

The Representative of Western Samoa informed the Committee that early in 1972 there had been an outbreak of unknown fever in Western Samoa; about 2000 cases had been reported, presumably most of them other fever diseases. Examination of ten paired specimens by the Medical School of Otago had shown significant rises of titre against Dengue Type II and 1052. There had been no haemorrhagic cases. The outbreak had revealed a great need for a proper vector control programme, especially in regard to the distribution of Aedes aegypti, which it hoped would be carried out.

The Representative of Western Samoa then said that technical assistance from WHO and the material assistance of UNICEF had contributed significantly to the health of the people, through the national health services development project. A health pilot district had been designated as a testing ground for administrative and technical procedures before their adoption on a nationwide basis. Tuberculosis control activities had been integrated successfully into the basic health services, first in the pilot districts and later throughout the whole country. That had served to open the way for the integration of filariasis control activities and family welfare programmes. A scientific study of the work load had been carried out in the pilot area with a view to assessing the skills and availability of personnel resources. Once that study was completed, staff arrangements could be improved and work programmes developed. Western Samoa was very grateful to WHO for the assistance it was providing.

The Regional Committee adopted a resolution congratulating the Regional Director for the work accomplished and the preparation of a clear and concise account of WHO-assisted activities in the Region (see resolution WPR/RC23.R1).

PART II. PROPOSED PROGRAMME AND BUDGET FOR 1974

1 Introduction

At its seventh session, the Regional Committee, in resolution WPR/RC7.R7, decided "that the establishment of a sub-committee on programme and budget, consisting of six members plus the Chairman of the Regional Committee, should become a routine activity of the Regional Committee"; and recommended that "the membership of this sub-committee be rotated among the Representatives of various members, subject to the provision that any Representative desiring to be a member of the sub-committee should be entitled to participate". At its twenty-first session, the membership of the Sub-Committee was increased to half¹ the Members in the Region.

¹"Half the Members" means that half an odd number would be the next higher full number - e.g., one half of 17 is 9.

The Sub-Committee on Programme and Budget met on 28 September and 2 October 1972, under the chairmanship of Mr F.S. Cruz. The attendance was as follows:

Members in accordance with the principle of rotation:

Khmer Republic	Mr Ung Su Hai Kim Teng Dr Pruoch Vann Dr So Satta
Laos	Dr P. Phoutthasak Dr T. Phetsiriseng
Malaysia	Dato (Dr) Abdul Majid bin Ismail Dr Tow Siang Yeow Mr E.J. Martinez
Philippines	Dr J. Azurin
Portugal	Dr D.H. Silva Ferreira Dr M. Lopes Mr J.C.P. das Neves
Singapore	Dr Sivakami Devi
United States of America	Mr F.S. Cruz Dr S.P. Ehrlich, Jr. Dr J.C. King Dr C. Crim Dr M. Kumangai Miss J.M. Johnson Mr Edward H. Noroian
Western Samoa	Dr Leota Tautasi

Other members of the Committee also in attendance were:

Australia	Dr H.M. Franklands Dr R.W. Cumming
France	Dr A. Cheval
Japan	Dr R. Okamoto
New Zealand	Dr C.N.D. Taylor
Papua New Guinea	Dr J.O. Tuvi
Republic of Korea	Dr H.K. Park Mr W.S. Lee
United Kingdom	Dr P.W. Dill-Russell

Viet-Nam

Dr Tran-Minh-Tung
Dr Truong-Minh-Cac
Dr Nguyen Tuan Phong

The Representatives of the League of Red Cross Societies and of the World Federation of Public Health Associations also attended.

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

The Sub-Committee had before it the following documents:

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| WPR/RC23/2 | Proposed programme and budget estimates for 1974, including the supplementary list |
| WPR/RC23/2 Rev.1 | Proposed programme and budget estimates for 1974: United Nations Fund for Population Activities |
| WPR/RC23/2 Rev.2
WPR/RC23/P&B/4 Rev.1 | List of changes proposed after the compilation of the proposed programme and budget estimates for 1974 (WPR/RC23/2) and revised list of additional projects for 1973 (WPR/RC23/P&B/4) |
| WPR/RC23/P&B/1 Rev.1 | Suggested guidelines for the Sub-Committee on Programme and Budget |
| WPR/RC23/P&B/2 | Budget performance 1971 - Direct services to governments of the Region by subject heading, by country and by project |
| WPR/RC23/P&B/3 | Proposed programme and budget estimates for 1974 (Review of the main features of the 1974 proposed programme and budget estimates and the programme changes for 1972 and 1973) |
| WPR/RC23/P&B/4 and
Rev.1 | Revised list of additional projects (supplementary list) annexed to the regional programme and budget estimates for 1973 contained in document WPR/RC23/2 |
| WPR/RC23/P&B/5 | Tentative projection for 1975 |
| 2 | <u>Review of budget performance 1971 - direct services to governments of the Region by subject heading, by country and by project</u>
(Document WPR/RC23/P&B/2) |

Dr Flache, Secretary, informed the Sub-Committee that in 1971 the overall budget percentage of obligations to revised estimates had been

98.14%. In some cases the percentage of increase or decrease shown against various subject headings appeared rather high or low. In actual fact, the amounts involved were relatively small. For instance, the percentage of obligations for Virus Diseases had been shown as 673.89%. The actual amount of excess obligations was only US\$18 086, mainly due to the delayed implementation of the microbiological diagnostic techniques project in Fiji (4201), originally foreseen for 1969. The increase in obligations under Dental Health amounted to \$78 700. This was the result of upgrading from the List of Additional Projects of the dental health seminar (WPRO 5502) and the awarding of dental health fellowships to certain countries. The increase in obligations of \$35 292 under Parasitic Diseases was due to the implementation of the schistosomiasis survey in Laos (WPRO 2101), which had originally appeared in the List of Additional Projects.

The decrease in obligations was because of the postponement of the implementation of projects at government request or because of difficulties in recruiting staff to fill vacant posts.

All the changes made had been specifically requested by governments and were within the framework of the programme and budget estimates approved by the Regional Committee.

The Representative of the United States of America, referred to Annex 1 of document WPR/RC23/P&B/2 which indicated the percentage changes. That there were probably good reasons for such changes due to circumstances beyond the control of the Regional Office or Member countries was recognized. On the other hand, when wide fluctuations existed, as seen in the Table, there was an indication that the planning process was perhaps not operating as effectively or efficiently as it should. The Table provided evidence that improvements should continue to be made in the planning process, so that expenditures would be closer to the sums budgetted.

3 Modifications to the 1972 and 1973 regular programme and budget estimates (Paragraph 3 and Annexes 1 and 2 of document WPR/RC23/P&B/3)

Dr Flache, Secretary, drew the attention of the Sub-Committee to Annexes 1 and 2, which contained information on the differences between the original and the revised estimates. These reflected the revised situation based on actual performance and the changes requested by governments. In the present stage of development of some countries, changes in the original programme were inevitable.

The attention of the Sub-Committee was then drawn to resolution WHA24.42, the Appropriation Resolution for the Financial Year 1972. The provision of this resolution allowed little flexibility in transfers between appropriation sections. The appropriations under these sections could not be exceeded and any changes requested had to be submitted to the Director-General for his decision. The Director-General was authorized to make transfers between sections only up to an amount not exceeding 10% of that appropriated for the Appropriation Section from which the transfer was made. All transfers between sections had to be reported to the

Executive Board. The importance of governments bearing this fact in mind when they requested changes to the approved programme was emphasized.

The Representative of the United States of America stated that in analyzing the programme and budget in any given year, the Committee looked conscientiously at the relative distribution of funds in the totality of the programme and made judgements as to whether or not emphasis was properly placed in one category or another, taking into account the needs of various countries and the resources available. What was disturbing was when a number of changes were made - some of which, of course, were quite understandable, such as those resulting from the money situation, etc. Efforts on the part of the Member countries to analyze the proposed programme and budget were almost invalidated when funds were distributed into other categories in spite of the Committee's expressed priorities for the programme in the previous year.

The Regional Director said that WHO would very much like to be able to implement without change the programme originally planned but changes seemed inevitable. Once governments had prepared long-term health plans, this situation should improve.

- 4 Revisions requested by governments to the List of Additional Projects (supplementary list) annexed to the regional programme and budget estimates for 1973 contained in document WPR/RC22/2 (Documents WPR/RC23/P&B/4 and WPR/RC23/P&B/4 Rev.1)

A number of representatives requested the inclusion of new items in the above list. These are given below:

Khmer Republic

The Representative of the Khmer Republic said that assistance was badly needed by the hospitals in his country as they were over-burdened as a result of the war and much equipment required to be replaced. He asked to have included, as an additional component of the medical services administration project (4301), six consultant months and US\$50 000 to purchase medical and health equipment for the hospitals.

The Regional Director said that WHO would endeavour to provide this assistance which was in accordance with resolution WPR/RC22.R2, adopted by the Regional Committee at its last session.

Laos

The Representative of Laos requested the addition of a three-year fellowship for the Royal School of Medicine (6201) and three two-month fellowships for the development of health services project (4001).

Macao

The Representative of Portugal requested the deletion of the six-month fellowship in plastic surgery and its replacement by a six-month fellowship in dental health.

Malaysia

(a) Assistance in setting up a medical faculty in the National University of Malaysia (6203) in the form of: three nine-month fellowships for a group of national university personnel to visit and observe the organization of physical development and development of equipment; four nine-month fellowships to study multidisciplinary laboratory techniques and management; and three nine-month fellowships for members of the staff of the University to study trends in medical education and curriculum development.

(b) An adviser in health legislation for two years to review, update and consolidate public health laws in the context of the present economic growth of the country and the implementation of public health programmes. It was essential that appropriate legislation be enacted to provide the legal backing necessary to sustain these programmes.

Republic of Korea

(a) Advisory services in air pollution for two years from early 1973.

(b) An adviser in maternal and child health for two years to assist in developing further the maternal and child health and family planning programmes.

Republic of Viet-Nam

(a) Deletion of three of the eighteen consultant months in medical education.

(b) Inclusion of three consultant months in leprosy control.

The Representative of the Republic of Viet-Nam then asked about the possibilities of transferring the provision for a malariologist under the Malaria Eradication Special Account (MESA) to the regular budget. The necessary funds might be provided if the post of statistician under the vital and health statistics project (Viet-Nam 4901) could be financed under the United Nations Fund for Population Activities.

The Regional Director stated that MESA was greatly in need of contributions and that very limited funds remained in this account. In fact, there were a number of activities requiring funds, one of which was the Malaria Eradication Training Centre, for which funds were available only until the middle of 1973. He had suggested that the other regions which were using the Training Centre, such as the South-East Asia and the Eastern Mediterranean Regions, should contribute to its funding. The malaria eradication project in the Philippines was also in need of additional funds for supplies and equipment and particularly for DDT.

Miss Newton, Chief, Administration and Finance, gave figures from the Financial Report for 1971, Official Records No. 200. According to this report, there had been contributions to MESA amounting to \$143 783 and the cash balance at 31 December 1971 was \$970 000. It was not known how much of this sum had been obligated during 1972.

5 Review of the proposed programme and budget estimates for 1974
(Documents WPR/RC23/2, WPR/RC23/2 Rev.1 and Rev.2, and paragraphs 1 and 2 of document WPR/RC23/P&B/3)

5.1 General introduction and summaries (pages 1-5)

Dr Flache, Secretary, said that the form of presentation of the document was essentially the same as in the previous year, the only difference being the consolidation of the narratives for each country and for the inter-country projects, before indicating the budgetary provisions. He then drew attention to pages 2 and 3 of the document which contained a summary of the programme and budget estimates by major subject headings under seven separate Appropriation Sections.

The Sub-Committee noted that the total of the proposed regular budget for 1974 amounted to US\$7 815 692 compared to \$7 223 580 for 1973. This represented an increase of 8.2%; 90% of this increase was devoted to field activities and the remaining 10% was required to cover the increase in the statutory and other costs of the Regional Office. The corresponding increase in 1973 over 1972 had been 9.7%; the increase in 1972 over 1971, 11.9%; and the 1971 increase over 1970, 12.2%.

The Sub-Committee noted further that the total assistance proposed to be provided to countries of the Region from all sources amounted to \$9 368 000 compared to \$8 805 000 in 1973. This represented an increase of 6.40%. The assistance to be provided by the United Nations Development Programme (UNDP) amounted to \$1 244 000 as compared to \$1 172 000 in 1973; an increase of \$72 000. This was in terms of absolute figures. In terms of percentages, however, related to the proposed increase in budget, the UNDP contribution remained about the same, approximately 12%.

Dr Flache, Secretary, considered that a far greater increase in UNDP assistance to health programmes could be justified. The decision regarding the amount of UNDP funds allocated to health activities was, however, in the hands of governments and, in most instances, the ministries of development or finance or some inter-ministerial co-ordinating authority made the final decision. It was of utmost importance for ministries of health to present their cases strongly to the co-ordinating authorities, so that they were fully aware of the health needs. The services of WHO were available at any time to assist the ministry of health in the formulation of requests, but the ultimate criterion for the allocation of UNDP funds was the place that health programmes occupied in the governments' priorities as determined by the co-ordinating authorities.

The assistance under the United Nations Fund for Population Activities (UNFPA) showed a decrease of nearly 1% as compared to 1973. However, this figure did not reflect the actual situation in view of the different budgetary cycles of WHO and UNFPA and the fact that requests to the latter could be approved at any time. At this stage, requests were only approved for a year in advance and, therefore, most of the projects listed in the proposed programme and budget estimates were still subject to formal UNFPA endorsement. It was known also that a number of other governments were preparing requests for assistance to UNFPA (see document WPR/RC23/2 Rev.1, Proposed programme and budget estimates for 1974: United Nations Fund for Population Activities). It was, therefore, anticipated that assistance in 1974 would show an increase over the figure indicated in the programme and budget estimates.

The Representative of the United States of America expressed his delegation's satisfaction with Dr Flache's clear presentation. Some figures had been given on the magnitude of the change in the budget from year to year, between 1970 and 1971, 1971 and 1972. His delegation had, however, made its own calculations which did not seem to agree with those given. This was probably a reflection of the fact that there were original figures, revised figures and obligated figures. It was, therefore, difficult to know what figures were being compared. He agreed with Dr Flache that there was a trend towards decreasing percentages. However, the decrease was not occurring in a consistent or predictable manner.

Regarding funds from other sources, the Representative of the United States of America noted a rather disturbing trend throughout WHO, and, to a greater extent, in the Western Pacific Region. The projected rate of increase of outside funds being utilized by the Organization was decreasing. This seemed to be occurring at a time when specialized funds seemed to be proliferating rather than decreasing. At present there are the UNDP, the UNFPA and the United Nations Fund for Drug Abuse Control. In the very near future, an environmental fund will also be available to the health area. There were clear indications that the funding of many important health programmes would have to come from sources outside the regular budget of the Organization and that funds were being made available from special United Nations sources. It was disturbing to note that there appeared to be less and less ability to utilize all these monies effectively. He wondered if there was a possibility for the Organization, through the Regional Office, to provide the kind of technical advice to countries which would allow them to approach special funds more effectively so that the likelihood of having projects approved and funded could be improved.

The Representative of Australia drew attention to page 2 of the Summary by Major Subject Heading, Regional Office, where it was shown that two posts were debited against Other Sources. Page 7 also showed that one of these was for an administrative assistant in Health Services; on page 9 there was a budget clerk in Budget and Finance. Looking at the aggregation of these posts, it would appear that for some time now the two posts had been financed under the regular budget of the Regional Office.

The Sub-Committee was informed that the posts to which reference had been made were new ones and funds to support them had been requested from UNFPA. The posts had been added to meet the tremendous amount of clerical work connected with the processing of requests for assistance from UNFPA.

5.2 Regional Office, Regional Advisers and WHO Representatives (pages 6-15)

The Sub-Committee noted that there were no changes in the number of staff and only a modest increase was proposed to cover statutory requirements and other expenditures for duty travel and common services. Continuous efforts were being made to streamline and readjust procedures and methods, so that the same number of staff could deal effectively and efficiently with a programme developing in scope and improving in quality. The Programme Committee in the Regional Office would play an increasingly important role in advising the Regional Director on programme matters. In addition, special missions, consisting of the Regional Director and some of the senior staff, would review with governments in situ the assistance provided by WHO and objectives and methods would be readjusted as required. The WHO Representatives' role would be further strengthened with increased delegation of responsibility for assisting in programming at the country level.

The Representative of Australia referred to page 10 where there was an amount of \$25 760 listed for acquisition of furniture and equipment. This was the same as that of the previous year, which was only \$10 000 less than in 1972. He asked for an explanation as to why this amount had to be provided from year to year.

Miss Newton, Chief, Administration and Finance, said that the amount had decreased between 1972 and 1973 because the Regional Office had been making some major purchases and building improvements this year and last. This year, improvements were being made in the air-conditioning system which had become quite inadequate because offices had been split up to accommodate more staff. The Regional Office had a planned programme of acquisition of capital assets, including furniture, equipment and building improvements. It was hoped that beginning in 1973 the cost of the normal replacements of furniture and office equipment would have levelled out. The Regional Office had developed a plan to replace the various types of equipment at appropriate intervals, based on an assessment which had been made of the normal lifetime of various items of equipment and furniture under the conditions prevailing in Manila. The assessment had been carried out by a firm of expert appraisers which had also been required to make an appraisal for insurance purposes.

5.3 Field activities, including inter-country projects (pages 16-206)

5.3.1 Introduction

Dr Flache, Secretary, drew the attention of the Sub-Committee to the fact that the cost of country programmes amounted to \$4 333 000,

representing an increase of 8% over 1973. As far as inter-country projects were concerned, the total of \$1 258 000 as compared with the amount allocated for 1973 represented an increase of 13%.

In building up the proposals contained in document WPR/RC23/2, consideration had been given to the constitutional objectives of WHO and the Fourth Regional Programme of Work for a Specific Period (1973-1977). The programme was also structured within the framework of the Second United Nations Development Decade and was composed of traditional assistance and of newer projects, intended to help meet the growing problems associated with the urban trend, changing ecology and lengthening life span. The nature and components of WHO assistance in each particular field, the degree of implementation, the emphasis and the results expected depended upon the local situation. The most important guidelines were the priorities set by governments, the extent of development of existing health services, financial and economic resources and the availability of trained manpower.

Continued assistance would be given to national health planning activities, the promotion of co-ordination between the special and general health services and the more effective integration of specialized programmes into the basic health services. Assistance to the general health services was not merely concerned with the extension of health facilities to the periphery. It was combined with studies to improve health services delivery. Health practice research activities to improve performance would be continued. Since the number of national staff who had acquired professional competence was increasing, there were more requests for consultant services than for long-term advisory services.

Projects designed to develop or improve on the measures for the control of acute communicable diseases and, to a lesser extent, the amelioration of chronic, non-communicable diseases, consumed a major share of the budget, second only to Public Health Services. A sum of \$1 648 000, or 23.69% of the budget for all field activities, was earmarked for this purpose.

Although the strengthening and further development of epidemiological services and surveillance would still receive major consideration, more attention would be given to the prevention and control of gastro-intestinal, parasitic and arthropod-borne infections, which are very prevalent in many countries of the Region. Efforts to control or prevent dangerous communicable diseases, such as plague and cholera which were endemic in the Region, would also continue.

Attempts to integrate nationwide tuberculosis control programmes into the basic health services would continue. In 1974 only two countries in the Region would need full-time WHO tuberculosis officers; the needs of other countries would be met by consultant services or visits of the Regional Tuberculosis Advisory Team. The group training activities in the various aspects of tuberculosis control would continue.

The assessment of malaria eradication programmes would continue, with particular attention being given to areas where eradication measures had not been fully effective.

The allocation to Environmental Health, which includes environmental health, occupational health and radiation health, represented 11% of the total sum for field activities. This represented an increase of 14%, compared with 1973. The high prevalence of gastro-intestinal and parasitic diseases indicated the need for greater attention in this field, particularly at the local level. Continuing emphasis would be given to the improvement of rural water supplies, sanitary waste disposal, vector control, environmental pollution, food hygiene and sanitation. More attention would be given to the training of personnel in vector biology and control, since a large proportion of illnesses in the Region were transmitted through insect vectors. Although rural health continued to receive emphasis, urban health associated with such conditions as pollution, industrial hazards, and the quality, distribution and consumption of drugs was being given increasing attention in some countries.

There was, too, a growing awareness of the need to solve the problems connected with occupational health and more requests for assistance in this field were being received, as reflected by the allocation of \$199 000 in 1974 compared to \$9000 in 1973.

The health laboratory services programme aimed at the development and strengthening of a co-ordinated laboratory system at national, regional and local levels. Staff would be trained in standard laboratory techniques and laboratory organization and management. Consultant services had been included to assist countries in improving the production and control of biologicals.

Under the broader label of Family Health, family planning was being increasingly interrelated with maternal and child health, nutrition and health education. Scattered attempts to make family planning operationally autonomous were giving way to efforts to link them with the general health services, as it was increasingly recognized that family planning programmes as such could only be successful where adequate maternal and child health services existed.

The integration of nutrition in the field of family health was demonstrated by the inclusion of a medical nutritionist or a public health nutritionist as a member of the team in several family health projects for 1974. Assistance in health education was also included in a number of these projects. In addition to the provision made in the regular programme and budget, funds were expected from UNFPA. WHO was being asked by more governments to provide assistance with the planning of their programmes and the formulation of their requests to UNFPA. Operational research and evaluation in the field of family planning would be developed further in 1974 with assistance from WHO.

In the field of dentistry, there was a definite trend to move away from curative to preventive services. Emphasis was being placed on

activities such as dental hygiene in schools and the training of dental auxiliaries for schools and dental health services in maternal and child health clinics. The budgetary provision for 1974 was \$176 000; this represented an increase of 35% over 1973.

In the important field of Education and Training, which was one of WHO's main priorities, there had been an increasing demand for consultant services to advise on the formation of post-graduate courses, rather than for assistance in the development of undergraduate departments. Increasing emphasis was also being given to teacher training, not only in medical schools attached to universities but also in institutions of public health and other training centres run by ministries of health. A sum of \$1 318 000 was provided for education and training activities in 1974, nearly 19% of the total allocation for field activities.

5.3.2 Discussion - country programme

The Representative of the United States of America said that there were some areas in which the Regional Committee and the World Health Assembly had indicated priority interest and yet there appeared to be reductions in these activities in the budget under consideration. He referred particularly to Environmental Health, which showed a decrease in 1974 over 1973 of about 11%. Another problem area which had been stressed in international health forums was venereal disease, which showed a reduction of some 62% from 1973 to 1974. In some fields on the other hand, there were increases - 25% in the field of tuberculosis and over 2000% in occupational health, the latter possibly being a reflection of the resolution adopted at last year's Regional Committee. He sought some clarification on these trends since, firstly, they did not appear to be consistent with the priorities expressed by the Committee in the past and, secondly, the proposed programmes did not appear to be consistent with, or contribute to, the long-term programme of work adopted by the World Health Organization.

Dr Flache, Secretary, said that the budget was a reflection of governments' requests for assistance. At last year's Regional Committee, the need for increasing emphasis in the field of venereal disease, for example, had been mentioned by the Regional Director, but requests from governments for assistance had not been forthcoming. In general terms, the programme of the Western Pacific Region corresponded to the priorities of the World Health Assembly. He had mentioned only the broad areas of the regional endeavours. For the time being, the objectives of the health field continued to be short-term but it was hoped that within the next few years, perhaps by 1975, governments would be able to define more closely their national priorities. Only then could long-term objectives become truly meaningful.

In reply to the question raised by the Representative of the United States of America, Mr Tomassi, Regional Adviser on Environmental Health, said that the magnitude of any programme depended on government requests. The environmental health programme was divided into two parts - inter-country and direct assistant to countries. As far as the inter-country

programme was concerned, the guidelines of the long-term programme, which was projected until 1981, were being closely followed. The trend in the country programmes was for governments to request short-term consultants to advise on specific aspects of the environment. As a result, some of the long-term projects were either due to terminate or would be reduced in terms of personnel in 1973/74. It was difficult to analyze the reason for the decrease of \$60 000 in this field without going through the budget project by project. (Further information on the environmental health programme is given under Part III, Section 9, Regional activities in environmental pollution control.)

The Representative of New Zealand, referring to the implementation of the 1971 regular budget, Annex 1 of document WPR/RC23/P&B/2, said that the revised estimate for Health Education for that year was \$78 111 and obligations incurred \$124 155. Annex 1 of document WPR/RC23/P&B/5 showed estimated obligations of \$108 000, \$102 000, \$53 000 and \$50 000 for the years 1972, 1973, 1974 and 1975, respectively. He requested an explanation for these decreasing figures of over 50%.

In reply, Dr Flache, Secretary, said that health education continued to receive emphasis which the figures did not accurately reflect. This was due to the fact that certain activities, of which health education was one, previously shown under other components, were now being placed under family welfare projects.

The Regional Director pointed out that in 1973 there was a seminar on health education, the costs of which were more than \$24 000. This was not repeated in 1974. He thought it useful to explain briefly to the Committee the Western Pacific Region's programming cycle.

In November of each year, the WHO Representatives met in Manila, together with the Regional Advisers and other staff. The WHO Representatives at that time made statements on the health situation in the country to which they were assigned, and the Regional Advisers reviewed their various fields in the regional context. During the discussions, a programme was developed, taking into account what were understood to be the priorities of the individual countries and territories of the Region. In December of each year, letters were sent to governments asking for requests for two years ahead. In these letters projects were suggested to the government and these included the priorities mentioned by the Representative of the United States of America. Requests were stimulated in fields which WHO felt were useful or necessary while respecting the final decisions of governments in this regard.

The Representative of the United States of America said that his delegation looked to WHO and its Regional Offices to play a leadership role in the development of health programmes throughout the world. These should be a reflection of discussions, advice and resolutions adopted by the various governing bodies within the Organization. He hoped that WHO would continue to assume this leadership role throughout the Region and throughout the world in order to reach the health goals which were being set.

The Representative of Singapore requested some explanation concerning fellowships which had been requested by Singapore in the fields of public health services and vital and health statistics. These fellowships were originally requested in 1972 and approved, but suitable candidates could not be found. She wished to know the procedure followed in such cases.

Dr Flache, Secretary, said that if suitable candidates could not be found for approved fellowships the funds reverted to savings, which, if possible, were utilized in the same field and under the same appropriation section by the country concerned. If this were not possible, the savings were returned to WHO Headquarters. If the fellowships were still required the request would have to be repeated in the following year.

The Representative of Western Samoa referred to the nursing education fellowship on page 159 of the document under study. He felt that health education should be an essential part of the training envisaged.

Dr Flache, Secretary, said that consideration would be given to extending the nursing fellowships to include health education, if this proved feasible.

5.3.3 Inter-country projects

General

The Representative of the United States of America said that, as last year, he wished to commend the Regional Director for the increasing emphasis towards regional programmes, reflected by the increase for these activities, which it was felt was important in view of the available resources.

National health planning courses (WPRO 4101)

The Regional Director said that some years ago, when the Regional Committee had approved the establishment of national health planning courses for the Western Pacific Region, a certain amount had been budgetted for fellowships, consultants and other operational expenditures. There had been a good response to these courses during the initial years, but recently, despite expressions of interest having been shown, it had been noted that candidates were often withdrawn at the last moment. He felt sure that everyone agreed that there was a need for training national staff in health planning and hoped that, in the future, governments would make firm commitments when designating participants. It became difficult otherwise to plan for these courses and the cost benefit in this regard would be severely affected.

The Representative of Singapore considered that courses in national health planning were essential so that national staff could have a more comprehensive view of long-term planning.

Regional Centre for the Training of Anaesthetists (WPRO 4303)

There had been also an unexplained loss of interest in the Regional Centre for the Training of Anaesthetists, again, despite expressions of interest having been shown by a number of countries. At the outset of the project, a consultant had determined the needs in discussions with governments. It was on the basis of his report that the Centre had been founded. The Regional Director felt that there was a need for more national staff to be trained in this field and hoped that there would be greater response. If this were not forthcoming, it might be necessary to recommend deletion of this activity.

The Representative of Australia requested clarification of the figures given for fellowships. In the narrative ten trainees were mentioned from the Philippines and ten from other countries, whereas the provision was for only five fellowships.

The Sub-Committee was informed that because of the lack of interest mentioned by the Regional Director, it had been decided to provide for only five fellowships at this stage. The remaining five were contained in the List of Additional Projects and could be implemented, if required and savings became available.

Courses in health education for nurses

The Representative of Western Samoa expressed the desire for regional, or possibly even national, courses in health education for nurses.

Study on effects of radiation in the population of the Western Pacific Region

The Representative of the Philippines asked the Regional Director to consider the possibility of including in the 1975 programme and budget estimates provision for a study to collect data on the effects of radiation on the population of the Western Pacific Region.

The Regional Director said that he would explore the feasibility of undertaking such a study with the Director-General as it would be unwise to duplicate work which might be carried out by WHO Headquarters.

5.4 Special Accounts (pages 207-220)

The Sub-Committee noted that the implementation of the items listed under this heading depended upon the contributions made to the Special Accounts.

5.5 Consideration of the 1974 List of Additional Projects (pages 221-249)

Dr Flache, Secretary, drew the attention of the Sub-Committee to the fact that requests totalling \$1 728 153 had had to be placed in the

List of Additional Projects as they could not be accommodated in the budget estimates for 1974 although they were technically valid.

Malaysia

The Representative of Malaysia requested:

(a) for the School of Occupational Therapy, an adviser for two years to assist and advise on the establishment of the school, along with a twelve-month fellowship;

(b) for the School of Artificial Limb Fitters, an adviser for two years to assist and advise on the establishment of the school for the training of artificial limb fitters, along with a twelve-month fellowship;

(c) the continuation of the services of the adviser in health legislation /see page 12, under Malaysia, paragraph (b)/.

Dr Flache, Secretary, suggested that in view of the many requests made to WHO for assistance, the Government of Malaysia might wish to consider submitting a request to the UNDP for the above assistance as similar rehabilitation projects in other countries were being funded in this way.

Republic of Korea

The Representative of the Republic of Korea requested the continuation of the services of advisers in maternal and child health and in air pollution /see page 12, under Republic of Korea, paragraphs (a) and (b)/.

Republic of Viet-Nam

The Representative of the Republic of Viet-Nam requested the following additions:

(a) Under leprosy, the inclusion of three consultant months, a three-month fellowship for the medical officer in-charge of the programme, two one-month fellowships for staff at national level, and a six-month fellowship for a physiotherapy technician.

(b) Under dental health, three three-month fellowships for dentists.

6 Consideration of tentative projection for 1975 (Document WPR/RC23/P&B/5)

The Sub-Committee noted that the tentative projection had been prepared in response to the World Health Assembly resolution dealing inter alia with biennial programming (resolution WHA22.53). In the projection prepared for 1975, account had been taken of the following

elements: (a) continuation of existing activities; (b) anticipated increase in cost of the existing personnel; (c) deletion of projects expected to terminate in 1974; and (d) the priorities expressed by governments when they submitted their requests for 1974.

7 Resolutions

The Committee adopted unanimously the following four resolutions in connexion with the programme and budget estimates:

Budget performance 1971 - Direct services to governments
(resolution WPR/RC23.R13)

Modifications made to the 1972 and 1973 programme and budget estimates (resolution WPR/RC23.R14)

Proposed programme and budget estimates for 1974
(resolution WPR/RC23.R15)

Tentative projection for 1975 (resolution WPR/RC23.R16)

PART III. OTHER MATTERS

1 Rules of Procedure of the Regional Committee for the Western Pacific (Use of Chinese as an official language) (Document WPR/RC23/16)

The Committee established a Sub-Committee on the Rules of Procedure, consisting of the Representatives of Australia, France, Japan, New Zealand, the Republic of Korea and the United Kingdom. The Sub-Committee met on 28 September 1972 to consider the revision of the Rules of Procedure to include Chinese as an official language of the Committee. The report of the Sub-Committee was presented to the main Committee on 29 September 1972. The Representative of the Republic of Viet-Nam stated that he could not support the proposal. The Chairman asked for a vote by show of hands on the report. The result of the voting was 10 in favour, 1 against, with 3 abstentions. The proposed revisions were, therefore, adopted (see resolution WPR/RC23.R6).

2 Resolutions of regional interest adopted by the Twenty-fifth World Health Assembly and the Executive Board at its forty-ninth and fiftieth sessions (Document WPR/RC23/4)

The Committee considered the following resolutions:

Community water supply (resolution WHA25.35)

Training of national health personnel (resolution WHA25.42)