WORLD HEALTH ORGANIZATION
REGIONAL COMMITTEE FOR THE WESTERN PACIFIC
TWENTY-SIXTH SESSION
Manila, 1-5 September 1975

REPORT OF THE REGIONAL COMMITTEE
SUMMARY RECORDS OF THE PLENARY SESSIONS

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October 1975
WORLD HEALTH ORGANIZATION
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The twenty-sixth session of the Regional Committee for the Western Pacific was held at the WHO Conference Hall, Manila, from 1 to 5 September 1975, under the Chairmanship of Dr T.M. McKendrick (Western Samoa), with Dr A. Tanaka (Japan) as Vice-Chairman. Dr J. Sumpaico (Philippines) and Dr Phouy Phoutthasak (Laos) were the Rapporteurs.

The Regional Committee met from 1 to 5 September. The report of the Committee will be found in Part I of this document on pages 1-60, the summary records of the plenary sessions in Part II on pages 67-179.

The Sub-Committee on Programme and Budget met on 2 and 4 September. The report of the Sub-Committee will be found in Part I of this document on pages 4-11.
PART I

REPORT OF THE REGIONAL COMMITTEE
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INTRODUCTION</strong></td>
<td>1</td>
</tr>
<tr>
<td>I. ANNUAL REPORT OF THE REGIONAL DIRECTOR COVERING</td>
<td></td>
</tr>
<tr>
<td>THE PERIOD 1 JULY 1974 TO 30 JUNE 1975</td>
<td>2</td>
</tr>
<tr>
<td>II. REVIEW OF THE PROGRAMME BUDGET, 1976-1977</td>
<td>4</td>
</tr>
<tr>
<td>1 Introduction</td>
<td>4</td>
</tr>
<tr>
<td>2 Review of budget performance 1974 - direct services to governments</td>
<td>6</td>
</tr>
<tr>
<td>of the Region by subject heading, by country or area and by project</td>
<td></td>
</tr>
<tr>
<td>3 Consideration of proposed revisions to the programme budget, 1976-1977</td>
<td>7</td>
</tr>
<tr>
<td>4 Consideration of revised tentative projections for 1978 and 1979</td>
<td>11</td>
</tr>
<tr>
<td>5 Resolutions</td>
<td>11</td>
</tr>
<tr>
<td>III. OTHER MATTERS</td>
<td>11</td>
</tr>
<tr>
<td>1 Resolutions of regional interest adopted by the Twenty-eighth World</td>
<td>11</td>
</tr>
<tr>
<td>Health Assembly and the Executive Board at its fifty-fifth and</td>
<td></td>
</tr>
<tr>
<td>fifty-sixth sessions</td>
<td></td>
</tr>
<tr>
<td>2 International programme for the improvement of water supply and</td>
<td>16</td>
</tr>
<tr>
<td>sanitation in rural areas of developing countries</td>
<td></td>
</tr>
<tr>
<td>3 Current progress of programmes receiving WHO assistance in the</td>
<td>17</td>
</tr>
<tr>
<td>Western Pacific Region</td>
<td></td>
</tr>
<tr>
<td>4 Dengue haemorrhagic fever: provision for assistance in emergencies</td>
<td>17</td>
</tr>
<tr>
<td>5 Infant nutrition and breast-feeding</td>
<td>19</td>
</tr>
<tr>
<td>6 WHO's role in the development and coordination of biomedical research</td>
<td>20</td>
</tr>
<tr>
<td>of the Regions in research</td>
<td></td>
</tr>
</tbody>
</table>
# CONTENTS

<p>| Page |
|------|---|
| 7    | Drug dependence ............................ 21 |
| 8    | Preparation of the Sixth General Programme of Work covering a Specific Period (1978-1983 inclusive) .................. 22 |
| 9    | Time and place of the twenty-seventh and twenty-eighth sessions of the Regional Committee .................................. 24 |
| 10   | Frequency of meetings of the Regional Committee ............................ 24 |
| 11   | Selection of topic for the Technical Presentation during the twenty-seventh session of the Regional Committee .......... 24 |
| 12   | Reports received from governments on the progress of their health activities .................. 25 |
|      | IV. RESOLUTIONS ADOPTED BY THE REGIONAL COMMITTEE  ....... 26 |
| WPR/RC26.R1 | Nomination of the Regional Director .................. 26 |
| WPR/RC26.R3 | Resolutions of regional interest adopted by the Twenty-eighth World Health Assembly and the Executive Board at its fifty-fifth and fifty-sixth sessions .......... 27 |
| WPR/RC26.R4 | Special assistance to Cambodia, the Democratic Republic of Viet-Nam, Laos and the Republic of South Viet-Nam .................. 28 |
| WPR/RC26.R5 | Promotion of national health care services relating to primary health care .................. 29 |</p>
<table>
<thead>
<tr>
<th>Reference</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>WPR/RC26.R6</td>
<td>Current progress of programmes receiving WHO assistance in the Western Pacific Region</td>
<td>30</td>
</tr>
<tr>
<td>WPR/RC26.R7</td>
<td>Dengue haemorrhagic fever: provision for assistance in emergencies</td>
<td>31</td>
</tr>
<tr>
<td>WPR/RC26.R8</td>
<td>International programme for the improvement of water supply and sanitation in rural areas of developing countries</td>
<td>31</td>
</tr>
<tr>
<td>WPR/RC26.R9</td>
<td>Infant nutrition and breast-feeding</td>
<td>32</td>
</tr>
<tr>
<td>WPR/RC26.R10</td>
<td>WHO's role in the development and coordination of biomedical research: greater involvement of the Regions in research</td>
<td>33</td>
</tr>
<tr>
<td>WPR/RC26.R11</td>
<td>Drug dependence and alcoholism</td>
<td>34</td>
</tr>
<tr>
<td>WPR/RC26.R14</td>
<td>Twenty-seventh and twenty-eighth sessions of the Regional Committee</td>
<td>37</td>
</tr>
<tr>
<td>WPR/RC26.R15</td>
<td>Frequency of meetings of the Regional Committee</td>
<td>37</td>
</tr>
<tr>
<td>WPR/RC26.R16</td>
<td>Development of the antimalaria programme</td>
<td>38</td>
</tr>
<tr>
<td>WPR/RC26.R17</td>
<td>Budget performance 1974 - direct services to governments</td>
<td>40</td>
</tr>
</tbody>
</table>
## CONTENTS

<table>
<thead>
<tr>
<th>Document Code</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>WPR/RC26.R20</td>
<td>Adoption of the report</td>
<td>41</td>
</tr>
<tr>
<td>WPR/RC26.R21</td>
<td>Resolution of appreciation</td>
<td>41</td>
</tr>
</tbody>
</table>

## ANNEXES

1. List of representatives of non-governmental organizations who made statements to the Regional Committee

2. Agenda

3. List of representatives

4. List of documents
INTRODUCTION

The twenty-sixth session of the Regional Committee for the Western Pacific was held in Manila from 1 to 5 September 1975.

The meeting was attended by Representatives of Australia, China, Japan, Laos, Malaysia, New Zealand, Philippines, Republic of Korea, Singapore, Republic of South Viet-Nam, Tonga and Western Samoa, of the Member States responsible for territories or areas in the Region, of Papua New Guinea, an Associate Member, and of the Democratic Republic of Viet-Nam as observers. Representatives of the United Nations Development Programme and UNICEF, the International Committee of Military Medicine and Pharmacy and 29 non-governmental organizations in official relations with WHO were also present. The Director-General attended for part of the session.

The Committee elected the following officers:

Chairman : Dr T.M. McKendrick (Western Samoa)

Vice-Chairman : Dr A. Tanaka (Japan)

Rapporteurs

in English : Dr J. Sumpaico (Philippines)

in French : Dr Phouy Phouthasak (Laos)

Formal statements were made by the Representatives of the United Nations Development Programme, UNICEF and the non-governmental organizations listed in Annex 1.

The agenda appears in Annex 2 and the list of representatives in Annex 3.

At its first plenary session, the Committee established a Subcommittee on Programme and Budget, composed of representatives of the following countries: Australia, China, France, Japan, New Zealand, Republic of Korea, Republic of South Viet-Nam, Tonga and the United Kingdom.

On Tuesday, 2 September 1975, the Committee held a private meeting to consider nominations for the post of Regional Director in accordance with Rule 51 of its Rules of Procedure.

The Committee nominated Dr Francisco J. Dy as Regional Director and decided that no names other than that of Dr Dy, the Regional Director in office, be submitted to the Executive Board. It requested the Director-General to recommend to the Executive Board the appointment of Dr Dy for a further period of three years from 1 July 1976 (see resolution WPR/RC26.R1).
During the discussion on resolutions of regional interest adopted by the Twenty-eighth World Health Assembly and the Executive Board at its fifty-fifth and fifty-sixth sessions, the Committee established a working group on malaria, consisting of Representatives of Laos, Malaysia, Papua New Guinea, Philippines and the United Kingdom (see page 15, item 1.9).

In the course of seven plenary sessions, the Committee adopted 21 resolutions which are set out in Part IV.

PART I. ANNUAL REPORT OF THE REGIONAL DIRECTOR
COVERING THE PERIOD 1 JULY 1974 TO 30 JUNE 1975

The Committee joined the Regional Director in welcoming to the Regional Committee the Representative of Tonga and the delegation of the Democratic Republic of Viet-Nam.

The Committee noted that during the course of the year, both the spirit and the letter of the recommendations of resolution WPR/RC25.R5 on project systems analysis, adopted at its twenty-fifth session, had been adhered to. The introduction of country health programming in Laos had been an innovative addition to the practical application of systems analysis in the programming of health care. The use of systems analysis, country health programming and other managerial techniques would be extended and tested to promote efficiency in certain areas of the health services.

It also noted that a major constraint in applying the WHO programme of assistance still remained the lack of adequately trained manpower; the establishment of national teacher training centres in the Philippines and the Republic of Korea, resulting directly from the regional teacher training programme at the University of New South Wales, Sydney, was therefore of major importance. The Government of Fiji had decided to train medical assistants, and the refresher training course for indigenous doctors in the Trust Territory of the Pacific Islands had been highly successful. National authorities needed to define clearly their health manpower requirements and the duties to be performed by various health workers, in order to ensure that the right categories of personnel were trained to the best advantage.

The Committee agreed that there was a need for further improvement in the fellowship programme especially with regard to the proper utilization of trained personnel once they returned to their own countries. Timely submission of applications for fellowships provided
for in the approved programme budget would ensure that candidates were placed in the institutes most suitable to their field of study, that commencement of studies was not delayed, and that, because the fellowship had progressed as originally planned, the trained individual returned to his own country at the time his newly-acquired skills were most needed. The early submission of applications had become particularly important now that the cost of fellowships had to be charged to the year in which study commenced no matter when the award was made. If a candidate awarded a fellowship in one year could not commence his studies until after 31 December, funds for the fellowship had to be found from the provisions for the following year. If this occurred too often, it could cause additional financial strain to the Organization and loss of fellowships to the countries concerned, and would present considerable difficulties in adhering to the approved fellowship programme.

The Committee noted that in the field of communicable diseases, where epidemiological surveillance systems needed to be strengthened and intensified, the training of adequate manpower had first priority. National immunization programmes required to be accelerated and expanded. In support of the WHO Expanded Programme on Immunization, a regional seminar on immunization in the control of communicable diseases would be held in Manila in October 1975.

Recent outbreaks of dengue/dengue haemorrhagic fever in areas within the Region had drawn attention to the importance of quick action in controlling the vector mosquitoes. Technical guides, finalized at the second meeting of the Technical Advisory Committee on Dengue Haemorrhagic Fever had been made available to Governments, as had a document (WPR/VEC/16) on the equipment and insecticides needed to control Aedes aegypti.

In the ensuing discussion, nine representatives took part. Appreciation was expressed of the efforts made by the Director and staff of the Regional Office to improve health and health care in the Region.

The Committee noted with interest statements on present and planned health activities in Malaysia, Republic of Korea and Tonga and a description of the network of health facilities, extending to the rural areas, that had been developed in the People's Republic of China.

The Committee welcomed the establishment of a health planning unit within the Regional Office.

In clarification of two statements contained in the Report, the Committee noted that: (i) instead of advice on family planning forming a component of an overall programme of maternal and child health care,
emphasis in many areas of the Region had been placed only on family planning to the detriment of maternal and child health care;\(^1\)

(ii) the World Food Programme had assisted one country in schistosomiasis control by distributing consignments of food to the labourers recruited from the villages.\(^1\)

The Committee was informed that, though progress would necessarily be slow because for traditional and cultural reasons large families were customary, the Government of Western Samoa regarded its maternal and child health/family planning programme as being of extreme importance from a health and economic viewpoint, meriting assistance from WHO.

The Committee noted that the national health plan of the Democratic Republic of Viet-Nam, which now aimed at consolidating the rural health network and developing health services for workers in urban communities, fitted into the overall programme of assistance of WHO.

It was also noted that the Government of Laos wished direct technical assistance from advisers and consultants to be reduced; fewer, more specialized, experts; an increase in material assistance; and advice on the use of material assistance received under bilateral arrangements or from other international organizations.

The Committee adopted a resolution noting with satisfaction the manner in which the programme had been planned and carried out during the period under review and commending the Regional Director and his staff on the work accomplished (see resolution WPR/RC26.R2).

PART II. REVIEW OF THE PROGRAMME BUDGET, 1976-1977

1 Introduction

At its seventh session, the Regional Committee, in resolution WPR/RC7.R7, decided "that the establishment of a sub-committee on programme and budget, consisting of six members plus the Chairman of the Regional Committee, should become a routine activity of the

\(^1\) Document WPR/RC26/4, Introduction, pages xi and xiii.
Regional Committee"; and recommended that "the membership of this sub-committee be rotated among the Representatives of various Members, subject to the provision that any Representative desiring to be a member of the sub-committee should be entitled to participate". At its twenty-first session, the membership of the Sub-Committee was increased to half the Members in the Region.

The Sub-Committee on Programme and Budget met on Tuesday afternoon, 2 September, and considered its draft report on Thursday morning, 4 September, under the chairmanship of Dr T.M. McKendrick. The attendance was as follows:

Members in accordance with the principle of rotation:

Australia
Mr C. Evans
Mrs A. Broinowski

China
Dr Chen Wen Chieh
Dr Wang Lien Sheng

France
Dr Yves Couturier

Japan
Mr S. Kaneda
Dr S. Osawa

New Zealand
Dr R. Dickie

Republic of Korea
Dr Kyong Shik Chang
Mr Sun Dong Yin

Republic of South Viet-Nam
Dr Tran Cuu Kien
Dr Le Van Loc

Tonga
Dr S. Tapa

United Kingdom
Dr J.A.B. Nicholson

Other members also in attendance were:

Laos
Dr Phouy Phoutthasak
Dr Keo Phimphachanh

1"Half the Members" means that half an odd number would be the next higher full number - e.g., one half of 17 is 9.
Malaysia
Mr Onn bin Kayat
Dr Lim Ewe Seng

Philippines
Dr A.N. Acosta
Dr F. Aguilar

United States of America
Dr J.C. King
Mr E. Noziglia

The Director-General and the Regional Director were also present.

Dr Hesselvik, Director of Health Services, acted as Secretary. He was assisted by Miss Newton, Chief, Administration and Finance.

The Sub-Committee had before it the following documents.

WPR/RC25/2 and Rev.1
Proposed programme budget estimates for 1976 and 1977

WPR/RC26/2 and Corr.1
Proposed revisions to the programme budget 1976-1977

WPR/RC26/P&B/1 Rev.1
Suggested guidelines for the Sub-Committee on Programme and Budget

WPR/RC26/P&B/2 Add.1 and Corr.1
Review of budget performance 1974 - Direct services to governments of the Region by subject heading, by country or area and by project

WPR/RC26/P&B/3
Proposed revisions to the programme budget 1976-1977

WPR/RC26/P&B/4 and Corr.1
Revised tentative projections for 1978-1979

WPR/RC26/P&B/5
Proposed programme budget, 1976-1977: Distribution of costs of intercountry programmes

Review of budget performance 1974 - direct services to governments of the Region by subject heading, by country or area and by project (Document WPR/RC26/P&B/2, Add.1 and Corr.1)

Dr Hesselvik, Secretary, drew attention to Annex 1 of document WPR/RC26/P&B/2 which showed by subject heading the original budget estimates, those revised in the subsequent year and the obligations incurred. Although the percentages given seemed, particularly for
the smaller allocations, to show rather large deviations between the amounts budgetted and the sums obligated, this was not so for the absolute figures. It could be said that the overall implementation picture was reasonably close to the original provisions. That the total implementation rate was no higher than 86.6% was due to the fact that the budgetted amount included a sum of US$900 000 provided for China, which was not made available to the Region. Taking that sum into account the implementation rate was in fact 97.6%. Further details on the implementation of the 1974 programme were listed in Annex 2 of document WPR/RC26/P&B/2.

The differences between the planned programme and the programme delivered were largely because of unforeseen and unforeseeable factors such as changes in government requests and priorities and unexpected delays in recruitment.

The Secretary went on to mention document WPR/RC26/P&B/2 Add.1 which, in its Annexes 1, 2 and 3, attempted to show on an individual basis the assistance received by countries or areas through the intercountry programme. The criteria used in apportioning the cost of the intercountry programme between countries or areas were enumerated in the document but related primarily to visits by intercountry teams and participation in various technical meetings organized by the Regional Office. The document also indicated the principles governing the distribution to countries or areas of the cost of the WHO Representatives' Offices.

3 Consideration of proposed revisions to the programme budget, 1976-1977 (Documents WPR/RC25/2 and Rev.1, WPR/RC26/2 and Corr.1, WPR/RC26/P&B/3 and WPR/RC26/P&B/5)

The Secretary then drew attention to document WPR/RC26/P&B/3. Members of the Sub-Committee would recall that the programme budget estimates for the biennium 1976-1977 were presented to the Regional Committee at its twenty-fifth session in 1974. After endorsement by the Committee they were transmitted to the Director-General, who incorporated them in his proposed programme budget for 1976-1977 (Official Records No. 220) for consideration by the Twenty-eighth World Health Assembly. The Regional Director had now found it necessary to make certain changes in the programme budget for 1976 and 1977 for a number of different reasons; among them requests for changes from Member Governments and the general increase in the cost of delivering the programme. The Regional Director had also been guided by the deliberations and recommendations of the Twenty-eighth World Health Assembly as adopted in four resolutions:

- WHA28.75 - Assistance to developing countries
- WHA28.76 - Programme budget policy with regard to technical assistance to developing countries
WHA28.77 - Assistance to developing countries

WHA28.79 - Special assistance to Cambodia, the Democratic Republic of Viet-Nam and the Republic of South Viet-Nam

In this context, the Regional Director wished to draw the attention of the Sub-Committee to resolution WPR/RC5.R3 adopted by the fifth session of the Regional Committee which requested him to give priority to health projects requested by Cambodia, Laos and South Viet-Nam, and to a similar resolution, WPR/RC22.R2, adopted by the twenty-second session of the Regional Committee, which requested him to give as much assistance as possible to Cambodia and Laos. It would be further recalled that Laos and Western Samoa were among the countries designated by the United Nations General Assembly as least developed among the developing countries. These two countries, together with Cambodia and South Viet-Nam, were also among those countries designated most seriously affected.

To cover increased programme costs it had been possible for the Director-General to increase the regional allocation to only a limited extent. While a small further increase in the allocation would be made for 1977 no increase could be expected for 1976.

Of the various programme changes that had become necessary the reduction in consultant services should be mentioned first since it was hoped that this would have the least effect in substance on the programme already endorsed by the Regional Committee. It would be recalled that similar reductions had already become necessary in the 1975 programme.

The Secretary went on to refer to document WPR/RC26/2 in which the original provisions for 1976 and 1977 as well as the revised figures, when a revision was proposed, were indicated separately. All the proposed deletions, had been transferred to the List of Additional Projects which figured as Appendix 1 of the document under discussion. Annex 1 gave a summary of the total estimated obligations by source of funds. The totals for 1976 and 1977 were some $400 000 higher than originally envisaged. This represented the increased allocations that the Director-General had been able to give the Region to partially offset the increase in costs. As far as other budgetary sources were concerned (UNDP, UNFPA and UNEP) the figures given represented the best estimates at the time the table was compiled. Annex 2 gave a summary by programme and source of funds and Annex 3 the same figures by appropriation section, with tentative projections for 1978 and 1979. A forecast of the monetary value of direct assistance to countries or areas in the Region was contained in Annex 4.
Since the compilation of document WPR/RC26/2 it had been found necessary to make yet another revision; the principal reason being that the wishes of the Governments of Cambodia and the Republic of South Viet-Nam were unknown and it was considered desirable to set aside resources for requests from the Democratic Republic of Viet-Nam. For these reasons the sums foreseen for allocation to various projects in Cambodia and the Republic of South Viet-Nam had been pooled under the programme heading Strengthening of Health Services. The relative figures, together with new provisions for the Democratic Republic of Viet-Nam, to the amount of $226,000 in 1976 and $313,000 in 1977, were shown in document WPR/RC26/2 Corr.1. To finance the increases certain cuts were proposed, partly in the country programmes, but primarily in the intercountry programme, which had been quite severely curtailed. The proposed changes were shown in pages 5 to 8 inclusive of document WPR/RC26/2 Corr.1.

The Secretary then drew attention to document WPR/RC26/P&8/5 giving the distribution by country or area of the costs of the intercountry programme and the Regional Advisers in 1976 and 1977.

For reasons that the Committee would appreciate, it had been necessary to effect the changes in stages. It was appreciated that the results were confusing. For this reason document WPR/RC25/2 Rev.1 had been prepared giving a consolidated picture of the proposed regional programme as a whole. It showed the entire proposed programme budget as it stood at present and included in the List of Additional Projects, all those that, for one reason or another, had had to be deleted and were now proposed for implementation to the extent that additional funds or savings might become available.

The Director-General now hoped that he would be able to allocate certain extra funds to the Region for 1977. In this event, it was the intention of the Regional Director to implement in the first place the activities directly benefiting the least developed and the most seriously affected countries, although it was realized that there was a need to maintain a balance between country and intercountry programmes. It was particularly important, therefore, to know the wishes of the Governments of Cambodia, the Democratic Republic of Viet-Nam, and the Republic of South Viet-Nam with regard to the type of WHO assistance they wished to have.

After explaining the recent problems encountered by his Government, the Representative of the Republic of South Viet-Nam said that specific requests for assistance would be submitted in the near future.
The Representative of the United States of America referred to the two statements made by the Secretary that: (a) the greatest cuts had been made in the intercountry programme; and (b) in the event the Director-General was able to allocate extra funds in 1977, priority would be given to assisting the least developed countries. This seemed to be contrary to the views expressed by the Committee on previous occasions. The Delegation of the United States of America had always felt that priority should be given to intercountry programmes since they not only served individual countries but the Region as a whole; they did, in fact, permit assistance to be provided to programmes that mainly affected the lesser developed countries through the collaboration of the developed countries.

The Representative of the United Kingdom asked for clarification of a reference, made by the Secretary in summarizing his statements, to the possibility of additional funds being provided by the more affluent countries of the Region.

The Committee noted from the DIRECTOR-GENERAL's reply to the Representative of the United Kingdom that a regional expression of solidarity in support of the need to mobilize additional resources at the global level would be very relevant. It was felt that the Regional Director should be active in soliciting additional financial support from Member States who might be willing to help their less fortunate neighbours. Although it was hoped to provide additional budgetary allocations to the Region there was a limit to what could be done from resources available at present.

3.1 Revisions requested by governments to the List of Additional Projects for 1976 and 1977

The following requests for assistance in 1976 and 1977 were presented during the meeting of the Sub-Committee:

**Philippines**

*DHS 001 - Health information and literature*

The Representative of the Philippines requested that the post of medical records officer in the regular budget for 1976, be continued up to the end of 1977.

**Western Samoa**

*SHS 003 - Hospital administration*

The Representative of Western Samoa requested that the post of hospital administrator, at present included in the List of Additional Projects for 1976, be continued up to the end of 1977.
4 Consideration of revised tentative projections for 1978 and 1979 (Document WPR/RC26/P&B/4 and Corr.1)

The Secretary drew attention to document WPR/RC26/P&B/4. These projections had been reviewed in 1974, in response to the resolution of the Twenty-second World Health Assembly on long-term planning. As a result of increased programme costs, the Director-General had issued revised tentative allocations for 1978-1979, involving additional amounts of some $400,000 for each year. The resulting adjusted tentative projections by appropriation section were set out in document WPR/RC26/P&B/4 Corr.1.

5 Resolutions

The Committee adopted the following three resolutions in connexion with the programme budget:

(1) Budget performance 1974 - Direct services to governments (WPR/RC26.R17);

(2) Revisions to the programme budget for 1976 and 1977 (WPR/RC26.R18);


PART III. OTHER MATTERS

1 Resolutions of regional interest adopted by the Twenty-eighth World Health Assembly and the Executive Board at its fifty-fifth and fifty-sixth sessions (Documents WPR/RC26/5, WPR/RC26/5 Add.1 and WPR/RC26/13)

The Committee considered the following resolutions:

(1) Organizational study on the interrelationships between the central technical services of WHO and programmes of direct assistance to Member States (resolutions EB55.R26 and WHA28.30);

(2) Participation in the Regional Committee for Africa of Members not having their seat of government within the Region (resolution WHA28.37);
(3) Coordination with the United Nations system - general matters (resolution EB55.R56 and WHA28.40);

(4) WHO activities in regard to the development of methods of controlling the tropical parasitic diseases (resolution WHA28.51);

(5) Schistosomiasis (resolutions EB55.R22 and WHA28.53);

(6) Prevention of blindness (resolution WHA28.54);

(7) Mycotic diseases (resolution WHA28.55);

(8) Leprosy control (resolution WHA28.56);

(9) Mental retardation (resolution WHA28.57);

(10) Control of sexually transmitted diseases (resolution WHA28.58);

(11) Rheumatic diseases (resolution WHA28.59);

(12) Fluoridation and dental health (resolution WHA28.64);

(13) Utilization and supply of human blood and blood products (resolution WHA28.72);

(14) Special assistance to Cambodia, the Democratic Republic of Viet-Nam and the Republic of South Viet-Nam (resolution WHA28.79);

(15) The need for laboratory animals for the control of biological products and the establishment of breeding colonies (resolution WHA28.83);

(16) Development of the antimalaria programme (resolutions EB55.R36 and WHA28.87);

(17) Promotion of national health services relating to primary health care (resolutions EB55.R16 and WHA28.88);

(18) Voluntary Fund for Health Promotion (resolution EB56.R12).

(See resolution WPR/RC26.R3.)
A summary of the comments made on specific resolutions is given below.

1.1 Participation in the Regional Committee for Africa of Members not having their seat of government within the Region (resolution WHA28.37)

The Committee noted this resolution and agreed with the view voiced by the Representative of Australia, who spoke to the resolution, that, since the work of the Western Pacific Region was progressing harmoniously, any action similar to that of the Regional Committee for Africa would be inappropriate and premature.

1.2 WHO activities in regard to the development of methods of controlling the tropical parasitic diseases (resolution WHA28.51)

The Representative of the United Kingdom spoke to this resolution. He considered its recommendations to be an important initiative in dealing with major causes of morbidity in developing countries; it was an area that up to the present had tended to be neglected.

1.3 Mycotic diseases (resolution WHA28.55)

The Representative of New Zealand spoke to this resolution. He informed the Committee that a mycology reference laboratory had been established in the National Institute of Health, Wellington, in December 1974. Its services were available to countries or areas in the Region.

1.4 Mental retardation (resolution WHA28.57)

The Representative of Australia spoke to this resolution. He emphasized that the problem of mental retardation was common to all areas, both developed and developing. A significant reduction in the incidence of several types of mental retardation could be achieved by undertaking simple preventive measures.

1.5 Fluoridation and dental health (resolution WHA28.64)

The Representative of the United Kingdom spoke to this resolution. He welcomed the resolution as a means of stimulating the development of programmes for the prevention of dental caries through fluoridation.

1.6 Utilization and supply of human blood and blood products (resolution WHA28.72)

The Representative of the Philippines spoke to this resolution. He outlined the steps that had been taken by the Government of the Philippines to improve and control blood banking practices.
1.7 **Special assistance to Cambodia, the Democratic Republic of Viet-Nam and the Republic of South Viet-Nam** (resolution WHA28.79)

The Representative of Australia spoke to this resolution indicating that it was supported by his Government.

The Representative of the Democratic Republic of Viet-Nam expressed the thanks of his Government to the Member States of WHO that had voted in favour of the resolution and asked for the guidance of the Secretariat as to the correct manner in which to submit its requests for assistance.

The Representative of Laos transmitted the regret of his Government that Laos, where urgent health problems as the result of an emergency situation also existed, had not been named in the resolution.

The Representative of the United States of America stated that his Delegation still opposed the adoption of resolutions of this type, since they could interfere with the Director-General's attempts at orderly planning and management.

The Committee adopted a resolution which included a request to the Regional Director to transmit its wish that Laos be included as one of the countries to receive special assistance under resolution WHA28.79, to the Director-General so that he might bring it to the attention of the Executive Board (see resolution WPR/RC26.R4).

1.8 **The need for laboratory animals for the control of biological products and the establishment of breeding colonies** (resolution WHA28.83)

Two Representatives spoke to this resolution.

The Representative of the United Kingdom said that, as it was becoming more difficult to supply the needs from sources in the wild, the recommendations of resolution WHA28.83 should be actively pursued. He drew attention to the hazards of infection from all types of laboratory animal from the wild, not only simians.

The Representative of the Philippines reported to the Committee that the possibility of establishing a breeding colony for non-human primates in the Philippines was being explored.

1.9 **Development of the antimalaria programme** (resolutions EB55.R36 and WHA28.87)

The Committee noted that the antimalaria programme in the Region had fortunately been spared serious setbacks in recent years, although progress had been slow. There were technical problems, such as the habit of *A. farauti*, in limited areas of the South-west Pacific, to
bite outside during the early evening; and the spreading multi-drug resistance of P. falciparum. In some parts of the Region there were operational problems, because of bad terrain, difficulties in communication, the low level of contribution from the rural health services, and increasing resistance to prolonged indoor spraying with DDT. There were also overall administrative constraints, the two most outstanding being lack of financial support and inadequate training in malaria of health manpower.

The Representative of Australia, in speaking of the continuous threat to his country from malaria, welcomed all moves to increase the effectiveness of malaria control and eradication programmes.

The Committee adopted a resolution, prepared as a result of the discussions of the working group which it had established (see page 2) making recommendations on the orientation of antimalarial programmes within the regional framework (see resolution WPR/RC26.R16).

1.10 Promotion of national health services relating to primary health care (resolutions EB55.R16 and WHA28.88)

The Committee noted the definition of primary health care given by the Director-General in his last report on the subject to the World Health Assembly:

"Primary health care is taken to mean a health approach which integrates at the community level all the elements necessary to make an impact upon the health status of the people. Such an approach should be an integral part of the national health care system. It is an expression or response to the fundamental human needs of how can a person know of, and be assisted in the actions required to live a healthy life and where can a person go if he/she needs relief from pain or suffering. A response to such needs must be a series of simple and effective measures in terms of cost, technique and organization, which are easily accessible to the people in need and which assist in improving the living conditions of individuals, families and communities. These include preventive, promotive, curative and rehabilitative health measures and community development activities."

It was also noted that most governments in the Region already had the necessary policies and structural framework, differing only in degree of development, to apply the concept of primary health care in the operation of their health services.

Ten Representatives spoke to this resolution, outlining the development of primary health care in their own countries and supporting it as a concept.

The Committee adopted a resolution which recognized the importance of certain basic criteria of primary health care and requested the Regional Director to (a) promote, and assist governments in preparing, national plans of action in the area of primary health care; and (b) provide guidance and assist governments upon request in activities, including research, related to the strengthening of primary health care and its delivery to the majority of the people (see resolution WPR/RC26.R5).

1.11 Voluntary Fund for Health Promotion (resolution EB56.R12)

The Representative of Japan spoke to this resolution. He announced that the Government of Japan had pleasure in donating US$200,000 to the WHO Voluntary Fund for Health Promotion - Special Account for Smallpox Eradication.

International programme for the improvement of water supply and sanitation in rural areas of developing countries (Document WPR/RC26/14)

The Committee noted that the Director-General attached considerable importance to the proposed international programme for the improvement of water supply and sanitation in rural areas of developing countries. It also noted the action, planned or already taken, by a group of international organizations (United Nations Development Programme, United Nations Children's Fund, United Nations Environment Programme, International Bank for Reconstruction and Development, International Development Research Centre, Organization for Economic Cooperation and Development and World Health Organization) that had formed an Ad Hoc Working Group on Rural Potable Water Supply and Sanitation. It was thought that the participation in this Working Group of representatives from some of the developing countries of the Western Pacific Region would be particularly beneficial.

It was suggested that the Governments of Malaysia, Papua New Guinea, Philippines and the Republic of Korea should send representatives to Geneva in November 1975 to participate in a meeting of the Ad Hoc Working Group. The Committee adopted a resolution endorsing this suggestion and expressing agreement in principle to the proposed programme (see resolution WPR/RC26.R8).
The Committee reviewed a report presented by the Regional Director which contained the third evaluation of the progress of programmes receiving WHO assistance in the Region and summarized the reports of governments on the progress of long-term projects for the period July 1973 to June 1974. It was noted that the first evaluation, of projects receiving assistance between July 1969 and June 1970, had been submitted to the Committee at its twenty-first session and the second evaluation, for the period July 1970 to June 1971, at its twenty-second session. The Committee, at its twenty-second session, had adopted a resolution requesting that such evaluations be prepared every two or three years.

It was also noted that a modified and refined questionnaire had been used in an attempt to obtain more concise and pertinent information.

In answer to a query it was explained to the Committee that the term "transferable technology" meant techniques or procedures applied in the development of programmes that could be continued by the national staff after international assistance had been withdrawn.

The Representative of Australia, commenting that for some of the criteria used in the questionnaire the replies in the positive had been few, said that it could possibly be queried whether a project always fulfilled the needs of a country.

The Committee noted, in reply to questions asked by the Representative of the United States of America, that (a) if it was shown a project was not as successful as it might be, the difficulties encountered became the subject of frank discussion between the government and WHO; (b) the evaluation had been primarily applied to long-term projects, that is projects of two years' duration or more, because short-term projects consisted mainly of consultant services which could be evaluated in a different manner.

The Committee adopted a resolution reiterating its belief in the usefulness to governments of periodic evaluations of this nature, and requesting the Regional Director to undertake and continue to improve on similar evaluations which could contribute to improved planning and management of WHO collaborative programmes with governments (see resolution WPR/RC26.R6).

4 Dengue haemorrhagic fever: provision for assistance in emergencies (Document WPR/RC26/7)

The Committee noted the background information provided by the Regional Director to his request to the Committee to allow him to place US$10,000 in the List of Additional Projects for 1976 and subsequent
years, in order to be able to assist governments, on an emergency basis, with supplies and equipment in the event of outbreaks of dengue/dengue haemorrhagic fever. Recent experience in the South Pacific area had shown that, quite often, neither ULV ground machines nor insecticides, without which control measures could not be put into effect, were immediately available in areas where outbreaks had occurred.

It was noted that the exact manner in which the equipment and insecticides would be made available to Governments upon request would vary in accordance with the situation prevailing in a country at the time an outbreak occurred. But it was envisaged that about six portable ULV application machines would be purchased and held in stock at the Regional Office for loan to Governments. Insecticides would not be held in stock, since they were liable to deteriorate if kept too long; the funds would be available to enable an immediate purchase to be made if it appeared to be necessary. Transport costs would be borne by the Government making the request.

Noting the comments of the Representative of Malaysia on the reliability of the LECO heavy duty, vehicle-mounted ULV cold aerosol generator, on the need to also have expendable spare parts available, and on the necessity of providing a technician to advise on maintaining or operating the machine, the Committee supported the Regional Director's proposal.

Some Representatives expressed concern that US$10,000 might not be sufficient and that the funds would become depleted if insecticides were provided and the cost not reimbursed quickly.

The Representative of France stressed the necessity for community action to eradicate mosquito breeding sites.

The Representative of New Zealand warned that the ready availability of supplies and equipment might lead to complacency and prevent governments from making their own provisions to control the vector mosquitoes.

The Representative of the Philippines mentioned the importance of having organized vector control units.

The Committee adopted a resolution which authorized the Regional Director to place an amount of US$10,000 in the List of Additional Projects for 1976 and future years, as required; suggested that the freight charges involved in transporting insecticides and equipment to the area of the outbreak be borne by the government making the request; and also suggested that governments who availed themselves of ULV grade insecticides provided by WHO, should reimburse the Organization for the costs thereof at the earliest possible time, in order not to deplete the resources available for the purpose (see resolution WPR/RC26.R7).
5 Infant nutrition and breast-feeding (Document WPR/RC26/8)

The Committee noted that the Government of the United Kingdom had suggested the inclusion of this item following the adoption of resolution WPR/RC25.R10 by the Committee at its twenty-fifth session because of the extreme importance it attached to the subject. Resolution WHA27.43 adopted by the Twenty-seventh World Health Assembly was not to be considered in isolation but in association with development in other fields, such as social affairs, agriculture and community development including sanitation, communication and employment.

Sustained health education was extremely important and should include education in the hygienic preparation and use of items needed in supplementary feeding, which merited continued consideration by health administrations as each generation of young women reached child-bearing age.

The Committee expressed concern with regard to the violation of codes of ethics and the advertising of commercial infant foods.

The Representative of Malaysia described the steps being taken by the Government of Malaysia to promote activities related to nutrition and breast-feeding through the national food and nutrition programme and the rural health infrastructure as part of the family health programme. These activities involved all categories of maternal and child health personnel and included a supplementary feeding programme for pregnant and lactating mothers, infants and children at maternal and child health clinics and cooking demonstrations for supplementary feeding, using local products.

It was suggested that consideration be given to establishing codes of ethics giving priority to breast-feeding and preventing commercial firms from unduly promoting artificial feeding; by (a) controlling the advertisement of products for the feeding of infants and young children; (b) controlling and properly labelling formulae and modified milk products for feeding infants.

Five Representatives went on to describe the efforts being made in their countries to promote breast-feeding and improve supplementary and weaning foods.

The Representative of Papua New Guinea, referring to the situation in his country, said that not only did mothers need to be educated to breast feed but fathers needed to be educated to provide the means to feed their children and their pregnant wives properly.
The Representative of the United States of America wished to suggest that the objectives outlined in document WPR/RC26/8 for future action be broadened to include not only the establishment of national food and nutrition policies but also the promotion of such policies as integral parts of national development plans. Emphasis was also placed on the importance of coordinating WHO's efforts with those of other international agencies, such as UNICEF, UNFPA and FAO.

The Committee adopted a resolution urging governments (a) to increase their efforts to promote public acceptance of breast-feeding and the timely introduction of suitable supplementary food through advice to individuals, mass publicity and the revision of staff training curricula; and (b) to coordinate efforts in the health, social, agricultural, educational and industrial fields through the formulation and implementation of national food and nutrition policies, particular attention being paid to control of the production, content, advertising and labelling of commercial infant foods; and requesting the Regional Director to take certain action in conjunction with those responsible in the other United Nations agencies (see resolution WPR/RC26.R9).

6 WHO's role in the development and coordination of biomedical research: greater involvement of the Regions in research

(Document WPR/RC26/9)

The Committee reviewed a report on the development of the Organization's research programme, from its inception up to the present, and outlined some of the means by which the Region might increase its involvement. Resolutions adopted by the World Health Assembly in 1974 and in 1975 and the fifty-fifth session of the Executive Board in January 1975, all requested the Director-General to encourage regional committees and regional offices to implement appropriate programmes of biomedical research.

The opportunity to involve the Region in (a) coordinating the research activities of Member States; and (b) promoting research and ensuring that it was directed towards problems of major concern for the Region was welcomed.

It was noted that the object in developing the research activities of WHO was to make Member States, particularly those that were developing, as self-sufficient as possible in their capacity for research. Developed countries were being encouraged to collaborate with developing countries in dealing with urgent problems. It had been concluded that the most urgent problems to be solved were in the field of tropical diseases. Because these tropical diseases were of little concern to developed countries, they had been neglected to a large extent from
the standpoint of fundamental and applied research. WHO would pay particular attention to this group of diseases through aggressive, active and systematic research efforts in the laboratories of both developed and developing countries. It was noted that support would be given to laboratories in developing countries for training in fundamental research, thus enabling them to become self-sufficient.

Ten Representatives spoke in support of the proposals for greater involvement of the Region in research, stressing, however, that emphasis should be on national priorities for applied rather than fundamental laboratory research; that the communicable diseases and the development of health services should be given highest priority; and that there must be close coordination and interchange of information in order to avoid duplication of effort.

The Representative of Malaysia proposed that a WHO collaborating centre for research and training in tropical diseases should be established in the Western Pacific Region and indicated that the Institute of Medical Research, Kuala Lumpur, might be suitable for designation.

The Committee supported this proposal in principle though several Representatives asked that a feasibility study be carried out to investigate the implications involved and to establish where such a centre should be located.

The Representative of the United Kingdom mentioned specifically the need for a breakthrough in the chemotherapy of parasitic diseases perhaps with the involvement of the pharmaceutical industry. The Committee noted that this was one of the areas chosen for a systematic and integrated collaborative effort in the biomedical field.

The Chairman, speaking on behalf of the Government of Western Samoa, mentioned the opportunities existing in that country for research on filariasis, though the Government's own resources to carry it out were limited.

The Committee adopted a resolution making recommendations on the role to be played by the Region in biomedical research and the action to be taken (see resolution WPR/RC26.R10).

7 Drug dependence (Document WPR/RC26/10)

The Committee reviewed a report presented by the Regional Director on the action taken in connexion with the resolution WPR/RC25.R3 on drug dependence, adopted by the Regional Committee at its twenty-fifth session.
It noted that among the recommendations for developing future programmes of assistance made by the working group on measures for the prevention and control of drug dependence, held in Manila in December 1974, emphasis had been given to the importance of: (a) epidemiological data collection; (b) the planning of alternative courses of action; (c) training personnel in treatment and rehabilitation methods; and (d) the continuous evaluation of prevention and control programmes.

The Representatives of Malaysia and New Zealand described the activities being carried out and legislation enacted in their countries to combat drug dependence.

The Committee noted that in Australia and New Zealand, alcoholism was a far more serious problem than drug dependence as such.

The Committee also noted that in July 1972 the Government of Australia had donated A$100,000 to the United Nations Fund for Drug Abuse Control.

The Representative of the United States of America supported by the Representatives of Australia, New Zealand and Papua New Guinea reiterated a statement he had made at the twenty-fifth session of the Regional Committee that drug dependence and alcoholism should not be considered together. Each had its own distinct problems.

Among the operative paragraphs of the resolution it adopted on the action it wished taken on drug dependence and alcoholism, the Committee called the attention of Member States to the assistance that might be available to them from the United Nations Fund for Drug Abuse Control and requested the Regional Director to include the topic of alcoholism as a separate item on the agenda of the twenty-seventh session of the Regional Committee (see resolution WPR/RC26.R11).

Preparation of the Sixth General Programme of Work covering a Specific Period (1978-1983 inclusive) (Document WPR/RC26/11)

The Committee considered a list of principal programme objectives and related detailed objectives proposed for inclusion in the Sixth General Programme of Work covering a specific period (1978-1983 inclusive) and while agreeing to most of the priorities suggested for the Western Pacific Region made the following changes:

**Development of Health Services**

Objectives I.1.3, I.1.8 and I.2 to be given lower priorities.

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1 See Annex 2, Rev.1, document WPR/RC26/11.
Disease prevention and control

(i) Sexually transmitted diseases to be included as a detailed objective;

(ii) Objective II 10.2 to be rated "C".

Promotion of environmental health

Objective III 13.5 to be accorded priority "B".

The suggestion was made that more relevance would be given to the priorities accorded to the different objectives by indicating whether they were for developed or developing countries.

The Representative of China rated the development of health services, disease prevention and control, promotion of environmental health, health manpower development and promotion and development of biomedical and health services research, as meriting priority; he said that, in taking account of the needs of developing Third World countries, attention should be paid to improving (a) environmental health; (b) research on medicines and equipment appropriate to the needs of rural areas; and (c) the development of folk and traditional medicines.

The Committee was reminded that, up to the present, it had wished to adopt its own programme of work for the Western Pacific Region running parallel with the programme of work for the Organization as a whole. For example, at its twenty-first session it had adopted the Fourth General Programme of Work for the Western Pacific Region for the period 1973-1977 and had recommended that it be incorporated in the Fifth General Programme of Work, covering the same period, for the Organization as a whole.

The Committee decided that at its twenty-seventh session, when it would have become clear whether or not the priorities it had accorded for the Western Pacific Region to the proposed objectives of the Sixth General Programme of Work fitted within the global priorities accorded by the World Health Assembly, it should review the necessity for preparing a Fifth General Programme of Work for the Region.

The Committee adopted a resolution transmitting its priorities for the programme in the Western Pacific Region for the period 1978-1983 to the Director-General for consideration in preparing the Sixth General Programme of Work to be submitted to the Executive Board at its fifty-seventh session (see resolution WPR/RC26.R12).
9 **Time and place of the twenty-seventh and twenty-eighth sessions of the Regional Committee**

The Committee recalled that at its twenty-fifth session it had accepted a tentative invitation from the Government of Japan to hold its twenty-seventh session in Tokyo. Now that the Representative of Japan had stated that his Government would prefer to extend a tentative invitation to hold the twenty-eighth, and not the twenty-seventh, session in Tokyo, the Committee decided that its twenty-seventh session should be held in Manila from 6 to 11 September 1976. These early dates were necessary because the Chinese interpreters were seconded from the United Nations and were due back in New York for the General Assembly.

The Committee accepted with appreciation the tentative invitation of the Government of Japan to hold its twenty-eighth session in Tokyo provided a satisfactory agreement could be concluded between the Government and WHO (see resolution WPR/RC26.R14). It understood that the invitation was subject to confirmation.

10 **Frequency of meetings of the Regional Committee**

The Representative of Australia suggested that it might be preferable to hold meetings of the Regional Committee every other year, now that the Organization had entered into a biennial programme budget cycle. He realized that there were one or two difficulties to be overcome such as the fact that the Organization's programme budget needed to be approved each year until such time as the amendments to Articles 34 and 55 of the WHO Constitution had been ratified. Rules 4 and 15 of the Rules of Procedure of the Regional Committee for the Western Pacific would also have to be amended.

After considerable discussion on the Representative of Australia's suggestion, including the implications it would have for the Government of Japan in issuing its invitation to hold the twenty-eighth session of the Regional Committee in Tokyo, the Committee asked the Regional Director to study the question closely and report to its twenty-seventh session.

A resolution incorporating the points raised in the discussion was adopted accordingly (see resolution WPR/RC26.R15).

11 **Selection of topic for the Technical Presentation during the twenty-seventh session of the Regional Committee** (Document WPR/RC26/12)

The Committee selected "Primary Health Care" as the topic for the Technical Presentation during the twenty-seventh session of the Regional Committee (see resolution WPR/RC26.R13).
12 Reports received from governments on the progress of their health activities

The Chairman acknowledged the following reports presented to the Committee:

(1) AUSTRALIA - Report on national health activities, 1974-75;

(2) DEMOCRATIC REPUBLIC OF VIET-NAM - Rapport succinct sur les activités sanitaires (1974); rapport sur la fièvre hémorragique au Viet-Nam; rapport sur l'alimentation des enfants Vietnamiens;

(3) FRENCH POLYNESIA - Brief report on health activities in 1974;

(4) HONG KONG - Brief report on progress of health activities, 1974;

(5) JAPAN - Report on the progress of health activities (1975);

(6) LAOS - Rapport succinct sur la situation sanitaire en 1974-75;

(7) MALAYSIA - Brief report on the progress of health activities;

(8) NEW ZEALAND - Brief report on progress of health activities, 1974-75;

(9) PHILIPPINES - A report of the state of health;

(10) REPUBLIC OF KOREA - Brief report on national health activities in 1974;

(11) TRUST TERRITORY OF THE PACIFIC ISLANDS - Programme report on health activities.
PART IV. RESOLUTIONS ADOPTED BY THE REGIONAL COMMITTEE

WPR/RC26.R1 NOMINATION OF THE REGIONAL DIRECTOR

The Regional Committee,

Considering Article 52 of the Constitution; and

In accordance with Rule 51 of its Rules of Procedure,

1. NOMINATES Dr Francisco J. Dy as Regional Director for the Western Pacific;

2. DECIDES that no names other than that of Dr Dy, the Regional Director in office, be submitted to the Executive Board; and

3. REQUESTS the Director-General to propose to the Executive Board the appointment of Dr Francisco J. Dy for a further period of three years from 1 July 1976.

Third meeting, 2 September 1975

WPR/RC26.R2 ANNUAL REPORT OF THE REGIONAL DIRECTOR

The Regional Committee,

Having reviewed the Report of the Regional Director on the work of the World Health Organization in the Western Pacific Region during the period 1 July 1974 to 30 June 1975,

1. NOTES with satisfaction the manner in which the programme was planned and carried out; and

2. COMMENDS the Regional Director and his staff for the work accomplished.

Third meeting, 2 September 1975

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The Regional Committee

TAKES NOTE of the following resolutions adopted by the Twenty-eight World Health Assembly and the Executive Board at its fifty-fifth and fifty-sixth sessions:

**EB55.R26** - Organizational study on the interrelationships between the central technical services of WHO and programmes of direct assistance to Member States

**WHA28.30** - Participation in the Regional Committee for Africa of Members not having their seat of government within the Region

**EB55.R56** - Coordination with the United Nations system - general matters

**WHA28.40** - WHO activities in regard to the development of methods of controlling the tropical parasitic diseases

**EB55.R22** - Schistosomiasis

**WHA28.53** - Prevention of blindness

**WHA28.54** - Mycotic diseases

**WHA28.55** - Leprosy control

**WHA28.56** - Mental retardation

**WHA28.57** - Control of sexually transmitted diseases

**WHA28.58** - Rheumatic diseases

**WHA28.59** - Fluoridation and dental health

**WHA28.64** - Utilization and supply of human blood and blood products
The Regional Committee,

Having considered resolution WHA28.79 adopted by the Twenty-eighth World Health Assembly;

Having noted the action authorized by the World Health Assembly towards large-scale assistance in Cambodia, the Democratic Republic of Viet-Nam and the Republic of South Viet-Nam to help them in tackling the immediate and long-term health problems caused through thirty years of struggle for national independence and freedom,

1. REQUESTS the Regional Director to pursue all possible efforts in assisting the Director-General to implement the decisions of the World Health Assembly;

Having heard the statement of the Representative of Laos;

2. RECOGNIZES the urgent health problems also faced by the Government of Laos as a result of the emergency situation existing in that country;

3. WISHES Laos to be included among the countries to receive special assistance;

4. REQUESTS the Regional Director to transmit this resolution, and in particular operative paragraph three, to the Director-General so that he may bring it to the attention of the fifty-seventh session of the Executive Board.

Third meeting, 2 September 1975
The Regional Committee,

Having considered resolution WHA28.88 adopted by the Twenty-eighth World Health Assembly;

1. NOTES that most governments in the Western Pacific Region have the necessary health policies and structural framework, differing only in degree of development, to apply the concept of primary health care in the operation of their health services and that many of them are taking steps to do so;

2. RECOGNIZES the importance of:

(a) delivering to the local population primary health care which combines promotive, preventive, curative and rehabilitative services in the context of community needs;

(b) making primary health care accessible particularly in the rural areas where the majority of the population of the developing countries lives;

(c) ensuring that all members of the health services participate in supporting primary health care activities at the peripheral level;

(d) establishing closer contacts between health workers at the periphery and those responsible for community development, in all matters which may affect the health of the people;

(e) ensuring that the health services use available resources more effectively; for example, by employing local manpower, after training, to deliver primary health care and by training single-purpose health workers to serve in a multipurpose capacity;

(f) involving the community in the organization, development and execution of primary health care activities;
3. REQUESTS the Regional Director:

(a) to promote, and assist governments in preparing, national plans of action in the area of primary health care;

(b) to provide guidance and assist governments upon request in activities, including research, related to the strengthening of primary health care and its delivery to the majority of the people.

Third meeting, 2 September 1975

WPR/RC26.R6 CURRENT PROGRESS OF PROGRAMMES RECEIVING WHO ASSISTANCE IN THE WESTERN PACIFIC REGION

The Regional Committee,

Having considered the report submitted by the Regional Director on the current progress of programmes receiving WHO assistance in the Western Pacific Region,¹

1. THANKS the Regional Director and his staff for preparing a comprehensive report;

2. THANKS also Member States for contributing to the high level of response to the questionnaire circulated;

3. REITERATES its belief in the usefulness to governments of periodic evaluations of this nature;

4. REQUESTS the Regional Director to undertake and continue to improve on similar evaluations which can contribute to improved planning and management of WHO collaborative programmes with governments;

5. INVITES the continued cooperation of governments in the provision of the information necessary to enable the Regional Director to prepare such evaluations.

Fourth meeting, 3 September 1975

The Regional Committee,

Having considered the information provided by the Regional Director on recent outbreaks of dengue fever/dengue haemorrhagic fever in many areas of the Region,

1. REALIZES that, at the present time, the immediate measure available to arrest an outbreak is to control the vector mosquitos;

2. NOTES that in some countries the appropriate equipment and insecticides are not usually available locally and that, in others, administrative procedures prevent funds from being allocated immediately for their purchase;

3. AUTHORIZES the Regional Director to place an amount of US$10 000 in the List of Additional Projects for 1976 and future years, as required, to enable portable ultra-low-volume ground application machines to be purchased and made available to governments on loan, together with ULV grade insecticides, as emergency assistance in the event of an outbreak;

4. SUGGESTS that the freight charges involved in transporting these items to the area of the outbreak be borne by the government making the request;

5. FURTHER SUGGESTS that governments who avail themselves of ULV grade insecticides provided by WHO, reimburse the Organization for the costs thereof at the earliest possible time, in order not to deplete the resources available for the purpose.

Fourth meeting, 3 September 1975
1. RECOGNIZES that safe water supply and adequate sanitation are essential for promoting rural development and the health of rural populations;

2. ENDORSES the proposal to enlarge the membership of the Ad Hoc Working Group on Rural Potable Water Supply and Sanitation and proposes the inclusion of representatives from Malaysia, Papua New Guinea, Philippines and the Republic of Korea, from the Western Pacific Region;

3. EXPRESSES agreement in principle to the proposed programme;

4. THANKS the Regional Director for having provided information on this subject.

Fifth meeting, 4 September 1975

WPR/RC26.R9 INFANT NUTRITION AND BREAST-FEEDING

The Regional Committee,

Having reviewed the report of the Regional Director on action taken since the adoption of resolution WPR/RC25.R10;

Noting the concern expressed by Member States in the Region regarding the need to improve the nutritional status of infants and small children by means of breast-feeding and timely, adequate supplementary feeding,

1. URGES governments:

(a) to increase their efforts to promote public acceptance of breast-feeding and the timely introduction of suitable supplementary food through advice to individuals, mass publicity and the revision of staff training curricula; and

(b) to coordinate efforts in the health, social, agricultural, educational and industrial fields through the formulation and implementation of national food and nutrition policies, particular attention being paid to control of the production, content, advertising and labelling of commercial infant foods;

2. REQUESTS the Regional Director, in conjunction with those responsible in the other United Nations agencies, to ensure that
emphasis is placed on this aspect of family health through continuing programmes in maternal and child health, nutrition, health education, family planning and staff training, the provision of consultants and fellowships on request, and the exchange of literature and other activities within the scope of the WHO programme.

Fifth meeting, 4 September 1975
(b) development of data bases for national and regional purposes;

(c) identification of national and regional priorities in research;

(d) establishment of national and regional mechanisms for the promotion and coordination of research;

(e) where necessary, establishment of national medical research councils or analogous groups;

(f) training of manpower in research; and

(g) establishment of a regional advisory committee on medical research to advise the Regional Director on research activities that might be considered by the Regional Committee for development;

5. RECOMMENDS that the Regional Director arrange a feasibility study for the establishment of a WHO regional centre for research and training in tropical diseases, including consideration of the effects of malnutrition in tropical infectious diseases, notably parasitic infections, as part of the network of WHO collaborating centres being developed for this purpose, and to report the results of such a study to the twenty-seventh session of the Regional Committee;

6. EXPRESSES the hope that Member States and voluntary agencies will make funds and other resources available for research activities in the Region.

Fifth meeting, 4 September 1975

WPR/RC26.R11 DRUG DEPENDENCE AND ALCOHOLISM

The Regional Committee,

Having considered the progress report provided by the Regional Director in connexion with resolution WPR/RC25.R3 on the above-mentioned subject,¹

¹Document WPR/RC26/10.
1. NOTES with satisfaction the activities already undertaken by WHO and the progress accomplished;

2. WELCOMES the recommendations of the working group on measures for the prevention and control of drug dependence;

3. EXPRESSES the hope that experience gained from the current programme will be widely shared and will lead to the active involvement of Member States in the development of effective methods for controlling drug dependence and alcoholism;

4. URGES governments to initiate and intensify programmes of education, legislation, treatment and rehabilitation and to maintain effective monitoring systems in order to assess the problem, rapidly detect new trends, and identify localities and population groups where the problem of drug abuse and alcoholism is severe;

5. REQUESTS the Regional Director to continue and further strengthen the efforts to:

(a) assist Member States in collecting epidemiological data and devising monitoring systems, developing and improving action programmes to combat drug dependence and alcoholism, training national personnel, and establishing treatment and rehabilitation services for drug dependants; and

(b) coordinate efforts and disseminate information on programmes for the control of drug dependence including alcoholism;

6. CALLS the attention of the Member States to the assistance that may be available to them from the United Nations Fund for Drug Abuse Control;

7. REQUESTS the Regional Director to include the topic of alcoholism as a separate agenda item at the next session of the Regional Committee and to prepare a report on this subject in collaboration with the governments of the Region prior to that session.

Fifth meeting, 4 September 1975
The Regional Committee,

Having considered the information provided by the Regional Director in connexion with the preparation of the Sixth General Programme of Work for a specific period (1978-1983 inclusive);

1. ACCORDS to each principal objective proposed for the Sixth General Programme of Work, and the detailed objectives therein, the order of priority for the Western Pacific Region shown in Annex 2, Revision 1 of document WPR/RC26/11;

2. REQUESTS the Regional Director to transmit Annex 2, Revision 1 of document WPR/RC26/11 to the Director-General for consideration in preparing the draft Sixth General Programme of Work to be submitted to the Executive Board at its fifty-seventh session.

3. DECIDES to consider at its twenty-seventh session whether it will be advantageous to prepare a regional programme of work, as has been done in the past, or if the Sixth General Programme of Work will be a sufficient guide.

Fifth meeting, 4 September 1975

The Regional Committee,

Having considered the topics suggested by the Regional Director for the Technical Presentation during the twenty-seventh session of the Committee,

DECIDES that the subject for the Technical Presentation in 1976 shall be "Primary Health Care".

Fifth meeting, 4 September 1975
REPORT OF THE REGIONAL COMMITTEE


The Regional Committee,

Noting that the Government of Japan is unable to confirm its tentative invitation to hold the twenty-seventh session of the Regional Committee in Tokyo, ¹

1. NOTES that no further invitation has been received for the twenty-seventh session of the Regional Committee;

2. DECIDES that the twenty-seventh session will be held at regional headquarters in Manila and that the dates shall be 6 to 11 September 1976;

3. ACCEPTS with appreciation the tentative invitation of the Government of Japan for the twenty-eighth session, provided a satisfactory agreement is concluded between the Government and WHO;

4. REQUESTS the Government of Japan to confirm its invitation at the earliest possible date.

Fifth meeting, 4 September 1975

WPR/RC26.R15  FREQUENCY OF MEETINGS OF THE REGIONAL COMMITTEE

The Regional Committee,

Having considered:

(1) changes towards a biennial cycle generally, in WHO affairs, as evidenced by:

(a) a biennial programme budget which will come into being at such a time as the amendments to Articles 34 and 55 of the Constitution have been ratified;

(b) resolution WHA28.29 adopted by the Twenty-eighth World Health Assembly which considered that the Director-General should publish his full report in even numbered years, with only an interim statement in odd-numbered years; and

(2) the saving of costs in manpower and financial resources in both the Regional Office and for Member States which would accrue if the sessions of the Regional Committee were held every other year instead of annually;

But having noted that,

(1) the World Health Assembly still holds an annual session from which recommendations are sent to the Regional Committee, some of which may require urgent action;

(2) the Regional Director and his staff may find procedural difficulties in implementing a change;

REQUESTS the Regional Director to consider the implications of changing the sessions of the Regional Committee to a biennial sequence, to report his findings to Member States and to include this subject as an agenda item for discussion at the twenty-seventh session of the Regional Committee.

Fifth meeting, 4 September 1975

WPR/RC26.R16 DEVELOPMENT OF THE ANTIMALARIA PROGRAMME

The Regional Committee,

Having considered resolution WHA28.87 adopted by the Twenty-eighth World Health Assembly;

Having noted the general review of the malaria situation provided by the Regional Director in his Report for the period 1 July 1974 to 30 June 1975, and the progress, albeit slow, of the antimalaria programme in the Region,

1. URGES governments: (a) to maintain the high priority accorded to antimalaria activities in relation to their other health programmes; (b) to continue to ensure full administrative and financial support for the implementation of antimalaria programmes;
2. URGES governments with the resources to do so to assist in combating the disease by contributing, in money or in kind, to the Voluntary Fund for Health Promotion - Malaria Eradication Special Account - or directly to countries needing assistance through bilateral agreements;

Recognizing that many of the technical problems encountered in implementing efficient and effective antimalaria programmes are accompanied by operational difficulties;

3. IDENTIFIES the following as areas in which efforts towards improvement should be concentrated:

(i) development of adequate technically-trained health manpower with managerial capabilities, together with incentives for retaining the trained manpower in the antimalaria service;

(ii) encouragement of increased support from basic health services and closer community involvement in antimalaria activities;

(iii) orientation of health service staff in the prevention, treatment and control of malaria;

(iv) supply of DDT in the Region or such other insecticides as may be required;

4. REQUESTS the Regional Director: (a) to continue to assist governments with problems encountered in connexion with their antimalaria programmes; (b) to promote intercountry coordination of malaria programmes between countries with common borders both within and outside the Region; (c) to promote specific research activities particularly in order to overcome technical and operational difficulties; (d) to disseminate relevant information of value to member countries or areas in the Region; and (e) to explore the possibility of producing additional DDT within the Region.

Fifth meeting, 4 September 1975
The Regional Committee

1. NOTES the report of the Regional Director on budget performance for the financial year 1974, and

2. REQUESTS the Regional Director to make reports of a similar nature to future sessions of the Regional Committee.

Fifth meeting, 4 September 1975

The Regional Committee,

Having examined the revisions to the original proposed programme budget for 1976 and 1977, as presented by the Regional Director in documents WPR/RC26/2, WPR/RC26/2 Corr.1 and WPR/RC25/2 Rev.1,

1. NOTES the changes made in the programme budget for the Western Pacific Region for 1976 and 1977;

Having considered the List of Additional Projects for 1976 and 1977 requested by governments during or since the twenty-fifth session of the Regional Committee in document WPR/RC25/2 Rev.1 and those brought forward during the meeting,

2. REQUESTS the Regional Director to consider the List of Additional Projects revised accordingly.

Fifth meeting, 4 September 1975

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The Regional Committee,

Having examined the revised tentative projections of the budget estimates for 1978 and 1979 for the Western Pacific Region presented by the Regional Director,

REQUESTS the Regional Director to transmit these revisions to the Director-General.

Fifth meeting, 4 September 1975

WP/R/RC26.R20  Adoption of the Report

The Regional Committee,

Having considered the draft report of the twenty-sixth session of the Regional Committee,

ADOPTS the report.

Seventh meeting, 5 September 1975

WP/R/RC26.R21  Resolution of Appreciation

The Regional Committee

EXPRESSES its appreciation and thanks to:

(1) the Chairman and other officers of the Committee;

(2) Dr Y. Azuma and Dr J.C. Tao for making the Technical Presentation on the "Control of Tuberculosis in the Western Pacific Region";

(3) the representatives of the United Nations Development Programme, UNICEF and the non-governmental organizations for their statements;

(4) the Director-General for the honour of his visit and his invaluable advice;

(5) the Regional Director and the Secretariat for their work in connexion with the meeting.

Seventh meeting, 5 September 1975
LIST OF REPRESENTATIVES OF NON-GOVERNMENTAL ORGANIZATIONS
WHO MADE STATEMENTS TO THE REGIONAL COMMITTEE

The following Representatives of non-governmental organizations
made statements to the Committee:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Speaker</th>
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</thead>
<tbody>
<tr>
<td>WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS</td>
<td>Dr Q. Gomez</td>
</tr>
<tr>
<td>INTERNATIONAL UNION OF ARCHITECTS</td>
<td>Mr O.A. Arellano</td>
</tr>
<tr>
<td>INTERNATIONAL DENTAL FEDERATION</td>
<td>Dr P. Gonzales</td>
</tr>
<tr>
<td>INTERNATIONAL SOCIETY FOR REHABILITATION OF THE DISABLED</td>
<td>Professor C. Floro</td>
</tr>
<tr>
<td>WORLD FEDERATION FOR MEDICAL EDUCATION</td>
<td>Dr J. Cuyegkeng</td>
</tr>
<tr>
<td>INTERNATIONAL FEDERATION FOR HOUSING AND PLANNING</td>
<td>Professor C.H. Concio</td>
</tr>
<tr>
<td>THE INTERNATIONAL LEPROSY ASSOCIATION</td>
<td>Dr J.N. Rodriguez</td>
</tr>
<tr>
<td>MEDICAL WOMEN’S INTERNATIONAL ASSOCIATION</td>
<td>Dr C. Asuncion</td>
</tr>
<tr>
<td>WORLD FEDERATION OF NUCLEAR MEDICINE AND BIOLOGY</td>
<td>Dr L.S. Villadolid</td>
</tr>
<tr>
<td>INTERNATIONAL COMMITTEE OF CATHOLIC NURSES</td>
<td>Mrs M.R. Ordoñez</td>
</tr>
<tr>
<td>WORLD FEDERATION OF OCCUPATIONAL THERAPISTS</td>
<td>Mrs C. Abad</td>
</tr>
<tr>
<td>INTERNATIONAL PLANNED PARENTHOOD FEDERATION</td>
<td>Dr J. Ilano</td>
</tr>
<tr>
<td>INTERNATIONAL COUNCIL OF SOCIETIES OF PATHOLOGY</td>
<td>Dr E. Pantangco</td>
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<tr>
<td>Organization</td>
<td>Representative</td>
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</tr>
<tr>
<td>World Psychiatric Association</td>
<td>Dr. A. Umali</td>
</tr>
<tr>
<td>International Radiation Protection Association</td>
<td>Dr. C. Anatalio</td>
</tr>
<tr>
<td>International Society of Radiology</td>
<td>Dr. H. Zialcita</td>
</tr>
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<td>League of Red Cross Societies</td>
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</tr>
<tr>
<td>Council for International Organizations of Medical Sciences</td>
<td>Dr. A.M. Dalissy</td>
</tr>
<tr>
<td>International Federation of Sports Medicine</td>
<td>Dr. P. Macaraeg</td>
</tr>
<tr>
<td>International College of Surgeons</td>
<td>Dr. L. Martinez</td>
</tr>
<tr>
<td>World Federation of United Nations Associations</td>
<td>Dr. M.M. Alimurung</td>
</tr>
</tbody>
</table>
AGENDA

1 Opening of the session
2 Address by retiring Chairman
3 Address by the Director-General
4 Election of new officers: Chairman, Vice-Chairman and Rapporteurs
5 Address by incoming Chairman
6 Adoption of the agenda
7 Review of the proposed Programme Budget, 1976-1977
   7.1 Establishment of the Sub-Committee on Programme and Budget
   7.2 Consideration of the report presented by the Sub-Committee on Programme and Budget
8 Acknowledgement by the Chairman of brief reports received from governments on the progress of their health activities
9 Nomination of the Regional Director
10 Report of the Regional Director
11 Resolutions of regional interest adopted by the Twenty-eighth World Health Assembly and the Executive Board at its fifty-fifth and fifty-sixth sessions
12 Current progress of programmes receiving WHO assistance in the Western Pacific Region (resolution WPR/RC22.R18)
13 Dengue haemorrhagic fever: provision for assistance in emergencies
14 Infant nutrition and breast-feeding (resolution WPR/RC25.R10)
15 WHO's role in the development and coordination of biomedical research: greater involvement of the Regions in research
16 Drug dependence (resolution WPR/RC25.3)

17 Preparation of the Sixth General Programme of Work covering a Specific Period (1978-1983 inclusive)

18 Statements of representatives of the United Nations, the Specialized Agencies, of intergovernmental and non-governmental organizations in official relations with WHO

19 Selection of topic for the Technical Presentation during the twenty-seventh session of the Regional Committee

20 Time and place of the twenty-seventh and twenty-eighth sessions of the Regional Committee

21 Adoption of the draft report of the Committee

22 Adjournment

Supplementary items

1 Participation in the Regional Committee of Members not having their seat of government within the Region

2 International programme for the improvement of water supply and sanitation in rural areas of developing countries
LIST OF REPRESENTATIVES
LISTE DES REPRESENTANTS

I. REPRESENTATIVES OF MEMBER STATES
REPRESENTANTS DES ETATS MEMBRES

AUSTRALIA
AUSTRALIE

Dr C.P. Evans
Deputy Director-General of Health
Department of Health

Mrs A.E. Broinowski
Australian Embassy
in Manila

CHINA
CHINE

Dr Chen Chih-ming
Responsible Member of the
General Office
Ministry of Health

Dr Chen Wen Chieh
Responsible Member of the
Scientific Research Department
Chinese Academy of Medical Sciences

FRANCE

Dr Yves Couturier
Médecin-Chef
Hôpital de Mamao de Papeete
Polynésie française

ANNEX 3
ANNEXE 3
<table>
<thead>
<tr>
<th>Country</th>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Japan</td>
<td>Dr. A. Tanaka</td>
<td>Director-General, Statistics and Information Department, Minister's Secretariat, Ministry of Health and Welfare</td>
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<tr>
<td></td>
<td>Mr. S. Kaneda</td>
<td>Director, International Affairs Division, Minister's Secretariat, Ministry of Health and Welfare</td>
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<td></td>
<td>Dr. S. Osawa</td>
<td>Technical Officer and Deputy Director, Office of Councillor for Science and Technology, Minister's Secretariat, Ministry of Health and Welfare</td>
</tr>
<tr>
<td>Laos</td>
<td>Dr Phouy Phoutthasak</td>
<td>Directeur général, Ministère de la Santé publique</td>
</tr>
<tr>
<td></td>
<td>Dr. Keo Phimphachanh</td>
<td>Chef de Cabinet du, Secrétaire d'Etat à la Santé publique</td>
</tr>
<tr>
<td>Malaysia</td>
<td>Tan Sri Datuk (Dr.) Abdul Majid bin Ismail</td>
<td>Director-General of Health, Ministry of Health</td>
</tr>
<tr>
<td></td>
<td>Mr. Onn bin Kayat</td>
<td>Principal Assistant Secretary, (International Health), Ministry of Health</td>
</tr>
<tr>
<td></td>
<td>Dr. Lim Ewe Seng</td>
<td>Director of Medical and Health Services, Kelantan</td>
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<tr>
<td></td>
<td>Mr. Zulkifly Abdul Rahman</td>
<td>Second Secretary, Embassy of Malaysia in the Philippines</td>
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<tr>
<td></td>
<td></td>
<td>(Chief Representative)</td>
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<td>(Chef de délégation)</td>
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<td>(Adviser/Conseiller)</td>
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</table>
NEW ZEALAND
NOUVELLE-ZELANDE

Dr R. Dickie
Director
Hospitals Division
Department of Health

PHILIPPINES

Dr J. Sumpaico
Director
Bureau of Research and Laboratories

Dr A.N. Acosta
Head Executive Assistant
Department of Health

Dr J. Dizon
Officer in Charge
Bureau of Health Services

Dr A. Galvez
Officer in Charge
National Health Planning Services

Dr F. Aguilar
Director
Project Management Staff

Dr R. Villasis
Chief
Division of Tuberculosis

Dr E. Fernando
Provincial Health Officer
Bulacan

Dr T. Elicaño, Jr.
Officer in Charge
Bureau of Medical Services

Dr I. Nebrida
Deputy Executive Director
Philippine Tuberculosis Society

Mrs L.J. Zamora
Officer in Charge
Health Education and Personnel Training

(Chief Representative)
(Chief de délégation)

(Alternate/Suppléant)

(Alternate/Suppléant)

(Alternate/Suppléant)

(Alternate/Suppléant)

(Alternate/Suppléant)

(Alternate/Suppléant)

(Alternate/Suppléant)

(Alternate/Suppléant)
REPUBLIC OF KOREA

Dr Kyong Shik Chang (Chief Representative)
Director
Bureau of Medical Affairs
Ministry of Health and Social Affairs

Mr Se Lin Huh (Alternate/Suppléant)
Second Secretary and Consul
Embassy of the Republic of Korea in Manila

Mr Sun Dong Yin (Alternate/Suppléant)
Assistant Chief
Public Health Division
Ministry of Health and Social Affairs

SINGAPORE

Dr Oon Beng Bee
Medical Superintendent
Trafalgar Home

REPUBLIC OF SOUTH VIET-NAM

Dr Tran Cuu Kien (Chief Representative)
Chargé des relations extérieures
Ministère de la Santé

Dr Le Van Loc (Alternate/Suppléant)

TONGA

Dr S. Tapa
Minister of Health

UNITED KINGDOM

Dr J.A.B. Nicholson (Chief Representative)
Medical Adviser
Ministry of Overseas Development
London

UNITED STATES OF AMERICA

Dr J.C. King (Chief Representative)
Deputy Director
Office of International Health
Department of Health, Education and Welfare
Washington
### Report of the Regional Committee

<table>
<thead>
<tr>
<th>Country</th>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td><strong>United States</strong></td>
<td>Mr E.P. Noziglia</td>
<td>Director, Directorate for Health and Drug Control</td>
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<td>(continued)</td>
<td></td>
<td>Bureau of International Organizations Affairs</td>
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<td>Department of State</td>
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<td>Washington</td>
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<td></td>
<td>Dr M. Kumangai</td>
<td>Director of Health Services</td>
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<td>Trust Territory of the Pacific Islands</td>
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<td></td>
<td>Mr P.L.G. Santos</td>
<td>Director of Public Health</td>
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<td>and Social Services</td>
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<td>Guam</td>
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<td><strong>Western Samoa</strong></td>
<td>Dr T.M. McKendrick</td>
<td>Director of Health</td>
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<td><strong>Samoa-Occidental</strong></td>
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### II. Representative of Associate Member

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<thead>
<tr>
<th>Country</th>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td><strong>Papua New Guinea</strong></td>
<td>Dr Ako Toua</td>
<td>Director-General of Health</td>
</tr>
<tr>
<td><strong>Papua-Nouvelle-Guinee</strong></td>
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### III. Observer

<table>
<thead>
<tr>
<th>Country</th>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td><strong>Democratic Republic of Viet-Nam</strong></td>
<td>Professeur Hoang Dinh Cau</td>
<td>Vice-Ministre de la Sante</td>
</tr>
<tr>
<td><strong>Republique Democratique du Viet-Nam</strong></td>
<td>M. Nguyen Van Trong</td>
<td>Directeur</td>
</tr>
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<td>Departement des relations exterieures</td>
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<td>Ministere de la Sante</td>
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</tbody>
</table>

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1 Unable to attend.
IV. REPRESENTATIVES OF THE UNITED NATIONS
AND RELATED ORGANIZATIONS
REPRÉSENTANTS DE L'ORGANISATION DES
NATIONS UNIES ET DES INSTITUTIONS
APPARENTEES

UNITED NATIONS DEVELOPMENT
PROGRAMME
PROGRAMME DES NATIONS UNIES
POUR LE DEVELOPPEMENT

Mr J. Melford
Resident Representative, a.i.
of the United Nations Development
Programme in the Philippines

UNITED NATIONS CHILDREN'S FUND
FONDS DES NATIONS UNIES POUR
L'ENFANCE

Mr Wah Wong
UNICEF Representative to the
Philippines

V. REPRESENTATIVES OF OTHER INTER-
GOVERNMENTAL ORGANIZATIONS
REPRÉSENTANTS D'AUTRES ORGANISATIONS
INTERGOUVERNEMENTALES

INTERNATIONAL COMMITTEE OF
MILITARY MEDICINE AND PHARMACY
COMITÉ INTERNATIONAL DE MEDECINE
ET DE PHARMACIE MILITAIRES

Captain J.E. Batoon, MC
Acting Chief
Preventive Medicine Section
Office of the Surgeon-General
Armed Forces of the Philippines
VI. REPRESENTATIVES OF NON-GOVERNMENTAL ORGANIZATIONS

<table>
<thead>
<tr>
<th>Organization</th>
<th>Representative</th>
<th>Position</th>
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</tr>
</thead>
<tbody>
<tr>
<td>International Council on Alcohol and Addictions</td>
<td>Reverend R. Garon</td>
<td>Drug Abuse Research (DARE) Foundation</td>
<td>World Federation of Societies of Anaesthesiologists</td>
<td>Dr Q. Gomez</td>
<td>Treasurer World Federation of the Societies of Anaesthesiologists</td>
</tr>
<tr>
<td>World Council for the Welfare of the Blind</td>
<td>Dr L.B. Soriano</td>
<td>Director Elementary Division</td>
<td>Department of Education and Culture</td>
<td></td>
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</tr>
<tr>
<td>International Society of Blood Transfusion</td>
<td>Dr G.C. Caridad</td>
<td>Councillor for Asia International Society of Blood Transfusion</td>
<td></td>
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</tr>
<tr>
<td>International Dental Federation</td>
<td>Dr P. Gonzales</td>
<td>President Philippine Dental Association and First Vice-President of the Asian-Pacific Dental Federation</td>
<td></td>
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</tr>
</tbody>
</table>
INTERNATIONAL SOCIETY FOR REHABILITATION OF THE DISABLED
SOCIETE INTERNATIONALE POUR LA READAPTATION DES HANDICAPES

Professor C. Floro
President
Philippine Foundation for Rehabilitation of the Disabled

WORLD FEDERATION FOR MEDICAL EDUCATION
FEDERATION MONDIALE POUR L'ENSEIGNEMENT DE LA MEDECINE

Dr J. Cuyegkeng
Vice-President
World Federation for Medical Education

INTERNATIONAL FEDERATION FOR HOUSING AND PLANNING
FEDERATION INTERNATIONALE POUR L'HABITATION, L'URBANISME ET L'AMENAGEMENT DES TERRITOIRES

Professor C.H. Concio
Institute of Environmental Planners
Makati, Rizal

INTERNATIONAL LEPROSY ASSOCIATION
SOCIETE INTERNATIONALE DE LA LEPRE

Dr J.N. Rodriguez
Vice-President
The International Leprosy Association

CHRISTIAN MEDICAL COMMISSION
COMMISSION MEDICALE CHRETIENNE

Dr G. Viterbo
Capiz Emmanuel Hospital
 Roxas City

MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION
ASSOCIATION INTERNATIONALE DES FEMMES MEDECINS

Dr C. Asuncion
President
Philippine Medical Women's Association

Dr I.Y. Zalamea
National Corresponding Secretary
Philippine Medical Women's Association

WORLD FEDERATION FOR MENTAL HEALTH
FEDERATION MONDIALE POUR LA SANTE MENTALE

Attorney P.G. Siojo
Vice-President of the Philippine Mental Health Association
WORLD FEDERATION OF NUCLEAR MEDICINE AND BIOLOGY
FEDERATION MONDIALE DE MEDECINE ET DE BIOLOGIE NUCLEAIRES

INTERNATIONAL COMMITTEE OF CATHOLIC NURSES
COMITE INTERNATIONAL CATHOLIQUE DES INFRMIERES ET ASSISTANTES MEDICO-SOCIALES

INTERNATIONAL UNION OF NUTRITIONAL SCIENCES
UNION INTERNATIONALE DES SCIENCES DE LA NUTRITION

WORLD FEDERATION OF OCCUPATIONAL THERAPISTS
FEDERATION MONDIALE DES ERGOTHERAPEUTES

INTERNATIONAL PLANNED PARENTHOOD FEDERATION
FEDERATION INTERNATIONALE POUR LE PLANNING FAMILIAL

INTERNATIONAL COUNCIL OF SOCIETIES OF PATHOLOGY
CONSEIL INTERNATIONAL DES SOCIETES D'ANATOMIE PATHOLOGIQUE

INTERNATIONAL PHARMACEUTICAL FEDERATION
FEDERATION INTERNATIONALE PHARMACEUTIQUE

WORLD PSYCHIATRIC ASSOCIATION
ASSOCIATION MONDIALE DE PSYCHIATRIE

Dr L.S. Villadolid
Medical Center Manila

Mrs M.R. Ordoñez
Division of Nursing Services
Manila Health Department

Dr M. Belen-Inciong
Executive Director
Nutrition Foundation of the Philippines

Mrs C. Abad
President
Occupational Therapy Association of the Philippines

Dr J. Ilano
President
Family Planning Organization of the Philippines

Dr E. Pantangco
Makati Medical Center

Dean J.A. Concha
Associate Member of the International Pharmaceutical Federation
University of the Philippines College of Pharmacy

Dr A. Umali
National Mental Hospital
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>International Radiation Protection Association</td>
<td>Dr. T. Elicano, Jr. Officer in Charge</td>
</tr>
<tr>
<td>Association Internationale de Radioprotection</td>
<td>Bureau of Medical Services Department of Health</td>
</tr>
<tr>
<td>International Society of Radiology</td>
<td>Dr. H. Zialcita Head of Clinical Radiology</td>
</tr>
<tr>
<td>Societe Internationale de Radiologie</td>
<td>Far Eastern University Member of the Philippine</td>
</tr>
<tr>
<td>College of Radiology</td>
<td>College of Radiology</td>
</tr>
<tr>
<td>League of Red Cross Societies</td>
<td>Dr. G.C. Caridad^1 Director of Medical Services</td>
</tr>
<tr>
<td>Ligue des Societes de la Croix-Rouge</td>
<td>Philippine National Red Cross</td>
</tr>
<tr>
<td>Council for International Organizations of Medical Sciences</td>
<td>Dr. A.M. Dalisay Executive Director</td>
</tr>
<tr>
<td>Conseil des Organisations Internationales des Sciences Medicales</td>
<td>National Research Council of the Philippines</td>
</tr>
<tr>
<td>Federation Internationale des Sciences Medicale</td>
<td>University of the Philippines</td>
</tr>
<tr>
<td>International Federation of Sports Medicine</td>
<td>Dr. P. Macaraeg Secretary</td>
</tr>
<tr>
<td>Federation Internationale des Sciences Medicale</td>
<td>Sports Medical Association of the Philippines</td>
</tr>
<tr>
<td>International College of Surgeons</td>
<td>Dr. L. Martinez Makati Medical Center</td>
</tr>
<tr>
<td>College International des Chirurgiens</td>
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</tr>
<tr>
<td>International Federation of Surgical Colleges</td>
<td>Dr. A.T. Ramirez Assistant Professor</td>
</tr>
<tr>
<td>Federation Internationale des Colleges de Chirurgie</td>
<td>University of the Philippines</td>
</tr>
<tr>
<td>World Federation of United Nations Associations</td>
<td>Dr. M.M. Alimurung Santo Tomas University Hospital</td>
</tr>
<tr>
<td>Federation Mondiale des Associations pour les Nations Unies</td>
<td></td>
</tr>
</tbody>
</table>

^1Dr Caridad also represented the International Society of Blood Transfusion.
LIST OF DOCUMENTS

WPR/RC26/1 Rev.1  Agenda
WPR/RC26/1 Add.1 and Add.2  Supplementary agenda
WPR/RC26/1-a  Annotated agenda
WPR/RC26/2  Review of the programme budget, 1976-1977
WPR/RC26/2 Corr.1  Proposed revisions to the programme budget 1976-1977 (regular budget only)
WPR/RC26/3  Nomination of the Regional Director
WPR/RC26/5  Resolutions of regional interest adopted by the Twenty-eighth World Health Assembly and the Executive Board at its fifty-fifth and fifty-sixth sessions
WPR/RC26/5 Add.1  Promotion of national health care services relating to primary health care
WPR/RC26/6 and Corr.1  Current progress of programmes receiving WHO assistance in the Western Pacific Region
WPR/RC26/7  Dengue haemorrhagic fever: provision for assistance in emergencies
WPR/RC26/8  Infant nutrition and breast-feeding
WPR/RC26/9 and Corr.1  WHO's role in the development and coordination of biomedical research: greater involvement of the Regions in research
WPR/RC26/10  Drug dependence
WPR/RC26/11  Preparation of the Sixth General Programme of Work covering a Specific Period (1978-1983 inclusive)
<table>
<thead>
<tr>
<th>Document Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>WPR/RC26/12</td>
<td>Selection of topic for the Technical Presentation during the twenty-seventh</td>
</tr>
<tr>
<td></td>
<td>session of the Regional Committee</td>
</tr>
<tr>
<td>WPR/RC26/13</td>
<td>Participation in the Regional Committee of Members not having their seat of</td>
</tr>
<tr>
<td></td>
<td>government in the Region</td>
</tr>
<tr>
<td>WPR/RC26/14</td>
<td>International programme for the improvement of water supply and sanitation</td>
</tr>
<tr>
<td></td>
<td>in rural areas of developing countries</td>
</tr>
<tr>
<td>WPR/RC26/15 Rev.1 and Add.1</td>
<td>List of representatives (Distributed only to representatives during the meeting. Revised list incorporated in the final report of the Regional Committee, pages 47-56.)</td>
</tr>
<tr>
<td>WPR/RC26/16</td>
<td>Report of the Sub-Committee on Programme and Budget (Distributed only to</td>
</tr>
<tr>
<td></td>
<td>representatives during the meeting. Report incorporated in the final report</td>
</tr>
<tr>
<td></td>
<td>of the Regional Committee, pages 4-11.)</td>
</tr>
<tr>
<td>WPR/RC26/17</td>
<td>Report of the twenty-sixth session of the Regional Committee for the Western</td>
</tr>
<tr>
<td></td>
<td>Committee</td>
</tr>
<tr>
<td>WPR/RC26/P&amp;B/1 Rev.1</td>
<td>Suggested guidelines for the Sub-Committee on Programme and Budget</td>
</tr>
<tr>
<td>WPR/RC26/P&amp;B/2 and Corr.1</td>
<td>Budget performance 1974 - direct services to governments of the Region, by subject heading, by country or area and by project</td>
</tr>
<tr>
<td>WPR/RC26/P&amp;B/2 Add.1</td>
<td>Budget performance 1974 - distribution of costs of intercountry projects and WHO Representatives offices for 1974</td>
</tr>
<tr>
<td>WPR/RC26/P&amp;B/3</td>
<td>Proposed revisions to the programme budget 1976-1977</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>---------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>WPR/RC26/P&amp;B/5</td>
<td>Proposed programme budget 1976-1977 - distribution of costs of intercountry programmes (regular budget)</td>
</tr>
<tr>
<td>WPR/RC26/TP/1</td>
<td>Technical Presentation - Tuberculosis control in New China (summary)</td>
</tr>
<tr>
<td>WPR/RC26/TP/1 Add.1</td>
<td>Technical Presentation - Tuberculosis control in New China (full text)</td>
</tr>
<tr>
<td>WPR/RC26/TP/2</td>
<td>Technical Presentation - Control of tuberculosis in the Western Pacific Region, by Dr J.C. Tao and Dr Y. Azuma</td>
</tr>
<tr>
<td>WPR/RC26/TP/3</td>
<td>Tuberculosis control in the Democratic Republic of Viet-Nam</td>
</tr>
<tr>
<td>WPR/RC26/SR/1</td>
<td>Summary record of the first meeting - 1 September 1975</td>
</tr>
<tr>
<td>WPR/RC26/SR/2</td>
<td>Summary record of the second meeting - 1 September 1975</td>
</tr>
<tr>
<td>WPR/RC26/SR/3</td>
<td>Summary record of the third meeting - 2 September 1975</td>
</tr>
<tr>
<td>WPR/RC26/SR/4</td>
<td>Summary record of the fourth meeting - 3 September 1975</td>
</tr>
<tr>
<td>WPR/RC26/SR/5</td>
<td>Summary record of the fifth meeting - 4 September 1975</td>
</tr>
<tr>
<td>WPR/RC26/SR/6</td>
<td>Summary record of the sixth meeting - 5 September 1975</td>
</tr>
<tr>
<td>WPR/RC26/SR/7</td>
<td>Summary record of the seventh meeting - 5 September 1975</td>
</tr>
</tbody>
</table>
Unnumbered

Brief reports received from governments on the progress of their health activities

Other documentation

WPR/RC25/2 Rev.1 and Corr.1

Revised proposed programme budget estimates for 1976 and 1977 (information annexes only), including the List of Additional Projects

WPR/VBC/16

A critical review of certain ground equipment and insecticides for *Aedes aegypti* control
Part II - MINUTES OF THE MAIN COMMITTEE
PART II

SUMMARY RECORDS OF THE PLENARY SESSIONS.
## Agenda

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Opening of the session</td>
</tr>
<tr>
<td>2</td>
<td>Address by retiring Chairman</td>
</tr>
<tr>
<td>3</td>
<td>Address by the Director-General</td>
</tr>
<tr>
<td>4</td>
<td>Election of new officers: Chairman, Vice-Chairman and Rapporteurs</td>
</tr>
<tr>
<td>5</td>
<td>Address by incoming Chairman</td>
</tr>
<tr>
<td>6</td>
<td>Adoption of the agenda</td>
</tr>
<tr>
<td>7</td>
<td>Review of the proposed Programme Budget, 1976-1977</td>
</tr>
<tr>
<td>7.1</td>
<td>Establishment of the Sub-Committee on Programme and Budget</td>
</tr>
<tr>
<td>7.2</td>
<td>Consideration of the report presented by the Sub-Committee on Programme and Budget</td>
</tr>
<tr>
<td>8</td>
<td>Acknowledgement by the Chairman of brief reports received from governments on the progress of their health activities</td>
</tr>
<tr>
<td>9</td>
<td>Nomination of the Regional Director</td>
</tr>
<tr>
<td>10</td>
<td>Report of the Regional Director</td>
</tr>
<tr>
<td>11</td>
<td>Resolutions of regional interest adopted by the Twenty-eighth World Health Assembly and the Executive Board at its fifty-fifth and fifty-sixth sessions</td>
</tr>
</tbody>
</table>

Organizational study on the inter-relationships between the central technical services of WHO and programmes of direct assistance to Member States (resolutions EB55.R26 and WHA28.30)
<table>
<thead>
<tr>
<th>Agenda</th>
<th>Item No.</th>
<th>CONTENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Coordination with the United Nations system - general matters (resolutions EB55.R56 and WHA28.40)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WHO activities in regard to the development of methods of controlling the tropical parasitic diseases (resolution WHA28.51)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Schistosomiasis (resolutions EB55.R22 and WHA28.53)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prevention of blindness (resolution WHA28.54)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mycotic diseases (resolution WHA28.55)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Leprosy control (resolution WHA28.56)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mental retardation (resolution WHA28.57)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Control of sexually transmitted diseases (resolution WHA28.58)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rheumatic diseases (resolution WHA28.59)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fluoridation and dental health (resolution WHA28.64)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Utilization and supply of human blood and blood products (resolution WHA28.72)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Special assistance to Cambodia, the Democratic Republic of Viet-Nam and the Republic of South Viet-Nam (resolution WHA28.79)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The need for laboratory animals for the control of biological products and the establishment of breeding colonies (resolution WHA28.83)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Development of the antimalaria programme (resolutions EB55.R36 and WHA28.87)</td>
</tr>
</tbody>
</table>
## Agenda

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Agenda</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Promotion of national health services relating to primary health care (resolutions EB55.R16 and WHA28.88)</td>
</tr>
<tr>
<td></td>
<td>Voluntary Fund for Health Promotion (resolution EB56.R12)</td>
</tr>
<tr>
<td>12</td>
<td>Current progress of programmes receiving WHO assistance in the Western Pacific Region (resolution WPR/RC22.R18)</td>
</tr>
<tr>
<td>13</td>
<td>Dengue haemorrhagic fever: provision for assistance in emergencies</td>
</tr>
<tr>
<td>14</td>
<td>Infant nutrition and breast-feeding (resolution WPR/RC25.R10)</td>
</tr>
<tr>
<td></td>
<td>Announcement</td>
</tr>
<tr>
<td></td>
<td>Statement by the Director-General</td>
</tr>
<tr>
<td>15</td>
<td>WHO's role in the development and coordination of biomedical research: greater involvement of the Regions in research</td>
</tr>
<tr>
<td>16</td>
<td>Drug dependence (resolution WPR/RC25.R3)</td>
</tr>
<tr>
<td>17</td>
<td>Preparation of the Sixth General Programme of Work covering a Specific Period (1978-1983 inclusive)</td>
</tr>
<tr>
<td>18</td>
<td>Statements of representatives of the United Nations, the Specialized Agencies, of intergovernmental and non-governmental organizations in official relations with WHO</td>
</tr>
<tr>
<td>19</td>
<td>Selection of topic for the Technical Presentation during the twenty-seventh session of the Regional Committee</td>
</tr>
<tr>
<td>20</td>
<td>Time and place of the twenty-seventh and twenty-eighth sessions of the Regional Committee</td>
</tr>
</tbody>
</table>
## Agenda

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Agenda</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Adoption of the draft report of the Committee</td>
</tr>
<tr>
<td>22</td>
<td>Adjournment</td>
</tr>
</tbody>
</table>

## Supplementary items

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Supplementary items</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Participation in the Regional Committee of Members not having their seat of government within the Region</td>
</tr>
<tr>
<td>2</td>
<td>International programme for the improvement of water supply and sanitation in rural areas of developing countries</td>
</tr>
</tbody>
</table>
## SUMMARY RECORD OF THE FIRST MEETING

**WHO Conference Hall, Manila**  
**Monday, 1 September 1975 at 9.00 a.m.**

**CHAIRMAN:** Tan Sri Datuk (Dr) Abdul Majid bin Ismail (Malaysia)  
**later:** Dr T.M. McKendrick (Western Samoa)

### CONTENTS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Formal opening of the session and address by the retiring Chairman</td>
<td>72</td>
</tr>
<tr>
<td>2</td>
<td>Address by the Director-General</td>
<td>72</td>
</tr>
<tr>
<td>3</td>
<td>Election of new officers: Chairman, Vice-Chairman and Rapporteurs</td>
<td>72</td>
</tr>
<tr>
<td>4</td>
<td>Adoption of the agenda</td>
<td>73</td>
</tr>
<tr>
<td>5</td>
<td>Establishment of the Sub-Committee on Programme and Budget</td>
<td>73</td>
</tr>
<tr>
<td>6</td>
<td>Acknowledgement by the Chairman of brief reports received from governments on the progress of their health activities</td>
<td>74</td>
</tr>
<tr>
<td>7</td>
<td>Report of the Regional Director</td>
<td>74</td>
</tr>
</tbody>
</table>
First Meeting

Monday, 1 September 1975 at 9.00 a.m.

PRESENT

I. Representatives of Member States

<table>
<thead>
<tr>
<th>Country</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUSTRALIA</td>
<td>Dr C.P. Evans, Mrs A.E. Broinowski</td>
</tr>
<tr>
<td>CHINA</td>
<td>Dr Chen Chih-ming, Dr Chen Wen Chieh, Dr Wang Lien Sheng, Mr Li Ching Hsiu</td>
</tr>
<tr>
<td>FRANCE</td>
<td>Dr Yves Couturier</td>
</tr>
<tr>
<td>JAPAN</td>
<td>Dr A. Tanaka, Mr S. Kaneda, Dr S. Osawa</td>
</tr>
<tr>
<td>LAOS</td>
<td>Dr Phouy Phoutthasak, Dr Keo Phimphachanh</td>
</tr>
<tr>
<td>MALAYSIA</td>
<td>Tan Sri Datuk (Dr) Abdul Majid bin Ismail, Mr Onn bin Kayat, Dr Lim Ewe Seng, Mr Zulkifly Abdul Rahman</td>
</tr>
<tr>
<td>NEW ZEALAND</td>
<td>Dr R. Dickie</td>
</tr>
<tr>
<td>PHILIPPINES</td>
<td>Dr J. Sumpaico, Dr A.N. Acosta, Dr J. Dizon, Dr A. Galvez, Dr F. Aguilar, Dr R. Villasis, Dr E. Fernando, Dr T. Elicano, Jr., Dr I. Nebrida, Mrs L.J. Zamora</td>
</tr>
</tbody>
</table>
II. Representative of Associate Member

PAPUA NEW GUINEA

Dr Ako Toua

III. Observers

DEMOCRATIC REPUBLIC OF VIET-NAM

Professeur Hoang Dinh Cau
M. Nguyen Van Trong
Dr Doan Xuan Muou

IV. Representatives of the United Nations and Related Organizations

UNITED NATIONS DEVELOPMENT PROGRAMME

Mr J. Melford

UNITED NATIONS CHILDREN'S FUND

Mr Wah Wong

V. Representatives of Other Intergovernmental Organizations

INTERNATIONAL COMMITTEE OF MILITARY MEDICINE AND PHARMACY

Captain J.E. Batoon, MC

VI. Representatives of Non-governmental Organizations

WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS

Dr Q. Gomez
<table>
<thead>
<tr>
<th>Organization</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>World Union of Architects</td>
<td>Mr O.A. Arellano</td>
</tr>
<tr>
<td>World Council for the Welfare of the Blind</td>
<td>Dr L.B. Soriano</td>
</tr>
<tr>
<td>International Society of Blood Transfusion</td>
<td>Dr G.C. Caridad</td>
</tr>
<tr>
<td>International Dental Federation</td>
<td>Dr P. Gonzales</td>
</tr>
<tr>
<td>International Society for Rehabilitation of the Disabled</td>
<td>Professor C. Floro</td>
</tr>
<tr>
<td>World Federation for Medical Education</td>
<td>Dr J. Cuyegkeng</td>
</tr>
<tr>
<td>World Federation for Mental Health</td>
<td>Attorney P.G. Siojo</td>
</tr>
<tr>
<td>The International Leprosy Association</td>
<td>Dr J.N. Rodriguez</td>
</tr>
<tr>
<td>Christian Medical Commission</td>
<td>Dr G. Viterbo</td>
</tr>
<tr>
<td>Medical Women's International Association</td>
<td>Dr C. Asuncion</td>
</tr>
<tr>
<td>World Federation of Nuclear Medicine and Biology</td>
<td>Dr L.S. Villadolid</td>
</tr>
<tr>
<td>International Committee of Catholic Nurses</td>
<td>Mrs M.R. Ordoñez</td>
</tr>
<tr>
<td>World Federation of Occupational Therapists</td>
<td>Mrs C. Abad</td>
</tr>
<tr>
<td>International Planned Parenthood Federation</td>
<td>Dr J. Ilano</td>
</tr>
<tr>
<td>International Council of Societies of Pathology</td>
<td>Dr E. Pantangco</td>
</tr>
<tr>
<td>International Pharmaceutical Federation</td>
<td>Dean J.A. Concha</td>
</tr>
<tr>
<td>World Psychiatric Association</td>
<td>Dr A. Umali</td>
</tr>
<tr>
<td>International Radiation Protection Association</td>
<td>Dr T. Eliaño, Jr.</td>
</tr>
</tbody>
</table>
INTERNATIONAL SOCIETY OF
RADIOLOGY

LEAGUE OF THE RED CROSS
SOCIETIES

COUNCIL FOR INTERNATIONAL
ORGANIZATIONS OF MEDICAL
SCIENCES

INTERNATIONAL FEDERATION OF
SPORTS MEDICINE

INTERNATIONAL COLLEGE OF
SURGEONS

INTERNATIONAL FEDERATION OF
SURGICAL COLLEGES

WORLD FEDERATION OF UNITED
NATIONS ASSOCIATIONS

VII. WHO Secretariat

DIRECTOR-GENERAL

SECRETARY
1 FORMAL OPENING OF THE SESSION AND ADDRESS BY THE RETIRING CHAIRMAN: Items 1 and 2 of the Provisional Agenda

In declaring the twenty-sixth session of the WHO Regional Committee for the Western Pacific open TAN SRI DATUK (DR) ABDUL MAJID BIN ISMAIL, retiring Chairman, welcomed the participants and expressed his appreciation of the support given to him during his period as Chairman of the Committee by the Regional Director and his staff.

He went on to refer to the multidisciplinary, as well as the inter-disciplinary, nature of health problems. Planners and implementors of health services could no longer work in isolation. The various disciplines in the health services had to be integrated and the activities of the health services carried out in conjunction with those of other agencies involved in community problems.

Representatives would agree that the Regional Committee was an ideal forum for advocating such an approach. It would be carried out more effectively, however, if members of the Committee were able to visit other countries to acquire a more intimate knowledge of their health services and delivery systems. Thus overall improvement in the health services of the Region would be achieved. One way of doing this would be for Member States where a session of the Regional Committee had not yet been held to extend an invitation for a future session.

2 ADDRESS BY THE DIRECTOR-GENERAL: Item 3 of the Provisional Agenda

The CHAIRMAN invited Dr Mahler, Director-General, to address the meeting (see Annex 1 for copy of his speech).

3 ELECTION OF NEW OFFICERS: CHAIRMAN, VICE-CHAIRMAN AND RAPPORTEURS: Item 4 of the Provisional Agenda

3.1 Election of Chairman

Dr SUMPAICO (Philippines) nominated Dr McKENDRICK (Western Samoa) as Chairman; this was seconded by Dr EVANS (Australia).

Decision: Dr McKENDRICK was unanimously elected.

3.2 Election of Vice-Chairman

Dr DICKIE (New Zealand) nominated Dr TANAKA (Japan) as Vice-Chairman; this was seconded by Dr CHANG (Republic of Korea).

Decision: Dr TANAKA was unanimously elected.
3.3 Election of Rapporteurs

Dr CHANG (Republic of Korea) nominated Dr SUMPAICO (Philippines) as Rapporteur for the English language; this was seconded by Dr MAJID (Malaysia).

Dr COULBERT (France) nominated Dr PHOUTTHASAK (Laos) as Rapporteur for the French language; this was seconded by Dr ACOSTA (Philippines).

Decision: Dr SUMPAICO and Dr PHOUTTHASAK were unanimously elected.

4 ADOPTION OF THE AGENDA: Item 6 of the Provisional Agenda

Since an item entitled "International programme for the improvement of water supply and sanitation in rural areas of developing countries" had been proposed within twenty-one days of the opening of the session, the CHAIRMAN asked the Committee, in accordance with Rule 9 of its Rules of Procedure, if it agreed that this item could be included in a Supplementary Agenda.

The Committee having agreed, the CHAIRMAN moved the adoption of the Agenda.

Decision: In the absence of comments, the Agenda was adopted.

5 ESTABLISHMENT OF THE SUB-COMMITTEE ON PROGRAMME AND BUDGET:
Item 7.1 of the Agenda

In accordance with resolution WPR/RC21.R1 adopted by the Regional Committee at its twenty-first session, which decided that the membership of the Sub-Committee on Programme and Budget should "consist of half the Members in the Region plus the Chairman of the Regional Committee and that it be rotated among the representatives of various Members, subject to the provision that any representative desiring to participate in the discussion of the Sub-Committee should be entitled to do so", it was agreed that the membership this year would be composed of representatives from Australia, China, France, Japan, New Zealand, Republic of Korea, Republic of South Viet-Nam, Tonga and the United Kingdom.

It was further agreed that the Sub-Committee would meet at 2.30 p.m. on Tuesday, 2 September, and that a further meeting would take place at 9.30 a.m. on Thursday, 4 September.
ACKNOWLEDGEMENT BY THE CHAIRMAN OF BRIEF REPORTS RECEIVED FROM GOVERNMENTS ON THE PROGRESS OF THEIR HEALTH ACTIVITIES: Item 8 of the Agenda

The CHAIRMAN acknowledged reports on the progress of health activities received from the following countries or areas: Australia, Democratic Republic of Viet-Nam, French Polynesia, Hong Kong, Japan, Laos, Malaysia, New Zealand, Philippines and Republic of Korea and special reports on dengue haemorrhagic fever and on the feeding of Vietnamese infants received from the Democratic Republic of Viet-Nam. (For a further report acknowledged, see the third meeting, section 7.)

REPORT OF THE REGIONAL DIRECTOR: Item 10 of the Agenda (Document WPR/RC26/4 and Corr.1)

In introducing the Annual Report, the REGIONAL DIRECTOR welcomed to the Regional Committee the delegation of the Democratic Republic of Viet-Nam and the Representative of Tonga.

He went on to say that during the course of the year, both the spirit and the letter of the recommendations of resolution WPR/RC25.R5 on project systems analysis, adopted by the Committee at its twenty-fifth session, had been adhered to. The introduction of country health programming in Laos had been an innovative addition to the practical application of systems analysis in the programming of health care. The use of systems analysis, country health programming and other managerial techniques would be extended and tested to promote efficiency in certain areas of the health services.

A major constraint in applying the WHO programme of assistance still remained the lack of adequately trained manpower; the establishment of national teacher training centres in the Philippines and the Republic of Korea, resulting directly from the regional teacher training programme at the University of New South Wales, Sydney, was therefore of major importance. The Government of Fiji had decided to train medical assistants, and the refresher training course for indigenous doctors in the Trust Territory of the Pacific Islands had been highly successful. National authorities needed to define clearly their health manpower requirements and the duties to be performed by various health workers, in order to ensure that the right categories of personnel were trained to the best advantage.

The Regional Director then referred to the need for further improvement in the fellowship programme especially with regard to the proper utilization of the personnel trained once they returned to their own countries. Timely submission of applications for fellowships provided for in the approved programme budget would
ensure that candidates were placed in the institutes most suitable to their field of study, that commencement of studies was not delayed, and that, because the fellowship had progressed as originally planned, the trained individual returned to his own country at the time his newly-acquired skills were most needed. The early submission of applications had become particularly important since the cost of fellowships now had to be charged to the year in which study commenced no matter when the award was made. If a candidate awarded a fellowship in one year could not commence his studies until after 31 December, funds for the fellowship had to be found from the provisions for the following year. If this occurred too often, it could cause additional financial strain to the Organization and loss of fellowships to the countries concerned and would present considerable difficulties in adhering to the approved fellowship programme. While on the subject the Regional Director took the opportunity to thank all the Governments who had assisted in the fellowship programme, particularly those in whose countries fellows had studied, for sharing their facilities and expertise.

In the field of communicable diseases, where epidemiological surveillance systems needed to be strengthened and intensified, the training of adequate manpower had first priority. National immunization programmes required to be accelerated and expanded. In support of the WHO Expanded Programme on Immunization, a regional seminar on immunization in the control of communicable diseases would be held in Manila in October 1975.

Recent outbreaks of dengue/dengue haemorrhagic fever in the Region had drawn attention to the importance of quick action in controlling the vector mosquitos. Technical guides, finalized at the second meeting of the Technical Advisory Committee on Dengue Haemorrhagic Fever, had been made available to governments, as had a document (WPR/VBC/16) on the equipment and insecticides needed to control Aedes aegypti.

The Regional Director said how happy he had been to be able to travel to Tokyo in early August to accept, on behalf of WHO, a large donation from the Japan Shipbuilding Industry Foundation, to be used to provide assistance in the global eradication of smallpox and in the control of leprosy.

In closing, the Regional Director spoke of the meetings organized during the course of the year, among them the Working Group on Measures for the Prevention and Control of Drug Dependence which had formulated strategies to be used in providing assistance in the future.

Finally, the Regional Director drew the attention of the Committee to document WPR/RC26/4 Corr.1.
The CHAIRMAN proposed that, as suggested by the Regional Director and with the approval of the Committee, the report should be reviewed section by section. He then invited representatives to comment.

Dr MAJID (Malaysia) congratulated the Regional Director on the progress made in efforts to improve health care in the Region. A systematic approach to health planning and management, the need for which was becoming increasingly recognized, would be facilitated by the establishment of the Health Planning unit in the Regional Office. In Malaysia, although shortage of funds had curtailed the introduction of new projects in the delivery of health services, ongoing projects had continued, including those for the construction of physical facilities under the Second Malaysia Plan. The Government of Malaysia had given high priority to manpower planning and training and although it faced shortages of health staff and would continue to do so for some years to come, the problem was being steadily overcome, because of the need to meet growing demands from the health services. New developments in the delivery of health services might necessitate regular reappraisal of the role of some categories of staff and modification of their training.

The Government of Malaysia supported the continued emphasis being given to improvement of family health care; the family being the basic unit in the community. The primary health care approach was the most economical for reaching the widest sector of the community and deserved the fullest support. Insistence on an integrated and coordinated approach to community problems had been helped by an infrastructure for the coordination of various disciplines which had led to the active involvement of other agencies, such as those concerned with agriculture, home economy, community development, schools and information. Family health care, including family planning and nutrition services, was delivered through this infrastructure. The Third Malaysia Plan, 1976-1980, would therefore include a Food and Nutrition Programme.

A study of manpower requirements to assist long-term planning was being undertaken with the assistance of a WHO adviser, in an endeavour to ensure that the quantity and quality of health manpower were adequate to meet the requirements of a satisfactory health care delivery system.

Research on cheap, simple and effective communicable disease prevention and control measures would be welcomed by the Government of Malaysia. The incidence of dengue haemorrhagic fever in Malaysia in 1974 was 1482 cases with 104 deaths, compared with 969 cases with 54 deaths in 1973. WHO technical assistance had helped to cope with the situation in 1975; by the end of July there had been only 334 cases with 34 deaths, whereas for a similar period in 1974, there
were 1321 cases with 87 deaths. Experience had shown that there was a need to strengthen vector control and disease surveillance programmes. Despite financial constraints these problems were being overcome; albeit slowly.

With improving socioeconomic conditions, non-communicable diseases such as cardiovascular diseases, cancer and metabolic diseases were becoming more of a public health problem in developing countries. It was noted that heart disease was now the second cause of death in Malaysia and WHO assistance in developing a balanced programme of prevention, diagnosis and treatment in the control of this problem was welcomed.

The promotion of environmental health, particularly the control of waterborne diseases, was thought to be a worthwhile investment, although necessarily a long-term one, because of the need to obtain community acceptance and participation in improving its own health and sanitation standards. Continued technical guidance by WHO on problems caused by pollution and urban migration was also appreciated.

Finally, Dr Majid stated that, although it was facing certain difficulties, the Government of Malaysia supported the need for statistical services which would collect epidemiological data and data for planning.

Dr PHOUTTHASAK (Laos) said that the country health programming exercise in Laos had reached the second phase. The Government of Laos must, with the assistance of WHO, review its priorities and reorganize its programmes. WHO assistance in Laos, which had hitherto consisted of direct technical advice from experts and consultants and the provision of fellowships, must place more emphasis on: (a) material assistance, with a view to ensuring that primary health services as already organized in the areas under the control of the Patriotic Front, with integration of village health services into the existing structure, were extended to the recently-liberated areas; (b) re-orientating health personnel training; (c) setting up a national pharmaceutical industry; and (d) continuing malaria control, which should be gradually integrated into the village health system.

WHO assistance was needed in three principal fields: provision of supplies and equipment (especially important drugs); provision of material for the health education of the masses; and development or reorganization of health establishments. In summary, the Government of Laos wished for a reduction in direct technical assistance (fewer experts; those that were provided being more specialized); an important increase in material assistance; and advice on the utilization of material assistance received under bilateral arrangements or from other international organizations.
Dr CHEN (China) congratulated the Chairman on his election and thanked the Regional Director and his staff for the work they had done in arranging the present session. He paid tribute to the Government of the Philippines, its medical and health workers and the people of the Philippines. He also welcomed the delegation of the Democratic Republic of Viet-Nam and the Representative of Tonga who were attending for the first time. Dr Chen said he had listened to the address of the Director-General and had read the annual report of the Regional Director with great interest. The report referred to the strengthening of health services and the need to ensure that health facilities served a greater number of people, particularly in the rural areas. This was a very important question, of common concern to the majority of developing countries of the Third World in their medical work.

In the People's Republic of China, in accordance with the teachings of Chairman Mao Tse Tung, stress was laid on medical and health work in rural areas and, at the grassroots' level, on the development and establishment of a system of teams of barefoot doctors and of cooperative medical services. At present over 80% of the production brigades of the rural areas had begun to provide cooperative medical services. There were over 1,300,000 barefoot doctors and over 3,600,000 health workers and midwives. This health team, which was the basic health unit in the rural areas, was not divorced from the collective, productive labour of agriculture nor was it divorced from the masses. It played a very important role in preventing and treating diseases in the rural areas, in fundamentally changing rural health conditions and in solving the medical problems of the peasantry. Gradually, and in a planned way, enormous reserves of human material and financial resources had been utilized to build up primary medical services.

In the last ten years, over a hundred thousand medical workers and over a hundred thousand graduates of medical colleges had gone to work in the rural areas. City medical workers, totalling 800,000 man-visits, had been sent at different periods and in different groups to give mobile medical treatment, to train barefoot doctors and to help the local workers in preventive and curative work. Medical research workers often penetrated deep into the rural areas to engage in research work which combined prevention and treatment and placed emphasis on common diseases and diseases with high morbidity.

Biomedical products and medical equipment were supplied to the rural areas on a priority basis. Prices of medicines had been reduced and were now 80% lower than in the early period after liberation. Vaccines and contraceptives were provided free of charge. In recent years the State had supplied the commune health centres and the barefoot doctors with the necessary medical equipment in a planned
way. At present there were general hospitals and maternal and child health centres at the country level; health centres at the commune level; cooperative medical stations and barefoot doctors in the production brigades; and health aides and midwives in the production teams. Thus a network of medical health units, adapted to rural conditions, had been formed step by step. Good results had been achieved but efforts would have to continue.

Dr Chen went on to say that great differences existed between developing country and developed country. China was a developing socialist country belonging to the Third World. The numerous countries of the Third World had gained their own experiences in health work; they could learn from each other and adapt successful methods to overcome shortcomings, in an effort to develop the health services and raise the level of health of the people.

Dr King (United States of America) added his compliments to those expressed by other representatives to the Regional Director on his annual report and remarked that it was satisfactory to be able to obtain a clear picture of the health situation which not only mentioned accomplishments but also problems. He noted that the same problems existed in the Western Pacific as in other Regions: lack of adequate manpower, resistance to change and scarcity of funds.

The creation of a Health Planning unit in the Regional Office was a significant event heralding the first step in a national decision-making process. He noted that at the present time the unit did not evaluate projects proposed by countries for assistance but he hoped it would do so in the future.

Dr King stated that he was interested in receiving clarification of the statement on page xi of the introduction to the report, which stated that "despite continuing efforts to provide family planning advice as part of maternal and child health services, the emphasis on limitation of family size has been greatly affecting the role played by health personnel, especially nurses and midwives, in providing general maternal and child care." He was also interested in having further information on the World Food Programme-assisted schistosomiasis control programme (last line of page xiii). He wished to suggest that, in view of the large number of countries in the Region, the geographical dispersion of the countries or areas, and the relatively modest funds available, emphasis should continue to be given to intercountry and regional activities rather than small piecemeal attempts at assistance in individual countries.

In reply to Dr King’s first question, the REGIONAL DIRECTOR, elaborating on the explanation given by Dr Kacic-Dimitri (Regional Adviser on Maternal and Child Health) that advice on contraception
and family planning normally formed part of maternal care, said that because of the tremendous emphasis given to family planning, maternal and child health was being accorded lower priority.

In reply to Dr King's second question, Dr LINDNER (Regional Adviser on Communicable Diseases) said that the World Food Programme had assisted one country in schistosomiasis control by distributing consignments of food to the labourers on the programme who were recruited from the villages. Schistosomiasis was a problem in the Region but most countries had aggressive control programmes applying very different technologies. It was now a question of intensifying the control programmes in all countries.

Professor HOANG DINH CAU (Democratic Republic of Viet-Nam) recalled that his country had been experiencing abnormal development since the end of the Second World War. Although independence had been proclaimed on 2 September 1945, war had raged for thirty years, practically without interruption. The situation had only begun to normalize since 1 May 1975, with the complete liberation of South Viet-Nam and the fall of the former Saigon government. During that period, priority had been given to the rural health services, since the Government had considered that its health policy should aim primarily at solving the health problems of peasant populations. Since the end of hostilities, the objective of health planning was to consolidate the rural health network and to pay more attention to health problems in urban communities especially among workers. The programme of WHO met the essential points of the national health plan and was fully endorsed by the Government of the Democratic Republic of Viet-Nam.

The CHAIRMAN mentioned that in Western Samoa there was a tradition of large families. Progress in family planning, though inevitably slow, was being made. The Government of Western Samoa greatly appreciated the advisory services provided by WHO and the contributions from UNFPA. It regarded maternal and child health/family planning as of extreme importance from a health and from an economic point of view and hoped that assistance would continue beyond 1977, since the programme must always be regarded as a long-term one.

In agreeing with the remarks of Dr TOUA (Papua New Guinea), who emphasized the importance of health programmes being a coordinated effort of all concerned and not just of technical expert advisers, the REGIONAL DIRECTOR said that ideally a national counterpart always worked with a WHO adviser, though this was not always possible.
The CHAIRMAN said that the Committee should congratulate the Regional Director on his report. It was regretted there had not been more discussion. (For continuation of discussion, see the second meeting, section 1.)

The meeting rose at 11.45 p.m.
ADDRESS BY DR H. MAHLER
DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION

HEALTH FOR ALL BY THE YEAR 2000

Mr Chairman, honourable representatives, ladies and gentlemen,

I have chosen as my subject "Health for all by the year 2000!" because it permits me to express my views on how you and your Organization might make a contribution to the New Economic Order, or as I personally would prefer to call it a New Development Order. Is such an objective mere wishful thinking or a utopian dream, or is it a realistic goal or a conservative estimate? It may be any one of these, depending on our view of health and the strength of our determination to attain it. Today I shall try to outline how it might be attained by the peoples of the world in the course of a single generation. Here I must be realistic about this; it will take a generation for the world's population to attain an acceptable level of health evenly distributed throughout it. I hope you will not think that this estimate indicates passivity or defeatism on my part. A generation may seem a long time to wait, but I do not propose to wait. I propose urgent action now to achieve in the twenty-five years of a generation what has not hitherto been achieved at all. I was disturbed recently to hear WHO being described as a pillar of conservatism and bureaucracy to which one would hardly turn in trouble. We must destroy this image for ever by working together to attain what I consider is a realistic goal. If not, we, the health professions, will have made an unpardonable contribution to world chaos, because it is a sobering reality that, if we do not succeed in making radical changes, the vast majority of the world's population will still have no access to decent health care at the end of the century.

In my address to the Twenty-eighth World Health Assembly I made a plea for the strengthening of the Regional Committees so that they become the supreme political coordinating forum for all regional health matters and the bearers of a new regional health conscience. Conscience implies a sense of guilt, but it also implies a sense of obligation. I am afraid that, if we continue to apply technology that is only marginally relevant to the problems of health, we shall never reach the goal of health for all by the year 2000. I am, however, convinced that if, in all due sincerity, we accept the challenge of finding new ways of developing health, we shall reach that goal together.
What new ways are open to us? To answer this question we must consider health in the broader context of its contribution to social development. Too often is development equated with economic growth instead of with the progressive wellbeing of the people. To appreciate better what social development means it is useful to consider the meaning of social poverty. This is a pernicious combination of unemployment and underemployment, economic poverty, scarcity of worldly goods, a low level of education, poor housing, poor sanitation, malnutrition, ill health, social apathy, and lack of the will and the initiative to make changes for the better. These taken together create a vicious circle, and improvement of any one of them could contribute to improvement of them all. We in the health sector have been guilty of confusing ends and means. It is now our duty to consider the benefits of all health action in terms of their social value rather than of their technical excellence. As a measure of social value I would still accept the utilitarian principle of the greatest happiness of the greatest number. The present system whereby conventional medical care benefits only a small group of privileged individuals in the main cities of most countries of the third world is the very antithesis of such a principle. It is a moral imperative of the new economic and social order that countries give health promotion its rightful place in all social and economic development.

Health improvement is a goal desired by all, and therefore less subject to political controversy than other social goals. Let us use it then as a lever for social development. To do so, we must realize that it will be necessary to relinquish many of our pre-conceived notions about the best ways of attaining health and to adopt approaches that are fundamentally different from those existing at present in most countries.

The most important criteria for appropriate ways of attaining health are their relevance to social progress and their economic feasibility. The first principle in this new approach is that the distribution of health resources is as important as their quality and quantity. Resources are only too often allocated to central institutions, become proportionately scantier in direct ratio to the distance from the main cities, and are non-existent or almost non-existent in rural areas. This maldistribution is not only spatial but also technical. The specialized curative services of the developed countries are only too often copied in the developing countries, leaving a scanty residue of resources for the promotion of environmental health and for primary health care. The time is now long overdue for a reduction of the growing disparity in the distribution of health resources not only between countries but also within countries. This redistribution must take account of population growth, which is often most rapid among the socially poor.
The second principle, namely that of social penetration, follows from the first. It is necessary to start by allocating resources to the social periphery and by a determined effort to ensure that socially peripheral populations participate fully in identifying their own health and other social problems and in seeking solutions for them. In their search they will no doubt encounter problems that require solutions beyond their ken. These are the problems that should concern the more central tiers of the health and other social systems as well as the political, administrative and environmental authorities. This may sound like social planning in reverse. It is not. Social penetration has to be planned carefully from the centre, and I shall return to that.

Rural populations in developing countries are particularly underprivileged with respect to health care and social development in general, and even if they are not always aware of the possibility of making overall social and economic progress they are usually interested in improving their health. This interest should be fully mobilized. Communities should be encouraged to take the initiative in developing simple health measures of their own, such as finding local solutions for drinking-water supplies and wastes disposal, the protection of houses against insects and rodents, and the provision of elementary health care. It should be possible to train locally recruited health agents, including, wherever appropriate, traditional healers and midwives, to participate under suitable supervision in providing a minimal standard of care during the antepartum, intrapartum and postpartum periods; in family planning; in infant and early childhood care; in nutritional guidance; in immunization against the major infectious diseases; in elementary curative care of all age groups for disease and injury; in basic sanitation with safe water; and in unsophisticated health education with respect to the prevailing health problems and methods of preventing and controlling them. The conditions for success are community enthusiasm and determination, a continuing process of motivating and training local health agents, and the full technical and moral support of the next tier up in the health service structure.

This reawakening of interest in health promotion could surely be harnessed to other aspects of social development. Discussions on nutrition could promote interest in local measures to increase food production. The protection of homes against disease vectors and the improvement of local wastes disposal measures could bring about a general improvement in the standard of cleanliness in the home and its surroundings. Education in health matters, such as basic sanitation, infant and child rearing, family planning and nutrition, could give an impetus to individual and community self-
learning in general. There is ample evidence from a number of
countries that the vicious circle of social poverty can be broken.
Naturally, local patterns of community life would determine the
manner of community participation, but the genuine participation
of individuals, families, and community leaders covering the whole
range of social and technical endeavour in the community cannot
fail to lead to mass action for change.

I have referred to the need for peripheral health action to be
supported by the next link up in the health system chain. This
implies the adoption of a new role by more centrally placed health
services in response to the needs of peripheral communities. Since
the problems arising will be on a wider scale than the clinical
problems of the seriously ill, the range of services provided will
have to be correspondingly wider. They will include the continuing
training and supervision of local health agents; the provision of
guidance on simple sanitary measures; the dissemination of information
on locally suitable disease control methods; logistical support
for pesticides, medicines and sanitary and medical equipment; and,
of course, increased specialized clinical outpatient and inpatient
care. They will also involve liaison and intervention with other
sectors involved in social and economic development at the level
concerned.

I have heard fears expressed that such arrangements would
deprive the medical and nursing professions of their traditional
functions. This is not the case. What is being suggested is that these
professions broaden their functions and apply their knowledge and
skills to the most pressing social needs. The employment of less
sophisticated health personnel in no way constitutes a threat to the
medical and nursing professions. On the contrary, by having problems
filtered before they are brought to them, the members of these
professions will be freed for more useful applications of their
expert knowledge. But at the same time they will have to acquire
new skills to permit them to fulfill new functions of leadership,
guidance and support. Surely this is no threat, but rather an
exciting challenge. If it is seen to constitute a threat, this can
only be because of the degree of social irrelevance that has crept
into the way these two classical professions are being exercised
today.

The functions of ministries of health will also have to be
reviewed. A primary function of an invigorated ministry of health
as I envisage it is that of leadership in introducing new ideas and
policies - and not that of passive acceptance of conventional wisdom.
I know that in many countries ministries of health do not have the
formal power they require to ensure that adequate attention is paid
to health development, but I am confident that if they dare to
exhibit greater leadership in ideas this will lead to a strengthening of their influence on the establishment of social policies at the political level. Such leadership is required first and foremost to promote the confidence of the masses of the people. If political persuasiveness is to be applied to the attainment of social development it has to be fully backed by carefully defined policy and by soundly formulated plans and programmes. These are highly important functions, much more important than the routine administration of medical institutions that absorbs so much of the energy of ministries of health in so many countries. Their energy would be much more usefully spent on identifying major health problems and on determining national health policies of the type I have tried to outline. Policies such as these are based on an interlinked process — local needs giving rise to central responses and social needs giving rise to technical responses. It may sound paradoxical, but the implementation of such policies, which are based on peripheral social pressures and participation, requires careful central planning and support.

It is necessary to set in motion and maintain the continuing process of planning, implementing, monitoring, controlling, evaluation and replanning. Strategic planning is required to select priority programmes from among alternatives and operational planning to formulate the programmes it has been decided to implement. Such a national health planning process has become known as country health programming, which, like all other components in health planning, must be a continuing process. Its methodology has been kept as simple as possible, and its ultimate aim is to develop your capacity within countries to clarify for yourselves the reason for your health underdevelopment and, by yourselves through a process that is both rational and consonant with your culture, to decide on the most appropriate policies and programmes for developing the health of all your people.

To be effective, planning by ministries of health must therefore transcend the limitations of medical technocracy and become integrated into the mainstream of political decision-making activity. To this end, in many countries it will be necessary to create within ministries of health permanent mechanisms at the highest level for the identification of problems and the definition of policy, as well as for the formulation, management and evaluation of health development programmes. Close contact will have to be maintained between ministries of health and central planning ministries where these exist, as well as with all other ministries and authorities dealing with social and economic development. These, and other contacts, such as with universities, research institutions and teaching hospitals, should be used to ensure that bilateral and multilateral cooperation for health is channelled into programmes that conform to the country's
priority health needs in such a way as to promote national initiative rather than to smother it. An excellent example of the use of national and international resources in this way is afforded by the global smallpox eradication programme, the success of which was due to its ability to identify simply yet precisely what action needed to be taken and to mobilize all available resources, irrespective of their source, in pursuit of that action.

The mobilization of public and professional opinion and support for health development programmes is a particularly important function of a vigorous ministry of health. In my address to the Regional Committee for Africa last year I suggested one mechanism that could be used for this purpose, namely national advisory health councils. These councils, organized and guided by ministries of health, might be composed of personalities representing a wide range of interests in health and in political, economic and social affairs. The public should certainly be represented, because they are after all those whose wellbeing is the aim and object of health development, and their participation in these councils is one way of making them responsible partners in this development.

The range of policy questions discussed in these councils should not be limited to health services alone in their traditionally restricted sense. On the contrary, the councils should explore health matters as they relate to social and economic development in general, as well as political, social and economic matters as they relate to health. In this way all the participants are exposed to health policy in its broadest sense. This should have the effect of sensitizing health specialists to social and economic realities, sensitizing social and economic specialists to health realities, and sensitizing them all to consumer realities and preferences in the field of social development.

One specific illustration of the kind of subject matter that might be discussed in these councils is health manpower development, the key to the implementation of any health programme. Suitable training and career policies have to be established to cope with the need in many countries for auxiliaries as well as for traditional healers and midwives. In developing countries consideration will have to be given to giving medical and nursing students an education that is relevant to the needs of those countries, rather than the traditional education of the developed world. The socialization of health institutions, in the sense of the provision of extramural services in the heart of the community, and the use of these institutions in support of primary health care, have health manpower implications that will call for reforms that may be traumatic in their effects.
Health councils of this nature might well be used as advisory bodies in relation to WHO's supportive collaboration in the country. Nor need they be restricted to the central level; they might well be created at regional and local level also. In this way the ministry of health would have a network of popular councils that could only serve to strengthen its functions both within the country and in the international arena.

I shall now touch on WHO's role in the national developments I have outlined. It is my duty as Director-General to bring to your attention what appears to me to be an urgent indication for the need to depart from conventional ways. These proposals are the result of genuine reflection on alternative ways of finding adequate solutions for the depressing health situation of most of the world's citizens. I am deeply concerned, however, about allegations that have been made to the effect that what I am proposing is inferior solutions for developing countries. To my mind, these proposals are in no way inferior, nor need the principles on which they are based be limited to developing countries. It is not health technology per se that is being questioned. WHO will continue to collaborate in the transfer of so-called modern technology wherever it seems reasonable and significantly useful, but it would be failing in its obligations to you, its Member States, if it did not collaborate with you in adapting that technology and, in conjunction with you, in establishing new methods and technologies for health development that are appropriate to your political, social and economic climate.

I emphasize the word "collaboration" because that is the essence of the Organization's new relationship with its Member States. The provision of external experts to solve specific national problems is rapidly becoming outmoded. Indeed, it is often counter-productive. Genuine collaboration implies joint review of problems with countries, and WHO can bring to this review information on the scientific knowledge and practical experience of countries all over the world and thus open out horizons with respect to possible solutions. It can also be active in coordinating the flow of external funds into health programmes that are of real importance to countries. This it will do at the request of countries wherever this approach is likely to be successful, as an international coordinating body functioning at all organizational levels. In no circumstances will it trespass on national authority, here or elsewhere.

In the field of technical cooperation with countries WHO would like to emphasize those functions that could be the key to health development. These include national health planning and programming aimed at creating the kind of integrated health and social development system I have outlined today.
Such emphasis will naturally not exclude other forms of technical cooperation such as, to mention only a few, collaboration in providing methodological support to surveys of problems, social reforms for the application of health policies, the implementation and evaluation of health programmes, the training of health personnel, and the development of a research infrastructure, as well as straight operational assistance.

For the successful introduction of these newer ideas able and dedicated nationals are essential. A much greater search for and use of such national personnel within their own countries in relation to WHO’s technical cooperation is long overdue. Some of them might benefit from international experience by being recruited as WHO staff members for a limited period. Others could acquire practical experience in WHO-sponsored regional and interregional research and development projects, following which they would return to their countries to promote and implement the newer ideas. I shall not inflict further examples on you, my purpose being simply to emphasize the importance of adopting a highly flexible approach in order to make the best use of national personnel, each case being considered on an individual basis. No doubt appropriate financial, technical and moral incentives would have to be devised to sustain this "international" use of national health personnel in their own countries, but while this aspect may create delicate problems I am sure we shall be able to surmount them if we try hard enough.

I promise you that in pursuing these new forms of technical cooperation we shall do everything in our power to reduce bureaucracy to an absolute minimum. If we succeed in implementing even some of these ideas WHO could certainly not be accused of being a pillar of conservatism. However, if you want more conservative forms of assistance, we shall provide them. If you want help in building hospitals, for example, we shall do our best to comply, but please let us try to work together to create hospitals that have a high sense of social purpose. If you want fellowships, let us select the subjects and the trainees together in response to the most important health manpower needs, future as well as present. On the other hand, if all you want is supplies, do we really need for that a large agency like WHO with a complex regional organization? It is your responsibility to decide whether you want a World Health Organization that will act as the multilateral technical cooperation partner in national health development. It is my responsibility to warn you against the ever-present risk of the Organization becoming just another donor agency, and one of only marginal importance.

Mr Chairman, honourable representatives, let me finally return to the goal of "Health for all by the year 2000!". If each individual
Member State in this Region has the political courage both to reorient its own internal health priorities according to their social relevance for the total national population and simultaneously to espouse the cause of international solidarity for global health promotion, then I have not the slightest doubt that we shall reach this goal before the year 2000.

Mr Chairman, honourable representatives, please do not just applaud or boo my speech according to your inclination and then remain silent. I very much want to know your views on what I have said, now or later. I wish you every success in the deliberations of the Committee and look forward to my discussion with you.
SUMMARY RECORD OF THE SECOND MEETING

WHO Conference Hall, Manila
Monday, 1 September 1975 at 2.30 p.m.

CHAIRMAN: Dr T.M. McKendrick (Western Samoa)

CONTENTS

1 Report of the Regional Director (continued) .......... 97

2 Resolutions of regional interest adopted by the Twenty-eighth World Health Assembly and the Executive Board at its fifty-fifth and fifty-sixth sessions .......................... 99

3 Participation in the Regional Committee of Members not having their seat of government within the Region ................................. 110
### Second Meeting

**Monday, 1 September 1975 at 2.30 p.m.**

**PRESENT**

<table>
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<tr>
<th>I. Representatives of Member States</th>
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| AUSTRALIA                          | Dr C.P. Evans  
|                                    | Mrs A.E. Broinowski |
| CHINA                              | Dr Chen Chih-ming |
|                                    | Dr Chen Wen Chieh |
|                                    | Dr Wang Lien Sheng |
|                                    | Mr Li Ching Hsiu |
| FRANCE                             | Dr Yves Couturier |
| JAPAN                              | Dr A. Tanaka  
|                                    | Mr S. Kaneda  
|                                    | Dr S. Osawa |
| LAOS                               | Dr Phouy Phoutthasak |
|                                    | Dr Keo Phimphachanh |
| MALAYSIA                           | Mr Omn bin Kayat |
|                                    | Dr Lim Ewe Seng |
| NEW ZEALAND                        | Dr R. Dickie  |
| PHILIPPINES                        | Dr J. Sumpaico |
|                                    | Dr A.N. Acosta |
|                                    | Dr R. Villasis |
|                                    | Dr E. Fernando |
|                                    | Dr I. Nebrida |
|                                    | Mrs L.J. Zamora |
| REPUBLIC OF KOREA                  | Dr Kyong Shik Chang |
|                                    | Mr Se Lin Huh |
|                                    | Mr Sun Dong Yin |
| SINGAPORE                          | Dr Oon Beng Bee |
| TONGA                              | Dr S. Tapa |
SUMMARY RECORD OF THE SECOND MEETING

UNITED KINGDOM

UNITED STATES OF AMERICA

WESTERN SAMOA

II. Representative of Associate Member

PAPUA NEW GUINEA

III. Observers

DEMOCRATIC REPUBLIC OF VIET-NAM

IV. Representatives of the United Nations and Related Organizations

UNITED NATIONS DEVELOPMENT PROGRAMME

UNITED NATIONS CHILDREN'S FUND

V. Representatives of Other Intergovernmental Organizations

INTERNATIONAL COMMITTEE OF MILITARY MEDICINE AND PHARMACY

VI. Representatives of Non-governmental Organizations

WORLD COUNCIL FOR THE WELFARE OF THE BLIND

INTERNATIONAL DENTAL FEDERATION

WORLD FEDERATION FOR MEDICAL EDUCATION

INTERNATIONAL FEDERATION FOR HOUSING AND PLANNING

Dr J.A.B. Nicholson

Dr J.C. King

Mr E. Noziglia

Dr M. Kumangai

Dr T.M. McKendrick

Dr Ako Toua

Professeur Hoang Dinh Cau

Ms. Nguyen Van Trong

Dr Doan Xuan Muou

Mr J. Melford

Mr Wah Wong

Captain J.E. Batoon, MC

Dr L.B. Soriano

Dr P. Gonzales

Dr J. Cuyegkeng

Professor C.H. Concio
<table>
<thead>
<tr>
<th>Organization</th>
<th>Director(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christian Medical Commission</td>
<td>Dr. G. Viterbo</td>
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<tr>
<td>Medical Women's International Association</td>
<td>Dr. C. Asuncion</td>
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<td></td>
<td>Dr. I.Y. Zalamea</td>
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<td>World Federation of Nuclear Medicine and Biology</td>
<td>Dr. L.S. Villadolid</td>
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<td>International Committee of Catholic Nurses</td>
<td>Mrs. M.R. Ordoñez</td>
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<td>International Planned Parenthood Federation</td>
<td>Dr. J. Ilano</td>
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<td>World Psychiatric Association</td>
<td>Dr. A. Umali</td>
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<td>International Society of Radiology</td>
<td>Dr. H. Zialcita</td>
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<td>International College of Surgeons</td>
<td>Dr. L. Martinez</td>
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<tr>
<td>VII. WHO Secretariat</td>
<td></td>
</tr>
<tr>
<td>Director-General</td>
<td>Dr. H. Mahler</td>
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<tr>
<td>Secretary</td>
<td>Dr. Francisco J. Dy</td>
</tr>
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Dr TAPA (Tonga) associated himself with previous speakers in congratulating the Chairman on his election, the Regional Director and his staff on their work during the year, and the Director-General for his inspiring address, which contained much food for thought and action. It was interesting that the Director-General had referred in his speech to the new international economic order. Dr Tapa had participated in a meeting in Georgetown, Guyana, in which an interim report entitled "Towards a New International Economic Order" prepared by a Commonwealth expert group had been endorsed, to be made available to a special session of the United Nations General Assembly. The second paragraph of the report stated: "The overriding need is to secure for all people acceptable standards of nutrition, clothing, shelter, public health, medical care and education. This is the minimum tolerable standard of existence." Health was both a means and an end in itself in the new international economic order. Unlike Dr Mahler, who had set the year 2000 to reach his objective of health for all, the expert group had not set a time limit to achieving its objectives.

On behalf of his Government, Dr Tapa thanked the Representative of China and the Regional Director for their words of welcome to Tonga on becoming a Member of WHO, and the Member States of the Western Pacific Region and other Regions for having supported Tonga's application for membership at the World Health Assembly. Tonga was a small country, among the least-developed, with a total land area of under 270 square miles and a population now approaching 100,000. Its natural resources were limited but the Government placed a high priority on its human resources, on the health and education of its people, and on social and economic development. The Government of Tonga was grateful to WHO for all the assistance provided since 1956 in the form of fellowships and participation in seminars and training courses; and through country and intercountry advisory services, some of which had been mentioned specifically in the Regional Director's Annual Report. The bilateral assistance extended by other United Nations organizations, such as UNDP, UNFPA, UNICEF and ESCAP, which in collaboration with WHO, had been giving assistance since 1956, was greatly appreciated. He assured the Director-General, the Regional Director and Representatives of Member States of the continued support of the Government of Tonga in the challenging years ahead.

Dr CHANG (Republic of Korea) wished to join with the earlier speakers in congratulating the Chairman, the Vice-Chairman and the Rapporteurs on their election. He referred to the close relationship
between WHO and the Republic of Korea, which he was sure would continue, and conveyed his Government's appreciation of assistance provided by WHO.

Having suffered social and economic chaos after the Second World War the structure in the Republic of Korea was now being re-established to improve living standards. Three successive five-year plans had been entered into since 1962 and the fourth was being prepared. Within the five-year national plans a basic public health plan had been incorporated which concentrated on the control of acute communicable diseases, tuberculosis control, improvement of the quality of food and drugs, training of health workers, and the extension of maternal and child health services. As a result, the incidence of communicable diseases had been greatly reduced, as had the incidence of water-borne diseases by using since 1967 a piped water system. The tuberculosis control programme had, with the assistance of WHO since 1962, been clearly successful. From 1961 the family planning policy had led to a reduction in the natural increase of the population from 3% in 1960 to 1.92% in 1970. The targets of 1.5% in 1976 and 1.3% in 1981 were expected to be achieved. The quality of drugs had been improved and programmes for noise control and industrial health had been organized.

Since 1971 a nationwide community development programme had spread throughout the country. This was based on a spiritual movement for the evolution of mutual effort for enhanced community development by the communities themselves. Family planning and simple piped water supply programmes had been fully incorporated in this programme.

Dr Chang then spoke of plans for the future. Industrialization had already brought many problems such as air, water and ground pollution. A major effort would be made in the field of environmental sanitation, especially rural sanitation. Comprehensive health services development had been included in the fourth five-year plan and would be developed into a reorganization of the medical and health services to provide low cost medical care. By the late 1980s the standard of health care in the Republic of Korea would be equal to that of developed countries.

Dr Chang expressed his delegation's appreciation of the Regional Director's annual report. The Government of the Republic of Korea would continue to promote close international cooperation with all other countries of the Region.

There being no other comments, the CHAIRMAN asked the Rapporteurs to prepare an appropriate resolution. (For consideration of the draft resolution, see the third meeting, section 2.1.)
RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE TWENTY-EIGHTH WORLD HEALTH ASSEMBLY AND THE EXECUTIVE BOARD AT ITS FIFTY-FIFTH AND FIFTY-SIXTH SESSIONS: Item 11 of the Agenda (Documents WPR/RC26/5 and WTR/RC26/5 Add.1)

2.1 Organizational study on the interrelationships between the central technical services of WHO and programmes of direct assistance to Member States (resolutions EB55.R26 and WHA28.30)

The REGIONAL DIRECTOR drew attention to operative paragraph three of resolution WHA28.30.

2.2 Coordination with the United Nations system - general matters (resolutions EB55.R56 and WHA28.40)

The REGIONAL DIRECTOR drew attention to operative paragraph two of resolution WHA28.40.

The Committee noted the above-mentioned resolutions without comment.

2.3 WHO activities in regard to the development of methods of controlling the tropical parasitic diseases (resolution WHA28.51)

The REGIONAL DIRECTOR drew attention to operative paragraph one.

Dr NICHOLSON (United Kingdom) said that the Government of the United Kingdom considered the development of methods for controlling the tropical parasitic diseases to be an important initiative in dealing with major causes of morbidity in developing countries. It was an area that had tended to be neglected; now at last there was a good chance that global resources would be remobilized. At this period of financial stringency it was hoped that plans of action to be formulated by a meeting in Geneva in October 1975 would interest extra-budgetary donors. The Government of the United Kingdom would be strongly represented at this meeting by senior officials and it was hoped that representatives of UNDP, the World Bank and many other international sources of assistance would attend.

2.4 Schistosomiasis (resolutions EB55.R22 and WHA28.53)

2.5 Prevention of blindness (resolution WHA28.54)

The Committee noted the two above-mentioned resolutions without comment.

2.6 Mycotic diseases (resolution WHA28.55)

The REGIONAL DIRECTOR drew attention to operative paragraph one.
Dr DICKIE (New Zealand) stated that a mycology reference laboratory had been set up in December 1974 in the National Institute of Health, Wellington, staffed by a mycologist and a technical officer who were both well qualified. There was a reference service, and a small amount of clinical diagnostic mycology was being carried out. A training course for laboratory technicians was being started but, due to lack of space, activities were restricted. With the building of a new institute it was hoped that the course could be expanded in the future. The mycology laboratory was prepared to provide reference services to any countries or areas in the Region.

2.7 Leprosy control (resolution WHA28.56)

The Committee noted this resolution without comment.

2.8 Mental retardation (resolution WHA28.57)

The REGIONAL DIRECTOR drew attention to operative paragraph one.

Dr EVANS (Australia) said that, with other co-sponsors, several of whom were Members States of the Western Pacific Region, Australia had proposed resolution WHA28.57 to the Twenty-eighth World Health Assembly. It had been adopted unanimously. The Government of Australia wished to emphasize that problems of mental retardation were common to all areas, both developed and developing; they should be taken into consideration when planning the development of health services. A significant reduction in the incidence of several types of mental retardation could be achieved by simple preventive measures.

2.9 Control of sexually transmitted diseases (resolution WHA28.58)

The REGIONAL DIRECTOR drew attention to operative paragraphs one and two.

2.10 Rheumatic diseases (resolution WHA28.59)

The REGIONAL DIRECTOR drew attention to operative paragraph two.

The Committee noted the two above-mentioned resolutions without comment.

2.11 Fluoridation and dental health (resolution WHA28.64)

The REGIONAL DIRECTOR drew attention to operative paragraph three.

Dr NICHOLSON (United Kingdom) stated that the Government of the United Kingdom welcomed resolution WHA28.64 because development of programmes for the prevention of dental caries through fluoridation needed to be stimulated.
2.12 Utilization and supply of human blood and blood products
(resolution WHA28.72)

The REGIONAL DIRECTOR drew attention to operative paragraph two.

Dr Sumpaico (Philippines) informed the Committee that, as early as 1951, the Government of the Philippines had realized the need to collect, treat, conserve and store human blood to minimize suffering and save human lives and had passed Republic Acts Nos. 662 and 774 which had established the present blood plasma dehydrating laboratory in the Department of Health. The Department of Health had also signed a joint agreement with the Philippine National Red Cross, under which the Red Cross collected blood from all over the country, took charge of stock piling and issuing plasma and its products according to regulations. The Department of Health, through the Bureau of Research and Laboratories, maintained and operated the dehydrating plant, delivered to the Red Cross all finished products, and made available its collection teams. In June 1956, to prevent trafficking in human blood and its derivatives, Republic Act No. 1517 was passed to regulate the collection, processing and sale of human blood and to standardize the operation of private blood bank processing laboratories. In March 1972 a Presidential directive had been issued which required the strict implementation of Republic Act No. 1517 and stopped the practice of extracting blood from donors under the guise of emergency transfusion without adherence to standard blood banking practice and medical ethics. A Presidential ban was issued on exporting human blood and its derivatives.

In November 1972 another Presidential directive was issued which ordered hospitals, clinics, blood banks and other establishments violating the rules and regulations of Republic Act No. 1517 to be closed or suspended. It also ordered unauthorized persons actively, or suspected to be, engaged in peddling human blood, soliciting donors, or transfusing blood without observing the standard procedures or for material consideration, to be apprehended and prosecuted.

Dr Sumpaico went on to say that four foreign commercial companies had recently attempted to set up plasmapheresis centres in the Philippines; approval had not been given. At present there were 194 licensed blood banks and blood bank outlets. Thirty-five of the blood banks were commercial and 100 attached to hospitals. Most of them were only allowed to extract blood during emergencies. The 59 blood bank outlets were located in peripheral areas where blood was stored and dispensed. The Philippine Society of Pathologists and the Society of Haematologists were coordinating with the Government in improving blood banking practices. The list of licensed blood banks was kept up to date and the price of blood was regulated.
2.13 Special assistance to Cambodia, the Democratic Republic of Viet-Nam and the Republic of South Viet-Nam (resolution WHA28.79)

The REGIONAL DIRECTOR drew attention to operative paragraphs one, two, three, five and six.

Dr PHOUTTHASAK (Laos) expressed regret that Laos had not been included as one of the beneficiaries of resolution WHA28.79, although preambulatory paragraphs one, two, three and four were relevant to the situation in Laos. He recalled that at its twenty-second session, the Committee had requested the Regional Director to give as much assistance to Laos as possible in view of the existing situation. Furthermore, preambulatory paragraph five of resolution WHA28.79 also omitted mention of Laos, whereas both UNICEF and the High Commissioner for Refugees had included that country as a beneficiary of their assistance. Dr Phoutthasak asked that his remarks be conveyed to the Twenty-ninth World Health Assembly.

Professor HOANG DINH CAU (Democratic Republic of Viet-Nam) expressed the gratitude of the Government of the Democratic Republic of Viet-Nam to those Member States of WHO whose Representatives had voted in favour of resolution WHA28.79. It was the first time that the delegation of the Democratic Republic of Viet-Nam had attended the Regional Committee and it was embarrassed as to the correct way in which to formulate its requests for assistance. The help of the Secretariat in this regard would be welcomed. Events in North and South Viet-Nam during the last four months had left the responsible authorities with insufficient time to undertake a detailed study of requirements, which were all the more difficult to draft in that the needs were enormous while WHO resources were limited. The Government of the Democratic Republic of Viet-Nam tried to be as self-sufficient as possible but assistance from friendly nations and from WHO would go a long way towards easing its task and shortening the period of reconstruction in Viet-Nam.

Dr EVANS (Australia) indicated that his Government welcomed the resolution.

The CHAIRMAN suggested that if the Committee had no comments on the statement of the Representative of Laos, it might wish to ask

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the Director-General to bring the request of the Government of Laos to the attention of the Executive Board at its fifty-seventh session.

It was so agreed and the Rapporteurs were asked to prepare an appropriate resolution. (For consideration of the draft resolution, see the third meeting, section 2.3.)

2.14 **The need for laboratory animals for the control of biological products and the establishment of breeding colonies** (resolution WHA28.83)

The REGIONAL DIRECTOR drew attention to operative paragraph one.

Dr NICHOLSON (United Kingdom) said the recommendations of resolution WHA28.83 required to be actively pursued. It was becoming more difficult to supply the needs from wild sources, hence the importance of establishing colonies. He also drew attention to the hazards associated with all types of laboratory animal from wild sources, not just simians. The rodent Mastomys was associated with Lassa fever and was often used in laboratory work.

Dr SUMPAICO (Philippines) said this was an important resolution, the adoption of which his country had supported at the World Health Assembly. The possibility of establishing a breeding colony in the Philippines was being explored. Non-human primates were of utmost importance in the pursuance of research and therefore the traffic of these indispensable animals should be regulated and protective measures instituted.

2.15 **Development of the antimalaria programme** (resolutions EB55.R36 and WHA28.87)

The REGIONAL DIRECTOR drew attention to operative paragraph two which invited the Committee to give special attention to the malaria situation in the Region and to make recommendations regarding the orientation of antimalaria programmes in the regional framework.

The antimalaria programme in the Region had fortunately been spared serious setbacks in recent years, although progress had been slow. There were technical problems, such as the habit of *A. farauti*, in limited areas of the South-west Pacific, to bite outside during the early evening; and the spreading multi-drug resistance of *P. falciparum*. In some parts of the Region there were operational problems, because of bad terrain, difficulties in communication, the low level of contribution from the rural health services, and increasing resistance on the part of the population to prolonged indoor spraying with DDT. There were also overall administrative constraints, the two most outstanding being lack of financial support and inadequate training in malaria of health manpower.
The Regional Director suggested that the Chairman might wish to designate some members of the Committee to form a small working group which could meet during the course of the next two days. The group would identify the problems encountered in various parts of the Region and recommend means of overcoming them and the Regional Director would be happy, if the Committee so instructed him, to transmit its conclusions to the Director-General.

The CHAIRMAN recommended to the Committee that a working group be formed and suggested Representatives from the following countries as members: Laos, Malaysia, Papua New Guinea, Philippines and United Kingdom. If any other country was interested it would of course be welcome to join the group.

It was agreed that a working group be formed.

Dr EVANS (Australia) stated that the Government of Australia would welcome all moves to increase the effectiveness of malaria control and eradication programmes. Malaria was a continuous threat to Australia. Since 1962, no case had been reported as contracted on mainland Australia, although there were large areas where the vectors were found; the approximately 200 yearly cases reported had invariably been infections acquired abroad, most of them in areas fairly close to Australia.

2.16 Promotion of national health services relating to primary health care (resolutions EB55.R16 and WHA28.88) (Document WPR/RC26/5 Add.1)

The REGIONAL DIRECTOR drew attention to operative paragraph two of resolution WHA28.88 and to document WPR/RC26/5 Add.1 which had been prepared to assist the Committee in its deliberations. He went on to quote the definition given by the Director-General in his last report on primary health care to the World Health Assembly: 1

"Primary health care is taken to mean a health approach which integrates at the community level all the elements necessary to make an impact upon the health status of the people. Such an approach should be an integral part of the national health care system. It is an expression or response to the fundamental human needs of how can a person know of, and be assisted in the actions required to live a healthy life and where can a person go if he/she needs relief from pain or suffering. A response to such needs must be a series

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of simple and effective measures in terms of cost, technique and organization, which are easily accessible to the people in need and which assist in improving the living conditions of individuals, families and communities. These include preventive, promotive, curative and rehabilitative health measures and community development activities."

Most governments in the Region already had the necessary policies and the structural framework, differing only in degree of development, to apply the concept of primary health care in the operation of their health services.

The Regional Director suggested that representatives might wish to comment on the action being taken in their own countries.

Dr DICKIE (New Zealand) said that New Zealand was implementing a plan to develop a comprehensive health care system for the whole population. A complete reorganization of the health services was proposed. The Government believed that health care was one of the most important facets of a welfare state and should be available by right to every citizen, with no economic or other barrier. The basic objective was the establishment of a comprehensive and functionally integrated health service which would emphasize the promotion of good health rather than the treatment of sickness. Health care would be taken out to the community to a much greater extent than at present.

While the public sector of health care was completely financed, and general and specialist practice and voluntary agencies partially subsidized, by central government taxation, their activities and administration were at present largely uncoordinated. To overcome these problems, the Government would establish the New Zealand Health Service. As the Government believed that a service organized on a regional basis was the most efficient, each region would be large enough to provide a wide range of specialist services as well as primary medical care.

The New Zealand Health Authority, one of the components of the Health Service, would advise the Minister on national policies, ensure that they were carried out, allocate resources, and oversee the Service generally. Various consultative mechanisms would be established for liaison between the Minister, the Authority and Regional Health Authorities. The Authority would also be advised by a Health Services Advisory Council. The present inadequately defined relationship between statutory and voluntary agencies would be coordinated. It was planned that the reorganized Health Service would commence operation on 1 April 1978.

Dr Dickie referred to the Director-General's statement earlier in the day that strong and vocal criticism must be expected of new proposals for health care; this had been the case in New Zealand.
Dr CHEN (China) stated that from China's viewpoint several important principles were involved in the concept of primary health care. It was necessary to ensure that the people's needs were served. Experience had played an important role in the development of health services. In the past, emphasis had been placed on treatment instead of prevention. It was important that the traditional medicine of various countries should play a role, with its rich store of herbal remedies. Until the community was mobilized to undertake preventive measures and carry out treatment health services could not be improved.

While it was not to be expected that the health services in developing countries could all be made uniform, it was nevertheless necessary for common problems and conditions, together with experiences in promoting national health services, to be shared.

Dr LIM (Malaysia) stated that while the Government of Malaysia supported primary health care for the underserved, development of the concept in each individual country would depend on existing circumstances, on the country's needs, and on its degree of development.

The Government of Malaysia had always given high priority to the development of preventive services and to the improvement of standards for the underprivileged. The basic health services had therefore been integrated from the beginning. Health services in the rural areas had been organized on a three-tier system consisting of a midwife clinic, a health sub-centre and a main health centre. This system provided seven basic integrated services. The integration of family planning and strengthening of family care, and several disease control programmes into the rural health services had increased the workload of the existing staff and it had been necessary to reorganize the three-tier system into a two-tier system of rural clinics and health centres. Reorganization would be completed in 1990 and integrated mobile teams would cover the remoter areas until permanent facilities were available.

In Malaysia, health care at the primary level was provided; firstly, at each peripheral rural clinic; secondly, by the integrated mobile teams which provided preventive and curative services to the remoter areas; thirdly, by a male auxiliary worker at health centre level. The staff for the malaria eradication campaign would be potential primary health workers; as the malaria eradication programme reached the consolidation phase, from 1976 onwards, they would gradually be absorbed into the rural health services. Their future functions in providing primary health care were being reviewed. Health care at primary level was also being provided by training the existing local indigenous midwives.
The recruitment of personnel to deliver health care in their own communities had not been successful, mainly because of drift to the towns resulting in rapid turnover, non-acceptance of workers by their own communities, workers not wishing to return to their rural communities after training, and demands for better terms of service and promotion prospects that would include transfer to more developed areas. While the employment of local personnel did not work in Peninsular Malaysia it might in Sabah and Sarawak, where communications were poor, villages were isolated, and urban drift had not yet become a serious problem.

Dr EVANS (Australia) commented that the problems outlined in document WPR/RC26/5 Add.l were very relevant to both developed and developing countries. In elaboration it might be added that services did not include the villagers themselves or did not extend far enough into the periphery. This was true even in developed countries. The need for community involvement was strongly supported by Australia as was the need for locally recruited health workers. Much had been learned from China over the years of the meaning behind terms such as "barefoot doctor" and "grassroots level". Doctors and nurses had thought that medical knowledge was sufficient. It was acknowledged that the time had come to move away from this concept and to involve health workers at the periphery and communities themselves.

Dr NICHOLSON (United Kingdom) welcomed the resolution, which recognized that in developing countries the prime need was for accessible and acceptable services for the 80% of the population who lived outside the major urban areas. It had been argued elsewhere in support of an all doctor service. The strongest argument however was that unless planning went ahead along the lines suggested by the resolution there would be no progress.

Dr TOUA (Papua New Guinea) said that the health services had been reorganized in Papua New Guinea. The aim was to provide a reasonable comprehensive health service down to the first-aid post level. In Papua New Guinea there were institutions to train auxiliary health workers even to diagnose and carry out treatment. An attempt was being made to break the barriers of specialization and develop a team concept where the doctor was not the only person who could provide health care. The Government of Papua New Guinea was grateful for the assistance received from WHO but it was now also able to help itself.

The CHAIRMAN stated that in Western Samoa over 300 women's committees were playing an important role in the development of the health services. Besides helping district health personnel they organized villagers to keep the environment clean and gave simple
medical care. Their power was great. The Health Department was planning more systematic training of selected women's committee members, followed by close supervision from health staff, which should form a basis for the further improvement of primary health care.

Dr PHOUTTHASAK (Laos) described the organization of the primary health services in Laos which, successfully tested in areas under Patriotic Front control, would be extended to the whole country. It had commenced with health education programmes for the masses and with the establishment of village health committees. An inhabitant of the house - called the pilot house - in which hygienic measures had been best applied, was chosen as health "animator" for a group of five to ten houses. This person, trained by the village nurse, to whom he reported daily, received no salary. He was responsible for circulating the directives of the Health Department and for collaborating with the village nurse in carrying out minor tasks of a preventive and curative character.

The village nurse was designated by the inhabitants and the authorities as the person best able to exercise basic health functions. He received on-the-spot training for eight months from medical assistants and a salary from the village. Under the supervision of the tasseng nurse, to whom he reported weekly, he treated prevalent diseases, referring to the tasseng nurse cases outside his competence and cooperating with the mobile teams.

Higher up in the health structure were the tasseng services (a clinic with 3 to 5 beds and three nurses, including a nurse/midwife), the muong services (a hospital with about ten beds, a medical assistant and a nurse for every two beds) and the khueng or provincial services (a hospital with 50 to 100 beds, laboratory services, external consultants, administrative services, doctors, medical assistants, technicians and practitioners of traditional medicine). Each province had three mobile teams; one responsible for public health, one for malaria and one for leprosy control. There was also a small mobile team in each muong.

Professor HOANG DINH CAU (Democratic Republic of Viet-Nam) stated that he shared the views expressed by the Director-General at the Twenty-eighth World Health Assembly and at the present session of the Committee on the subject of primary health care. In the Democratic Republic of Viet-Nam, priority had been given, since the foundation of the State, to the health of the workers, particularly the peasants, who formed 80% to 90% of the population and who played an important role in socioeconomic development and in national defence.

Organizing primary health care was a very complex task, implying a series of conditions. The government had to provide all levels with appropriate directives in a spirit of responsibility towards simple
workers. In a world where medical practice was generally too much centred on science and technology, physicians had to be trained from among the local people, made aware of their responsibilities toward the masses, and rallied to the cause of prevention. Health activities had to be reorganized according to the needs of rural communities. Scientific research aimed at solving questions, quite simple at first sight, related to rural health work. There was a need to balance the budgetary allocations to urban and rural areas, the latter being all too often neglected. Finally, it was necessary to fight illiteracy, to raise the cultural level of the population and thus to make the masses aware of health problems, enabling them to cooperate more effectively with health personnel.

Dr COUTURIER (France) expressed the view that primary health care had to centre on community workers who were aware of local conditions. More than from the communicable diseases, the population of French Polynesia suffered from a serious nutritional problem caused by over-consumption of food rich in carbohydrates. As a result, two out of five Polynesians suffered from metabolic disease: arterial hypertension, coronary cardiomyopathy, diabetes, overweight, respiratory insufficiency, renal insufficiency or gout, which represented a heavy burden for the medical care services. Only health care at a primary level would enable this scourge to be stamped out and, with the collaboration of hygienists and local community workers acting willingly at all levels - i.e. among housewives, pre-school children, school children and adults - the population could be convinced that it should adopt better dietary habits. This was the only way to prevent the diseases which reduced the present life expectancy to 52 years for women and 53 for men.

2.17 Voluntary Fund for Health Promotion (resolution EB56.R12)

The REGIONAL DIRECTOR drew attention to operative paragraphs two and three.

Mr KANEDA (Japan) congratulated the Chairman on his election and said he was pleased to announce that, in response to the Director- General's appeal earlier in the year, the Government of Japan would contribute US$200,000 for 1975 to the global smallpox eradication programme.

There being no other comments, the CHAIRMAN asked the Rapporteurs to prepare appropriate resolutions. (For consideration of the draft resolutions, see the third meeting, sections 2.2, 2.3 and 2.4.)
3 PARTICIPATION IN THE REGIONAL COMMITTEE OF MEMBERS NOT HAVING THEIR SEAT OF GOVERNMENT WITHIN THE REGION: Supplementary item 1 of the Agenda (Document WPR/RC26/13)

The REGIONAL DIRECTOR stated that document WPR/RC26/13 and its various annexes, prepared by the Secretariat to introduce the subject, were self-explanatory.

Dr EVANS (Australia) felt that it might be inappropriate and premature for the Committee to take action for the Western Pacific Region such as the Regional Committee for Africa had taken for the African Region. In the Western Pacific Region the work seemed to be conducted very harmoniously.

There being no other comment, the CHAIRMAN proposed that the Committee take note of resolution WHA28.37 "Participation in the Regional Committee for Africa of Members not having their seat of government within the Region".

It was so agreed.

The meeting rose at 4.45 p.m.
SUMMARY RECORD OF THE THIRD MEETING

WHO Conference Hall, Manila
Tuesday, 2 September 1975 at 9.00 a.m.

CHAIRMAN: Dr T.M. McKendrick (Western Samoa)

CONTENTS

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Nomination of the Regional Director .................</td>
</tr>
<tr>
<td>2</td>
<td>Consideration of draft resolutions ..................</td>
</tr>
<tr>
<td>3</td>
<td>International programme for the improvement of water supply and sanitation in rural areas of developing countries</td>
</tr>
<tr>
<td>4</td>
<td>Current progress of programmes receiving WHO assistance in the Western Pacific Region ..........</td>
</tr>
<tr>
<td>5</td>
<td>Dengue haemorrhagic fever: Provision for assistance in emergencies .........................</td>
</tr>
<tr>
<td>6</td>
<td>Infant nutrition and breast-feeding .................</td>
</tr>
<tr>
<td>7</td>
<td>Acknowledgement by the Chairman of brief reports received from Governments on the progress of their health activities (continued) ..........</td>
</tr>
<tr>
<td>8</td>
<td>Announcement ...........................................</td>
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Third Meeting

Tuesday, 2 September 1975 at 9.00 a.m.

PRESENT

I. Representatives of Member States

AUSTRALIA

Dr C.P. Evans
Mrs A.E. Broinowski

CHINA

Dr Chen Chih-ming
Dr Chen Wen Chieh
Dr Wang Lien Sheng
Mr Li Ching Hsiu

FRANCE

Dr Yves Couturier

JAPAN

Dr A. Tanaka
Mr S. Kaneda
Dr S. Osawa

LAOS

Dr Phouy Phoutthasak
Dr Keo Phimphachanh

MALAYSIA

Tan Sri Datuk (Dr) Abdul Majid bin Ismail
Mr Onn bin Kayat
Dr Lim Ewe Seng

NEW ZEALAND

Dr R. Dickie

PHILIPPINES

Dr J. Sumpaico
Dr A.N. Acosta
Dr J. Dizon
Dr A. Galvez
Dr F. Aguilar
Dr R. Villasis
Dr E. Fernando
Dr T. Elicaño, Jr.
Dr I. Nebrida
Mrs L.J. Zamora
<table>
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<th>Country/Region</th>
<th>Representatives</th>
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| Republic of Korea                                 | Dr Kyong Shik Chang  
|                                                   | Mr Se Lin Huh  
|                                                   | Mr Sun Dong Yin  |
| Republic of South Viet-Nam                        | Dr Tran Cuu Kien  
|                                                   | Dr Le Van Loc  |
| Singapore                                         | Dr Oon Beng Bee  |
| Tonga                                             | Dr S. Tapa  |
| United Kingdom                                    | Dr J.A.B. Nicholson  |
| United States of America                          | Dr J.C. King  
|                                                   | Mr E. Noziglia  
|                                                   | Dr M. Kumangai  |
| Western Samoa                                     | Dr T.M. McKendrick  |
|                                                    | Delegations  |
| II. Representative of Associate Member            | Dr Ako Toua  |
| Papua New Guinea                                  | Delegations  |
| III. Observer                                     | Delegations  |
| Democratic Republic of Viet-Nam                   | Professeur Hoang Dinh Cau  
|                                                   | M. Nguyen Van Trong  
|                                                   | Dr Doan Xuan Muou  |
| IV. Representatives of the United Nations and Related Organizations | Delegations  |
| United Nations Development Programme               | Mr J. Melford  |
| United Nations Children's Fund                     | Mr Wah Wong  |
| V. Representatives of Other Intergovernmental Organizations | Delegations  |
| International Committee of Military Medicine and Pharmacy | Captain J.E. Batoon, MC  |
VI. Representatives of Non-governmental Organizations

INTERNATIONAL SOCIETY FOR REHABILITATION OF THE DISABLED  
Professor C. Floro

WORLD FEDERATION FOR MEDICAL EDUCATION  
Dr J. Cuyegkeng

CHRISTIAN MEDICAL COMMISSION  
Dr G. Viterbo

MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION  
Dr C. Asuncion  
Dr I.Y. Zalamea

INTERNATIONAL COMMITTEE OF CATHOLIC NURSES  
Mrs M.R. Ordonez

WORLD FEDERATION OF OCCUPATIONAL THERAPISTS  
Mrs C. Abad

INTERNATIONAL PLANNED PARENTHOOD FEDERATION  
Dr J. Ilano

INTERNATIONAL RADIATION PROTECTION ASSOCIATION  
Dr T. Elicano, Jr.

INTERNATIONAL SOCIETY OF RADIOLOGY  
Dr H. Zialcita

WORLD FEDERATION OF UNITED NATIONS ASSOCIATIONS  
Dr M.M. Alimurung

VII. WHO Secretariat

DIRECTOR-GENERAL  
Dr H. Mahler

SECRETARY  
Dr Francisco J. Dy
1 NOMINATION OF THE REGIONAL DIRECTOR: Item 9 of the Agenda (Document WPR/RC26/3)

The CHAIRMAN stated that the Committee, in accordance with Rule 51 of the Rules of Procedure of the Regional Committee for the Western Pacific, would consider this item in a private meeting.

The meeting was held in private from 9.00 a.m. until 9.45 a.m. and resumed in public session at 10.00 a.m.

At the request of the CHAIRMAN, Dr PHOUTTHASAK (Laos), Rapporteur, read out the resolution that had just been adopted by the Regional Committee in private session:

The Regional Committee,

Considering Article 52 of the Constitution; and

In accordance with Rule 51 of its Rules of Procedure,

1. NOMINATES Dr Francisco J. Dy as Regional Director for the Western Pacific;

2. DECIDES that no names other than that of Dr Dy, the Regional Director in office, be submitted to the Executive Board; and

3. REQUESTS the Director-General to propose to the Executive Board the appointment of Dr Francisco J. Dy for a further period of three years from 1 July 1976.

The REGIONAL DIRECTOR thanked the Committee for its expression of confidence in nominating him for a further mandate. He was gratified to have been able to serve the Organization for 25 years, in the capacity of Regional Director during nine of them. He was grateful to the Member Governments for their understanding and cooperation in promoting the ideals of WHO which was, above all, their Organization. His thanks were also due to the Director-General for his patience, understanding and support, and to the staff of the Western Pacific Region for their assistance in implementing the WHO programme.

2 CONSIDERATION OF DRAFT RESOLUTIONS

The Committee considered the following resolutions:

2.1 Annual Report of the Regional Director (Document WPR/RC26/WP/1)

Decision: The draft resolution was adopted (see resolution WPR/RC26/R2).
2.2 Resolutions of regional interest adopted by the Twenty-eighth World Health Assembly and the Executive Board at its fifty-fifth and fifty-sixth sessions (Document WPR/RC26/4/WP/2)

Decision: The draft resolution was adopted (see resolution WPR/RC26.R3).

2.3 Special assistance to Cambodia, the Democratic Republic of Viet-Nam, Laos and the Republic of South Viet-Nam (Document WPR/RC26/WP/3)

Dr King (United States of America) stated that when resolution WHA28.79 was adopted by the World Health Assembly, although a vote was not taken, his Delegation had indicated that it would oppose the resolution. He still considered that such resolutions would complicate the Director-General's attempts at orderly planning and management as the Director-General was responsible for determining the Organization's funding requirements, taking into account the relative needs of Member States and the effectiveness of measures proposed. Dr King welcomed the assurance given by the Director-General earlier in the session that the Organization would act as a multilateral technical cooperation partner in national health development. The Organization should not become "just another donor agency".

Decision: The draft resolution was adopted (see resolution WPR/RC26.R4).

2.4 Promotion of national health care services relating to primary health care (Document WPR/RC26/WP/4)

Decision: The draft resolution was adopted (see resolution WPR/RC26.R5)

3 INTERNATIONAL PROGRAMME FOR THE IMPROVEMENT OF WATER SUPPLY AND SANITATION IN RURAL AREAS OF DEVELOPING COUNTRIES: Supplementary Item 2 of the Agenda (Document WPR/RC26/4)

The REGIONAL DIRECTOR stated that the Director-General attached considerable importance to the proposed international programme for the improvement of water supply and sanitation in rural areas of developing countries. He informed the Committee that document WPR/RC26/14 described the action, planned or already taken, by a group of international organizations (the World Bank, IDRC, OECD, UNDP, UNEP, UNICEF and WHO) that had formed an Ad Hoc Working Group on Rural Potable Water Supply and Sanitation. The participation in this Working Group of representatives from two or three developing countries of the Western Pacific Region would be particularly beneficial.
The Regional Director said that the Committee might wish to comment on the proposals for an international programme and to suggest which countries should be invited to send representatives to the next meeting of the Ad Hoc Working Group, to be held in Geneva in November 1975.

Dr MAJID (Malaysia) said that the programme was worthy of bilateral/international support. It was, however, important that expert assistance be implemented in the local context, as socioeconomic conditions and people's attitudes varied considerably. Malaysia was willing to state her experience in that matter.

The types of pumps and other equipment needed would also vary and they should, as far as possible, be available to the community, together with spares, at low cost. Staff familiar with locally available materials should be trained and assigned to the programme.

Adequate salaries had to be paid to ensure stability in staffing. Firm support by the Government was needed for successful implementation. Such programmes were of major public health importance and were vital to the success of other preventive programmes. They should be integrated with applied nutrition and deworming activities.

For maximum effectiveness, international agencies should work in the economically backward countries, with their staff providing the necessary expertise and with the country making a firm commitment to the programme, supplying adequate materials and making manpower available on a continuing basis. Inadequate provision of experts and materials had been shown to lead to failure.

The CHAIRMAN thanked the Representative of Malaysia and asked for suggestions as to which countries might wish to participate in the Ad Hoc Working Group to be held in November 1975.

Dr TOUA (Papua New Guinea), Dr SUMPAICO (Philippines), and Dr CHANG (Republic of Korea) said that their countries would be pleased to participate in the Working Group.

There being no other comment, the CHAIRMAN referred the Rapporteurs to the draft resolution contained in document WPR/Rc26/14. (For consideration of the draft resolution, see the fifth meeting, section 1.1.)

4 CURRENT PROGRESS OF PROGRAMMES RECEIVING WHO ASSISTANCE IN THE WESTERN PACIFIC REGION: Item 12 of the Agenda (Document WPR/Rc26/6 and Corr.1)

The REGIONAL DIRECTOR informed the Committee that document WPR/Rc26/6 contained the third evaluation of the progress of programmes receiving WHO assistance in the Region and summarized the reports of
governments on the progress of long-term projects for the period July 1973 to June 1974. The first evaluation, of projects receiving assistance between July 1969 and June 1970, had been submitted to the Committee at its twenty-first session and the second evaluation, for the period July 1970 to June 1971, to the Committee at its twenty-second session. The Committee, at its twenty-second session, had adopted a resolution requesting that such evaluations be prepared every two or three years.

For the evaluation at present under review, a modified and refined questionnaire had been used in an attempt to obtain concise and pertinent information. The Regional Director said that the comments of Representatives on the value to governments of the information thus obtained would be most welcome.

After congratulating the Regional Director on the present report which was a most useful document and, belatedly, on his annual report, Dr EVANS (Australia) went on to seek clarification on the following points in document WPR/RC26/6:

(1) page 4, paragraph 4: it was stated that in 33% of projects, governments could not meet their commitments; this seemed to be borne out in Table 2, page 24 by the figures given under "local resources fully and effectively utilized";

(2) paragraph (c), page 5: the figure of 60.6% for a positive relationship between projects and national socioeconomic development plans seemed to be low.

Dr Evans said the question that could be asked was whether the original projects were the most suitable ones for the country and this was exemplified in the figures given in Table 2, page 21, for the number of projects that had achieved their targets. Dr Evans ended by saying that the response rate to the questionnaire was very pleasing.

Dr DICKIE (New Zealand) sought clarification of the term, used once or twice in document WPR/RC26/6, "transferable technology".

Dr ANJARA (Assistant Director of Health Services) replied that "transferable technology" meant techniques or procedures which were applied in the development of programmes. For example, in national health planning, certain techniques were developed involving (a) training, and (b) the application of methods, which were introduced during the course of projects or programmes, so that the country could familiarize itself with the procedures involved and so continue the work after international assistance had been withdrawn.
Dr KING (United States of America) congratulated the Regional Director on the report. The delegation of the United States of America was particularly impressed to see an evaluation of this nature being conducted on a regular basis. To the best of his knowledge the Western Pacific Region was the only one where countries were involved in this type of evaluation. What steps did the Regional Director propose to take to rectify any difficulties revealed by the evaluations; evaluation was but a first step.

It was noted with interest, from page 13, that 74% of the projects now had quantifiable results. Dr King went on to ask why the evaluation was primarily, or perhaps solely, applied to long-term projects? How was a long-term project defined? Results were often more easily quantifiable for short-term projects, say of one to three years, because the projects were aimed at a short-term goal. Perhaps evaluation of these projects might also be considered.

Dr ANGARA (Assistant Director of Health Services) clarified the meaning of short- and long-term in the context of the evaluation. Projects involving visits by consultants, usually of less than 6 months' duration, had not been included. Projects of this kind were very limited in scope and did not involve the utilization of resources, which was the principle applied in the evaluation. Evaluation of projects involving only consultants was taken care of in a different way; the report of the consultant was assessed both by the government and in the Regional Office; its recommendations could either result in immediate action by the government or in a long-term project, requiring more than one year, in which case a plan of operation was prepared and the project was eventually included in an analysis of the type being reviewed at present. The present evaluation was of projects lasting usually two years or more. It was preoccupied with the use of resources, on the part of governments and on the part of WHO, and the degree of cooperation existing between WHO and the national staff.

Referring to Dr King's first question, the REGIONAL DIRECTOR said that if the results were favourable WHO was of course happy. There were activities where the results were disappointing; when this happened the matter was taken up again with the government. Sometimes this involved the visit of a special mission, headed by the Regional Director or by other members of the Regional Office staff, accompanied by the WHO Representative, to enquire in detail into the factors causing the difficulties. Frank discussions were held with the government. Sometimes the priorities of governments changed and newer projects were justifiably given higher priority.

There being no other comments the CHAIRMAN asked the Rapporteurs to prepare an appropriate resolution. (For consideration of the draft resolution, see the fourth meeting, section 3.1.)
The REGIONAL DIRECTOR referred to document WPR/RC26/7 which gave the background to his request to the Committee to allow him to place US$10 000 in the List of Additional Projects for 1976 and subsequent years, in order to be able to assist Governments, on an emergency basis, with supplies and equipment in the event of outbreaks of dengue/dengue haemorrhagic fever. Recent experience in the South Pacific area had shown that, quite often, neither ULV ground machines nor insecticides, without which control measures could not be put into effect, were immediately available in areas where outbreaks had occurred.

The exact manner in which the equipment and insecticides would be made available to Governments upon request would vary in accordance with the situation prevailing in a country at the time an outbreak occurred. But it was envisaged that about six portable ULV application machines would be purchased and held in stock at the Regional Office for loan to Governments. Insecticides would not be held in stock, since they were liable to deteriorate if kept too long; the funds would be available to enable an immediate purchase to be made if it appeared to be necessary. Transport costs would be borne by the Government making the request.

Dr DIZON (Philippines) stated that his delegation supported the proposal that the Regional Office should establish a stock of supplies and equipment to be made available to member countries in the event of an emergency. The intention of the Regional Director to provide US$10 000 for the immediate purchase of equipment and supplies was appreciated even though there was no provision in the budget for this. Vector control was the most effective method for controlling dengue haemorrhagic fever. He stated that while there had been sporadic outbreaks in the Philippines during the past 10 years there was a need to make preparations to control further outbreaks. In line with the suggestion made during the twenty-fifth session of the Regional Committee, Member States should organize vector control units. In the Philippines, this was being done and arrangements were being made to procure equipment and supplies.

Dr MAJID (Malaysia) commented that, based on Malaysia's experience in combating dengue haemorrhagic fever over the last few years, the proposal to have equipment and insecticides available in the Regional Office for any Member State in an emergency was supported by the Government of Malaysia. There were however limitations on the quantities which might be stocked. A city of 55 000 population would require nearly 950 litres of insecticide; a third of the emergency stock. A major outbreak in any Member State would soon deplete the stock. Thought should be given to the following problems:
(a) the type of equipment to be stocked;

(b) the amount to be stocked;

(c) related to the amount to be stocked; the procedure to be used to replenish supplies.

In Malaysia, ULV ground application had been made with the LECO H-D machine which had been found to be consistent in its aerosol dispersion, extremely reliable, easy to operate and durable. Its only disadvantage, besides its weight, was that it could not be used in areas that had buildings of more than two storeys. The machine had proved very useful in urban areas where most outbreaks had occurred. It would not be suitable for remote rural areas but no major epidemics had occurred there. Portable thermo-fogging machines had also been used in Malaysia. Two important considerations in relation to the type of machine kept in stock were:

(a) the fact that spares of the simpler expendable parts had to be stocked at all times;

(b) if a Member State had no personnel experience in the maintenance and operation of the machine, the Regional Office would not only have to send the machine but also a technician.

A manual of simple instructions for using the LECO H-D machine, prepared in Malaysia, was available to interested countries. It was recommended that the LECO H-D machine be obtained, despite its heavy weight, which should not exclude it for consideration when one machine could do the work of two or three one-ton machines. Since a few outbreaks would rapidly deplete the funds, he suggested that Member States pay for insecticides used so that revolving funds would always be available. If supplies could be obtained on say three months' credit this would help.

The REGIONAL DIRECTOR thanked the Representative of Malaysia for his very useful comments. He hoped that governments would pay for the insecticides provided quickly. He realized that it was not always possible to get funds sanctioned immediately but an outbreak needed to be combated quickly.

Dr COUTURIER (France) stressed the necessity for community action designed to eradicate breeding sites at all times not only during outbreaks. Such action could be entrusted to health workers at all levels - family, school, neighbourhood - and supported by radio broadcasts, advertisements and posters. The ecological, material and
financial advantages of such a course, more centred on common sense than on technology, were obvious. In French Polynesia, the vector man/hour index had fallen from 4 to less than one after only a six-week effort of the sort described. It appeared that the threat of an outbreak was removed, without having to resort to chemicals, when the index fell below one mosquito per man per hour.

Dr DICKIE (New Zealand) stated that his Government supported the proposal to place the amount of US$10 000 in the 1976 and future lists of additional projects.

Recent outbreaks of dengue haemorrhagic fever showed the need for continuous vector control. Knowledge that equipment was available might lull some authorities into complacency. They were not absolved from the responsibility of themselves having to take measures to control the vectors. Individual territories should have emergency plans for the deployment of adequate manpower, transport and plant in the event of an outbreak, even without WHO equipment and support. An outbreak could be widespread and therefore the assistance provided would not be enough. It might be considered necessary to restrict the availability of equipment and supplies to the smaller islands where difficulties might be encountered in purchasing and maintaining equipment. The Government of New Zealand was seeking ways of providing assistance in times of disaster of any kind, including outbreaks of dengue fever.

The CHAIRMAN stated that Western Samoa was in the middle of an outbreak at present, with over 300 cases having been reported by late August. The timely visit of the WHO regional adviser on vector control had helped. He thought that an amount of US$10 000 was insufficient. In Western Samoa, which was a small island with a population of 160 000, the initial budget had been US$20 000.

Dr TOUA (Papua New Guinea) said that following the outbreak in Western Samoa, the Government of Papua New Guinea had taken steps to try and protect itself by purchasing three ULV pumps and a few supplies costing A$10 000: the only staff available were for malaria control. US$10 000 would not be sufficient especially for larger countries. Governments needed to prepare for emergencies by ensuring that staff were available.

The REGIONAL DIRECTOR amplified his initial statement by saying that WHO staff could be sent to train national staff in the use of the equipment. WHO had conducted a number of country and inter-country courses to train staff to deal with emergencies and to maintain a continuous campaign to eliminate the vectors. If US$10 000 was not sufficient, consideration could be given to increasing the amount.
Professor CHOW (Regional Adviser on Vector Biology and Control) drew attention to document WPR/VSC/16, "A Critical Review of Certain Ground Equipment and Insecticides for Aedes Aegypti Control", mentioned by the Regional Director in presenting his Annual Report. This document provided the answers to questions raised by the Representatives of France and New Zealand. It was well known that basic sanitation and health education were fundamental measures in controlling the vector mosquitoes. During epidemics it was obviously too late to carry out basic sanitation measures, which should have been undertaken at the very beginning. There was no specific treatment for dengue fever or dengue haemorrhagic fever; no vaccine had yet been developed. The only action to be taken was to kill the vector mosquito and this was done with insecticides. The proposal for emergency assistance was the outcome of experience gained during the outbreak in Fiji early in 1975, where an estimated 30,000 persons in Suva alone had contracted dengue fever. At that time, the Government had asked WHO to lend it the equipment and insecticides necessary for its control campaign but the Organization did not have any readily available, nor did it have resources with which to take immediate action. Technical and advisory services had been provided instead; the South Pacific Commission had given some equipment but no insecticides.

Professor Chow agreed with Dr Majid that the LECO H-D equipment was useful but it was heavy and needed good roads to transport it. He also agreed that the sum proposed was small but it was only to be used in cases of emergency. Replying to Dr Toua's comments, Professor Chow said that a workshop on anti-mosquito measures had been held recently in Kuala Lumpur to train staff in new methods of controlling insect-borne diseases.

Dr EVANS (Australia) said that his delegation would support the Regional Director's proposal. It seemed to be an efficient, adequate way of making equipment freely available as an emergency measure. He agreed with the Representative of Malaysia that spare parts were essential for whatever machine was purchased.

There being no further comments, the Chairman requested the Rapporteurs to prepare an appropriate resolution. (For consideration of the draft resolution, see the fourth meeting, section 3.2.)

6 INFANT NUTRITION AND BREAST FEEDING: Item 14 of the Agenda
(Document WPR/RC26/8)

Dr NICHOLSON (United Kingdom) introduced this item. He said that the Government of the United Kingdom had suggested that it be included in the Agenda because of the extreme importance of the subject. Document WPR/RC26/8, outlining the action taken by WHO and Member
States in the Region and proposing future action, had been read with interest. It was gratifying to note that the circular letter sent to all Member States following resolution WPR/RC25.R10 stressed that the resolution should not be considered in isolation but in association with the development of programmes in other fields, such as social affairs, agriculture and community development including sanitation, communication and employment.

Dr Nicholson congratulated WHO on the action taken so far. He emphasized the importance of sustained health education, including education in the hygienic preparation and use of items needed for supplementary feeding, which merited continued consideration by health administrations as each generation of young women reached child-bearing age. With regard to the ethics of sales promotion methods used by artificial milk-food producers, it would be useful to know the views of health administrations in the Region on whether there had been violations of ethical codes in their countries.

Dr MAJID (Malaysia) stated that the Government of Malaysia fully supported the concepts of infant nutrition and breast-feeding given in document WPR/RC26/8. In Malaysia, activities related to nutrition and breast-feeding were carried out in an integrated manner through the existing rural health infrastructure, as part of the family health programme. A national applied food and nutrition programme, coordinated by the Prime Minister's Department, in which the Ministries of Agriculture and Rural Development, Health, Education and Information were taking part, was in progress. Priority for the expansion of this programme had been based on infant mortality rates which were used as an index for malnutrition. Maternal and child health services, including nutrition services and nutrition education, were being strengthened in all areas covered by the applied food and nutrition programme and in areas where family planning services were integrated with the rural health services under the population project. This involved the coordinated and integrated efforts of the other Ministries - Education, Information, Agriculture and Rural Development - in supplementing the efforts of the Ministry of Health.

Activities related to the promotion of infant feeding and breast-feeding were intensified by all categories of maternal and child health personnel during the antenatal period and followed up during post-natal home nursing visits and sessions on child health. Cooking demonstrations during child health sessions stressed supplementary feeding using locally available foods. A campaign to promote breast-feeding and improved infant nutrition was planned as part of the applied food and nutrition programme. The feasibility of commencing a breast-feeding project was being studied by WHO, FAO and SIDA.
A supplementary feeding programme for pregnant and lactating mothers, infants and children was being carried out through maternal and child health clinics. Skim milk was being used and the criteria for distributing it had been circulated to all health centres. It was hoped eventually to replace skim milk with locally produced foods. The maternal and child health unit worked closely with the Food Technology Institute in trying to develop and produce infant foods. With financial aid from the Government of Australia, the ASEAN countries were carrying out a joint project for the development of low-cost protein foods, based on soya bean, for infants and children.

Training in nutrition of all categories of health staff was carried out parallel with the expansion of the applied food and nutrition programme. Nutrition was incorporated into the basic curriculum of the training programme for multipurpose workers and the training of auxiliary health workers in food and nutrition was underway.

The following objectives, additional to those given in document WPR/RC26/8, were proposed: (1) a code of ethics should be established and practiced giving priority to breast-feeding and preventing commercial firms from promoting artificial feeding; (2) there should be government control of advertisements relating to feeding of infants and young children; and (3) there should be proper labelling and control of formulae and modified milk for infant feeding.

Dr KING (United States of America) stated that his delegation was particularly pleased to see this item on the agenda and congratulated the Regional Director and his staff on the progress already made. It strongly endorsed the proposals for future action. It wished to suggest that the objectives be broadened to include not only the establishment of national food and nutritional policies but also the promotion of such policies as integral parts of national development plans. The delegation of the United States of America also placed emphasis on the importance of coordinating WHO’s efforts with those of other international agencies, such as UNICEF, UNFPA and FAO, and recommended that studies, already proposed in section 2.2 of document WPR/RC26/8, be undertaken to provide information on the relationship between feeding practices and morbidity and mortality patterns.

Dr CHEN (China) welcomed the Representatives of the Republic of South Viet-Nam who had just arrived. The delegation of the People's Republic of China had found the document very interesting; in China breast-feeding and mixed feeding were the general practice. Chairman Mao Tse Tung, the Chinese Communist Party and the Government had always been very concerned about the health and growth of children. The Constitution of the People’s Republic of China explicitly
stipulated that mothers and children should enjoy the protection of the State. The Party and the Government had taken various concrete measures to facilitate and support the practice of breast-feeding infants. According to government regulations, working mothers were entitled to 56 days of maternity leave. If a woman gave birth with complications or to twins, she was entitled to 70 days maternity leave and her wages continued to be paid. Provision was also made for mothers who were breast-feeding to have time off during working hours to feed their infants. Rooms for breast-feeding and infant day-care centres were widely established. In the rural areas, women commune members were assigned to light work or worked close to the commune after maternity leave. A great number of day-care units and stations were set up during peak farming periods. To supplement mother's milk, low-priced nutritious milk substitutes were produced, with soybean protein as the main ingredient; fresh milk from cows and goats and other dairy products were also used. There would be further research in China on milk substitutes and supplementary foods suitable for infants. Child-care centres would be established. Every effort was being made to improve the health of infants and children. 

Dr DIZON (Philippines) said that his Government, fully aware of the gravity of the problem of malnutrition, not only in the Philippines but in other areas of the Region, had adopted, as one of the main objectives of its health programme, the protection, preservation and promotion of the nutritional health and well-being of the population, particularly the vulnerable age groups, infants and pregnant and nursing mothers. Breast-feeding was recognized as a major public health measure which required the joint effort of the Government and private entities. The Department of Health had conducted a series of symposia on nutrition, maternal and child health and family planning for health professionals, including one on breast-feeding. Emphasis had been placed on educating and training professional health workers with a view to educating mothers in breast-feeding and adequate supplementary and artificial feeding. Mothercraft nutrition centres served as child feeding demonstration centres for the rehabilitation of cases of malnutrition and provided an opportunity to educate mothers in nutrition. In "nutriwards" established in government hospitals for the rehabilitation of malnourished children the physical facilities provided opportunities for the mother to play an active role. This arrangement also enabled the mother to learn about health in general and nutrition in particular. 

Dr OSAWA (Japan) described the national programme for breast-feeding advancement being developed at present by the Ministry of Health and Welfare. It consisted of: (1) a public information campaign; (2) the establishment of a study team on the effect of
breast-feeding for the development of sound and healthy children; (3) training courses and public education activities; (4) requests to local governments and related voluntary organizations for cooperation in the promotion of a breast-feeding programme; (5) a study and a review of the guidance to be given with regard to advertisements for the sale of commercial products for babies particularly milk products.

Mrs BROINOWSKI (Australia) stated that the Government of Australia had made every effort to enable a larger number of women to breast-feed; for example, women employees who would previously have had to artificially feed their babies to keep their jobs. It had made it possible for women in government service to adjust the period of their maternity leave, from the pre-partum to the post-partum period, if they wished to continue with breast-feeding. It was hoped that private enterprise would follow the initiative of the Government.

The Government's action had been in response to the concern, now being recognized, regarding the effect of artificial feeding on infants. It was suspected that artificial feeding was an important factor in development of coeliac disease, food allergies, cot-deaths and contributed to the effect of over-nutrition and the early failure of lactation.

The Government was following the lead of the community in expressing its appreciation to the growing number of Australian women who were concerned with the promotion of breast-feeding. The Nursing Mothers' Association of Australia, a private organization, had expanded remarkably in recent years, particularly among the middle-income social group. It advocated that breast-feeding had many advantages worth defending, whatever impediments might be placed in the way. It was believed to be the Government's responsibility to make every effort to remove pressures against breast-feeding that might place difficulties in the way of women wishing to continue it. It was considered to be unfortunate that bodies such as WHO should speak of the need to improve the attitudes of mothers, which surely needed no improvement. What needed to be improved was the advice given, which varied according to the theories in vogue at the time. Twenty years ago, mothers had been told to improve their attitudes by purchasing formulae which would contain everything a baby needed, and not to continue with the so-called unhygienic, unpleasant and unscientific habit of breast-feeding. Later breast-feeding was advocated. It needed to be recognized that mothers had the wisdom to know what was good for their babies. Telling people what had been decided was best for them was a patronizing attitude that WHO could well dispense with.

Dr DICKIE (New Zealand) thanked the Representative of the United Kingdom for having introduced the item.
Referring to the following statement in document WPR/RC26/8: "In societies where breast-feeding dominates as a tradition, supplementary feeding is usually introduced too late and is unsatisfactory", Dr Dickie said that there were areas in the Region where breast-feeding dominated, but accompanied by supplementary feeding introduced at an early stage; this proved to be very satisfactory. One important factor, which quite often resulted in malnutrition in infants in developing countries, was the arrival of another baby resulting in the previous baby being turned over to relatives and friends before it had been properly weaned. The abrupt cessation of the mother's milk, coupled with the inevitable trauma which resulted from the loss of her care and attention, were the chief factors which resulted in malnutrition, rather than the unsatisfactory nature of the supplementary food.

Dr Dickie considered the objectives of the programme to be important in promoting an awareness in the population of the merits of breast-feeding; though concrete reasons needed to be given for why it was better, such as the fact that breast-fed babies received antibodies from their mothers which they did not get from bottles. Dr Dickie upheld the importance attached by the Representative of the United Kingdom to the ethics of the question.

Dr TRAN CUU KIEN (Republic of South Viet-Nam) stated that breast-feeding was related to social problems. In areas of the Republic of South Viet-Nam that had been controlled for some time by the Provisional Revolutionary Government, nutrition was not a problem. This was because they were agricultural and cattle breeding areas and also because birth control was encouraged; thus there was food for all. In the area of Saigon however the majority of families had at least six children and often more than ten. Many mothers were among the two million without employment in the recently liberated areas. The feeding of children in the Republic created an acute problem. According to evaluations made by international agencies, there were between 800 000 and 1 500 000 orphans in an area that had only 37 orphanages with 2085 beds.

While recognizing the superiority of breast-feeding, authorities in the Republic of South Viet-Nam were faced with a situation in which it was often impossible to advocate it. Dr Tran Cuu Kien asked for the Committee's assistance in solving this very serious problem.

Dr TOUA (Papua New Guinea) said that he wished to support the statement made by the Representative of Australia regarding the education of mothers. In some developing countries the breast was the only way to feed the child. Only when a family moved from
its own rural environment to an urban area, or when husbands went to seek employment in a different area did problems arise. When this happened parents neglected their children. In addition to educating mothers to breastfeed there was a need to educate fathers to provide the means to feed their children and their pregnant wives properly.

In some areas breast-feeding was used as a way of spacing the children. The fact that mothers breastfed for a longer period resulted in unsatisfactory supplementary feeding.

The CHAIRMAN said he supported the proposals for future action. In Western Samoa it had been recognized that it was necessary to develop some sort of weaning food. He was happy to say that a food composed entirely of ingredients available in the Western Pacific Islands was now almost ready for production. It had been tested and found to be quite palatable. The Government of Western Samoa would be happy to make its experiences in developing this product available to other countries.

There being no further comments, the CHAIRMAN asked the Rapporteurs to prepare an appropriate resolution. (For consideration of the draft resolution, see the fifth meeting, section 1.2.)

ACKNOWLEDGEMENT BY THE CHAIRMAN OF BRIEF REPORTS RECEIVED FROM GOVERNMENTS ON THE PROGRESS OF THEIR HEALTH ACTIVITIES: Item 8 of the Agenda (continued from the first meeting, section 6)

The CHAIRMAN acknowledged a report on the progress of health activities received from the Trust Territory of the Pacific Islands.

ANNOUNCEMENT

Referring to the programme of work for 3 September 1975, the REGIONAL DIRECTOR suggested that, if the Committee wished, the afternoon could be left free; business left unfinished after the morning session to be rescheduled for later in the week.

It was so agreed.

The meeting rose at 12.00 noon.
SUMMARY RECORD OF THE FOURTH MEETING

WHO Conference Hall, Manila
Wednesday, 3 September 1975 at 9.00 a.m.

CHAIRMAN: Dr T.M. McKendrick (Western Samoa)

CONTENTS

<table>
<thead>
<tr>
<th>CONTENTS</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Statement by the Director-General</td>
<td>135</td>
</tr>
<tr>
<td>2  Address by incoming Chairman</td>
<td>135</td>
</tr>
<tr>
<td>3  Consideration of draft resolutions</td>
<td>135</td>
</tr>
<tr>
<td>4  WHO's role in the development and coordination of biomedical research: greater involvement of the Regions in research</td>
<td>135</td>
</tr>
<tr>
<td>5  Drug dependence</td>
<td>140</td>
</tr>
<tr>
<td>6  Preparation of the Sixth General Programme of Work covering a Specific Period (1978-1983 inclusive)</td>
<td>143</td>
</tr>
<tr>
<td>7  Selection of topic for the Technical Presentation during the twenty-seventh session of the Regional Committee</td>
<td>147</td>
</tr>
<tr>
<td>8  Time and place of the twenty-seventh and twenty-eighth sessions of the Regional Committee</td>
<td>148</td>
</tr>
</tbody>
</table>
Fourth Meeting

Wednesday, 3 September 1975 at 9.00 a.m.

PRESENT

I. Representatives of Member States

<table>
<thead>
<tr>
<th>Country</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUSTRALIA</td>
<td>Dr C.P. Evans</td>
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<td>Mrs A.E. Broinowski</td>
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<td>CHINA</td>
<td>Dr Chen Chih-ming</td>
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<td>Dr Chen Wen Chieh</td>
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<td>Dr Wang Lien Sheng</td>
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<td>Mr Li Ching Hsiu</td>
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<tr>
<td>FRANCE</td>
<td>Dr Yves Couturier</td>
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<td>JAPAN</td>
<td>Dr A. Tanaka</td>
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<td>Mr S. Kaneda</td>
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<td>Dr S. Osawa</td>
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<td>LAOS</td>
<td>Dr Phouy Phoutthisak</td>
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<td>Dr Keo Phimphachanh</td>
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<tr>
<td>MALAYSIA</td>
<td>Tan Sri Datuk (Dr) Abdul Majid bin Ismail</td>
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<td>Mr Onn bin Kayat</td>
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<td>Dr Lim Ewe Seng</td>
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<td>Mr Zulkifly Abdul Rahman</td>
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<td>NEW ZEALAND</td>
<td>Dr R. Dickie</td>
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<td>PHILIPPINES</td>
<td>Dr J. Sumpaico</td>
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<td>Dr J. Dizon</td>
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<td>Dr A. Galvez</td>
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<td>Dr F. Aguilar</td>
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<td>Dr R. Villasis</td>
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<td>Dr E. Fernando</td>
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<td>Dr T. Elicaño, Jr.</td>
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<td>Dr I. Nebrida</td>
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<td>Mrs L.J. Zamora</td>
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</tbody>
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SUMMARY RECORD OF THE FOURTH MEETING

REPUBLIC OF KOREA
Dr Kyong Shik Chang
Mr Se Lin Huh
Mr Sun Dong Yin

REPUBLIC OF SOUTH VIET-NAM
Dr Tran Cuu Kien
Dr Le Van Loc

SINGAPORE
Dr Oon Beng Bee

TONGA
Dr S. Tapa

UNITED KINGDOM
Dr J.A.B. Nicholson

UNITED STATES OF AMERICA
Dr J.C. King
Mr E. Noziglia
Dr M. Kumangai

WESTERN SAMOA
Dr T.M. McKendrick

II. Representative of Associate Member
PAPUA NEW GUINEA
Dr Ako Toua

III. Observers
DEMOCRATIC REPUBLIC OF VIET-NAM
Professeur Hoang Dinh Cau
M. Nguyen Van Trong
Dr Doan Xuan Muou

IV. Representatives of Other Intergovernmental Organizations
INTERNATIONAL COMMITTEE OF MILITARY MEDICINE AND PHARMACY
Captain J.E. Batoon, MC

V. Representatives of Non-governmental Organizations
INTERNATIONAL COUNCIL ON ALCOHOL AND ADDICTIONS
Reverend R. Garon

INTERNATIONAL UNION OF ARCHITECTS
Mr O.A. Arellano

INTERNATIONAL SOCIETY OF BLOOD TRANSFUSION
Dr G.C. Caridad

INTERNATIONAL DENTAL FEDERATION
Dr P. Gonzales
<table>
<thead>
<tr>
<th>Organization</th>
<th>Name</th>
</tr>
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<tbody>
<tr>
<td>INTERNATIONAL SOCIETY FOR REHABILITATION OF THE DISABLED</td>
<td>Professor C. Floro</td>
</tr>
<tr>
<td>WORLD FEDERATION FOR MEDICAL EDUCATION</td>
<td>Dr J. Cuyegkeng</td>
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<tr>
<td>MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION</td>
<td>Dr C. Asuncion, Dr I.Y. Zalamea</td>
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<tr>
<td>INTERNATIONAL COMMITTEE OF CATHOLIC NURSES</td>
<td>Mrs M.R. Ordoñez</td>
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<tr>
<td>INTERNATIONAL UNION OF NUTRITIONAL SCIENCES</td>
<td>Dr M. Belen-Inciong</td>
</tr>
<tr>
<td>WORLD FEDERATION OF OCCUPATIONAL THERAPISTS</td>
<td>Mrs C. Abad</td>
</tr>
<tr>
<td>INTERNATIONAL PLANNED PARENTHOOD FEDERATION</td>
<td>Dr J. Ilano</td>
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<td>INTERNATIONAL COUNCIL OF SOCIETIES OF PATHOLOGY</td>
<td>Dr E. Pantangco</td>
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<td>INTERNATIONAL PHARMACEUTICAL FEDERATION</td>
<td>Dean J.A. Concha</td>
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<tr>
<td>WORLD PSYCHIATRIC ASSOCIATION</td>
<td>Dr A. Umali</td>
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<tr>
<td>INTERNATIONAL RADIATION PROTECTION ASSOCIATION</td>
<td>Dr T. Elicaño, Jr.</td>
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<td>INTERNATIONAL SOCIETY OF RADIOLOGY</td>
<td>Dr H. Zialcita</td>
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<tr>
<td>LEAGUE OF RED CROSS SOCIETIES</td>
<td>Dr G.C. Caridad</td>
</tr>
<tr>
<td>COUNCIL FOR INTERNATIONAL ORGANIZATIONS OF MEDICAL SCIENCES</td>
<td>Dr A.M. Dalisay</td>
</tr>
<tr>
<td>INTERNATIONAL COLLEGE OF SURGEONS</td>
<td>Dr L. Martinez</td>
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<tr>
<td>WORLD FEDERATION OF UNITED NATIONS NATIONS ASSOCIATIONS</td>
<td>Dr M.M. Alimurung</td>
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<tr>
<td>VI. WHO Secretariat</td>
<td>Dr H. Mahler</td>
</tr>
<tr>
<td>DIRECTOR-GENERAL</td>
<td>Dr Francisco J. Dy</td>
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<td>SECRETARY</td>
<td></td>
</tr>
</tbody>
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1 STATEMENT BY THE DIRECTOR-GENERAL

The DIRECTOR-GENERAL said he had often stated since his appointment that if Member Governments were indifferent to their Organization they would get a stale bureaucracy and an indifferent Secretariat in return. If governments were ready to challenge the Organization and exploit it in a spirit of warm criticism, it could rise to the occasion almost miraculously as had been proved in the past. The eradication of smallpox could be considered a miraculous performance which no other bi- or multi-lateral organization could have ever achieved; the unlimited confidence of Member States had made it possible. Anyone who had worked in India 11 years ago and who returned there now, to be shown that there had not been a single smallpox case reported in more than two months, in a population of 600 million, would consider it to be a genuine public health miracle. WHO could be a very useful instrument to Member States, in the present period of world crisis that could be expected to last for some years to come.

2 ADDRESS BY INCOMING CHAIRMAN: Item 5 of the Agenda

The Chairman addressed the meeting. His statement appears in Annex 1.

3 CONSIDERATION OF DRAFT RESOLUTIONS

The Committee considered the following resolutions:

3.1 Current progress of programmes receiving WHO assistance in the Western Pacific (Document WPR/RC26/WP/5)

Decision: The draft resolution was adopted (see resolution WPR/RC26.R6).

3.2 Dengue haemorrhagic fever: Provision for assistance in emergencies (Document WPR/RC26/WP/6)

Decision: The draft resolution was adopted (see resolution WPR/RC26.R7).

4 WHO's ROLE IN THE DEVELOPMENT AND COORDINATION OF BIOMEDICAL RESEARCH: GREATER INVOLVEMENT OF THE REGIONS IN RESEARCH

Item 15 of the Agenda (Document WPR/RC26/9)

The REGIONAL DIRECTOR referred to resolutions adopted by the World Health Assembly in 1974 and in 1975 and a resolution adopted by the fifty-fifth session of the Executive Board in January 1975,1 all of which

requested the Director-General to encourage regional committees and regional offices to implement appropriate programmes of biomedical research.

The opportunity to provide support to Headquarters in (i) coordinating the research activities of Member States; and (ii) promoting research and ensuring that it was directed towards problems of major concern for the Region; was welcomed.

The Regional Director referred to document WPR/RC26/9 which made a review of the development of the Organization's research programme, from its inception up to the present, and outlined some of the means by which the Region might increase its involvement.

Dr MAJID (Malaysia) stated that the Delegation of Malaysia agreed that WHO was ideally situated to develop and coordinate the biomedical research activities of its Member States within its Regions; the more so as it was fully aware of the health problems in each Region, and the priorities that should be accorded to them. These priorities should emphasize applied research, with particular emphasis on communicable disease prevention and control and health manpower development.

Through the WHO Regional Offices, much needed research grants could be provided. Exchange of research worker grants and participation in meetings enabled research workers to broaden their outlook, to the benefit of their individual countries. WHO, as an international organization, was in a singularly appropriate position to provide services in research in collaboration with Governments, an example being the services provided by the Serum Reference Bank in Tokyo. Dissemination of information within, as well as between, Regions could be developed by WHO, so as to keep Member States fully aware of research activities in progress and thereby reduce wasteful duplication of effort.

At present, there was little coordination of research activities at the regional level. There needed to be a full time medical officer in charge of research activities at the Regional Office, who should have the appropriate statistical and secretarial assistance. It was suggested that the duties of the medical officer should be: (a) to determine and identify regional priorities in research, with emphasis to start with on applied research, initially confined to communicable disease problems of common interest to Member States in the Region, such as dengue haemorrhagic fever; (b) to seek additional financial support from Member States and private sources and channel them to particular priority areas of research; (c) to collect and disseminate information on, and the results of, research activities. To achieve this, library services and integrated data storage facilities would have to be strengthened; (d) to organize training programmes at the Regional Office and at national institutes aimed at improving the capabilities
of research workers and developing the health manpower reserves of the Region; (e) to assist Member States in setting up medical research councils where none existed and to formulate plans for the establishment of a Regional Advisory Research Council to lay down guidelines for coordinated research programmes.

Dr Majid said that Member States could actively participate in the development of biomedical research activities by providing facilities in their research institutes to other countries. Member States could also establish joint research programmes of common interest in the Region such as collaborative assays of vaccine. They could also contribute by providing research grants and fellowships to scientists to enable them to pursue research activities or attend post-graduate courses, as had been done by the Institute of Medical Research, Kuala Lumpur.

Dr SUMPAICO (Philippines) stated that the Delegation of the Philippines wished to acknowledge the contribution of WHO to biomedical research through the provision of experts, technical services and grants for research projects of special interest. In the Philippines, collaborative research had been carried out over the past years on such pressing problems as cholera and cholera vaccine and sanitation, the results of which had been published. There was at present a project in Negros on oral rehydration for combating mortality among diarrhoeal cases, in which the Regional Office was participating. The objectives contained in document WPR/RC26/9 and the proposal for greater involvement of the Region in research was fully supported by the Delegation of the Philippines.

Dr EVANS (Australia) stated that the Delegation of Australia supported in principle the objectives outlined in document WPR/RC26/9 and the remarks of the previous two speakers. Health problems in the Region varied from one geographical area to another and even within a geographical area; problems also varied with the socio-economic status of the community. It was important that research efforts should not be wasted or duplicated. There must be close coordination and interchange of information between international bodies such as WHO and national medical research councils, research institutions and universities.

WHO should not attempt to set up laboratories or research institutes of its own. It should concentrate on areas of activity of an international and interregional nature. The Government of Australia regarded research in the control of communicable diseases and the delivery of health services as being of highest priority.

Dr DICKIE (New Zealand) agreed with the views expressed by the Representatives of Malaysia, the Philippines and Australia, especially that stress should be laid on applied rather than fundamental
laboratory research. It was particularly important that there should be coordination in research between different groups, in order to avoid duplication of effort.

In New Zealand, all biomedical research was financed and coordinated by the Medical Research Council which also provided fellowships and, where appropriate, administered its own research units. The Department of Health was not involved except that the Director-General was a member of the Medical Research Council. Funds for research, which for the triennium 1973-1975 had increased to $7 million, were allocated through a triennial Government grant. The Department of Health financed research programmes through the National Institute of Health and the National Radiation Laboratory by contract to university departments. The New Zealand Medical Research Council had established the South Pacific Medical Research Committee and provided funds for the research activities which it undertook in the South Pacific area, and which concentrated on applied rather than fundamental laboratory research.

Dr Nicholson (United Kingdom) said that he supported the proposals outlined in document WPR/RC26/9 and agreed with the statements of the previous speakers. There had been very little breakthrough in the chemotherapy of tropical parasitic diseases; he wondered to what extent the Organization might be able to involve the pharmaceutical industry in this area.

Dr Chen (China) also supported the strengthening of biomedical research activities in the Region. It was important that biomedical research should be orientated towards common diseases and diseases with a high morbidity and should meet the pressing needs of the people. It must combine theory and practice and must penetrate into the large rural areas and the factories. Research work should also be associated with mass movements.

The Chairman said that the Government of Western Samoa appreciated the technical and financial assistance received from WHO for research activities in Western Samoa over the last few years. At present two major research projects were being carried out: the tuberculosis/leprosy survey and a study of the immunology and surveillance of filariasis, both of which were assisted by WHO. Dr McKendrick went on to describe further research on filariasis that was, or could be, carried out in Western Samoa, in which the Government would be willing to cooperate fully with WHO, subject to its limited resources. The results would not only benefit Western Samoa but also other countries in the Region. It was reasonable therefore to ask WHO to contribute to a research programme in terms of technical staff and also financial and logistical support.
Dr MAJID (Malaysia) said that, in view of the general agreement expressed with regard to collaborative research activities, the Delegation of Malaysia wished to propose that a regional centre for collaborative research be set up in the Institute of Medical Research, Kuala Lumpur.

Dr DICKIE (New Zealand) suggested that the proposal of the Representative of Malaysia be studied closely. The Government of New Zealand would, however, like to have more details of the financial implications of the proposal before becoming involved. Feasibility studies might perhaps be carried out.

Dr KAPLAN (Director, Division of Research Promotion and Development) described the steps being taken to develop the research activities of WHO, both at Headquarters and at regional level, in collaboration with Member States. The object was to make Member States, particularly those that were developing, as self-sufficient as possible in their capacity for research. Developed countries were being encouraged to collaborate with developing countries in dealing with urgent problems. It had been concluded that the most urgent problems to be solved were in the field of tropical diseases. The needed breakthrough in the chemotherapy of the major tropical diseases mentioned by the Representative of the United Kingdom and the involvement of pharmaceutical companies was one of the lines of approach formulated for systematic and integrated group effort in the biomedical field. Because tropical diseases were of little concern to developed countries, they had to a large extent been neglected from the standpoint of fundamental and applied research. WHO would pay particular attention to them through aggressive, active and systematic research efforts in the laboratories of both developed and developing countries. A two-pronged approach related to immunology and to chemotherapy had been formulated and analyzed by groups specially convened for the purpose. Very little was known of the immunological bases for protection and infection and efforts were being made to engage the best immunologists and chemopharmacologists in the world to study the problem in their own laboratories with the aim of improving diagnostic procedures and perhaps ultimately developing satisfactory vaccines. Countries in the Western Pacific Region perhaps had the same problems as those in Africa in that present methods and procedures were not applicable or economical; unfortunately, this state of affairs might continue for another generation.

Selected for first priority in research were the major parasitic infections, such as schistosomiasis, malaria, onchocerciasis and the other filariases, trypanosomiasis, leprosy, because there was real promise of a breakthrough in the development of a vaccine, and leishmaniasis, although it was low in priority. In addition, a
network of laboratory centres and institutions that dealt with tropical disease problems was being identified. Only in certain instances was consideration being given to setting up a laboratory or institution to focus attention on tropical disease problems such as in Ndola, Zambia, where epidemiological studies and clinical trials of therapeutic agents for schistosomiasis were in progress. It was appropriate in the Western Pacific Region to focus attention on schistosomiasis because it was a disease of high morbidity and mortality for which there was no easy solution. Support would be given to laboratories in developing countries for training in fundamental research, thus enabling them to become self-sufficient.

Commenting on the proposal of the Representative of Malaysia to designate a centre for research and training in tropical diseases in the Western Pacific Region, Dr Kaplan said that such an institution, if established, would be an important factor in stimulating and furthering the efforts made thus far.

The proposals of the Regional Director for systematic development of research activities in the Region deserved to be seriously considered and implemented. It was only in this way that the potential and capacity for research of Member States could be developed.

Dr Couturier (France) agreed with the statements of the previous speakers. There existed in French Polynesia a medical research institute which undertook varied research activities. In order to avoid the drawbacks inherent in dispersion of effort, it would seem advisable to distribute the fields of research among the various countries in accordance with their capabilities for undertaking them.

Dr Toua (Papua New Guinea) supported the proposals of the Representative of Malaysia and the Regional Director. He pointed out, however, that in developing a coordinated research programme, emphasis should be on national priorities, particularly in applied research.

Mr Kaneda (Japan) joined previous speakers in supporting the proposals and agreed with the Representative of New Zealand that there should be a feasibility study on the proposal of the Representative of Malaysia to establish a regional centre for collaborative research.

There being no further comments, the Chairman asked the Rapporteurs to prepare an appropriate resolution. (For consideration of the draft resolution, see the fifth meeting, section 1.3.)

5 Drug Dependence: Item 16 of the Agenda (Document WPR/RC26/10)

The Regional Director informed the Committee that document WPR/RC26/10 contained a progress report on the action taken in connexion with resolution WPR/RC25/R3 adopted by the Regional Committee at its last session.
Among the recommendations for developing future programmes of assistance made by the working group on measures for the prevention and control of drug dependence, held in Manila in December 1974, the importance had been emphasized of: (a) epidemiological data collection; (b) the planning of alternative courses of action; (c) training personnel in treatment and rehabilitation methods; and (d) the continuous evaluation of prevention and control programmes.

Dr LIM (Malaysia) said that, in accordance with resolution WPR/RC25.R3, Malaysia had, within its available financial and manpower resources, collected some epidemiological data from hospitals and prisons on the known drug abusers and dependants on dangerous narcotic drugs. Alcoholism was not yet a problem. A study on drug dependence had been carried out by the University of Science which was the preliminary phase of a major project to evaluate the extent of drug dependence and the nature of the problem in Malaysia. The results would form the basis for the development of a comprehensive drug rehabilitation programme. Arrangements were being made to train medical officers at the detoxification centres, various general hospitals and psychiatric hospitals. The Ministry of Social Welfare, with the cooperation of the Ministry of Health and other central agencies, was conducting a crash programme for the training of social welfare workers. Several ministries were engaged in conducting seminars and disseminating information on potential abusers. In response to the recommendations of the two WHO consultants who visited Malaysia in 1973, a team of four had visited Hong Kong, the Philippines and the United States of America to study, and thereafter recommend, training methods suitable for Malaysia. Meanwhile, the arrival of the WHO consultant under the prevention and control of drug abuse project (ICP MNH 001) was awaited.

Dr DICKIE (New Zealand), in giving a brief summary of progress over the past few years, said that in New Zealand a Board of Health Committee on drug dependence and drug abuse had been established in 1968 to study all aspects of the problem. The Committee had made two reports, in 1970 and in 1974. The first report had not considered cannabis, as at that stage the evidence was inadequate.

The present narcotics law in New Zealand was comparable to that of the domestic law of those states that had subscribed to the United Nations Single Convention on Narcotic Drugs of 1961. Drugs liable to abuse that were not defined as narcotics were controlled at present under the poisons act and regulations. A Bill - the Drugs Prevention and Misuse Bill - was to receive its second reading in Parliament very shortly. It incorporated the current provisions of both the narcotics and poisons legislation and added the controls required by the Convention on Psychotropic Substances, 1971. All the recommendations
of the Board of Health Committee, except for two minor ones, had been included in the draft Bill. In 1972, a National Drug Intelligence Bureau was established jointly by the Ministries of Health, Police and Customs, with the objective of recording, disseminating and analyzing all information relating to illicit drug traffic. Although its primary function was enforcement, the Department of Health was vitally concerned because it was responsible for the control of the illicit drug trade. The drug problem in New Zealand was not as widespread as had been originally thought. Drug clinics had been established at public hospitals throughout the country and these were the only places where treatment of drug dependency by medical practitioners could be carried out unless a practitioner had been granted a special dispensation to treat patients elsewhere. A survey carried out earlier in 1975 showed that only 225 persons were receiving active therapy at the clinics.

The biggest problem in New Zealand was alcoholism. The report of a Royal Commission on Liquor published in 1974 was concerned with the wider social issues of the use of alcohol as a beverage in the community as well as laws controlling the sale of liquor. Although the recommendations of the Commission were still under study, a Bill had just been introduced in Parliament which dealt with the drinking laws but did not deal with the wider issues that it had been hoped would be incorporated.

The Ministry of Transport was paying particular attention to the problems caused by the drinking driver. An experimental education course for persons convicted for driving while intoxicated was shortly to begin.

The Department of Health had planned a series of seminars for social workers on alcohol in the community and had prepared health education material. Research into the effectiveness of some current treatment programmes for alcoholism was being carried out and post-graduate fellowships had been awarded to clinical psychologists.

Dr EVANS (Australia) said that the Government of Australia supported every effort made to overcome the problems of alcoholism and drug dependency; Australia's biggest problem was alcoholism and its related medical and social problems. The National Health and Medical Research Council Standing Committee had discussed the health problems of alcohol and a major report had been produced in April 1975. Federal and State Government representatives were drawing up guidelines in order to control the advertising of alcohol. A warning on the dangers of alcohol would be issued to the public.

In July 1972, Australia had been elected to the Commission on Narcotic Drugs of the Economic and Social Council of the United Nations and in 1975 had made a contribution of $100 000 to the United Nations
Fund for Drug Abuse Control (UNFDAC). Other programmes aimed at combating dependence on drugs had been established by the National Standing Control Committee and various State and Federal Government bodies on drugs and dependence.

There was a good deal to learn with regard to the social, environmental and psychological factors which led to the abuse of drugs and to alcoholism.

Dr KING (United States of America) expressed support for the programme and approved of the continued emphasis on preventive measures such as health education. The studies in Malaysia and the Philippines had been valuable in defining the scope of the problem and developing a realistic response.

The Government of the United States of America supported the proposal to assign a WHO adviser at regional level. It was strongly recommended that this adviser should act as coordinator as well as an expert consultant, as a means of developing sound control programmes for drug dependence throughout the Region.

The comment of the Representative of Australia on the role of the UNFDAC warranted greater emphasis. This Fund was an important source of assistance which lay outside the WHO regular budget. The Fund was financing significant epidemiological work which was being carried out by WHO.

It was emphasized that when the topic of drug dependence was originally introduced to the Committee in 1972, it had focused entirely on drug abuse problems and had not included alcoholism. The Representative of the United States of America had stressed this point during the twenty-fifth session of the Regional Committee in 1974 and had suggested that the topic of alcoholism be placed, as a separate item, on the Agenda. It was hoped that interest in alcoholism would not diminish the activities in connexion with drug abuse while at the same time it was hoped that alcoholism could be discussed separately.

Dr DICKIE (New Zealand) agreed with the comments of Dr King. He commented that this year no one had mentioned tobacco.

There being no further comments, the CHAIRMAN asked the Rapporteurs to prepare an appropriate resolution. (For consideration of the draft resolution, see the fifth meeting, section 1.4.)


After referring to document WPR/RC26/11, the introduction to which described the sequence of events, at national level, in the
Regional Office and at Headquarters, in the preparation of the Sixth General Programme of Work, the REGIONAL DIRECTOR requested the Committee to turn to Annex 2 of the same document.

He proposed that the Committee should consider the list of principal programme objectives and related detailed objectives, proposed for the general programme of work for the period 1978-1983, item by item so that Representatives could comment on whether they agreed with, or would like to change, the priority accorded, for the Western Pacific Region, to each objective. It might then wish to adopt an appropriate resolution requesting the Regional Director to transmit its final list of priorities to the Director-General for consideration in preparing the Sixth General Programme of Work for submission to the fifty-seventh session of the Executive Board.

The DIRECTOR-GENERAL expressed his regrets for an incorrect impression given in document WPR/RC26/11, Annex 3. He referred to the figures for the Western Pacific in Graph 1 on page 10 "Percentage Distribution of Populations by Crude Mortality Rate, by WHO Region", and quoted the following sentence from page 8, line 10 ".... the histogram for the Western Pacific is influenced by the rate for the vast population of the People's Republic of China." It was quite clear that a mistake had been made since WHO had no official statistics on crude mortality rates from the People's Republic of China.

The Committee then reviewed the suggested order of priority to be accorded for the Western Pacific Region to the proposed principal and detailed programme objectives (Annex 2, document WPR/RC26/11):

I. Development of Health Services

Dr LIM (Malaysia) noted that emphasis was placed on primary health care and on securing a balance between preventive and curative health services. The order of priority seemed to the Government of Malaysia to be acceptable for the Western Pacific Region. Programme objective I.2 could be given a lower priority.

Dr EVANS (Australia) said that his delegation supported in principle most of the priorities suggested but, under Section I, items I 1.3 and I 1.8 could be given lower priorities.

There were no objections to the proposals of the Representatives of Australia and Malaysia.

II. Disease Prevention and Control

Dr LIM (Malaysia) stated there should be a separate programme objective for epidemiological surveillance because it was important to
disease control. There should also be a specific programme objective for sexually transmitted diseases because they were a worldwide problem. Otherwise, the order of priority in this group of objectives appeared to be reasonable.

Dr EVANS (Australia) said that II 10.2 should be rated as "C". The system of awarding priorities would be more relevant if the column indicated whether they were for developed or developing countries.

Dr ANGARA (Assistant Director of Health Services) agreed with the Representative of Australia. The priorities had been allocated on a regional basis but he hoped it would ultimately be possible to incorporate a categorization of the different groups of countries.

There were no objections to the proposals of the Representatives of Australia and Malaysia.

III. Promotion of Environmental Health

Dr LIM (Malaysia) said that objective III 13.5, should be accorded priority "B" because accident cases were now high on the list of admissions to hospital.

There was no objection to this proposal.

IV. Health Manpower Development

V. Promotion and Development of Biomedical and Health Services Research

VI. Mechanics for Programme Development and Support

There were no comments on the priorities suggested for these three programmes.

Dr CHEN (China) said that development of health services, disease prevention and control, promotion of environmental health, health manpower development and promotion and development of biomedical and health services research should all be listed as priority programme objectives. A country could pave the way towards developing its national health services only after it had achieved complete political and economic independence. This had been the experience of many countries, especially those of the Third World. It was necessary to continue to consolidate and safeguard national independence and to develop national economic and health work. The Sixth General Programme of Work should be orientated towards the peoples of the majority of the Third World countries. Resources could be utilized to help them to develop national health services, train local health personnel, especially primary health workers, and establish biomedical research institutes, emphasizing the prevention and treatment of common diseases of high morbidity, particularly those communicable parasitic and endemic diseases seriously harmful to health.
Attention should be paid to improving (a) environmental health; (b) research on medicines and equipment appropriate to the needs of rural areas; and (c) the discovery and development of folk and traditional medicines.

The REGIONAL DIRECTOR went on to state that, the Committee having established the priorities for the Region for the period 1978-1983, he wished to remind Representatives that, up to the present, the Committee had wished to adopt its own programme of work for the Western Pacific Region running parallel with the programme of work for the Organization as a whole. For example, at its twenty-first session the Committee adopted the Fourth General Programme of Work for the Western Pacific Region for the period 1973-1977 and recommended that it be incorporated in the Fifth General Programme of Work, covering the same period, for the Organization as a whole.

The Regional Director asked the Committee if, bearing in mind the action it had just taken in establishing specific regional priorities within the global sixth general programme of work, it wished to comment on whether it considered the practice up to now of adopting a separate programme of work for the Western Pacific Region had become obsolete.

Dr NICHOLSON (United Kingdom) having observed that the programme was one thing; its proper implementation another; and its effect yet another:

Dr TOUA (Papua New Guinea) said that, in the light of what the Director-General had emphasized at the beginning of the session, the present programmes should be reviewed critically; it might be there should be a different approach in the future.

The REGIONAL DIRECTOR said that the priorities just agreed on by the Committee would be transmitted to the Director-General for consideration by the Twenty-ninth World Health Assembly. If the Committee wished, the relevancy of having a separate general programme of work for the Region alone could be discussed at the twenty-seventh session of the Regional Committee in the light of the decisions made by the Assembly.

Dr KING (United States of America) agreed with the Regional Director's proposal. He considered it likely that the priorities agreed by the Committee would fit within the global priorities accorded by the Assembly. If that was so, there seemed little point in having a separate programme of work for the Western Pacific Region.
Dr DICKIE (New Zealand) agreed with the Representative of the United States of America.

There being no further comments, the CHAIRMAN asked the Rapporteurs to prepare an appropriate resolution. (For consideration of the draft resolution, see the fifth meeting, section 1.5.)

7 SELECTION OF TOPIC FOR THE TECHNICAL PRESENTATION DURING THE TWENTY-SEVENTH SESSION OF THE REGIONAL COMMITTEE: Item 19 of the Agenda (Document WPR/RC26/12)

Dr TOUA (Papua New Guinea) said that most developing countries were concerned with the problem of medical education in relation to extension of health services. The Representatives might therefore wish to consider another topic in addition to those suggested by the Secretariat: "Utilization and training of medical assistants or other health workers in the delivery of health care services".

The REGIONAL DIRECTOR said that an intercountry seminar had in fact been held in 1974 on the training and utilization of medical assistants. The Secretariat would, however, abide by the decision of the Committee on the matter.

Dr TOUA (Papua New Guinea) recalled that a seminar on the topic had also been held in Moscow earlier in 1975. Nevertheless, the problem of training staff at a lower level was faced by most of the developing countries of the Western Pacific and even in other areas.

The CHAIRMAN said that the Government of Western Samoa was very interested in family health. It seemed, however, that the topic "Primary health care" could also cover the relationship between primary health care and the education of lower-level workers, and he therefore proposed, in his capacity as Representative of Western Samoa, that it be chosen for the Presentation.

Dr CHANG (Republic of Korea) expressed support for the selection of "Primary health care". His Government was implementing a programme of primary health care on a nation-wide basis. Pilot community health projects had been undertaken in the Republic of Korea for many years by various institutions. In some cases care was provided by specially trained nurses, and in others it was dispensed through medical insurance schemes. The experience gained from programmes undertaken in previous years was due to be evaluated in the near future, with the aim of developing a suitable approach.

Dr PHOUTTHASAK (Laos) and Dr LIM (Malaysia) supported the selection of "Primary health care".
The CHAIRMAN concluded that there seemed to be a consensus in favour of "Primary health care" as the topic for the Technical Presentation in 1976. He asked the Rapporteurs to prepare an appropriate resolution. (For consideration of the draft resolution, see the fifth meeting, section 1.6.)

8 TIME AND PLACE OF THE TWENTY-SEVENTH AND TWENTY-EIGHTH SESSIONS OF THE REGIONAL COMMITTEE: Item 20 of the Agenda

The REGIONAL DIRECTOR said that at its twenty-fifth session the Regional Committee had accepted a tentative invitation from the Government of Japan to hold its twenty-seventh session in Tokyo.

The Committee now had to decide either:

(a) to reiterate its acceptance if the Government of Japan was able to confirm its invitation; or

(b) that its twenty-seventh session be held in Manila if the Government of Japan was not able to confirm its invitation.

In either event, he wished to suggest that the dates of the twenty-seventh session should be 6 to 11 September 1976.

The Committee would also no doubt wish to decide that its twenty-eighth session be held in Manila, unless an invitation to hold it in another country was received during the course of the next twelve months. In this context, he wished to draw the attention of the Committee to resolution WPR/RC22.R17 adopted at its twenty-second session in which it called "on each host government to provide the local facilities and to pay as much as possible of the additional expenses of meetings of the Regional Committee held on its territory, particularly that part which can be met in its national currency".

Mr KANEDA (Japan) recalled that at Kuala Lumpur the Representative of Japan had invited the Committee to hold its twenty-seventh session in Tokyo, subject to confirmation before the end of 1975. His delegation was regrettably unable to confirm that tentative invitation because of problems of financing due to the economic recession. Also, administrative difficulties in preparing the meeting had been anticipated, following staff changes at the office in charge of international affairs within the Ministry of Health and Welfare. Subject to confirmation, the Government of Japan would, however, be pleased to act as host to the twenty-eighth session of the Committee if an invitation from another Member State was not forthcoming.
Dr EVANS (Australia) stated that consideration might be given to holding the Regional Committee meetings every other year. There was already a move in that direction, evidenced by the adoption of a two-yearly programme budget and the recent decision of the Director-General to publish his Annual Report every two years with an interim statement in the alternate year. Such moves deserved support. Regional Committee meetings necessitated considerable staff, preparations, documents and administrative arrangements. If meetings were held every second year, such resources would be released for the more direct benefit of Member States. Australia wished to play an active part in the affairs of the Region, but that would be possible without annual meetings.

Rules 4 and 15 of the Rules of Procedure of the Regional Committee for the Western Pacific would have to be amended for the purpose. With regard to the provision in Rule 53 that the Committee could amend a Rule it had adopted as long as it had received and considered a report thereon by an appropriate sub-committee, it should be mentioned that in the past sub-committees had been established and had reported back to the Committee within 24 hours. A remaining problem was that annual approval of the programme budget would still be required until the amendments to the provisions of the WHO Constitution had been ratified, deleting any reference to an annual budget.

If the idea were acceptable the twenty-seventh session would be held in 1976, the twenty-eighth in 1978 and subsequent sessions every two years thereafter. Also, the Secretariat might at times have to take decisions and convene small groups or carry out by correspondence some of the work handled at present by the annual sessions of the Committee.

The Secretariat might wish to consider all the implications of the suggestion, to determine whether good reasons existed for maintaining the yearly cycle and then inform the Committee at a later date.

It was not proposed that a resolution be formulated: the intention was merely to state the Delegation of Australia's position on the matter, believing that significant advantages could be derived from such an arrangement.

Dr DICKIE (New Zealand) recalled that it had been decided in 1974 to reduce the duration of the annual session of the Committee, considering that most delegates could not be absent from their offices for too long, and that the Committee's business could still be completed, especially in a year when it was not discussing the two-yearly budget. As a result, a session of one week had been scheduled; and, again, it was going to finish early. If the meetings were held every
second year, it might be necessary for them to last longer, reverting to the previous schedule. The Representative of Australia's suggestion merited serious consideration.

Dr KING (United States of America) was interested in the comments of the Representative of Australia, particularly that relating to economies in staff time and financial resources, obtainable through biennial meetings. The matter could be included in the agenda of the twenty-seventh session, giving the Regional Director time to do the necessary research.

Mr KANEDA (Japan) said that his delegation was also interested in the suggestion. They wished to know more about the implications of having biennial meetings in the Region while the Assembly met annually. The Secretariat should study the matter in detail and report to the next session of the Committee.

The REGIONAL DIRECTOR noted that the matter was to be included in the agenda of the twenty-seventh session. If the Committee decided to hold biennial meetings, would the arrangement start in 1977 or in 1978? How would the decision affect the invitation from the Government of Japan to hold the twenty-eighth session in Tokyo?

Dr SUMPAICO (Philippines) noted that the Regional Committee dealt regularly with matters referred to it by the World Health Assembly which met every year. If meetings were held biennially discussion and implementation of regional business would have to be kept pending for an extra year. If and when the Assembly decided to meet every two years, that might be an appropriate time for the Committee to consider the frequency of its own sessions.

Dr LIM (Malaysia) supported the suggestion of the Representative of the Philippines.

Mr KANEDA (Japan) said that the tentative invitation of the Government of Japan was intended for the twenty-eighth session in 1977. If it was accepted, budgetary preparations would have to start in 1976. Some difficulties would arise if it were decided at the twenty-seventh session to hold biennial sessions starting in 1978.

The CHAIRMAN thought that even if it were decided at the twenty-seventh session to eliminate the sessions in alternate years, the decision would not apply to the twenty-eighth session.

The REGIONAL DIRECTOR expressed sympathy for the Representatives of Japan. The Ministry of Health had to obtain funds to enable the invitation to hold the session in Japan to be confirmed, and would not be in a good position to do so if the date were in doubt. He did not, however, wish to pre-empt the decision to be taken by the Committee in 1976.
Dr EVANS (Australia) emphasized that it was not the wish of his delegation to embarrass or hamper the forward planning of his Japanese colleagues in any way. The matter had simply been raised for consideration and discussion at the next session.

There being no other comments, the CHAIRMAN invited the Rapporteurs to draft an appropriate resolution which would include a request to the Secretariat to carry out a feasibility study and submit a report to the Committee. (For consideration of the draft resolutions, see the fifth meeting, sections 1.7 and 1.8.)

The meeting rose at 12.05 p.m.
ADDRESS BY INCOMING CHAIRMAN

In accepting the Office of the Chairman of the Regional Committee, I am fully aware of the honour being done to Western Samoa, and on behalf of my Government, I thank you. For myself, I am also aware of my own shortcomings which were very gallantly ignored by my Proposer and Seconder. I shall endeavour to carry out the duties and responsibilities of the office to the best of my abilities and I hope that the Committee will bear with me if my performance at times does not measure up to the high standard set by my predecessors in the Chair.

Western Samoa is one of the smallest countries of the Region and it has always been fully conscious of the tremendous help given to it by all the United Nations Agencies, but especially by WHO. It has now reached a stage of development where most of the serious existing diseases usually associated with developing countries (tuberculosis, filariasis, leprosy, typhoid) can be said to be in check, if not fully under control, but of course it has also reached the stage in common with other island territories where the diseases of Western Civilization - arterial diseases, hypertension, diabetes - are beginning to assume more and more importance.

This has led us to realize that some reorganization of our health services is necessary and indeed based on a WHO survey and analysis on workload of activities of district health personnel, Western Samoa has been undergoing a series of changes in health care delivery systems aiming at a more rational allocation of the country's resources for the health care of people in rural and urban areas; a more effective utilization of the limited health manpower and a further development of the potential of the community resources, particularly the women's committees, for the improvement of primary health care.

We attach great importance to health manpower planning especially as virtually all our manpower has to be trained overseas, and therefore we are gratified at the continuing generous support given by the WHO fellowship programme, especially at the undergraduate level.

However, we have now reached the stage where it is possible to examine much more critically the type of manpower we need with regard to our own special circumstances. Like most Pacific Island countries up until now we have tended to use the standards set by our nearer European neighbours without too much attempt to adapt them to our own culture and social needs. This was acceptable at one time but has now become very questionable on a cost-benefit basis, if for no other reason. The rethinking may be traumatic as the Director-General said in his speech, but it must be done.
Western Samoa has always been a firm supporter of WHO as my presence here indicates. In accepting this office I realize that Western Samoa has been given a further chance to support the Organization in a slightly different way. I hope that with your help and goodwill, my task will be an easy one and that the Committee's deliberations will make a valuable contribution to the health and welfare of the people of the Region and world-wide.
SUMMARY RECORD OF THE FIFTH MEETING

WHO Conference Hall, Manila
Thursday, 4 September 1975 at 9.20 a.m.

CHAIRMAN: Dr T.M. McKendrick (Western Samoa)

CONTENTS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Consideration of draft resolutions</td>
<td>159</td>
</tr>
<tr>
<td>2</td>
<td>Consideration of the report presented by the Sub-Committee on Programme and Budget</td>
<td>165</td>
</tr>
</tbody>
</table>
Fifth Meeting

Thursday, 4 September 1975 at 9.20 a.m.

PRESENT

I. Representatives of Member States

<table>
<thead>
<tr>
<th>Region</th>
<th>Representatives</th>
</tr>
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<tbody>
<tr>
<td>AUSTRALIA</td>
<td>Dr C.P. Evans</td>
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<td>Mrs A.E. Broinowski</td>
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<td>Dr Chen Chih-ming</td>
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<td>Dr Chen Wen Chieh</td>
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<td>Mr Li Ching Hsiu</td>
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<td>FRANCE</td>
<td>Dr Yves Couturier</td>
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<td>JAPAN</td>
<td>Dr A. Tanaka</td>
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<td>Mr S. Kaneda</td>
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<td>Dr Phouy Phoutthasak</td>
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<td>Dr Keo Phimphachanh</td>
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<td>MALAYSIA</td>
<td>Tan Sri Datuk (Dr) Abdul Majid</td>
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<td>Mr Onn bin Kayat</td>
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<td>Dr Lim Ewe Seng</td>
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<td>NEW ZEALAND</td>
<td>Dr R. Dickie</td>
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<td>Mrs L.J. Zamora</td>
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<td>REPUBLIC OF KOREA</td>
<td>Dr Kyong Shik Chang</td>
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<td>Mr Se Idin Huh</td>
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<td>Mr Sun Dong Yin</td>
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II. Representative of Associate Member

PAPUA NEW GUINEA

Dr Ako Toua

III. Observer

DEMOCRATIC REPUBLIC OF VIET-NAM

Professeur Hoang Dinh Cau
M. Nguyen Van Trong
Dr Doan Xuan Muou

IV. Representatives of the United Nations and Related Organizations

UNITED NATIONS CHILDREN'S FUND

Mr Wah Wong

V. Representatives of Other Intergovernmental Organizations

INTERNATIONAL COMMITTEE OF MILITARY MEDICINE AND PHARMACY

Captain J.E. Batoon, MC

VI. Representatives of Non-governmental Organizations

INTERNATIONAL UNION OF ARCHITECTS

Mr O.A. Arellano

INTERNATIONAL SOCIETY OF BLOOD TRANSFUSION

Dr G.C. Caridad

WORLD FEDERATION FOR MEDICAL EDUCATION

Dr J. Cuyegkeng

THE INTERNATIONAL LEPROSY ASSOCIATION

Dr J.N. Rodriguez
SUMMARY RECORD OF THE FIFTH MEETING

MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION
Dr C. Asuncion
Dr I.Y. Zalamea

WORLD FEDERATION OF NUCLEAR MEDICINE AND BIOLOGY
Dr L.S. Villadolid

INTERNATIONAL COMMITTEE OF CATHOLIC NURSES
Mrs M.R. Ordoñez

INTERNATIONAL PLANNED PARENTHOOD FEDERATION
Dr J. Ilano

WORLD PSYCHIATRIC ASSOCIATION
Dr A. Umali

INTERNATIONAL RADIATION PROTECTION ASSOCIATION
Dr T. Elicaño, Jr.

INTERNATIONAL SOCIETY OF RADIOLOGY
Dr H. Zialcita

LEAGUE OF RED CROSS SOCIETIES
Dr G.C. Caridad

COUNCIL FOR INTERNATIONAL ORGANIZATIONS OF MEDICAL SCIENCES
Dr A.M. Dalisay

INTERNATIONAL COLLEGE OF SURGEONS
Dr L. Martinez

WORLD FEDERATION OF UNITED NATIONS ASSOCIATIONS
Dr M.M. Alimurung

VII. WHO Secretariat
SECRETARY
Dr Francisco J. Dy
1 CONSIDERATION OF DRAFT RESOLUTIONS

The Committee considered the following draft resolutions:

1.1 **International programme for the improvement of water supply and sanitation in rural areas of developing countries**
   (Document WPR/RC26/WP/7)

   Dr SUMPAICO (Philippines), Rapporteur, noted in reading out the resolution that Malaysia had been included in the list of countries to take part in the Ad Hoc Working Group on Rural Potable Water Supply and Sanitation, in conformity with that country's expressed interest and desire.

   Decision: The draft resolution was adopted without comment (see resolution WPR/RC26.R8).

1.2 **Infant nutrition and breast-feeding** (Document WPR/RC26/WP/6)

   Decision: The draft resolution was adopted without comment (see resolution WPR/RC26.R9).

1.3 **WHO's role in the development and coordination of biomedical research: greater involvement of the Regions in research**
   (Document WPR/RC26/WP/9)

   Dr DICKIE (New Zealand) supported by Dr KING (United States of America) expressed the view that the word "implementing" in paragraph two did not reflect the intention of the resolution. WHO could be expected to promote and coordinate research programmes, but not to implement them.

   Dr TOUA (Papua New Guinea) favoured replacement of "implementing" by "promoting and coordinating". "Implementing" suggested that WHO would play an active role in research as opposed to encouraging it.

   The CHAIRMAN said that if the Regional Office was involved in research programmes, that would imply promotion and coordination. Did Dr Toua nevertheless want the word "implementing" to be removed?

   Dr TOUA (Papua New Guinea) said that he merely wished to emphasize that WHO should if possible assist countries to develop research, through promotion and encouragement.

   Dr MAJID (Malaysia) noted that the resolution as it stood made no mention of applied research which had been emphasized in the discussions. Such reference could be made in paragraph 2, which would thus read "...biomedical research, with emphasis on applied research".
Dr TOUA (Papua New Guinea) said that there was no reference to the availability of national resources in paragraph three. Also, would the research be centralized in, or conducted outside, the Regional Office? That point required clarification.

The REGIONAL DIRECTOR said that a further clause might be added as sub-paragraph 3(c), reading: "the availability of adequate national resources and facilities".

Dr NICHOLSON (United Kingdom) asked whether the WHO regional centre for research and training in tropical diseases, mentioned in paragraph 5, would award a diploma to physicians trained there. There was a school of tropical medicine in Bangkok. Was it to be designated a WHO collaborating centre?

Dr KAPLAN (Director, Division of Research Promotion and Development) said that the school in Bangkok would be a collaborating centre. It was not, however, the intention that it should award a diploma: it would provide training in research on tropical diseases and field techniques in areas such as epidemiology. The precise arrangements would depend on the outcome of a feasibility study on the subject.

Mr KANEDA (Japan) mentioned that the word "and" would have to be placed at the end of sub-paragraph 3(b) if a sub-paragraph 3(c) were included.

The Committee agreed that the proposed amendments should be included in the draft resolution.

Decision: The draft resolution, as amended, was adopted (see resolution WPR/RC26.R10).

1.4 Drug dependence and alcoholism (Document WPR/RC26/WP/10)

Dr KING (United States of America) noted that Item 16 of the Agenda referred to drug dependence only while the draft resolution before the Committee mentioned drug dependence and alcoholism. While the two fields were similar, they were nevertheless distinct. As indicated at the twenty-fifth session, alcoholism warranted consideration as a separate topic. It should be studied not only by the Regional Committee but also by the Region as a whole. The intention was not to eliminate the reference to alcoholism in the resolution, but merely to highlight the problem.

Mention should also be made in the present context of the important role played by the United Nations Fund for Drug Abuse Control.
A sub-paragraph 5(c) might be added to the draft resolution, which would thus read: "CALLS the attention of the Members to the assistance that may be available to them from UNFDAC".

A sixth paragraph might also be added, reading: "REQUESTS the Regional Director to include the topic of alcoholism as a separate agenda item at the next meeting of the Regional Committee and to prepare a report on this subject in collaboration with the governments of the Region prior to that meeting."

Dr EVANS (Australia) supported the Representative of the United States of America and referred to the emphasis he had placed upon this point during the discussion on Item 16 of the Agenda when he had said that alcoholism was the greatest problem faced by many countries or areas in the Region and it should be studied separately from drug dependence. The two treaties controlling international trade in drugs of dependency should also be kept in mind. He supported the amendment regarding the United Nations Fund for Drug Abuse Control.

Dr TOUA (Papua New Guinea) said he wished to support the amendment proposed by the Representative of the United States of America because alcoholism was a more important problem in the Pacific area, whereas drugs were a more important problem in Asia.

The REGIONAL DIRECTOR suggested that the amendment regarding the United Nations Fund for Drug Abuse Control might be better treated as a separate paragraph. There would then be a paragraph 6 which would read: "CALLS the attention of the Member States to the assistance that may be available to them from the United Nations Fund for Drug Abuse Control".

The Committee agreed that the proposed amendments should be included in the draft resolution.

Decision: The draft resolution, as amended, was adopted (see resolution WPR/RC26.R11).

1.5 Preparation of the Sixth General Programme of Work covering a Specific Period (1978-1983 inclusive) (Document WPR/RC26/WP/11)

Dr SUMPAICO (Philippines), Rapporteur, drew the attention of the Committee to an amendment to document WPR/RC26/WP/11, paragraph 3 of which now read: "DECIDES to consider at its twenty-seventh session whether it will be advantageous to prepare a regional programme of work, as has been done in the past, or if the Sixth General Programme of Work will be a sufficient guide".
In reply to a query from the Representative of Malaysia, the REGIONAL DIRECTOR explained that the Executive Board would submit the proposed Sixth General Programme of Work to the World Health Assembly in May 1976. The Regional Committee for the Western Pacific would decide in September 1976 whether it wished to prepare a separate Programme of Work for a specific period as in the past or if the Sixth General Programme of Work, which was expected to be adopted by the Assembly, would be sufficient as a guide for the programme of the Region.

The Committee agreed that the proposed amendments should be included in the draft resolution.

Decision: The draft resolution, as amended, was adopted (see resolution WPR/RC26.R12).

1.6 Topic of Technical Presentation in 1976 (Document WPR/RC26/WP/12)

Decision: The draft resolution was adopted without comment (see resolution WPR/RC26.R13).

1.7 Twenty-seventh and twenty-eighth sessions of the Regional Committee (Document WPR/RC26/WP/13)

Decision: The draft resolution was adopted without comment (see resolution WPR/RC26.R14).

1.8 Frequency of meetings of the Regional Committee (Document WPR/RC26/WP/14)

Dr EVANS (Australia) agreed with the substance of the draft resolution but thought it did not go far enough. He considered the reasons leading up to the resolution should be included. He had prepared a suggested re-draft of the resolution for the consideration of the Committee.

The REGIONAL DIRECTOR drew attention to the fact that the reasons leading up to the resolution were available in the Summary Record and could be referred to there.

Dr EVANS (Australia) then read out the following draft resolution:

The Regional Committee,

Having heard the statement of the Representative of Australia in regard to:
1. Changes towards a biennial cycle generally in WHO affairs as evidenced by

(a) a biennial programme and budget;

(b) a recent decision by the Director-General to publish his full report every second year, with only an interim statement in the alternate year; and

2. The savings of costs in manpower and financial resources in both the Regional Office and for Member States which would accrue if the meetings of the Regional Committee were held every other year instead of annually;

DECIDES to include as an agenda item for the twenty-seventh session of the Regional Committee a possible change in frequency of the meetings of that Committee to every second year.

Dr NICHOLSON (United Kingdom), supported by the Representative of Malaysia, said that although the draft resolution stated the full case in support of the proposal of the Representative of Australia he recalled that there had been some opposition to the proposal. Reference to this should also be included.

Dr DICKIE (New Zealand) stated that he agreed with the proposal of the Representative of Australia, and also with the comments of the Representative of the United Kingdom.

Dr KING (United States of America) suggested that the Representatives of Australia, Malaysia, New Zealand and the United Kingdom should meet with the Rapporteurs to draft a resolution which would include both sides of the issue.

It was so agreed.

After the meeting with the Rapporteurs a revision of the draft resolution was submitted to the Committee.

The REGIONAL DIRECTOR drew the attention of the Committee to paragraph 1(a) of the draft resolution and said the biennial programme budget had not been implemented, as the amendments to Articles 34 and 55 of the Constitution had not yet been ratified. Two-thirds of the Members of the Organization must first signify their acceptance of the amendments before there could be any changes in the Articles of the Constitution. He suggested that the following phrase be added to paragraph 1(a) "which will come into being at such a time as the amendments to Articles 34 and 55 of the Constitution have been ratified". 
The Committee agreed that the proposed amendments should be included in the draft resolution.

**Decision:** The draft resolution, as amended, was adopted (see resolution WPR/RC26.R15).

1.9 **Development of the antimalaria programme** (Document WPR/RC26/WP/15)

It was noted that this draft resolution should be considered as the report of the Working Group on Malaria.

Dr TOUA (Papua New Guinea) suggested that the words "Member States" in paragraph 4(d) should be replaced by "member countries or areas".

Mrs BROINOWSKI (Australia) asked whether paragraph 3(iv) should be modified to take account of the fact that there were some reservations regarding the effectiveness of DDT. The use of DDT also had environmental implications which were now considered to be significant.

Mrs Broinowski read out a suggested wording.

The REGIONAL DIRECTOR said that DDT in the malaria eradication programme was not used in the same way as it was in agriculture. Its use had been approved by the World Health Assembly and the Executive Board. Since DDT was the insecticide needed, he strongly recommended that the present wording of the resolution remain.

Dr MAJID (Malaysia) endorsed the views expressed by the Regional Director. Experience in Malaysia had shown that DDT was the ideal insecticide. There was no danger to the environment from the way it was used. If it was applied to specific areas such as the walls of houses and not used widely in agriculture there was no danger to the environment.

Dr TOUA (Papua New Guinea) said that although he supported the remarks of the Regional Director the point raised by the Representative of Australia was that there were problems which arose from the use of DDT. There were some areas where DDT was not fully accepted. It might be that another insecticide should be mentioned in the resolution in case DDT could not be used.

Professor HOANG DINH CAU (Democratic Republic of Viet-Nam) said that his country's malaria control activities had been based on the use of DDT. Experience had shown that it had practically no adverse effect on the environment of Viet-Nam, which could not be said of other chemicals that had been used in nature for quite different purposes.
Dr NICOLSON (United Kingdom) suggested paragraph 3(iv) be left as it was. He questioned what other insecticides were available. Malathion was regarded as a reserve when there was resistance to DDT on the part of the vector. Dr Nicholson considered reference to DDT should be kept in the resolution and that no other insecticides should be mentioned unless DDT was failing in its antimalaria function.

The REGIONAL DIRECTOR suggested the addition of the following words to paragraph 3(iv) "or such other insecticides as may be required".

Dr MAJID (Malaysia) said that paragraph 3 was meant to contain an indication of areas where improvements were needed. Since the problem was the shortage of DDT, the recommendation was simply an endeavour to improve the supply of it in the Region.

Dr TRAN CUU KIEN (Republic of South Viet-Nam) supported the suggestion that other insecticides should be referred to in the resolution. In the areas of Viet-Nam that for some time had been under the control of the Provisional Government, DDT had proved effective against Anopheles, but it had had practically no effect in the neighbourhood of newly liberated towns and cities.

The CHAIRMAN recommended that the Committee accept the amendment proposed by the Regional Director.

Referring to the proposed amendment to paragraph 3(iv), Mrs BROINOWSKI (Australia) asked if a similar amendment should not be made to paragraph 4(e), which requested the Regional Director to explore the possibility of producing additional DDT in the Region.

In reply the REGIONAL DIRECTOR assured the Chairman that there was no problem regarding the production of other insecticides.

The Committee agreed that the proposed amendments should be included in the draft resolution.

Decision: The draft resolution, as amended, was adopted (see resolution WPR/RC26.R16).

2 CONSIDERATION OF THE REPORT PRESENTED BY THE SUB-COMMITTEE ON PROGRAMME AND BUDGET: Item 7.2 of the Agenda (Document WPR/RC26/16)

The Committee considered and adopted this report without comment. It also considered the following draft resolutions submitted by the Sub-Committee on Programme and Budget.
2.1 **Budget performance 1974 - Direct services to governments**

(Document WPR/RC26/P&B/WP/1)

Decision: The draft resolution was adopted without comment (see resolution WPR/RC26.R17).

2.2 **Revisions to the programme budget for 1976 and 1977**

(Document WPR/RC26/P&B/WP/2)

Decision: The draft resolution was adopted without comment (see resolution WPR/RC26.R18).

2.3 **Revised tentative projections of the budget estimates for 1978 and 1979**

(Document WPR/RC26/P&B/WP/3)

Decision: The draft resolution was adopted without comment (see resolution WPR/RC26.R19).

The meeting rose at 11.30 a.m.
SUMMARY RECORD OF THE SIXTH MEETING

WHO Conference Hall, Manila
Friday, 5 September 1975 at 9.00 a.m.

CHAIRMAN: Dr A. Tanaka (Japan)

CONTENTS

1 Statements of representatives of the United Nations, the Specialized Agencies, of intergovernmental and non-governmental organizations in official relations with WHO .......................................................... 172
Sixth Meeting

Friday, 5 September 1975 at 9.00 a.m.

PRESENT

I. Representatives of Member States

<table>
<thead>
<tr>
<th>Country</th>
<th>Name</th>
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<tbody>
<tr>
<td>AUSTRALIA</td>
<td>Dr C.P. Evans, Mrs A. Broinowski</td>
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<td>CHINA</td>
<td>Dr Chen Chih-ming, Dr Chen Wen Chieh, Mr Li Ching Hsiu</td>
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<tr>
<td>FRANCE</td>
<td>Dr Yves Couturier</td>
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<td>JAPAN</td>
<td>Dr A. Tanaka, Mr S. Kaneda, Dr S. Osawa</td>
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<td>LAOS</td>
<td>Dr Phouy Phoutthasak, Dr Keo Phimphachan</td>
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<td>MALAYSIA</td>
<td>Tan Sri Datuk (Dr) Abdul Majid bin Ismail, Mr Onn bin Kayat, Dr Lim Ewe Seng</td>
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<td>NEW ZEALAND</td>
<td>Dr R. Dickie</td>
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<td>PHILIPPINES</td>
<td>Dr J. Sumpaico, Dr A.N. Acosta, Dr J. Dizon, Dr A. Galvez, Dr F. Aguilar, Dr R. Villasis, Dr E. Fernando, Dr T. Elicaño, Jr., Dr I. Nebrida, Mrs L.J. Zamora</td>
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<tr>
<td>REPUBLIC OF KOREA</td>
<td>Dr Kyong Shik Chang, Mr Sun Dong Yin</td>
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II. Observers

DEMOCRATIC REPUBLIC OF VIET-NAM

Professeur Hoang Dinh Cau
M. Nguyen Van Trong
Dr Doan Xuan Muou

DR. Tran Cuu Kien
Dr Le Van Loc
Dr Oon Beng Bee
Dr S. Tapa
Dr J.A.B. Nicholson
Dr J.C. King
Mr E. Noziglia
Dr M. Kumangai

III. Representatives of the United Nations and related Organizations

UNITED NATIONS DEVELOPMENT PROGRAMME

Mr J. Melford

UNITED NATIONS CHILDREN'S FUND

Mr Wah Wong

IV. Representatives of Other Intergovernmental Organizations

INTERNATIONAL COMMITTEE OF MILITARY MEDICINE AND PHARMACY

Captain J.E. Batoon, MC

V. Representatives of Non-governmental Organizations

WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS

Dr Q. Gomez

INTERNATIONAL UNION OF ARCHITECTS

Mr O.A. Arellano

INTERNATIONAL SOCIETY OF BLOOD TRANSFUSION

Dr G.C. Caridad
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<th>Organization</th>
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<tr>
<td>INTERNATIONAL DENTAL FEDERATION</td>
<td>Dr. P. Gonzales</td>
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<td>INTERNTATIONAL SOCIETY FOR REHABILITATION OF THE DISABLED</td>
<td>Professor C. Floro</td>
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<td>WORLD FEDERATION FOR MEDICAL EDUCATION</td>
<td>Dr. J. Cuyegkeng</td>
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<tr>
<td>INTERNATIONAL FEDERATION FOR HOUSING AND PLANNING</td>
<td>Professor C.H. Concio</td>
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<td>THE INTERNATIONAL LEPROSY ASSOCIATION</td>
<td>Dr. J.N. Rodriguez</td>
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<td>CHRISTIAN MEDICAL COMMISSION</td>
<td>Dr. G. Viterbo</td>
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<td>MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION</td>
<td>Dr. C. Asuncion</td>
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<td>WORLD FEDERATION OF NUCLEAR MEDICINE AND BIOLOGY</td>
<td>Dr. I. Y. Zalamea</td>
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<td>INTERNATIONAL COMMITTEE OF CATHOLIC NURSES</td>
<td>Mrs. M.R. Ordóñez</td>
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<td>INTERNATIONAL UNION OF NUTRITIONAL SCIENCES</td>
<td>Dr. M. Belen-Inciong</td>
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<td>WORLD FEDERATION OF OCCUPATIONAL THERAPISTS</td>
<td>Mrs. C. Abad</td>
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<td>INTERNATIONAL PLANNED PARENTHOOD FEDERATION</td>
<td>Dr. J. Ilano</td>
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<td>INTERNATIONAL COUNCIL OF SOCIETIES OF PATHOLOGY</td>
<td>Dr. E. Pantangco</td>
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<td>INTERNATIONAL PHARMACEUTICAL FEDERATION</td>
<td>Dean J.A. Concha</td>
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<td>WORLD PSYCHIATRIC ASSOCIATION</td>
<td>Dr. A. Umali</td>
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<td>INTERNATIONAL RADIATION PROTECTION ASSOCIATION</td>
<td>Dr. T. Elicaño, Jr.</td>
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<td>INTERNATIONAL SOCIETY OF RADIOLOGY</td>
<td>Dr. H. Zialcita</td>
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<td>Organization</td>
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<td>League of Red Cross Societies</td>
<td>Dr. G.C. Caridad</td>
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<tr>
<td>Council for International Organizations of Medical Sciences</td>
<td>Dr. A.M. Dalisay</td>
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<tr>
<td>International Federation of Sports Medicine</td>
<td>Dr. P. Macaraeg</td>
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<td>International College of Surgeons</td>
<td>Dr. L. Martinez</td>
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<td>World Federation of United Nations Associations</td>
<td>Dr. M.M. Alimurung</td>
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<td>VI. WHO Secretariat</td>
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<td>Secretary</td>
<td>Dr. Francisco J. Dy</td>
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At this meeting Dr TANAKA (Japan), Vice-Chairman, took the chair.

1

STATEMENTS OF REPRESENTATIVES OF THE UNITED NATIONS, THE SPECIALIZED AGENCIES, OF INTERGOVERNMENTAL AND NON-GOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH WHO: Item 18 of the Agenda

On the invitation of the CHAIRMAN, the following representatives presented statements:

1.1 Representative of the United Nations Development Programme

Mr MELFORD spoke of the trend towards new dimensions in technical cooperation which were the subject of considerable discussion at the present time and had been described on several occasions both by the Administrator of UNDP and the Director-General of WHO. He then referred to the next UNDP intercountry programme cycle, 1977-1981, the proposals for which it was hoped would not only closely reflect the views of governments on regional needs but would support country programmes which could be integrated with the overall economic and social development plans of participating countries.

1.2 Representative of the United Nations Children's Fund

Mr WONG referred particularly to the need which, despite years of effort in the field of maternal and child health and basic health services, still existed in many developing countries to bring basic health services to the rural population; and to the report of the Joint WHO/UNICEF Study on Alternative Approaches to Meeting Basic Health Needs, which would be widely distributed within the Region in the near future. The new concept of integrated services and multi-disciplinary approaches provided through multipurpose workers was already being put into practice by UNICEF in the Philippines, in two programmes: "Project Compassion" and the "Total Integrated Development Approach" project.

1.3 Representatives of the following non-governmental organizations presented statements on the work of their organizations in collaboration with WHO aimed at promoting and enhancing the health of the people:

- World Federation of United Nations Associations
- World Federation of Societies of Anaesthesiologists
- International Radiation Protection Association
- International Union of Architects
- International Dental Federation
- International Society for Rehabilitation of the Disabled
- World Federation for Medical Education
- International Federation for Housing and Planning
- International Leprosy Association
- Medical Women's International Association
- World Federation of Nuclear Medicine and Biology
International Committee of Catholic Nurses
World Federation of Occupational Therapists
International Planned Parenthood Federation
International Council of Societies of Pathology
World Psychiatric Association
International Society of Radiology
League of Red Cross Societies
Council for International Organizations of Medical Sciences
International Federation of Sports Medicine
International College of Surgeons

The CHAIRMAN thanked the speakers.

The meeting rose at 12.00 noon.
SUMMARY RECORD OF THE SEVENTH MEETING

WHO Conference Hall, Manila
Friday, 5 September 1975 at 3.00 p.m.

CHAIRMAN: Dr T.M. McKendrick (Western Samoa)

CONTENTS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adoption of the draft report of the Committee</td>
<td>179</td>
</tr>
<tr>
<td>2</td>
<td>Resolution of appreciation</td>
<td>179</td>
</tr>
<tr>
<td>3</td>
<td>Adjournment</td>
<td>179</td>
</tr>
</tbody>
</table>
Seventh Meeting

Friday, 5 September 1975 at 3.00 p.m.

PRESENT

I. Representatives of Member States

AUSTRALIA
Dr C.P. Evans
Mrs A.E. Broinowski

CHINA
Dr Chen Chih-ming
Dr Chen Wen Chieh
Dr Wang Lien Sheng
Mr Li Ching Hsiau

FRANCE
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Dr S. Osawa

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<tr>
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Dean J.A. Concha

WORLD PSYCHIATRIC ASSOCIATION

Dr A. Umali

INTERNATIONAL SOCIETY OF RADIOLOGY

Dr H. Zialcita

VI. WHO Secretariat

SECRETARY

Dr Francisco J. Dy
1 ADOPTION OF THE DRAFT REPORT OF THE COMMITTEE: Item 21 of the Agenda (Document WPR/RC26/17)

The draft report of the twenty-sixth session of the Regional Committee for the Western Pacific was presented to the Committee.

There being no comments, Dr DICKIE (New Zealand) moved the adoption of the draft report, which was seconded by Dr ACOSTA (Philippines).

Decision: The draft report was adopted (see resolution WPR/RC26.R20).

2 RESOLUTION OF APPRECIATION

Dr OON (Singapore) presented a draft resolution of appreciation.

Dr MAJID (Malaysia) and Dr ACOSTA (Philippines) supported the draft resolution.

Decision: The draft resolution was unanimously adopted (see resolution WPR/RC26.R21).

3 ADJOURNMENT

In closing, the CHAIRMAN expressed his thanks to his Vice-Chairman and the Rapporteurs for their support during the meeting and to the Regional Director and the WHO Secretariat for making his task an easy one.

The meeting adjourned at 3.20 p.m.