

SUMMARY RECORD OF THE SECOND MEETING

WHO Conference Hall
Tuesday, 1 September 1970 at 2.30 p.m.

CHAIRMAN: Dr K. Abhay (Laos)

CONTENTS

	<u>page</u>
1 Acknowledgement by the Chairman of brief reports received from governments on the progress of their health activities (continued)	82
2 Report of the Regional Director	82

Second MeetingTuesday, 1 September 1970 at 2.30 p.m.

PRESENT

I. Representatives of Member States

AUSTRALIA	Dr H.M. Franklands Dr D. De Souza Dr L. Rovin Mr K. Adair
CAMBODIA	Dr Pruoch Vann
CHINA	Dr C.K. Chang Dr K.P. Chen
FRANCE	Médecin-Général J. Rondet Dr A. Cheval
JAPAN	Dr T. Takizawa Mr K. Watanabe
LAOS	Dr Khamphai Abhay Dr Phouy Phoutthasak Dr Tiao Jaisvasd Visouthiphongs
MALAYSIA	Dato (Dr) Haji Abdul Majid bin Ismail Dr Chong Chun Hian Dr Abdul Khalid bin Sahan
NEW ZEALAND	Dr C.N.D. Taylor
PHILIPPINES	Dr J. Azurin Dr G. Balbin Dr T.A. Gomez Dr A.N. Acosta
PORTUGAL	Dr Diego Hora Silva Ferreira
REPUBLIC OF KOREA	Dr M.H. Lee Dr C.D. Min
SINGAPORE	Dr Koh Thong Sam
UNITED KINGDOM	Dr G.H. Choa Dr K.L. Thong

UNITED STATES OF AMERICA

Dr M. Beaubien
Dr J.K. Shafer
Dr L.J. Florio
Colonel R.T. Jensen

VIET-NAM

Dr Nguyen Dang Que
Dr Nguyen Tuan Phong

WESTERN SAMOA

Honourable Fuimaono Moasope

II. Representatives of other intergovernmental organizations

SOUTH PACIFIC COMMISSION

Médecin-Général J. Rondet

III. Representatives of non-governmental organizationsINTERNATIONAL DENTAL
FEDERATION

Dr F.G. Rojas

INTERNATIONAL HOSPITAL
FEDERATION

Dr E. Congco

MEDICAL WOMEN'S
INTERNATIONAL ASSOCIATION

Dr I.Y. Zalamea

INTERNATIONAL COMMITTEE
OF CATHOLIC NURSES

Mrs M.R. Ordoñez

INTERNATIONAL COUNCIL
OF NURSES

Dr A.M. Maglacas

INTERNATIONAL PLANNED
PARENTHOOD FEDERATION

Dr E.I. de Castro

LEAGUE OF RED CROSS
SOCIETIES

Mrs G.B. Senador

IV. WHO Secretariat

DIRECTOR-GENERAL

Dr M.G. Candau

SECRETARY

Dr Francisco J. Dy
Regional Director

- 1 ACKNOWLEDGEMENT BY THE CHAIRMAN OF BRIEF REPORTS RECEIVED FROM GOVERNMENTS ON THE PROGRESS OF THEIR HEALTH ACTIVITIES: Item 9 of the Agenda (continued from the first meeting, section 11)

The CHAIRMAN acknowledged reports on the progress of health activities which had just been received from Malaysia (in English) and from Viet-Nam (in French). (For further reports acknowledged, see the third meeting, section 2.)

- 2 REPORT OF THE REGIONAL DIRECTOR: Item 11 of the Agenda (Document WPR/RC21/4)

In introducing the Annual Report, the REGIONAL DIRECTOR drew attention to the following major developments during the period under review:

1. The continuation of the health practice studies in Malaysia, the first results of which were expected to be utilized in 1971, and the start of a similar study in the Philippines which seeks to relate the delivery of health services to the public demand for health care as an initial step towards formulating an adequate community health programme.
2. In those countries which had adopted master plans of operation, which took into consideration the priorities, felt needs and financial or administrative ability of the country concerned, the integration of preventive and curative services at the local level had made progress.
3. The importance of strong basic health services in countries undertaking communicable disease programmes and the attempts being made to obtain a greater degree of co-operation between the malaria eradication programmes and the local health services.
4. The need to provide for the rapid, free and thorough treatment of venereal diseases and to promote adequate legislation and reporting in this field.
5. The growing acceptance of the concept of global surveillance of communicable diseases of international importance and national

surveillance for those of local importance, although there was still a tendency in many countries to rely on quarantine rather than on good epidemiological services.

6. The attention being given to the preparation of long-term programmes for the organization and development of laboratory services at each level of the health administration, the improvement of laboratory methods for diagnosis and control, the production of biological substances and laboratory reagents, and to basic, refresher and advanced training for laboratory personnel. It was hoped, as a result of the attention being given to this field, that national laboratories would be strengthened to the point where they could service epidemiological surveillance and assist the local health services in laboratory diagnosis.

7. The recognition by a number of governments of the need for medical insurance schemes which will probably result in national departments of health, welfare and labour making increasing calls on international agencies to undertake joint studies and provide advice in this field.

8. The problems related to pollution and the emphasis being placed by the Organization on the establishment of a regional programme for its prevention and control.

9. The publication of a regional manual with UNICEF assistance on the health aspects of food and nutrition, the demand for which had been so great that a second edition was now being prepared.

10. The start of two new activities of interest to the Region as a whole: (a) assistance to governments in drug quality control and the possible establishment of a regional centre for the training of drug inspectors and (b) co-operation with the International Atomic Energy Agency in the organization of a service which will permit institutions using cobalt-60 therapy to have their dosimeters checked and calibrated and the possible establishment of a secondary standard dosimetry centre in Singapore.

11. The need for a comprehensive and co-ordinated teacher training programme for medical personnel.

Referring to the immediate future, the Regional Director stated that activities would probably have the same priorities as in the past year. It was, however, hoped that the attention being focused by the Organization on the need to prevent and control environmental pollution and on the importance of organizing a comprehensive and co-ordinated teaching programme for health personnel would result in the inclusion of these activities in the regional programme. The establishment of a regional centre for training drug control inspectors would also mean an expansion of activities in this field.

The CHAIRMAN suggested that the Report be discussed chapter by chapter.

It was so agreed.

Introduction (pages vii-xii)

Médecin-Général RONDET (France) said that he had read the Report with great interest. The Introduction was in itself a summary of the contents: the presentation was very well done and the whole report was an honour to the Regional Director and his staff.

Part I, section 1.1: Epidemiological Surveillance and Quarantine (page 3)

Dr AZURIN (Philippines) noted that this was a new concept recently instituted by WHO which needed comment. Rigid quarantine measures had not been able to stop the spread of infection from country to country. For example, smallpox infection had repeatedly entered the United States of America, England and Europe, and cholera had spread from the Western Pacific to South-East Asia, the Middle East, the Near East, Africa, Russia and was still spreading. Probably one reason was the lack of epidemiological data. If this was accepted, epidemiological surveillance was required at both national and international levels and data must be disseminated to countries all over the world. It was not only

the stopping of infection that was involved but the removal of factors affecting its spread. Therefore, the removal of the sources of infection should be the goal: the improvement of sanitation in ports and airports, the elimination of the vectors of disease, the strengthening of national health services and the improvement of living conditions. Cholera had still entered the Philippines despite the rigid control measures carried out in ports and airports and advance warnings. Everything permissible under the International Health Regulations had been done, such as the elimination of the harbourage of rats for plague control, the trapping of rodents, flea index determination, periodic testing of the resistance of vector mosquitoes and fleas to insecticides, the elimination of the Aedes aegypti, supervision of port sanitation, immunization procedures, etc. These, however, were only a first line of defense and should not be an all-embracing answer to the spread of infection.

Section 1.2: Smallpox Eradication (page 3)

Dr PHOUTTHASAK (Laos) stated that his Government was now in the second year of its mass vaccination campaign which it had undertaken with the assistance of WHO. The reports needed by the Organization were being sent regularly. Dr Phouththasak thanked WHO, the Union of Soviet Socialist Republics and the Philippines for supplying his country with the equipment and freeze-dried vaccine required.

Section 1.7.1: Cholera (pages 10-11)

Dr AZURIN (Philippines) drew attention to the figures on page 11 which showed that eleven out of the sixteen Member countries of the Western Pacific Region were infected with cholera. This was quite a large number. The Philippines, Japan and WHO had undertaken research studies on certain aspects of the infection - i.e., vaccines, epidemiology and bacteriology of the disease, clinical management. The results had been published in the WHO Bulletin. A resumé of the studies made during the past six years by the Joint Committee had been prepared for the seminar on cholera which would be held next month. As it might

be of interest to the Committee, he would have copies distributed to representatives.

Referring to Dr Azurin's statement on the co-operative work being done by Japan, the Philippines and WHO, the DIRECTOR-GENERAL wished to place on record the Organization's thanks to both Governments for their assistance to WHO in solving a problem that was becoming more serious than had been predicted a few years ago. He was not so concerned about the cholera situation in the Western Pacific or in South-East Asia because he had the impression that this had improved. However, the world situation was becoming serious and the large number of cholera cases in the Eastern Mediterranean Region and in certain parts of West Africa where cholera had not occurred for many years was worrying the Organization. One of the difficulties had been mentioned by Dr Azurin and that was the lack of notification of the existence of the disease by some of the governments concerned. They had failed to honour the commitment they had made when they accepted the International Health Regulations. WHO was now placed in a situation where the existence of the disease was known but it was not possible to make this information public because some of the governments concerned had not officially notified its presence. In other cases, it had taken a long time for them to decide on this notification. The result was that WHO was finding it difficult to procure the quantity of cholera vaccine or drugs needed for the treatment of the disease. For instance, WHO had been informed that the total output of tetracycline of all the laboratories in Europe for the next six months had been sold out. The Organization was thus experiencing great difficulty in helping countries buy the drugs required.

Cholera had been in existence in certain countries for the last three or four months but notification of such cases had not been made. A few official notifications had been received; there was cholera in Libya, in Dubayy in Trucial Oman, in Israel, in the refugee camps in Lebanon. The list would however be longer if WHO could state what it knew to be their position.

The Director-General said that the situation had now come to a point where in the next forty-eight hours he would probably have to make a statement on the incidence of cholera in spite of the requirements of the International Health Regulations because WHO's responsibility was great, especially in countries where there were no medical services. Governments in the Western Pacific Region could help by contributing vaccines or by giving information on the availability of drugs needed for treatment.

The Director-General mentioned that the Executive Board had authorized the use of \$100 000 from its Special Fund for emergencies but this amount would not be sufficient to purchase the vaccines required. The situation would continue to be difficult unless the attitude of governments was changed and they were prepared to honour their commitments under the International Health Regulations.

Section 2: Malaria and Other Parasitic Diseases (pages 13-24)
Section 2.5.2: Filariasis (pages 25-26)

Dr FERREIRA (Portugal) congratulated the Regional Director on his comprehensive report. He then stated that in Timor malaria activities were approaching the pre-eradication stage. The filariasis epidemiological studies were being continued. Salt with diethylcarbamazine was being distributed to certain groups of the population. The parasites found in adults had shown that brugia in Timor was the same as that in Malaysia.

Section 3.2: Dental Health (pages 26-27)

Médecin-Général RONDET (France) stated that there was much optimism about the results of the inter-country dental health seminar to be held in Noumea in January 1971. In French Polynesia, Dr Barnaud, who was an authority on dental health, had set up a remarkable organization, which included research on investigation techniques and the collection of data and their processing. For the first time in the Pacific, and perhaps anywhere, the results of examinations of

schoolchildren of whom a new class is seen every year, have been processed by computer. It was too early to derive any conclusions at this stage but the results already achieved would be of interest to the next seminar on dental health.

Section 4: Pharmacology and Toxicology (page 28)

Dr FERREIRA (Portugal) enquired about the regional seminar on quality control of pharmaceutical substances held in May 1970 and the possibility of obtaining WHO assistance in this field. Furthermore, since there was a Social Recuperation Centre for addicts in Macao, he would like to make an appeal for assistance in evaluating the methods being used for the treatment and rehabilitation of such patients based on the results of the studies undertaken in Hong Kong.

The REGIONAL DIRECTOR stated that the report of the seminar had just been distributed and spare copies were available in the office. He would be glad to give a copy to the Representative of Portugal and any other representatives who were interested. As he had mentioned earlier in his introductory remarks, arrangements were being made to set up a centre for the training of drug inspectors; this would be done with the assistance of Malaysia.

Section 5.1: Environmental Health (pages 29-32)

Dr AZURIN (Philippines) informed the Committee of an assessment being undertaken by the joint Philippines/Japan/WHO cholera research project on the effectiveness of environmental sanitary measures. As far as communicable diseases were concerned, the two most important sanitary measures were water and excreta disposal. Yet in spite of much discussion over a number of years it was not known how effective they would be in terms of the percentage of or actual elimination of the infection desired to be controlled. Four communities with a comparable population, socio-economy, location and other factors, had been chosen to assess these measures. One community was provided

toilets alone without health education, immunization of the community or any other measures; one, potable water only; one, both potable water and toilets; the last had been used as control. The results after two years of observation using cholera as an index or as an evaluator were as follows. In the community where toilets alone were provided, the decrease in cholera incidence had been 61%; in the community given water only, the decrease had been 64%; in the community where both water and toilets were provided, the decrease had been as high as 71%. This study would be continued for one or two more seasons.

He suggested that there was possibly a better approach to the environmental health problem as far as a water system was concerned. This had always been advocated but the establishment of cost estimates for a system of this type for a community of 700 had shown that it was beyond the means of the Government. He considered that existing wells could be improved to make the water potable for the community. The estimated cost of a water sealed toilet was approximately 75 US cents. This could be the answer to the problem in terms of excreta disposal.

Section 7.1: Medical Education (pages 54-56)

Dr CHEN (China) said that the Committee of Medical Education in Taiwan had been strengthened with assistance from the China Medical Board. A permanent secretary had been assigned to carry out a survey of the demand for and supply of health manpower. Next year, a WHO consultant would assist in setting up standards and modifying the curricula.

Section 7.4: Fellowships (pages 59-60)

Mr WATANABE (Japan) congratulated the Regional Director and his staff for having done such excellent work in the Region, and for producing such a very comprehensive report.

He then referred to the role played by WHO in broadening the experience of health personnel through its fellowship programme. Each year at the World Health Assembly the Director-General emphasized the need to train health personnel. Japan had benefited greatly from the WHO fellowship programme and for this his Government was very grateful. He wished, however, to indicate the problems which his Government had been facing in connexion with fellows coming to Japan.

Frequently fellows did not report to Japan on time, resulting in the cancellation of hotel accommodation and the study programme arranged for them. Such advanced arrangements were essential since it was unlikely that the fellows would understand Japanese. Owing to their own or their government's disinterest, 90% of them had shown they were not sufficiently familiar with WHO fellowship regulations. Often half a day was lost in giving them the necessary briefing. During longer programmes of three to six months' duration, many fellows expected to visit the whole of Japan. Frequently, despite indications on their application forms, fellows had a very inadequate knowledge of either English or Japanese. In such cases, the programme had to be cut short, which meant that the government sending those fellows had wasted its fellowship facilities. Sometimes the programme arranged for a fellow was found to be unsuitable because the information included in his application form had not been complete. The Japanese Ministry provided WHO with information concerning the training courses offered but individual fellows sometimes disapproved of taking such organized course arranged for them and the Ministry was not given sufficient time to alter the programme.

It was hoped that, in future, WHO would ensure that governments sending fellows to any country, not only Japan, would select them more carefully and brief them properly concerning WHO fellowship regulations. Governments of countries where there was a WHO Representative should contact him to make sure that he had given adequate guidance to their fellows before their departure to receiving countries. Representatives of Member States which received WHO-sponsored fellows

might hold a meeting to exchange experiences and consider what action should be taken to overcome the difficulties described earlier. However, the programme and budget approved for 1971 did not include provision for such a purpose; perhaps the Secretariat would comment on his suggestion.

The REGIONAL DIRECTOR expressed regret at the difficulties caused to the Japanese Ministry of Health by fellows who were either inadequately informed of WHO regulations or who deliberately infringed them for personal reasons. This he had discussed with the health authorities during his visit to Japan early in the year. If such an infringement did occur he would certainly take action and if the fellow concerned came from another Region, he would write to the Regional Director of that Region and ask him to intervene with the Government. But he could only act if he received information concerning specific cases. Given Japan's immense and growing technological progress, many fellows naturally desired to visit that country. As to the proposed meeting, he would be glad to make the facilities available for a special meeting outside the present session, or possibly the subject could be placed on the agenda of the next session.

Dr TAYLOR (New Zealand) concurred with the second suggestion, namely that the topic be included on the agenda of the twenty-second session.

Dr FRANKLANDS (Australia), after congratulating the Regional Director on his excellent report, supported the comments of the Representative of Japan which could equally well apply to fellows receiving training in Australia. It was for the country sending fellows to make sure that they had sufficient ability to absorb knowledge and take full advantage of the programme provided for them.

The REGIONAL DIRECTOR stated that a few years ago an inter-country meeting on the operation and evaluation of the WHO fellowship programme had been suggested for consideration of the Regional

Committee. This had not received sufficient support and had therefore been relegated to the List of Additional Projects. He would be glad to include the subject on the agenda of the next Regional Committee if the Committee so desired.

It was so agreed. (For consideration of draft resolution, see the fourth meeting, sections 1.2 and 9.1.)

Dr BEAUBIEN (United States of America) asked whether a questionnaire might be sent to Member governments, particularly those receiving participants, the replies to which would serve as a basis for an agenda item for the next session of the Regional Committee.

As there were no further comments on the Report of the Regional Director, the CHAIRMAN asked the Rapporteurs to prepare a suitable resolution for consideration of the Committee. (For consideration of draft resolution, see the third meeting, section 4.2.)

Dr AZURIN (Philippines) referred to the remarks made by the Director-General on the cholera situation and read a proposed resolution to the Committee. It was agreed that the draft resolution would be distributed to the Committee at its next meeting. (For consideration of draft resolution, see the third meeting, sections 4.1 and 7.1.)

The meeting rose at 4.35 p.m.