By resolution WPR/RC27.8, the Regional Committee for the Western Pacific authorized the Regional Director to issue in even-numbered years, beginning in 1978, a short report covering significant matters and developments during the preceding year and, in odd-numbered years, beginning in 1979, a comprehensive report on the work of WHO during the preceding two years. This is the fourth of the short reports and covers the period 1 July 1983 to 30 June 1984.
**Abbreviations**

The abbreviations used in this report include the following:

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<tbody>
<tr>
<td>ASEAN</td>
<td>Association of South-East Asian Nations</td>
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<tr>
<td>ESCAP</td>
<td>Economic and Social Commission for Asia and the Pacific</td>
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<tr>
<td>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
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<tr>
<td>JICA</td>
<td>Japan International Cooperation Agency</td>
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<td>MEDLARS</td>
<td>Medical Literature Analysis and Retrieval System</td>
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<td>PEPAS</td>
<td>Western Pacific Regional Centre for the Promotion of Environmental Planning and Applied Studies</td>
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<td>SPC</td>
<td>South Pacific Commission</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Fund for Population Activities</td>
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<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<td>WPACMR</td>
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INTRODUCTION

1. A milestone in the implementation of the national and regional health-for-all strategies was undoubtedly reached when the thirty-fourth session of the Regional Committee considered the regional report on the monitoring of progress in implementing the strategies, which had been prepared in accordance with the common framework and format for monitoring progress in implementing the strategies for health for all by the year 2000.1

2. Analysis of progress reports by Member States, on which the regional report was partly based, has shown that more action is indeed taking place in the field of actual implementation - for example, expansion of health care coverage and reorientation and retraining of health manpower, particularly health workers at the grassroots level of the health system. Health-for-all efforts have stimulated new thinking at policy level and new attitudes towards health. More emphasis has been given to health promotion and to the active participation of individuals, families and communities in assuming responsibility for their health problems.

3. It has also been gratifying to see that this first monitoring exercise has accelerated the development by Member States of procedures and mechanisms for the continuous monitoring of their national strategies. However, the increasing use of such monitoring in order to modify national strategies or to strengthen efforts to further develop health systems based on primary health care calls for more effective information system support.

4. In this connexion, activities at both regional and national levels are being directed towards the reorientation and strengthening of health statistical services so that they can become a comprehensive health management information system in the context of the health-for-all strategies. Efforts are also being made to take advantage of modern information processing technology in establishing an efficient system to generate, process and provide timely information for programme development and management.

GENERAL PROGRAMME DEVELOPMENT

Managerial process for WHO's programme development


6. Priority was given to ensuring support for the implementation of programme activities outlined in the Seventh General Programme of Work. Mechanisms were strengthened in the Regional Office to monitor programme implementation and to permit a continuous review and refinement of medium-term programmes in the light of current and anticipated developments. Procedures were also evolved to monitor developments in the countries and to provide support for the coordination of WHO collaborative activities at country level and their management in the Regional Office. In this connexion, regional programme reviews to guide the orientation of programmes and activities continued to be held.

1 Document WPR/RC34/7.
7. Country reviews were conducted during meetings of WHO Programme Coordinators and in the course of country visits. A country resource utilization review was carried out in Papua New Guinea. Such reviews have significantly influenced the countries' health plans and programmes as well as their collaborative activities with WHO.

Information system development

8. Information processing services in the Regional Office continued to be strengthened to ensure timely provision of relevant information for programme development and implementation in support of the health-for-all strategy. A variety of software was developed during the year and became operational to provide support for personnel and supplies management and to facilitate implementation of the fellowship programme.

9. A master plan is being developed to strengthen the word processing and data processing services in the Regional Office and in the offices of WHO Programme Coordinators, based on modern technology. A word processing system has already been installed in the WHO office in Suva.

Staff development and training

10. A number of Regional Office and field staff received training in the managerial process for national health development. Training activities among general services staff continued to focus on training in aspects of office automation in order to better meet the needs of technical programmes.

HEALTH SYSTEMS DEVELOPMENT

Health situation and trend assessment

11. The most significant activity in this area concerned the provision of data for the preparation of the regional report on monitoring the implementation of the strategy for health for all by the year 2000. The regional data bank for economic, social and health indicators, established in 1979 and updated annually, was expanded to incorporate the global and regional indicators, based on data provided in the national monitoring reports.

12. With a view to improving the national health information systems, and particularly to facilitating the generation and compilation of quality data, two countries initiated an assessment of their information systems and related statistical services with regard to the health of mothers and children.

13. A framework for the establishment of a user-oriented health management information system was formulated in Lao People's Democratic Republic and training and developmental activities were initiated. Collaboration in this area was also provided to five countries or areas in the Region. Support was provided to two national training courses in disease coding and classification in China.

14. The maternal and child health/family planning services received priority in the field of information support to management of specific programmes. Collaboration was provided in this area to six countries or areas. A data base for monitoring and
evaluation of the family planning programme in the context of the "one-child" family was established in China. To facilitate utilization of data for the management of health programmes, a national training course in health services research methodology and information analysis was conducted in Harbin, China, in October 1983.

15. The strengthening of epidemiological surveillance systems received high priority in the South Pacific. A regional workshop on strengthening of the surveillance system of diseases and utilization of existing health records was held in Tonga in February 1984. National workshops on epidemiology were conducted in two countries in the South Pacific.

16. Continued support was provided for the investigation of outbreaks of communicable diseases, particularly in Lao People's Democratic Republic, Papua New Guinea and the South Pacific.

17. A retrospective analysis of data on morbidity and mortality and diseases trend evaluation, which is a prerequisite for the development of future health plans at country level, was finalized in Fiji and Tonga and is progressing in Samoa and Solomon Islands.

Managerial process for national health development

18. WHO collaborated in the formulation and implementation of national health-for-all policies and strategies through the promotion and application of the managerial process for national health development and provision of training where necessary.

19. Collaboration was extended to three countries in the areas of policy analysis, studies and policy reviews in order to facilitate national health policy formulation, while in four countries support was provided for the review and updating of national strategies. Broad programmes on priority health problems were undertaken such as the national health and family planning programme in Kiribati, maternal and child care and malaria control in Lao People's Democratic Republic, and translation of the national health policies and targets into provincial development programmes in Papua New Guinea.

20. In reviewing the implementation of health development programmes, countries in the South Pacific identified deficiencies in support programmes and initiated, with WHO and UNDP support, the development of procedures and training packages to cover necessary support activities such as supplies and logistics, maintenance of equipment and facilities, personnel management and supervision, and financial management.

21. Following the development of mechanisms for monitoring and evaluating progress in implementing the health-for-all strategies, countries or areas initiated their first exercise on monitoring in accordance with the common framework and format for monitoring progress in implementation of the strategy. Twenty-one countries or areas submitted reports on this exercise.

22. A review of existing managerial processes and practices was undertaken in a number of countries with a view to improving and strengthening these where necessary. Particular emphasis was given to the development or strengthening of coordinating mechanisms such as national health development networks. A meeting
was organized in this connexion in Manila in December 1983 at which participants exchanged experiences and information on coordinating mechanisms for the planning, management and evaluation of health development efforts in their countries.

23. Countries have identified training in various aspects of management as one of their most urgent needs. WHO collaborated in the establishment of national training programmes in a number of countries such as China, and directly participated in or supported national training programmes in seven countries of the Region. Through such collaborative activities and the distribution of publications providing information and guidance on the managerial process and its components, the Organization has encouraged countries to undertake studies for the development of country-specific methodologies adapted to their national managerial process. Individual fellowships and study tours were also organized.

Health legislation

24. Existing health legislation in most countries of the Region fails to provide sufficient support for primary health care strategies. A number of countries have undertaken a review of existing legislation to determine what action should be taken to ensure that appropriate support is provided for the attainment of national health-for-all objectives.

25. WHO extended collaboration to countries, particularly in the updating of legislation on environmental health and food safety.

Health systems research

26. Most of the WHO programmes are undertaking health systems research geared to the development or adaptation of technology and mechanisms for the delivery of the essential components of primary health care for which they are responsible. The health systems research programme, on the other hand, aims to strengthen national capability to undertake such studies and to develop mechanisms by which research priorities that address important issues related to the national health-for-all strategies can be more effectively determined.

27. Collaboration was extended to countries in these areas through training and the award of research training grants and fellowships. Training activities included a workshop on research in family health programmes in Suva in June/July 1983 and a national training course on health services research methodology and information analysis in Harbin, China, in October 1983.

28. Two countries received support in concluding their hospital utilization studies and another country in expanding its operational research on the functions and problems of health staff at the periphery. A study on regionalization of hospital services conducted in one country is being updated with WHO support in order to resolve certain basic issues and enhance its applicability.

29. Apart from providing the necessary information, these studies have further developed research skills among the core groups of participating nationals. The studies have also provided national staff with the elements for developing their own guidelines for research.

30. A document has been issued on health systems research studies entitled "An Inventory of Health Systems Research in Selected Countries in the Western Pacific Region 1983".
ORGANIZATION OF HEALTH SYSTEMS BASED ON PRIMARY HEALTH CARE

31. WHO collaboration in the field of reorientation and strengthening of health systems based on primary health care was extended to five countries in relation to health systems review and development of a plan of action for primary health care, orientation of key national staff at intermediate and peripheral levels, strengthening of management capability at intermediate levels of the health administration, and planning of actual needs for the secondary and tertiary referral hospitals.

32. In eight countries of the Region, WHO cooperated in activities to intensify community involvement and intersectoral coordination through a series of seminars, workshops or meetings on primary health care, which included participants from various agencies. While seminars or workshops held at the national level (as in Tokelau and Vanuatu) and provincial level (as in Papua New Guinea) were aimed at promoting the concept of primary health care, workshops and meetings at district and community levels were action-oriented and resulted in the organization of working bodies in the community to generate collective action leading to health development. Activities developed among the village health committees in Fiji and the village development committees in the pilot area of Papua New Guinea were particularly encouraging while similar village organizations started to emerge in Kiribati, Solomon Islands and Vanuatu. In one country, village primary health care councils were developed from existing village development councils in more than 90% of all villages.

33. WHO-supported research and development activities are fulfilling their objective of establishing a technical basis for primary health care development. Activities developed in Papua New Guinea are being expanded to other areas, while similar activities are being developed in Malaysia, Republic of Korea and Vanuatu. In one province of the Philippines, where the findings of research and development activities were used as a basis for the nationwide implementation of primary health care, an in-depth evaluation report has been completed and efforts are being made to strengthen the information system.

34. Following the regional seminar on urban primary health care in 1981, WHO provided support in urban primary health care development in Manila and Seoul through research and development and training activities. The activities in Manila stimulated the interest of the Ministry of Health, resulting in the holding of a national workshop on urban primary health care, which was attended by key health staff of major cities in the country, as well as observers from the Republic of Korea and Thailand.

35. Other significant activities developed in the area of research were the evaluation of primary health care in Fiji, which provided clear indications for future development, and the experiments on malaria control based on the primary health care approach in Papua New Guinea and Solomon Islands.

36. The training and reorientation of health workers in aspects of primary health care have been actively promoted. WHO cooperated with six countries in conducting reorientation courses for existing health workers at the local and intermediate level to enhance their effectiveness in the implementation of primary health care. One country, using the knowledge and experience gained through WHO-supported research,
successfully carried out intensive training of all its peripheral health workers in community organization, mobilization and community development. Support was provided to five countries for the development of community health workers. Cooperation was also extended to eight countries in reviewing nursing and allied health personnel education programmes and in determining areas of change necessary to support the development of primary health care.

37. In the area of hospital planning and administration, cooperation was provided to Malaysia in conducting a national training workshop on hospital planning and design and to the South Pacific countries in the holding of an intercountry course on hospital administration in Suva in the latter part of 1983. Cooperation was likewise extended to four countries for the repair and maintenance of medical equipment.

38. To facilitate information exchange, an interregional workshop on primary health care was held in Conghua, China, for two weeks in September/October 1983 for twenty-one participants from four WHO regions.

HEALTH MANPOWER

39. The principal aim of this programme is to develop health personnel to enable them to meet optimally the needs of the health services based on primary health care.

40. The strengthening of capabilities in middle-level health management is essential for the proper implementation of primary health care policy and programmes. An intercountry workshop on training programmes in management for national health development was organized at the WHO Regional Teacher Training Centre, Sydney, in February 1984.

41. Training in health management was designed as part of a continuing education programme in Lao People's Democratic Republic, while a training programme for middle-level health managers was developed in China.

42. Health manpower research as an important component of health services research was a topic at the ninth session of WPACMR in April 1984. The Advisory Committee discussed among other things the development of a "manpower for health index" (MHI) to monitor progress in health manpower development, the production and testing of performance assessment tools for primary health care tasks, and the development of strategies to introduce change in training institutions.

43. In the area of health manpower planning, a comprehensive analysis of available manpower, both from a quantitative and qualitative point of view, was undertaken in Lao People's Democratic Republic. Continued support was provided in developing simple methods for manpower projections in the Philippines.

44. The management of WHO fellowships was thoroughly reviewed during a regional meeting of national fellowship officers in Manila in October 1983. The main recommendations of participants included: the strengthening of national capabilities in the selection of appropriate fields of study and of candidates; consideration of alternatives to overseas fellowships such as the development of in-country education; and the development of a fellowship programme as an integral part of an overall health manpower development plan.
45. Teacher training continues to be an activity through which necessary changes in the development of health manpower may be brought about. Workshops in educational methodology were held at national level in China and at intercountry level at the WHO Regional Teacher Training Centre in Sydney. Continued support was provided for the existing national teacher training centres in Malaysia, the Philippines, and the Republic of Korea.

46. During the Tenth Interregional Meeting of Directors and Representatives of Schools and Departments of Public Health and the Fifth Regional Meeting of Deans of Medical Schools, held in Manila in July and December 1983 respectively, the role of health training institutions in the implementation of primary health care policy as a way of achieving health for all by the year 2000 was discussed. It was recommended that such institutions should be more actively involved in community health activities, so as to ensure greater relevance in the training curricula, and should also participate in the formulation of health policies and programmes.

47. Cooperation in the establishment of new training institutions, including a new medical school in Zamboanga, Philippines, and in the reorientation of existing ones is continuing, based on the principles of a community-based approach, task-oriented curriculum and student-centred learning.

48. In the field of nursing, teacher training and curriculum revision activities were carried out in four countries and areas of the South Pacific. In Malaysia, an assessment was conducted of the contribution of nursing education to the development of the health system through primary health care.

PUBLIC INFORMATION AND EDUCATION FOR HEALTH

49. Shortage of trained manpower continued to be a major constraint on national health education programmes throughout the Region. Emphasis remained, therefore, on the training of peripheral health and allied workers in health education, the community approach and teamwork. The cooperation provided to Papua New Guinea and Singapore in organizing training workshops, and to the Philippines in training health education specialists are examples of the manpower training support provided to Member States throughout the Region.

50. An activity of major significance was the systematic integration of health education in the curricula of primary and secondary schools as well as teacher training institutions. A notable example of these regionwide activities was the support provided to China and the Republic of Korea. Behavioural research was supported in a number of countries to pinpoint human factors influencing health, community participation in health programmes and utilization of health services. Collaboration was extended to Viet Nam in developing health education and information policies and programmes.

51. Health education services in priority health programmes were strengthened in a number of countries or areas. In Singapore, the development of health education programmes emphasized cardiovascular diseases, diabetes, hypertension, and care of the aged. In Papua New Guinea health education in leprosy and tuberculosis control
was strengthened. As an important complement to these efforts, audiovisual facilities were provided to enhance educational and mass media support. Such facilities have recently been established or expanded in Kiribati, Lao People's Democratic Republic, Papua New Guinea, the Trust Territory of the Pacific Islands and Viet Nam.

52. The integration of public information and health education gained new momentum during the year. In Papua New Guinea, an integrated immunization and diarrhoeal disease information campaign included such items as educational materials, posters, radio spots, comic strips and calendars.

53. Public information support of technical programmes grew considerably. A "United Nations Hour" television programme on global immunization efforts was produced in the Philippines. Production of a WHO film on diarrhoeal diseases was supported and regional distribution of a water and sanitation film was arranged. Six local language versions of the primary health care film "The Pacific Way" were produced.

54. Activities to strengthen the partnership with major national and regional media groups were expanded. A major seminar of regional broadcasters and health officials was organized in cooperation with several other international organizations at the Asian Mass Communication Research and Information Centre in Singapore.

55. World Health Day activities included the production and distribution of a news media information kit, which received widespread coverage. A regional advertising campaign on children's health was simultaneously launched in cooperation with a large number of newspapers and magazines.

56. The journal Health and Development, was published regularly and continued to enjoy a good response from readers within and outside the Region.

RESEARCH PROMOTION AND DEVELOPMENT

57. The emphasis of this programme area was on strengthening national research capabilities, especially in developing Member States, and on fostering coordination mechanisms to relate research efforts to national health development. To facilitate, strengthen and coordinate research directed towards the main issues identified in national health-for-all strategies, health authorities are being encouraged to establish health research councils or analogous bodies. Interaction between the health research councils of different countries has also been encouraged as an important aspect of technical cooperation in health research.

58. Within the Region, research capability was also enhanced by drawing upon both global and regional resources to support institutes engaged in tropical diseases research in China, Malaysia, the Philippines and Viet Nam. Support was directed towards research in human reproduction and family planning in China, the Philippines, the Republic of Korea and Singapore.

59. Priority areas for research in the Region were reviewed and endorsed by WPACMR at its seventh session in 1982. Since then WHO has stimulated research activities in these priority areas in a phased manner. Regional resources have been drawn upon to support activities in the following fields: acute respiratory infections in
China, Malaysia, Papua New Guinea and the Philippines; hepatitis B in China, the Philippines and the Republic of Korea; haemorrhagic fever in Malaysia and the Republic of Korea; filariasis in Fiji and Samoa; schistosomiasis in the Philippines; health systems research in Malaysia, the Philippines and the Republic of Korea. Joint funding with global resources was directed towards a number of research projects in diarrhoeal diseases.

GENERAL HEALTH PROTECTION AND PROMOTION

Nutrition

60. Efforts continued to be directed towards nutrition surveillance development and formulation of nutrition policies and programmes in different countries. A noteworthy achievement was the completion of a nationwide nutrition survey and the development of national growth standards in Malaysia.

61. Similar efforts are being encouraged in countries of the South Pacific and in Viet Nam. National workshops in Tonga, Vanuatu and Viet Nam emphasized nutrition surveillance as well as infant and young child nutrition.

62. Breast-feeding practices are being promoted in most countries of the Region through activities in such areas as education, training and legislation. Studies on infant and young child nutrition have been supported in China, Papua New Guinea and the Republic of Korea. The nutrition component of urban primary health care is being developed in the Philippines.

Oral health

63. Countries are being encouraged to give more emphasis to preventive programmes and to adopt the primary health care approach.

64. A regional workshop on dental epidemiology was held in Suva in December 1983 for eleven countries and areas in preparation for the national dental surveys to be conducted in 1984. These surveys will provide epidemiological data for programme planning, which will serve as baseline data for future programme evaluation.

65. WHO provided technical inputs to national workshops in Samoa for school teachers on their role in promoting oral health of children, and in Papua New Guinea, for dental therapists on the primary health care approach to the delivery of dental services.

66. Cooperation was extended to Malaysia, in water fluoridation and programme evaluation; to China, in genetics in relation to oral diseases and abnormalities; and to the Trust Territory of the Pacific Islands, in training in dental equipment maintenance and repair.

67. The WHO Collaborating Centre for Research on Dental Caries and Periodontal Disease in New Zealand is continuing its efforts to collect epidemiological data on periodontal disease in countries of the Region.
Accident prevention

68. Both in the developed and developing countries, accidents have become a major social and health hazard, particularly to children and adolescents, calling for urgent action at national and international levels.

69. An international symposium on accident prevention in childhood was convened in Manila in November 1983 in collaboration with the International Paediatric Association and the International Children's Centre. Twenty-six outstanding international experts attended this forum to discuss future collaborative action to promote awareness and understanding of this important topic, which has received insufficient recognition in the past.

PROTECTION AND PROMOTION OF THE HEALTH OF SPECIFIC POPULATION GROUPS

Maternal and child health, including family planning

70. WHO continued to collaborate with nineteen countries or areas of the Region in strengthening national maternal and child health/family planning programmes. Activities were directed towards improving the coverage and effectiveness of maternal and child health care, strengthening health manpower capabilities, developing health indicators and health information systems, promoting biomedical and health systems research, and using the risk approach as a managerial tool to identify the priority health needs of mothers and children, particularly during the perinatal period.

71. In these efforts WHO acted as executing agency for UNFPA and also collaborated with UNICEF in promoting maternal and child health/family planning activities in Member States. Tripartite project reviews and basic needs assessment and programme formulation missions were organized in ten countries of the Region to review the progress of maternal and child health/family planning programmes, identify areas for further support and formulate country projects.

72. An international consultation and national seminar on perinatal surveillance were held in Beijing in October 1983 to review experiences in perinatal surveillance and care in developed countries which could be useful and applicable to developing countries.

73. A regional workshop on maternal and child health/family planning indicators was held in Fiji in January 1984 to strengthen national capabilities in identifying priority family health problems and in developing research protocols.

Workers' health

74. WHO cooperated in the field of occupational health in a number of countries. In China, increasing concern was voiced about the physical and toxic environmental hazards of industry. A training course on noise pollution and vibration and a national workshop on pesticide toxicity and its control measures were held in August and November 1983 respectively. The Institute of Health, Chinese Academy of Medical Sciences, Beijing, was designated as a WHO Collaborating Centre for Occupational Health and further strengthened through the provision of much needed equipment.
75. Collaboration continued with Malaysia in the further development of its occupational health programme through the provision of supplies and equipment. In the Philippines, cooperation was extended in relation to a health survey of selected industries. Support continued to be provided to Singapore in the development of a National Institute of Occupational Health.

Health of the elderly

76. With the increase in life expectancy in many countries of the Region, a growing need is felt to develop policies and strategies for the care of this population group. Following the preparations undertaken in 1983, surveys were started in early 1984 on health and social aspects of the elderly in Fiji, Malaysia, the Philippines and the Republic of Korea. After an analysis, preliminary results will be available for discussion at an intercountry workshop planned in October 1984; these are expected to facilitate the formulation of guidelines for national planning purposes.

PROTECTION AND PROMOTION OF MENTAL HEALTH

Psychosocial factors in the promotion of health and human development

77. This programme is still in an early stage. With a view to stimulating research activities in this field, studies have been initiated in the areas of housing environment, family function and child mental health in China and Singapore.

Prevention and control of alcohol and drug abuse

78. A working group on the prevention and control of drug dependence met in Manila in 1983 to review the current situation and make recommendations on ways and means of improving the exchange of information and experience in drug abuse control among experts in countries of the Region. A regional workshop on alcohol-related problems was also convened at which a practical framework for the design, implementation and evaluation of alcohol prevention programmes as an integral part of the health-for-all strategy was prepared.

Prevention and treatment of mental and neurological disorders

79. WHO collaborated in the development of community-oriented mental health services in China, Lao People's Democratic Republic, Papua New Guinea, and Viet Nam through consultancy services and provision of necessary supplies and equipment.

80. The Second Regional Coordinating Group on the Mental Health Programme met in Manila in October 1983 to review, among other things, mental health problems in countries of the Region, and in particular emerging psychosocial problems in developing countries, with particular emphasis on priority needs and areas for WHO technical cooperation in mental health and the development of collaboration in mental health programmes at regional and national levels.

81. A national training course on the epidemiology of cerebrovascular disorders was organized in Shanghai, China, in September 1983.
PROMOTION OF ENVIRONMENTAL HEALTH

82. At the present stage of the International Drinking-Water Supply and Sanitation Decade, efforts have been directed towards the provision of cooperation in the fields of national programming and planning and human resources development, which have been identified as areas requiring further development. In China, as a follow up to the early 1983 workshop on drinking-water supply and sanitation, WHO cooperated in preparing feasibility studies for international loans and in training in rural water supply engineering. Programme development in Viet Nam was supported through a WHO-sponsored national workshop on the planning of water supply and sanitation programmes, which emphasized linkages with the communicable diseases control programme.

83. In the important area of human resources development, WHO cooperated in a number of training activities, namely: the initiation of training for the first batch of rural water supply and sanitation technicians at the Ministry of Health Training Centre in Lao People's Democratic Republic; the training of assistant health inspectors in Samoa; and the programme for the training of sanitary inspectors in the Philippines. In several South Pacific countries or areas, workshops on ferro-cement technology for the construction of water storage and sanitation facilities were conducted to train local staff in this low-cost technology. WHO also provided support in the South Pacific for the training of maintenance and operational personnel in water supply and sanitation. In Malaysia and the Philippines, workshops were held on the monitoring, surveillance and control of drinking-water supply systems. A regional workshop on leak detection and control was held in Singapore.

84. The control of environmental pollution continued to be an area of concern. Technical support was provided by the Western Pacific Regional Centre for the Promotion of Environmental Planning and Applied Studies (PEPAS), Kuala Lumpur, particularly with respect to programme promotion, strengthening of institutional capabilities and development of legislative support. PEPAS collaborated with a number of countries in environmental management and pollution control, namely: China, in nightsoil treatment and disposal; Malaysia, in pollution monitoring and management of inland and coastal waters; the Philippines, in toxic and hazardous waste control; and the Republic of Korea, in nightsoil systems in small communities, solid waste management and environmental impact of land reclamation. WHO also provided cooperation to the Republic of Korea in air and water pollution control and training of environmental protection staff.

85. In activities for the development of the urban and rural environment, PEPAS supported national workshops in Malaysia on environmental impact assessment and in China on environmental health epidemiology and environmental planning. Cooperation was extended to the Philippines in impact assessment and health impact of housing.

86. In the area of food safety, the development of manpower resources in food sanitation was supported through the training of health inspectorate staff in China, Malaysia, the Republic of Korea, Singapore, and Viet Nam. The analytical capability of the food safety control laboratories in China, Malaysia and Viet Nam was further strengthened through the supply of laboratory equipment and the preparation of a laboratory analysis manual. Collaboration in the development of national food safety
legislation was extended to Palau, Trust Territory of the Pacific Islands. A national workshop on food safety laws was conducted in China in October 1983, focusing on the identification and resolution of problems arising from the implementation of the new Provisional Law on Food Sanitation, enacted in July 1983.

DIAGNOSTIC, THERAPEUTIC AND REHABILITATIVE TECHNOLOGY

Laboratory technology

87. During the 1983 cholera epidemic in Truk, Trust Territory of the Pacific Islands, WHO cooperated in improving the diagnostic capabilities of the local laboratory services. After the first outbreak, WHO staff participated in the evaluation of the cholera situation in the country.

88. Support was also provided to the laboratory services in the Trust Territory by a laboratory technologist consultant, who visited all central laboratories in the Trust Territory. WHO continued to collaborate in the training of laboratory staff. Eleven technicians from eight countries and areas attended a three-month course in Wellington in late 1983 on the laboratory diagnosis of diarrhoeal diseases and acute respiratory infections.

89. The joint Japan/WHO project in Tonga made further progress, culminating in the completion of the new Public Health Laboratory in Nuku'alofoa, which was inaugurated in February 1984.

90. WHO, in close cooperation with JICA, is providing continuing technical support to the laboratory, which will eventually become a subregional centre for the training of laboratory personnel and for activities focused on public health problems.

91. Support is being provided to Lao People's Democratic Republic in reorganizing and upgrading the laboratory services at all levels.

92. A meeting of the Scientific Group on the Control of Bacterial Resistance met in Manila in March 1984 to review and discuss aspects of bacterial resistance and recommend measures to improve the situation.

Radiological technology

93. Collaboration continued in an endeavour to further improve radiological services and radiation protection in view of the serious difficulties still being encountered in the provision of radiological imaging and therapy services, such as equipment and staff shortages and, occasionally, unsatisfactory image quality and maintenance of equipment.

94. Radiological equipment is now available which conforms to the WHO specifications of the basic radiological system. This system is intended to provide better radiodiagnostic support to primary health care in frontline hospitals and health centres. Following the recruitment of a technical officer (medical equipment), it is proposed to collaborate with Member States in diagnostic quality assurance and planned preventive maintenance of radiological apparatus. With the introduction of this service, an accompanying reduction of operational costs and an improvement in imaging can be expected.
95. Clinical trials of the basic radiological system commenced in the Philippines during the second quarter of 1984.

96. The postal dose intercomparison scheme continued and disclosed numerous instances of inaccurate dosage in both industrialized and developing countries. In each case, the relevant institution was given appropriate advice.

**Essential drugs and vaccines**

97. A scheme to modify the previously proposed South Pacific pharmaceutical service was agreed to and implemented in April 1984. The new scheme provides for the assignment of a WHO Pharmaceutical Officer to organize the joint purchasing of pharmaceuticals and medical supplies. The Pharmaceutical Officer will be based in Apia.

98. The Fourth Meeting on Technical Cooperation among ASEAN Countries in Pharmaceuticals was held in Singapore in August 1983. Significant progress was made during the year in all six activities of the programme, including the successful production of eight chemical reference standards, the organization of individual and group training courses on drug evaluation, drug supply and management, drug inspection, production and utilization of biological reference substances and advanced drug analytical procedures. Seminars and workshops were also held to promote technical cooperation in the production of reference substances, good manufacturing practices and the adoption of guidelines for drug evaluation for the ASEAN countries.

99. Activities aimed at the strengthening of national capabilities in drug management in China included organized lectures in drug toxicity, drug analysis techniques, and pharmacological procedures for the clinical and laboratory evaluation of drugs as well as organized study tours to Australia, Japan and some ASEAN countries on vaccine production and good manufacturing practices. These were followed by a technical visit by WHO staff and consultants, who conducted an extensive survey of areas for further cooperation in drug production and management.

**Drug and vaccine quality, safety and efficacy**

100. WHO cooperated with Member States in the quality control of vaccines through its collaborating centres. Collaborative activities included the potency testing of the pertussis component of adsorbed DPT vaccine at the Commonwealth Serum Laboratories, Melbourne, and the National Biological Standard Laboratories, Canberra, at the request of the Government of Singapore.

101. A follow-up visit was made to the Division of Biologicals of the Bureau of Research Laboratories at Alabang, Philippines, in December 1983 to review the activities of the laboratory in relation to its participation in the WHO certification scheme for the quality control of vaccines.

102. In collaboration with the State Drug Administration of China, a study tour consisting of directors of nine vaccine production laboratories in China and one representative from the Ministry of Public Health visited vaccine production laboratories in Australia and Japan in November/December 1983 to upgrade production and quality control techniques.
Traditional medicine

103. Following the meeting of the Working Group on the Standardization of Acupuncture Nomenclature, held in Manila in December 1982, a standard acupuncture nomenclature for 361 classical acupuncture points was published by WHO. With a view to further developing the standardization of acupuncture nomenclature for any new points, extraordinary points and points related to the micro-systems (e.g. auricular, scalp, etc.) in the manner used for the 361 classical acupuncture points, a regional consultation meeting on the standardization of acupuncture nomenclature was held in Tokyo in May 1984.

104. WHO has recognized the practice of traditional medicine as a significant resource of primary health care. A working group on the integration of traditional medicine in primary health care was convened in Manila in October 1983 with the aim of fostering a realistic approach to traditional medicine.

105. In China, WHO collaborated in the establishment of a research centre in traditional medicine and in the strengthening of the Central Laboratory of the Academy of Traditional Chinese Medicine with modern equipment and technology. Research institutes were further strengthened through the provision of much needed equipment.

Rehabilitation

106. Efforts in this programme area have been directed towards the development of community-based rehabilitation through primary health care, with increased emphasis on prevention of disability at all levels. A regional workshop was held in Manila in November 1983 to develop guidelines for the national planning of rehabilitation and disability prevention programmes. Another regional workshop on the training of community health and welfare workers was convened in Bacolod City, Philippines, in January 1984. Trainers of primary health care workers were further trained in community-based rehabilitation techniques.

107. The importance of community-based rehabilitation was further highlighted in a national workshop in China in September 1983, which provided an opportunity to present WHO's community-based approaches in rehabilitation to the participants.

108. In Lao People's Democratic Republic, collaboration continued in the strengthening of its rehabilitation programme. Support was provided to Malaysia for the promotion of community-based rehabilitation.

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109. A meeting of the WHO Global Advisory Group on the Expanded Programme on Immunization, held in Manila in November 1983, provided a good opportunity to review regional achievements. Coverage of the target population, comprising young children and pregnant women, has continued to increase since the programme is everywhere recognized as one of high priority; all national immunization programmes are now integrated in the general health services. Training, strengthening of logistical support and evaluation are the most important approaches to the development of programmes.

110. National immunization courses for middle-level health workers, often given in combination with diarrhoeal diseases control courses, were held in a number of countries or areas of the Region, using training material developed by WHO and subsequently adapted or translated where necessary. A new immunization course for peripheral health workers, prepared in simple language and readily adaptable to local conditions, was developed by WHO and well received by all countries. Senior health officials are still being trained in interregional courses on the planning and management of the national immunization programme. Workshops for cold chain maintenance and repair technicians were held in China, the Philippines and Viet Nam.

111. Support was provided for the development of health education material in Papua New Guinea and Viet Nam.

112. National reviews, including extensive coverage surveys, were conducted in Fiji and Papua New Guinea; recommendations were made and post-review meetings held to discuss the necessary steps to implement these recommendations.

113. WHO continued to cooperate closely with vaccine-producing and vaccine-importing countries concerning quality control issues. Research also continued on cold chain equipment. The health information system for the expanded programme on immunization continued to increase its coverage.

Disease vector control

114. Important diseases transmitted by insect vectors of the Region are dengue fever/dengue haemorrhagic fever, Japanese encephalitis, epidemic polyarthritis, bancroftian and brugian filariasis, malaria and, to a lesser extent, scrub typhus and plague. Improved strategies for controlling mosquitoes, mites, fleas and rodents responsible for transmission of these diseases are being evolved in a number of countries or areas. National workshops were held in China, Cook Islands, Guam, and Malaysia. A long-term project on preparedness against outbreaks of arboviral diseases in the South Pacific was further developed.

115. Increased attention has been given to the health implications of international travel and to the implementation of improved control measures at airports and seaports to prevent the spread of insects and rodents. Airport vector control was a major topic at a national workshop held in China; control measures for rodents on vessels and in port areas were upgraded in Viet Nam; and a new project was implemented on surveillance of mosquitoes and rodents in airports and seaports in the Philippines.
116. Satisfactory control of brugian filariasis and malaria vectors in many rural areas has been hampered by operational problems and dispersed or inaccessible breeding sites. Several countries experiencing difficulties in controlling malaria vectors with DDT indoor sprays are trying alternative measures, including trials with mosquito nets impregnated with residual pyrethroid insecticides.

Malaria

117. Serious control difficulties were experienced during the year in Papua New Guinea, Solomon Islands and Vanuatu. WHO cooperated in an assessment of the situation and in the planning and implementation of countermeasures.

118. Though a relatively high incidence continues to be reported, no significant change was observed in countries of the Indochinese Peninsula and the Philippines. In China, steady progress was being made in malaria control. Malaysia (Peninsular Malaysia and State of Sarawak) continued to make progress towards malaria eradication.

119. In view of past experiences with malaria control and the constraints encountered, efforts have been made to reorient programmes, using a primary health care approach providing for community participation. A national workshop on malaria control based on primary health care was held in Papua New Guinea in September 1983.

120. The resistance of P. falciparum to the 4-aminoquinolines now occurs in all countries with endemic malaria, though the level of resistance and geographical distribution vary. The diminished efficacy of the alternative regimen, sulfadoxine in combination with pyrimethamine, has also been reported from countries of the Indochinese Peninsula and Malaysia (State of Sabah). To meet the situation, monitoring of drug sensitivity and training in monitoring techniques were strengthened. Studies on alternative drugs are being carried out in the affected countries, in particular for treatment of clinically severe malaria cases.

121. Malaria training continued to receive priority. The project on malaria training in Madang, for Papua New Guinea, Solomon Islands and Vanuatu, continued to contribute to the programmes of these countries. The WHO Regional Antimalaria Team and the WHO Secretariat for the Coordination of Malaria Training in Asia and the Pacific in Kuala Lumpur, supported these training programmes. Group educational activities on malaria were also conducted with WHO support in China and Viet Nam.

122. In the area of applied field research, the Special Programme for Research and Training in Tropical Diseases supported some 45 malaria research projects in the Region in studies pertaining to chemotherapy, epidemiology and immunology, as well as the development of new antimalarial drugs.

Parasitic diseases

123. In the field of schistosomiasis control, a workshop on the epidemiology and management of parasitic diseases control was held in Shanghai, China, in November 1983 to update participants on new concepts in epidemiology and management methods for the control of schistosomiasis. Plans for control were formulated in the light
of this new information. Another national workshop on planning for integrated schistosomiasis control and research through the primary health care approach was conducted in Leyte, Philippines, in December 1983.

124. For the control of lymphatic filariasis, mass drug administration using a single dose of diethylcarbamazine at a dosage of 6 mg/kg body weight per annum was applied in endemic countries or areas of the Region, notably in Malaysia, Samoa, the Trust Territory of the Pacific Islands, Viet Nam and other island countries of the South Pacific.

125. Early in 1983, two pilot demonstration areas for the control of paragonimiasis and clonorchiasis were established in the Republic of Korea with WHO support. These projects, which are based primarily on chemotherapy using the drug praziquantel, will be carried out for two years before a final evaluation is made.

126. A parasitological team assessed the seriousness of intestinal helminthic and protozoal infection in Kiribati, Papua New Guinea, Samoa and Vanuatu, and observed that soil-transmitted helminths, in particular hookworm, ascaris and trichuris, are widespread, causing serious infections in both urban and rural communities.

Diarrhoeal diseases

127. Utilization of oral rehydration therapy is gaining wider acceptance. The programme received strong support from paediatricians attending the XVIIth Congress of the International Paediatric Association in Manila in October 1983. Reports from China, the Philippines and Viet Nam confirm its significant role in reducing hospital admissions as well as the consumption of intravenous rehydration therapy.

128. Measurement of the impact of the therapy in terms of mortality reduction is more difficult. Attempts are being made first to obtain baseline data on diarrhoeal disease morbidity and mortality through random community-based surveys. These have been carried out in China, Fiji, the Philippines and Viet Nam.

129. Training activities were aimed principally at national and middle-level managers. A training course on diarrhoeal disease control was designed for peripheral health workers. The course, based on a set of modules, was widely distributed in the Region and is being adapted and translated, where necessary, into the local language.

130. Implementation of diarrhoeal disease research progressed at a slower pace than that of other programme components. An intercountry meeting was held in Shanghai, China, in June 1984 to enable researchers from a number of countries to exchange views on various technical issues related to diarrhoeal disease control research and to prepare study protocols to be submitted to WHO for funding.

Acute respiratory infections

131. The network of projects on acute respiratory infections in the Region was strengthened by the establishment of two new projects in Malaysia and in Bohol Province, Philippines, and by the launching of a project in Viet Nam. A total of six projects are now in operation in five countries.
132. Standardization of research methodology and techniques was greatly facilitated by the preparation and distribution of a document entitled "Guidelines for Acute Respiratory Infections Research and Programme Development" and by the preparation of a manual on laboratory techniques for bacterial acute respiratory infections, which will be distributed shortly. Standardization was further strengthened through the holding of a workshop for acute respiratory infections laboratory researchers and the establishment of a laboratory proficiency testing programme.

133. A prototype acute respiratory infections intervention programme at the community level was developed, and a manual for use in the training of peripheral health workers was drafted. A plan of work was drawn up for the implementation of this prototype programme and preparations were made to collect baseline data which will permit evaluation of the impact of the intervention.

**Tuberculosis**

134. Analysis and interpretation of the findings of the first national prevalence survey in the Philippines, which ended in 1983, were completed in April 1984. The survey findings will contribute to the further development and improvement of the national control programme.

135. BCG vaccination is once more gaining acceptance in parts of the Trust Territory of the Pacific Islands after an interruption of twenty years. Prevalence surveys of tuberculosis infection among children have been conducted in the majority of states or islands in the last two years.

136. As a follow-up to the epidemiological surveillance of tuberculosis, a second national random sample survey in China was started in the second quarter of 1984.

**Leprosy**

137. Collaboration was extended to almost all countries in the Region in implementing the WHO-recommended multidrug therapy for the treatment and control of leprosy. Countries or areas of the South Pacific, including American Samoa, the Federated States of Micronesia, particularly Truk and Ponape, Fiji, Kiribati, Solomon Islands, Tonga and Vanuatu are now committed to the use of this therapy. Multidrug therapy is also being used in the leprosy programme in China and Viet Nam.

138. Feasibility studies to introduce multidrug therapy were started in Papua New Guinea and the Philippines.

139. A workshop on laboratory techniques for leprosy control was held in Shanghai, China, in March 1984, to familiarize senior medical and technical personnel with recent laboratory techniques.

**Other communicable disease prevention and control activities**

**Hepatitis**

140. As a follow-up of the Scientific Group on Viral Hepatitis B and its Related Liver Diseases, held in Nagasaki, Japan, in September/October 1982, a first meeting of the Task Force on Hepatitis B was convened in Manila in November 1983. The meeting
reviewed and discussed the prevalence of hepatitis B virus, particularly with respect to perinatal infection, its sequelae and prevention, and noted the progress made in the development of vaccines and production of diagnostic reagents. The Task Force recommended further collaboration in the development of diagnostic reagents and vaccine production and in the training of scientists and technicians needed for the programme.

141. Technical cooperation was extended to China, Malaysia, the Philippines and the Republic of Korea, primarily to stimulate the production of diagnostic reagents and of plasma-derived hepatitis B vaccine and new hepatitis B vaccine, using the recombinant DNA technique. WHO also collaborated in the epidemiological surveillance of hepatitis in nine countries or areas.

Viral haemorrhagic fevers

142. Cooperation was extended to Malaysia in the study of rapid diagnostic methods for dengue virus infection. A rapid method for the isolation of dengue virus, by intra-cerebral inoculation of the mosquito, was developed.

143. Technical collaboration was extended to China, Japan and the Republic of Korea for epidemiological and virological studies on Hantaan virus, the causative agent of haemorrhagic fever with renal syndrome. Progress in the immunological and pathogenic characterization of Hantaan virus and Hantaan-like virus strains is being made in these three countries. Epidemiological studies on Hantaan virus were also supported in Fiji, Malaysia and the Philippines.

144. A meeting of the Working Group on the Prevention and Control of Japanese Encephalitis was held in Tokyo in December 1983, to study the epidemiology of the disease and the efficacy of existing monovalent killed vaccine. The Working Group reviewed progress in the development of bivalent killed vaccine and in research on the development of a subunit vaccine for Japanese encephalitis.

Blindness

145. The main emphasis of WHO collaboration in the prevention of blindness has been on the delivery of primary eye care as a part of primary health care. In this respect, WHO collaborated in the design of a survey for the prevention of blindness in the context of urban primary health care in Manila. In Lao People's Democratic Republic, following a tripartite review by the Government, UNICEF and WHO, a programme on blindness prevention was designed for implementation in selected districts. Technical collaboration will be provided to this programme, which will utilize resources being developed for maternal and child health and primary health care.

146. National programmes were initiated in Fiji, Vanuatu and Viet Nam. The pilot project in Jouai Rou County near Beijing was further extended to more brigades where local health personnel are being trained in the diagnosis and treatment of eye diseases. In the field of training, WHO collaborated in a national training course on public health ophthalmology in Beijing, a training course on primary eye care in Vanuatu, and a national seminar on prevention of blindness in Fiji. Supplies and equipment for standard eye care and cataract surgery were provided to Viet Nam, while educational materials were supplied to South Pacific countries for the training of health workers at village level.
Cancer

147. Collaboration was extended to China and Papua New Guinea in assessing the status of cancer control; to the Philippines, in setting up a hospital-based national cancer registry; and to Fiji, in carrying out a feasibility study on the establishment of a radiotherapy centre for cancer patients. A third national training course on cancer cytology was held in the Republic of Korea in late 1983.

Cardiovascular and metabolic diseases

148. A joint WHO/SPC mission visited Cook Islands, Fiji and Kiribati to assess the possibilities of strengthening noncommunicable disease prevention and control programmes in the South Pacific. Cooperation is also being extended to Tonga in the development of a noncommunicable disease control programme.

149. Pilot projects on comprehensive community cardiovascular disease control programmes are now in operation in China and the Philippines. To further strengthen these projects, cooperation was extended to China for a national workshop on the epidemiology of cardiovascular diseases, and to the Philippines in relation to a training programme for trainers in the cardiovascular disease control programme.

150. In the area of diabetes control, WHO provided supplies and equipment for the National Diabetes Centre, Suva, which is being established to provide training for health personnel as well as public education in diabetes mellitus.

HEALTH INFORMATION SUPPORT

151. An in-depth technical study to review biomedical information needs and resources as well as the relevance and applicability of existing and emerging information processing and communication technology was initiated in 1983.

152. Information for this study was obtained from countries or areas in the Region through a questionnaire, and a framework for the development of a regional biomedical information network was outlined. The study team met in Singapore in February 1984 and identified as a priority activity the formulation of national policies and plans for a biomedical information system to serve all user groups, particularly the health administration and planners. The study team recognized the desirability of establishing an efficient regional telecommunication network to facilitate the exchange of health and biomedical information, but emphasized the need to develop and strengthen, first of all, the national networks before any efforts were made to establish the regional network.

153. The Memorandum of Understanding signed between the Government of Australia and WHO concerning MEDLARS searches and photocopies to be provided initially for two years by the National Library of Australia and the Department of Health to developing countries of the Region was extended for a further period of two years from April 1984.
SUPPORT SERVICES

154. Senior staff of the Support Programme visited the offices of WHO Programme Coordinators to assist them in various aspects of administration and to familiarize themselves with country-level conditions.

155. An accelerated energy and water conservation programme in the Regional Office resulted in an annual estimated savings of 15% on electricity and water costs. Other cost control activities are being pursued.

156. The Support Programme closely assisted programme delivery by keeping programme management appraised of the budget implementation and status of each programme, particularly country activities.

157. Supplies and equipment costing over US$10,000,000 were procured during the period, including direct purchases from various countries in the Region amounting to US$1,300,000. The Regional Office also procured supplies and equipment on behalf of Member States in the Region amounting to US$240,000.

EXTERNAL COORDINATION FOR HEALTH AND SOCIAL DEVELOPMENT

158. Cooperative activities with other agencies within the United Nations system continued, with particular emphasis on joint action to support health as an integral part of development. Efforts were focused on developing intersectoral action in support of strategies for health for all and ensuring the contribution of the latter to socioeconomic development. Collaboration was strengthened through periodic consultations between UNICEF East Asia and Pakistan Regional Office and the WHO Regional Office for the Western Pacific to review the priorities of both organizations and to identify areas of common interest in support of primary health care.

159. An intergovernmental meeting on health and development was held in Bangkok in June 1983 under the joint sponsorship of ESCAP, UNICEF and WHO.

160. The Organization succeeded in substantially increasing its participation in the use of UNDP funds for regional programmes and supported a number of countries in the formulation of projects for UNDP funding.

161. WHO also participated in the UNFPA basic needs assessment missions and other missions on project formulation, and continued to execute family planning projects in countries of the Region.

162. Technical cooperation was provided in relation to the health aspects of World Food Programme-supported projects in Malaysia, the Philippines, the Republic of Korea and Viet Nam. Cooperation was also extended to China, the Philippines and the Republic of Korea in the development of self-help rural water supply programmes.

163. WHO collaborated with FAO in the formulation of national food and nutrition policies in Fiji, as well as in the development of food standards in almost all countries or areas of the Region, in accordance with the recommendations of the Codex Alimentarius Commission. It also participated in a United Nations/FAO Food Programme pre-appraisal mission to China in February/March 1984.
164. Close collaboration with the World Bank continued with WHO participating in follow-up appraisal missions in China.

165. The implementation of projects funded by the Asian Development Bank in Papua New Guinea and Tonga received technical cooperation.

166. Joint activities conducted with the Australian Development Assistance Bureau included the production of a film on primary health care in the South Pacific, a workshop on primary health care in Papua New Guinea in 1983, and development of a project on the control of acute respiratory infections in the Philippines.

167. In the area of disaster relief operations, a regional workshop was conducted in Fiji in February 1984 to update countries on current developments in the management of relief operations.

168. The joint WHO-JICA project in Tonga on the development and strengthening of laboratory services became operational early in 1984.

169. An effort to stimulate the support of nongovernmental organizations to WHO activities within the Region was initiated and will be pursued. The experiences currently being documented in the Philippines and eventually in Malaysia will form part of a presentation for the Technical Discussions at the Thirty-eighth World Health Assembly.

170. WHO continued to receive contributions from donors such as the Danish International Development Agency, the Japan Shipbuilding Industry Foundation and the Government of the Netherlands.

REGIONAL COMMITTEE

171. The thirty-fourth session of the Regional Committee for the Western Pacific was held in Manila from 5 to 9 September 1983. Datuk (Dr) Abdul Khalid bin Sahan (Malaysia) was elected Chairman; Dr A.V.P. Ogatuti (Solomon Islands) Vice-Chairman; Dr E.H.A. Monteiro (Singapore) Rapporteur for the English language; and Dr José da Paz (Portugal) Rapporteur for the French language.

172. The Committee nominated Dr Hiroshi Nakajima as Regional Director for the Western Pacific for a further period of five years from 1 July 1984.

173. The Committee observed that the Regional Director's report on the work of WHO during the previous biennium, as compared with that prepared in 1979, the year after Alma-Ata, provided gratifying evidence of changed concepts and approaches towards the goal of health for all by the year 2000, which had been achieved through the determined efforts of Member States, both individually and collectively. The Committee for its part had played a leading role in those efforts, as well as a more intensified role in encouraging technical cooperation among developing countries.

174. The Committee heard the report of the Sub-Committee on the General Programme of Work on its visits to Fiji and the Republic of Korea in 1983 to review WHO cooperation in the field of nursing in the context of primary health care, as well as the preparation and role of nurses in those countries. In addition, it reviewed the report of the Sub-Committee on the monitoring of progress in implementing the
strategies for health for all, which had been the first exercise of its kind since countries had started to formulate and implement their health-for-all strategies. Recognizing the magnitude of the tasks still to be undertaken in order to improve social justice in health, the Committee urged Member States inter alia to further develop and improve their monitoring and evaluation system, and to undertake appropriate corrective measures for the implementation of health-for-all strategies. The Committee, in noting the views expressed by the Sub-Committee and representatives, also requested the Regional Director to review the relevance of the global and regional indicators as well as the questions posed to Member States as a basis for reporting and to modify them where necessary.

175. The Committee also reviewed the report of the Sub-Committee on Technical Cooperation among Developing Countries, which had met in June 1983 to consider a report on a country visit to the Philippines in March 1983, and to make recommendations on the technical cooperation aspects of health services research on acute respiratory infections and cardiovascular diseases.

176. Resolutions were adopted on a number of topics of public health significance in the Region, in particular in the following areas: International Drinking-Water Supply and Sanitation Decade, urging Member States to update their policies and revise existing plans and programmes relating to the Decade; oral health, urging countries to introduce or intensify preventive programmes through fluoridation or other means; acute respiratory diseases, recommending the adoption of various measures to strengthen control programmes; prevention and control of cardiovascular diseases; malaria, recommending measures to strengthen control programmes with emphasis on primary health care; infant and young child nutrition, including adoption of suitable measures to give effect to the International Code of Marketing of Breast-milk Substitutes; chemotherapy of leprosy, urging implementation of the multidrug regimens as recommended by the WHO Study Group on Chemotherapy of Leprosy for Control Programmes; and control of insect and rodent vectors in international air and sea travel, recommending the carrying out of regular vector surveys and strengthening of rodent and vector control measures at international airports and seaports.