

SUMMARY RECORD OF THE SECOND MEETING

Conference Room, Guam Hilton
Wednesday, 27 September 1972 at 2.30 p.m.

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

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Second MeetingWednesday, 27 September 1972 at 2.30 p.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. Okamoto
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
NEW ZEALAND	Dr C.N.D. Taylor
PHILIPPINES	Dr J. Azurin
PORTUGAL	Dr D.H. Silva Ferreira Dr M. Lopes Mr J.C.P. das Neves
REPUBLIC OF KOREA	Dr H.K. Park Mr W.S. Lee
SINGAPORE	Dr Sivakami Devi
UNITED KINGDOM	Dr P.W. Dill-Russell Dr H.S. Chan
UNITED STATES OF AMERICA	Mr F.S. Cruz Dr S.P. Ehrlich, Jr. Dr J.C. King Mr R. Coddington Mr G.J. Dugan Dr M. Kumangai Miss J.M. Johnson Mr E.H. Noroian

VIET-NAM

Dr Tran-Minh-Tung
Dr Truong-Minh-Cac
Dr Nguyen Tuan PhongII. Representative of Associate Member

PAPUA NEW GUINEA

Dr J.O. Tuvi

III. Representatives of non-governmental organizationsINTERNATIONAL DENTAL
FEDERATION

Professor T. Fusayama

LEAGUE OF RED CROSS
SOCIETIES

Mrs Ruth Macomber

WORLD FEDERATION OF
PUBLIC HEALTH ASSOCIATIONS

Dr C.N.D. Taylor

IV. WHO Secretariat

SECRETARY

Dr Francisco J. Dy
Regional Director

1 REPORT OF THE REGIONAL DIRECTOR: Item 10 of the Agenda (Document WPR/RC23/3)

In introducing the Annual Report, the REGIONAL DIRECTOR said that the communicable diseases continued to be a major cause of mortality and morbidity in the developing countries. Cases of plague were still being reported in the Republic of Viet-Nam and the disease had reappeared in certain areas of the Khmer Republic. The number of cholera cases had increased in Singapore, Malaysia, the Republic of Viet-Nam and the Philippines. Typhoid fever had a high incidence in the Republic of Korea and in the Philippines, while an extensive outbreak of poliomyelitis had been reported in Malaysia. Venereal diseases, although often under-reported, seemed to be on the increase. It was, however, encouraging that tuberculosis control showed spectacular progress, mainly because countries in the Region were applying the principles recommended by WHO. More than 12 million children annually were receiving BCG vaccination. Those countries which had tuberculosis statistics available demonstrated the recent remarkable reduction in both the severity and prevalence of the disease.

Turning to the malaria eradication programmes, the Regional Director said that although no regressions had been observed, progress had not always been as rapid as anticipated. One exception was the current programme in the British Solomon Islands Protectorate which encompassed the entire population, while spraying covered 98% of the project area. Provided government support continued at the present level and the tempo was sustained, eradication might be achieved there within five years. A programme would shortly be started in the New Hebrides. A very significant role was being played by the International Malaria Eradication Training Centre in Manila which, since its establishment in October 1963, had met the training needs of some forty countries.

Another interesting development was the filariasis control project in Western Samoa where, as a result of mass drug administration, the overall microfilarial rate had been drastically reduced from 21% at the outset to 0.19% in mid-1972. Aedes polynesiensis and Ae. samoanus had been confirmed as the major vectors, but after treatment with DDT suspension, most breeding sites were still negative one year later. Naturally, mosquito density would be further reduced as and when improvements in general sanitation occurred throughout the area.

In regard to dental health, the ten-year programme of WHO assistance in carrying out dental surveys within the Region had now been completed. In the light of those surveys attention was now being focused on the development of school dental services and the training of dental personnel.

Continuing emphasis was being placed on the organization of health services, particularly in regard to the formulation of country health plans and the training of national health personnel. A new element had been introduced during the year with the use of methods of project systems analysis in the formulation of country development projects. With the assignment to the Regional Office of a systems analyst, a follow-up of the projects already formulated and the development of new ones in other countries had become possible. Guidelines for closer co-operation between health planning (which is concerned with assessing the overall country health situation and the setting up of priority programmes within available resources to accomplish determined national health goals) and PSA (which is concerned with a specific programme formulation which would have an impact on development) were at present being worked out.

The study in Malaysia, which made use of operational research techniques to determine the extent to which health care services being provided for the community corresponded to the actual demand for them, had been completed. The exercise offered an example of a systematic study that could be repeated in other countries wishing to develop concrete measures for strengthening their health services.

As a result of the visit of the UNDP mission to the Western Pacific last year, UNDP funds had now been approved to support an inter-country project in hospital design and maintenance. A regional programme to meet the needs of developing countries in that field would begin in 1973.

In the field of nursing, progress had been made in the more effective utilization of available manpower as was evidenced by the expansion of such activities as basic nursing education, midwifery studies as part of the basic curriculum, and the inclusion of nursing studies in multidisciplinary activity. The recommendations of the technical advisory committee on nursing, which would be convened in 1973, would provide guidance as to those areas requiring special attention, strengthening or further study.

The concept that health problems are of concern to the family as a whole had gained ground, partly due to the assistance provided by WHO in setting up family welfare projects, which includes components of MCH, health education, nutrition and family planning. Every effort was being made to bring those activities within the scope of the basic health services. Funds made available under the United Nations Fund for Population Activities had allowed WHO to expand its activities in this field. Particular attention was being given to the training of staff at all levels.

As in previous years, fellowships were regarded as a particularly important part of WHO assistance. Following the resolution adopted at

the twenty-second session of the Committee, administrative arrangements for the WHO fellowships programme were proceeding more smoothly although language difficulties remained a stumbling-block.

The Regional Director then said that he was purposely refraining from comment on those fields of activity covered by specific items on the agenda of the Committee. He would, however, make an exception in regard to drug abuse because of the increasing anxiety felt by WHO and by governments over that pressing and growing problem. The visit of the chief of the Drug Dependence Unit at WHO Headquarters had helped to orientate the staff of the Manila Office and also leading personalities in public health who had attended a press conference he had given concerning the rehabilitation of drug addicts in the Philippines. The subject deserved the greatest attention since information was sorely lacking concerning the nature and extent of drug dependence and rehabilitation facilities in the Region.

The Regional Director finally stated that the Report provided the Committee with an opportunity to review in depth the WHO programme in the Region, to say whether the assistance being given was meeting needs, to present views on any changes in emphasis required, and to indicate how some of the problems could be tackled better.

The Chairman asked for general comments on the Report.

Dr FERREIRA (Portugal), after having congratulated the Officers on the occasion of their election, and the Regional Director for the clarity and precision of his report, said that the health programmes in Macau and Timor were being carried out in accordance with the guidelines and principles defined by WHO. Although Macau was at a transitional stage, epidemiologically speaking, the control of certain communicable diseases remained one of its chief concerns, especially tuberculosis control which was being constantly intensified. Malaria had been eradicated from Macau, and smallpox had been eradicated from Macau and Timor, where the last cases of cholera had appeared in 1969. Encouraging results continued to be obtained in the field of environmental health, in the integration of curative and preventive medicine, and in the development of basic health services. Portugal had intensified the training of paramedical personnel of whom there was a shortage in a number of fields. The socio-economic development plan included important investments to improve the health services and to raise the standard of health of the people.

Mr UNG SU HAI KIM TENG (Khmer Republic) welcomed WHO's interest in such fields as health services integration and co-ordination, communicable disease control, environmental hygiene, strengthening of family health activities - notably MCH and family planning - as well as

the training of health personnel. However, numerous problems linked with the lack of funds and the war situation remained. The basic health services of the Khmer Republic had been severely harmed by the hostilities: 35% of the health institutions had been destroyed or damaged by the Vietcong and North Vietnamese. It was, therefore, not only necessary to meet immediate needs - lack of drugs, equipment and personnel - but also the demands of reconstruction.

Dr DILL-RUSSELL (United Kingdom) considered that the Regional Director had produced an excellent report which reflected the progress made. Not only was the programme comprehensive, but it reflected good priorities in regard to planning and staffing at all levels. He was grateful for the assistance afforded in regard to malaria eradication in the Solomon Islands and hoped that it would continue. Among the wide range of communicable diseases, he was particularly interested in filariasis. He wondered what surveys would yet be made and what treatment cycles would be introduced. Vectors had been mentioned but what effect had actually been given? There was no reference to Culex fatigans in the report and tetanus had been referred to only briefly. It would be interesting to know about the use of tetanus toxoid during the ante-natal period.

The REGIONAL DIRECTOR said he would obtain further information regarding Culex fatigans. As for the use of tetanus toxoid, this was recommended in all WHO-assisted MCH programmes.

Dato (Dr) ABDUL MAJID BIN ISMAIL (Malaysia) said that Malaysia would do everything possible to achieve the aims set out in the excellent Report prepared by the Regional Director and his staff. In particular, his country was ready to co-operate with neighbouring countries in the control of communicable diseases. To that end Malaysia would appreciate the assistance of WHO. The newly-established epidemiological services section had had its early successes in the control of epidemics, particularly cholera, poliomyelitis and conjunctivitis. The outbreak of cholera early in 1972 in East and West Malaysia was now completely under control except for three districts. Of the 1361 cases of poliomyelitis reported, only 556 were confirmed cases. Mass immunisation for poliomyelitis was now included in the routine vaccination campaign in all health clinics. The conjunctivitis epidemic reported in May/June 1972 had been contained and was unlikely to recur. Virological studies on it were continuing. A few cases of haemorrhagic dengue had been reported during 1971 and blood specimens from all suspects were being sent to the Institute for Medical Research at Kuala Lumpur to ascertain the extent of the disease. Every effort was being made to curb the effects of tuberculosis by education of the public and by enabling patients to continue their treatment near to their own homes.

In the interest of dental health, water supplies were to be fluoridated throughout the country. A great deal of useful information

for future planning had been forthcoming from the dental epidemiological survey carried out with WHO assistance.

It was to be hoped that Member countries would benefit from the experience gained in the use of project systems analysis in planning health services in Malaysia. The multidisciplinary approach in the delivery of health services had been found the most effective and the training of paramedical personnel in Malaysia has to be redesigned to prepare them for such an approach.

Although not yet a major problem, environmental pollution was of great concern to the Government, which had set up an inter-ministerial committee to deal with possible encroachment due to increasing industrialization, land development schemes and mining operations, all of which could lead to serious problems unless energetic methods were adopted to combat them. WHO assistance in that field would also be greatly appreciated.

Dr EHRLICH (United States of America) recalled that, during the past year, the World Health Assembly and the Executive Board had taken action regarding the representation of China and wondered whether the Regional Director could indicate what steps had been taken by the Regional Office to comply with WHA's resolution regarding Taiwan concerning the status of existing programmes there and the resultant impact on the approved budget caused by possible savings.

The REGIONAL DIRECTOR explained that following the adoption of resolution WHA25.1 on 10 May 1972, WHO assistance to Taiwan had been terminated on 30 June 1972, although a number of WHO-assisted projects were continuing with external assistance. Some savings had naturally been affected and the bulk of the unspent provision for 1972 had been frozen by the Director-General. However, WHO had continued to furnish fellows, who happened to be abroad at the time when assistance was terminated, with their full stipends and had given them return tickets to Taiwan.

Dr TUVI (Papua New Guinea) stated that Papua New Guinea considered it an honour to have been given a place in the Regional Committee.

Perhaps the greatest achievement of the health services of Papua New Guinea so far was the completion of all the prerequisites for a national health plan in accordance with WHO standards. This had been facilitated by assistance from WHO. The reorganization of the malaria service had been clearly described in the report of the Regional Director. One of the most important health problems in his country was malnutrition in young children. The national burden of malnutrition had not yet been determined but nutrition programmes were being given a high priority. At the end of the year, the Public Health Department planned to hold a nutrition education policy workshop. His Government was anxious to receive the nutrition consultants and fellowships for which WHO had made provision in its 1973 and 1974 programmes.

Dr Tuvi then congratulated the Chairman on his election to the chair and the Regional Director for the clear presentation of his report.

Dr DEVI (Singapore) stated that on 21 September the number of reported cholera cases in Singapore had been 114, four of whom had died. Cholera was now believed to be endemic in Singapore. The emphasis during the outbreak had been by checking food handlers and the contacts of confirmed and suspected cases of cholera, but a programme of mass inoculation against cholera had not been carried out.

A Ministry of Environment had been found in Singapore in September 1972. Although the concept had been considered a few years ago, increasing urbanization had hastened the necessity for integrated action to co-ordinate the efforts of different government departments. The new Ministry included most of the old departments of the Public Health Division, with the exception of the Maternal and Child Health Services, Family Planning and the School Health Services, which were still under the Ministry of Health. Included also under this new Ministry were departments in the Ministry of National Development connected with the prevention of pollution. The objective of the new Ministry was to obtain a cleaner and healthier environment and pollution control would be a central interest. Its scope included the control of water pollution, air pollution and pollution on land.

Details of the plans of the Government for the next five years as far as health services were concerned were not yet known, but there was a trend to upgrade services and build more specialized ones.

Dr FRANKLANDS (Australia) joined the other representatives in congratulating the Chairman on his appointment to office and in complimenting the Regional Director for his excellent report.

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

It was so agreed.

Chapter 1: Communicable Diseases (pages 3-13)

Mr UNG SU HAI KIM TENG (Khmer Republic) was glad of the assistance given by WHO in the control of communicable diseases, which were responsible for a high morbidity and mortality in certain countries of the Region, in the strengthening of the epidemiological services and in the organization of epidemiological surveillance, a field in which fellowships had been granted to Khmer doctors. Participation in the WHO seminar on epidemiological surveillance and geographical pathology

had allowed the Khmer representative to acquire new knowledge of laboratory techniques and to familiarize himself with the methods of control of diseases and vectors. WHO had also helped to organize courses on the diagnosis, treatment, prevention and control of plague and cholera. Contrary to declarations which had appeared in "Agence France Presse", the application of the sanitary regulations had presented no difficulty. WHO and the British Government had confirmed that no quarantine measure had been taken in Hong Kong concerning travellers coming from the Khmer Republic.

Mr Ung Su Hai Kim Teng considered that the establishment in Tokyo of a serum reference bank presented a great advantage for the Region.

Dr FRANKLANDS (Australia) referred to the utilization of funds in regard to some of the communicable diseases. On page 71, it was noted that the utilization of the budget in 1971 was 97.7%. However, a review showed that the use of funds in connexion with smallpox, leprosy and radiation health was somewhere between 30-57%, and in the case of virus diseases, parasitic diseases and dental health, the use varied from 309 to 673% of the funds available. He requested an explanation of the low utilization of funds in some cases and the high utilization in others.

The REGIONAL DIRECTOR stated that the Director of Health Services, Dr Flache, intended to discuss this matter in detail during the meeting of the Sub-Committee on Programme and Budget (see Part II, pages 7-23).

Dr PHETSIRISENG (Laos) stated that the eradication campaign against smallpox, a disease which had not been observed in Laos for more than twenty years, had ended in December 1971; it had started at the beginning of 1969. More than 1.5 million persons had been covered by the campaign; that represented more than half of the population. The coverage had not been complete, but this was due to the unsettled conditions in his country. More than 90% of the children below 15 had been vaccinated. The Government had assumed the responsibility of surveillance and the immunity state would be maintained by annual vaccination done in the provinces by the health officers.

Dr PHOUTTHASAK (Laos) declared that the exact epidemiology of schistosomiasis in Laos was still unknown. The first case had been diagnosed in Paris in a Laotian student coming from Khong Island. The first survey had confirmed the existence of the disease in that area. It was necessary to carry out four surveys (of which three were made by WHO) in order to identify the responsible snail. No control measures had yet been envisaged.

Dr CHEVAL (France) referred to the dengue fever outbreaks in French Polynesia during the present and the preceding years; 3000 cases had been reported. In Papeete, between 70 to 80% of the population had been affected but only two adults and one child had died of the

disease. The most disquieting fact was that 3% of the people involved suffered from the haemorrhagic form of the disease and that this percentage was increasing as compared with the 1964 outbreak. It appeared from a serological survey that these cases had a secondary antibody response. This confirmed the thesis that the haemorrhagic form was due to repeated exposures to the heterologous virus; hence the risk of a gradual increase in the seriousness of successive outbreaks. The health authorities had, therefore, set up a dengue fever surveillance committee in order to be ready to meet any threat in this respect. The danger that dengue fever might represent if its haemorrhagic form should become endemic could not be over-emphasized.

Dr AZURIN (Philippines) extended his congratulations to the Chairman, other officers of the Committee, and the Regional Director for his report. He noted, however, that the communicable diseases continued to remain a problem. This raised the question of whether progress was really being made.

He then referred to the field trial undertaken in the Philippines, at the request of WHO, to determine the effectiveness of the intradermal method in cholera vaccination compared to the subcutaneous method as the former was being used by most of the health teams in the African Region. The study population involved had numbered 126 000 and a monovalent typhoid control vaccine had been used. The result of the trial, after a seven-month surveillance period, revealed that the intradermal method was only effective for four months whereas the subcutaneous method was effective for as long as seven months. It had been recommended, therefore, that the subcutaneous method should continue to be used for cholera vaccination. Last year, a trial of a new vaccine manufactured in the United States of America by a commercial firm, known as a monovalent cholera vaccine, had been completed under a tripartite agreement between the Government of Japan, WHO and the Philippines. The trial had shown that the monovalent vaccine was more effective than the bivalent one. The effectiveness of the latter was about 50% for about six months, whilst the former could attain as high as a 72% effectiveness for seven months. The results had been sent to WHO Headquarters for publication. His Government wished to congratulate WHO for the leadership it had given in research activities of this type.

Dr KUMANGAI (United States of America) said that in view of the need for intensification of communicable diseases control in Micronesia, a project had been started in 1969, the first phase of which was aimed at the diseases which were the easiest to control in terms of the least personnel and skills and for which effective vaccines were available. These included diphtheria, pertussis, tetanus, poliomyelitis, etc. Mass immunizations had been carried out in all six districts in Micronesia. Individual health records were kept for the purpose of the follow-up survey which was the second phase of the programme. This had now been

undertaken and the results showed that progress had been made in the number of pre-school immunizations. Continued efforts would be made in this direction.

The second part of the programme was the development of a surveillance system and follow-up of tuberculosis contacts and cases. Additional health personnel had been recruited and tuberculosis registers had been established. Seminars had been held with the assistance of WHO to train the personnel concerned and transport had been supplied to the community workers, although distances continued to remain a difficulty. Emphasis on surveillance would be maintained in order to accomplish the objective of reduction of the incidence of tuberculosis.

The third part of the programme was the epidemiological follow-up of venereal disease. Registers had been established in district centres and sub-district hospitals. These records facilitated control measures and it was hoped that they would eventually bring about a reduction in the prevalence of the disease.

Chapter 2: Communicable Diseases (continued) (pages 14-20)

Section 2.1: Malaria (pages 14-20)

Dr LOPES (Portugal) said that malaria was the chief communicable disease in Timor. Malarionetric indexes were being compiled and checked, pilot areas had been established and an entomologist had been sent to Timor from Lisbon. Information was available on the number of cases, the percentage of deaths and the kind of plasmodium involved, as well as the status of endemicity in the various areas and the species of vectors (which were endophilic): Anopheles barbirostris, A. sundaicus and A. subpictus. A. barbirostris also transmitted filariasis, so that the campaign against malaria was also directed against filariasis. The physician who would be in charge of malaria eradication had been sent to Manila to learn about the techniques of indoor insecticide spraying. Health engineering activities were also required to ensure that the areas favourable to anopheles proliferation were drained. The principal breeding sites occurred in rice paddies and cultivated fields, but the health authorities were also dealing with such small breeding sites as furrows caused by cars and buffalo tracks. The weekly distribution of pyrimethamine had resulted in a 50% reduction in malarionetric indexes. In due course, the health authorities in Timor would get in touch with their Indonesian neighbours with a view to co-ordinating activities.

Section 2.2.2: Filariasis (page 21)

Dr LOPES (Portugal) summarized the mass campaign of chemoprophylaxis launched in Timor against filariasis. This campaign, which was

carried out in a pilot area of meso-endemicity, was effected between 6.00 p.m. and 10.00 p.m. in order to collect reliable signs of the microfilarial infestation, essentially due to Wuchereria bancrofti and Brugia malayi. Positive cases were treated for a period of ten days and the others received mass treatment. The administration every six months of six mg of diethylcarbamazine by kg of body weight had greatly reduced the incidence of infection. The vector A. barbirostris existed in rice fields and cultivated plains and inside houses. The campaign was being carried on outside the periods of intense agricultural activity.

The REGIONAL DIRECTOR referred to a question raised earlier concerning the role played by Culex fatigans in the transmission of filariasis. According to reports received C. fatigans was not involved and no specimens had been found infected with the microfilaria.

Chapter 4: Environmental Health (pages 25-29)

Dr TAYLOR (New Zealand) stated that there was concern in his country about how to handle environmental problems. A separate department of the environment had not been formed but a Minister of the Environment had just been appointed, whose ministerial duties now included this responsibility. A small commission had been created in the Prime Minister's Department and a Commissioner of the Environment had been appointed. This Commissioner had previously been a Secretary of the Cabinet and therefore was a career public servant. Ten or twelve people would be appointed to work with him, as advisers to the Minister of the Environment. They would also co-ordinate the work of all other government departments connected with the environment. Dr Taylor hoped to give a progress report on this matter at the next meeting.

Section 6.2: Family planning (pages 44-46)

Dr PHOUTTHASAK (Laos) said the question of family planning had been studied by an inter-ministerial commission established by decree of the Prime Minister on 12 January 1971. In November, the Government had adopted the recommendations of that commission favouring voluntary family planning. Another inter-ministerial commission had been constituted to apply these recommendations. The department of maternal and child health in the Ministry of Public Health had been charged with the organization of the technical services. In order to instruct the persons who would co-operate in this activity, a seminar in Laotian language had been organized last August, thanks to the financial assistance of the Ford Foundation, which the Laotian delegation wished to thank.

Chapter 8: Pharmacology (pages 59-60)

Dr PHOUTTHASAK (Laos) called the attention of the Committee to the law promulgated in Laos in August 1971 on drug dependency. It forbade the culture of poppy, and also the buying, selling or traffic of opium and its derivatives. In addition, it forbade smoking or the ingestion, in any form, of opium and its derivatives. The Ministry of Public Health had been given the responsibility of organizing a service of disintoxication and rehabilitation. A temporary centre of disintoxication by methadone had been opened in Vientiane on 1 September.

Part II: Evaluation Summaries of Selected Projects
(pages 77-84)

Dr EHRLICH (United States of America) said that his delegation was particularly interested in this section. The evaluation of country and regional programmes gave the Regional Director and his staff the information needed in modifying and changing the direction of the programme as required, consistent with the objectives of the Regional Committee.

There being no further comments, the CHAIRMAN asked the Rapporteurs to prepare an appropriate draft resolution on the adoption of the report. (For consideration of draft resolution, see the third meeting, section 3.1.)

(See also the third and fifth meetings for statements made later by the Representatives of the Republic of Korea and Western Samoa.)

The meeting rose at 5.10 p.m.