SUMMARY RECORD OF THE SEVENTH MEETING

Grand Ballroom I, Crown Princess Hotel, Kuala Lumpur
Thursday, 22 September 1994 at 1.30 p.m.

CHAIRMAN: Dr Abu Bakar (Malaysia)

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1. WHO RESPONSE TO GLOBAL CHANGE: REPORT OF THE SUB-COMMITTEE,
PART IV: Item 14 of the Agenda (Document WPR/RC45/11) (continued from the
sixth meeting)

Mr WAENA (Solomon Islands) fully supported the Sub-Committee’s recommendations 3, 4, 5 and 6. He appreciated the emphasis on ensuring that the Region’s representatives in WHO’s governing bodies were well briefed and able effectively to represent the interests of the Region at global level. Changing situations in the Region made it necessary regularly to evaluate and review the work of the Regional Committee. The Sub-Committee had tendered sound and far-sighted advice, reflected in recommendation 6. There was a need for regional leadership, with positive vision, especially under current circumstances.

Dr TAPA (Tonga), focusing on the recommendations of the Sub-Committee report, noted that the first one had already been implemented. Tonga supported the second recommendation, and had no objections to the third. In fact, in previous sessions, the practice had been that any member of the Executive Board from the Region would form part of the delegation of his or her Member State in order to provide information on discussions in the Executive Board. He asked whether the Regional Office would pay for attendance of the Board Members concerned at sessions of the Regional Committee if the Committee adopted the third recommendation.

With regard to the fourth recommendation, Tonga saw no reason to change the position it had adopted at the last session. It therefore strongly endorsed the view that the current procedures for selection of the Director-General and regional directors were appropriate to carry out the Organization’s mission. Nevertheless, he concurred that dialogue among Member States on the matter should continue. One reason for maintaining the current procedure was that it gave Member States the right to nominate a candidate, as laid down in Rule 51 of the Rules of Procedure. His Government was opposed to any move that would abrogate rights to a selection committee. Another reason was that unethical influences might cloud the judgement of a search committee.

The fifth recommendation was self-explanatory and supported. He fully supported the sixth recommendation. As a committee, the representatives should examine their own work, just as the governing bodies had done. He fully agreed with the views contained in Annex 1. He suggested that the Committee should endorse the views of its subcommittee and transmit the document to the Executive Board.
Dr BART (United States of America) noted that the Director-General in his address had already emphasized that the governing bodies were expecting information in 1995 on the progress towards reform in the regions. The reform process was to be taken seriously. Above all, the Regional Committee should not view the Executive Board’s recommendations on response to global change as the outcome of a play of interests. The Regional Committee had to contribute to sustaining the momentum of reform in order to maintain WHO’s viability. The Regional Director’s paper *New horizons in health* was a good example of the Region’s willingness and commitment to respond appropriately to global change. WHO’s management and processes also had to evolve in response to the increasingly complex demands placed on its leadership.

The United States believed that the original proposals by the Executive Board Working Group had been well founded, and, in general supported the reforms that had been outlined in the report on the WHO Response to Global Change. Those recommendations should be implemented as far as possible throughout WHO so that the Organization would be well prepared to tackle changing global concerns and able to maintain its leadership. However, the Sub-Committee’s report reflected to some extent views expressed during the last session of the Executive Board in January 1994 to the effect that changes in WHO’s methods of operation were unnecessary.

The report of the Sub-Committee was a rare and serious opportunity to stimulate greater effectiveness in WHO’s work, and it should not be lost. The fourth recommendation, however, strongly suggested that no changes were necessary. Nevertheless, he hoped that the procedure for selecting the Director-General and regional directors would be revised in order to incorporate the concept of a search committee. Thus, the regional committees would be presented with a set of choices, and small countries would not lose any of their prerogatives. The procedure should not be misinterpreted; it was in no way threatening; rather, it was intended to encourage the candidacies of well-qualified people and had been used successfully elsewhere within WHO.

Referring to Annex 1, he noted that the Executive Board Working Group’s recommendation 23 on delegation of authority between headquarters and regional offices had not been discussed in the Sub-Committee’s report. His delegation differed from the regional views on that matter. He cautioned against further delegation of authority or devolution of responsibility to regional offices until the terms of such delegation had been formally clarified.

He recommended that the Sub-Committee should complete its deliberations on the remaining recommendations of the Executive Board’s Working Group so that the Regional
Director could report back to the Director-General in time for the next session of the Executive Board. He further recommended consideration of a resolution commending the Regional Director’s visionary paper *New horizons in health* as part of the growing and evolving reform process, and an illustration of the transparent way in which the Region operated.

Dr ADAMS (Australia) stressed the importance of maintaining WHO’s relevance and momentum for reform. Change was always regarded as a threat to organizations, governments and individuals, so that an effort must be made to persuade all concerned that the reform in WHO was to be seen as bringing about a change for the better, strengthening its future role and developing effective strategies to address contemporary health and social needs at all levels. Thus - with the help of the document *New horizons in health* - the discussions must be kept alive and the movement forward must be given impetus, without fear of plain speaking. It was only natural that representatives should agree to differ on certain points.

With regard to the specific comments on recommendations in Annex 1 to the report of the Sub-Committee, the Sub-Committee was to be commended for doing a difficult job well. He agreed with the United States representative on the need for continued dialogue on recommendation 13 concerning nomination and terms of office of the Director-General and regional directors, and that further discussion on the possible value of using search committees or other mechanisms was warranted. The Regional Committee should give the Sub-Committee a further mandate to conduct more in-depth evaluations and report back to the forty-sixth session. Australia, while noting that current procedures for selection of the Director-General and regional directors were appropriate, questioned whether they were adequate; there should be continued discussion of that issue among Member States as recommended.

On recommendation 14 on the participation of Executive Board members in the work of WHO, he assured representatives that when Australia designated a person to serve on the Board in 1995, that person would look to Member States and the Regional Office to provide appropriate briefings, and Australia would welcome the participation of governments in the Region in that work.

On recommendation 22, given that there was already consensus at the forty-fourth session of the Committee on the issue of exploring more effective ways to use expert panels (including selection and designation) and collaborating centre staff, he suggested that the Committee nominate a small working party to carry out the review of regional practices of providing technical consultation and report back to the forty-sixth session of the Committee in September 1995.
On recommendation 23, Australia cautioned against further delegation of authority or devolution of responsibility to regional offices until there was formal clarification of the responsibilities and authority to be exercised. He urged that clear definitions of roles should be provided before any further devolution occurred.

On recommendation 25, Australia welcomed the evaluation of required qualifications of WHO Representatives and agreed that more use could be made of health professionals with other backgrounds. With the growing need in the Asia-Pacific region for health sector reform, the selection of WHO Representatives should place particular emphasis on management and administrative skills.

Mr LOVELACE (New Zealand) expressed appreciation for the work of the Sub-Committee and the Regional Office, particularly for the clear and helpful presentation of the information. New Zealand felt that WHO must be prepared to continuously reassess its position with respect to global change if it was to continue to plan its vital leadership role in the twenty-first century and not surrender that responsibility to other agencies.

WHO must move forward from an "epidemiological" approach to one that considered all aspects of health development, which was why the New horizons in health document was so important.

He agreed with the representatives of Australia and the United States regarding the responsibility and procedure for ensuring that progress on reform continued.

There should be a specific provision with a time-limit for the Sub-Committee to further consider the selection process, including an examination of the experience of the Regional Office for Europe.

The Regional Committee should continue to play its part in ensuring WHO's commitment to developing an effective response to global change.

Dr SUZUKI (Japan) commended the Sub-Committee on Programmes and Technical Cooperation for its report and recommendations.

With regard to organizing international workshops or other forums to achieve consensus on changes to the health-for-all strategy and other WHO priorities, the benefits of consensus must be weighed against the financial implications.
With regard to the issue of a Search Committee; even if a Search Committee was established, there would be no guarantee that the procedure could satisfy all interested parties, or that appropriate representation on such a committee could be ensured. The additional expenses involved in supporting such a procedure might not be justifiable.

It was not certain whether the proposed procedure would be better than the existing system; Japan did not recognize the necessity of changing it. The issue had been debated in the past and had not produced a clear conclusion. If there had been any problems with the existing system they would have been clearly identified. Before changing a system which had worked thus far, there must be a solid rationale for doing so, with the details of how the alternative would work and how much it would cost.

Japan endorsed the findings of the Sub-Committee.

Mr TUDREU (Fiji) expressed appreciation of the efforts of the Sub-Committee and the dedication to the mission of WHO in responding to global change. Island nations were well aware of the pressures of the modern world on health care management and were grateful for WHO's support. Fiji agreed with the recommendations on strengthening of the management system.

There must be full understanding of the advantages and disadvantages of the existing system for selection of senior officers and of alternatives before a decision could be reached. The selection procedure was a matter of collective responsibility. The current method of work was appropriate, but a search for alternatives should go on.

Meanwhile Fiji would continue with its tasks in cooperation with WHO, awaiting with interest the implementation at regional levels of the measures to realize the vision in the *New horizons in health.*

Mr SHIN (Republic of Korea) supported the Sub-Committee's findings, in particular as explained in section 3(4) of the document.

Dr ENOSA (Samoa) commended the Sub-Committee for the depth of its analysis and supported its findings. A combination of firmness and flexibility would be required in implementing measures in response to global change according to long-term procedures, without detracting from the efforts to maintain WHO's credibility.
On recommendation 25, the needs of individual countries with regard to WHO Representatives would have to be respected, and he felt that it was not fair to expect certain island nations to share a representative.

Dr MONTAVILLE (France) said that the work of the Sub-Committee was commendable. The response to global change was certainly the most important matter on the agenda and he welcomed the thorough debate. The right spirit had to be shown; it was not only a question of means; the aims and objectives had to be adopted wholeheartedly.

On the question of recommendation 13 and the nomination and terms of office of the Director-General and regional directors, it was not essential to foresee the overall direction to ensure its continuity. He felt the report did not sufficiently emphasize the challenges ahead, including the AIDS problem. France urged the practical application of the recommendations of the Executive Board Working Group. The dialogue must be kept open regarding the subject of section 3(4) of the document.

Dr HAN (China) also supported the findings of the Sub-Committee. The global group view had to be followed through at the regional level. The political situation and possibilities for economic and social development and variations in health systems called for different solutions. He suggested that a regional framework for reform should be established. His delegation welcomed the fact that reform measures were gradually being finalized in the Region and that new ideas and recommendations were constantly being put forward. It appreciated the efforts of the Regional Office to respond to the 47 recommendations made by the Executive Board Working Group. As the WHO regions differed in their level of political and socioeconomic development, and in their health systems and health situations, it was only natural that their methods of work and their priorities would also differ.

Dialogue should continue on points of difference until a consensus was reached. The existing system, for example with regard to recommendation 13, should be maintained until a better alternative could be agreed upon.

Dr KIENENE (Kiribati) expressed support for the Sub-Committee's recommendation that the current procedure for selecting regional directors was appropriate. The selection of the Director-General was a matter for the Executive Board.

Dr PYAKALYIA (Papua New Guinea), referring to the fourth recommendation of the Sub-Committee, stressed that the qualifications of candidates for the posts of regional director
and Director-General should be examined in the light of the terms of reference for those posts. For the time being, he felt it best to retain the present system.

Mr NIOWENMAL (Vanuatu) expressed his delegation’s support for the Sub-Committee’s recommendations.

Dr WILLIAMS (Cook Islands) said that the Sub-Committee’s report and recommendations reflected the views of his Government. Two major issues discussed by the Sub-Committee, of which Cook Islands was a member, had been the participation of members of the Executive Board from the Region in the Regional Committee; and the selection procedure for the Director-General and regional directors. He drew attention to the Sub-Committee’s comments on the latter issue in section 4.2.2.1 of Annex 1 of its report, and added that members of the Sub-Committee had feared that the establishment of a search committee would weaken the role of the Regional Committee.

Mr BENJAMIN (Federated States of Micronesia) expressed support for the recommendations of the Sub-Committee. With regard to recommendation 4, he stressed that it was the responsibility of the Regional Committee to nominate the Regional Director, and a search committee was not necessary.

Dr HOP (Viet Nam) expressed his delegation’s support for the recommendations of the Sub-Committee.

Dr ADAMS (Australia) said he had first-hand knowledge of the search committee set up by the International Agency for Research on Cancer. He assured the representatives of the Cook Islands and the Federated States of Micronesia that a search committee would not take any responsibility or authority away from the Regional Committee. It would in effect act as a subcommittee of the Regional Committee and report to it.

Dr BART (United States of America) expressed his agreement with the remarks made by the representative of Australia. He assured the Committee that the proposal to set up a search committee contained no hidden motives and implied no criticism of any officers currently serving. Indeed, he had the highest respect for Dr Han, who was eminently competent to hold his position. However, the Regional Committee might not again be fortunate enough to find a candidate of such quality without a systematic search. The mandate of a search committee could be to bring forward the best candidates from the Region. He agreed with the suggestion made by the representative of Samoa that the search committee might consult with Member
States to determine the preferred candidates. He suggested that it would be helpful if the Regional Office would explain what a search committee actually was and how it operated.

Dr TAPA (Tonga) recalled the discussions in the Executive Board some years ago when the Regional Committee for Europe had proposed the establishment of a search committee. The Board had decided that each region should be free to make its own decision on the matter. Dr Tapa believed that the present system had proved its worth, although dialogue should continue.

Ms DOVEY (New Zealand) said her delegation wished to associate itself with the comments made by the representatives of Australia and the United States of America. She acknowledged that the present system had served the Region well, but it was important to keep up with the times and to look five or ten years ahead. The search committee was a generally accepted form of modern management practice.

Mr WAENA (Solomon Islands) stressed that any departure from existing procedures as laid down in the WHO Constitution would require the approval of the governments of Member States. In disputing the recommendations, the Regional Committee was calling into question the competence and credibility of the members of its own Sub-Committee.

The REGIONAL DIRECTOR responding to the request made by the representative of the United States of America, described the procedure whereby the Regional Committee for Europe had appointed a "regional search group", consisting of four members of the Regional Committee (one serving as chair) and three members attending the Regional Committee as public health experts. The terms of reference of the search group were (1) to encourage Member States to nominate suitable candidates, (2) if no suitable nominations were received, to search actively for additional candidates, (3) to seek the views of the Director-General concerning the candidates, (4) to interview all candidates and consider their written statements of intent, and (5) to evaluate the candidates and report thereon to the Regional Committee. The Regional Director read out Rule 47 of the Rules of Procedure of the Regional Committee for Europe concerning the work of the regional research group. He said that the search group procedure had been used on the last two occasions when the Regional Committee for Europe had been called upon to nominate a person as Regional Director.

The CHAIRMAN said that it was for the Committee to decide how best to proceed, given the different views expressed. Where possible it was preferable to obtain consensus, and he therefore suggested that the Committee might wish to endorse the Sub-Committee's
recommendations, while indicating that some members wished to see further consideration of options for procedures for the selection of the Director-General and regional directors.

Dr BART (United States of America) suggested that, before making a decision, the Committee would benefit from hearing the views of the Regional Director - a highly respected senior public servant with many years of experience - on the discussion so far.

The REGIONAL DIRECTOR said that having served WHO for 27 years he was somewhat saddened by the current situation and recognized that reform was needed to revitalize the Organization and ensure that it remained the leading agency in the field of public health.

It was difficult for him to express a personal view on the question of selection and terms of office of the Director-General and regional directors. While he would welcome the opportunity to continue to serve the Organization beyond the completion of his second term of office, and into the twenty-first century, he would of course accept any decision to limit the number of terms a regional director might serve and would faithfully implement that and any other decisions taken by the Regional Committee.

He invited the Committee to take into account the views expressed by Professor Chatty, Chairman of the ninety-third session of the Executive Board, on the question of selection of the Director-General and regional directors and the options he had outlined for possible ways of proceeding (document EB93/SR/6).

Professor CHATTY, speaking as a member of the Board, had said that he was sure that the current procedures had been established by persons sharing the same concern as current Board members that WHO should be a healthy and properly functioning organization. If the selection system was to be changed, it should be for a good reason. He had expressed the view that both the Director-General and the regional directors should have the quality of a prophet, but a prophet endowed with technical skills, and that to maximize credibility, a physician should be at the helm of the Organization. Professor Chatty had not been sure why a search committee might be expected to have more integrity and less bias than the Board itself or to make better choices. He had noted that while the majority view of Board members was that selection of regional directors should be left to the regional committees, that view had not been unanimous. Speaking as Chairman, Professor Chatty had suggested that the Board might proceed by appointing a small group to prepare a single comprehensive draft resolution for consideration at the session, by adopting a resolution on points on which agreement had been reached, leaving others pending, or by leaving the matter open until the position became
clearer, possibly in January 1995. The Chairman's own preference had been for the latter option, and the Board had so agreed.

In the interest of obtaining consensus, which would be the preferred outcome, the REGIONAL DIRECTOR said that the Committee might wish to consider endorsing the recommendations of the Sub-Committee, with the provision that the Sub-Committee review the progress made in implementing the reform process, which could include a further review of options for selection of the Director-General and regional directors, such as a search committee, and an investigation of how the search committee set up in the European Region was functioning.

Dr WILLIAMS (Cook Islands), supporting the views of the Regional Director, proposed that the Committee should endorse the recommendations of the Sub-Committee but that it should request it to monitor the process of reform and, in accordance with recommendation 4, continue to study the options for selection of the Director-General and regional directors, including that of a search committee, and to report on those matters to the forty-sixth session of the Regional Committee.

The proposal was supported by Dr ADAMS (Australia), Ms DOVEY (New Zealand), Dr BART (United States of America), Dr MONTAVILLE (France), Dr TAPA (Tonga) and Mr WAENA (Solomon Islands).

The CHAIRMAN requested the Rapporteurs to prepare an appropriate draft resolution.

2. QUALITY ASSURANCE IN HEALTH SERVICES: Item 15 of the Agenda (Document WPR/RC45/12)

The REGIONAL DIRECTOR, presenting his progress report on quality assurance development in the Region (document WPR/RC45/12), prepared as requested by the Committee at its forty-fourth session, highlighted three conclusions.

Firstly, there had been a significant increase since 1991 in the number of quality assurance activities undertaken by countries, which clearly justified the Committee's decision to take special note of the emerging trend, and showed that most countries and areas in the Region were involved in some level of quality assurance activity.

Secondly, the report showed that, in spite of the high level of quality assurance activity, it was not obvious how focused that activity really was. The lesson from the early experiences of using quality assurance to affect health development was quite clear. A successful quality
assurance programme must have a national-level focus and some type of central-level monitoring.

Thirdly, where countries had been assessed as having a successful quality assurance programme, an attempt had been made to describe the characteristics of that success. It was thus hoped that it would be easier for other countries to assess what might be most applicable to them.

He emphasized that quality of care had the potential to make a considerable contribution to further gains in the quality of life of people in the Region, and expressed the hope that the Committee would resolve to make a particular effort to bring that potential to fruition.

Dato' MEGAT (Malaysia) commended the report which provided a succinct analysis of the situation and clear guidelines on the development of quality assurance as a management tool.

Despite six years of experience, Malaysia was still encountering problems in improving staff attitudes, devolving functions to the state and district level and developing a larger critical mass of trained staff. The process had started at the centre with national indicators and was progressing to hospital, district and public health programme approaches. Any problems were investigated and the lessons learned applied during review and revision of indicators and in formulating indicators for new areas.

Future activities would focus on consensus development involving both public and private health care sectors, and on the accreditation of hospitals for specific specialized procedures.

Malaysia endorsed especially section 3.2 of the report, supporting efforts to increase technical resources and staff capabilities from within the Region and the establishment of collaborating centres on quality of care.

Dr SUZUKI (Japan) welcomed the progress made in quality assurance. It was a field of great importance since it was essential to obtain the maximum outcome from the limited resources available.

The report indicated that the Region's ability to institutionalize quality of care was still at an early stage. Member States should be urged to recognize the relevance of quality assurance and to exchange information so as to benefit from the experience of others and accelerate progress. Japan supported the Regional Office's initiatives in that regard.
Dr NOGUEIRA DA CANHOTA (Macao) said that the Macao Health Service recognized the importance of quality assurance as a useful tool in ensuring a high quality of health care and had instituted educational programmes for health care professionals, focusing on operational aspects of quality improvement. Indicators and protocols had been or were being developed in a number of different areas, with the aim of developing standard clinical practices, and a computerized information system had been established for improved collection, analysis and feedback of primary health care data. In addition, public information on health facilities had been increased and a survey of patient satisfaction undertaken. A professional team had been established to oversee the continuing quality of care activities.

Dr CHEN (Singapore), commending the report, welcomed the Regional Director's initiatives on quality assurance.

Singapore had undertaken a number of measures aimed at improving quality of care. Legislation had been enacted requiring all health care facilities to be licensed on the basis of meeting required standards and undergoing a satisfactory audit. In consultation with academic and professional bodies, guidelines had been established for the accreditation of medical practitioners. Those activities were supervised by a medical audit and accreditation department in the Ministry of Health. In addition, at the central level, random medical audits were conducted in health care facilities to ensure that patients were receiving appropriate care, quality assurance studies were undertaken to monitor a variety of quality of care indicators, and clinical practice protocols were under development for a number of conditions.

Dr RHIE (Republic of Korea) reported that the Republic of Korea had made considerable progress in achieving an increasing level of utilization of health care services and an equitable distribution of services. The Health Care Reform Committee, established to evaluate the National Health Insurance System and to submit reform proposals, had suggested that priority be given to improving the quality of health care services. Proposals had included the introduction of evaluation systems for health care facilities, adjustments in the prices charged for services, promotion and improvement of health education, benefit payments for use of high-technology medical equipment, and financial support for technology development in tertiary institutions. The necessary changes in legislation and budget planning were currently under development.

Dr NHONH (Cambodia), joining other speakers in commending the report, said that in Cambodia the Ministry of Health had included among its major priorities the reorganization of the health services at district level, as well as rehabilitation of health services at the peripheral and communal levels. The reorganization would rely on adequate management of both human
and material resources. The integration of quality assurance into the health services as advocated by WHO would make it possible to carry out those priorities.

Dr MONTAVILLE (France) said that quality assurance of health services applied to all levels of the health system, including basic or field services. Section 3.3, page 7 of the report, properly highlighted the importance of dedicated and involved staff. Motivation of staff was important, but not necessarily limited to training and available resources. There could be no total involvement without motivation. Training was essential and the availability of specific facilities and procedures would enable best use of it.

Commending the Regional Director on the report, Dr ENOSA (Samoa) said that quality assurance was an integral part of a good health service system. Quality assurance had been introduced in Samoa two years ago, greatly improving the delivery mechanism of the health services. The programme could be used as a means of self-examination aimed at improving the services. If the recommendations of WHO were adopted by the island nations into their health services, it would improve delivery of health services and would also be in line with the goals of health for all by the year 2000.

Dr WILLIAMS (Cook Islands), noting the three approaches mentioned in section 4.1, page 8 of the report, requested more information on the progress being made on the central level management approach in Singapore and Malaysia, the accreditation method in Australia and the contracting method in New Zealand.

The role of the Fiji School of Medicine in upgrading the standards of health professionals, particularly dental and medical, was highlighted. WHO's support would continue to be needed to strengthen the School, as well as other similar institutions in the Pacific area.

Alternative care givers were available in Samoa, such as herbalists, naturopaths, osteopaths and masseurs. To ensure that people were adequately protected against unskilled treatment, legislation for overall licensing of health givers in all areas had been initiated. He cautioned other small outer island nations against pseudo health professionals.

Dr TAPA (Tonga) associated himself with previous speakers in commending the Regional Director on the report and the continued importance given by Member States and WHO to quality assurance. He particularly noted the meeting for small islands in December 1994 that would focus on the promotion of quality care and requested WHO to continue to support Member States in that endeavour.
Dr TINIELU (Tokelau) likewise commended the Regional Director and said the discussion came at an opportune moment when the Committee was discussing the WHO Response to Global Change. He strongly emphasized the importance of quality assurance in small island nations. He supported other Member States in their request for guidelines on drawing up a quality assurance mechanism for small states with limited manpower and expertise.

Dr NUKURO (Solomon Islands) said that the lack of an entry for Solomon Islands in table 1, page 3, might suggest that the country was not interested in quality assurance. He wished to confirm that in fact quality assurance had been accorded high priority since the start of the health services system. It was of particular interest now that the Government was thinking of implementing cost recovery mechanisms.

Almost 50% of WHO’s resources in the country went to training of human resources, mainly for clinical training of staff in order to improve the quality of clinical care. Clinical services were also decentralized, bringing them closer to people in the rural areas. The Government was reviewing the health services to develop policies on quality assurance for clinical care and other programme activities. Other activities would include attendance of the meeting on quality control for small South Pacific islands in December 1994. Study tours would also be undertaken to countries and areas with quality assurance programmes in force, such as Australia, Malaysia, New Zealand, Palau and Singapore.

Dr PYAKALYIA (Papua New Guinea) commended the Regional Director on the report. As seen in Table 1, Papua New Guinea had not been able to implement some of its quality assurance programmes. The main emphasis had been on human resource development and access to health services. Attention to quality in small countries could only be given if additional resources were provided. He asked for suggestions on cost saving measures to free funds presently spent on basic health care services. In addition, regional facilities could be used to train health workers.

Ms DOVEY (New Zealand) said that her country had been exposed to a variety of internationally developed and employed quality systems. Some health facilities had chosen to develop their own quality management programmes using elements common to other programmes, while others had adopted international standards. Guidelines were currently being developed to ensure that quality was a determinant for purchasing decisions in the health care system. The International Organization for Standardization 9000 and the New Zealand Council on Health Care Standards were the two major systems of health provider accreditation but those were, however, not yet mandatory. It was planned eventually to have safety
standards written into purchasing contracts. Unlike accreditation, licensing was mandatory for hospitals. New Zealand was still exploring the best possible way of achieving quality assurance in health care but was willing to share its experience with others.

Dr KIENENE (Kiribati) said that quality assurance in his country was still in its infancy. Most of the activities were concentrated on training using accreditation as the only guideline. Kiribati had not yet reached the stage of formulation and implementation of policy statements and would continue to look to the Regional Office for guidance.

Mr TUDREU (Fiji) said that although Table 1 of the report had indicated no implementation of quality assurance programmes in Fiji, he wanted to put on record some activities in that area. The health system in Fiji focused on the health and well-being of the people as a component of their quality of life. Programmes aimed to ensure that health services were appropriate, accessible, responsible and equitable. Health promotion and disease prevention were important components of the primary health care system.

In Fiji, quality assurance included efforts to upgrade expertise, supplies and services at curative and preventive levels, and to improve rural services with the support of donor agencies and governments in the Region. The Fiji School of Medicine offered a relevant programme for medical practitioners through a new medical curriculum. The first graduates of the first tier of the course, from Fiji and from other countries of the Region, had returned to their respective countries. It was expected that after completion of the second tier, they would return to Fiji to complete the MBBS programme. Nursing and pharmacy services were also being upgraded. Funding from Australia, Japan, and the United Kingdom had been obtained for service training and continuing education. The greatest need at present was the development of management and leadership capability and that was now part of training for medical service personnel. He was looking at other systems for guidance.

In reply to a question, the REGIONAL DIRECTOR said that the Regional Office would forward to Cook Islands the latest information on the central-level management support approach from Singapore.

He noted that the collaborative efforts between the Fiji School of Medicine and WHO had concentrated on development of the primary care practitioner level but the remaining phases of the plan of action were currently being finalized. He hoped that the concerns raised by the representative of Cook Islands would be taken into account as the postgraduate level component was being completed.
The CHAIRMAN requested the Rapporteurs to prepare an appropriate draft resolution.

3. REGIONAL ACTION PLAN ON TOBACCO OR HEALTH FOR 1990-1994: Item 16 of the Agenda (Document WPR/RC45/13)

The REGIONAL DIRECTOR, introducing the report on the implementation of the Regional Action Plan on Tobacco or Health for 1990-1994, said that he would also introduce the new Action Plan for 1995-1999 for the Committee's review and endorsement.

Although Member States had done well in many areas, it was clear that there was much still to be done.

The Region could be proud of some encouraging developments during the period of the first Regional Action Plan. Those included the establishment of comprehensive national policies in four countries and areas and focal points on tobacco or health for coordination with WHO in 21 countries and areas.

National prevalence surveys had been carried out in 11 countries and areas between 1990 and 1994. World No-Tobacco Day had been celebrated in 29 countries and areas and 23 had had additional health education activities.

Eleven countries and areas currently had some legislation on tobacco use, which included health warnings, smoke-free areas in public places and tobacco-advertising bans. Action was under way for legislation in three more countries. However, relatively little emphasis had been placed on pricing policies as a public health measure.

A Working Group had been convened in April 1994 at the Regional Office to review the progress made during the period of the first Action Plan and also to draft a new Plan for 1995-1999. He had accepted the recommendations of the Working Group in the preparation of the Action Plan for 1995-1999, and now presented the outcome of the Group's discussions. The directions for the future must include putting a stop to the trend of increased tobacco consumption among the youth, especially teenage girls and young women. The Western Pacific Region was the prime area for a predicted expansion of the tobacco industry. It had been quite clear from the Working Group's recommendations that providing young people with an environment that did not promote tobacco use could be a most cost-effective public health measure.

He had therefore called for a tobacco-advertising-free Western Pacific Region by the year 2000 and hoped a commitment could be forged in the current forum to achieve that goal.
and implement the Working Group's recommendations. He suggested that policies and legislation banning tobacco advertising in all media and the sponsorship of sports and cultural events could be implemented throughout the Region. It would, of course, be up to each government to set its own measures in place.

The new Action Plan carried on from where the first Plan finished. It recommended action in the same five areas, namely comprehensive national policies and programmes, data collection, health advocacy and education, legislation, and pricing policy. It emphasized the importance of sharing and coordinating information and experience, and of unified commitment to tobacco control. Those steps would provide a chance to those countries and areas with a long history of tobacco-or-health action to further decrease tobacco consumption, and to other countries and areas to establish measures to reduce tobacco consumption.

WHO would provide the framework for evaluating the expected progress. A database on tobacco or health and a country-specific historical record had been established in the Regional Office, which would be updated at least once a year.

He urged everyone to work together on the implementation of the proposed activities. Only when all countries and areas stood together would they have a chance to counteract adequately the aggressive marketing strategies of the tobacco industry and to protect and promote the health of the people in the Western Pacific Region.

Dr ADAMS (Australia) congratulated the Regional Director and the Regional Office on the excellent report. Research recently carried out had carried a damning indictment of tobacco as a cause of death and morbidity in the world. In Australia, the efforts to update scientific literature showing the detrimental effects of passive smoking had received pressure from the tobacco industry.

He welcomed the International Civil Aviation Organization's recommendation to implement a smoking ban on international flights by June 1996 but challenged the Region to become the first to become smoke-free by 1995. Australia would also aim to make the Olympic games in the year 2000 smoke-free.

Dr DURHAM (New Zealand) commended the Regional Director on the report. Her delegation had expressed concern about the proposed 43% reduction in the prevention and control of substance abuse, including tobacco, in the 1996-1997 programme budget. However, it was reassuring that the Regional Director had indicated that careful consideration would be given to the matter during budget implementation. It was essential that the Regional Office, in
partnership with Member States, should aggressively pursue a sustainable tobacco control policy by implementation of cost-effective public health programmes.

She requested the Regional Office to review the cost effectiveness of the proposal contained in the annex to WPR/RC45/13 recommending that a percentage of revenue from tobacco tax should be used to fund sports, arts and health promotion so that those organizations would not suffer from the ban on tobacco sponsorship.

It was suggested that other sources of funds like cancer societies be tapped to facilitate implementation of the Action Plan. The World Bank could be approached to provide an economist to support the programme in the Regional Office. Such an expert could very usefully quantify the socioeconomic losses from tobacco use in the Region.

The Sub-Committee's report on the WHO Response to Global Change (document WPR/RC45/11), had contained the recommendation that workshops and other forums should be held at regional and subregional levels to develop consensus for changes in the health for all strategy and to ensure coordination of programme efforts. It might be appropriate to consider strengthening the health-for-all strategy with the integration of the action plan on tobacco or health. It might also be worth considering holding such workshops after the Sub-Committee of the Regional Committee on Programmes and Technical Cooperation completed its country visits in 1995. Its input to the deliberation of such working groups would strengthen the country plans.

Dr ABRAHAM (United States of America) commending the report, said that the negative effects of smoking on health had been thoroughly documented and were no longer contested. The United States of America strongly supported the intentions behind the Regional Action Plan, but there was a need to consider the existing legislation and constitutions of Member States. It seemed appropriate to focus on medical societies and schools since there appeared to be high smoking rates among health professionals and relatively low support for tobacco control interventions among that group. His Government relied heavily on the use of community coalitions as a primary tobacco control strategy. He suggested that the Action Plan may wish to include such measures.

Dr JEGATHESAN (Malaysia) reported that Malaysia had been actively pursuing the Regional Action Plan. Legislation had been enacted on the prohibition on smoking in public places on 15 May 1994.
Mr MIYAGISHIMA (Japan) thanked the Committee for drawing the attention of the general public to the importance of tobacco control. In Japan, a series of anti-tobacco campaigns had been launched. A national action plan would be developed before the end of March 1995 following the publication of a new version of a ministry report entitled "Tobacco or Health".

While the Regional Action Plan was of great value, local conditions would have to be considered when arriving at a consensus. Specific assessment should be made of the impact on national development of tobacco pricing which would have repercussions not only on health but also on the economic and finance sectors. A resolution had been adopted by the United Nations Economic and Social Council in July 1994 emphasizing the importance of a multisectoral approach to the problem. Laws on tobacco advertising had no value if they could not be enforced. Member States should therefore set up realistic objectives complemented by effective legislation.

Dr NOGUEIRA DE CANHOTA (Macao), endorsing the report, said that Macao was actively pursuing a number of tobacco control efforts such as reinforcement of a legislative measure published in 1983, further strengthening of educational activities focusing on students and children, and a massive campaign on anti-smoking in 1995.

Dr RHIE (Republic of Korea) congratulated the Regional Director and the Regional Office on the excellent Action Plan. The smoking rate in the Republic of Korea was very high, with increasing trends in smoking among youth and women. A Health Promotion Act had been prepared for the approval of the National Assembly in October 1994 which included regulating tobacco advertising, designating no-smoking areas, prohibiting tobacco sales to youth, and banning tobacco vending machines. The Korean Association for Anti-smoking was established in March 1988. Together with other nongovernmental organizations it was engaged in anti-smoking programmes. Health education programmes continued to be provided by the Government.

Dr INTAN (Brunei Darussalam) said that cigarette smoking was widespread in Brunei Darussalam. Greater affluence, easy availability of cigarettes at low prices and lack of legislative control on tobacco products had helped to keep the smoking rate high. In 1992, the Ministry of Health had conducted a screening campaign for civil servants aged 30 years and above for risk factors of coronary heart disease. Of the total 15 705 civil servants screened, 17% were found to be smokers. The proportion of male and female smokers was 27.3% and 3.1% respectively. The first anti-smoking campaign had been launched by the Ministry of Health in 1988, in conjunction with World Health Day. Since 1988, smoking control had been
strengthened through health education in schools, clinics, youth organizations etc., and further anti-smoking measures.

Cigarette smoking had been banned in Ministry of Health buildings and facilities since 1 August 1990. For the first time there was clear and strong support from all Government's ministries and departments, including the Prime Minister's Office. The Ministry of Education had made all schools and colleges smoke-free. Health warnings on cigarette packets had been made mandatory since 1 January 1991, when cigarette advertising on State-controlled radio and television had been discontinued. In conjunction with World No-Tobacco Day 1994, the smoking ban had been extended to all Government buildings and facilities from 1 September 1994. The private sector had been encouraged to follow suit. Other anti-smoking measures were being formulated, including legislative control of tobacco advertising, sale of tobacco to minors, and banning of smoking in public transport, eating-places, etc.

With political commitment at the highest level, it should be easier for the Ministry of Health to use its advocacy role to establish more comprehensive national policies on anti-smoking.

Brunei Darussalam had endorsed the Regional Action Plan on Tobacco or Health for 1990-1994 and would remain committed to realization of the Plan of Action for the next five years.

Dr LIU (China) described the likely effects of the proposed new Action Plan for the Region. China, after an intensive study of the situation, was strongly promoting control of smoking, with social mobilization involving community leaders, introduction of legislation, targeting of key population groups (including the young, urban dwellers, teachers and certain other professionals), information and education, and special preparation of health workers. Lower rates of smoking were already observable in areas where experimental control methods, including a "points scheme", were being applied.

Those measures would be adapted to the new regional Action Plan, with priority being given to the formulation of a comprehensive policy and special measures to protect women, children and adolescents, and non-smokers.

However, China was at an early stage of control, having received initial cooperative support from various organizations, including WHO consultant services for technical guidance, which he hoped would be strengthened.
Dr ENOSA (Samoa) commended the Regional Director on the new Action Plan (1995-1999), and expressed appreciation of the workshops and seminars organized by WHO and its guidance for legislation completed recently.

He pointed out that owing to opposition within Parliament it was necessary to await the right moment for passage through the Legislative Assembly - timing was everything.

Mr BUILLARD (France), praising the new Action Plan, said that French Polynesia had introduced anti-smoking measures with some success. Tobacco consumption had fallen from 4 kilograms per year per person over 15 years of age in 1978 to 2 kilograms in 1988, but had unfortunately not been much further reduced since then.

A survey among those aged 12 to 20 years in 1988 had shown that 8% of pupils and students smoked daily, 16% occasionally, and there were twice as many smokers among the girls.

Advertising had been banned since 1982, a measure inspired by the legislation of metropolitan France (where it had been passed with difficulty) and strengthened in 1988 by laws forbidding sale of tobacco products to minors and certain other categories, around schools and hospitals, or in public transport and certain public places.

Those measures were supported by action for information and education campaigns in schools, with media coverage for World No-Tobacco Day and other events, as well as legal enforcement, and the participation of public and private organizations. The young were encouraged to develop their critical faculties, sense of responsibility, and self-discipline to resist the habit. Teachers and parents were closely involved.

The stage had been reached in French Polynesia where much more imagination was required to bring about a small further gain in ensuring respect for the rules and regulations.

Dr DY (Cambodia) also praised the Action Plan, which deserved full support in view of the proven ills of smoking and their economic repercussions. Cambodia was among the countries which had not been able to take action before 1990. World No-Tobacco Day had been marked in 1994, and anti-smoking legislation and recommendations were being prepared to ensure an effective campaign.

Dr WILLIAMS (Cook Islands) said that support would be needed in implementing the excellent Action Plan, and that timing was very important. Noting the provisions for 1997 and 1998 he foresaw no special difficulty, but for 1999 - though he did not wish to sound
pessimistic - there would have to be serious support, effective guidance and the use of considerable modern technology, including audiovisual equipment, as well as the involvement of cultural, political and religious leaders. Political will was essential for the introduction and implementation of legislation and pricing policies to discourage smoking. Politicians in Cook Islands often had a significant proportion of heavy smokers in their constituencies, so that any campaign had to be carefully prepared.

Dr NUKURO (Solomon Islands) expressed his country's support for the report and the new Action Plan. The challenge was substantial, especially with regard to advertising. Sponsorship of sports events and other methods of advertising tobacco products were controlled largely from abroad in countries like his, which, even if they had the legislation did not have the resources to prosecute. He suggested that it would be more rational and effective to extend the strong legal measures of the countries of origin to prevent the exporting of tobacco products and to cover related advertising and sponsorship.

In Solomon Islands, smoking was a way of life for many people and the effectiveness of No-Tobacco Days was questionable, although health information and education was directed at discouraging a dirty, polluting and unhealthy habit.

Dr PYAKALYIA (Papua New Guinea) said that his country had passed legislation on tobacco control, but that it was difficult to enforce or to amend because of the influence of the tobacco companies. Action might be more effective at regional level, possibly taking it even further than the activities proposed in the Action Plan. He suggested public recognition of companies which contributed to a smoke-free environment, such as airlines which operated smoke-free international routes. Efforts could be made to persuade tobacco companies that their activities were immoral, and to encourage them to diversify production into other areas. Special information could be provided to governments of small countries on the impact of smoking and the additional cost it imposed on health services.

Dr TAPA (Tonga) said that his Government was committed to implementing comprehensive tobacco control measures. It had drafted a tobacco control bill with support from WHO, which had yet to be passed, and tobacco tax had been raised in an effort to deter smokers. His Government endorsed the proposed Action Plan, including the appeal by the Regional Director for a ban on tobacco advertising in the Region.

Mrs JACOBSEN (Niue) reported that cigarette sales were one of her Government's biggest sources of revenue. Despite a duty of 300% on cigarettes, the number of smokers was still comparatively high. She endorsed the proposed Action Plan, which provided a stimulus
for tobacco control activities, and was committed to its implementation. She felt that people in positions of authority should set the example. She wondered whether WHO could not further some form of global legislation banning manufacture of tobacco products, with the aim of cutting supply in order to reduce demand.

The REGIONAL DIRECTOR explained that WHO’s policy on tobacco control was to reduce demand rather supply, as supply reduction lay outside the remit of the health sector. That orientation was reflected in the proposed Action Plan. Regarding the cost-effectiveness of using tobacco tax to fund sports activities, a matter raised by the representative of New Zealand, he referred to a unique experiment in the State of Victoria, Australia, where the revenue from tobacco tax, amounting to A$ 1.5 million in 1992-1993, had been allocated to sports and cultural activities. He hoped that such initiatives would be expanded to other Member States.

With regard to smoke-free air routes, he reported that several years ago he had written to all the airlines, whether located in the Region or outside, requesting no smoking on all flights on World No-Tobacco Day. The response had been positive, even though some airlines could not comply for commercial reasons. He would draw the attention of all airlines to the target date set by the International Civil Aviation Organization for the introduction of no-smoking flights worldwide. On World No-Tobacco Day 1993, WHO had awarded a "tobacco-or-health" medal to a major airline (Cathay Pacific) for having increased the number of no-smoking flights, and the Regional Office was currently collecting data for next year’s award.

He noted that tobacco companies had predicted a 33% increase in tobacco use in Asia by the year 2000, principally in China, Republic of Korea and Thailand. Although marketing was to be intensified, smoking patterns were changing, and by 2000 the decrease in the number of smokers might be more evident. He felt reasonably confident that the targets would be reached.

4. SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: MEMBERSHIP OF THE POLICY AND COORDINATION COMMITTEE: Item 17 of the Agenda (Document WPR/RC45/14)

The REGIONAL DIRECTOR said that the Policy and Coordination Committee was the governing body of the Special Programme of Research, Development and Research Training in Human Reproduction. It was composed of four categories of members from the various Member States with a total of 32 members. Category (2) had 14 members, three of which
memberships were allocated to the Western Pacific Region. Those members were to be elected by the Regional Committee according to population distribution and regional needs for three-year terms. In electing members, due consideration should be given to a country's financial or technical support for the Special Programme, and its interest in that field, as reflected by national policies and programmes.

At present, the three category (2) members were Fiji, the Philippines and Viet Nam. The period of tenure of the member from Viet Nam was due to expire on 31 December 1994.

In order to maintain the full representation of the Western Pacific Region on the Policy and Coordination Committee, the Regional Committee should elect one Member State to nominate a member whose three-year term would start on 1 January 1995. The Committee might wish to elect New Zealand.

The next meeting of the Policy and Coordination Committee would be held from 21 to 23 June 1995.

Dr WILLIAMS (Cook Islands) supported the nomination of New Zealand.

Ms DOVEY (New Zealand) expressed her country's gratitude for the nomination.

The CHAIRMAN asked the Rapporteurs to prepare a draft resolution.

5. SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES: MEMBERSHIP OF THE JOINT COORDINATING BOARD: Item 18 of the Agenda (Document WPR/RC45/15)

The REGIONAL DIRECTOR said that paragraph 2.2.2 of the Memorandum of Understanding on the Administrative and Technical Structures of the Special Programme for Research and Training in Tropical Diseases provided for the selection by the regional committees of two Member States from among those directly affected by the diseases dealt with by the Special Programme, or from among those providing technical or scientific support to the Special Programme.

The two Member States of the Western Pacific Region currently selected were Malaysia and the Philippines. Since the three-year period of tenure for the Philippines would expire on 31 December 1994, the Committee would need to appoint a Member State to represent the Region from 1 January 1995. It might wish to consider Papua New Guinea as a replacement for the Philippines.
The exact dates and place of the 1995 meeting of the Joint Coordinating Board would be conveyed to Member States in due course.

Dr TAPA (Tonga) and Mr WAENA (Solomon Islands) supported the nomination of Papua New Guinea.

Dr PYAKALYIA (Papua New Guinea) expressed his country’s gratitude for the nomination.

The CHAIRMAN asked the Rapporteurs to prepare a draft resolution.

6. ACTION PROGRAMME ON ESSENTIAL DRUGS: MEMBERSHIP OF THE MANAGEMENT ADVISORY COMMITTEE: Item 19 of the Agenda (Document WPR/RC45/16)

The REGIONAL DIRECTOR said that the Action Programme on Essential Drugs had created the Management Advisory Committee in 1989 to replace the Meeting of Interested Parties. The Committee acted as an advisory body to the Director-General on matters related to the policy, strategy, financing, management, monitoring and evaluation of WHO’s Action Programme on Essential Drugs.

The Management Advisory Committee met once a year, or more often if so proposed by either its chairman or the Director-General.

The membership of the Committee included two Member States from each of WHO’s six regions, selected by their respective regional committees for a three-year term from among those Member States with which the Action Programme was collaborating.

With respect to regional representation, the Committee had adopted a system by which four of the twelve regional members were replaced each year.

China and Papua New Guinea were currently the Member States from the Western Pacific Region whose representatives served on the Management Advisory Committee. The term of office of China would end on 31 December 1994. To maintain a staggered membership with a three-year cycle, the Regional Committee must select one Member State to replace China in representing the Western Pacific Region on the Management Advisory Committee. The selected Member State would serve for three years from 1 January 1995 to 31 December 1997.

He suggested that the Committee might wish to consider Cambodia as the representative.
Dr ADAMS (Australia) supported the nomination of Cambodia. He reported that the chairman of the Management Advisory Committee had pointed out that the Programme had carried out few activities in the Region. He urged the nominated representative to encourage the Programme to undertake more work in the Region.

Dr DY (Cambodia) expressed his country's gratitude for the nomination.

The CHAIRMAN asked the Rapporteurs to prepare a draft resolution.


7.1 Consideration of resolutions of the Forty-seventh World Health Assembly and the Executive Board at its ninety-third and ninety-fourth sessions: Item 20.1 of the Agenda (Document WPR/RC45/17)

The REGIONAL DIRECTOR, introducing the item at the invitation of the CHAIRMAN, said that document WPR/RC45/17 referred to resolutions adopted by the World Health Assembly in May 1994, that were of significance to the Region. It commented on their implications and provided some information on relevant activities. The resolutions themselves were attached to the document. Other resolutions adopted by the Health Assembly that needed to be brought to the attention of the Committee were related to other items on the agenda and were referred to in the documentation on those items.

The attention of the Committee was drawn particularly to those operative paragraphs pertaining to activities that Member States in the Region could undertake to implement the resolutions.

The REGIONAL DIRECTOR pointed out document WPR/RC45/17 Add.1, which was the World Health Assembly resolution on the International Decade of the World's Indigenous People. Although that resolution was not included in the group of resolutions presented for review by the Committee, it might be of interest to some countries in the Region. He proposed that Member States concerned with that topic might wish to prepare comments for presentation during the discussion of the Regional Director's report which would take place in 1995.

The CHAIRMAN invited the Committee to consider the resolutions one by one.

It was so agreed.
7.1.1 Resolution WHA47.12 - Role of the pharmacist in support of the WHO revised drug strategy

Dato' JEGATHESAN (Malaysia) pointed out that the correct title of the workshop held in Kuala Lumpur was "Training in quality assurance and non-pharmacopoeal analytical methods".

7.1.2 Resolution WHA47.13 - Implementation of WHO's revised drug strategy and WHO's Action Programme on Essential Drugs

7.1.3 Resolution WHA47.16 - WHO ethical criteria for medicinal drug promotion

7.1.4 Resolution WHA47.17 - Implementation of WHO's Revised Drug Strategy Safety, Efficacy and Quality of Pharmaceuticals

There were no comments.

7.2 Consideration of the agenda of the ninety-fifth session of the Executive Board: Item 20.2 of the Agenda (Document WPR/RC45/18 Rev.1)

The REGIONAL DIRECTOR said that document WPR/RC45/18 Rev.1 showed the correlation between the Committee's current agenda and items to be discussed at the forthcoming sessions of the Executive Board and the World Health Assembly. The full draft provisional agendas, as revised following the meeting of the Global Policy Council in August 1994, were shown in Annexes 2 and 3.

There were no comments.

The meeting rose at 5:45 p.m.