

SUMMARY RECORD OF THE SECOND MEETING

Mandarin Court, Singapore
Tuesday, 2 October 1979 at 2.30 p.m.

CHAIRMAN: Dr A.G.K. Chew (Singapore)

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1. REPORT OF THE REGIONAL DIRECTOR: Item 9 of the Agenda (Document WPR/RC30/7) (continued from the first meeting, section 8)

Health Information

Dr ACOSTA (Philippines), referring to the second paragraph of section 11.2, asked who paid for the translation and distribution of WHO publications in other languages.

The REGIONAL DIRECTOR replied that the publications listed were those for which translation rights had been granted to individual governments or institutions and all the costs were borne by the country into whose language the publication was translated.

External Coordination for Health and Socioeconomic Development Staff Development and Training

There were no comments.

The Regional Committee

Dr ACOSTA (Philippines), referring to the section on "Programme budget" (page 86) suggested that the Committee might wish to reconsider the discontinuance of the practice of establishing a subcommittee on programme and budget, or at least to include the discussion on the programme budget in the specific terms of reference of the Sub-Committee on the General Programme of Work, since last year the Committee in plenary had evidently not been quite ready to discuss the item.

The CHAIRMAN observed that the suggestion just made was an interesting one, though it perhaps properly belonged under agenda item 7.

Dr CHRISTMAS (New Zealand) thought there was considerable merit in the suggestion that the Sub-Committee on Programme and Budget be re-established. The alternative suggestion was also worth considering, except that with the recent change in the terms of reference of the Sub-Committee on the General Programme of Work to cover major questions of administrative structure its agenda was already overloaded.

The Regional Structure Review of Selected Projects

There were no comments.

The CHAIRMAN then asked if any representative wished to comment on the report as a whole or on any section of it that had been overlooked.

Dr HOWELLS (Australia) said he merely wished to congratulate the Regional Director on the report which, though a comprehensive biennial one, was little longer than the usual annual ones. He was also gratified to note that the principle of primary health care had been accepted in the Region.

Dr HSU SHOU-JEN (China), after expressing gratification at the progress in health made in the Region during the tenure of office of Dr Dy, congratulated Dr Nakajima on becoming the new Regional Director. Further successful achievements could be looked forward to under his direction.

In recent years the Regional Office had displayed a very positive attitude to exchange of technical experience between Member States through seminars, workshops and other group meetings in which China had been pleased to participate, and which had contributed to the development of friendly relations as well as to the flow of knowledge.

WHO had also been very active in the field of health manpower development, notably through the fellowship programme, which it was hoped would be still further improved, thanks to the suggestions made at the Conference on Regional Cooperation in the Fellowship Programme held the previous February. China had played its part by arranging study tours for participants from developing countries and also by receiving fellows for individual study.

He was glad to note that the report did not merely dwell on successful achievements but drew attention to problems still to be solved. This was a sound approach that would help to ensure continued progress.

The goal of "Health for all by the year 2000" had been widely accepted in the Region, so the Committee had a formidable task ahead in determining how all the obstacles to the achievement of that ideal were to be overcome. But he was confident that, with the cooperation of all the representatives, it would bring its deliberation to a successful conclusion.

Dr NOORDIN (Malaysia) congratulated Dr Nakajima on his appointment and promised him the Government of Malaysia's full support in the discharge of his functions. It was gratifying that the health status of countries of the Region had continued to improve during the past two years, and further progress could be expected under Dr Nakajima's leadership.

The emphasis placed on primary health care was to be welcomed, since most of the Member States in the Region were developing countries and the primary health care strategy was the best approach, with their limited resources, to getting greater coverage of the population.

The report referred to difficulties in implementing food and nutrition programmes, and that had been Malaysia's experience too. One reason, he thought, was that programmes tended to be multisectoral rather than intersectoral in approach. An intersectoral approach was difficult to apply because the different agencies concerned had different priorities and it was therefore difficult to coordinate their activities, especially at the grass-roots level. Perhaps a fresh approach was needed, for example a more integrated and intensive interagency approach at international level.

Malaysia was proud to be involved in a number of projects that would directly or indirectly contribute to health progress in the Region, e.g. the development of the health management information system and the risk approach studies. The selection of the Malaysian Institute for Medical Research as regional centre for research and training in tropical diseases would also contribute to regional cooperation.

It was gratifying that alternative approaches to combating malaria were being developed, with control rather than eradication as the immediate aim. One problem was how to get community participation on a continuous, rather than merely an ad hoc, basis. Perhaps experience in various countries would help to find an answer.

Dr SABURI (Japan) asked what action was being taken to solve alcohol-related problems, which were becoming important in the Region.

The REGIONAL DIRECTOR replied that the Organization had received a number of requests for cooperation in studying the psychosocial aspects of alcohol consumption, including some from developing countries. The programme for 1980 included provisions for this.

The CHAIRMAN, noting that there were no further comments on the report of the Regional Director, asked the Rapporteurs to prepare a suitable draft resolution. (For consideration of the draft resolution, see the third meeting, section 2.1)

2. PROGRAMME BUDGET: Item 7 of the Agenda (Documents WPR/RC30/2, WPR/RC30/3, WPR/RC30/4, WPR/RC30/5 and WPR/RC30/6)

The REGIONAL DIRECTOR reminded the Committee that, in May 1979, the Thirty-second World Health Assembly had approved the proposed programme budget estimates for 1980-81. It had been the first time both the programme and the budget had been approved on a fully integrated basis. Up to then, while awaiting the necessary constitutional amendments, the programme had been developed on a biennial basis and the budget developed, presented, and reviewed on an annual basis.

In 1978, the Regional Committee had reviewed the 1980-81 programme budget proposals for the Western Pacific Region and had requested the Regional Director to transmit them to the Director-General for inclusion in the global programme budget, which was approved in May. Since then, developments at country level had, for a variety of reasons, such as progress in country health programming or reorientation of government priorities connected with the formulation of strategies for health for all by the year 2000 and for the delivery of primary health care, produced some changes. Significant changes were now reported to the Committee in document WPR/RC30/4. The Director, Programme Management, would explain the changes in detail.

Dr HAN (Director, Programme Management) opened the discussions on programme budget.

Review of budget performance in 1978

Dr HAN referred first to document WPR/RC30/3. Annex 1 showed that the rate of implementation of the programme under the regular budget for 1978 in monetary terms was 99.91%. That was higher than the implementation rate in 1977, which was 95.75%. However, as had been the case in the past, because of currency fluctuations and the continually increasing cost of staff, consultants, supplies and equipment, and fellowships, the figure did not represent the true rate of programme delivery, which was lower.

Dr CHRISTMAS (New Zealand), referring to the revised budget allocation of US\$411 200 against programme 5.1.4, Smallpox eradication and expanded programme on immunization (page 4 of Annex 1 of document WPR/RC30/3), while noting that the obligations incurred under that programme had been only US\$219 322, asked what smallpox eradication activities had justified such expenditure in 1978.

Dr HAN replied that the programme classification structure used up to the end of 1979 required smallpox eradication to be listed together with the expanded programme on immunization, even though there had been no expenditure for the former.

Dr CHRISTMAS (New Zealand) suggested that, in that case, it would seem logical to revise the classification structure accordingly.

Dr HAN said that the programme classification structure was decided on a global basis. The structure had in fact been changed for the 1980-81 programme budget and now classified the expanded programme on immunization separately.

Dr CHRISTMAS (New Zealand) noted the very large difference between the revised budget allocation (US\$95 400) and the obligations incurred (US\$360 279) for programme 3.2.5, Health education. As an advocate of health education, he welcomed spending on that activity. However he understood that there was a large element of maternal and child health involved, and he inquired how the two programmes were related.

Dr HAN replied that the difference was due to the addition of requirements in response to the needs of the Lao People's Democratic Republic. The maternal and child health association concerned particularly Malaysia, whose maternal and child health programme included a strong health education component.

Dr FAAIUASO (Samoa) announced that his government was planning the postgraduate training of nurses in public health nursing and midwifery, in order to strengthen primary health care for the benefit of the rural population, and requested an additional US\$50 000 for the primary health care programme in 1980. The Government was working on the details of the change, and would communicate them to the Regional Director when they were finalized.

Dr HAN replied that the 1980-81 programme budget would be revised in accordance with the Government of Samoa's request, but if it proved impossible to reprogramme activities within the amount of the resources allocated to the country it might be necessary to use available savings from other programmes for that purpose.

Dr CHRISTMAS (New Zealand), recalling the Director-General's appeal in his introductory statement for strong policy decisions, said that the apparent priority given to programme 5.2.7, Biomedical aspects of radiation, over programme 5.2.10, Health of working populations, in the revised budget (page 4 of Annex 1 to document WPR/RC30/3) was anomalous. The revised budget allocation for the former was US\$205 200 (although the obligations

incurred had been only US\$87 036), while that for the latter was US\$114 400 (obligations incurred US\$92 138). That did not properly reflect regional requirements.

The promotion of environmental health as a whole also deserved higher priority, as reflected in the revised budget, compared with obligations incurred.

Dr HAN said that, in response to resolutions on occupational health, the Regional Office had recruited and used as consultants experts in that field, who were currently visiting countries in the Region to determine their needs. As soon as sufficient data had been collected to permit an overall view, regional policy and programmes would be elaborated accordingly. Many requests for technical cooperation in the promotion of environmental health were to be fulfilled by the Western Pacific Regional Centre for Promotion of Environmental Planning and Applied Studies (PEPAS).

The REGIONAL DIRECTOR added that, in the context of rapid industrial development, the health of working populations was becoming a matter of higher priority for ministries of health in the Region. The matter was clearly multisectoral, involving other agencies, including in particular ILO, with which WHO was cooperating in the organization of workshops, seminars and other activities. Thus a new programme was being developed to take into account the needs of newly industrialized countries.

Promotion of environmental health was a rapidly expanding programme, including, in addition to the basic aspects of water supply and wastes disposal, relatively new activities such as, for example, air pollution control, and various monitoring activities. Clean water supply remained one of WHO's targets for the year 2000, but a broad, well-balanced programme was being designed to meet the needs of developing countries in the Region, with special attention to the problems of rural areas.

Review of changes in the programme budget for 1980-81

Referring to document WPR/RC30/4, Dr HAN elaborated on the Regional Director's brief statement and recalled that the WHO programme budget for the financial period 1980-81 had been the first in which both the programme and the budget had been developed, examined by the Regional Committee, considered by the Executive Board, and approved by the World Health Assembly on a fully integrated two-year basis, in accordance with resolution WHA30.20. A brief review of significant changes in the WHO programme budget for 1980-81 would be made by the Thirty-third World Health Assembly in May 1980. In preparation for that review, regional committees were to discuss regional programme changes at their regular sessions in 1979. Information drawn from the regional reports would be consolidated as the basis for the Director-General's report, which would first be considered by the Executive Board at its sixty-fifth session, in January 1980. The Board would then submit the changes, together with any recommendations, to the World Health Assembly. The Health Assembly would merely note the changes, its formal approval not being required. In order to provide the Executive Board and the Health Assembly with material for their review and to be involved in the brief review of programme changes as closely as it had been in the full review of the proposed programme budget, the Regional Committee, at

its current session, was requested to review and note the report on changes in the programme budget for 1980-81. The report consisted of three parts:

- (1) Major programmes, programmes and sources of funds (pages 5 to 14)
- (2) Regular budget planning figures and extrabudgetary resources at country and intercountry level (pages 15 to 20)
- (3) Country or area technical cooperation programme (pages 21 to 40)

Dr Han drew the Committee's attention to the following:

(a) it was expected that the programme of cooperation with China would require additional funds, which would be allocated from overall savings or from extrabudgetary resources. The United Nations Development Programme had provided US\$650 000, mainly for the health manpower development programme to be executed by WHO, but additional funds would have to be found from other sources.

(b) the considerable reduction in the budgetary provision for the Philippines under programme 2.2.2, Country health programming (page 31), had resulted from the establishment of the Philippines/WHO Health Development Coordinating Committee, which had brought about a change in the method of coordination between the Government and WHO.

Study of the significant changes in the programme budget for 1980-81 revealed the following general trends:

- (1) as they moved out of the promotional phase, priority programmes, such as primary health care and the expanded programme on immunization, were being implemented to an ever increasing extent through general health services development programmes;
- (2) resources for research promotion and development were being reallocated to individual programmes;
- (3) extrabudgetary resources for the family health programme had increased, making possible a reallocation of regular budget funds;
- (4) governments were tending to seek bilateral cooperation in the field of environmental health;
- (5) in the cooperation extended towards health manpower development, emphasis was being given to the promotion of training of health personnel and to the development of national and regional teacher training and related activities;
- (6) cooperation related to national health information systems was changing from developmental activities to activities for the implementation of such systems through the health statistics programme;

(7) under the staff development and training programme, activities were intensifying to meet the demand for a reorientation of staff in support of national and regional strategies for achieving the objective of health for all by the year 2000.

Dr TARUTIA (Papua New Guinea) pointed out that the figure of US\$626 200 in the last two columns of the table on page 29 of document WPR/RC30/4, relating to programme 3.2.1, Maternal and child health, should have read US\$616 200.

Dr CHRISTMAS (New Zealand), noting that the revised estimates showed a 7.6% increase, enquired whether the current global inflation would make it necessary for Member States to increase their contributions or whether there existed a global pool from which WHO could draw funds as required. He asked whether the programme budget would suffice for the following year and, if not, how it was proposed to determine priorities.

Mr DONALD (Director, Support Programme) said that, for the regional budget, the original figure of US\$32 995 000 remained unchanged and there would be no change in the assessments on Member States. The world-wide inflation had been taken into account in the budgeting process by including reserves within major cost components. Thus, for staff costs, both professional and general service, consultants, fellowships, and supplies and equipment, cost increases in future years arising from inflation had been taken into account in the budgeting process, on the basis of certain assumptions. Therefore, the amount of the budget might be considered realistic.

Dr KUMANGAI (United States of America) expressed thanks for the allocation of US\$50 000 to Trust Territory of the Pacific Islands to do with as it saw fit. He asked whether, in planning the 1982-83 programme budget, account should not be taken of the three new political entities expected to come into being by the end of 1981 namely, Federated States of Micronesia, Marshall Islands, and Palau Islands.

The REGIONAL DIRECTOR replied that the forthcoming change in the political status of Trust Territory of the Pacific Islands would be taken into account. In addition, efforts were being made to obtain extrabudgetary funds, and WHO would do its best to meet future needs.

Dr NICHOLSON (United Kingdom of Great Britain and Northern Ireland), referring to pages 5-8 of document WPR/RC30/4, asked whether there was sufficient budgetary flexibility to allow funds to be transferred from one major programme to another.

Mr DONALD (Director, Support Programme) replied that the Director-General was not authorized by the World Health Assembly to exceed the allocation for each Appropriation Section by more than 10% on a global basis. In view of that constraint, the Director-General had not delegated authority to the Regional Directors to make transfers between Appropriation Sections.

Dr NICHOLSON (United Kingdom of Great Britain and Northern Ireland) asked whether it was necessary to refer to WHO Headquarters in order to transfer funds from one major programme to another, and Mr DONALD explained that, although WHO Headquarters was the global authority for making changes between Appropriation Sections, changes within major programmes, for example, the transfer of funds from programme 4.1.0 to programme 4.2.4, could be effected without referring back to Headquarters.

Report on the use of the Regional Director's Development Programme for 1978, 1979 and 1980-81

Referring to document WPR/RC30/6, Dr HAN said that the amounts allocated for the Programme for 1978 and 1979 appeared large. That was because additional amounts had been received from the Director-General in compliance with resolution WHA29.48, which requested him to "reorient the working of the Organization with a view to ensuring that allocations of the Regular Programme Budget reach the level of at least 60% in real terms towards technical cooperation and provision of services by 1980...". Annex 1 showed how the amounts allocated under the Programme for 1978 and 1979 had been utilized. The US\$643 600 appropriated for 1980-81 would be allocated closer to or during the biennium. It would be used to stimulate new programmes in support of strategies for health for all by the year 2000.

Tentative budget projections for the financial period 1982-83

Dr HAN referred to document WPR/RC30/5. The Director-General had established an overall allocation for the Western Pacific Region for 1982-83 of US\$38 769 000, an increase of US\$5 774 000, 17%, over the 1980-81 allocation. The increase included US\$1 320 000, 4%, "real increase". The remaining amount of US\$4 454 000, 13%, was the estimated cost increase due to inflationary and other factors.

There being no further comments, the CHAIRMAN asked the Rapporteurs to prepare draft resolutions. (For consideration of the draft resolutions, see the third meeting, sections 2.2 and 2.3).

3. RULES OF PROCEDURE OF THE REGIONAL COMMITTEE FOR THE WESTERN PACIFIC:
Item 10 of the Agenda (Document WPR/RC30/8)

Dr CHASTEL (France), Chairman of the Sub-Committee on the Rules of Procedure, established to study Rule 51,¹ introduced the report of the Sub-Committee. He said that, in the absence of the representative from Samoa, members of the Sub-Committee present had been Dr Howells (Australia), Dr Chew (Singapore) and himself. Recognizing that submission of a single name to the Executive Board would bring the Rules of Procedure into line with those of the other regional committees, the Sub-Committee had decided to recommend that Rule 51 should be amended as set out in Annex 2 of document WPR/RP/1.² A draft resolution, submitted in the report of the Sub-Committee, had been prepared to that effect.

¹ See resolution WPR/RC29.R20, Report of the WHO Regional Committee for the Western Pacific, twenty-ninth session, 1978, page 33.

² See page 7/8, Annex 1 of document WPR/RC30/8.

Dr CHRISTMAS (New Zealand) asked whether the Regional Committee would have to be reconvened to repeat the nomination procedure if a nominee was unable to take up the appointment. If so, there was clearly an advantage, in the interest of economy, in nominating a second candidate.

Dr VIGNES (Director, Legal Division, WHO Headquarters) agreed that in such a case the Committee would have to meet again. However, no such case had yet occurred in WHO's history, so that there was perhaps no need to provide for it.

Dr HOWELLS (Australia) said that he had raised the same point in the Sub-Committee, but had been persuaded that the possibility was extremely unlikely. Nevertheless, should it be necessary, it would be an expensive and cumbersome way of nominating a second candidate.

The Chairman invited the Committee to consider the draft resolution recommended by the Sub-Committee.

Decision: The draft resolution was adopted (see resolution WPR/RC30.R1).

4. SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES:
JOINT COORDINATING BOARD: Item 11 of the Agenda (Document WPR/RC30/9)

The REGIONAL DIRECTOR said that the Joint Coordinating Board (JCB) of the Special Programme for Research and Training in Tropical Diseases consisted of 12 government representatives selected by those who contributed to the resources of the Special Programme, and 12 government representatives, selected by the six WHO Regional Committees (two by each Regional Committee).

At its twenty-ninth session, the Regional Committee had selected Malaysia and the Philippines as the two Member States to send representatives to sessions of the JCB.¹ Their appointments had started on 1 January 1978. To provide for continuity, the Chairman of the Committee had drawn lots to establish their periods of tenure. The result was that Malaysia had been appointed for three years, i.e. until 31 December 1980, and the Philippines for two years, i.e. until 31 December 1979. Reappointment or the appointment of a replacement was thereafter to be for three-year terms. Both representatives had attended the Board's session held in November 1978 and would attend the session in December 1979.

At its present session, the Committee had either to reappoint the representative of the Government of the Philippines for a period of three years from 1 January 1980, or to select a replacement from among those directly affected by the diseases dealt with by the Special Programme. Cooperating Parties that had not been selected for membership of the JCB could be represented at its sessions as observers, subject to its prior approval. Cooperating Parties were defined in Section 1.2 of the Memorandum of Understanding attached to document WPR/RC30/9. The Regional Director said that he would be glad to communicate the name of any such

¹

See resolution WPR/RC29.R11, Report of the WHO Regional Committee for the Western Pacific, twenty-ninth session, 1978, page 27.

government or organization to the JCB. Requests for observer status had to reach the JCB Standing Committee at least 60 days before the next meeting, to be held on 12 and 13 December 1979. Any such requests would therefore need to be forwarded to him in the very near future.

Dr FAAIUASO (Samoa) said his country was deeply interested in filariasis. It was conducting a research programme in epidemiology, vector control and treatment, in cooperation with WHO and the Sasakawa Memorial Health Foundation. He would circulate a summary of research findings so far to the Secretariat. In view of its work on filariasis, he proposed his country's candidature to appoint a representative as a member of the JCB.

Dr VIGNES (Director, Legal Division, WHO Headquarters) observed that any Member State had three ways of being represented on the JCB: (1) to be selected by the Regional Committee as one of the two regional members, chosen under Article 2.2.2 of the Memorandum of Understanding from among countries directly affected by the diseases concerned; (2) to be selected by the contributors, under Article 2.2.1; and (3) to be designated from among the remaining Cooperating Parties by the JCB itself, under Article 2.2.3. In answer to questions from Dr KUMANGAI (United States of America) and Dr CHRISTMAS (New Zealand), he confirmed that a Member State could nominate itself as a candidate. Of the representatives selected by the Regional Committee at its previous session, one had been appointed for three years and the other for two years, in order to ensure rotation. There was no legal barrier to reappointment, but other regional committees had preferred to rotate the post. Future terms of office would, of course, last three years.

Dr NOORDIN (Malaysia) pointed out that one reason for the different terms of tenure had been to ensure continuity by providing for an overlap of regional members of the JCB.

Dr ACOSTA (Philippines) said that his country would be willing to accept an extension of its term, if the Regional Committee so wished. (For continuation of the discussion, see the third meeting, section 3)

The meeting rose at 5.00 p.m.