spent mainly among the urban population.

(4) Overall shortage of health personnel of all categories, rural-urban imbalance and the brain drain further aggravate the problem of resources and facilities.

(5) Public ignorance, apathy, low educational status and other social and cultural factors, combined with poor administration and management of the health services, lack of co-ordination, duplication and fragmentation of health services, professionalization, departmentalization and political interference lead to inefficient and inadequate delivery of medical care.

While it is recognized that it is necessary to develop a system for improving health care in a community which will necessarily need to be based on operational research, the undergraduate teaching must equip the future doctor with the ability to perform his duties with the available resources, within the gradual changes taking place in the health care system according to needs.

2. DEFINITION

In considering the objectives of teaching community medicine, the technical discussion group was of the view that the definition of "community medicine" should be "a system of delivery of comprehensive health care to the people by a health team in order to improve the health of the community".

3. OBJECTIVES

These were considered to be the following:

3.1 General

To produce a basic doctor who is well conversant with day-to-day health problems of the rural and urban communities and is able to play
an effective role in the promotive, preventive and curative aspects of the health of the people on a local, regional and national basis.

He should be able to:

1. Understand the community, and know how to seek the participation and co-operation of the people in health measures, including the mobilization and utilization of community resources for the betterment of health and social change;

2. Make a community diagnosis of common health problems, assign priorities and organize control measures;

3. Co-ordinate and manage health teams;

4. Understand, appreciate, practise and deliver integrated comprehensive health care through the health team, taking the family as the operational unit;

5. Develop qualities of confidence and self-reliance, the capacity for making decisions, a sense of responsibility, leadership and the ability to improvise in day-to-day work;

6. Provide health care through limited resources;

7. Continue self-education, and

8. Be research-minded.

3.2 Parameters

Knowledge, skills and attitudes have to be determined in respect of content, learning experience and evaluation in relation to the following parameters in behavioural terms:

1. Establishment of effective relationships with the community;

2. Knowledge and understanding of the use of diagnostic tools;

3. Knowledge of common health problems in the community;

4. Ability to identify health problems;

5. Ability to design effective programmes to meet health problems with alternative solutions;

6. Ability to evaluate programme effectiveness;
(7) Ability to understand and appreciate the role of the health team and the contribution of its members;

(8) Ability to mobilize and utilize community resources;

(9) Ability to assume responsibility, know one's own limitations and be willing to consult those who know more, and

(10) Adequate administrative and managerial ability.

4. RECOMMENDATIONS

After a discussion on the teaching programmes being carried out in various countries all over the world, and particularly those in the South-East Asia Region, the following recommendations were made:

4.1 Administrative Arrangements

The policy of bringing health to the community should be clearly stated by the government, and decisions should be made and followed to enable substantial enforcement of that policy. A joint partnership should be established between appropriate educational and training institutions and those responsible for health care. A committee should be set up with appropriate representation of both the "producer" of health manpower (in our case, the medical school) and the "employer" (the Ministry of Health and its executing agencies).¹

This committee should meet periodically to review and develop the service, teaching and research programmes. The day-to-day running of the teaching programme may be left to the head of the department, who should be made programme director or co-ordinator. The preventive and social medicine department may fill this role, as it is doing at present in many places. The programme director or co-ordinator will act as secretary of the advisory committee.

It is preferable, as far as possible, to have the Ministry of Health or Municipality, as the case may be, jointly responsible for a teaching centre. The governmental/municipal staff of the service component of the centre should be jointly selected by the medical school and the government/municipality and seconded to the medical school as part-time teachers:

(a) to provide a realistic setting for the education and training of all medical and other health workers,

(b) to facilitate the establishment of a teaching-cum-research programme in which universities and medical

¹It was noted that in certain countries the "user" (the community served) is also represented on such committees. It was, however, considered that this might not be feasible under the prevailing conditions of South-East Asia.
schools can explore suitable alternatives for methodologies to bring appropriate health care to the community, and

(c) to design and implement curricula relevant to the health needs of the country.

4.2 Teaching Programme

The curriculum in medical schools should provide opportunities for learning and evaluating the desired aspects of medical and health care needed, and should comprise at least:

(a) the basic fundamentals of sociology, psychology, population dynamics and human ecology in relation to community health;

(b) exposure of the students in the community, in a phased manner, through study of families, the gathering of information on the population, analysis and interpretation of data through a comprehensive approach for solving health problems;

(c) sufficient opportunities to develop adequate managerial skills, in order to enable the students to cope with appropriate decision-making exercises regarding day-to-day problems of providing health care to the community;

(d) a system with enough flexibility and feedback to enable the student to understand the comprehensive approach in bringing health care to the community, and

(e) opportunities to demonstrate the value and importance of involvement of medical students with other health workers in a team approach to community health care.

4.3 Field Practice Areas

(1) Each medical college should adopt a number of defined populations of a diverse nature (rural, urban, etc.) to serve as field practice areas for service, teaching and research. As far as possible, these field practice areas should be in keeping with the national pattern, suitably strengthened for teaching purposes, if there are gaps in the national pattern.

(2) The physical facilities at the teaching centres, such as those of the service unit, residential staff accommodation, hostels for trainees (male and female), transport, equipment (including audio-visual), drugs and staff should be adequate.
(3) The field practice area should have an inter-departmental approach. In the school there should be a faculty team with a carefully defined division of labour and specific responsibilities in the field practice areas. There should be a programme director or co-ordinator and an advisory committee composed of the dean, the heads of some core departments (such as medicine, surgery, obstetrics and gynaecology, pediatrics and preventive and social medicine) and a representative of the Ministry of Health.

4.4 Flow of Information

A monitoring system should be established involving health statistics departments, covering the different categories of staff, the utilization of manpower, logistics, cost accounting, etc., in order to obtain a constant flow of information on which further research and development can be based.

4.5 Inter-disciplinary and Inter-professional Programmes

(1) Multi-disciplinary teaching programmes are essential for the development of the concept of community medicine and for building up positive attitudes in the teachers and students.

(2) Multi-professional programmes can be advantageously conducted in the field practice areas, as they are conducive to mutual understanding of the roles of the various health team members and other welfare agencies.

4.6 Motivation for Work in Rural Areas

(1) It was agreed that even the best motivated medical graduates could not be expected to work in rural areas for a continuous stretch of time without the guarantee of obtaining an opportunity for career development, placement under improved conditions, etc.

(2) In order to meet the problem of shortage of doctors for rural areas and to remove resistance to rural health work, it was strongly recommended that (a) substantial incentives to compensate for the hardships attached to such postings should be ensured; (b) an effective and consistent rotation scheme be set up; (c) universities should not accept for registration for post-graduate courses students who have not served a minimum period of two years in rural health services, and (d) promotion in government service should be subject to completion of a prior rural health service assignment.
4.7 Longitudinal Research

Such research is desirable in order to evaluate the results of community-oriented teaching programmes, for the purpose of using the information gained as a feedback for improving the teaching and service programmes.
Annex 4
Appendix

Proposed Agenda for the Technical Discussions on the Teaching of Community Medicine in Undergraduate Medical Education

1. Rationale underlying the concept of community medicine.

2. Objectives of teaching community medicine:
   2.1 General
   2.2 Specific adjustments to local variations of community health problems

3. Attempts to draw up possible designs of learning experiences:
   3.1 Highlights of the different approaches in various parts of the world
   3.2 Examples of experimental solutions in the South-East Asia Region

4. Inter-disciplinary and inter-professional programmes.

5. Relation between teaching programmes in community medicine and world-wide problems such as motivation of medical students towards work in the community health care services, brain drain and the trend for super-specialization.

6. Attempts to evaluate the overall impact of inter-disciplinary community-oriented teaching programmes.

*Issued as document SEA/RC25/7, on 26 July 1972*
### Annex 5

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SEA/RC25/12 Report of the Sub-Committee on Credentials
SEA/RC25/13 and Corr.1 Report on the technical discussions on the teaching of community medicine in undergraduate medical schools
SEA/RC25/14 and Corr.1 Report of the Sub-Committee on Programme and Budget
SEA/RC25/15 Draft report of the twenty-fifth session of the WHO Regional Committee for South-East Asia
SEA/RC25/16 List of official documents of the twenty-fifth session

Provisional Minutes

SEA/RC25/Min.1 Summary Minutes - first meeting, 12 September 1972 8.50 a.m.
SEA/RC25/Min.2 and Corr.1 Summary minutes - second meeting, 12 September 1972, 2.30 p.m.
SEA/RC25/Min.3 and Corr.1 Summary minutes - third meeting, 13 September 1972, 9.30 a.m.
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SEA/RC25/Min.5 Summary minutes - fifth meeting, 15 September 1972, 11.30 a.m.
SEA/RC25/Min.6 Summary minutes - sixth meeting, 15 September 1972, 2.30 p.m.
SEA/RC25/Min.7 Summary minutes - seventh meeting, 18 September 1972, 9.30 a.m.

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# SUMMARY MINUTES

First Meeting, 12 September 1972, 8.50 a.m.

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## ANNEXES

1. Text of the inaugural address by the Prime Minister
2. Text of address by Mr W.P.G. Ariyadasa, Minister of Health
3. Text of the address by Dr M.G. Candau, Director-General of the World Health Organization

*Issued as document SEA/RC25/Min.1, on 12 September 1972*
4. Text of the statement by the Regional Director

5. Text of statement by Dr C. Hart Schaaf, UNDP Resident Representative in Sri Lanka and the Maldives

6. Text of the statement by Mr John Grun, Deputy Director, UNICEF, New Delhi
The inaugural meeting was held in the Lotus Room of the Taprobane Hotel in Colombo. Drums and dancing by the celebrated Kandyan dancers heralded the arrival of the Prime Minister of Sri Lanka, who lit the traditional lamp before inaugurating the session.

1. **Opening of the session (item 1 of the agenda)**

   The twenty-fifth session of the Regional Committee was opened by DR THEIN AUNG, Chairman of the twenty-fourth session of the Regional Committee. He welcomed the Prime Minister and said that the meeting was greatly honoured by her presence; the fact that she was present in spite of her heavy responsibilities of State was most encouraging evidence of the interest she took in the activities of the Organization, and he had no doubt that her wise guidance would help the meeting in its task of progressing towards the goal of WHO - "attainment by all peoples of the highest possible level of health". He extended a warm welcome to the delegation of Bangladesh, which had joined the Region as its ninth Member.

   For over a quarter of a century, the Member Governments, in close collaboration with WHO, the United Nations Development Programme and other agencies, had been launching a series of health programmes. Some gains had been made, noticeably in the health of women and children and in the eradication and control of some of the communicable diseases. However, much still remained to be done. It was in such international gatherings that ways and means of solving common problems were discussed. He hoped that the present session would be able to find solutions to many of the remaining health problems.

   He welcomed all the delegates and guests and invited the Prime Minister to inaugurate the session.

2. **Inaugural address by the Prime Minister**

   Welcoming all those present, MRS BANDARANAIKE said that the Regional Committee had met in Sri Lanka on two previous occasions, when her late husband had inaugurated the sessions (in 1950 and 1959) - the first time as Minister of Health and the second as Prime Minister. However, this was the first time that Sri Lanka was hosting the session as a free and sovereign State.

   The countries of the South-East Asia Region had common health problems. Communicable diseases such as malaria, tuberculosis and filariasis, being widely prevalent, contributed in large measure to the high rates of morbidity, and lack of adequate water supplies and poor sanitation also resulted in a high incidence of sickness. There was also the growing threat of environmental pollution arising from industrialization and urbanization. She was glad that all these problems were receiving priority in WHO's general programme of work.
During the last decade, the population explosion had been engaging the attention of all concerned, and unless effective measures were taken to deal with it, efforts towards economic and social development would be of no avail. This problem had been foreseen by her late husband as far back as 1949, when, at the Second World Health Assembly in Rome, he had emphasized the need for giving consideration to family planning at the international level. She was happy that this matter had also been receiving priority in WHO's activities.

WHO would surely continue to provide the necessary technical and financial assistance to the countries of the Region in tackling their health problems within the shortest possible time. It was a matter of pride for her country that its citizens had been chosen to hold positions of responsibility in WHO and had been associated with the implementation of the Organization's programmes.

Since its independence in 1948, Sri Lanka had expanded its health services and had embarked on a number of health programmes, and she was grateful to WHO for its generous assistance in this regard. During the last two decades, great progress had been made in various fields: for example, the expectation of life had increased, and the death rate and infant and maternal mortality had been considerably reduced. No doubt other countries of the Region had achieved similar progress.

Despite these achievements, much remained to be done, and the most acute problem facing governments was the lack of financial resources.

Good health for all people was the greatest asset which developing countries could have in implementing their five-year plans, and the work of WHO was the foundation for all other forms of development. In its five-year plan, her government had laid stress on the prevention of disease and the integration of the preventive and curative aspects. In this connection she was glad that the subject of "community medicine" had been chosen for the technical discussions to be held during the session. She wished the meeting all success (for full text of speech, see Annex 1).

3. Address by the Minister of Health

MR W.P.G. ARYADASA welcomed the representatives of the Member Governments of the WHO South-East Asia Region who were attending the session.

The countries of the Region had many health problems of a similar nature, and their environmental patterns, socio-economic features and cultural ties also bound them all into a single family.

The Government of Sri Lanka had recently shifted its emphasis from the improvement of curative services to preventive and health promotion programmes. It was expected that this switch-over would prove successful and also result in less cost. It was realized that isolating curative and preventive services would not lead to the maximum utilization of available resources in delivering efficient health services. In Sri Lanka,
a phased programme of integration at peripheral levels had recently been started and would gradually be extended, thereby leading to the integration into the basic health services of mass campaigns against such communicable diseases as malaria, tuberculosis, filariasis, venereal diseases and leprosy.

Referring to the dearth of trained personnel in the countries of the Region, he said that the effort should be to utilize the limited personnel available to maximum advantage in order to provide adequate services to the public. With this in view, the Government of Sri Lanka had launched a national health manpower study with assistance from WHO. It was hoped that this study would lead to an effective development and deployment of trained personnel in delivering total health care to the people and would also be of some benefit to other countries in the Region.

Priority had been given to the development of the family health programme by integrating it into the maternal and child health services. With a well organized health infrastructure already in existence, it was expected to carry the message of family health to every member of the community. With assistance from WHO, the Swedish International Development Agency (SIDA), UNFPA and UNICEF, there were plans for a much more ambitious programme in the future.

It was up to the countries concerned to establish priorities and allocate resources judiciously so as to bring the maximum good to the people. The tasks ahead were not easy, but he hoped that the discussions at the session would provide answers to many of the problems (for full text of the speech, see Annex 2).

4. Address by the Director-General of WHO

DR CANDAU said that Sri Lanka had been one of WHO's most active and devoted Members in the past twenty-four years. He felt that the present invitation to hold the Regional Committee's session in this country for the third time and the Prime Minister's presence at the inauguration constituted a renewed expression of its support for WHO's objective of attaining the highest possible level of health for all peoples. He thanked the Prime Minister and the Government for their hospitality.

He then mentioned the principal programme objectives of WHO in the years to come as being the strengthening of health services, the development of health manpower, the prevention and control of diseases and the promotion of environmental health.

Referring to the role of Member States and WHO in working for the achievement of the above objectives, he mentioned that the World Health Assembly had repeatedly given attention to the training of national health personnel, as the Assembly had considered the dearth of health manpower as one of its most critical problems in its programmes aimed at the strengthening of national health services. The importance of disease prevention and control needed no emphasis; with regard to the setbacks experienced in recent years in some malaria eradication programmes, he stressed the need
for Member States to implement the recommendations of multi-disciplinary assessment teams and for continuous and adequate financial support by governments. In the smallpox eradication programmes, in which much progress had been made, he warned against complacency.

The growing problems of environmental pollution were widely recognized, but provision of basic sanitary services to a large number of people still posed the greatest environmental challenge in developing countries.

The comparatively complex structure of WHO, he said, had been established to enable its work to be adapted more effectively to the health problems in different parts of the world, and to promote cooperation in matters of detail through regional meetings. Regional meetings could also facilitate closer links between national administrations and the secretariat of international organizations.

The Director-General wished the Committee every success in its deliberations (for full text of speech, see Annex 3).

5. Statement by the Regional Director

The REGIONAL DIRECTOR thanked the Prime Minister for inaugurating the twenty-fifth session of the Regional Committee and also commented on the fact that both the previous sessions held in Sri Lanka had been inaugurated by her distinguished husband, who had also played an important role in the establishment of the WHO Regional Office for South-East Asia. He thanked the Prime Minister and the Government of Sri Lanka for having invited the Regional Committee to hold its sessions in Colombo, and raised the hope that in this ancient land, with its great cultural heritage, the delegates would find ways and means of achieving better health for the people of this region, who constituted nearly one fourth of the world's population. He welcomed the delegates of the Member Governments, in particular those of Bangladesh, which was represented at a session of the Regional Committee for the first time since becoming a Member of WHO, earlier in the year.

Since the session of the Committee which was held in Sri Lanka in 1959, the Government had made great strides in the field of health. Major public health problems such as tuberculosis and smallpox had been considerably reduced, and stress was being laid on the development of community health services and their integration into a country-wide system of hospital and health centres. WHO was assisting the Government in a wide variety of health projects, and particular stress had been placed on community health, on education and training and, with the UNFPA, on family health. In this last important field, a number of programmes were under way, the health education element of which he considered extremely important.

A significant step in the development of health services in Sri Lanka had been the development, with UNDP collaboration, of a comprehensive plan for public water supply, drainage and sewerage for the South-
West Coastal Area. This plan, which would cover the next 30 years, envisaged the full development of both water and sewerage facilities and a well-established organization for the training of staff in a wide range of activities. In all these efforts, WHO was proud to be associated with the Government (for full text of speech, see Annex 4).

6. **Statements by representatives of the United Nations**

DR HART SCHAAF (Resident Representative, United Nations Development Programme in Sri Lanka and the Maldives) extended his good wishes to the Committee on behalf of the Secretary-General of the United Nations and the Administrator of the United Nations Development Programme, as well as on his own behalf. Among the pursuits of mankind, he said, many of which were represented by one or another of the nineteen agencies making up the United Nations family, no activity compelled more attention than health. It was no doubt partly because of this that WHO had always obtained strong budgetary support from its Member Governments. Thus, WHO was able to finance many of its own technical assistance programmes and felt less need to seek UNDP support for its activities. However, the UNDP was very happy to be collaborating in those health activities which were being undertaken jointly with WHO in the countries of the Region; the UNDP policy towards world health programmes was set out in its Inter-country Programme Document, 1973 to 1977, for Asia and the Far East.

He cited some of the national health projects in the Region in which UNDP had been involved, drawing particular attention to the feasibility study for improved water supply, drainage and sewerage along the South-west Coast, which, as mentioned by the Regional Director, had been undertaken by WHO in Sri Lanka with UNDP financial support and had the rare result of attracting funds for construction even before the feasibility study had been completed. UNDP had also supported several important inter-country projects and was also administering the separately financed Fund for Population Activities, which was executed by a large number of agencies within the United Nations family, including WHO.

He had noted with great pleasure the careful and detailed attention that the Regional Director had given to WHO's collaborative efforts with UNDP and UNFPA in his Annual Report for 1971-72 (for full text of speech, see Annex 5).

MR GRUN (Deputy Director, UNICEF, New Delhi) extended to the Committee the good wishes of UNICEF's Executive Director and its Regional Directors for South Central Asia and the East Asia and Pakistan regions, as well as on his own behalf. He expressed his appreciation of the close relationship existing between WHO and UNICEF and hoped that this spirit of co-operation would continue.

He said that he would not repeat all of his remarks made at an earlier session of the Committee expressing UNICEF's appreciation of the co-operation and understanding that had always existed among the governments, WHO and UNICEF, but would merely express the wish for a continuation and deepening of this spirit of co-operation. He also recalled his
earlier plea to raise, in training, the problems confronting the Region from the level of a need for knowledge and techniques to one of personal commitment; in this connection, the subject of the technical discussions at this year's session had much relevance. He felt that the medical profession should pay particular attention to the primary needs of the people at grassroot level if the potential contribution of doctors to the economic and social development were to bear fruit (for full text of the speech, see Annex 6).

7. Appointment of Sub-Committee on Credentials (item 2.1)

On the proposal of the CHAIRMAN, it was agreed that representatives from the Maldives, Mongolia and Nepal would constitute the Sub-Committee on Credentials.

xx xx xx

The meeting was then adjourned temporarily to permit the delegates and guests to have tea with the Prime Minister before her departure and also to permit the Sub-Committee on Credentials to meet.

xx xx xx

8. Approval of the report of the Sub-Committee on Credentials (item 2.2)

After the resumption of the meeting, DR SHAH, who had been elected Chairman of the Sub-Committee on Credentials, presented its report (document SEA/RC25/12). The Committee had found that the credentials of the representatives from all the Member States (Bangladesh, Burma, India, Indonesia, Maldives, Mongolia, Nepal, Sri Lanka and Thailand) were in order and recommended that the validity of the credentials be recognized.

This was agreed to, and the report was approved.

9. Election of Chairman and Chairman's address (items 3 and 4)

On the proposal of DR J.B. SHRIVASTAV (India), seconded by DR KYAW SEIN (Burma), DR C.E.S. WEERATUNGE, Representative from Sri Lanka, was elected Chairman of the Regional Committee.

On taking the chair, DR WEERATUNGE thanked the delegates for the honour done to his country in electing him Chairman and said that Sri Lanka had been striving hard all along to guarantee to her people the social boon of good health. He welcomed the representatives from the Member States as well as other representatives, observers and WHO officials and greeted the Bangladesh delegates and, through them, the people of that country. The entire community in the Region, he felt, should be proud of the achievements thus far in the field of health.
10. **Election of Vice-Chairman**  
   *(Item 3)*

   DR HOSSAIN (Bangladesh) proposed the name of Dr Shrivastav (India) for the Vice-Chairmanship, saying that he would like to take the opportunity to express the gratitude of the people of his country to the Member Countries for their co-operation in supporting his government's application to become a Member of the World Health Organization. He also expressed his appreciation to Dr Shrivastav and his government for all they had done to protect the health of over ten million people who had crossed into India during the previous year.

   DR D.A. JAYASINHE (Sri Lanka) seconded the nomination of Dr Shrivastav (India), who was then declared elected Vice-Chairman.

   DR SHRIVASTAV thanked the delegates for the honour they had paid him and his country by electing him Vice-Chairman.

11. **Adoption of provisional and supplementary agenda**  
   *(Item 5)*

   The REGIONAL DIRECTOR introduced documents SEA/RC25/1 and Add.1 and stated that the Government of Sri Lanka had asked that item 14 of the Provisional Agenda, "Deletion of technical discussions from the agenda of sessions of the Regional Committee", which it had proposed, be withdrawn. If the Committee agreed and accepted the supplementary agenda, item 14 could be replaced by the item in the supplementary agenda.

   The Committee agreed, and adopted the agenda with these amendments.

12. **Appointment of and terms of reference for the Sub-committee on Programme and Budget**  
   *(Item 6)*

   It was decided that, once again, the Sub-committee on Programme and Budget should be a sub-committee of the whole. The terms of reference for the Sub-committee, as outlined in document SEA/RC25/4, were approved.

13. **Adoption of agenda and appointment of Chairman for the technical discussions**  
   *(Item 7)*

   On the proposal of DR SUMBUNG (Indonesia), seconded by DR SOMBOON (Thailand), Dr K.A. Monsur (Bangladesh) was elected Chairman of the technical discussions.

   The proposed agenda for the technical discussions (document SEA/RC25/7) was adopted.

14. **Adjournment**

   The meeting was then adjourned.
"I consider it a privilege to inaugurate in Colombo the twenty-fifth session of the Regional Committee for South-East Asia of the World Health Organization. On behalf of the people of Sri Lanka I welcome to this meeting the distinguished delegates of the Member States. We are privileged to have with us Dr Candau, the Director-General. I also extend a welcome to Your Excellencies, officials of the World Health Organization, observers of international agencies and all others present here this morning.

"Sri Lanka has been host to the Regional Committee on two earlier occasions, in 1950 and 1959. My late husband had the privilege of delivering the opening address at both these conferences; the conference of 1959 was the last official function he was able to attend before his tragic death. This, however, is the first session of the Regional Committee that Sri Lanka is hosting as a free and sovereign State.

"The health problems of the Region represented here are many and are common to most of the countries. To mention a few, communicable diseases like malaria, filariasis, tuberculosis and bowel diseases are widely prevalent and contribute in large measure to the high morbidity in our countries. Common environmental problems such as lack of adequate water supplies and poor sanitation also contribute to the high incidence of sickness. We have now to contend with a new menace of environmental pollution arising from industrialization and urbanization. I am glad to note that all these problems have a high priority in the general programme of work of the World Health Organization.

"A problem which has been increasingly engaging our attention during the last decade is the population explosion. Unless effective measures are taken to deal with this, all the efforts that the developing countries are making towards economic and social development will be of no avail.

"This was foreseen as far back as 1949 by the late Mr S.W.R.D. Bandaranaike. When addressing the fourth plenary meeting of the Second World Health Assembly in Rome, he sounded a note of warning. He said:

'Another subject I should like to see some consideration of, is one on which we have been hitherto discreetly silent. There is a growing need for the consideration of the problem of birth control on an international plane. Do you realize that the very health work we are doing is making that problem increasingly urgent? Without asking for any decision in this Assembly, I do suggest that that subject receive some consideration, that a beginning be made in the preparation of the necessary statistics and data with the help of the appropriate specialized agencies of the United Nations, so that later on, even next year, we can consider this problem, which is becoming a most urgent one in the world today.'

"I am happy to note that this problem has the highest priority today in the programme of work of the World Health Organization.
"Distinguished delegates, you are no doubt aware of the urgency of overcoming the health problems of this region. I am confident that at this meeting you will all address your minds to dealing effectively with these problems in the shortest possible time. In our common endeavour to this end, I am sure the World Health Organization will, as it has always done in the past, provide us with the necessary technical and financial assistance for the implementation of our programmes. In passing, may I mention that several nationals of Sri Lanka have been selected to hold positions of responsibility in WHO and that we are proud of the fact that they have been associated with the implementation of its programmes.

"Since Independence in 1948, our health services have expanded, and we have embarked on a number of public health programmes with the generous assistance of WHO. For this we are most grateful to this Organization.

"During the last two decades we have made remarkable progress in many fields, which has led to a marked improvement in the health of our people. For instance, the expectation of life has increased from 44 in 1946 to 67 in 1968; the death rate and the infant mortality rate have both been reduced to one third of what they were in 1946, and the maternal mortality rate is less than 15 per cent of what it was before Independence. I am sure there has been similar progress in this field in all countries of this region.

"However, despite this progress, there still remain many health problems for all our countries, which we have to endeavour to remove altogether or at least to mitigate. But the biggest impediment facing most countries of this region is the lack of resources to finance health projects.

"Sri Lanka is a developing country. For the tasks of nation-building that await us, especially in implementing the Five-Year Plan for Economic Development, there can be no better asset than the good health of all the people. In this respect, the work done by the World Health Organization is the foundation for all other forms of development.

"In the Five-Year Plan we have laid great emphasis on the prevention of diseases, the integration of the preventive and curative health services and the promotion of "community medicine". I understand that this new concept of 'community medicine' is listed for your deliberations in the technical discussions of this session.

"I am sure that your discussions will be fruitful. Let me wish you all success in your deliberations at this meeting.

"May I in conclusion quote from the Dhammapada:

'AROGYA PARAMA LABHA
SANTUTTHI PARAMAN DHANAM.'

(In English)

'Health is the highest gain
And contentment is the greatest wealth.'"
"I, as the Minister of Health of the Republic of Sri Lanka, feel privileged that I should have the honour of welcoming you all to the twenty-fifth session of the Regional Committee for South-East Asia. The Member countries of this region have conferred on this small island of Sri Lanka a singular honour in having consented to hold their session in this country.

"We who are entrusted with the health care of the people of the South-East Asian Region have many problems of a similar nature, as the environmental patterns, socio-economic features and cultural ties which prevail in our countries are similar and bind us together as one large family.

"In the past, my country has spent much time, energy and resources to improve curative services, but today we have, after much careful thought, shifted our emphasis to preventive and health promotion programmes, which will, we hope, pay adequate dividends and also cost us less in the long run.

"We have realized, though a bit too late, that curative and preventive services working in isolation do not lend themselves to the maximal use of scarce resources in personnel, equipment and buildings, towards the delivery of efficient health services. We have recently embarked on a phased programme of integration, starting at the peripheral levels, which will gradually extend up the line, and we hope very soon to integrate the mass campaigns against malaria, tuberculosis, filariasis, venereal diseases and leprosy into the basic health services.

"We are all well aware that shortage of trained personnel is a pressing problem in almost all developing countries, and we should therefore utilize the limited personnel to the maximum advantage in the cause of service to humanity. Towards this objective we in Sri Lanka have launched a comprehensive manpower study of health personnel and services, with the assistance of the World Health Organization. We are confident that this study will provide us with the answers to many of our pressing problems, and that we shall be able to deploy our trained personnel in fulfilling our task of delivering total health care to our people. I am sure that the findings of this study will be of some benefit to many of you in this Region, and we will be only too glad to share them with you.

"The problem of rapidly increasing populations is common to all of us in this Region (with the exception, I think, of Mongolia). We have given high priority to the family health programme by integrating it into the maternity and child health services. As you will come to know, we have in this country a well organized infrastructure in the health services, and we hope to make use of this structure to carry the message of family health to every member of the community."
"The stimulus and assistance which we have had from WHO, SIDA, UNFPA and UNICEF have prompted us to plan to launch a much more ambitious programme in the near future.

"There are many problems which are common to all of us in this region, and I have only touched on a few aspects of the many health problems with which we have to contend. It is up to you, distinguished delegates, to determine the priorities and allocate the available resources wisely and judiciously in formulating plans of action which will give the maximum health benefits to the peoples of our Region. Your task is not easy nor enviable, but you all represent the top-level managers of the health services of your countries, and I am sure that through your deliberations solutions of a lasting nature will be found.

"I hope your discussions will be fruitful, and I wish the meeting all success. Once again, I thank you all for having come to this country, and hope not only that the results of your deliberations will in their implementation bestow complete physical, mental, social well being to those whom we are dedicated to serve, but also that your stay in this beautiful island may be a source of inspiration, and give you all the necessary help and guidance for a mutual exchange of knowledge and experience, in an effort to achieve the highest possible level of health for all the people of this region. I wish you all a very pleasant and happy stay in this Republic of Sri Lanka."
"I count myself fortunate in being able to attend this inauguration and the first days of the twenty-fifth session of the Regional Committee for South-East Asia. I only wish I could be with you for the whole session, but WHO commitments elsewhere deprive me of that pleasure.

"This is not the first time that the Regional Committee has met in this country, which, for over twenty-four years now, has been one of WHO's most active and devoted Members. This further invitation of the Government of the Republic of Sri Lanka and your own presence here this morning, Madam Prime Minister, give renewed expression to its support for WHO's objective of bringing all peoples to the highest possible level of health. I deeply appreciate this demonstration of support for our single and all-important aim and am grateful to you, Madam Prime Minister, and to you, Mr Minister of Health and Madam Deputy Minister, for your presence at this inaugural ceremony and to our host country for its hospitality.

"In the years ahead, WHO will, as decided by the World Health Assembly, have as its principal programme objectives: the strengthening of health services, the development of health manpower, the prevention and control of disease and the promotion of environmental health.

"In order to strengthen their health services, Member States will have to recognize the need for an integrated health delivery system with wide coverage, known effectiveness and minimal cost. Such a health delivery system should be accessible, give satisfaction to the consumers, and improve the health status through the application of a health technology which reflects present knowledge and the special situation resulting from the individual political, social, economic and epidemiological realities of each country.

"In recent years, the World Health Assembly has repeatedly expressed its concern about the urgency and magnitude of the problem of training national health personnel, of which almost everywhere there is a dire shortage. It has also underlined the seriousness of the problem, stressing the fact that the dearth of health manpower hampers the effective provision of health care and therefore should be considered as a most critical issue to be faced by WHO in its programmes aimed at the strengthening of national health services. Through the systematic collection of information, the early detection of potential imbalances and the formulation of recommendations on the interplay between national health services and the educational systems responsible for the preparation of health personnel, countries should prepare themselves to forecast the quantitative and qualitative needs of their health manpower demand and thus be better able to tailor the corresponding education and training programmes to those needs."
"The question of disease prevention and control is as wide as it is important. I shall therefore confine my remarks this morning to WHO's two world-wide eradication campaigns.

"The setbacks experienced in recent years in some malaria eradication programmes stress the urgent need for the expeditious enactment by Member States of the recommendations of the multi-disciplinary assessment teams. This requires the continuation of adequate financial support by governments and of their endeavours to tap multilateral and bilateral financial resources.

"The prospects for global eradication of smallpox appear increasingly hopeful as continuing progress is made. Since the inception of the intensified global programme in 1967, the extent of smallpox endemic areas has steadily diminished. Today, continuing endemic transmission is present in only eight countries, of which three may be smallpox-free by the end of this year. However, this is not the time for complacency: rather, a renewed, more intensive effort is required if the task is to be successfully completed.

"Pollution of the environment is, as we all know, one of the great problems of the present decade. Man is increasingly exposed to adverse effects originating in the environment, and the hazards to human health from such exposure are of great concern to both scientists and public health administrators. Pollution of air, water and soil by chemicals and by nuisances and physical hazards associated with city life and work are widely recognized today. Yet Member States and WHO still face their greatest environmental challenge in providing basic sanitary services to a large number of people. In the developing countries, where the basic sanitary services and facilities are still lacking, biological pollution is of outstanding importance.

"Among agencies in the United Nations system, WHO, with its regional offices and regional governmental committees, has a comparatively complex structure. This greater complexity was chosen with the aim of allowing the Organization's work to be adapted more effectively to the health problems in different parts of the world. At the same time, regional meetings can promote co-operation between nations in matters of detail in a way that a world meeting can scarcely be expected to achieve. Regional meetings also make for closer links between the national administrations on the one hand and the international secretariat on the other. I am confident that these subsidiary aims also will be furthered during the coming days.

"It is not only a pleasure but also an honour for me to be present at this Regional Committee, and I wish you every success in your deliberations."
Annex 4

Text of Statement by the Regional Director

"On behalf of WHO and the South-East Asia Regional Office, it is my pleasure and privilege to thank you, Madam Prime Minister, for honouring us with your presence at this inauguration of the twenty-fifth session of the Regional Committee. May I also avail myself of this opportunity to thank you and your Government for so graciously inviting us to hold the Regional Committee's session in this resplendent island of Sri Lanka for the third time. As you know, we had the great fortune of having your distinguished husband, the late Honourable S.W.R.D. Bandaranaike, inaugurate both the previous sessions held here, first as Minister of Health and later as Prime Minister.

"Sri Lanka is a land with an ancient heritage, which grew through the centuries under the influence of Buddhism, a gentle faith still preserved in its pristine purity (Theravada). Vast man-made lakes, luxuriant parks, shrines, temples and monasteries speak eloquently of the grandeur of those days and bear testimony to a proud civilization. Treasured in the Dalada Maligawa in Kandy is the Sacred Tooth Relic of Lord Buddha. In the ancient city of Anuradhapura, founded in the 5th century B.C., there is a sacred Bo-Tree over 2200 years old, which is a sapling of the original tree from Bodh Gaya in India under which Lord Buddha attained enlightenment. May the gentle serenity of this ancient land, with its great cultural heritage, give us the wisdom to find ways and means of tackling the many problems confronting us in our quest for the attainment of the highest possible level of health for the people of this region, who constitute nearly one fourth of the world's population.

"It is interesting to recall, Madam Prime Minister, that your distinguished husband, together with Pandit Jawaharlal Nehru, played an important role in the establishment of the South-East Asia Regional Office. He represented Sri Lanka at the very first session of the Regional Committee, which was also attended by the late Dr Brock Chisholm, the first Director-General of WHO, and, today, at this twenty-fifth session which you are inaugurating, we have with us Dr Chisholm's successor, Dr Candau. May I take this opportunity to thank Dr Candau for finding it convenient to be present with us at this important session and guide us in our deliberations.

"It gives me particular pleasure to welcome the newest Member of our Region, Bangladesh, which is participating in these deliberations for the first time. Bangladesh joined the World Health Organization on 19 May 1972 and was assigned to the South-East Asia Region on 23 May.

"I am also happy to note that all the other Member countries of the Region are represented here at this session, and I should like to welcome the distinguished representatives of Burma, India, Indonesia, the Maldives, Mongolia, Nepal, Sri Lanka and Thailand as well as representatives of the United Nations and its related agencies and those of non-governmental organizations.

"Since the Committee last met in this country in 1959, the Government has made much progress in the field of health. In the early days,
one of the major public health problems of this island was the high pre-
valence of tuberculosis in all its manifestations. To tackle this
problem, a BCG vaccination programme was initiated as long ago as 1948
with assistance from UNICEF and WHO. The programme is still very active,
and a recent evaluation has clearly indicated that this specific health
hazard had been considerably reduced — to a point, in fact, where it
represents much less of a problem than in many other developing countries.

"As for smallpox, in 1959, at the time of our last session here,
South-East Asia still constituted one of the reservoirs of the world.
This is no longer the case. I am pleased to report that, in general,
smallpox is on the decline throughout the Region.

"This year in Sri Lanka, 29 country projects covering a wide
variety of fields are being assisted by WHO. Particular stress is being
laid on the development of community health services and their integra-
tion into a country-wide system of hospitals and health centres. Family
health is another area which is receiving considerable emphasis. Rapidly
increasing populations impose a heavy strain on the health services. Sri
Lanka is one of the countries in the Region which are developing realistic
plans to cope with this problem and increase the quality of life, with
the help of the United Nations Fund for Population Activities and in co-
operation with other United Nations agencies. Several projects involving
many elements of family health, including manpower studies, the streng-
thening of the education of health workers in this regard, as well as
education of the public, are currently being assisted. Health education
has a particularly important role to play in this field.

"Possibly the most far-reaching project involving WHO, which has
been undertaken with the full support of the UNDP, is that of public water
supply, drainage and sewerage for the South-West Coastal Area of Sri Lanka,
for which the Government now has a comprehensive plan covering the next
30 years. This plan includes not only the full development of both water
and sewerage facilities but also a well-established organization for the
training of staff for the wide range of activities needed for successful
operation, such as pipe laying, repairs, water treatment and chlorination.

"It has always been WHO's policy to encourage education and training
in health fields. Last year, more than 50 fellowships were awarded to
workers in health and related professions in Sri Lanka for studies of such
aspects as communicable-disease control, public health administration and
maternal and child health.

"WHO is proud to be associated with the efforts of the Government
and looks forward to continuing close co-operation.

"Finally, on behalf of the representatives of the Member Governments,
may I be permitted to thank Her Excellency Madam Prime Minister and the
Honourable Minister of Health, Mr Ariyadasa, for their inspiring addresses.
My thanks are also due to the Honourable Mrs Siva Obeyesekera for finding
it convenient to be present with us. I have no doubt that their encourag-
ing words will guide us in our deliberations.

"In conclusion, may I be allowed to express my gratitude to the Govern-
ment of Sri Lanka for acting as host to the Regional Committee and to you
personally, Madam Prime Minister, for inaugurating this session."
Annex 5

Text of Statement by Dr C. Hart Schaaf,
UNDP Resident Representative in Sri Lanka and the Maldives

"On behalf of the Secretary-General of the United Nations, and of the Administrator of the United Nations Development Programme, I wish to congratulate the World Health Organization on the occasion of the opening of this twenty-fifth session of the WHO Regional Committee for South-East Asia. And on my own behalf I am happy and honoured to be with you this morning.

"A UNDP Resident Representative tends to absorb some of the nationality and cultural outlook of the country in which he is stationed. And so I wish, not only as a UNDP Resident Representative, but also as a Sri Lankan, to add my voice to the many others welcoming you to our beautiful island.

"Among the pursuits of mankind, many of which are represented by one or another of the nineteen agencies making up the United Nations family, no activity compels more attention or engenders more sympathy than health. Illness, and the fight against illness, are in many ways the most dramatic occurrences in all of our lives at the commencement and end of each life, and at many of the critical moments during the course of each person's life. It is no doubt because of this that WHO has always obtained strong budget support from its Member Governments. This, in turn, has produced a situation in which WHO, to a far greater degree than any of the other major United Nations agencies, is able to finance its own technical assistance programmes.

"When one glances at the figures of the nine Member countries in the WHO South-East Asia Region represented here today, one finds in many cases that only a small percentage of all expert services financed by UNDP are for WHO, although the percentage does go up somewhat higher than this in a few of the countries.

"In participating in this regional meeting and in addressing you today, I thus feel a bit like the mouse talking of his assistance to the lion.

"But having put our UNDP/WHO collaborative effort in this modest perspective - having, in the contemporary phrase, presented a low profile - I would like to assure the Regional Director and the nine governments represented here this morning that UNDP is exceedingly happy to collaborate in those activities that we are privileged to undertake with WHO in your countries.

"Our UNDP policy toward world health programmes - the reason why we like to participate in WHO projects - is well set out in our 'Inter-country Programme Document, 1973 to 1977, for Asia and the Far East'. I quote: 'The importance of health services is recognized in all countries throughout the world, and a sizable effort at considerable cost is undertaken in practically each country in respect of health. Health programmes
in developing countries consume a significant proportion of national
economic resources, and scarcity of trained health advisory personnel
often reduces the impact of even the best designed programmes.'

"Some of the national projects in which we are proud to be involved
in this region include: Burma – Institute of Medicine I, and School of Pre-
ventive and Tropical Medicine, Rangoon; India – National Tuberculosis
Programme; Indonesia – National Institute of Occupational Health;
Maldive – Training of Auxiliary Health Personnel; Mongolia – Brucella
Vaccine Production; Nepal – Water Supply and Sewerage in Greater Kathmandu
and Bhaktapur; Sri Lanka – Vector Control, and Thailand – Epidemiology.

"To give a further example from Sri Lanka, let me draw your atten-
tion to the feasibility study undertaken by WHO, with UNDP financial
support, for improved water supply, drainage and sewerage along the South-
Western Coast, which project has been very welcome here and which has had
the very rare result of attracting construction funds even before the
finalization of the feasibility study.

"UNDP is also very happy to support several important inter-country
projects in this region. These include planning and manpower studies and
medical education.

"UNDP is also administering the separately financed Fund for Popu-
lation Activities. UNFPA work is executed by a large number of agencies
within the United Nations family, none of which has a more important
share of the work than WHO. We are now developing large population
programmes in India, Indonesia, Nepal, Sri Lanka and Thailand.

"I have noted with great pleasure the careful and detailed atten-
tion that our WHO Regional Director has given to WHO's collaborative

"Mr Chairman, Mr Regional Director and friends, I wish you all
success in the important deliberations at this twenty-fifth session on
which you are now embarking."
Annex 6

Text of Statement by Mr John Grun, Deputy Director, UNICEF, New Delhi

"It is a distinct honour for me to have been designated to bring to this August meeting the personal regards and best wishes of Mr Henry R. Labouisse, UNICEF's Executive Director, of Mr Yehia Darwish, Regional Director for East Asia and Pakistan, and of Mr Gordon Carter, Regional Director for South-Central Asia. To these I should like to add my own personal good wishes for a successful and fruitful outcome of your proceedings and deliberations.

"Even if time had permitted, I would not have wished to detain or delay you with a long address. It is not called for. It is not necessary. Among friends a few words suffice.

"Two years ago, when I had the same privilege of addressing this Regional Committee, I expressed at some length UNICEF's and my own personal appreciation of the co-operation and understanding that has always existed among us. I confine myself here to wishing all three of us - the governments here represented, WHO and UNICEF - a continuation of this spirit of co-operation and mutual respect. May it continue gradually to deepen and to mature.

"On that occasion, two years ago, I made bold to speak, as a pragmatic, practical UNICEF man, of the obvious dire need in training to lift our problems from the level of a need for knowledge and techniques to a level of personal concern and commitment for the people we are trying to serve, the people we are trying to reach. It needs no special argument to prove that the danger of a split - indeed, of a chasm - between an academic, an ivory tower interest and a personal one is always there.

"I must confine myself on this occasion to saying that the subject of this year's technical discussions - the teaching of community medicine in undergraduate medical education - seems to me of the utmost relevance to the practical problems we are facing, jointly, today. I venture to express the hope that the danger of this split will be borne in mind, here, also.

"An awareness of the needs of the community, of the basic primary needs of people at grassroot level - as distinct from the otherwise wholly laudatory pursuit of medical science as such - seems to me, as a UNICEF man, a most essential requirement for future, and existing, doctors, if they are to make their potentially vast contribution to economic and social development.

"May I wish you once again, most sincerely, every success in your deliberations."
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*Issued as documents SEA/RC25/Min.2 and Corr.1, on 13 and 16 September 1972.*
1. Nomination of the Regional Director
   (item 9)

   After the item concerning the nomination of the Regional Director had been considered by the Regional Committee in camera, the Committee reconvened in plenary session, and the CHAIRMAN invited the Director-General to speak on this item.

   The DIRECTOR-GENERAL read out the following resolution approved by the Committee:

   "The Regional Committee for South-East Asia,
   "Considering Article 52 of the Constitution,
   "In accordance with Rule 49 of its Rules of Procedure,
   "1. NOMINATES Dr V.T. Herat Gunaratne as Regional Director for South-East Asia, and
   "2. REQUESTS the Director-General to propose to the Executive Board the appointment of Dr V.T. Herat Gunaratne for a new term from 1 March 1973 (see SEA/RC25/1).

   The CHAIRMAN, congratulating Dr Gunaratne on his nomination, said that he felt that the unanimous decision of the members of the Committee was a sign of their appreciation of the services he had rendered in the field of health. On behalf of all the delegates, he wished Dr Gunaratne continued success.

   The REGIONAL DIRECTOR thanked the delegates for their expression of confidence in having renominated him, and for the sentiments expressed.

2. Twenty-fourth Annual Report of the Regional Director
   (item 8)

   Introducing his annual report (SEA/RC25/2 and Corr.1), the REGIONAL DIRECTOR said that he wished to mention two particularly important and related matters. The first was the impressive way in which the Government of India had been coping with the problem of the influx of ten million refugees. The other was the addition to the Region of a new Member, Bangladesh. He had visited the country soon after it had joined the Organization; a WHO Representative had been appointed, and further staff were under recruitment. A WHO task force had also paid a visit.

   In previous reports he had stressed that planning for health encountered numerous obstacles. Ministries of health were isolated, and implementation of plans was hampered because of lack of communication. Also, even available funds were not always fully utilized. However, governments had begun to realize these constraints and had taken steps to remove them. All new development projects must take
possible health hazards into account and devise measures of overcoming them at the outset. There was also a great need to ensure adequate health manpower, a basic factor in the provision of health services to the community. He was gratified to see that many countries in the Region were beginning to undertake studies of health manpower.

It was becoming increasingly clear that the traditional clinically oriented approach to the training of health workers was not attuned to the needs of the people in the Region. In order to correct this situation, many countries had begun to launch programmes for providing such training within the community itself. Curricula for health workers of all categories had been continually under review, and short courses had been organized with a view to improving patient care. Long-range training programmes for teachers of medical and allied health subjects continued to receive attention, particular stress being laid on the expansion of training related to family health.

Communicable diseases continued to be a heavy burden in spite of further advances. Nevertheless, there had been notable progress, especially with regard to smallpox and malaria. The withdrawal of aid to malaria programmes by the assisting agencies would certainly result in serious setbacks.

WHO had continued to encourage the local production of vaccines against the different communicable diseases, and progress in this field had been substantial.

National programmes for family health — an important part of WHO's activities — had been established by five countries, and WHO had been assisting an increasing number of projects, with funds allocated by the UNFPA.

There had been much activity in the field of environmental health. In Sri Lanka, the first phase of the UNDP-assisted water supply, drainage and sewerage project which he had mentioned earlier, the master plan for which had been completed during the year, was under implementation, and a similar project in Nepal was progressing satisfactorily. Following a review of the environmental health situation in six countries, proposals were being formulated for the further improvement and expansion of rural and urban community water supplies, sewerage and waste disposal.

During the year 526 WHO fellowships had been awarded, and 93 fellows from other regions had come to South-East Asia for study.

Inviting comments on the report, he explained that, as in the past, it contained an introduction and then was divided into three parts — a general review of the work done, organizational and administrative matters, and a description of individual projects arranged by country. The report also contained seven annexes.

The CHAIRMAN, congratulating the Regional Director on having presented such a lucid, comprehensive yet concise report, called for general comments, stating that the report would later be discussed section by section.
DR SHAH (Nepal) said that first, on behalf of his government, he wished to extend a welcome to the representatives of Bangladesh. He also congratulated the Regional Director on his comprehensive report. His Government believed that health services could be best delivered only through integration. Nepal's experience with malaria eradication had shown that developing countries could not bear the cost of such vertical programmes indefinitely without a basic infrastructure of health services. Nepal had thus started establishing health posts with the aim of integrating the ongoing vertical programme in the near future. Top priority was being given to family planning and maternal and child welfare. The smallpox eradication programme now had wider coverage, and it was hoped to bring the whole country under the programme in the coming year. Two other communicable diseases, tuberculosis and leprosy, had so far been dealt with through pilot projects, and it was planned to expand the tuberculosis project into a control programme, as recommended by WHO, and, depending on the Organization's recommendations, also the leprosy project. The main difficulty was the lack of the necessary infrastructure for carrying out follow-up, case detection and treatment.

With assistance from the UNDP, WHO and UNICEF, the water supply scheme for Greater Kathmandu and Bhaktapur was making good progress. As in the previous year, a further epidemic of cholera had been reported, but it had been controlled, with prompt assistance from WHO. The training of manpower had been transferred to Tribhuvan University, and the main emphasis in this programme was on the training of middle-level health manpower within the country. It was also proposed to change the training pattern under the new educational plan. WHO had greatly assisted in all these programmes, and his government was grateful for this assistance.

DR SUMBUNG (Indonesia) congratulated the Chairman and Vice-Chairman on their election, and Dr Gunaratne on his nomination for a second term as Regional Director. He welcomed particularly the delegates from Bangladesh, and also expressed appreciation to the Director-General for being present at the session.

Complimenting the Regional Director on his comprehensive annual report and referring to a statement in the Introduction, he said that health was not only an integral part of socio-economic development but had become an essential prerequisite for progress. He welcomed the statement, for the first time in the report, of the intention to use modern methods of management and administration in the development of health services, suggesting that this topic might be taken up for the technical discussions to be held at the next session.

The concept of country programming, he felt, had both positive and negative aspects. It helped in determining priorities for the country as a whole and, further, in avoiding duplication of effort between the various assisting agencies. On the other hand, putting all priorities together sometimes resulted in a low priority being accorded to health. It was therefore necessary for countries to strengthen their health planning units.
The priorities outlined in WHO’s Fifth General Programme of Work (1973 - 1977) should, he felt, be followed in providing assistance. This programme coincided to some extent with the Second United Nations Development Decade, which also contained suggestions on what should be considered in the planning of health programmes.

In conclusion, he said that he had failed to see in the Introduction to the report any mention of research undertaken and wondered why this had not been included.

DR JAYASINGHE (Sri Lanka) congratulated the Chairman, the Vice-Chairman and the Chairman of the technical discussions on their election. He felt that the technical discussions at this session not only would be fruitful but also would provide answers to some of the problems facing the countries of the Region. He congratulated Dr Gunaratne on his nomination as Regional Director and wished him success in his work, also paying tribute to the Annual Report.

In Sri Lanka a study of health manpower had recently been started with a view to finding out whether it was at all necessary to use the present level of trained personnel to run the health services of the country or whether it would be possible to manage with less well trained health workers. This study had been motivated by considerations of effecting an economy in running the health services, as the country was passing through a financial crisis.

More emphasis was now being placed on preventive medicine. Efforts were also being made to achieve integration of curative and preventive medicine.

A very ambitious plan for family health had also been undertaken recently with a view to controlling the population explosion in the country.

DR HOSSAIN (Bangladesh) described the situation in his country and outlined the steps which had been taken by his government to reconstruct the health machinery following the recent devastation of the country's economy. He again conveyed his government's appreciation of the spirit of co-operation and understanding shown by WHO in the admission of Bangladesh as a Member, and of the material assistance and personnel provided as a matter of urgency. He particularly mentioned the Regional Director's visit to Bangladesh and that of the Task Force sent by the WHO Regional Office to assess the health situation and advise on the steps required to be taken. However, his government's first priority was to procure food for the people and to rehabilitate the ten million people who had been uprooted from their homes during the struggle for independence. The tackling of these urgent problems was proving a great strain on the rather meagre national resources of the country. In such circumstances, the health services were financially handicapped in allotting to medical care the priority it deserved. He therefore appealed for the maximum possible assistance from WHO for some years to come, and particularly during the next year or two, to help in rehabilitation.
The Government had started pilot projects in rural areas ("thanases") to integrate curative and preventive medicine as well as family planning programmes. It was hoped to collect health statistics for the entire country within the next ten months. Malaria and smallpox were also being controlled. Fellowships were being awarded by WHO to some selected health workers, and, in addition, the Government had selected some of the top health administrators to visit the USSR and India to observe the health set-up in these countries with a view to improving the health services in Bangladesh. The Government was short of almost 50 per cent of the trained health manpower needed, especially of teachers in non-clinical subjects. There was also an acute shortage of medical textbooks and medicines.

DR KYAW SEIN (Burma) congratulated the Chairman and Vice-Chairman on their election and welcomed Bangladesh into the Region. The Regional Director's report, he said, included several new programmes, such as those on chronic and degenerative diseases, which were necessary for the promotion of better health. Lack of funds, however, was the major obstacle in implementing these health programmes, and, in fact, most of the countries in the Region were spending only 3-5% of their total budget on health. Communicable diseases still posed a major problem, and fighting on two fronts, viz., communicable diseases and chronic and degenerative diseases, would result in over-stretching the resources, and at some future stage it might not be possible to continue the programmes.

National health planning, which had been included in the overall development plan of his country, was receiving priority attention. Referring to a recent reorganization of the general administration in Burma, he said that, under the present administrative set-up, broad policies were formulated at the national level, based on the proposals received from the regional and township levels, and it was at the peripheral level that the programmes were implemented. This arrangement enabled the people to take an active part in the planning of their health programmes; such participation was essential, especially in public health activities, for carrying out the policies laid down by the Government.

He thanked the Government of Sri Lanka for the warm welcome and facilities extended to delegates.

DR SOMBOON (Thailand) congratulated Dr Weeratunge and Dr Shrivastav on their election and the Regional Director on his comprehensive report.

Several health programmes in Thailand were being carried out with the technical assistance of WHO, but his government was particularly interested in the integrated health services project. With the placing of preventive and curative services under one roof, which was to be effected in October, he hoped that their "dream" would be realized. Unco-ordinated assistance provided by various United Nations and bilateral agencies, however, posed a problem; there should be integrated assistance for the development of integrated health services.
He also thanked the Organization for the extensive support given to the health programmes in his country.

DR SHRIVASTAV (India) emphasized the importance of planning and said that the planning machinery in the Regional Office should be strengthened in order to assist the countries which lacked expertise in this field. Regular assistance would be necessary; an isolated spurt of activities was of little value. He suggested that a full-time economist should be added to the Regional office staff for sustained assistance to governments. Two types of planning were necessary - a short-term plan to meet the urgent needs, such as controlling communicable diseases, and a long-term plan covering a period of 20-25 years. The efforts put in during the first few years should fit into the long-term plan.

Another point stressed in the Regional Director's report was environmental pollution. At the recent Stockholm Conference on Human Environment, there was a divergence of views on this subject among developed, developing and under-developed countries. Environmental pollution, if not tackled in an appropriate manner, would stifle industrial development, which, in turn, affected the socio-economic structure and the development of the health programme. At the Stockholm Conference, there was a proposal to set up a separate agency to tackle this problem, but he had pointed out that it was preferable to strengthen the existing United Nations organizations such as WHO, FAO, etc., which were already seized of this matter. This view had prevailed. It was also pleaded at that meeting that housing conditions and water supply facilities were also directly responsible for environmental pollution and that some of the developing countries needed much more positive help in this respect from agencies such as the World Bank. This suggestion also had been accepted.

The REGIONAL DIRECTOR said that he had noted the observations made by the delegates. To the question raised by the delegate of Indonesia, he reminded the Committee that research was primarily the concern of WHO Headquarters; however, in several places in the Annual Report, he had mentioned the research projects being carried out in this region. In reply to points raised by Dr Shrivastav, he said that he was glad to inform the Committee that an economist had been appointed on a regular basis on the staff of the Regional Office and had taken up his duties. Also, it had been possible to strengthen the planning unit in the Regional Office, and a management officer was already in position.

Part I - General Review of Activities

Section 1. Public health administration (pp.3-6)

DR WICKREMASINGHE (Sri Lanka) briefly outlined the steps taken in his country for strengthening public health administration at the intermediate and peripheral levels. It was planned to increase the number of health divisions, and the divisional set-up was to be strengthened by the
addition of epidemiologists. The number of health areas would also be increased, reducing the population coverage per worker. It was planned to intensify the training programmes so that additional peripheral workers would be available and the health worker/population ratio reduced. The integration of all the health services was also planned, to be carried out in three phases, and action had already been initiated in this respect.

DR SHRIVASTAV (India) said that he wished to draw attention to the importance placed on the national health planning process in his country. On the recommendation of the Central Government, individual States in India had set up state planning cells which were to keep a watch on the budget allotted and on how the money was being spent, etc. Some of the States had already set up such cells and were being assisted by the Central Planning Commission.

DR KYAW SEIN (Burma), describing the planning activities in his country, stated that collection of statistics on manpower had been started, and the planning activity had been made centripetal, starting from the periphery (i.e., township councils). The machinery at the national level was only laying down the policy; the implementation was the responsibility of the lower levels. As regards co-ordination, he referred to the set-up of the security administration committees at different levels, in which various departments were represented. Each such committee had a health sub-committee.

DR MONSUR (Bangladesh) thought that the section on public health administration in the Annual Report rightly started with the planning and strengthening of health services, as he believed that this was the weakest aspect of health in the countries of the Region. WHO had tried to improve health services in many ways but for some very natural reasons had not come into the picture in respect of one major aspect: the single biggest bottleneck in improving and having a better planning and health services administration was that, as compared with the curative aspects, it suffered for want of financial resources, and consequently the major and best talent available was devoted to the curative side. It was very important to develop a cadre of health planners and public health administrators, and how this could best be done was the question. Steps should be taken to tackle the problem of the lack of sufficient financial resources. He wondered whether WHO could provide financial subsidies to governments to help them to organize cadres of public health administrators and planners, as in the case of smallpox eradication programmes, where the Organization had been supplementing governments' efforts by meeting a part of the salaries of the workers. He also thought that WHO could help to train people locally; the cost of such local training of a dozen people would be less than that of providing a single consultant.

The DIRECTOR-GENERAL said that five years ago doctors had been completely unable to talk about subjects such as the economic value of health. Generally speaking, public health people knew too little about public administration, economics and modern technology. As for the question of supplementing national salaries, the World Health Assembly had sanctioned the payment of such supplements; however, the experience
MINUTES OF THE SECOND MEETING

of other organizations had shown that this did not produce the hoped for results, as, after they ceased to pay supplements on completion of the agreed term, governments often did not fulfil their part of the agreement and continue to make their payments.

WHO had, in the last few years, been trying to promote the training of public health personnel in health planning, in order that they might understand the economic implications of health and thus be able to establish a dialogue with economists. Courses had been organized and some universities stimulated to introduce such courses. At WHO Headquarters two divisions had recently been combined in order to concentrate efforts on operational research on the strengthening and organization of health services and planning.

The Organization had also been endeavouring to find health information systems that would permit rational decisions, but could not obtain any guidance in this regard, and studies were going on in order to see what would be the best information system WHO could develop for its own use and for possible application by countries.

Although the problem was extremely difficult, it was important to establish in clear terms the type of manpower that a country required, so that the health professionals could be trained accordingly. There was increasing acceptance of this view, and there was widespread feeling that training schemes operating in the developed countries should not be blindly copied but that developing countries should evolve schemes to suit their own needs. All of this made the future look more hopeful. In a WHO-assisted institution in Cameroon, the same teaching staff were training different categories of health personnel with, in so far as practicable, the same equipment and facilities.

The CHAIRMAN said that developing countries should take a closer look at what was required of health personnel in order that the teaching and curriculum content could be adapted to meet these needs.

DR SUMBUNG (Indonesia) said that, four years after the technical discussions held during the 1968 session of the Regional Committee, Indonesia had tried to develop health planning, and some success had been achieved in the establishment of planning units at both the central and provincial levels. He thanked WHO for the assistance given in this regard. The lack of adequate data and of well established basic health services came in the way of developing an effective health delivery system. WHO was assisting with a team attached to the project "Strengthening of National Health Services", through which the Government was now trying to cover as much of the population as possible. For long-term projects, such a team was probably more effective than the provision of short-term consultants. For it to function successfully, it was necessary to assign suitable counterpart staff and to have an effective team leader.
As regards development of basic health centres, malaria eradication had formerly been given top priority in his country, with maximum resources and manpower being devoted to this programme. Later on, it was integrated into the basic health services. Now family planning was given top priority, with all the necessary services. However, it was felt that this might possibly create an imbalance in the strengthening of basic health services. He hoped that WHO would continue to assist his government in finding the best way to integrate the family planning programme into the basic health services.

The development of health manpower was closely related to the health care system. The quality of personnel and their distribution played an important part. The main problem was in determining exactly the right system to be followed.

DR JAYASINGHE (Sri Lanka) stated that in his country the Prime Minister was the Minister of Planning and had designated special cells to deal with various aspects. The officials of the cells had been trained at the Asian Institute for Economic Development and Planning in Bangkok. One of the cells, with the assistance of WHO, had started the health manpower study mentioned earlier, which included several sub-studies, which he outlined. The results of some of the studies were expected to be available early in 1973.

DR SENGUPTA (India) said that health services should be available to the rural areas. For this purpose India was setting up one primary health centre for every 30,000 people and one sub-centre for every 5,000 people. It was further proposed to upgrade primary health centres so that they could also serve as referral country hospitals.

DR SHAH (Nepal) said that his government was proposing to decentralize the administrative structure, including health. Four regions would be set up. The infrastructure of the health services would, however, remain unchanged.

The REGIONAL DIRECTOR said that he was glad to note that in the past year there had been great interest on the part of the governments in strengthening health services by undertaking different types of studies. He hoped that through combined efforts and exchange of information it would be possible to evolve a system of health planning suited to the needs of the countries in the Region. The paper submitted for the item on the Asian Charter on the supplementary agenda (now item 14 on the agenda) included an analysis of cost benefit and cost effectiveness of the health programmes in the Region.

3. Adjournment

The meeting was adjourned.
**SUMMARY MINUTES**

Third Meeting, 13 September 1972, 9.30 a.m.

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1. Twenty-fourth Annual Report of the Regional Director
   (item 8) (continued)

Family health (pp. 7-9)

DR SUMBUNG (Indonesia) said that because of a high mortality rate among children under five years of age in Indonesia, his government wanted to strengthen the maternal and child health services at the same time as integrating the programme into the general health services. Fifty per cent of the total deaths in Indonesia were among children under five years of age. Most children were now attending the maternal and child health centres. These centres would be strengthened by the addition of a nurse to provide simple medical treatment to children, among whom malnutrition, gastro-enteritis and other infectious diseases were very common. UNICEF and the World Food Programme were providing assistance to the programme; funds had also been made available from the family health budget. He asked whether WHO could provide assistance in setting up a simple rehydration therapy service in the maternal and child health centres.

With regard to family health, international aid to this programme had increased rapidly during the past two to three years. UNFPA and the World Bank had provided assistance worth US $ 25.2 million. USAID, the Population Council and some voluntary agencies had also provided assistance. In Indonesia, the family health programme was no longer being run on traditional lines. At the last meeting with UNFPA and the World Bank in Washington, it had been stressed that the family health programme should be implemented at the country level and that the United Nations agencies, especially WHO and UNICEF, should be the executing agencies. Accordingly, WHO and UNICEF were being requested by his government to provide assistance in the proper execution of this programme.

DR KYAW SEIN (Burma) said that in Burma the problem of malnutrition in children had been due mainly to lack of knowledge on the part of mothers in feeding the children, and also to shortage of food. UNICEF had been providing skim milk to malnourished children for distribution through maternal and child health centres and schools, but this assistance was expected to be reduced by fifty per cent from 1973. He suggested that WHO might urge Member Governments to make greater efforts at producing more food and making it available to needy countries at reasonably cheap rates and in adequate quantities.

DR JADAMBA (Mongolia) congratulated the Chairman and Vice-Chairman on their election, and the Regional Director on his nomination for a second term. His delegation welcomed the entry of Bangladesh into the Region.

Well organized pre-natal and post-natal medical facilities were essential for the care of mothers and children. In Mongolia, stress was being laid on the general medical examination of women between the ages
of 16 and 45, general obstetric and gynaecological examinations, a regular obstetric and gynaecological examination of expectant mothers every two to three months, depending on the month of the pregnancy, constant medical care of pregnant mothers, provision for 100 per cent of the deliveries in maternity homes (where 98 per cent were already taking place), provision of post-operative facilities through district health services, regular vaccination of children, provision of food, improvement of social and economic conditions of the population, continued assistance to families with many children, and health education of the mothers.

DR SHAH (Nepal) said that his government had given high priority to the maternal and child health and family planning services; an analysis of these activities was made almost every year. It was also realized that the necessary infrastructure must be built up before the delivery of these services could be efficient. There was a shortage of trained manpower in this field; studies were being conducted to determine whether persons trained for a shorter period could man the posts in these services. WHO experts were in Nepal studying the situation, and the Government hoped to draw up a programme based on their findings.

The country had started receiving assistance under the World Food Programme, but the difficulty was how to ensure that the food reached the needy population; thanks to the Children's Organization, however, it was now possible to channelize food through it to the lowest levels of the administration. As for family planning, the Government was thinking along the lines of making the health services responsible for the services; the job of general motivation of the population, however, might be carried out through some other governmental agency.

DR HOSSAIN (Bangladesh) said that only recently in his country could the family planning activities, which had remained suspended during the past one and a half years, be resumed. Initially the people had not been willing to adopt family planning measures, but as the population explosion began to affect the economy, they became receptive to them, and the Government had already undertaken the responsibility of combining the family planning programmes with the integrated health services (curative and preventive) at the "thana" level. Pilot projects involving training programmes were already in progress in three places, and the family card system had been introduced into the family planning programmes to check the statistical and demographic aspects. During the last few months, the post-partum programme had made good progress, and, though the assistance given by the Government was inadequate, it would still be possible to gear up the machinery to carry on with the activity, with assistance from the United Nations and other voluntary agencies, such as UNFPA and the International Planned Parenthood Federation.

The country possessed the necessary infrastructure and manpower to undertake work in maternal and child health care, and it was planned to add six beds in every "thana" to the 25-bed hospital. Planning for the
next five years in 356 units of the country was already in hand. As Bangladesh was a small country, it was imperative to introduce an effective family planning programme and at the same time improve child health.

DR WICKREMASINGHE (Sri Lanka) said that the extensive work done by WHO in the field of family health indicated the importance which the Organization attached to the population problem. In Sri Lanka, the family planning programme was firmly integrated into the general health services through the maternal and child health services, and last year had received a further impetus when it was given a high priority in the overall development plan. The staff of the Family Planning Health Bureau and its divisional counterpart had been further augmented; the training of medical and paramedical personnel and the health education aspects had been intensified, and the services for the delivery of the programme increased. An evaluation unit had also been established in the Central Family Health Bureau. Referring to the recent seminar on the training of health personnel in health education, he stressed the need for strengthening the health education component in the family planning programme.

In keeping with the policy of integration with maternal and child health work, family planning services other than IUCD insertions were being combined with the ante-natal clinics in all the health centres located in the country. In addition, the distribution of contraceptives continued, and there had been a substantial increase in the number of new acceptors during the first quarter of the year. Surveys were also under way to assess the knowledge, attitude and practices of the people in relation to family planning and to determine the availability of new acceptors.

He outlined the assistance which had been given by WHO and said that his government was most grateful to WHO for this assistance, to the Swedish International Development Agency for its generous help by way of equipment and also to the National Family Planning Association for its work with the programme.

DR SOMBOON (Thailand) said that high priority had been given to maternal and child health and family planning in his country's Third Plan for general development, in spite of the limited resources. It was difficult to cope with the demand in this respect. He enquired whether in the WHO programme any priority had been given to maternal and child health and family planning.

DR SHRIVASTAV (India) stated that in countries such as India, with a large area and people belonging to different ethnic, religious and economic groups and having a differing educational status, it was necessary to use varying approaches to the family planning programme. It had been found that unless the concept of family health had been built into the family planning programme, efforts had not been sustained over a period of time. Where the educational level of the population was not high, ideas of family planning had to be sold to them. In India every
effort had been made to bring family planning and the general health services closer and closer together. He described a novel experiment that was being tried out in one State of India, under which men were admitted to an institution like a nursing home in which they were given a complete check-up for all ailments; they remained in the clinic for about ten days, when any ailments were treated; they were given nutritious food, and sterilization was carried out in such a way as to make it appear as a minor part of the total health care given. Cash incentives were no longer given. The same philosophy was applied to medical termination of pregnancy, in which the total health care of the mother and her children was considered the most important aspect. It was felt that, afterwards, the mother needed to be kept in the clinic for a few days, as the Western approach of quick sterilization was not suitable for developing countries. He thought that WHO, in order to help developing countries to progress in this regard, should come out with some such suggestions and motivate other agencies to increase their inputs in such programmes.

DR HART SCHAAF (UNDP) drew attention to the fact that UNFPA assistance was also available to all the countries for related non-medical aspects of population activities. For example, in Sri Lanka, in addition to the programmes in the health field, there was a very promising UNESCO project with the Ministry of Education, designed to develop, in the schools, motivation for family planning. With ILO, there was a programme of intensive education through the labour unions, and with the United Nations, a programme to extend studies on demography in the universities. Referring to a statement made about large numbers of acceptors of a programme soon turning into non-acceptors, he said that UNFPA believed in spreading the news by education so as to create a more fundamental and sustained type of response.

DR SHRIVASTAV (India) said that his government was giving as much importance to the educational as to the health aspects of the problem.

The REGIONAL DIRECTOR, in reply to the request from the delegate from Indonesia for assistance in the field of rehydration therapy, said that such assistance was already being given to several countries, and that WHO would be happy to extend similar help to Indonesia. In reply to the Thai delegate's question, WHO could give priority to family health programmes in countries only to the extent that the governments did so; it was gratifying to note the priority that Thailand was giving to family health in its Third Plan. The experiment described by Dr Shrivastav was most interesting. WHO had also been trying to stress the importance of the integrated approach, which had proved to be the most successful. Family planning must be considered along with the health of the mother and child. He had taken note of the observations made, and suggested that the Director-General might wish to say something on the subject.

The DIRECTOR-GENERAL assured Dr Hart Schaaf that it was felt that any effort made in the educational field was very important for the long-range solution of the problem. It was necessary to educate the young.
The medical profession itself was not prepared in this field; in earlier years, medical schools never taught subjects such as the methodology of planning a family, and the medical curriculum must now be revised.

Family planning did not mean merely restricting the population. Even countries like Mongolia needed family planning in order to increase their populations.

A major change was the realization that family planning was no panacea that could be applied all over the world without taking into account the cultural and religious backgrounds of different societies. Also, one should be cautious in introducing family planning where minority communities had to be considered.

WHO had developed a large research programme funded by voluntary contributions, amounting to 5 to 6 million dollars. The programme was specially directed towards a better understanding of the physical phenomena of human reproduction and also towards motivation.

It was extremely important to find a simple and cheap method which was medically and culturally acceptable.

**Nursing (pp. 9-11)**

DR SHRIVASTAV (India) referred to the statement on page 10 of the Annual Report concerning the under-utilization of nurses and their exodus from the countries of the Region, and said that this problem had been causing his government much concern. One of the conclusions was that the employment potential of qualified nurses needed to be increased. The Medical Council of India had established certain norms for this purpose (one nurse to three beds in teaching hospitals and one to five or six in non-teaching hospitals) and had recommended that these be followed. However, it had not been possible to do so, and this created a paradoxical situation in which, on the one hand, the nurse/population ratio was poor and, on the other, nurses coming out of schools found it difficult to obtain employment. Naturally, they went to other countries.

DR HOSSAIN (Bangladesh) said that twenty-five years ago there had been few hospitals and a limited number of nurses in his country. The hospitals had been mostly manned by nurses from India or other countries. Even after more than two decades, the growth of the nursing services had not been satisfactory; there was still an acute shortage of personnel, and the training programme was far below the required standards. Now, as a result of the recent conflict, the strength of hospital beds had to be increased by fifty per cent, without, of course, any commensurate increase in the nursing staff. In the hospitals, one nurse had to look after sixty patients, and in the nursing schools attached to the eight medical colleges, there were no more than 2 000 nursing students. The real and immediate problem was how to find the resources to provide facilities for many more nursing students. There was a proposal to
increase the annual number of students from two to five thousand, but, with only meagre resources, the country was facing a real difficulty in this direction. He drew the attention of the Regional Director to the problem.

DR JAYASINGHE (Sri Lanka), speaking of the "brain drain" not only of nursing personnel but also of other paramedical staff, said that the personnel trained by the Government were often attracted by better employment opportunities outside the country. Sri Lanka was at present undertaking a census of nursing and midwifery personnel to find out whether they were doing the jobs they were required to do. There was a similar problem with doctors, in spite of the five-year compulsory service act. The real problem faced by the country was how to stop the exodus of trained personnel. This problem had been discussed at the World Health Assembly. He wondered whether WHO could help to find an answer.

Secondly, the foreign nurses assigned to Sri Lanka, of whom most were from the developed countries, did not appear to possess any advanced knowledge of the conditions prevailing in the country, with the result that there was a communication gap between the expert and the national counterparts. Such experts should be given adequate briefing on the country of their assignment, as well as on the general conditions in the Region.

DR KYAW SEIN (Burma) said that the problem of "brain drain" did not exist in his country because the doctors and nurses who did not join government services were allowed to do private practice. However, as very few candidates with the required basic qualification were available for selection as nursing students, some relaxation had to be made in their selection. There was also the problem of nursing students being used for service in hospitals where there was a shortage of nursing staff, and this led to interruption of the training programme.

DR SHAH (Nepal) said that the situation with regard to nursing care in his country was far from satisfactory. Until adequate numbers of nurses could be trained, the Government had been training and utilizing assistant nurse-midwives. WHO had been involved in the School of Nursing and the Auxiliary Nurse-Midwives Schools from their very inception. The curricula of all these schools were under revision. WHO and UNFPA experts were at present in Nepal with a view to ascertaining the training requirements for undertaking certain specific nursing jobs.

DR KYAW SEIN (Burma) said that in Burma so far nursing care had been institution-oriented. Midwives had, however, been trained to deliver babies both in hospitals and in private homes. Efforts were now being made to train nurses so that they would be able to provide domiciliary nursing care. Such a service would relieve the congestion in hospitals and greatly improve the nursing service. He wondered whether it would be feasible for WHO to provide any assistance in this regard.
DR (MRS) MALHOTRA (India) said that in India a study on nursing (which included nursing manpower, nurse training and the social profile of the nurse) was being carried out on an all-India basis by the coordinating agency for health planning in collaboration with the National Institute of Health Administration and Education. The findings of this study should be useful in helping to determine future training requirements.

With regard to the "brain drain", it was difficult to assess the situation correctly as far as lady doctors were concerned. A study which had been conducted by the National Council of Applied Economic Research had shown that any attempts at retrospective analysis were unsuccessful. A prospective longitudinal study was now proposed, to keep a constant follow-up on them from the time they left school. She suggested that WHO might assist with a project to enable Member Governments with such follow-up on all trained medical, nursing and allied manpower.

DR SHRIVASTAV (India) pointed out that in India the Planning Commission had recently established a group, of which he had been a member, to study the question of "brain drain" particularly among medical doctors. Some rough estimates on the medical manpower which had left the country were available, and it had been found to be considerable. The group had concluded that if proper opportunities were afforded to medical doctors to have job satisfaction through adequate employment opportunities, working facilities, chances of promotion, post-graduate training and research facilities within the country itself, they would not be so keen to leave. Secondly, the training being provided was defective; the present rather theoretical and urban-oriented training with sophisticated equipment and teachers without proper involvement of the student in community teaching had itself encouraged the medical manpower to migrate, since it equipped the doctors better to meet the requirements of institutions abroad. There was therefore an urgent need to review the training of doctors with a view to gearing it to meet the needs and working conditions of the country.

The DIRECTOR-GENERAL agreed that the training now being given not only to doctors but also to other medical and paramedical personnel was too often not suitable for preparing them to work in their own countries. It was necessary for developing countries to discourage organization of such training on the pattern followed by developed countries.

DR MONSUR (Bangladesh) said that he also agreed with the view expressed by the representative of India that the present system of education encouraged "brain drain" in the medical profession. In this connection, the reciprocal arrangements for recognition of medical institutions between countries had relevance in that under such arrangements doctors from the developing countries were eligible for employment in the developed countries. On the one hand, if the doctors were allowed to go abroad, they could get employment and were tempted to settle down there; on the other hand, the developing countries often did not have post-graduate training facilities of their own, and doctors needed such training in order to do their work effectively. One way of solving this complex problem,
he thought, was for every country in the Region to develop not only basic
training programmes but also post-graduate programmes, depending on the
needs and conditions of the country, and give recognition to the students
after such training. If this were not done and the doctors were prevented
from going abroad, it would amount to a suicidal policy. He commended the
community training programme for medical undergraduates at Lucknow, a paper
on which was under study by the group taking part in the technical discus-
sions being held in conjunction with the session; unfortunately, this type
of programme was not being followed in most medical schools.

DR SUMBUNG (Indonesia) pointed to the importance of the role of
nurses in the future implementation of community health services, and
said that their training was now hospital-based and not directed to the
community health services. He pleaded for the strengthening of the team
approach and hoped that the Regional Office would continue to advise his
government on how best to make use of the services of nurses in such an
approach in the community health services.

DR HOSSAIN (Bangladesh), returning to the problem of "brain drain"
in the medical profession, said that this was mainly due to the poor
employment conditions in developing countries. Only a sense of patriotism
could motivate the doctors to return to their own countries. Taking a
broader view, one could think the doctor, wherever he worked, was serving
the people of the world, and he wondered whether a world health service
could be established. Countries should not be possessive in this respect.
The problem, he thought, was by no means insurmountable.

The REGIONAL DIRECTOR said that, with regard to the question of
"brain drain", the studies and sub-studies at present being carried out
in Sri Lanka should help to provide a solution. He also described an
arrangement in one of the medical colleges in India where interns were
given a period of training in a field area. Registration under such a
scheme did not entitle the graduates to practise in developed countries,
and the students themselves learned to understand the needs of the rural
people and became interested in serving them.

It was recognized that it was important to train physicians in
their own country or region not only to ensure their better professional
and social adaptation to the health needs of their country, but also to
courage them to work in their own country. He drew attention to the
discussions on the training of national health personnel held during the
last World Health Assembly and the progress report on this subject which had
been submitted by the Director-General. He also mentioned the resolutions
adopted by earlier Health Assemblies emphasizing the need to encourage
physicians from developing countries who were working outside to return
to their countries, the discussions at the last session of the Regional
Committee, and the action taken by the Regional Office since that time
to review the curricula of medical schools in a number of countries.
In answer to various other queries, he reminded the delegate from Bangladesh that one of the Regional Advisers in Nursing had been included in the Task Force which visited his country; all possible assistance would be given on receipt of the Government's comments on the report of the Task Force. Steps had been taken to recruit a consultant immediately to study the situation in the nursing schools and advise on the training. As regards the need to brief WHO nursing consultants on the local conditions in the country of their assignment, as brought out by the delegate from Sri Lanka, he said that the Regional Office, usually in addition to WHO Headquarters, did brief the staff before they were assigned, and their curricula vitae were invariably sent to the government concerned to secure clearance of their candidature. Moreover, when the work of a particular consultant was found by a government to be especially good, the Regional Office had tried to recruit the same consultant for follow-up assignments during subsequent periods of assistance. There was also a "debriefing" programme at the Regional Office which provided an opportunity for the Regional Office as well as the consultants themselves to learn from experience.

Environmental health (pp. 11-12)

DR SUMBUNG (Indonesia) stated that the pollution problem was being encountered everywhere. However, in developing countries the provision of safe water to the population, especially in the rural areas, would eliminate most of the water-borne diseases. He was glad to note the targets fixed for water supply in the United Nations Second Development Decade and wondered whether any organization would assist the governments in achieving these targets.

DR SHAH (Nepal) thanked WHO, UNDP, UNICEF and the Government of India for their assistance in water supply and sewerage development projects.

DR KYAW SEIN (Burma) said that Burma was trying to provide a safe water supply to district towns according to a three-year plan. The equipment supplied by UNICEF for this programme had been found to be unsuitable, however, and he wondered whether any agency could assist in this respect with suitable equipment. There was also a programme for providing rural water supply, in the first instance to rural health centres, for which assistance was also requested.

DR JADAMBA (Mongolia) said that the rural water supply programme in his country, which had been started four or five years earlier, was the least satisfactory of the WHO-assisted projects. A WHO consultant had recently made a modified proposal for this programme, and he requested the Regional Office to help in expediting the project.

DR DE SILVA (Sri Lanka) said that 80 per cent of the population of the island lived in rural areas, where the sources of water supply were rivers, wells and streams. In the larger towns the supply was from a
central source. The progress of the scheme to supply water to rural areas had been delayed by financial limitations. As for solid waste disposal in rural areas, many difficulties had been experienced in providing satisfactory service because of the constant breakdown of transport and the expense involved in the final disposal of refuse. Considerable financial assistance was needed to provide satisfactory service in the fast developing urban areas.

DR HOSSAIN (Bangladesh) said that his country had problems connected with both water and food. Every year, floods occurred, resulting in epidemics. Even this year there had been floods, and only timely action had prevented another epidemic. There was also the chronic problem of lack of water supply. Ankylostomiasis and amoebiasis had been prevalent. There was a plan to train the large number of microscopists working in the malaria programme to detect hookworm ova in the stools. The other problems, such as cholera and diarrhoeal diseases, were well known. Infective hepatitis had appeared in many districts in epidemic form. There was also lathyrism.

DR SHRIVASTAV (India) said that water supply and waste disposal had been discussed time and time again. He had visited several countries in Europe and had observed their ways of dealing with waste disposal, a field in which he felt much could be learnt from the developed countries. With the necessary modifications, some of their methods might well be applied in the developing countries. By recycling waste material, they were also able to make new products. He suggested that it might be profitable for those concerned with waste disposal to visit certain installations in West Germany and the USSR.

The REGIONAL DIRECTOR stated that he had taken note of the various points raised in the discussions. The subject of safe water supply was one of the points included as part of agenda item 14, relating to the health charter for Asia, which would be discussed later. In the document submitted on this subject (SEA/RC25/10) reference was made to the target of providing water supply to 25 per cent of the rural population, and to the fact that, although this target looked impossible to achieve, it should not be dismissed as being unrealistic. If governments accorded primary place to water supply development in such a health charter, with a view to obtaining funds from the international lending agencies, this target might be attained. As for the comments made by the delegate of Mongolia, there had been difficulty in recruiting a suitable consultant, but one had finally been found, and his report was now being processed and should be submitted to the Government very soon.

The methods described by Dr Shrivastav on the disposal of wastes appeared to be suitable for adoption in the countries of the Region.

Health education (pp. 12-15)

DR SHAH (Nepal) said that in his country steps were being taken to improve health education, particularly school health education. Health education was being included in the school curricula.
Nutrition (pp. 15-17)

DR SUMBUNG (Indonesia) said that malnutrition was a major problem in his country. Protein-calorie malnutrition and vitamin A deficiency were prevalent, especially among children under five years of age. Iodine deficiency was found in West Irian. Also, research was going on in order to find the etiology of nutritional anaemia among expectant mothers. A pilot project for giving high-concentration vitamin A was under way in some provinces of Central Java with assistance from WHO and the United States Association for the Blind. WHO and UNICEF had been assisting with the applied nutrition programme, and he hoped that WHO would continue to provide help in combating malnutrition.

DR (MRS) SOYSA (Sri Lanka) said that her country also had the problem of malnutrition, and had been developing a weaning food. Assistance was needed in making this food available at low cost to people in the low-income groups, and a subsidy might be necessary. Help was also required in the promotion of the applied nutrition programme and in the establishment of nutrition rehabilitation centres at the peripheral level.

DR MONSUR (Bangladesh) said that in his country over 50 per cent of the rural population was suffering from moderate to severe malnutrition, the majority being affected by protein-calorie malnutrition. There was an anomalous situation in that the developing countries, to obtain badly needed foreign exchange, exported large quantities of essential food articles and, at the same time, sought external assistance in the form of protein-rich food for raising the nutritional level of their people. Agencies such as WHO and UNICEF could perhaps play a useful role in motivating the administrators and planners in these countries to correct this situation.

DR KYAW SEIN (Burma) observed that protein-calorie malnutrition was also a problem in Burma. On the advice of WHO, the Government had established two pilot nutritional rehabilitation centres. One of the centres had functioned satisfactorily, but this programme had proved to be rather expensive. If the country had a good supply of milk, he thought, the problem of protein-calorie malnutrition could be solved more easily. As the milk yield of native cows was low, he wondered whether WHO could assist in arranging for the cross-breeding of local cows with high-yield variety from the West. If rural water supply could be augmented, more water would be available for growing more garden vegetables. If international assistance had to be sought, the matter would be taken up with the departments concerned.

DR SHAH (Nepal) said that goitre control activities had been continuing in Nepal and thanked WHO for the assistance which it had provided in this field. Under a bilateral agreement with the Government of India, iodized salt was expected to be received for the next five years, at the end of which time it was hoped to produce it locally.
DR SHRIVASTAV (India) pointed out that in case Nepal ran into difficulties in its plans for producing iodized salt even after the next five years, the Government of India would probably be able to continue the supply, as three plants were already now in production in India and two more were on the waiting list. Referring to the comment made by the representative of Burma regarding the milk position in that country, he pointed out that during a visit to Burma in 1971 he had observed, he thought, that milk was not popular; this was also true in certain parts of India, where even the milk supplied was not used. It was a matter, he thought, of changing the people’s habits through education.

The REGIONAL DIRECTOR said that the problem of malnutrition had been accorded high priority at the last World Health Assembly. The Indonesian delegation had brought out the fact that xerophthalmia had caused a large number of cases of blindness in many countries. He also referred to an inter-regional meeting of experts on the prevention of xerophthalmia which had been held at the National Nutrition Institute, Hyderabad (India), in March 1972 with the assistance of WHO and UNICEF and had been attended by participants from some of the countries of the Region. Some follow-up action on the recommendations arising out of this meeting had already been taken in India and Indonesia.

**Mental health (p. 17)**

DR HOSSAIN (Bangladesh) pointed out that the rather brief statement on this subject in the Annual Report did not reflect its importance. His country was faced with a vast mental health problem as a result of the recent conflict. He briefly described the situation and highlighted the fact that millions of people were suffering from psychopathology and needed rehabilitation. He urged WHO to set up a special committee to study the problem and advise his government on how to tackle it.

The REGIONAL DIRECTOR said that the mere fact that the section on mental health in the report had contained only two paragraphs did not necessarily mean that the importance of mental health was being overlooked. A number of group educational activities on the subject had been organized and necessary follow-up action was being taken. In the budget estimates there was provision for much increased assistance in the field, in accordance with the requests received from governments. WHO would be happy to assist the Government of Bangladesh in studying the extent of the problem of mental health and in deciding upon the action to be taken.

2. **Adjournment**

The meeting was then adjourned.
SUMMARY MINUTES*

Fourth Meeting, 13 September 1972, 2.30 p.m.

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1. Twenty-fourth Annual Report of the Regional Director (item 8) (continued)

**Occupational Health and Rehabilitation** (pp.18-19)

DR SUMBUNG (Indonesia) said that his government attached high priority to the medical rehabilitation programme. He referred to the establishment of a rehabilitation centre with some equipment in Djakarta. A request for WHO assistance in this matter would be forthcoming.

The REGIONAL DIRECTOR said that he had noted this comment.

**Radiation health** (pp.19-20)

DR SHRIVASTAV (India) said that WHO had been assisting India in procuring spare parts for equipment against payment in local currency but the amount of the cost was adjusted against the foreign currency payment, and the Ministry of Finance objected to this measure. He wondered whether, under the Revolving Fund for the procurement of teaching and laboratory equipment, it would be possible to obtain such spare parts without the foreign exchange adjustments mentioned above.

The REGIONAL DIRECTOR said that assistance under the Revolving Fund was given mainly for teaching equipment and he saw no difficulty in acceding to the request if the equipment was to be used for teaching purposes also. He would discuss the matter further with the Government of India and give whatever assistance was possible.

**Pharmacology and toxicology** (pp.22-23)

DR SUMBUNG (Indonesia) said that drug abuse was prevalent among the adolescents and young adults in large cities in his country. The problem had become serious because the Government lacked the facilities to cope with it. He felt that something should be done to remove this drug addiction menace. His government was also concerned with food control, and sought WHO's assistance in drawing up food control regulations and also for training personnel at the local level to deal with this problem.

DR KYAW TINT (Burma) said that food contamination by pesticides posed a serious problem in the agricultural sector in his country. The farmers lacked knowledge of the extent of poisoning caused by the use of pesticides and thus were using them quite indiscriminately. Such contamination had become a big public health problem in the rural areas, and it was imperative, therefore, with the co-operation of the Department of Agriculture, to try to educate the farmers on the use of pesticides. He sought advice from Member countries and from WHO on how this problem could best be tackled.

DR JAYASINGHE (Sri Lanka), endorsing the comments made by the previous speaker, said that the harmful effects of the use of agrochemicals as fertilizers were not fully known. He wondered whether WHO
had brought out any material on pesticides and their safe use and whether
other countries had passed any legislation about the use of agro-chemicals
and pesticides from which Sri Lanka could benefit.

DR SHRIVASTAV (India) stated that India had insecticide and pesti-
cide legislation which had been enacted at the instance of the Health
Ministry. Other ministries were, of course, also involved. Last year
also the Government had constituted a Pesticide Board, of which he was
Chairman. It had met three or four times, and a national committee on
environmental pollution had been formed. The Board had licensing and
monitoring functions. Strict licensing of imports of all insecticides had
been introduced, and special laboratories determined the pesticide levels
in various food materials. This action had been taken because there had
been some disastrous cases of indiscriminate use of seed material protect-
ed by pesticide as food. His government would willingly make available
any information in regard to the legislation enacted, the functions of the
Board, etc. which might be desired by other governments.

The REGIONAL DIRECTOR said that the problem of drug abuse was an
important one. He gave some information on the study carried out in
Djakarta recently to assess the extent and nature of the problem and drew
attention to the discussion on this subject at the last World Health
Assembly and to the resolution (WHA24.57) which outlined the type of
assistance that could be given. A United Nations Fund for the Control of
Drug Abuse also had been established, and large sums had been allocated
for crop substitution in poppy growing areas, etc., as well as for
programmes for the treatment and rehabilitation of drug addicts. A WHO/
ILO team had visited Thailand and had already drafted its proposals.
Indonesia might also like to request the assistance of such a team.

As regards pesticide control, two or three consultants had visited
the countries of the Region; one had gone to Indonesia, Sri Lanka and
Thailand. There was an inter-country project for assistance in the
control of hazards to man from pesticides, under which it was proposed
to assist governments in assessing the problems relating to the import,
transport, storage, handling, labelling and sale of pesticides and in
the preparation of suitable legislation for this purpose, as well as to
advise on the establishment of laboratory competence in this field.

Medical stores management (p.23)

DR MONSUR (Bangladesh) said that his country, which imported a
major portion of its requirements of medicines from abroad, was faced
with three main problems, i.e., procurement, storage and distribution.
There was a central medical store in Dacca which distributed medicines
to rural health centres, but the lack of facilities for transporting the
supplies was a major problem. This matter had been discussed with the
Regional Office, and a consultant was in Dacca at the moment in order to
study the problem and suggest measures for remedying the situation.
DR KYAW TINT (Burma) said that hazards from pesticides posed a problem in his country. He asked whether the Regional Office could provide a consultant to study this situation, as had been done in Indonesia and Sri Lanka.

The REGIONAL DIRECTOR said that the Regional Office would be glad to provide such assistance to Burma if requested. In fact, when the project was being started, governments had been asked if they required any assistance, and on the basis of the replies received, the consultant had been sent to the two countries mentioned.

DR SHRIVASTAV (India) said that the National Institute of Health Administration and Education in New Delhi, which had close links with WHO and other international agencies, had been conducting courses such as staff college courses and courses on hospital administration; two courses on materials management had also been organized. If Bangladesh wished to take advantage of these courses, his government would be glad to welcome participants from that country.

DR JAYASINGHE (Sri Lanka) said that in his country pharmacists were in charge of medical stores. However, it was found that when these personnel were sent abroad for obtaining degrees, they did not stick to their jobs on their return, and a problem in managing the stores thus arose. The question was whether it was desirable to rely solely on pharmacists for this work or whether it would not be better to train some other type of personnel. He wondered about the experience of other countries in this respect.

The REGIONAL DIRECTOR observed that the consultant sent to Bangladesh was studying the logistics of medical stores management with a view to remedying the situation. With regard to the problem in Sri Lanka, WHO could send a consultant to study the situation.

Communicable diseases (pp. 23-40)

Malaria (pp. 25-28)

DR SUMBUNG (Indonesia) said that malaria continued to be a major problem in his country. The question of procuring DDT concerned not only the Ministry of Health but also other economic ministries such as the Ministry of Finance. In view of the steady increase in the cost of DDT, it was now necessary to allocate more money to procure even the same quantity of the insecticide as before, and the health authorities found it difficult to obtain this increased allocation. As South-East Asia was a major consumer of DDT, it was important for Member Governments and WHO to work together in order to obtain a larger amount of the insecticide at less expense.

MR NASEER (Maldives) congratulated the Regional Director on his re-nomination and said that his country was particularly happy about it,
as Dr Gunaratne came from Sri Lanka, the Maldives' closest neighbour. He also wished to accord a warm welcome to Bangladesh.

The malaria programme in his country had been going on very successfully, and WHO had done a tremendous job. Nearly one third of the country was now free from malaria, and it was hoped to complete the spraying round in most of Male by the end of the year. The Regional Director had visited the country on several occasions and had seen for himself their efforts at combating malaria. It was the opinion of the different experts who had visited the islands that malaria could be totally eradicated with one round of spraying. The major difficulty was inter-island transport; however, it was his government's hope that, with continued help from WHO and also with assistance from UNDP, malaria could be eradicated in the near future.

DR MONSUR (Bangladesh) said that the malaria eradication programme in his country, which had been doing well, had to be suspended in 1971, and now needed to be recast. The problem was acute along the eastern border, but control measures had been successful. The work, however, was not easy. Some of the areas were already in the maintenance phase and should be handed over to the integrated health services programme, but this could not be done until the health programme was fully in operation. There was an acute shortage of personnel to run the maintenance phase satisfactorily.

DR WICKREMASINGHE (Sri Lanka), referring to a statement on page 25 of the Annual Report, said that Sri Lanka should be added to the list of countries which had not been receiving external assistance from other sources. An epidemic in 1967-69 had been controlled effectively, with a substantial reduction in the number of microscopically confirmed cases. The National Malaria Eradication Training Centre, established in 1971 with assistance from WHO, had been organizing training courses for medical officers and public health inspectors. He requested further WHO assistance to the centre in future years. A comprehensive assessment of the programme had been undertaken earlier in 1972 with assistance from WHO.

He observed that, following on the resolution adopted at the Sixth Asian Malaria Conference held at Kuala Lumpur, recommending the training of senior professional staff in such fields as economics, project planning, management techniques, etc., at the Asian Institute for Economic Development and Planning in Bangkok, he hoped that such a course could be provided.

He also made a plea for research work on A. culicifacies, an important vector not only in Sri Lanka but also in parts of India and, in addition, in Nepal, Pakistan and Iran.

DR SHAH (Nepal) said that the programme in 80% of his country was in the consolidation phase. It was unfortunate that, at this crucial stage, aid from bilateral agencies had been cut down and would be withdrawn soon. In view of this development, the strategy hitherto followed would need to be changed in order to maintain the gains achieved so far.
DR KYA SEIN (Burma) asked whether the Burma-India-Pakistan Malaria Co-ordination Conference, which had not taken place during 1971, would be held again and also whether Bangladesh would be invited to take part.

DR HOSSAIN (Bangladesh), supplementing the earlier remarks of Dr Monsur, thanked WHO for the keen interest it had taken in the malaria eradication operations in Bangladesh, and also the Government of India for all that it had done in this regard. He was happy to report that this programme had, by far, been the most successful one in his country. The Government had about 14 000 well-trained malaria workers. However, during the recent troubles, almost fifty per cent of the malaria transport fleet and a considerable amount of DDT had been destroyed. It was thought that these trained malaria workers could be used for laying a strong foundation for the future integrated general health services in the country. Although the malaria programme was expected to come to a successful completion soon, he appealed for continued international assistance for some more years so that the Government could gradually absorb the malaria staff into the general health services.

DR SHRIVASTAV (India) said that it had been learnt that the manufacture and supply of DDT were being curtailed in many countries; the USA had already stopped manufacturing it, and the USSR was also seriously thinking of doing so. Thus Japan and India might have to continue with their production for many years. He had asked WHO to provide information on the requirements of the countries of South-East Asia and, if possible, of the Western Pacific Region for the next five to ten years. Although a rough estimate had recently been provided, he would like to have, if possible, more detailed information, preferably for the whole world. Such data would enable him to impress upon his government the need to augment the production in the factories in India for supply to the countries needing DDT.

He felt that the success in averting the risk of this epidemic following the disturbances in Bangladesh had been a good example of synchronization of malaria operations on both sides of the Bangladesh/India border.

Regarding the malaria co-ordination conference between Bangladesh, Burma and India, he said that as far as India was concerned, she would like to have this conference take place as soon as possible.

The REGIONAL DIRECTOR remarked that WHO Headquarters had recently assessed the global requirements for DDT (70% wdp) at about 423 000 tons, out of which 217 000 tons (50% wdp) would be required in this region, and 63 200 tons (59 400 for the Region) during the next ten-year period (1971-81). The question of the usefulness of DDT in malaria eradication and control programmes had been discussed with various governments. At present, DDT was being produced in the USA, the USSR, Japan, France, India and Bangladesh. Bangladesh was able to meet its own demands. The requirements for Indonesia for the next few years, according to the report of the last evaluation team, would be about 3 800 tons per year.
Recently he had the opportunity of discussing this subject with the President of Indonesia and had learnt that Indonesia might also start producing DDT; the Government was planning to carry out a feasibility study as to the financial implications of such a venture; WHO would be glad to assist. As for the Maldives, it had been feared that the problem of malaria there could turn out to be a large one. However, the island of Male had now been covered with DDT spraying, and the Government wanted to extend the operations to all other atolls of the Republic. The great problem was, of course, transport, as explained by the Maldivian delegate. Discussions on this subject had been held with UNDP and UNICEF (in fact, his last trip to the Maldives had been made jointly with the UNDP Resident Representative), and the UNDP had already agreed to supply one vessel; it was understood that UNICEF might provide five or six.

As for the border conference, there had already been one conference between India and Bangladesh, at which quite a number of matters relating to malaria, among other subjects, were discussed; WHO would be happy to arrange for the border conferences on malaria.

DR HART SCHAAF (UNDP) said that he would like to associate himself wholeheartedly with the Regional Director's remarks about the Maldives.

The DIRECTOR-GENERAL agreed that the question of availability of DDT was important. WHO was discussing the question of DDT with the Government of the USA, which had stopped production for internal consumption but might continue to provide it for external consumption. It was important to assess the present situation because the Government of India would have to take a vital decision on the amount of DDT to be produced not only for the present but for the future as well. He promised to look into this matter on his return to Headquarters.

**Tuberculosis (pp. 28-29)**

DR SENGUPTA (India) referred to the statement in the Annual Report (p. 29) about the National Tuberculosis Programme in India and said that it was a centrally-sponsored programme for which the Central Government met the whole expenditure; X-ray equipment and vehicles were supplied by UNICEF. He then described further the progress made in service, training and research in this programme (there were now 253 district tuberculosis centres and 15 training and demonstration centres) and in tuberculosis research at the Chemotherapy Centre at Madras. The expertise that had gone into the programme could be made available to other countries.

DR JADAMBA (Mongolia) said that tuberculosis control in his country was progressing well. He referred to the WHO Tuberculosis Training and Evaluation Team, which was already in Mongolia making an assessment of the programme. Every aimak in the country had a special dispensary which conducted prophylactic examinations of its population. WHO assistance was planned only until the end of 1972, but it was hoped that this assistance would be continued for a further period once the results of the assessment by the evaluation team became known.
DR JAYASINGHE (Sri Lanka) referred to the tuberculosis baseline survey which had been conducted by WHO in his country and said that tuberculosis did not pose as serious a problem as had been thought. The tuberculosis campaign, which had been vertical, was being integrated into the basic health services along with the malaria, filariasis, leprosy and venereal-disease programmes. The doctors in every hospital and primary health centre were expected to take sputum smears from every person having cough over a period of time, and suspected cases were referred to a central hospital for examination. These measures would help to assess the situation and to give intensive treatment. A system of bi-weekly treatment of patients was already in progress, under which the doctors visited every home, where treatment was given under their personal supervision. The results had been good, and he hoped to report on the working of this scheme in a year's time.

DR HOSSAIN (Bangladesh) stated that the tuberculosis situation in his country was very gloomy. There were only 1,000 beds for treatment of cases, and there were already two to three thousand patients who did not have adequate facilities for treatment at home and therefore needed urgent hospitalization. The problem could not be solved simply by treating patients because there were many open cases, and the disease was thus being spread through defective sanitation, malnutrition, etc. As soon as the integration of health services had been carried out, it was planned to collect scientific data on this problem. He requested assistance in this respect, especially with drugs.

The REGIONAL DIRECTOR said that, on the basis of the report of the assessment team sent to Mongolia, further assistance to that country would be planned. With regard to the baseline survey referred to by Dr Jayasinghe, he reminded delegates that the WHO-assisted tuberculosis programme would be discussed in detail by the Sub-Committee on Programme and Budget, which would have before it a paper containing a cost-effectiveness and cost-benefit analysis of tuberculosis programmes. This paper also gave information on the prevalence of the disease in countries of the Region and outlined a modern concept of a national tuberculosis control programme especially applicable to developing countries.

Smallpox (pp.31-33)

DR SHAH (Nepal) said that, as mentioned earlier, this year in Nepal plans had been made to cover the remaining areas of the country; the number of cases reported would probably increase. It was hoped that later, however, there would be no more cases to report. He was grateful to WHO for the assistance it had provided in this field.

DR SUMBUNG (Indonesia) informed the Committee that in 1968, when the smallpox eradication programme had been started in Indonesia, 85% of its population had been in endemic areas; in 1972, no case had been reported since February. WHO assistance would need to be continued, however, since a country could be declared as free from smallpox, when there were no cases, only on the basis of an assessment made after two years.
MINUTES OF THE FOURTH MEETING

DR SENGUPTA (India) mentioned that to fill the deficiencies in the information system, which had been rightly pointed to by the Director-General, India had streamlined its entire reporting process. All cases of smallpox and deaths from smallpox - even "nil" cases - were being reported at present, and the resulting improved system of reporting, which reduced the gap between the onset of the disease and measures for its control, was doubtless responsible for the increased number of cases in 1972 as compared with the same period in 1971.

DR MONSUR (Bangladesh) said that eradicating the disease was a great problem. In 1971 Bangladesh had achieved some success, but the position had changed with the disruption of the health services and the return of the refugees. A most intensive vaccination programme had been undertaken this year, and if this could be continued, he hoped that by early 1973 the number of cases would be reduced to near zero. WHO had given assistance in vaccine production. If the production rate could be maintained, Bangladesh would probably be able to supply vaccine to other countries once the incidence of the disease had come down.

DR MENDIS (Sri Lanka) observed that smallpox was not a problem in his country. Starting in 1972, freeze-dried smallpox vaccine, supplied by WHO, was being used instead of the locally produced liquid vaccine.

MR NASEER (Maldives) informed the Committee that the Maldives had never had any smallpox but that vigilance was required to prevent any importation of cases, with the increasing ease of communication with other countries. He thanked the Government of Sri Lanka for taking every care to see that the disease was not transmitted through the traffic from that country. One-year olds were being vaccinated, and it was hoped that smallpox would never be a problem in the Maldives.

Cholera (p.33)

DR SHAH (Nepal) thanked WHO for supplies of rehydration fluid, but requested that assistance be provided to Nepal in the production of the fluid itself.

DR SUMBUNG (Indonesia) said that 18 provinces in his country had been affected by cholera in 1972 as against 7 in 1969. Mass vaccination campaigns to combat the disease were, however, no longer considered to be effective. Active epidemiological surveillance, health education and efforts to provide a safe water supply were being given special attention instead. The Government was still looking for an effective vaccine for use in the treatment of cholera.

DR HOSSAIN (Bangladesh) said that the Cholera Research Laboratory (formerly known as the SEATO Laboratory) in Dacca was continuing its useful work. It was being assisted by Johns Hopkins University. However, a new agreement was being finalized with a view to making the laboratory multilateral in character, enabling the participation of international agencies, and it was hoped that WHO would come in as an active participant.
DR MONSUR (Bangladesh) said that as the use of vaccine against cholera did not give effective protection, he considered that the money spent on vaccine could be better utilized in developing and improving sanitation and general hygiene. With effective treatment, however, which was attainable, the rate of mortality from cholera could be brought down, and efforts should be made to have the right type of rehydration fluid available in the affected areas. The Dacca laboratory had been producing the fluid, and it was proposed, with assistance from WHO and UNICEF, to install a rehydration plant so as to make this fluid available in disposable containers. The basic health worker, with a little training, could also play an important role in control measures.

DR SHIVASTAV (India) agreed that cholera vaccine did not give the same amount of protection as some other vaccines, such as those against smallpox and poliomyelitis, and he hoped that, through sustained research and scientific work, it would eventually be possible to develop a more effective vaccine. However, irrespective of the quality of the vaccine now in use, its importance should not be minimized as, in an epidemic situation (such as the recent one which occurred among the refugees in India), where there was a high chance of transmission, it gave immunity for long enough to cut off the peak of the epidemic and to avert disaster. Even temporary immunity for six months had its value.

DR MONSUR (Bangladesh) said that he did not mean to imply that the use of the vaccine was without value; it did offer some amount of immunity and protection in certain situations. However, one should get away from the concept that vaccination was the only measure to be taken.

DR SUMBUNG (Indonesia) said that vaccination had no doubt always been carried out during epidemics, especially among people who lived around the affected area. However, a survey carried out had shown that mass vaccination was only fifty per cent effective and that the immunity lasted only three months. Thus, each person would have to be vaccinated four times a year.

The REGIONAL DIRECTOR said that he had noted Nepal's request for assistance with regard to the production of rehydration fluid. As for WHO's participation in the work of the Cholera Research Institute in Dacca, as mentioned by Dr Hossain, this matter had been discussed during his visit to Bangladesh, and subsequently the WHO Representative had had further discussions. The Regional Office was in touch with Headquarters, and a reply would soon be sent to the Government.

Venereal diseases and treponematoses (p.35)

DR HOSSAIN (Bangladesh) said that venereal diseases, which had gradually disappeared after World War II, had reared their ugly head again in his country following the sad events of 1971, during which a large number of violations of women had taken place. The disease was now found in almost every village. In a number of instances pregnancies had been terminated, but the disease remained. Cases were being treated in newly opened clinics, but there was an acute need for supplies.
DR SHRIVASTAV (India) said that the need for assistance with the problem of venereal diseases in Bangladesh was now so urgent that he would make a fervent plea to all Member Governments and especially to international agencies to come forward to help.

The REGIONAL DIRECTOR said that this question had been the topic of extensive discussions with the Government of Bangladesh, and a consultant was expected to report before the end of the month. The matter of supplies for treatment had also been taken up; some drugs had already been sent.

Virus diseases (pp.36-38)

DR MENDIS (Sri Lanka) said that poliomyelitis had been a problem in Sri Lanka for the past ten years. There had been 1,800 cases in 1962, following which vaccination with the oral vaccine had been introduced, covering the susceptible population. In spite of this effort, however, the disease had continued to appear every year, the number of cases varying from 100 to 300 annually, owing at first to poor coverage of children, and then to the use of an unbalanced vaccine. When a balanced vaccine was used, the number of cases fell. In 1972 vaccination with the triple vaccine had been started, covering all the eligible infant population, and it was hoped henceforth to be able to vaccinate all the infant population systematically.

The appearance of dengue/haemorrhagic fever had been a recent phenomenon in this part of the world. In Sri Lanka there had been an epidemic of chikungunya in 1965, and in the following year, 50 cases of dengue/haemorrhagic fever in the Colombo and Kandy areas. A survey carried out showed that there had been 40 cases in 1967 and 29 in 1969, after which the cases disappeared altogether. It was not known how and why the epidemic broke out and why it disappeared.

DR SHAH (Nepal) said that no vaccination campaign against poliomyelitis had been started in his country so far, although there had been pressure from the medical profession to launch such a programme. The immunity status of the population was not known, and he requested WHO assistance in analysing sera.

DR SHRIVASTAV (India) said that the continued presence of poliomyelitis in Sri Lanka even after vaccination was disturbing. There had been a similar situation in Bombay. Research on poliomyelitis was an interesting field for action by WHO. If it was found that certain strains did not establish themselves in the body, then the question of immunization would have to be reviewed. This field was of growing importance because of the fact that more and more areas were becoming involved, and failure of immunization was increasingly being reported. A study on antibody levels was being carried out in Safdarjang Hospital in New Delhi. His country could perhaps assist Nepal in analysing sera in order to ascertain the immunity status of the population of that country.
DR HOSSAIN (Bangladesh) again drew attention to the serious outbreak of viral hepatitis in Bangladesh, about which WHO had been informed.

DR WICKREMASINGHE (Sri Lanka) stated that the problem of filariasis in Sri Lanka was confined to a limited area on the western and southwestern coast with a population of 2.5 million at risk. There had been encouraging progress with the control programme. In 1963 the parasite control activities had been intensified, and the infection rate had sharply dropped. The Anti-filariasis Campaign had therefore now been converted into a vector control project, and this programme was receiving assistance from UNDP and WHO.

DR SHAH (Nepal) said that he would like to place on record his government's appreciation and thanks for the prompt manner in which WHO had provided assistance in rabies control in mid-1972.

**Immunology (p.40)**

DR JAYASINGHE (Sri Lanka) enquired as to whether WHO had some information on immunological reactions in children who were immunized with six or seven vaccines within a period of two years after birth. He had heard that some work had been done in the USSR on this subject.

The REGIONAL DIRECTOR said that enquiries would be made in this regard.

DR SHRIVASTAV (India) pointed out that the research which had been undertaken in the USSR had been in a different direction. In that country as many as 16 antigens had been used in one vaccine, and investigations were being conducted with a view to checking whether such a vaccine had the desired results at all. With the use of normal vaccines, there seemed to be no problem.

**Health laboratory services (pp.40-42)**

DR SUMBUNG (Indonesia) stated that in Indonesia laboratory services had formerly been confined to hospitals, but it had now been realized that they played an important part in communicable-disease control. Attempts were now being made, with assistance from UNICEF by way of supply of equipment, at strengthening laboratories even up to the health centre level. The Central Health Laboratory at Djakarta had also been greatly strengthened with considerable assistance from various sources.

DR SHRIVASTAV (India) stated that India had been greatly interested in the subject of health laboratory services; two seminars on the subject had recently been held, WHO organizing one of them and being associated with the other. Many schemes as well as a considerable amount of documentation on the subject had been prepared, one of the documents being referred to as the "blue book" at WHO Headquarters in Geneva. In India's next Five-Year Plan, provision had been made for the development of a
comprehensive multi-purpose laboratory system in the country. It was
planned to create a complex at the district level where all aspects of
public health laboratory, curative and drug and food analysis work would
be undertaken with common services, in order to prevent duplication of
expensive equipment, serological media and services. It would be a
centrally-sponsored plan in which all States would be co-operating through
creation of multi-purpose laboratories at the state and district levels.

Health statistics (pp.44-46)

DR HOSSAIN (Bangladesh) informed the meeting that in his country
no health statistics were available. His government had asked WHO to
assign a statistician. He hoped that such an expert would be in position
as soon as possible.

Education and training (pp.46-53)

DR (MRS) SOYSA (Sri Lanka) conveyed her government's thanks to
WHO for the assistance which had been provided to post-graduate medical
education through the assignment of consultants in the field of paediatrics.
She hoped that once this programme was expanded, WHO would be
able to provide even greater support.

The REGIONAL DIRECTOR acknowledged Professor Soysa's statement
with appreciation and said that, on the basis of a request made to the
Director-General during his last visit to Sri Lanka, a WHO mission on
post-graduate medical education through the assignment of consultants in the field of pediatrics. She hoped that once this programme was expanded, WHO would be
able to provide even greater support.

DR HOSSAIN (Bangladesh) said that he felt that the discontinuation
of the former licentiate training course in India and Bangladesh, started
in the days of the British, had proved detrimental. As there were not
enough medical graduates to go round, the public was now left to be
attended by "quacks" and compounders; however, these half-educated and
uneducated practitioners were doing a lot of good work in the rural areas.
A realistic approach to the problem of shortage of medical and paramedical
personnel would be to use the services of unqualified practitioners to
provide care to the population in rural areas. He wondered whether any-
thing could be done to give these workers some orientation and status.

The DIRECTOR-GENERAL said that the question of recognition of and
utilization of practitioners of traditional systems of medicine was a
matter to be decided by individual governments and not one for interna-
tional recognition and application. The problem existed in many countries
in the world. When qualified personnel were not available in any
country, then it would seem logical to make use of what was available in
order to get the job done. In China a great effort was being made to
bring together traditional and western medicine; the training included
both, and there were doctors of both systems working in the same
hospital. This was a phase of trial and error in the process of getting
the best one could from so-called traditional medicine. Research was
being undertaken on the properties of the medicinal substances used in
the traditional system. He felt that any effort that was made to uti-
Eize what was available in the country was a service to the population
of that country. Of course, it should not be forgotten that such tradi-
tional systems carried with them a lot of taboos, and no international
organization could give any definite advice in the matter.

The CHAIRMAN, speaking as the representative from Sri Lanka,
agreed that, if in a country there were practitioners belonging to more
than one system of medicine, it was for the government of that country
to decide which system or systems should be recognized.

DR SHRIVASTAV (India) observed that this was a very controversial
subject, which had been much debated in India. Many indigenous systems
of medicine were practised in India. Then there were the "quacks", who
practised modern medicine without any scientific knowledge or qualifi-
cation. It was interesting to note that these quacks, who had worked as
compounders and paramedical personnel in hospitals, had a good practice.
In the rural areas where no medical help was available, if their work
could be limited to the treatment of common ailments (which constituted
95% of the total illnesses), he felt that the population should not be
deprieved of this benefit, especially when it was not possible to produce
an adequate number of scientifically qualified medical personnel who
were prepared to work in the rural areas. A decision on this matter,
however, had to be taken on the political plane by the government
concerned. When this type of practice could not be checked by strict
enforcement of regulations, there was obviously a great danger; their
practice must be regulated. They should be given a short orientation
in which they should be told about the common conditions, taught common
diagnostic techniques, given a list of 50-100 common drugs and asked to
refer any complicated cases immediately to the nearest primary health
centre.

In a welfare state, where the majority of the population in the
rural areas could not be provided adequate medical coverage, this
arrangement would seem to be useful. Restoring the licentiate might
not be a solution to the problem because even licentiates nowadays would
not be willing to go to the rural areas. Another step would be to train
a group of paramedical people, preferably from the rural areas, for six
to eight months and intrain in them both the public health and curative
aspects of common ailments. Such paramedical personnel or practitioners
of other systems, trained in the above manner, should be placed under the
supervision of fully qualified medical practitioners in the hospitals or
health centres. This would help to improve the health intelligence
system.
Part II - Organizational and Administrative Matters (pp.59-75)

DR SUMBUNG (Indonesia) stated that some of the questions discussed at great length during the World Health Assembly deserved to be noted by the Regional Committee. One of them was the question of production of cheap textbooks. He wondered whether there was any possibility of producing such textbooks in this region. The second point was that of biennial budgeting. This he thought would be difficult in developing countries where the planning department was not in a position to plan for three or four years in advance. The Regional Committees had been asked to give their views on this question to the World Health Assembly.

DR HOSSAIN (Bangladesh) said that his country was interested in participating more actively in the activities of the Organization. There had recently been an indication that some persons from Bangladesh were being considered as eligible for employment in WHO and in the Regional Office. However, he wished to be informed as to whether representation in WHO was based on population or availability of personnel, etc.

The DIRECTOR-GENERAL, in replying, stated that there was nothing like representation of countries in WHO; Member States were represented only in the World Health Assembly. On the Secretariat there were staff members from all over the world; at the moment, WHO staff included two Bangladesh nationals. He would, however, like gradually to build up technical relations with Bangladesh and would begin by checking the lists of existing members of the WHO Expert Advisory Panels in order to ascertain which of their members were from that country. The next step would be to see if additional Bangladesh experts could be added to the panels.

DR SHRIVASTAV (India) said that he felt that the Annual Report did not cover entirely the question of recruitment which had been raised at the last session and on which the Regional Committee had adopted a resolution (SEA/RC24/R5).

The REGIONAL DIRECTOR briefly stated the progress which had been made since the preparation of the Annual Report with regard to recruitment. Out of 185 established posts 135 had been filled on 30 June, and since then more appointments had been made. Those still to be filled this year were three posts for regional advisers and 26 field posts. Even for these 29 posts, recruitment action had been completed except in the case of three posts, for which no candidates had yet become available.

DR SHRIVASTAV (India) said that he was glad to note the progress and congratulated the Regional Director. It was clear that the Regional Director had complied with the Regional Committee's request. He urged that even for the remaining posts, the Regional Director and Director-General should not wait to recruit someone who would need to come from a long distance if good candidates were available within the Region.
The REGIONAL DIRECTOR said that, although he would ask the Director-General to reply to Dr Shrivastav, he would like to make it clear that the Regional Office was not waiting for candidates from any particular countries; the administrative procedure of writing to the governments concerned and obtaining their clearance of the candidates took some time; in some cases, governments had asked for the arrival dates to be postponed.

Drawing the attention of the Member countries to the complexity of the problem of recruitment, the DIRECTOR-GENERAL said that the Constitution of WHO required that the principal factor in the matter of selection of personnel should be the technical competence of the candidate, due regard being paid to geographical distribution. Unlike some other agencies in the United Nations system, WHO had no quota system. This, he believed, had been fortunate for the Organization. Furthermore, unlike many other specialized agencies, whose staff were primarily at their headquarters, WHO had more than two thirds of its staff working in the field. Obviously the most highly developed countries were the ones from which the international organizations could more easily recruit personnel, as the less developed ones had fewer people to spare for international work. If, as in the United Nations, the number of personnel to be recruited from a country were based on the percentage of that country's contribution to the budget, it should be remembered that only a very few countries were providing, in all, over 90% of WHO's budget (for instance, the USA provided about 31%, the USSR about 13%, the Federal Republic of Germany about 6%, France about 5%, Japan, not quite 5%, etc.). What staff could then be recruited from those Members contributing only 0.04%? In the South-East Asia Region, all Members, except the Maldives and Mongolia, would have exceeded their quota. These facts should be borne in mind when the question of geographical distribution was discussed.

The Director-General added that he had made some purely informal internal arrangements in an endeavour to keep as equitable a geographical distribution as possible of the whole staff of the Organization.

DR SHRIVASTAV (India), referring to the table on geographical distribution of international staff (Annex 2, page 222), said that at least within a region the countries of that region should have an edge over other countries in having adequate representation of their nationals on the staff.

The DIRECTOR-GENERAL said that the concept of geographical distribution for a region did not exist unless that region had its own special regional budget, for example like the PAHO budget in the Americas. The staff were recruited for the Organization as a whole, and were liable to be transferred to any part of the world. Geographical distribution was applicable to the Organization as a whole and not to individual regions. This was in keeping with the directive of the World Health Assembly. He agreed that it was necessary to be careful not to bring in staff who were ignorant of the conditions in the countries to which they were being
posted. Science did not recognize any frontiers, and shutting oneself up within a region would only result in denying oneself the knowledge that was available elsewhere.

DR SHRIVASTAV (India) said that he agreed that only the best people should be recruited; however, he could not subscribe to the philosophy of geographical distribution if it meant recruiting people from certain countries when there were people available within the Region with higher qualifications. If it was a question of frontiers of knowledge he could cite instances when persons with not enough competence had been recruited when there were better qualified people in the Region. There should not be any toning down of the philosophy because of other constraints.

The DIRECTOR-GENERAL said that he regretted that he was unable to accept this statement. It was possible that WHO might have made mistakes in recruitment; it was possible that incompetent people might have been recruited. Such mistakes could be corrected. There was nothing that could not be corrected. He had to be guided by the World Health Assembly, and he was not subject to pressure from any quarter. Regional Committees were free to discuss anything about health problems and policies, but when it came to the general policy of the Organization, the directive could come only from the Assembly. WHO was one organization, and the principle of geographical distribution was included in its Constitution. WHO staff from one region did not necessarily work within that region. He drew attention to the number of WHO staff members from some countries in South-East Asia who were working outside the Region. That was as it should be. There could be no change in that regard unless the World Health Assembly gave a different ruling on the subject.

Collaboration with other agencies (pp.66-72)

DR HART SCHAAF (UNDP) said that he was happy to see in the Annual Report a description of WHO's collaboration with UNDP. With regard to assistance to Bangladesh, the delegates might be interested to know that the Assistant Administrator of the UNDP was at the moment in Dacca holding discussions with the authorities on possible UNDP projects to be executed through a number of agencies, of which WHO was one of the most important.

Adoption of report

The REGIONAL DIRECTOR said that a draft resolution adopting the report would be prepared for consideration at a subsequent meeting.

DR WICKREMASINGHE (Sri Lanka) asked whether, in view of the recent emphasis on country programming and budgeting, it would be possible to follow in future the same reporting period for the annual report as for the budget document in order to facilitate a comparison of the physical achievements with the financial targets. Perhaps the report, which now covered the period 1 July to 30 June, could, instead, cover the financial year.
The REGIONAL DIRECTOR pointed out that in that case the informa-
tion given to the Regional Committee would not be at all up to date, as
the report would end in December of the preceding year and sessions of
the Regional Committee normally took place during the following September.

In a lengthy discussion which ensued, a number of points were
made by various speakers, including the following:

(1) The Annual Report might be a 15-month report;

(2) There might be a 12-month report covering the financial
year and a 3-month supplementary report that would cover
the work up to end-March;

(3) The budget document did not give actual expenditure but
only estimates;

(4) It was only the WHO Financial Report, not the budget,
that gave the actual expenditures.

DR SHRIVASTAV (India) said that the period of the Annual Report
would not have to be changed if information about the financing of the
activities mentioned in the report were readily available; that would
meet the need.

The meeting finally agreed to a suggestion made by the DIRECTOR-
GENERAL that, since the subject appeared to be rather complex, the
Regional Director should be requested to study it in greater detail with
a view to finding out how far it was possible to reconcile the contents
of the Annual Report with the figures given in the budget.

2. Adjournment

Before the meeting adjourned, the DIRECTOR-GENERAL, who was obliged
to leave for Europe owing to other official commitments, thanked the
Chairman and, through him, all the representatives for the opportunity
given to him to take part in the deliberations of the session, and said
that he looked forward to seeing them at the time of the next World Health
Assembly.

The CHAIRMAN thanked the Director-General and conveyed to him the
Committee's appreciation of his valuable interventions.

The meeting was adjourned.
# SUMMARY MINUTES*

Fifth meeting, 15 September 1972, 11.30 a.m.

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*Issued as document SEA/RC25/Min.5, on 16 September 1972
In the absence of the Chairman, the Vice-Chairman (Dr Shrivastav) took the Chair.

1. Adoption of the Twenty-fourth Annual Report of the Regional Director

The CHAIRMAN read out the draft resolution on the subject for consideration by the Committee. After some discussion on the use of the words "budget performance" in operative paragraph 4, the resolution was formally moved by DR SHAH (Nepal), seconded by DR JAYASINGHE (Sri Lanka) and was adopted (SEA/RC25/R2).

2. Resolutions of regional interest adopted by the Twenty-fifth World Health Assembly and the forty-ninth and fiftieth sessions of the Executive Board (item 10 of the agenda)

The REGIONAL DIRECTOR introduced the document on this subject (SEA/RC25/8), which contained nine resolutions, already forwarded to governments, which were of special regional interest. These were noted, and the following were discussed in detail:

2.1 Organizational study by the Executive Board on medical literature services to Members (WHA25.26)

The CHAIRMAN asked for some clarification on MEDLARS.

The REGIONAL DIRECTOR explained that MEDLARS (Medical Literature Analysis and Retrieval System) was a recently developed system providing prompt reference services to receiving centres. After some training of the Regional Office Librarian, it was hoped that the Regional Office Library would be in a position to provide assistance to Member countries under this scheme.

The CHAIRMAN suggested that an explanatory note on this service might be circulated to Member Governments so that they would be well informed about the scheme.

DR SUMBUNG (Indonesia) said that his government was interested in free distribution of WHO publications. He again suggested that WHO might study the question of bringing out cheap editions of medical textbooks.

The REGIONAL DIRECTOR mentioned that a number of copies of WHO technical publications and periodicals were being distributed to government departments and to some institutions in accordance with address lists established by Headquarters in consultation with Member Governments. Only additional demands were covered by the sales programme, under which the publications were offered at 50% discount (or at very low subscription rates), and payment was accepted in local currencies. As regards cheap
editions of textbooks, the Regional Office had gone into this question as part of its assistance to medical schools. Also, within the Region, the Government of India had a scheme of printing paperback editions of expensive textbooks and making them available at low cost. He suggested that Dr Shrivastav might like to speak on this subject.

The CHAIRMAN (speaking as representative of India) described this scheme, which was under the Ministry of Education. These books were being sold at approximately one third the price of the overseas editions. The textbooks for Indian students written by Indian authors were also included, as were translations of books in English into Indian languages. He would be glad to make details available to those interested.

DR JAYASINGHE (Sri Lanka) requested that the Regional Office arrange to provide to his government this and any other information available on this subject, and also to assist them in supplying paperback editions of textbooks and in the production of translations.

The REGIONAL DIRECTOR observed that, to help to meet the difficulties being experienced by students in purchasing expensive textbooks, the Regional Office, in co-operation with the British Council, had provided the Medical School Libraries at both Colombo and Peradeniya with multiple copies of paperback editions of medical textbooks for use by the students. Similar assistance to other countries was being explored.

DR JAYASINGHE (Sri Lanka) said that the need was indeed for textbooks, not so much for reference books.

The CHAIRMAN promised to arrange to place at the disposal of the Regional Office complete lists of textbooks printed in India and information on the publishers, etc.

2.2 Community water supply (WHA25.35)

The CHAIRMAN (speaking as representative of India) said that he was glad that in the resolution the subject of drainage had been included. India's own target figures for urban and rural water supply during the period were higher than the global targets endorsed by the Assembly.

DR SUMBUNG (Indonesia) said that he thought that while it was relatively easy to secure assistance for urban water supplies, it seemed to be more difficult in the case of rural water supplies. He hoped that WHO could give more attention to the rural water supply programmes.

DR SHAH (Nepal) said that WHO and UNICEF were assisting with rural water supplies but that the input had been negligible as compared with the magnitude of the problem. He felt that the term "protected" water, rather than "safe" water, should be the aim.

DR HOSSAIN (Bangladesh) said that he also felt that UNICEF assistance to rural water supplies was inadequate and requested that the Regional Director take up this matter.
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The CHAIRMAN (speaking as representative of India) said that he believed that what was really being sought was "safe and protected" water — the usual term used. India was doing an exercise with certain international agencies, including the World Bank, on the question of loans to water supply programmes. It was hard to convince the World Bank, normally interested in investment on which there would be some return, of the benefit and utility of rural water supply programmes. Of late, however, the Bank seemed to have shown more of an interest in rural water supply programmes because they improved the rural economy and helped to establish industries in rural areas.

The REGIONAL DIRECTOR expressed satisfaction at the stress laid by the delegates from Indonesia and Nepal on the importance of rural water supply programmes. WHO and UNICEF had always been eager to assist with the development of such programmes, and he outlined the programmes under way in six countries of the Region. Moreover, the UNDP had also been involved in the development of community water supply projects in Mongolia, Nepal and Thailand, and a similar project was to be started in the Maldives. WHO had also been maintaining close collaboration with the World Bank. A sector study, similar to the one done in Indonesia in 1970, had recently been conducted in India, Nepal and Thailand.

The subject of rural water supply would be discussed under agenda item No. 14, and the paper prepared for this discussion (documents SEA/RC25/10 and Add.1 and Corr.1) contained a forecast of expected coverage in the provision of water supply to the community by 1980.

He agreed with Dr Shrivastav that the terminology to be used should be "safe and protected water supply", as the water used for drinking should be free from contamination and also available through a protected supply system.

MR GRUN (UNICEF) confirmed that UNICEF had for some time been assisting several countries in the Region with the development of rural water supply programmes. Water supplies were given high priority by UNICEF in allocating its resources. Unfortunately, such programmes were very expensive, and UNICEF had limited resources. The question, therefore, was how to raise money. It was gratifying to note that the World Bank had been contemplating assistance to the development of rural water supplies.

He mentioned particularly the request from India for assistance in hard-rock drilling, a programme which had been designated by the Executive Board of UNICEF as a "noted" project (meaning that had its resources permitted, UNICEF would have assisted the project), the estimated cost of which could be between two to three million dollars. Such "noted" projects sometimes attracted special contributions. The Indian project could be an example for other countries to follow in requesting assistance.
The CHAIRMAN (speaking as representative of India) commended UNICEF for the considerable assistance which it had given to rural water supply programmes in India.

2.3 **Occupational health programmes (WHA25.63)**

The REGIONAL DIRECTOR stated that the subject of occupational health, which aimed at the protection and promotion of the health of workers, had recently been concerned with the overall health of the worker and not merely the prevention of hazards and injury. Health facilities in small-scale industries and in plantations were often inadequate. WHO Headquarters was preparing guidelines on the subject, and the Regional Office would be sending copies to governments.

The Regional Office had been providing assistance through consultant services, support to occupational health institutes, and the award of fellowships. Assistance was also being given to the development of research in occupational health institutions such as the Institute of Occupational Health in Ahmedabad, the National Institute of Occupational Health in Djakarta and the Occupational Health Centre in Bangkok (where research on dust diseases and pneumoconiosis was under way), and close collaboration was being maintained with ILO. WHO had also been assisting the Institute of Occupational Health in Djakarta in preparing a request for UNDP assistance. The possibility of providing similar assistance to Burma was being explored.

MR MANKIKER (Representative of ILO) said that ILO was closely associated with the development of occupational health projects in Burma and Indonesia. An ILO consultant was working with WHO in connection with three seminars on small-scale industries which were being organized and would be held in the Philippines, Singapore and Korea. ILO was glad to see WHO's emphasis on the need for strengthening occupational health programmes. In many countries ILO had provided the infrastructure. He drew particular attention to the Central Labour Institute in Bombay, in the establishment of which the Government of India had thought of the team approach. This institute, which had several sections, such as one on safety, one on industrial psychology, an industrial hygiene laboratory, etc., was perhaps the only one of its kind in the world to have adopted this comprehensive total approach.

The CHAIRMAN (speaking as representative of India) said that the institute in Bombay had been set up in collaboration with ILO and had done much useful work for the health of workers. It had also been organizing training courses and seminars. In addition, WHO had been assisting the Institute of Occupational Health in Ahmedabad. He mentioned four other places in India where work on industrial health was going on. With the formation of the Committee on Human Environment by the Government of India, occupational health had been receiving a great deal of emphasis. It was being realized that it was not only the workers working in the factory who were at risk but that even their families and their living conditions needed attention.
2.4 Twenty-fifth anniversary of the World Health Organization (EB50.R18)

The REGIONAL DIRECTOR observed that among the proposals considered by the Executive Board for celebrating the twenty-fifth anniversary of WHO, in 1973, special action on the part of the Regional Committee was required in designating a member to speak on behalf of the South-East Asia Region at the commemorative session (to be held at the time of the World Health Assembly). Other suggestions were for messages from heads of state and other personalities, the issue of commemorative stamps by governments, the arrangement of special radio and television programmes, displays, exhibitions and symposia. Delegates might wish to discuss with their respective governments plans for observing the occasion. The event could also be utilized to impress upon Member Governments the usefulness of their own national programmes.

He pointed out that 1973 was also the twenty-fifth anniversary of the South-East Asia Region, the Organization's first region to be set up, by the holding of the first session of the Regional Committee and the establishment of the Regional Office. It was therefore of great importance that this anniversary should be celebrated in a fitting manner.

The CHAIRMAN said that the year was of added significance to the Region. This item was an important one, and he suggested that some countries might like to arrange for the anniversary celebrations to coincide with World Health Day, which was observed on 7 April every year and could be a day of added significance because of the twenty-fifth anniversary. He also suggested that Dr Weeratunge, the Chairman of the Regional Committee, should be the speaker for the South-East Asia Region at the World Health Assembly.

DR SUMBUNG (Indonesia) supported the proposal.

DR JAYASINGHE (Sri Lanka) suggested that in case the Chairman could not attend, the Vice-Chairman of the Regional Committee should be appointed as speaker. This was agreed.

3. Time and place of sessions (item 17)

The REGIONAL DIRECTOR read out document SEA/RC25/5, which had earlier been distributed, as well as a letter which had been received from the Government of Indonesia, inviting the Regional Committee to hold its twenty-seventh session in that country.

DR SUMBUNG (Indonesia) personally extended the invitation on behalf of his government, saying that Indonesia would be very happy to host the twenty-seventh session of the Regional Committee.

The Committee confirmed the decision to hold the twenty-sixth session in the Regional Office at New Delhi and decided that it should take place in September 1973.
The Committee also accepted the kind invitation of the Government of Indonesia to hold the twenty-seventh session in Indonesia and requested the Regional Director to convey its acceptance to the Government, the exact date and location to be decided in consultation with the Government.

4. **Review of the inter-country projects in the Region**
   (item 16) (proposed by the Government of Sri Lanka)

   DR JAYASINGHE (Sri Lanka) said that his delegation wished to withdraw his government's proposal for a review of the inter-country projects in the Region at this session since this subject had already been discussed by the Sub-Committee on Programme and Budget.

5. **Selection of a subject for the technical discussions at the twenty-sixth session**
   (item 15)

   The REGIONAL DIRECTOR referred to the document on this subject (SEA/RC25/9) and reminded the Committee that the four subjects listed in this document were suggestions only; the Committee could, of course, choose any subject it wished.

   The CHAIRMAN pointed out that the subject selected for technical discussions should be of topical interest and of real benefit to all the Member countries of the Region, as had been the case with the topic for the discussions being held during its current session.

   DR SUMBUG (Indonesia) proposed the subject "Application of modern management techniques for the effective delivery of health services". He said that in the developing countries, some of the main problems encountered in the delivery of health services were due to lack of efficient administrative machinery; to improve the management methods and techniques used was therefore most necessary and urgent.

   The Committee agreed, in principle, that this would be an appropriate subject but, after a long discussion, decided to appoint a sub-committee consisting of Dr Sumbung, Dr Somboon, Dr Monsur and the Chairman to agree on the exact wording.

6. **Adjournment**

   The meeting was then adjourned.
SUMMARY MINUTES*

Sixth Meeting, 15 September 1972, 2.30 p.m.

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*Issued as document SEA/RC25/Min.6, on 16 September 1972
1. Selection of a subject for the technical discussions at the Twenty-sixth Session (item 15) (continued)

DR SHRIVASTAV (India) reported that the Sub-committee which had been formed to suggest the exact wording of the subject for technical discussions to be held during the twenty-sixth session of the Regional Committee had agreed on the wording suggested earlier, i.e., "Application of modern management methods and techniques for the improved delivery of health services".

In the discussion that followed, the view was expressed that the subject should also cover the aspects of rural health services and their effectiveness.

DR SUMBUNG (Indonesia) said that the subject chosen covered two aspects - administrative management and modern techniques. Unlike the hospitals in urban areas, health centres in rural areas made very little use of modern techniques, and he thought that the discussions should cover not only modern techniques but the whole gamut of application of management methods for the effective delivery of health services.

The REGIONAL DIRECTOR said that he was grateful to the Committee for giving him guidance on the subject and, at the time of preparing the documentation, he would include the aspects of effective delivery of health services in rural areas and their coverage in rural areas.

In the light of the above clarifications, the wording suggested by the Sub-committee was accepted.

2. Health in the Service of Asian Development: health charter for Asian development (item 14)

The REGIONAL DIRECTOR, in introducing this item, referred to the documents on the subject (SEA/RC25/10 and Add.1 and Corr.1), explained briefly the background and summarized the main points brought out in these documents. He said that since the time when the subject had been discussed earlier, the countries in the Western Pacific Region, owing to the establishment of a South-East Asia Medical and Health Organization, found that they were no longer interested in such a charter; moreover, assistance in the form of soft loans was not forthcoming from the Asian Development Bank. He therefore sought the guidance of the Committee as to the future course of action in South-East Asia.

The CHAIRMAN said that the document was an interesting one; he himself had attended the meeting in Bangkok at which the initiative in the matter had been taken.

DR SUMBUNG (Indonesia) said that the establishment of a health charter was obviously of great importance to countries in the Region, and it should be the endeavour to implement it successfully. A beginning should be made to make ministers, who were political leaders and who were
largely responsible for guiding the destinies of nations, conscious of the importance of such a charter and of the benefits that it would bestow. The right forum for the ministers to take up the subject would seem to be the World Health Assembly.

The other regions of WHO, particularly the Eastern Mediterranean and the Western Pacific, should also be involved in a joint effort to make the charter a success. The Regional Director could, perhaps, make the necessary approach to them in this matter. He pointed out that the SEAMHO was a technical organization and not a political body. Its membership was very limited; only a few countries in the Western Pacific Region, viz., Malaysia, Singapore, Japan and the Philippines, were members, as were Indonesia and Thailand from this region. He hoped that there could be a wider and broader-based association of a political nature which could be influential in achieving the objectives of the charter.

DR HOSSAIN (Bangladesh) said that he thought the Committee should give the Regional Director clear guidance. It might be quite possible to convince the ministers of the importance of such a charter.

DR SHAH (Nepal) said that he agreed with the representative of Indonesia that the three regions of WHO should make a joint effort. The main problem, however, was finance, and he agreed that it might help if the health ministers were to take up the subject at the Assembly level.

DR JAYASINGHE (Sri Lanka) said that it was unfortunate that Japan would not be coming in to help the Region financially. Even if a meeting of ministers was arranged there was no guarantee that the money for the charter would be found, because of the widespread belief that socio-economic development automatically brought about improvement in health. Referring to a similar charter in operation in Latin America, where the Government of the USA had been helping with funds, he thought that the Regional Director should be asked to explore the possibility of obtaining financial backing from the developed countries.

DR SHRIVASTAV (India) said that, according to Winslow, the principal indices which had been specified as necessary as a basis for judging the sound growth of a country were (1) the quality of water supply, (2) infant mortality and morbidity rates, (3) life expectancy, (4) the amount of protein intake in the diet, and (5) the per capita income. This showed that health played a predominant role in a country's growth. He considered therefore that in the document (SEA/RC25/10) more emphasis should have been placed on aspects such as communicable-disease control, nutritional status, water supply and family health. No international health charter could afford to ignore the importance of these fields, which played a major role in building up a healthy country. He felt that these points should be highlighted in the paper, which should also say how control of communicable diseases benefited the productivity of the nation.
With regard to financial aid for achieving the objectives, there was a need to impress upon the developed countries that achieving the aims of the charter would ultimately be in their own self-interest, as the growing populations would negate any possible gains that development plans might bring about. Similarly, aid-giving institutions must be convinced that their investment was worthwhile. It was necessary to highlight the fact that the Asian charter was being developed in the global interest. Although the paper was good, it was not comprehensive enough, and the economist who prepared it should have known about the indices just mentioned.

The REGIONAL DIRECTOR said that the paper was only a tentative one, intended to help the Regional Committee to give further guidance. It was an outline of the action taken so far. As far as the Western Pacific Region was concerned, he had definitely been given to understand by the Regional Director for the Western Pacific that they were not at all enthusiastic about the idea of an Asian charter. He had not consulted the Eastern Mediterranean Regional Office, but could do so, although, as there were 20 to 22 countries in that region, it would take a long time to collect the necessary data. It was not an easy matter to approach outside agencies for money, a task that had to be undertaken at a high political level. He hoped that the Committee could decide on the next step. He could certainly prepare more comprehensive documentation containing all relevant information, and the Committee might then wish to give him further guidance as to whether it would be worthwhile to work for a meeting at a political level.

DR SHRIVASTAV (India) suggested that the Regional Director should first have a preliminary meeting with economists to discuss the collection of basic data. If it was found that they did not have enough data, then the difficulties of collecting what was needed should be outlined, in order to devise the best method of collection. Reliable and valid data were an essential prerequisite to the development of a charter, and without such information it would not be possible to present a convincing case. WHO should play a pioneering and spearheading role in this regard.

The CHAIRMAN said that he thought that the Committee would agree to this suggestion.

DR SHRIVASTAV (India) added that he realized that it was obviously impossible to produce in a scientific manner a document which presented the magnitude of the problem in South-East Asia in a short time. It might take two to three years to collect data which, when presented to the World Health Assembly as well as some of the international and bilateral agencies, could bring a real understanding of the problem and evoke interest in providing assistance to the needy countries. He suggested that the experience of some Members of the Regional Committee might be useful, and suggested that a sub-committee be appointed to assist and give appropriate guidance to the Regional Director in the development of a comprehensive health charter.
The Committee agreed with the above suggestion and, on the recommendation of the CHAIRMAN, decided that the sub-committee would consist of the following members: Dr Hossain (Bangladesh), Dr Shrivastav (India), Dr Sumbung (Indonesia), and Dr Shah (Nepal).

3. **Report by the Chairman of the Technical Discussions**
   (item 13)

   DR MONSUR (Bangladesh), Chairman of the technical discussions, presenting the report (document SEA/RC25/13), mentioned a few corrections which needed to be made and gave a detailed account of the conclusions reached, as contained in the document.

   The CHAIRMAN congratulated the Chairman of the technical discussions for the excellent report, which, he felt sure, would prove useful in undergraduate medical teaching in the countries of the Region.

   DR SHRVASTAV (India), referring to paragraph 1 of item 4.3 "Field Practice Areas", on page 5 of the report, remarked that the second sentence of this paragraph might lead to misinterpretation. It should be ensured that the training would be given in the normal situation in which the students would have to work. He therefore suggested to the Chairman of the technical discussions that it might be re-worded.

   After some discussion on the subject, DR MONSUR agreed to add the following words to the end of the second sentence: "if there are gaps in the national pattern".

   The report was noted.

4. **Proposed regional programme and budget estimates for 1974 and consideration of the report of the Sub-committee on Programme and Budget** (items 12 and 12.1)

   DR KYAW SEIN (Burma), Chairman of the Sub-committee on Programme and Budget, read out the report of the Sub-committee (document SEA/RC25/14) and the draft resolution which the Sub-committee had proposed.

   DR JAYASINGHE (Sri Lanka) enquired whether there was any likelihood of the budgetted figures in respect of UNFPA projects being reduced.

   The REGIONAL DIRECTOR replied that the figures were provided on the basis of the information available at present; with the support of the Committee, he would submit the budgetary proposals to the Director-General.

   DR SHRIVASTAV (India), referring to the second paragraph on page 6 of the report, asked how the laboratory for the production of smallpox vaccination could also undertake rabies vaccine. The two had very different production methods and material.
The REGIONAL DIRECTOR said that he would ask his Director of Health Services, who had acted as secretary to the Sub-Committee, to answer this question.

DR JUNGALWALLA (Director of Health Services) said that the wording was confusing and should be changed; the equipment was for the production of freeze-dried smallpox vaccine and not liquid vaccine. After some time, it was hoped to start providing freeze-dried rabies vaccine as well. This was actually a separate question.

DR SHRIVASTAV (India) said that the cost-benefit analysis of tuberculosis programme, mentioned on page 5, was an important technical matter which he felt should be the subject for consideration not by the Sub-Committee on Programme and Budget but by a committee of experts. He thought that the statement by the Sub-Committee was not very clear.

Regarding the staffing pattern, he was surprised at the statement, on page 4, that there was "no definition of administrative staff at the regional level". Most modern organizations were conscious of the importance of finding the proportion of administrative costs to total costs of programmes, and WHO should also be in a position to define administrative costs and ascertain their percentage in relation to the operational costs.

He also felt that the percentage of the staffing component was on the high side and of the other components on the low side, especially that of fellowships, which, he thought, should be about 35 or 40%.

He then referred to his earlier observations regarding the recruitment status and remarked that the Regional Committee's resolution on this subject adopted at its previous session merited a detailed paper rather than the figures given in the Annual Report and those provided orally during the current session by the Regional Director.

DR HOSSAIN (Bangladesh), referring to Dr Shrivastav's comments on the cost-benefit analysis, said that he had received a better impression from the background papers made available to the Sub-Committee than from the present report. The Secretary of the Sub-Committee might be able to clarify some of the points for the benefit of the Committee.

DR JUNGALWALLA (Director of Health Services) assured Dr Shrivastav that the paper on the cost-benefit analysis on the tuberculosis programme had been prepared by one of the WHO Regional Advisers on Communicable Diseases, who had earlier been assigned to the National Tuberculosis Institute at Bangalore and had been assisted in the preparation of the paper by expert economists. The subject of cost-benefit and cost-effectiveness analyses was a controversial one even among the economists themselves, and it was therefore not possible to get any harmonious opinion from them in relation to this programme because of extreme complexity. What had been done in the working paper was basically an assessment of the tuberculosis programme with an attempt at cost-benefit
analysis. The report of the Sub-Committee reflected the views expressed at its meeting; the cost benefit ratio of 1:5 related only to the treatment aspect. The report itself recognized the limitations of the study and conclusions. At the same time the Sub-Committee felt that this attempt had been useful and that in future other programmes selected for detailed examination should also be subjected to a cost-benefit analysis.

Referring to the query of the representative of Bangladesh, he said that, to arrive at the cost-benefit ratio, they had made an estimate of the gains due to the saving of lives among the labour force (which had been taken as a sample group because only among them a reasonable estimate of losses and gains could be made on the basis of wages). When the standard treatment, which had been defined, was provided, the benefit was estimated to be 200 million US dollars; the cost of anti-tuberculosis treatment was US $36 million per year. What the sentence did not reflect was the three conclusions that stood out and in fact had been accepted. They were that: (i) government investment in anti-tuberculosis measures (treatment) yields a high return; (ii) where resources of tuberculosis programmes are limited, it is more profitable to lay emphasis on BCG programmes than on case-finding and treatment, and (3) improved follow-up and supervision of already detected tuberculosis cases should be emphasized, rather than more sensitive and sophisticated methods for their detection.

In connection with the fellowships programme, Dr Jungalwalla said that in the year under review, the fellowships budget reflected an increase of 5% over the preceding year and a substantial increase in the number of fellowships provided. Referring to the table on page 53 of the Annual Report of the Regional Director, he said that from 212 in 1967 the number of fellowships had increased to 553 in 1971, i.e., had shown an increase of almost over 50% in the four years.

As for the question of administrative costs, this also was a complex subject. A new project presentation was being finalized at WHO Headquarters which, he hoped, might help to meet the point which had been emphasized by the representative of India.

The Committee approved the report, with modifications on pages 5 and 6, as brought out in the discussion (see SEA/RC25/14 Corr.1) and also the draft resolution on the proposed programme and budget estimates for 1974 (SEA/RC25/R3).

5. Consideration of draft resolutions

Draft resolutions on the following subjects had been circulated and were adopted:

(1) Time and place of the twenty-sixth and twenty-seventh sessions (SEA/RC25/R4).
(2) Selection of subject for technical discussions in 1974 (SEA/RC25/R5).

(3) Twenty-fifth anniversary of WHO (SEA/RC25/R6).

(4) Health in the service of Asian development (SEA/RC25/R7).

6. Any other business (item 18)

No items were brought up under this agenda item.

7. Message from the International Council of Nurses

MRS VISVANATHAN (International Council of Nurses), conveyed the greetings of the Council, and thanked WHO for its assistance to nursing and midwifery throughout the Region. She mentioned the widespread feeling among nurses that independent nursing councils should be set up to keep under review the needs of the countries in respect of nursing and the importance of nursing legislation. In Sri Lanka itself, it was hoped that a nursing council would be established in the near future. She hoped that WHO might help in setting up such councils.

If nursing was to give active support to medical care, it was essential that nursing education should keep in step with the vast strides made by medical science. Finally, once the concept that the unique function of the nurse was to assist the patient in resuming his normal activities became part of the attitude of nurses, physicians, patients and the public, then nursing would be able to make its true contribution to society.

8. Adjournment

After some announcements, the meeting was adjourned.
SUMMARY MINUTES*

Seventh Meeting, 18 September 1972, 9.30 a.m.

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2. Adjournment of the session 128

*Issued as document SEA/RC25/Min.7, on 18 September 1972
1. Adoption of the final report of the twenty-fifth session (item 19)

The draft report (SEA/RC25/15), which had been circulated earlier, was reviewed page by page.

DR SUMBUNG (Indonesia) suggested that in the Introduction, first paragraph, third line, the word "Member" should be inserted.

DR JAYASINGHE (Sri Lanka) suggested removal of the words "coconut oil", before "lamp" in the fifth line of the second paragraph.

DR MONSUR (Bangladesh) pointed out that in the first line of the first full paragraph on page 2, before "methods" the word "and" should be deleted.

With reference to the statement on page 4 about the "lack of trained manpower, estimated in one country as 50% of the urgent needs...", DR SHRIVASTAV (India) thought that the name of the country should be mentioned, in order to make the statement clearer, and this addition was agreed to by DR MONSUR (Bangladesh). It was also suggested by DR JAYASINGHE (Sri Lanka) that the first word in the statement ("Frequent") should be deleted.

DR SUMBUNG (Indonesia) referred to the statement in the fourth line of the second full paragraph on page 5 and said that it should be changed to read "that over 50% of the total deaths among children".

DR SHRIVASTAV (India), referring to the third paragraph on page 7 on the discussion concerning the administrative side, requested the addition of the following sentence to the paragraph: "The Annual Report should give more information on the progress made in filling vacant posts".

The REGIONAL DIRECTOR said that in Part IV, page nine, fourth paragraph, the following should be added: "The representative of UNICEF confirmed that UNICEF had given high priority to rural water supplies".

DR SUMBUNG (Indonesia) suggested enlarging the heading of item 3 on page 9 to be more explicit.

All changes and additions suggested were agreed to, and the report was adopted as amended.

The REGIONAL DIRECTOR said that these changes would be incorporated in the final report, to be issued later.

2. Adjournment of the session (item 20)

DR SOMBOON (Thailand) read out a resolution of thanks to the Government of Sri Lanka and to the Secretariat, which he suggested should be adopted by the meeting.
This proposal was seconded by DR SHRIVASTAV (India), and the resolution was adopted (see resolution SEA/RC25/R8).

DR SHAH (Nepal) paid a tribute to the Chairman for having conducted the meetings so successfully, and thanked the Regional Director and his staff, who had all worked so hard to make the session a great success. He also thanked the Government of Sri Lanka for the facilities extended during their stay.

DR SHAADAI (Mongolia) expressed his great satisfaction with the proceedings of the session. Subjects important to the health and welfare of people of the Region had been discussed. He congratulated the Regional Director on his Annual Report, which, he thought, had included a lot of detailed information. He voiced similar appreciation to the Committee and the Secretariat, and thanked the Government of Sri Lanka for all the attentions given to the delegates. He was sure that during the next year all countries would be able to report even more progress than it had been possible to report this year.

MR DIDI (Maldives) thanked WHO on behalf of his government for all the assistance it was providing to his country, which, though small in population, had many health problems, which WHO assistance was helping to solve. He also thanked the Government of Sri Lanka for having hosted the session and for the facilities and hospitality extended to delegates.

DR SUMBUNG (Indonesia) thanked the Chairman for having so ably conducted the meetings and for the guidance he had given in making the session a success. He expressed his gratitude to the Government and the people of Sri Lanka for having looked after the delegates so well and for having made them feel at home during their stay. He thanked the Regional Director and his staff for the assistance provided in facilitating the smooth running of the session, and the Committee for having accepted the invitation of his government to hold the twenty-seventh session in Indonesia. He hoped that all the representatives present would be coming to Indonesia in 1974.

DR KYAW SEIN (Burma) congratulated the Chairman on having conducted the meetings so successfully in spite of his heavy official responsibilities, and also the Vice-Chairman, who had chaired the meetings so ably during the absence of the Chairman. He was grateful to the Committee for having elected him as Chairman of the Programme and Budget Sub-Committee. He also thanked the Government of Sri Lanka for the generous hospitality extended.

DR MONSUR (Bangladesh) said that, in the absence of the leader of his delegation, he wished to associate himself with the warm feelings of appreciation expressed by his fellow delegates. He thanked WHO for the generous assistance being provided to his country. He highly appreciated the role which it was playing in the field of international health and felt confident that in this fast shrinking world WHO's efforts would result in a better understanding and greater friendship between different countries of the world. He looked forward to the continued success of WHO.
DR SOMBOON (Thailand) thanked the Chairman and the Vice-Chairman for the able guidance and direction which they had provided in making the session a success, congratulated the Regional Director on his nomination for a second term, and said that his country highly appreciated the contribution he had made to the work of WHO. They looked forward to his continued leadership. WHO was the only international agency which had kept itself aloof from the political arena and had concentrated its efforts on purely technical considerations in the field of international health. He also thanked the delegates for having contributed so much to the success of the session, and expressed his sincere appreciation to the Government of Sri Lanka for all forms of hospitality extended.

DR SHRIVASTAV (India) said that at the annual sessions of the Regional Committee opportunity was taken to take stock of the progress, to discuss the problems and impress on the Organization the direction in which it should move for the improvement of the health of the people of this region. The special nature and complexity of the problems faced by the countries in the Region presented a challenge to governments as well as to WHO and placed on them a special responsibility towards solving them. Therefore, he thought that at these meetings the Committee should not, in the traditional manner, merely pass some resolutions and thank the host governments, etc., but should take the required action, both collectively and as individual Members, and should also anticipate the common problems that were likely to confront them. An example of such a problem facing them was that of the "brain drain". All these activities needed some advance thinking and planning, and, for this purpose, each country should have a strong planning cell, which should also be charged with evaluating achievements. The Regional Office had played a very useful role in this connection but should be further strengthened because the expertise needed for this function was not easily available everywhere in the Region. Governments in the Region should be alive to the high magnitude and complexity of their problems and feel it their duty to emphasize them and to impress on other governments their importance and ways in which they could be met.

Delegates had been looked after very well; he thanked both the Government and the delegation of Sri Lanka for their thoughtfulness and hospitality. His own government would be looking for a chance to reciprocate. He said that he appreciated the merger in the Chairman's personality of both humility and expertise, and wished him success in all his attempts for the improvement of the health of the people of his country. He also appreciated the qualities of the Regional Director, which, he thought, gave full meaning to his name, i.e., "Jewel of good qualities", and also the hard work put in by members of the Secretariat, who placed the job before everything else, and worked with efficiency borne out of years of experience and maturity. Finally, he suggested that the session end with a note, "Challenges, thinking and planning on the part of all countries in the Region for the betterment of the health of their people".

DR HART SCHAAF (UNDP), speaking on behalf of the United Nations and the other agencies represented at the session, congratulated the
Chairman and thanked him, the Vice-Chairman, the Regional Director and his staff and the Government of Sri Lanka for the admirable way in which the session had been conducted. The representatives of the United Nations agencies felt very happy to be associated with their WHO colleagues in the good work being done by WHO in the Region.

DR JAYASINGHE (Sri Lanka) thanked the Committee for having accepted the invitation to hold the session in his country. He said that they all felt encouraged by the Prime Minister's interest in the work of WHO. He was glad to learn that his country's efforts to make the delegates' stay comfortable and happy had been appreciated, and requested that any inadvertent shortcomings be overlooked. His delegation was glad that Dr Gunaratne had been renominated; they also appreciated the fact that their representative had been made Chairman and congratulated him for the efficient way in which he had conducted the session. He thanked the WHO Representative and his staff in Colombo, as well as his government's own Department of Health Services, for the work they did in trying to make this meeting a success. He hoped that all delegates would carry back with them happy memories of their stay in his country.

The REGIONAL DIRECTOR said that he felt overwhelmed by the kind sentiments expressed by all the speakers about him and his staff, and he thanked them for the confidence shown by renominating him for a further term. He promised to do everything possible to maintain the high traditions of WHO.

He thanked the representatives for the active part they had taken in the discussions and for their constructive comments, which would guide his work in the future. He was particularly grateful to the Chairman for his wise counsel and to the Vice-Chairman for so ably conducting the meeting over which he presided. He thanked the Chairman of the technical discussions, the Sub-Committee on Programme and Budget and the Sub-Committee on Credentials. He was grateful to the representatives of the United Nations and other agencies for their contributions. Finally, he requested the Chairman to convey to the Government, on his own behalf and on behalf of the representatives, their great appreciation and deep gratitude for the excellent arrangements made and the warm hospitality shown. He wished all participants a bon voyage.

The CHAIRMAN said that the Committee had travelled a long way, cleared old ground and traversed new paths. Although there had been much discussion and a number of resolutions had been adopted, the work done had, of course, amounted only to an address of minds to an atomic proportion of the problems confronting the people. Nevertheless, the value of the discussions should not be under-estimated, and he hoped that their deliberations would be of help in providing the people of the Region with a better health service.

He was deeply touched by the sentiments expressed by all. The understanding and willing co-operation extended to him by the representatives, the Regional Director and his staff had facilitated his task. He
expressed his appreciation to Dr Shrivastav for having so ably presided for him during one meeting and for his valuable assistance throughout the session, to Dr Monsur for so successfully conducting the technical discussions and to Dr Kyaw Sein for presiding over the Sub-Committee on Programme and Budget.

He was grateful to the Regional Director for his unstinted co-operation as Secretary to the Committee, and associated himself with the tributes paid to him and his Secretariat. He had appreciated the most valuable interventions and guidance of the Director-General and the presence of Dr Pavlov, the Assistant Director-General. He also thanked the WHO Representative in Sri Lanka for the assistance rendered by him and his staff, and promised to convey to his government the appreciation of its efforts which had been voiced by all the delegates. Finally, he thanked the representatives for having honoured his country by appointing him to speak on the Committee's behalf at the Silver Jubilee celebrations during the next World Health Assembly.

He hoped that representatives would carry with them the memory of the people of the island, who had so many things in common with those of other countries of the Region. Mankind was one, and man's problems were universal. He wished the participants a bon voyage through Sansara, in which the people of the island believed - a longer and more formidable journey than their journeys home - and declared the twenty-fifth session closed.