

SUMMARY RECORD OF THE FOURTH MEETING

WHO Conference Hall
Thursday, 3 October 1968 at 9.00 a.m.

CHAIRMAN: Dr C.S. Gatmaitan (Philippines)
later: Médecin-Général J. Rondet (France)

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FOURTH MEETINGThursday, 3 October 1968 at 9.00 a.m.PRESENTI. Representatives of Member States

AUSTRALIA	Dr H.M. Franklands Mr Tore Lokoloko Dr R.F.R. Scragg Dr R.H. MacDONald
CAMBODIA	Dr Thor Peng Thong
CHINA	Dr C.K. Chang Dr Y.T. Wang
FRANCE	Médecin-Général J. Rondet
JAPAN	Dr T. Muranaka Mr K. Watanabe Mr N. Maekawa Mr Y. Masuko
LAOS	Dr Tiao Jaisvasd Visouthiphongs
MALAYSIA	Tan Sri (Dr) Mohamed Din bin Ahmad Dr Chong Chun Hian Dr Fang Ung Seng Dr K.S. Jap
NEW ZEALAND	Dr C.N.D. Taylor
PHILIPPINES	Dr C.S. Gatmaitan Dr J. Dizon Dr J. Navarro Dr G. Balbin Dr E. Perez Dr F. Nepomuceno Dr J. Sumpaico
PORTUGAL	Dr N.C. de Andrade Mr Carlos da Luz Nunes
REPUBLIC OF KOREA	Mr Sang Yung Soh Dr K.S. Chang
SINGAPORE	Mr Lye Thim Fatt

UNITED KINGDOM	Dr P.H. Teng Dr C.H. Gurd
UNITED STATES OF AMERICA	Dr R.K.C. Lee Dr J.K. Shafer Dr H. DeLien
VIET-NAM	Dr Lê Nhân Thuân
WESTERN SAMOA	Mr Luamanuvae Eti

II. Representatives of the United Nations and Specialized Agencies

UNITED NATIONS AND UNITED NATIONS CHILDREN'S FUND	Mr A.E. Meager
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III. Representatives of other intergovernmental organizations

INTERNATIONAL COMMITTEE OF MILITARY MEDICINE AND PHARMACY	Colonel P.J. Barcelona, MC
SOUTH PACIFIC COMMISSION	Dr A. Guinea

IV. Representatives of non-governmental organizations

INTERNATIONAL UNION OF ARCHITECTS	Mr J.E. Niñalga
INTERNATIONAL DENTAL FEDERATION	Dr F. Rojas
INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS	Dr J.R. Villanueva
INTERNATIONAL UNION FOR HEALTH EDUCATION	Miss C. del Rosario
MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION	Dr Fé del Mundo
INTERNATIONAL COMMITTEE OF CATHOLIC NURSES	Mrs M. Ordoñez
INTERNATIONAL COUNCIL OF NURSES	Mrs R.S. Diamante
WORLD FEDERATION OF OCCUPATIONAL THERAPISTS	Mrs C. Floro

INTERNATIONAL PLANNED
PARENTHOOD FEDERATION

Professor D. Chun
Dr H.M.C. Poortman

LEAGUE OF RED CROSS
SOCIETIES

Dr B. Roa

V. Observers

RYUKYU ISLANDS

Captain D.A. Sebahar

VI. WHO Secretariat

DIRECTOR-GENERAL

Dr M.G. Candau

SECRETARY

Dr Francisco J. Dy
Regional Director

- 1 ACKNOWLEDGEMENT BY THE CHAIRMAN OF REPORTS RECEIVED FROM THE GOVERNMENT OF SINGAPORE ON THE PROGRESS OF HEALTH ACTIVITIES: Item 10 of the Agenda (continued from the second meeting, item 6)

The CHAIRMAN acknowledged, on behalf of the Committee, the following reports which had just been received from the Government of Singapore:

- (1) Brief Report on the Progress of Health Activities for 1967-1968;
- (2) Health in Singapore, 1968, A summary by the Ministry of Health. (For a further report acknowledged, see the fifth meeting, section 1.)

- 2 INTEGRATED PLANNING IN HEALTH: ACTION TAKEN IN RELATION TO RESOLUTION WPR/RC18.R1 ADOPTED BY THE COMMITTEE AT ITS EIGHTEENTH SESSION: Item 14 of the Agenda (Document WPR/RC19/6)

The REGIONAL DIRECTOR stated that document WPR/RC19/6 summarized the information received on the assistance being given by voluntary organizations in the field of health. It had not been easy to interpret the results obtained because of the differences in the content and completeness of the replies received. Nevertheless, the information provided gave an indication of individual country/territory conditions and thereby reflected in its totality a broad view of conditions obtaining in the Region. Although the figures were not complete and a number of countries had not reported, the large number of active voluntary organizations showed a considerable resource potential which could be tapped and co-ordinated with government resources for health work.

Dr LEE (United States of America) said that the document provided an excellent summary of what was happening in the Region, particularly in relation to voluntary organizations and their health activities within Member countries. He asked the Regional Director whether his office and staff, through the WHO representatives, would use this information to help obtain maximum co-ordination between voluntary health organizations and governmental organizations. He believed this kind of information was a preliminary to more effective utilization of resources within Member countries in the carrying out of health activities.

The REGIONAL DIRECTOR stated that one of the functions of the WHO representatives was to assist in co-ordinating the various types of assistance given in the field of health. If additional information could be obtained regarding the potential sources of assistance available from voluntary organizations, this could be usefully considered by the national co-ordination committee. Unfortunately, the establishment of such committees had not yet received sufficient attention.

Mr LYE (Singapore) supported the statement of the Representative of the United States of America. He realized that it was not advisable to make a comparison in depth of the information submitted. He wished, however, to refer to item 3.1.2, training and staff development. He noticed that in the replies received from 101 organizations, representing about 12% of the total number of reports received, only 0.8% of the funds were being allocated to training and staff development. He believed that staff training could be best done within the country concerned and that it would be desirable to increase expenditure on training and staff development within the departments of health, rather than depending entirely on medical schools and training institutions.

Dr FRANKLANDS (Australia) stated that Australia was one of the countries that had not completed the questionnaire because of the interpretation that could be placed on the aspects shown on page 2, paragraphs 2(c) and 2(d). In Australia, there were many voluntary agencies concerned directly or indirectly with health. These agencies supplemented many aspects of the health programme but were not subject to government policies.

Dr ANDRADE (Portugal) referred to paragraph 3.1.5, "arrangements for mutual consultation, co-ordination and joint planning activities between the health authority and the private organization concerned". In Portugal, the Catholic Church made a considerable contribution to

national health activities. There was in fact a requirement that a representative from the health department should be appointed to work closely with the Church in this field. This provision was not yet effective in Macao and Timor although it would probably be introduced in the near future.

Dr TENG (United Kingdom) stated that Hong Kong had a budget of about US\$32 million for curative and preventive diseases. The Government allocated some US\$9 million of this to the voluntary agencies annually to help them achieve the target of providing at least 4.25 beds per thousand population. It had in turn received from private organizations and philanthropic individuals in the past eleven years about US\$5.5 million to help carry out its health programme. Dr Teng then gave some examples of the assistance given to voluntary agencies by the Government. Charitable bodies could not only carry out certain functions, they could also make contributions in the form of grants. However, a medical planner must realize that although capital grants could be given by individuals and organizations, the recurrent expenditures had to be borne by the Government. These had amounted to a third of the capital expenditure per year. This meant that in three years, the Government would have to catch up and match the contributions received.

There being no further comments, the CHAIRMAN asked the Rapporteurs to prepare an appropriate resolution. (For consideration of draft resolution, see the sixth meeting, section 2.3.)

3 LONG-TERM PLANNING AND EVALUATION (RESOLUTIONS WHA21.32 AND WHA21.49) AND BIENNIAL PROGRAMMING: Item 15 of the Agenda (Documents WPR/RC19/7 and WPR/RC19/8)

(a) Long-term planning and evaluation (Document WPR/RC19/7)

The REGIONAL DIRECTOR stated that document WPR/RC19/7 summarized the various developments which had taken place in connexion with the formulation of long-range plans by a number of United Nations bodies.

These developments clearly created a need to strengthen and extend further the planning projections of the Organization.

In past years, the General Programme of Work for a Specific Period had been formulated by the Executive Board, approved by the World Health Assembly and adapted by the Regional Committees to regional needs. It was now proposed that this action should be reversed. The first step would be consultations between WHO and individual governments. Regional offices could then build up, on the basis of these consultations about national plans, needs and intentions, aggregated regional plans to be forwarded to Headquarters. These regional projections would constitute the basis of and be harmonized into a global programme which, in the form that had been approved by the World Health Assembly, would constitute the General Programme of Work for the period 1972-1976. This exercise would also provide Member States with an opportunity to ascertain their needs and thereby ensure that the technical co-operation of WHO was focused on priorities.

As far as the Western Pacific Region was concerned, it was suggested that Member countries might wish to determine priorities within the following: organization and administration, education and training, and selected programmes.

Furthermore, Member countries might wish to pursue joint studies on selected subjects that were of particular interest to groups of countries, e.g., haemorrhagic fever, Japanese encephalitis, filariasis.

In the third phase, the results of the determination of country priorities and of associated studies could be reported to the Regional Committee and would thereby help to shape the regional programme.

The Regional Director suggested that the Regional Committee might also wish to consider the principles set forth in Annex 1 of the document and express the consensus of its views on the planning and evaluation aspects of the WHO programme.

Mr ETI (Western Samoa) noted that under the new scheme countries would discuss in consultation with WHO their needs for the period

1972 to 1976. National programmes would be co-ordinated by the Regional Committee into a regional plan which would then be submitted to the Executive Board for incorporation into a global plan. He supported the proposal in principle because he believed that the new approach would allow the WHO global plan to be well oriented to the actual needs and problems of countries. There appeared, however, to be some difficulties. Firstly, the amount of money within which the country should plan, and secondly, whether the country would be allowed to spend all its allocation on equipment or whether it should devote a greater percentage to personnel. He felt it would be useful to have more details of how the plan would work and suggested that WHO should consult further with Member countries and present a more detailed outline to the next World Health Assembly.

The REGIONAL DIRECTOR informed the Representative of Western Samoa that WHO provided services and not allocations to countries.

Dr LEE (United States of America) asked whether it was not possible to consider the items on long-term planning and evaluation and biennial programming together.

The DIRECTOR-GENERAL said that there appeared to be some misunderstanding. Biennial programming should not be confused with the long-term programme which would involve the period from 1972 to 1976. The long-term programme was not new. The only modification that had been suggested was in procedure. Article 28 of the Constitution of WHO gave as one of the functions of the Board: "to submit to the Health Assembly for consideration and approval the general programme of work covering a specific period". The Executive Board had prepared a number of such programmes. The long-term programme for a specific period that finished in 1971 was referred to on page 2 of the document. What was being suggested to the Assembly, in following the resolution of the Assembly, was to change the method of building up the long-term programme for a

specific period. In the past, this had been prepared by the Executive Board, presented to the Health Assembly and brought to the attention of the Regional Committees for adaptation to regional needs. What was now being suggested was that the exercise should start by obtaining the opinion of countries or an indication of their needs and then discussing the matter in the Regional Committee. The comments of the Regional Committee would be brought to the attention of the Executive Board which would then prepare the long-term programme for a specific period for submission to the Assembly. The Committee could decide any way it wished but should not confuse the long-term programme for 1972-1976 with biennial programming which actually meant what was to be done in 1970 and 1971. The Representative from Western Samoa had expressed some doubts as to whether this was the best way of doing it. It was hoped that working from the periphery to the centre would permit the Executive Board to prepare a sounder long-term programme. The criticism made at the Assembly was that the general programme of work for a specific period was too broad and did not give sufficiently detailed information. It was hoped that the new approach would provide the Executive Board with the information it required to produce a more detailed programme of work.

Dr LEE (United States of America) stated that it was his impression that the long-term programme of work was tied up with biennial programming.

The DIRECTOR-GENERAL said that he did not think that there was any real difference in opinion, it was rather a matter of the relative importance of the two questions and of the point in time that had been reached in the discussions.

In the case of biennial programming, it was only the beginning of a possibly long discussion. The Committee was being asked to express its views to the Executive Board so that, when the latter discussed this matter next February, it could make a recommendation to the Assembly.

The preparation of a long-term programme, on the other hand, was already a well-established process. The Assembly wished to have the views of the Regional Committee on the new proposal so that it could give guidance to the Executive Board on how to prepare the long-term programme for 1972-1976. Biennial programming still had to be discussed at all levels before a decision was reached. He agreed with Dr Lee that if these two proposals were adopted the long-term programme of work would provide guidance for biennial programming.

Dr THOR PENG THONG (Cambodia) supported the proposal as he felt that the programme of work for a specific period would then correspond to the health needs of the Region.

Mr WATANABE (Japan) said that if the new procedure went into effect, each Regional Committee could select different fields of work which were in accordance with the needs of the Region. Each region would, therefore, have different priorities and needs. He asked how the Executive Board would deal with this aspect.

The DIRECTOR-GENERAL said that each Regional Committee would submit a long-term programme, what it believed the plans of the Region were, based on the national health plans of the different countries. This would be transmitted to Headquarters and presented to the Executive Board for study. The Executive Board would then prepare a long-term programme based on the suggestions from the different regions and present a general programme of work for the consideration of the Assembly. The Assembly would make the final decision, based on the recommendation of the Executive Board. The difference was really that the Executive Board would have much more information than it had had before to build up the long-term programme.

Dr LEE (United States of America) asked if his understanding was correct that Member governments would determine priorities within their

own needs. He also asked whether WHO had any special areas to suggest.

The REGIONAL DIRECTOR suggested the following priorities: under organization and administration, questions such as the extension of services to the periphery and improvement in the management of services might be considered; priorities under education and training clearly varied from country to country as to the categories requiring training and the content of curricula; among selected programmes, the communicable diseases, organization of medical care, environmental health and health promotion, with particular attention to child health, appeared perhaps the most important.

Dr LEE (United States of America) believed that the representatives present accepted the areas of priorities proposed by the Regional Director. It was important that this point was understood as these represented possible priorities which Member countries would have to recognize when preparing their long-term plans.

There being no further comments, the CHAIRMAN asked the Rapporteurs to prepare an appropriate resolution. (For consideration of draft resolution, see the sixth meeting, section 2.6.)

Médecin-Général RONDET (France), Vice-Chairman, took the Chair.

(b) Biennial programming (Document WPR/RC19/8)

The REGIONAL DIRECTOR stated that he believed the proposal to extend the programme period for a further year would encourage the development of more realistically designed project endeavours.

In the long-term programme planning context, the financial aspects should be assessed as far ahead as possible. As the evaluation of programme accomplishment might determine the need to redefine goals, or paths to a goal, sufficient flexibility in long-term financial planning should be recognized. There were undoubted advantages in establishing goals, planning how and when to reach them and determining

what the cost of attainment was likely to be. This was no simple task but it could be, in his opinion, a highly rewarding effort to the extent that governments and the Organization were prepared and able to assess their efforts and make whatever directional and financial adjustments were indicated.

Mr ETI (Western Samoa) agreed in principle with the proposal because knowing in advance what WHO's contribution would be and the fields to which it would be allocated would facilitate the preparation of the national budget. Countries would also have sufficient time to sell the proposed programme to their people before actual implementation.

In Western Samoa, the lack of any studies in depth into the health and living conditions of the people did not allow the authorities to speak confidently of their ability to plan. He requested the Regional Director to assist his country in the planning exercise. This was essential if his Government was to obtain the maximum effectiveness from WHO's programme of assistance.

The REGIONAL DIRECTOR assured the Representative of Western Samoa that WHO would be most happy to provide the assistance requested.

Dr LEE (United States of America) favoured the biennial programming proposal described in the document. He asked whether the trend was to develop a budget similar to the Pan American Health Organization (PAHO), which had a cycle of four years: the past, the current, the proposed year and the budget for 1970. If this plan were to be adopted, Dr Lee wondered whether, in future, expenditures for the past, the current and the years ahead would be shown in the budget document.

The DIRECTOR-GENERAL confirmed that what Dr Lee had stated was correct. The only difference was that in October 1968 the Pan American Health Organization would be considering the 1969 budget and projecting

the 1970 budget. If this method were being applied by the Regional Committee in 1968, it would be considering the 1970 budget and making a projection of the 1971 budget. There was a difference of one year because of internal arrangements of the two organizations. The idea was to have a projection that would help the Assembly to make a decision regarding the magnitude of the budget in the second year of programming. This should not be confused with the preparation of a two-year budget as the latter would entail a change in the Constitution which the Assembly had not accepted. Referring to what would appear in the budget document, the Director-General stated that it was proposed to eliminate information on the previous year. This aspect would still have to be considered and approved by the Health Assembly, if the Executive Board decided to make this proposal to the Assembly. What was required now was to obtain the reaction of the Regional Committees to the proposal so the Executive Board could report on their views to the Health Assembly.

Dr LEE (United States of America) asked whether there would be a column for the past year in the budget to show the four-year cycle.

The REGIONAL DIRECTOR pointed out that there would be three columns. For example, if one took this year's programme and budget as an example, the column for 1968 would be eliminated but there would be columns for 1969, 1970 and 1971.

The DIRECTOR-GENERAL said that the only reason for not presenting the 1968 column was that to have four columns in the budget for both regular and Technical Assistance funds would result in the production of a much larger document. It was a practical question of presentation, nothing more.

Dr LEE (United States of America) stated that in the United States of America the health authorities, when presenting their budgets, showed the past year, the current year and future expenditures.

He considered this a very important record as it showed the trends, without which the budget document would be incomplete. He was sure that a similar method was followed by other governments in the Region.

The DIRECTOR-GENERAL pointed out that the Regional Director was not discussing the past year; he was in fact discussing the 1968 column and looking into the 1969, 1970 and 1971 budgets. If, as Dr Lee had suggested, the column for 1968 were maintained and another column added for 1971, this would give a four-year cycle, similar to that of the Pan American Health Organization.

Dr TENG (United Kingdom) said that his delegation supported the proposal and expressed the hope that Member countries in the Region would agree to formulate the programme in this way. He hoped that governments would produce the necessary information in time to permit a realistic two-year programme to be submitted to Headquarters.

Dr CHANG (China), Mr WATANABE (Japan), Dr TAYLOR (New Zealand) and Dr ANDRADE (Portugal) all supported the proposal for biennial programming.

Dr LEE (United States of America) said that he had a draft resolution to propose to the Committee.

The REGIONAL DIRECTOR suggested that this should be mimeographed in English and French and distributed to representatives. It was so agreed. (For consideration of draft resolution, see the sixth meeting, section 2.7.)

4 COST OF REGIONAL COMMITTEES HELD AWAY FROM REGIONAL HEADQUARTERS:
Item 16 of the Agenda (Document WPR/RC19/10)

The REGIONAL DIRECTOR stated that this item had been placed on the Agenda as a result of discussions held during the Twenty-first

World Health Assembly. The summary record on these discussions were annexed to document WPR/RC19/10.

Mr ETI (Western Samoa) said that there were adequate facilities at regional headquarters for meetings of the Regional Committee. On the other hand if the meetings were held elsewhere, this would bring WHO's work to the attention of the people in the host country. It would also provide the Secretariat with a closer understanding of health conditions in the country concerned and allow the representatives to see the different approaches to health programmes in the countries visited. It had been suggested by some of the delegates at the Health Assembly that WHO might contribute more to the cost when meetings were held away from the regional headquarters. He favoured this latter argument as long as WHO's contribution was not excessive and could be limited to a small percentage of the total additional cost, for example, from 15% to 20%. He drew attention to document WPR/RC19/10 and pointed out that since 1959 the actual expenditure of WHO on meetings of the Regional Committee had been less in a number of cases than the amount budgetted. He suggested that on such occasions the surplus might be handed over to the host government. If his proposal was not supported by the other representatives, he would suggest that the Committee adhere to the present proceeding whereby the host government paid all extra costs.

Dr SCRAGG (Australia) understood that this matter had been discussed in other regions and that the proposal made by the Representative of Western Samoa that the Regional Office should accept a portion of the added costs should the meeting be held away from the regional headquarters had been accepted. Australia would be quite happy to support this idea.

When the Australian Government had been host, WHO had saved \$3200. WHO had not offered to give this amount to Australia to help meet the expenses of the host government. He suggested that when

the meeting was held outside of regional headquarters, any savings in the amount budgetted for the Committee meeting should automatically be paid to the host government.

Dr TENG (United Kingdom) fully supported the idea of holding Regional Committee meetings in alternate years in one of the Member countries. This would enable the work of WHO to be made known to the people of the country which acted as host. It would also pinpoint and highlight the problems of the country concerned and enable the representatives of Member countries in the Region to understand these problems. He also believed that the host country should continue to pay the additional costs involved.

Dr ANDRADE (Portugal), Dr CHANG (China), Dr LEE (United States of America), Dr TAYLOR (New Zealand), and Mr WATANABE (Japan) supported the continuation of the present procedure.

As there were no other comments, the CHAIRMAN asked the Rapporteurs to prepare an appropriate resolution. (For consideration of draft resolution, see the sixth meeting, section 2.4.).

5 SELECTION OF TOPIC FOR THE TECHNICAL DISCUSSIONS DURING THE TWENTILETH SESSION OF THE REGIONAL COMMITTEE: Item 18 of the Agenda (Documents WPR/RC19/9 and Add.1)

The CHAIRMAN, speaking as Chief Representative of France and as Representative of New Caledonia, stated that most of the proposals listed in document WPR/RC19/9 Add.1 were possibly too specific and technical in nature to be considered a general public health problem. His delegation would like to keep only items 1 and 3 as possible choices for the theme of the technical discussions.

Dr DIZON (Philippines) referred to document WPR/RC19/9 which contained topics presented by the Secretariat and proposed that item 2, "The Planning and Organization of a National Epidemiological Service",

be selected as the topic for next year's discussions. The Regional Director, in his report, had called attention to the need of establishing epidemiological units and to the importance of such units as a tool in the planning and implementation of health services. Epidemiological services did not yet exist in many countries. The discussion of this topic was most timely and would provide some guidance to those countries planning to establish such facilities.

Dr CHANG (China) said that since communicable diseases were still a major problem in the Region, his delegation would support the proposal of the Representative of the Philippines.

Dr CHONG (Malaysia) associated himself with the views expressed by the Representatives of the Philippines and China. In his country the need for the planning and organization of a national epidemiological service was greatly felt. This had been the topic of the technical discussions at the World Health Assembly in Geneva this year and it would be good to follow up on these discussions in the light of the experience gained.

Mr WATANABE (Japan), Mr LYE (Singapore), Dr FRANKLANDS (Australia), Dr TENG (United Kingdom), Dr ANDRADE (Portugal), Dr CHANG (Republic of Korea) and Dr VISOUTHIPHONGS (Laos) expressed their support of the proposal made by the Representative of the Philippines.

There being no further comments, the CHAIRMAN requested the Rapporteurs to prepare an appropriate resolution. (For consideration of draft resolution, see the sixth meeting, section 2.5.)

6 DEPARTURE OF THE DIRECTOR-GENERAL

The DIRECTOR-GENERAL stated that as he would be leaving Manila in the afternoon, he would like to bid the representatives goodbye and to thank them for the attention he had received during this meeting. It had been a pleasure for him to be present. He hoped

that they would all meet again very soon, if not in the Western Pacific Region, then in the Assembly.

The meeting rose at 11.20 a.m.