

SUMMARY RECORD OF THE FIFTH MEETING

Conference Room, Guam Hilton
Tuesday, 3 October 1972 at 9.00 a.m.

CHAIRMAN: Mr F.S. Cruz (United States of America)

CONTENTS

	<u>page</u>
1 Announcement	134
2 Consideration of draft resolutions	134
3 Statement by Representative of Western Samoa on the Report of the Regional Director (continued) ..	135
4 Consideration of the report presented by the Sub-Committee on Programme and Budget	136
5 Resolutions of regional interest adopted by the Twenty-fifth World Health Assembly and the Executive Board at its forty-ninth session (continued)	139
6 Regional activities in environmental pollution control	139
7 Comprehensive and co-ordinated teacher training programme for health personnel	141
8 Long-term inter-country programme in the field of health laboratory services	142
9 WHO Serum Reference Bank in Tokyo	142

Fifth MeetingTuesday, 3 October 1972 at 9.00 a.m.

PRESENT

I. Representatives of Member States

AUSTRALIA	Dr H.M. Franklands Dr R.W. Cumming
FRANCE	Dr A. Cheval
JAPAN	Dr T. Ishimaru Dr R. Kono Dr R. Okamoto
KHMER REPUBLIC	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
NEW ZEALAND	Dr C.N.D. Taylor
PHILIPPINES	Dr J. Azurin
PORTUGAL	Dr D.H. Silva Ferreira Dr M. Lopes
REPUBLIC OF KOREA	Dr H.K. Park
SINGAPORE	Dr Sivakami Devi
UNITED KINGDOM	Dr P.W. Dill-Russell Dr H.S. Chan
UNITED STATES OF AMERICA	Mr F.S. Cruz Dr J.C. King Dr C. Crim Mr R. Coddington Dr A. Hicking Miss J.M. Johnson Mr E.H. Noroian

VIET-NAM Dr Nguyen Tuan Phong

WESTERN SAMOA Dr Leota Tautasi

II. Representative of Associate Member

PAPUA NEW GUINEA Dr J.O. Tuvi

III. Representative of the United Nations and Related Organizations

UNITED NATIONS AND
UNITED NATIONS DEVELOPMENT
PROGRAMME Mr W.M. Harding

IV. Representatives of non-governmental organizations

LEAGUE OF RED CROSS
SOCIETIES Mrs Ruth Macomber

WORLD FEDERATION OF PUBLIC
HEALTH ASSOCIATIONS Dr C.N.D. Taylor

V. WHO Secretariat

SECRETARY Dr Francisco J. Dy
Regional Director

1 ANNOUNCEMENT

The CHAIRMAN welcomed Dr Hicking, of the United States delegation, who had arrived from the Trust Territories.

2 CONSIDERATION OF DRAFT RESOLUTIONS

The Committee considered the following draft resolutions:

2.1 Disinsection of Aircraft (Document WPR/RC23/WP/5 Rev.1)

Decision: The draft resolution was adopted without comment (see resolution WPR/RC23.R7).

2.2 Drug Dependence (Document WPR/RC23/WP/7)

The REGIONAL DIRECTOR, referring to the first operative paragraph of the draft resolution, explained that, although he would follow faithfully the mandate given him by the Committee, he would like further clarification of what was meant by the words "to establish a methodology" as the basis for a long-term programme. How could a methodology established in one country relate to conditions prevailing in another country? Would the Committee agree to delete the four words in question?

Dr KING (United States of America) considered that it was difficult to find a wording that would express the idea of seeking a general approach to develop information about the epidemiology of drug abuse. Probably the methodology used would differ from one country to another. He understood the concern felt by the Regional Director and would agree to delete the four words since their absence would not change the sense.

Decision: The draft resolution, as amended, was adopted (see resolution WPR/RC23.R8).

2.3 Health Consequences of Smoking (Document WPR/RC23/WP/8)

Decision: The draft resolution was adopted without comment (see resolution WPR/RC23.R9).

2.4 WHO Fellowship Programme (Document WPR/RC23/WP/9)

Decision: The draft resolution was adopted without comment (see resolution WPR/RC23.R10).

2.5 Long-term Planning in the Field of Health, Including Long-term Financial Indicators (Document WPR/RC23/WP/10)

Dr KING (United States of America) said that his delegation had carefully studied the document and, in view of the great importance of the subject, he wished to propose the addition of two more operative paragraphs, to read as follows:

"3. ENCOURAGES the Regional Director to continue offering assistance to Member governments of the Region to develop their own capacity for planning; and

"4. REQUESTS the Regional Director to report again at the Twenty-fourth Regional Committee Meeting any changes or developments in health planning in the Region, which would warrant such a report."

Decision: There being no objections, the draft resolution, as amended, was adopted (see resolution WPR/RC23.R11).

2.6 Quality of Food on International Flights
(Document WPR/RC23/WP/11)

Decision: The draft resolution was adopted without comment (see resolution WPR/RC23.R12).

3 STATEMENT BY THE REPRESENTATIVE OF WESTERN SAMOA ON THE REPORT OF THE REGIONAL DIRECTOR: Item 10 of the Agenda (Document WPR/RC23/3) (continued from the second meeting, section 1)

Dr TAUTASI (Western Samoa), after explaining that circumstances had delayed his arrival, said he wished to refer particularly to paragraph 1.3.4 of the Report on the subject of dengue fever. Early in 1972 there had been an outbreak of unknown fever in Western Samoa; although the symptoms were different, the effect on the population was similar to influenza. Ten paired specimens had been sent to the Medical School of Otago in New Zealand for laboratory diagnosis; most of them showed significant rises of titre against Dengue Type II and 1052. In May 1972 the epidemic had subsided after a total of about 2000 cases had been reported. There had been no haemorrhagic cases. The outbreak had revealed the great need for a proper vector control programme, especially in regard to the distribution of Aedes aegypti, to be carried out, if possible, with WHO assistance.

He then referred to the technical assistance of WHO and the material assistance of UNICEF which 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.

Examination of Figures 2 and 4 on pages 52 and 54 illustrated that Western Samoa was among the countries which had derived the most benefit from fellowship awards. WHO had clearly done everything possible to help countries with the fewest training facilities and the greatest needs. Western Samoa was deeply grateful for WHO assistance in improving the health of its people.

4 CONSIDERATION OF THE REPORT PRESENTED BY THE
SUB-COMMITTEE ON PROGRAMME AND BUDGET: Item 8.2 of the Agenda
(Document WPR/RC23/19)

Dr FLACHE, Director of Health Services, explained that the French version would be brought into line with the English version, which was correct. On page 16 under the heading "Republic of Viet-Nam" should be added a sub-paragraph (d) relating to a request for three three-month fellowships in dental hygiene.

Dr AZURIN (Philippines) recalled that at the meeting of the Sub-Committee he had attempted to introduce an amendment in connexion with radiation health into the section 5.3 relating to inter-country projects. He wished to suggest that the Regional Director should consider how to appropriate an amount in the 1975 budget to study the effects of radiation on the population of the Western Pacific Region. He then proceeded to quote several passages from the Handbook of Resolutions adopted in recent years by the World Health Assembly and the WHO Executive Board. These resolutions stressed the dangers to present and future generations of nuclear weapon tests in the atmosphere, on the ground and under water, and called for thorough studies to be made. He urged that WHO should play a major role in the prevention and study of the effects of radiation on health. No such item appeared in the Proposed Programme and Budget Estimates and he hoped that an amount to be determined by the Regional Committee could be incorporated in some future budget of the Region.

The REGIONAL DIRECTOR invited Dr Vouk from WHO Headquarters, Geneva, to give an outline of what had been done by WHO in that field.

Dr VOUK, WHO Headquarters, Geneva, said that the programme had been in operation for a number of years in co-ordination with IAEA and the UNSCEAR. Its objectives were first, to assist with health authorities in Member countries in establishing and developing adequate environmental radiation monitoring systems; secondly, to promote uniform methods of measurement and agreed procedures for calibration of instruments and for recording and analysing results; and, thirdly, to provide guidelines for public health assessment of actual or potential releases of radioactivity into the environment. The Centre for Radiation Protection (SCPRI) at le Vésinet, France, had been designated a WHO International Reference Centre for Environmental Radiation. During its first two years of operation the Reference Centre had conducted an inter-laboratory comparison of methods, in co-operation with about ten laboratories in five regions. Samples of milk had been sent to several laboratories and the results compared and interpreted. Such action would be followed up on a larger scale in 1973. In the Western Pacific Region two laboratories in Japan and New Zealand were collaborating on the subject.

Dr AZURIN (Philippines) said that he had in mind a specific programme in which the Western Pacific Region would undertake separate studies on the effects of such radiation on the population of the Region. It would have to be a long-range programme and that constituted a problem at the present time. Considerable mention had been made in the Manila press on the effects of radiation on both the population and the weather of the Region. WHO had not issued any statement because of the lack of data and he therefore urged the establishment of a modest pilot project on the subject.

The REGIONAL DIRECTOR said that he would include a proposal to conduct studies on the effects of radiation on the population in the programme, if the Committee so desired. He would require more details of what was being proposed. WHO conducted studies in certain limited fields and its role was mainly to assist existing institutions, universities and other agencies in the various countries because such bodies were better prepared to carry out such studies. He asked the other Representatives to comment on the proposal.

Dr OKAMOTO (Japan) remarked that, in the opinion of his delegation, the proposed study called for special consideration of the many difficulties hindering its implementation. No decision could be reached without further discussion and consideration of the problem. In view of the serious potential menace to human life represented by radiation, his delegation realized the need for profound study on the

effects of radiation. To that end two centres were currently operating in two cities in his country under the supervision of the Atomic Bomb Casualties Commission but not enough scientific data were at present available to present to the Committee. In the opinion of his delegation, it was premature to discuss the matter and it should be shelved until a more favourable occasion.

Dr KING (United States of America) said that, while sharing the concern felt by the Representative of the Philippines, he wondered whether the subject was appropriate for discussion at regional committee level. A statement had been made as to what was being done at WHO Headquarters in international co-ordinated research and, if the Regional Office ventured into this field, its activities might duplicate or even be detrimental to the action being taken by Geneva.

The CHAIRMAN pointed out that the delegations of Japan and the United States of America had raised objections to the inclusion of the item at the present time and wondered whether any delegation was in favour of it.

Dr AZURIN (Philippines) said he realized that the item was not appropriate at present; it was not included in the Agenda and his purpose in raising it was to suggest, not to propose, that the Regional Director should consider whether it could be incorporated in the 1975 budget.

The REGIONAL DIRECTOR said that he had not previously understood that the Representative of the Philippines was only making a suggestion. He had thought that he was proposing that a study on the effects of radiation should be budgeted for in 1974. He would discuss the feasibility of undertaking such a study in the Region with the Director-General. As the Representative of the United States had rightly pointed out, the Western Pacific Region wished to complement but not duplicate the work done by WHO at Headquarters.

It was agreed that the Regional Director should forward the suggestion of undertaking a study on radiation in the Western Pacific Region to the Director-General of WHO.

4.1 Consideration of Draft Resolutions submitted by the Sub-Committee on Programme and Budget

The Committee considered the following draft resolutions:

4.1.1 Budget Performance 1971 - Direct Services to Governments (Document WPR/RC23/P&B/WP/1)

Decision: The draft resolution was adopted without comment (see resolution WPR/RC23.R13).

4.1.2 Modifications Made to the 1972 and 1973 Programme and Budget Estimates (Document WPR/RC23/P&B/WP/2)

Decision: The draft resolution was adopted without comment (see resolution WPR/RC23.R14).

4.1.3 Proposed Programme and Budget Estimates for 1974 (Document WPR/RC23/P&B/WP/3)

Decision: The draft resolution was adopted without comment (see resolution WPR/RC23.R15).

4.1.4 Tentative Projection for 1975 (Document WPR/RC23/P&B/WP/4)

Decision: The draft resolution was adopted without comment (see resolution WPR/RC23.R16).

5 RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE TWENTY-FIFTH WORLD HEALTH ASSEMBLY AND THE EXECUTIVE BOARD AT ITS FORTY-NINTH SESSION: Item 11 of the Agenda (Document WPR/RC23/4) (continued from the third meeting, section 4.3)

Dr TAYLOR (New Zealand, Rapporteur) stated that the Representative of the Philippines had decided not to submit a separate resolution concerning smallpox vaccinations to the present session of the Committee, as he had suggested at the fourth meeting, but to raise the matter at a future World Health Assembly.

6 REGIONAL ACTIVITIES IN ENVIRONMENTAL POLLUTION CONTROL: Item 18 of the Agenda (Document WPR/RC23/11)

The REGIONAL DIRECTOR stated that document WPR/RC23/11 contained the second progress report on the subject. It described (1) the fact-finding survey by a three-man consultant team in 1971; (2) the preparations being made for the first regional seminar on environmental pollution: air pollution, scheduled to be held in Manila in May 1973; (3) the WHO-assisted environmental pollution control activities carried out during the reporting period; and (4) the training programme in this field. Representatives might wish to comment on the conclusions of the consultant team which were given on page one of the document. Copies of the full report of the team had also been distributed.

Dr KING (United States of America) stated that the United States Delegation wished to commend the Regional Director and his staff on the progress that had been made in the regional activities in environmental pollution control. The multidisciplinary approach,

as well as the comments and recommendations, of the consultant team were noted. It was hoped that this approach indicated a totally integrated one to the protection from environmental pollution and that it would include the various agencies and professional disciplines, national and international organizations, training, research, development of criteria and standards, information exchange, surveillance, monitoring, etc. Reference was made to the financial implications and information was requested regarding the proposed funding of the long-term programme. The programme and budget estimates for 1974 (document WPR/RC23/2) showed on page 2 a decreasing obligation from "Other Sources", from US\$580 000 in 1972, to \$230 000 in 1973 and \$148 000 in 1974. Concern was expressed about this overall drop in other sources funding and particularly in an area where there was an attempt to move ahead.

Mr TOMASSI, Regional Adviser on Environmental Health, referring to the funding of long-term programmes in environmental health, stated that in an unofficial document entitled "Long-term Programme in Environmental Health" a costing had been made of the activities which would be undertaken by the Regional Office on an inter-country basis. The programme was estimated to cost \$310 000 in an eleven-year period, or about \$30 000 a year, from the regular budget. It was not possible, however, to cost the assistance which would be given directly to countries as this depended on governmental requests.

Concerning the reduction of other sources of funding, this referred mainly to UNDP funds which were practically the only outside source for environmental health programmes in the Region. One reason for the reduction was that in 1971 UNDP had embarked upon the formulation of country programmes. This exercise had been completed only in some countries while it was still being conducted in others. The Regional Office had been involved in the preparatory phase of the environmental health component of UNDP country programmes in all countries. In addition to the projects listed in the proposed programme and budget estimates for 1974, others would probably be funded from UNDP but could not be included in the document until the approval in principle of governments and UNDP was obtained. Another reason for the reduction was the termination in June 1972 of a large-scale water supply and sewerage project in Taiwan, scheduled to last three years and operational for only eight months.

To give details about the apparent decrease in outside funding, Mr Tomassi reviewed briefly all the environmental health activities in the Region which had been or were being financed under UNDP. He also mentioned some projects which, although not listed in the programme and budget estimates for 1974, had already reached an advanced stage of planning.

The REGIONAL DIRECTOR stated that the provision for environmental health in the budget was not a true reflection of the activities being conducted by governments in this field. WHO had provided consultants to assist a number of countries in the Region and these consultants had made recommendations which the governments were carrying out. Furthermore, the establishment of a long-range inter-country programme in environmental pollution was aimed at generating interest on the part of Member countries in this important subject and, following the seminars, a number of which were planned, it was hoped that activities would be expanded. He agreed completely with the Representative of the United States of America about the importance of environmental health. Many of the prevailing communicable diseases could be reduced if sanitation were improved. Cholera had been in existence in the Region for more than ten years and the solution for this problem was improved environmental health. The Regional Director assured the Representative of the United States of America that WHO was doing all it could to encourage governments to improve sanitation in their respective countries.

There being no further comments, the CHAIRMAN requested the Rapporteurs to prepare an appropriate resolution. (For consideration of draft resolution, see the sixth meeting, section 1.1.)

7 COMPREHENSIVE AND CO-ORDINATED TEACHER TRAINING PROGRAMME
FOR HEALTH PERSONNEL: Item 19 of the Agenda
(Document WPR/RC23/12)

The REGIONAL DIRECTOR said that since writing the report, there had been further developments in connexion with the establishment of a Regional Teacher Training Centre. Agreement had been reached with the Australian Government and an exchange of letter had been prepared for signature. This would mean that activities in the form of short courses and seminars should commence during 1973. The Regional Director also announced that the United Nations Development Programme had agreed to assist in the development of the Centre by providing funds for consultants and fellowships. He thanked the Australian Government for the interest it had shown in the development of the Centre which would certainly have a significant impact on the development of health manpower in the Region.

Dr KING (United States of America) expressed his delegation's support of the development of this training centre, which was an extremely valuable addition in the Region. However, it was not clear as to the level of teacher training at which the programme would be aimed. He was glad to hear the Regional Director's statement that UNDP financing would be available.

The REGIONAL DIRECTOR explained that the plan was to provide, gradually, training facilities for teachers and professors in medical, nursing and dental schools. The objective was to ensure that members of faculties would be trained as a team and not to confine the training to teachers in colleges or schools of medicine.

There being no further comments, the CHAIRMAN requested the Rapporteurs to prepare an appropriate resolution. (For consideration of draft resolution, see the sixth meeting, section 1.2.)

8 LONG-TERM INTER-COUNTRY PROGRAMME IN THE FIELD OF HEALTH LABORATORY SERVICES: Item 20 of the Agenda (Document WPR/RC23/13)

The REGIONAL DIRECTOR stated that document WPR/RC23/13 contained a progress report on the action taken on resolution WPR/RC22.R19 adopted by the Regional Committee at its last session. The Committee would note that the preparatory work in connexion with the publication of a directory of medical and allied laboratory services in countries and territories of the Western Pacific was well advanced, and that some progress had been made in the development of quality control and collaboration between national laboratories in the Region.

Dr KING (United States of America) said that his delegation wished to commend the Regional Director on the progress made in compiling the directory of medical and allied laboratories. He noted the statement in 2.3 on page 4 of the document that it was essential that diagnostic virology laboratories should be fully conversant with the most suitable and practical techniques of smallpox diagnosis. He urged that, in addition, instructions should emanate from these laboratories to include a more specific statement on diagnostic procedures to verify smallpox, an area which, although mentioned, was not given adequate priority. He expressed satisfaction with the work planned for 1973/1974, particularly the training courses on venereal disease serology and bacteriology and on the bacteriology of cholera, both of which were serious problems in the Region.

There being no further comments, the CHAIRMAN requested the Rapporteurs to prepare an appropriate resolution. (For consideration of draft resolution, see the sixth meeting, section 1.3.)

9 WHO SERUM REFERENCE BANK IN TOKYO: Item 21 of the Agenda (Document WPR/RC23/14)

The REGIONAL DIRECTOR stated that this item had been placed on the agenda as it was felt that the Committee would be interested in

learning about the establishment of a WHO Serum Reference Bank in Tokyo. The specific objectives of the WHO Serum Reference Banks were described in section 2 of the document. The Committee would note that the Bank in Tokyo had now the staff and equipment, as well as the necessary organizational experience, to participate in international health programmes. A copy of the "Operating Guide for Users", which was intended to facilitate international co-operation, was annexed to the document prepared for this item on the agenda. One aspect of the programme to which considerable importance was attached was that of education and training. The Regional Director hoped that governments in the Region would take full advantage of the services offered by the Serum Bank in Tokyo.

Dr KONO (Japan) said that the WHO Serum Reference Bank in Tokyo had two objectives, the practical and the scientific. On the practical side, it provided consultation and advice to national health services on immunological surveys. Useful information could be obtained on the immunological status of a population before and after giving vaccinations against poliomyelitis, diphtheria, measles, rubella, etc. As far as sampling was concerned, it was recommended that twenty-five serum samples should be taken for every five years of age - i.e., 0-4 years, 5-9 years, etc., so that 200-400 aliquoted specimens would give a general pattern of the immunity status of the population. Regarding the scientific aspect, the aliquots which did not have to go immediately to the laboratory for serological tests were stored in a refrigerator for future use. Some of these were distributed to other laboratories, as required, for scientific study. Others were stored for posterity studies, such as those for special ethnic groups which might vanish, or for patients of epidemics with unknown aetiology. Priority was given to activities directly related to operating WHO programmes.

During its two years of existence, the WHO Serum Reference Bank in Tokyo had been concentrating on work within Japan to permit the staff of the National Institute of Health to develop operational methodology and acquire experience in this new field prior to undertaking international commitments. Since its inception, the Bank had collected, transported, stored and examined sera coming from selected provinces in Japan. Table 1 in the document under study gave a list of the serum collections made.

Dr Kono then drew attention to the process chart attached to the "Operating Guide for Users" and explained that the portion above the line across the page showed the process undertaken by the user. He referred to item 3 of the Guide and said that in the Western Pacific Region it would be desirable if proposals for the deposit of serum collections could be made through the Regional Office. Statistically sound samples were desirable but these were sometimes

difficult to obtain. He stressed that it was essential to consult the Bank before field work was initiated and that sterility was an essential factor in serum collection. To encourage users, the Serum Bank would pay the cost of transporting sera for the time being.

Dr Kono then read points 3.2 to 3.4 of the "Operating Guide for Users" and section 2.1 Future Activities of document WPR/RC23/14. He stated that in future serum collections could be used for the investigation of biochemical matters, such as the serum cholesterol level for nutritional studies or the prevention of cardiovascular diseases, the serum level of heavy metals such as mercury, DDT, BHC, etc. which could be used as a marker of environmental pollution. Genetic and haematological studies would also be made on the serum collections, thus making the serological studies multipurpose.

Dr TOW SIANG YEOW (Malaysia) said that his delegation wished to congratulate the Representative of Japan for his interesting comments. This information was invaluable for the epidemiological studies which Member countries were, or would be, carrying out. In Malaysia, serological sample surveys were scheduled to commence in late 1973 and these would be sent to the Serum Reference Bank in Tokyo. It was hoped that the results would provide additional epidemiological data on the various diseases of public health importance in his country.

Dr ISHIMARU (Japan) congratulated WHO for having established the Serum Reference Bank in Tokyo. Every year since 1966 the Ministry of Health and Welfare in Japan had conducted epidemiological forecast surveys of poliomyelitis, influenza, diphtheria, rubella, Japanese encephalitis, etc., through sero-epidemiological studies. A total of 10 000 serum samples had been taken each year at random by age and by sex. These surveys had provided useful information concerning the threat of such infections and the age group at risk which required vaccination. In view of the usefulness of the surveys, the Ministry of Health and Welfare had decided to inaugurate a national serum reference bank this year along with the WHO Serum Reference Bank in Tokyo. It was anticipated that the two institutions would work together effectively in the future. He urged all Member countries to utilize the WHO Serum Reference Bank in Tokyo in order to promote epidemiological surveillance in the Region.

There being no further comments, the CHAIRMAN requested the Rapporteurs to prepare an appropriate resolution. (For consideration of draft resolution, see the sixth meeting, section 1.4.)

The meeting rose at 11.45 a.m.