

WORLD HEALTH  
ORGANIZATION

EXECUTIVE BOARD

Fifteenth Session

Provisional Agenda Item:



ORGANISATION MONDIALE  
DE LA SANTÉ

EB15/17 ✓  
17 November 1954

ORIGINAL: ENGLISH

REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

Report on Seventh Session

The Director-General has the honour to present, for the information of members of the Executive Board, the report on the seventh session of the Regional Committee for South-East Asia.<sup>1</sup> The Agenda for this session and a list of the delegates, representatives and observers attending are also attached (see Annexes A and B).

Resolutions SEA/RC7/R.10, SEA/RC7/R.11 and SEA/RC7/R.12 indicate the action taken by the Regional Committee pursuant to resolutions adopted by the Seventh World Health Assembly and the Executive Board at its fourteenth session.

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<sup>1</sup> Document SEA/RC7/15

REGIONAL COMMITTEE

Seventh Session  
New Delhi, India  
September 21-25, 1954

SEA/RC7/15 Rev.1  
New Delhi, Sept. 24, 1954

REPORT OF THE SEVENTH SESSION OF  
WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

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PART I

A. GENERAL

The seventh session of the Regional Committee for South-East Asia was held in New Delhi at the seat of the Regional Office from 21 to 25 September, 1954. It held eight plenary meetings. Representatives of nine countries were present. The absence of a representative of the United Kingdom was regretted.

The Committee elected the following office bearers for the coming year:

Chairman: Dr. C.K. Lakshmanan, Director-General  
of Health Services,  
Government of India

Vice-Chairman: Dr. R. Mochtar, Director, Division of  
Health Education and Hygiene Organisation,  
Ministry of Health, Djakarta

The Prime Minister of India was present at the opening of the session and addressed its first meeting.

The Minister of Health of India delivered an address of welcome. The retiring Chairman, Dr. Abdul Rahim of Afghanistan, reviewed the development of the activities of the Organization in the Region.

A message to the Regional Committee by the WHO Director-General was read by the Regional Director. The Regional Director also conveyed the best wishes of the Director-General of the International Bank for Reconstruction and Development; the Director-General of the Food and Agriculture Organization; the Executive Secretary of the Economic Commission for Asia and the Far East, and the International Federation for Housing and Town Planning. Messages were also delivered by the representatives of the United Nations, and UN Technical Assistance Board, UNICEF, UNESCO and ILO.

2. CREDENTIALS SUB-COMMITTEE (Item 4 of Agenda)

The following countries' credentials were found in order by the Credentials Sub-Committee and were approved by the Regional Committee:

Afghanistan, Burma, Ceylon, France, India,  
Indonesia, Nepal, Portugal and Thailand.

The Regional Director reported the absence of the United Kingdom in terms of rule 4 of the Rules of Procedure, and this was officially noted by the Regional Committee

3. ADOPTION OF THE PROVISIONAL AGENDA (SEA/RC7/1) AND THE PROVISIONAL SUPPLEMENTARY AGENDA (SEA/RC7/1 Add.1) (Item 6 of Agenda)

The provisional Agenda and the provisional supplementary Agenda were adopted.

4. PROGRAMME SUB-COMMITTEE (Item 7 of Agenda)

The Committee established a Programme Sub-Committee of the whole and referred to it item 9 of the Agenda. (SEA/RC7/3; SEA/RC7/3 Corr.1 and SEA/RC7/3 Add.1).

The Programme Sub-Committee held two meetings and submitted a report to the Committee in plenary meeting.

5. RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE SEVENTH WORLD HEALTH ASSEMBLY AND THE THIRTEENTH AND FOURTEENTH SESSIONS OF THE EXECUTIVE BOARD, (Item 12 of Agenda) (SEA/RC7/7)

(a) Rights and Obligations of Associate Members  
(Resolution Nos. EB13.R22 and WHA7.28)

The Regional Committee took note of the contents of these two resolutions.

(b) Sessions of Regional Committees at Regional Headquarters  
(Resolution Nos. EB13.R28 Rev.2 and WHA7.26)

The Regional Committee took note of the contents of these two resolutions.

(c) Payment of Travel Expenses of Representatives to Sessions of Regional Committee (Resolution Nos. EB13.R27 and WHA7.27)

The Regional Committee took note of the contents of these two resolutions.

(d) Campaign against Smallpox (Resolution Nos. EB13.R3 and WHA7.5)

The subject of Campaign Against Smallpox was discussed by the Committee in connexion with the Regional Director's Annual Report, Part II, 1,9, page 41. The contents of the Executive Board and Assembly resolutions were noted by the Committee.

- (e) Local costs in respect of international project personnel under the regular budget (Resolution Nos. EB13.R44 and WHA7.42)

The Committee noted with satisfaction the recommendations of the Executive Board and the decision of the Seventh World Health Assembly as embodied in resolution WHA7.42.

- (f) Environmental Sanitation (Resolution Nos. WHA7.53 and EB14.R21 Rev.1)

The Committee took note of the contents of the above two resolutions. This subject was dealt with in detail by the Committee while discussing item 10 of the Agenda -- Stimulation of Environmental Sanitation Programmes in South-East Asia (SEA/RC7/4). The results of the discussion were embodied in resolution SEA/RC7/R10.

- (g) Technical Discussions at future World Health Assemblies (Resolution Nos. EB13.R58, WHA7.31 and EB14.R19)

The Committee took note of the contents of the above-mentioned resolutions of the Executive Board and the Assembly.

- (h) Relations with UNICEF (Resolution Nos. WHA7.50 and EB14.R22)

Note was taken by the Committee of the contents of the above two resolutions,

## 6. RETIREMENT OF DEPUTY REGIONAL DIRECTOR

Most of the delegates made reference to the forthcoming retirement of the Deputy Regional Director, Dr. S.F. Chellappah and expressed their wish to have the appreciation of his excellent services put on record. Resolution No. SEA/RC7/R13 was passed by the Committee to that effect.

## B. THE SIXTH ANNUAL REPORT OF THE REGIONAL DIRECTOR

The report of the Regional Director was discussed at length by section. The following points emerged from the discussion:

1. A disproportionately large percentage of national budgets was being spent on medical care institutions by national health administrations as compared with public-health activities such as sanitation and water supply.

2. Much greater stress needs to be given by national governments to the strengthening of the directing health administration staff at the central and provincial levels in order to effectively supervise the carrying out of planned programmes in public health.
3. Attention was called to the importance of national health co-ordination committees and experience in the operation of such committees indicated the usefulness of this mechanism.
4. Further attention should be given to industrial health services in view of the rapid industrialisation in the region and the Regional Director would welcome requests from governments for advisory services in this field.
5. Emphasis was again laid on the importance of environmental sanitation, health education and education and training services as basic activities for the region.
6. Without minimizing international fellowships, encouragement should be continued for regional and national fellowships.
7. The Government of India generously agreed that biological tests and training facilities at the Central Research Institute, Kasauli, would be placed at the disposal of the countries of the region.
8. It would be useful if the reports of the Regional Director should contain more information on the activities of national health administrations in general; in this connexion required information through the medium of Annual Reports from the Member States would be a pre-requisite.

### C. OTHER TECHNICAL MATTERS OF REGIONAL IMPORTANCE

#### 1. Medical Education

The plenary session discussed the problems of medical education in South-East Asia based on Document SEA/RC7/5. During this discussion, the following points were stressed:

- (i) There is a great shortage of physicians throughout the region and urgent steps need to be taken to meet this need.

- (ii) The problems of education of the medical undergraduate were complex and each country was eager to find its own solutions. Involved in this question were such matters as the necessity for re-orientation and strengthening of the curriculum in line with the real needs of South-East Asian countries, the necessity for emphasis on social and preventive medicine, the problem of integration of clinical and preclinical teaching, the necessity to increase and improve the academic teaching staff especially in the pre-clinical field, the importance of a central directing organization specifically designed for the planning, control and guidance of medical education.
- (iii) National conferences of medical educators and administrators to go into these matters at great length should be organized in the near future and such conferences might be followed by a regional conference at a later date.

## 2. Environmental Sanitation

The Committee discussed the problem of environmental sanitation based on the resolution of the Executive Board (EB14.R21 Rev.1) and document SEA/RC7/4 requesting the Regional Director to give guidance on ways and means to stimulate programmes in environmental sanitation. The discussion revealed that national governments are now giving increasing attention to environmental sanitation programmes and the extent to which WHO and bilateral assistance is developing with increasing tempo. A resolution embodying suggestions for further action in this field was adopted.

## 3. Community Development and Fundamental Education (The role of health departments)

The Government of Ceylon introduced a note on the relationship between the national health agencies and community development and fundamental education programmes (document SEA/RC7/13). The note was discussed and the delegations from Ceylon, India and Thailand described the present activities in this field. There was an increasing need for full collaboration between health administrations and other departments, both at the central and peripheral levels, if health activities were to have a lasting benefit. There is a growing realization that health work must operate hand in hand with development programmes in agriculture, industry and economic development, in general, if long-term health achievements were to be assured. The

Committee noted the document submitted.

#### 4. Country and Inter-country Programmes

The Committee discussed a note submitted by the Government of Ceylon (SEA/RC7/12), which stressed that WHO assistance should be given to country level activities. Several delegations pointed out that inter-country activities were an essential part of the WHO and should be encouraged. It was agreed that there was no competition between the two types of activities, but that each type of work complemented the other. The matter was left to the discretion of the Regional Director, who would be guided by the various opinions expressed in the Regional Committee.

#### 5. Consolidation of Mass Campaigns

There was an interesting discussion on the question of consolidation of mass campaigns based on a note submitted by the Regional Director. During this discussion, the following points were made:

- (a) Consolidation of mass campaigns is a matter deserving the attention of governments as well as the Organization.
- (b) Mass campaigns are necessary and desirable under conditions in South-East Asia.
- (c) Health units should be developed which could undertake basic health services.
- (d) With the completion of the appropriate stage of mass campaigns, certain aspects of these campaigns can be taken over by such health units with the addition of skilled and specialized personnel as needed.
- (e) Ways should be explored early to determine whether two or more types of mass campaigns could be combined using a common administrative and operational set-up.

#### D. TECHNICAL DISCUSSION

The Regional Committee held a technical discussion on nursing requirements in relation to countries' planned health programmes based on documents SEA/RC7/9 Rev.1



and Add.1 to 9. Arising out of these discussions, the following recommendations were made:

1. As nursing plays an essential part in all programmes of health improvement, it is considered essential that:

- (a) the nursing profession should be fully represented in the planning of the nursing aspects of such programmes in order that requirements in regard to nursing will be adequately considered.
- (b) Administrative arrangements within the Health Directorates at both national and state or provincial level should be set up in such a way as to ensure that a nursing supervisor or person of equivalent status be charged with the responsibility for over-all technical advice on all aspects of nursing and midwifery.

2. Noting the acute shortage of all categories of nurses and midwives throughout the region, urges an increase in training programmes. The Committee further urges that the basic course for nurses and midwives be broadened to include among other things the social and preventive aspects of disease and the principles of health education. This would result, the Committee believes, in greater flexibility of the use of nursing personnel for the health needs of the countries. During training, conditions for living, working and recreation should be such that the nurse has time for study and has opportunities for practising those principles of healthful living which she is expected to teach to others.

3. Steps should be taken to provide adequate nursing staff in all hospitals and health units attached to medical colleges. In many hospitals and health units, including medical colleges, there are too few nurses to provide good nursing care, and the opportunities for medical students to familiarize themselves with the role which the nurse can and should play in the health team as an assistant to doctor should be demonstrated.

4. Need for urgent further study in every country on the types of training and the use of the auxiliary to the nurse.

5. That individual governments and international agencies consider various means to assist an intra-regional exchange of nurses already in service for various lengths of time, considering that such an exchange would offer considerable advantages and that facilities for such an exchange already exist.
6. A summary of the discussion should be circulated to member governments in due course.

PART II

THE PROPOSED PROGRAMME AND BUDGET FOR 1956  
(SEA/RC7/11, SEA/RC7/3, SEA/RC7/3 Corr. 1 and SEA/RC7/3 Add. 1)

The Committee examined the proposed programme and budget for 1956. The 1956 programme showed an increasing reflection of the integration of WHO assistance in national long-term programmes. Emphasis had been given to basic health activities, communicable disease control, health education, environmental sanitation, education and training, strengthening of national health administrations, leprosy control programmes and dental health. Some project proposals were dropped at the request of the delegations of countries concerned and a number of additional proposals and amendments were made by some of the countries. It was left to the discretion of the Regional Director to implement the proposed additional projects as far as feasible.

The Committee considered the document SEA/RC7/3 and SEA/RC7/3 Corr. 1 country by country and project by project and the changes indicated below were recorded.

The Committee further considered and endorsed the projected inter-country programmes as outlined in SEA/RC7/3.

The attention of the Committee was called to the 1955 column in the document SEA/RC7/3 which represented the revised programme of work for 1955; it took note of the adjustments which had been made and considered that an appropriate balance had been maintained. The attention of the Committee was also called to the fact that there is a backlog of urgent requests which could not be included in programme proposals shown in document SEA/RC7/3. The Committee considered and endorsed a supplementary programme of deferred projects (SEA/RC7/3 Add. 1) which should be implemented to the extent practicable if further funds become available.

AFGHANISTAN

The 1956 programme for Afghanistan was considered and endorsed. The following observations from the Afghanistan delegation were noted:

(a) Malaria - a short-term consultant in malaria for a few months was requested in 1955 instead of 1956.

(b) Obstetrics and Gynaecology - Continuation of the international obstetrician and gynaecologist for 1955 was requested. The Regional Director explained the difficulties in making this provision, but the matter would be taken into consideration.

BURMA

The 1956 programme was considered and endorsed.

CEYLON

The 1956 programme was considered and endorsed.

FRENCH SETTLEMENTS IN INDIA

The French delegate requested one fellowship in public health and one fellowship in environmental sanitation. This was noted.

INDIA

The 1956 programme for India was considered and endorsed. The following, requested by the Indian delegation, were noted:

Tuberculosis (BCG) - Continuation of two nurses for 1956.

Physiotherapist - Continuation of the WHO Physiotherapist at the K.E.M. Hospital, Bombay to the end of 1956 was requested. The Regional Director stated that continuation will be considered during the course of 1955.

Professor of Pharmacology, Bombay - Continuation in 1956.

Ophthalmologist for the Aligarh Eye Hospital - Needed in 1955 and, if possible, also in 1956.

Dental Health Consultant - for four to six months.

Establishment of Departments of Social and Preventive Medicines in five Medical Colleges - Five professors for two years.

Tuberculosis - Priority I in the Technical Assistance budget, if at all possible, to be given to TB Demonstration and Training Centres at Nagpur, Hyderabad and Agra in 1956.

Fellowships - Three to five international fellowships in TB control.

#### INDONESIA

The 1956 programme for Indonesia was considered and endorsed. The following requests by the Indonesian delegation were noted:

- (a) 1 fellowship in Industrial Hygiene
- (b) 1 fellowship in Nutrition
- (c) Gadjja Mada University -
  - (i) Fellowship for Professor of Chemistry for four months (June - September) in 1955
  - (ii) Fellowship in Social Medicine in 1956
- (d) Dental Health -

In 1955: A consultant for three months

In 1956: 2 international fellowships:

one in preventive dentistry, and  
one in public health dentistry.

#### INTER-COUNTRY PROGRAMMES

The inter-country programmes as outlined in document SEA/RC7/3 were considered individually:

##### 1. Tuberculosis

- (a) Tuberculosis Laboratories (TA-1)

This proposal was considered and endorsed.

- (b) Tuberculosis X-ray Technician (TA-1)

This proposal was considered and endorsed.

(c) Tuberculosis Conference (TA-1)

This proposal was considered and in view of the proposed international Congress on TB in India towards the end of 1956 or in the beginning of 1957, it was agreed that a WHO Tuberculosis Conference should not be held in 1956.

2. Public Health Administration

(a) Medical Literature and Equipment

This proposal was agreed.

(b) Rural Health Conference (TA-1)

The proposal to hold a rural health conference in 1956 was discussed and endorsed.

(c) Dental Health (TA-1)

The proposal to provide six consultant months was discussed and endorsed.

3. Nursing

The proposal to hold a regional seminar for nursing leaders was discussed and endorsed.

4. Maternal and Child Health

The proposal to provide six consultant months was proposed and endorsed.

PART III

THE RESOLUTIONS

In the course of eight meetings, the Committee adopted the following resolutions:

SEA/RC7/R1 THE SIXTH ANNUAL REPORT OF THE REGIONAL DIRECTOR

The Regional Committee

1. NOTES with satisfaction and approval the Sixth Annual Report of the Regional Director;
2. EXPRESSES its appreciation of the work of the Regional Office;
3. ENDORSES the continued emphasis on concentration of effort in the direction of improving environmental sanitation, health education and education of medical and para-medical personnel;
4. EMPHASIZES the need to achieve strengthening of the public health directing staff at the central and provincial level; and
5. REGRETS that inadequate emphasis was given in many national programmes to preventive public health activities as compared with curative services and urges that Member States set apart adequate resources of their total health budget for promotion of such programmes.

SEA/RC7/R2 PROGRAMME AND BUDGET ESTIMATES FOR 1955

The Regional Committee

TAKES note of modifications made under Regional Programme for 1955 (SEA/RC7/3) resulting from the budgetary reductions decided upon by the World Health Assembly and considers that an appropriate and satisfactory balance as between major subject headings has been maintained.

SEA/RC7/R3 PROPOSED PROGRAMME AND BUDGET ESTIMATES FOR 1956

The Regional Committee,

Having studied programme of work for 1956 (SEA/RC7/3) by country and by subject;

APPROVES the report of the Programme-Sub-Committee and endorses the programme of work for 1956.

SEA/RC7/R4 PROPOSED PROGRAMME OF DEFERRED PROJECTS (1956)

The Regional Committee,

Having considered the supplementary programme of deferred projects  
(SEA/RC7/3 Add.1)

1. ENDORSES this programme; and
2. REQUESTS the Regional Director that, should further funds become available, these requests be fulfilled to the extent practicable.

SEA/RC7/R5 INTER-COUNTRY PROGRAMME ON TUBERCULOSIS IN 1956

The Regional Committee,

Having studied the inter-country programme proposed for implementation in  
1956 on Tuberculosis comprising a bacteriologist and X-ray technician services;

1. EMPHASIZES the importance of such inter-country activities; and
2. REQUESTS the Regional Director to implement it within the budgetary limitations.

SEA/RC7/R6 INTER-COUNTRY PROGRAMME ON PUBLIC HEALTH ADMINISTRATION IN 1956

The Regional Committee,

Having studied the inter-country programme proposed for implementation in  
1956 on Public Health Administration, comprising a rural health conference;

1. EMPHASIZES the importance of such inter-country activities; and
2. REQUESTS the Regional Director to implement it within the budgetary limitations.

SEA/RC7/R7 INTER-COUNTRY PROGRAMME - NURSING SEMINAR IN 1956

The Regional Committee,

Having studied the nursing seminar inter-country programme proposed for  
implementation in 1956;

1. EMPHASIZES the importance of such an inter-country activity; and
2. REQUESTS the Regional Director to implement it within the budgetary limitations.



SEA/RC7/R8 INTER-COUNTRY PROGRAMME - MATERNAL AND CHILD HEALTH AND DENTAL HEALTH  
IN 1956

The Regional Committee,

Having studied the inter-country programme proposed for implementation in 1956 on Maternal and Child Health and Dental Health;

1. EMPHASIZES the importance of such an inter-country activity; and
2. REQUESTS the Regional Director to implement it within the budgetary limitations.

SEA/RC7/R9 MEDICAL EDUCATION IN SOUTH-EAST ASIA

The Regional Committee,

Having considered the document submitted by the Regional Director on Medical Education in South-East Asia (SEA/RC7/5);

Recognizing that the shortage of physicians throughout South-East Asia is one of the greatest obstacles to national health programmes, and

Further recognizing that there is an urgent necessity for readjustment of medical education to the actual needs of this region;

Noting also that there are important trends in medical education for reorientation of the basic medical education methods including the shift in emphasis to the preventive and community approach; and

Realizing that there is a need for increasing and improving academic teaching staffs, particularly in the preclinical field; and

Noting further that problems differ in various countries of the region

1. EMPHASIZES that governments develop a national control authority in medical education and expedite comprehensive long-term plans for improvement and expansion of facilities;
2. ENDORSES the necessity of WHO continuing priority assistance to undergraduate medical education;
3. REQUESTS the Regional Director to encourage in the near future national conferences or study groups of medical educators and administrators to consider the problems relating to the education of medical undergraduates; and
4. REQUESTS the Regional Director to report the results of such national conferences to the 1956 session of the Regional Committee in order to determine the need for a regional conference on medical education.

SEA/RC7/R10 ENVIRONMENTAL SANITATION PROGRAMMES IN SOUTH-EAST ASIA

The Regional Committee,

Having considered resolution EB14.R21 Rev.1 on ways and means to stimulate programme requests for WHO assistance in environmental sanitation, and

Having studied the Report of the Regional Director on the subject

1. REQUESTS the Regional Director to continue and intensify the development of sanitation programmes on the lines described in this Sixth Annual Report (SEA/RC7/2, pages 45-47), and particularly to

- (a) make surveys of the sanitation situation in the countries of the region with regard to existing conditions as well as available resources for improvement;
- (b) call for meetings of public-health engineers and other related groups as appropriate;
- (c) develop pilot projects for WHO assistance in improvements of environmental sanitation with emphasis on rural areas but also including urban and suburban areas;
- (d) seek the help of UNICEF as appropriate;
- (e) assist in promoting and strengthening sanitary engineering divisions in the Directorates of Health through appropriate advisory services and fellowships; and
- (f) assist in developing adequate training programmes.

2. CALLS upon Member States to give topmost priority to environmental sanitation in their health programmes and when making requests for outside aid; and

3. INSTRUCTS the Regional Director to communicate these views to the Member States and the Director-General and to take such other appropriate steps as needed.

SEA/RC7/R11 SELECTION OF SUBJECT FOR TECHNICAL DISCUSSIONS

The Regional Committee

1. RECALLS that during its fifth session it had considered the resolutions of the Fifth World Health Assembly and of the tenth session of the Executive Board concerning the nature of technical discussions and decided to discuss matters of regional interest only;

2. TAKES note of the decision of the Seventh World Health Assembly concerning technical discussions at future Health Assemblies (WHA7.R31) which again requests the views of the Regional Committees as to whether technical discussions at regional meetings should deal with the same subjects as those undertaken by Health Assemblies;
3. ASSURES the World Health Assembly that whenever the technical discussions for the Health Assembly are of direct and immediate regional interest the Committee will arrange for appropriate discussion at regional level; and
4. DECIDES to hold technical discussions in 1955 on "Review of anti-tuberculosis measures in the South-East Asia region".

SEA/RC7/R12 TIME AND PLACE OF NEXT REGIONAL COMMITTEE MEETINGS

The Regional Committee,

Having noted the contents of the resolution passed by the Seventh World Health Assembly (WHA7.26) recommending that Regional Committees should consider holding sessions from time to time at the site of their respective Regional Offices taking into account the costs involved for the Organization and the Member States concerned;

1. ACCEPTS with gratitude the offers of the Government of Indonesia to hold its eighth session in September 1955 in Indonesia and of the Government of the Union of Burma to hold its tenth session in September 1957 in Burma; and
2. DECIDES to have its ninth session in September 1956 at the seat of the Regional Office in New Delhi.

SEA/RC7/R13 DEPUTY REGIONAL DIRECTOR'S RETIREMENT

The Regional Committee

PLACES ON RECORD its deep appreciation of the services rendered by the retiring Deputy Regional Director, Dr. S.F. Chellappah.

SEA/RC7/R14 VOTE OF THANKS

The Regional Committee

EXPRESSES its gratitude to the Government of India for their hospitality and for the excellent and comprehensive arrangements made to ensure the success of the seventh session held at New Delhi from 21 to 25 September 1954.

LIST OF PARTICIPANTS

AFGHANISTAN

Member Dr. Abdul Rahim, President, Malaria Institute of  
Afghanistan, Kabul

BURMA

Member Dr. U Ba Nyun, Port Health Officer

Adviser Daw Khin Mu Aye, Nursing Chief

CEYLON

Member Dr. D.J.L. Kahawita, Director of Health Services,  
Ceylon

FRANCE

Member Lt. Col. E. Balzeau, Chief Medical Officer,  
Pondicherry

Alternate Mr. H. Dumont, Second Secretary, French Embassy,  
New Delhi

INDIA

Member Lt. Col. C.K. Lakshmanan, Director-General of  
Health Services

Alternates Lt. Col. T.C. Puri, Deputy Director-General of  
Health Services

Dr. R. Viswanathan, Additional Deputy Director-General  
of Health Services

Advisers Lt. Col. Jaswant Singh, Additional Deputy Director-General  
of Health Services

Annex A  
From: SEA/RC7/10

INDIA (continued)

Advisers  
(continued)

Dr. K. Mitra, Assistant Director-General of  
Health Services (Public Health)

Dr. P.V. Benjamin, Adviser in Tuberculosis

Dr. (Mrs.) S. Bhatia, Adviser in Maternity and  
Child Welfare

Dr. C.V. Ramchandani, Assistant Director-General  
of Health Services (International Health)

Miss T.K. Adranvala, Chief Nursing Superintendent

INDONESIA

Member

Dr. R. Mochtar, Director, Division of Health Education  
and Hygiene Organization, Ministry of Health, Djakarta

Alternate

Dr. Nazir, St. Baginda, Director, Municipal Health Service,  
Djakarta

Adviser

Mrs. Winoto, Matron, Central Hospital, Djakarta

PORTUGAL

Member

Dr. Aires Romulo Noronha, Health Officer

Alternate

Dr. Pondorinata Borcar, Health Officer

NEPAL

Member

Mr. J.N. Singha, First Secretary,  
Nepalese Embassy, New Delhi

THAILAND

Member

Dr. Svasti Daengsvang, Deputy Director-General,  
Department of Health

Adviser

Miss Sanguanwan Pheungbejr, Nursing Supervisor,  
Ministry of Public Health

UNITED KINGDOM

Not represented

REPRESENTATIVES OF UNITED NATIONS AND SPECIALIZED AGENCIES

United Nations ) Technical Assist- ) ance Board )	Mr. John N. Corry, Liaison Officer of United Nations Technical Assistance Board in India
UNICEF	Mr. T.G. Davies, Chief, UNICEF Area Office
UNESCO	Dr. P.C. Young, Head, Asia Science Co-operation Office, UNESCO
ILO	Mr. V.K.R. Manon, Director, ILO, Indian Branch

REPRESENTATIVES OF OTHER INTER-GOVERNMENTAL ORGANIZATIONS

International Committee of Military Medicine and Pharmacy	Brig. S. Narayan, Office of the Director-General of Armed Forces, Defence Headquarters, 'F' Block, New Delhi
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REPRESENTATIVES OF NON-GOVERNMENTAL ORGANIZATIONS  
IN OFFICIAL RELATIONS WITH WHO

International Dental Federation	Dr. N.N. Berry, Public Relations Officer, All-India Dental Federation, New Delhi
International Council of Nurses	Mrs. Khorshed Najib Khan, President, Trained Nurses Association of India
International Federation for Housing and Town Planning	Mr. C.S. Chandrasekhara, Organizing Secretary, Indian Standards Institute, Delhi
International Leprosy Association	Dr. Dharmendra, Officer-in-Charge, Leprosy Research Department, School of Tropical Medicines, Calcutta.

Annex A

From: SEA/RC7/10

League of Red Cross Societies	Lt. Col. G.D. Malhoutra, Director of Hospital Services of the Indian Red Cross, New Delhi
International Union for Child Welfare	Dr. Sushila Nayar, Health Minister, Delhi State, Delhi
International Union against Tuberculosis	Mr. B.M. Cariappa, Secretary, Tuberculosis Association of India, New Delhi
International Union against Cancer	Dr. (Mrs.) K.J. Ranadive, Indian Cancer Research Centre, Bombay
World Federation of United Nations Associations	Mr. Kamal Kumar, Conducting Officer, Press Information Bureau, New Delhi Dr. B.K. Rao
World Medical Association	Dr. A.P. Mitra, Indian Medical Association, Delhi
American College of Chest Physicians	Dr. R. Viswanathan, Directorate-General of Health Services, India, New Delhi
International Committee of Roman Catholic Nurses and Medical Social Workers	Sister Clare, Holy Family Hospital, New Delhi
Medical Women's International Association	Dr. J. Jhirad, 5a, Bhagirathi Bhuvan, Dadyseth Road, Bombay 7

OBSERVERS

Rockefeller Foundation	Dr. C. Balfour, Director for Far Eastern Region, New Delhi
Foreign Operations Administration of USA	Mr. Clifford H. Willson Dr. Estella Ford Warner Mr. C.H. Atkins Mr. Frederick Aldridge Dr. A.F. Brand Dr. F. Coughlin

AGENDA

Document No.

1. Inauguration
2. Address of welcome
3. Address by Chairman
4. Appointment of a Credentials Committee
5. Election of: (a) Chairman  
(b) Vice-Chairman
6. Adoption of Provisional Agenda SEA/RC7/1
7. Appointment of Programme Sub-Committee
8. Sixth Annual Report of the Regional Director SEA/RC7/2
9. Proposed Regional Programme and Budget  
Estimates for 1956 SEA/RC7/3  
SEA/RC7/3 Corr.1  
SEA/RC7/3 Add.1
10. Stimulation of Environmental Sanitation  
Programmes in South-East Asia SEA/RC7/4
11. Medical Education in South-East Asia SEA/RC7/5
12. Resolutions of regional interest adopted by the  
Seventh World Health Assembly and the Thirteenth  
and Fourteenth Sessions of the Executive Board SEA/RC7/7
13. Country programme versus inter-country programme  
(proposed by the Government of Ceylon) SEA/RC7/12
14. Relationships of Health Departments to Community  
Development and Fundamental Education (proposed  
by the Government of Ceylon) SEA/RC7/13
15. Selection of subject for Technical Discussion at  
1955 session of Regional Committee SEA/RC7/8  
SEA/RC7/8 Add.1



Annex B

From: SEA/RC7/10

Agenda (continued)

Document No.

16. Technical Discussion:

Nursing Requirements in relation to  
Health Programmes

SEA/RC7/9  
SEA/RC7/9 Rev.1  
SEA/RC7/9 Add.1  
SEA/RC7/9 Add.2  
SEA/RC7/9 Add.3  
SEA/RC7/9 Add.4  
SEA/RC7/9 Add.5  
SEA/RC7/9 Add.6  
SEA/RC7/9 Add.7  
SEA/RC7/9 Add.8  
SEA/RC7/9 Add.9

17. Time and place for next Regional Committee Meetings

18. Any other business

19. Adoption of Final Report of the Seventh Session of  
the Regional Committee

20. Adjournment