

SUMMARY RECORD OF THE EIGHTH MEETING

WHO Conference Hall, Manila
Thursday, 17 September 1998 at 2 p.m.

CHAIRPERSON: Dr Margaret CHAN (Hong Kong, China)

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1. CONSIDERATION OF DRAFT RESOLUTIONS

1.1 Review of WHO Constitution including regional arrangements: Report of the Sub-Committee, Part IV (Document WPR/RC49/Conf. Paper No.7 Rev.1)

Dr OTTO (Palau), proposed the substitution, in operative paragraph 2, of “re-examine” for “examine” and “recommendations” for “recommendation”.

Mr DAVIES (New Zealand) proposed the addition, at the end of operative paragraph 2, of the words ‘on the process to be adopted to make revisions to those criteria, methods and procedures’. That would reflect a two-step process, the establishment of the method for revision of the process and the actual revision itself.

Mr BOYER (United States of America) questioned the proposed addition to operative paragraph 2, as suggested by the representative of New Zealand. He pointed out that there was no need to limit the Sub-Committee and its recommendations.

Mr DAVIES (New Zealand) concurred with the representative of the United States of America and withdrew his proposal.

Mr TSUDA (Japan), referring to operative paragraph 1, expressed his concern that a proposed change in the text of the WHO Constitution, specifically the addition of a new sub-section(a) under Section 5 of Annex 1 of document WPR/RC49/11, i.e., “accessibility to health care” would require a formal consultation with his country

The CHAIRPERSON stated that the resolution was limited to the Western Pacific Region, and would still have to be presented to the Executive Board and the World Health Assembly.

Mr TSUDA (Japan) said that he would prefer the insertion of the words “in principle” in operative paragraph 1 to more accurately reflect that the resolution was an expression of the consensus that had been reached during the Regional Committee but that it would not prohibit Member States from expressing other views and concerns during the World Health Assembly.

Dr BLANCHY (France), Rapporteur for the French language, said that the concerns of the representative of Japan might be met by inserting the word “possible” between “the” and “addition of a new section 5(a)”.

The CHAIRPERSON pointed out that the idea raised by the representative of Japan had not been discussed during the morning session; therefore could not be raised according to rules of procedure.

Dr OTTO (Palau) said that it was important to revise the resolution before its adoption if there were reservations about it.

Mr BOYER (United States of America) agreed with the Palau representative that the resolution had not yet been adopted and could therefore be revised. He also sympathized with the concerns of the representative of Japan. He suggested that operative paragraph 1 be amended by substituting the words "agreement with the proposed" for "approval of the".

The REGIONAL DIRECTOR suggested that the words, "as expressed in the summary record of the session" be added after "Article 2", and to delete the rest of the sentence.

The CHAIRPERSON said that the proposal from the representative of Japan was in order if the representatives were of the opinion that it did not change the substance of the discussion.

Ms WARD (Australia), associating herself with the comments of the representative of the United States of America, said that the proposal of the representative of Japan did not change the substance of the discussion.

The REGIONAL DIRECTOR reiterated that operative paragraph 1 could end with the words "Article 2".

Dr OTTO (Palau) pointed out that the committee had earlier agreed with the representative of France to add "accessibility to health care" as a new section 5(a); therefore, that section could not be deleted.

The CHAIRPERSON gave a proposal from the Secretariat that would address the concerns of the representative of Japan and would still incorporate the proposal of the representative of France. It was suggested that in operative paragraph 1, after "Article 2", the word "with" be replaced by "and to transmit for further consideration".

Decision: The draft resolution, as amended, was adopted (see resolution WPR/RC49.R7).

1.2 Evaluation of the country visits: Report of the Sub-Committee, Part II
(Document WPR/RC49/Conf. Paper No. 5)

Dr ABDUL AZIZ (Malaysia) pointed out that in operative paragraph 1, line 4, the word “requested” had been earlier agreed and not “convened”.

In operative paragraph 1, line 5, Mr DAVIES (New Zealand) suggested changing “a” to “that”.

Mr BOYER (United States of America) endorsed New Zealand’s suggestion.

Dr KUN (Nauru) asked whether the wording in operative paragraph 1, line 3, where it read “it is required”, as compared to paragraph 2, line 2, where “it is” was not included, made the meaning of the context different.

Dr OTTO (Palau) noted that in operative paragraph 3, the wording “immediately before or during the fiftieth session”, which was in the earlier draft resolution, had been changed to omit “immediately before” in the draft under review. He enquired how the revision had been made. The same applied to the last line “and that there will be no country visit in conjunction with this meeting”, which was a new addition that had not been discussed earlier.

The CHAIRPERSON clarified that although the revisions had not been discussed earlier, she recalled that it had been agreed the previous day that, for purposes of efficiency, the meeting of the Sub-Committee should take place during the fiftieth session.

Mr ROKOVADA (Fiji) suggested in operative paragraph 1, line 4, the wording, “that country visits may be undertaken only for specific tasks.”

Dr TAMARUA (Cook Islands) proposed that “immediately before” be added to bring the draft resolution in line with that discussed in the previous meeting.

The CHAIRPERSON said the meeting should consider the financial implications of having the Sub-Committee meeting immediately before rather than during the fiftieth session of the Regional Committee. If it met during the session there would be no financial implications.

The DIRECTOR, PROGRAMME MANAGEMENT, clarified that, based on the summary record of the discussion on this matter at a previous meeting, the representatives of Palau and New Zealand had suggested that the Sub-Committee meet “during” the fiftieth session.

Mr DAVIES (New Zealand) agreed to leave the word “during” and all that it implied intact.

The CHAIRPERSON said, although in the original version the operative paragraph 3 had not contained the words “...and that there will be no country visit in conjunction with this meeting”, there was an implied understanding and agreement. The phrase had been added to ensure clarity.

The DIRECTOR, PROGRAMME MANAGEMENT, said that on the third line of operative paragraph 3, the resolution number would be WPR/RC49/R7.

The CHAIRPERSON read out the following proposed revision of operative paragraph 1:

ENDORSES the Sub-Committee’s proposals that, first, instead of meeting every year as at present, the Sub-Committee should meet only when it is required to perform a specific task and, second, that country visits should be continued, but only when the Sub-Committee is specifically requested to do so;

She asked whether this wording was acceptable to the Committee.

It was so decided.

Decision: The draft resolution, as amended, was adopted (see Resolution WPR/RC49.R8).

1.3 Renewing the Strategy for Health for All: Report of the Sub-Committee, Part III
(Document WPR/RC49/Conf. Paper No. 6 Rev.1)

Decision: The resolution was adopted (see resolution WPR/RC49.R9)

2. WHO FELLOWSHIPS: Item 15 of the Agenda (Document WPR/RC49/15)

The REGIONAL DIRECTOR said that WHO had always recognized that effective health services are dependent on the people who run them and that one of the most important elements of WHO’s support for human resources for health was its fellowships programme. This programme

enabled health workers to go abroad for training and study by taking health-related courses which were not available in their own country, or when appropriate, to attend special courses in their own country. Over the years, 16%-21% of the total regional budget had been allocated to fellowships. For 1998-1999, fellowships had amounted to US\$ 13 488 million or 16.8% of the total budget of US\$ 80 279 million. During the previous two decades, more than 10 000 people had been awarded fellowships for training.

Because of the emphasis given by Member States to training health personnel and the significant amount of funds involved, the World Health Assembly, the Executive Board and the Regional Committee had requested evidence that the fellowships programme was giving value for money. The secretariat had therefore done its best to demonstrate both transparency and accountability in its presentation of the programme.

The Regional Director said that WHO welcomed close scrutiny of the programme. Only a process of continuous evaluation could ensure that money spent on fellowships was going where it was really needed and was being translated into a real improvement in health services. Since 1962, the Regional Committee had adopted seven resolutions aimed at improving the efficiency and effectiveness of the programme. The document summarized what had been done in the Regional Office to comply with Regional Committee resolutions on fellowships. It also described the various initiatives that had been taken by the Regional Office to evaluate and improve the programme and summarized the constraints facing receiving countries and fellows.

The Regional Director pointed out that several tables taken from Rapid Follow-Up Studies of the fellowships programme were included as annexes. These included the percentage of fellows who had returned to their country of origin; the percentage who had returned to the same institution; and the percentage who had been promoted after their fellowships. A summary of the Impact Study of the Communication Leadership and Management Programme was also attached as an annex.

The Regional Director said that the Committee had also received another document, WPR/RC49/INF.DOC./2, in their folders. This was the Rapid Follow-up Study on WHO Fellowships and Study Tours 1996-1997. This study had been carried out for WHO by a consultant and contained the latest available data on the Fellowships programme.

The Regional Director concluded by giving some information on the important issue of refunds of fellowship costs from non-returning fellows. He said that the current status of efforts to recover

funds from non-returning fellows had been researched. In the period from 1996 to June 1998, 22 fellows had chosen not to return to their countries at the conclusion of their fellowships. Of these, 13 had repaid their fellowship costs in full, six had made partial repayment and three had not made any repayment. In total, 79% of the US\$ 365 000 due from non-returning fellows had been returned to WHO. Efforts were still being made to collect the outstanding amount and the Regional Director expressed confidence that most, if not all, of those fellows who had made either only partial or no payment would repay their fellowship costs in full.

Dr MAM BUN HENG (Cambodia) commended the Secretariat for a very useful report. With WHO's support, the Ministry of Health of Cambodia had drawn up a long-term plan to strengthen the country's health resources, with human resource development as a priority area. However, Cambodia's limited resources remained a constraint in solving the many diversified problems it faced. He was, therefore, grateful that WHO had favourably considered his country's needs in the area of human resource development.

Mr BOYER (United States of America) was pleased to see that the evaluative report from the Secretariat took into serious consideration the points, and sometimes criticisms, raised by his and other delegations in previous years. It was obvious from the shortcomings openly acknowledged in the report that there was a need to impose strict rules in order to protect WHO's resources. A fellowship should not be awarded if there was a serious risk that the Organization's funds would be mis-spent by failure on the part of WHO and the Member States to get full value from it. He hoped that the Secretariat, not only in the Western Pacific Region, but throughout the entire WHO system, would be prepared to adopt such policy. At the same time, a continuous evaluation of the programme, making adjustments where necessary, should be maintained.

Dr GERMAIN (France) thanked the Regional Director for a report that had shown greater transparency, and which had brought to light a number of important issues. Fellowships provided governments with an excellent tool for capacity building and strengthening human resources. However, it was not an easy task to assess their effectiveness. He therefore sought clarification on the following points. (1) The number of fellows had decreased from 2203 in 1986-1989 to 796 in 1994-1995, was that solely due to budgetary constraints or were there other reasons? (2) With regard to duration of fellowships, which had become shorter in most cases, could that be interpreted as hesitation on the part of countries to send their fellows for long periods of time, or was that a result of some modifications in the system of training?

He noted with concern that many fellows had neglected to submit the required reports designed to assist evaluation. Considering that there was a contractual obligation on the part of the fellows to report back on their studies, what was the reason for their non-compliance?

With regard to the impact study of the communication leadership and management programme, notwithstanding the fact that only 33% of the respondents participated in the interviews, the results could give an interesting indication of the effectiveness of the training and perhaps become a basis for strengthening, not only that particular programme, but other similar cooperative activities in the Region.

Mr LIU Peilong (China) was pleased to note from the tables in Annex I of document WPR/RC49/15 that for the period 1992 to 1995, the majority of fellows had returned to their country of origin, mostly to the same institution and field of study. That would indicate that fellows were bringing back their newly acquired skills to their respective institutions. While that was encouraging, there were still problems, such as those mentioned by the representative of the United States of America. The solution to these problems would require the cooperation of Member States. For example, the cooperation of governments or fellows' institutes might help to ensure that the required reports were completed by the fellows and returned to WHO.

With regard to the results of the rapid follow-up studies, he suggested that the set of indicators used and the manner of presentation be improved. For instance, Tables 7 and 8 on page 12, which showed a decreasing number of fellows promoted after the fellowships, were quite misleading as they could be referring to different fellows over different periods of time.

Ms WARD (Australia) thanked the Secretariat for a useful and comprehensive report. Australia was pleased to note the continuous improvements made to the fellowships programme in recent years. Fellowships and study tours were an important and valuable mechanism by which countries could strengthen health services and promote improved standards of teaching and training. They must be continually monitored and evaluated to ensure that they were making an effective contribution to priority areas. Australia would like to see an ongoing programme of evaluation, which would provide regular information on the efficiency, effectiveness, and value of fellowships and study tours. Accountability and effective and timely reporting must be seen as being an integral part of each fellowship and study tour not only by WHO but by receiving and sending countries as well. The notable shift from long-term to short-term fellowships needed to be analysed. The shorter fellowships needed to be evaluated in terms of efficiency, cost, and effectiveness in delivering expected outcomes.

Fellowships and study tours were only one of the many alternatives for human resource development; the Regional Director was requested to consider other more cost-effective ways of providing training, such as distance education or other methods of in-country training.

Mr DAVIES (New Zealand), while acknowledging the value of the fellowships programme and the demands it placed both on the Secretariat and on National Fellowship Officers, shared the concerns expressed by previous speakers. At the same time, he endorsed the suggestions made by the representative of Australia. In addition, he made the following comments. First, noting the non-submission of reports by many of the fellows, he requested that information be provided on a regular basis on late or non-submission of the three required reports and of any follow-up action taken to ensure submission. Second, while it might not be appropriate to impose reporting requirements for study tours similar to those for fellowships, he suggested that some kind of formal evaluation procedures be introduced. Finally, the steady shift from doctors to nurses among recipients of fellowship awards during the past four bienniums as reflected on page 18 of document WPR/RC49/INF.DOC./2 was a welcome trend and he hoped that it would be maintained until such time as the professional background, and even gender, of fellows more closely matched those of the health workforce in the Region.

The DIRECTOR, PROGRAMME MANAGEMENT, thanked representatives for their clear-sighted comments. The representative of the United States of America had pointed out a number of major deficiencies of the fellowships programme: decisions made at short notice, lack of time to check on the suitability of candidates and poor language capability. Efforts being taken to overcome those deficiencies included the development of an improved information system for fellowship management and an improved checklist. The Regional Office was also trying to reduce the number of fellowships that were awarded to candidates who did not meet the criteria, by ensuring that the objectives were clearly spelt out, so the placing institution thus had a better idea of the fellow's intentions. When there was doubt about the linguistic capabilities of a candidate, WHO representatives and country liaison officers were sometimes asked to conduct an interview.

In response to the queries from the representative of France, he said that the number of fellows was not decreasing but fluctuated; fellowships represented a fairly constant 17-21% of the regular budget. He agreed that not all fellows were complying with the reporting requirements, and that the problem had also been raised by the internal and external auditors. 'Termination-of-study reports' were returned by slightly more than 60% of fellows and 72% of people who had benefited from study tours.

An investigation of those reports at a global level had shown that they were not useful for evaluation purposes but could be used to follow up the careers of fellows. The report formats were being revised to make them a more useful evaluation tool.

In response to the comments of the representative of China, he said that the rapid assessments and evaluations were sent to Member States to provide feedback. The reporting systems comprised continuous reporting, rapid follow-up studies at the end of each biennium and the termination-of-study reports. There was no formal mechanism whereby host institutes reported back to WHO. Anecdotal reports were received from institutes that accepted large numbers of fellows at the time a new fellow was sent.

The representative of Australia had said that the objectives of a candidate must be achievable and measurable. Often, applications were sent back and forth between WHO and the government of the placing country in order to define the objectives clearly and thus ensure that the fellow was placed effectively. In order to measure the efficacy, effectiveness and value of the programme, a study was being planned, as described in document WPR/RC49/INF.DOC./2. It was to be based on methods developed during a smaller study of fellowships in the Communication, Leadership and Management Programme.

The representative of Australia had also noted a trend to more requests for study tours and shorter fellowships. That was partly due to the fact that, as countries developed, more senior people were awarded fellowships. They were interested in observing systems rather than techniques for the purposes of technological transfer. During study tours, such people shared experiences with their peers.

The representative of New Zealand had commented on the failure to comply with reporting requirements and asked whether sanctions were applied. It was perhaps time for such measures to be taken. The trend for more fellowships to be awarded to nurses and health personnel other than doctors reflected a greater focus of countries on their actual requirements. The 1996-1997 biennium had been the first in which the balance of male and female fellows had been examined; the proportion was 42% female and 58% male.

Mr LIU Peilong (China) said he now realized that the figures in Table 7 of document WPR/RC49/15, giving the numbers and percentages of fellows who had been promoted after termination of their fellowship, were not directly comparable across columns because the time periods

since their fellowships were not equal. He commented that the indicator should be more clearly defined; for instance, former fellows might be questioned five years after their return to their country.

Mr TSUDA (Japan) remarked that fellowships were one of the most potentially useful means of developing human resources for health. Since substantial financial resources were involved, however, appropriate monitoring and evaluation were essential in order to ensure efficiency and effectiveness. More effort should be made to ensure fellows submitted reports.

Dr ABDUL AZIZ (Malaysia) said that as human resources were the most important investment in health care, they should not be restricted by lack of funds. He asked the Regional Director to investigate ways in which more fellowships could be provided out of the available resources. Fellowships and study tours should not be awarded if the objectives were not clearly stated, and the onus for doing so was on the placing country. One way of saving money would be for host institutes to lower their tuition fees, but he had been concerned to find from the report that such fees were increasing. Another means of using resources efficiently might be to shorten the tenure of fellowships. High-level candidates would find it easier to leave their posts temporarily for a short fellowship or a study tour. He agreed with the representative of China that it would be important to obtain reports from host countries. Use of long-distance learning, based on information technology, was another viable option which would result in savings on travel. He raised the issue of whether multi-country study tours were really effective.

Dr FERNANDEZ (Philippines) said that the WHO fellowships programme had contributed significantly to the competence, efficiency and effectiveness of the workforce of the Department of Health in her country. However, failure to submit reports, rising training costs and other constraints described in the report were of serious concern. She strongly proposed that WHO institute stringent policies and sanctions to overcome those constraints and adopt a strong political will to implement them. Nevertheless, Member States should take full responsibility for their fellows before and after tenure of a fellowship.

Dr CLARO (Macao) stated that the entire WHO allocation to his country was devoted to fellowship training. Since 1981, 81 fellowships had been awarded. He requested that letters confirming an award be forwarded to fellows as soon as possible to give them adequate time to obtain visas and to make other preparations.

Mrs POLLOI (Republic of Palau) said that fellowships had been the most useful means of improving the level of training in the Ministry of Health of her country, where there were no institutes for formal training and where most allied health staff were trained on the job. The national WHO fellowships committee, consisting of 13 department heads, met at the start of each biennium to select candidates by department in the light of priorities. Applications were reviewed by the Chairman of the committee, the Office of Health Human Resources Development and the Minister of Health. Later applications were allowed only for health or family reasons. Palau continued to rely on the country budget to finance training abroad in accordance with the objectives of the national plan. In the next biennium, it intended to concentrate on training in environmental health in the context of the Healthy Islands initiative.

Mr Wang-Kon MOON (Republic of Korea), who said that he himself had been a recipient of a WHO fellowship, noted that seven resolutions on the subject had been approved since 1962, mainly related to effective implementation of the programme. That could be done only by ensuring that the objective of each fellowship was consistent with the actual needs of the placing country and by conducting an extensive evaluation of the programme, including the necessity of fellowships and cost-effectiveness analyses.

Dr WOONTON (Niue) said that the fellowships programme had trained many leaders in health care in the South Pacific over the years. A persistent problem, however, was retaining trained health personnel in the country.

Mr ROKOVADA (Fiji) noted that WHO fellowships had permitted many of the Pacific island countries to send students and staff to study at the Fiji School of Medicine or the Fiji School of Nursing. The national programme was being reviewed with the WHO Representative to ensure that it was appropriately targeted, cost effective and of high quality. New postgraduate courses were being offered at the School of Medicine. Tuition cost less than in Australia or New Zealand, and locally trained personnel were more likely to stay in the Region. He looked forward to further collaboration for the development of programmes at the schools of medicine and nursing.

Dr ENKHBAT (Mongolia) said that study tours were preferred to fellowships in his country, mainly because English was not the first language. Potential candidates sought fewer, longer fellowships and more, shorter study tours.

Ms ABEL (Vanuatu) asked the Regional Office to provide a list of institutions that might offer activities of interest to her country.

Dr TEMU (Papua New Guinea) said his country had experienced benefits similar to those described by the representative of Fiji. He requested that national fellowship awards be maintained. He suggested that the fellowships programme be evaluated country-by-country, and that disciplinary measures be applied to those countries whose fellowship holders did not submit reports. The report highlighted the fact that some countries had not elaborated health workforce plans, and applications for fellowships were therefore made on an *ad hoc* basis. It might be necessary for WHO to pursue the development of such plans.

The REGIONAL DIRECTOR said he welcomed the suggestion made by several representatives to introduce some kind of contractual agreement to ensure that fellows returned home to serve their own people on completion of training. Some years previously he had himself proposed to the Committee the establishment of a "bonding" arrangement between Member States and fellows to ensure the return of fellows. He had further suggested that, in the event of non-return, he be authorized to request the receiving Member States to return the fellowship funds so that they could be reallocated to train another person from the placing country. At that time most representatives had agreed to the suggestions but some had not, and he had been unable to proceed with the scheme. In the light of the discussion at the present session, he would be prepared to study the matter further and endeavour to introduce arrangements along the lines he had outlined.

He reminded the Committee that the Executive Board, following its study on fellowships, had adopted a resolution encouraging in-country fellowships. Such fellowships had already been introduced in four countries of the Region. The fellows had received very relevant training, sometimes at less than 10% of the cost of training abroad. He stressed that in-country fellowships should not reduce the Government's obligation to provide training for its health personnel.

The DIRECTOR, PROGRAMME MANAGEMENT, noted that representatives had urged a stronger relationship between Member States and WHO to ensure that fellows used their fellowships properly and fulfilled their reporting obligations.

The representative of Malaysia had referred to his country's experience with short one-month fellowships for qualified people moving into a more advanced or slightly different field. With those fellowships the requirement of clear objectives had been well met and placement had proceeded

smoothly. With regard to the number of countries to be included in a study tour, WHO had recently revised its policy and now limited study tours to two countries and the number of participants to three or four.

He assured the representative of Macao that letters of award were sent to fellows as early as possible.

He appreciated the problem of human resources maintenance raised by the representative of Niue. In a small country, the departure of one health worker for training abroad often left a gap that could not be filled by local personnel.

Referring to the remarks made by the representative of Fiji, he drew the attention of the Committee to the postgraduate training available in the Pacific in anaesthesia, obstetrics and gynaecology, surgery, internal medicine and paediatrics. General medicine was to be added in 1999. Future specialists received training within the Pacific island environment where they would be working and they were less likely to seek jobs abroad.

He drew the attention of the representative of Vanuatu to the *World directory of medical schools* published by WHO. At the regional level, a registry of training institutions had recently been prepared and would shortly be available on the internet and in hard copy.

He agreed with the representative of Papua New Guinea on the importance of health workforce planning, so that countries did not need to apply for fellowships on an *ad hoc* basis.

He informed the representative of China that the information on promotion of fellows provided in Table 7 had been acquired immediately after each of the periods covered.

Mr LIU Peilong (China) commented that, according to Table 7, the proportion of fellows promoted after their fellowships was decreasing.

The DIRECTOR, PROGRAMME MANAGEMENT said the reasons for the decrease were not clear and would need to be investigated.

The CHAIRPERSON requested the Rapporteurs to prepare an appropriate draft resolution for consideration at a later meeting.

3. MEMBERSHIP OF GLOBAL COMMITTEES FROM THE WESTERN PACIFIC REGION: Item 16 of the Agenda

3.1 Special Programme of Research, Development and Research Training in Human Reproduction: Membership of the Policy and Coordination Committee: Item 16.1 of the Agenda (Document WPR/RC49/16)

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

At present, the three category (2) members from the Western Pacific Region were Japan, Singapore and the Republic of Korea. The period of tenure of the member from Japan was due to expire on 31 December 1998.

In order to maintain the full representation of the Western Pacific Region on the Policy and Coordination Committee, the Regional Committee should elect one Member State to nominate a member whose three-year term would start on 1 January 1999. The Regional Committee might wish to elect Malaysia.

The next meeting of the Policy and Coordination Committee would be held from 17 to 18 June 1999.

The CHAIRPERSON proposed that, since there were no further comments, Malaysia should serve on that Committee for a three-year term.

It was so decided (see decision WPR/RC49(4)).

Dr ABDUL AZIZ (Malaysia) thanked the members of the Regional Committee for nominating Malaysia.

3.2 Special Programme for Research and Training in Tropical Diseases: Membership of the Joint Coordinating Board: Item 16.2 of the Agenda (Document WPR/RC49/17)

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

The two Member States of the Western Pacific Region that were members of the Joint Coordinating Board were China and Singapore. Since the three-year period of tenure of the representative designated by China would end on 31 December 1998, the Committee should appoint a Member State to represent the Region from 1 January 1999. It might wish to consider Papua New Guinea as a replacement for China.

The exact dates and place of the 1999 meeting of the Joint Coordinating Board would be conveyed to Member States in due course.

The CHAIRPERSON proposed that since there were no further comments, Papua New Guinea should serve on the Joint Coordinating Board for a three-year period.

It was so decided (see decision WPR/RC49(5)).

Dr TEMU (Papua New Guinea) thanked the members of the Committee for the appointment of his country. He also thanked Malaysia for withdrawing its candidacy.

3.3 Action Programme on Nations for Mental Health: Membership of the Management Advisory Committee: Item 16.3 of the Agenda (Document WPR/RC49/18)

The REGIONAL DIRECTOR said that the Action Programme on Nations for Mental Health had been established by the Director-General to ensure that WHO's response to the global burden of mental disorders was implemented at country level. In keeping with the terms of reference approved by the Director-General, a Management Advisory Committee (MAC) and a Technical Advisory Committee (TAC) would be established for the Nations for Mental Health programme.

The MAC would be an advisory body to the Director-General on the Action Programme on Nations for Mental Health and would make recommendations on matters related to policy, strategy, finance, management, monitoring and evaluation of the programme. It would meet once a year. The operational aspects of the MAC were still under discussion. He therefore asked to be allowed to monitor the situation on the Committee's behalf and to report to Member States when he had received clarification on how the MAC would operate.

There were three categories of membership. Category (b) membership comprised members selected by the regional committees for three-year terms from among those Member States with which the programme was collaborating. In the Western Pacific Region those were: China, Marshall Islands, Mongolia and Viet Nam.

As it was a new programme, the MAC was being formed for the first time. The Regional Committee should select two members to represent the Region under category (b), effective 1 January 1999, for three-year terms. Priority should be given to Member States that had already started activities in the Action Programme.

It was possible that one of the members chosen might be asked to serve for two years and the other for three to avoid both members being replaced at the same time. The Regional Director asked to be allowed the discretion to decide on the appropriate course of action once clarification was received from WHO Headquarters.

The Regional Committee might wish to consider representatives of China and Mongolia as members to represent the Region.

The CHAIRPERSON proposed that, since there were no further comments, the representatives of China and Mongolia should represent the Region.

It was so decided (see decision WPR/RC49(6)).

4. CORRELATION OF THE WORK OF THE WORLD HEALTH ASSEMBLY, THE EXECUTIVE BOARD AND THE REGIONAL COMMITTEE: Item 17 of the Agenda
- 4.1 Consideration of resolutions of the Fifty-first World Health Assembly and the Executive Board at its 101st and 102nd sessions: Item 17.1 of the Agenda (Documents WPR/RC49/19 and WPR/RC49/INF.DOC./3)

The REGIONAL DIRECTOR said that the document included 19 resolutions adopted by the Fifty-first World Health Assembly and one decision taken by the Executive Board during its 102nd session.

Information on activities in the Region which were relevant to the terms of the resolutions was provided. The resolutions were attached to the document. Resolutions adopted by the Fifty-first World Health Assembly or by the Executive Board during its 101st and 102nd sessions that related directly to other items on the agenda had been annexed to the documents covering those items.

The Committee should note the operative paragraphs which related to activities that Member States could undertake in the Region to implement the resolutions.

In reference to decision EB102(14), the Fifty-first World Health Assembly had decided to refer resolution EB101.R24 on the revised drug strategy back to the Executive Board for further consideration at its 103rd session. At its 102nd session, the Executive Board had decided by decision EB102(14) to establish a two-tier method of working to explore the complex issues raised, in order that a resolution could be drafted for consideration at its 103rd session in January 1999.

An *ad hoc* working group would be open to all Member States wishing to participate and a subgroup would assist WHO in its contacts with relevant interested partners. The subgroup would comprise the chairperson of the drafting group established during the Fifty-first World Health Assembly, and two Member States from each region, of which at least one would be a member of the Executive Board.

The regional committees should nominate the two representatives from the regions to the subgroup. The Committee might wish to consider China and Japan as its representatives, with China as the member from the Executive Board. The Regional Director referred representatives to the information document (WPR/RC49/INF.DOC./3), which gave the dates of the first meeting of the subgroup.

The Regional Director also asked the Committee to consider the document "Revised drug strategy: WHO's work in pharmaceuticals and essential drugs", attached to document WPR/RC49/19 as an annex, and invited their comments.

The CHAIRPERSON then read out the titles of the resolutions one by one, inviting comments from the representatives.

Mr TSUDA (Japan) said he had been instructed by the Ministry of Foreign Affairs in Tokyo to correct some misunderstandings in document WPR/RC49/19, page 2, third paragraph. This commented on resolution WHA51.8, Concerted public health action on anti-personnel mines. As regards demining and victim assistance, the Phnom Penh International Forum on Demining and Victim Assistance would be conducted in Cambodia from 26 to 28 October 1998. The Forum was to share the best practices of Cambodian experience in demining and victim assistance and, at the same time, examine how to cooperate and coordinate among partner countries, international organizations and nongovernmental organizations, in order to assist the efforts of mine-affected countries. WHO would participate in the Forum, by making a presentation on the sector from the viewpoint of public health and emergency humanitarian assistance.

Dr DURHAM (New Zealand), referring to resolution WHA51.13, Tuberculosis, expressed concern about the disease in the Region and requested that a report concentrating on epidemiology, capacity building, and other aspects and measures taken in countries should be submitted to the next session of the Regional Committee.

Dr TEMU (Papua New Guinea) supported the request, adding that it should include information on implementation of the DOTS strategy.

Dr GERMAIN (France) also supported the request.

The Regional Director agreed that tuberculosis would be considered at the next session of the Regional Committee.

Dr DURHAM (New Zealand), referring to resolution WHA51.17, Emerging and other communicable diseases: antimicrobial resistance, said that her country was aware of the measures being taken to combat such resistance, and she suggested that the Regional Committee should concentrate on best practices in the next appropriate technical briefing session.

Mr TSUDA (Japan) appealed to countries to ratify the amendments to Articles 24 and 25 of the Constitution covered by resolution WHA51.23 as rapidly as possible since they concerned membership of the Executive Board, in which the representation of the Western Pacific Region was to increase.

The REGIONAL DIRECTOR added his voice to that of the representative of Japan, saying that last time such an amendment had been adopted it had taken 11 years to ratify. If Members in the Region did so early, they could then put pressure on others to follow suit.

Dr DURHAM (New Zealand) referring to resolution WHA51.24 on the International Decade of the World's Indigenous People, said that the aim of incorporating of activities for indigenous peoples in the Region's programme should be pursued more energetically, including ensuring their access to care (with appropriately sensitive programmes), supporting their attendance at WHO meetings and developing health, strategies and relevant aspects of medicine in close cooperation.

The REGIONAL DIRECTOR explained that one problem was that, unlike Australia and New Zealand which had clearly defined who their indigenous peoples were, other countries in the Region had found it difficult to define such groups. This made it difficult for WHO to provide appropriate programmes. The United Nations as a whole had also experienced a problem in defining the term.

Dr DURHAM (New Zealand) said that there was an inescapable requirement for annual reporting, and, notwithstanding the difficulties mentioned by the Regional Director, her delegation wished it to be fulfilled.

Mr TSUDA (Japan), referring to resolution WHA51.31 on regular budget allocation to regions, said that the outcome was painful for the Western Pacific Region in particular, but it had been intended to take into account the plight of poor populations in greatest need. He felt that the Region was to be commended for its attitude.

Executive Board decision of interest to the Region

The CHAIRPERSON, commenting on decision EB102(14), noted that the Secretariat had proposed that China and Japan be nominated to appoint persons to serve on the subgroup. In the absence of any further comments, she said that China and Japan would be appointed.

It was so decided (see decision WPR/RC49(7)).

4.2 Consideration of the agendas of the World Health Assembly, Executive Board and the Regional Committee: Item 17.2 of the Agenda (Document WPR/RC49/20 Rev.1)

The REGIONAL DIRECTOR said that the document WPR/RC49/20 Rev. 1 showed the relation between the Regional Committee's current agenda and the items which would be discussed at the 103rd session of the Executive Board in January 1999 and the Fifty-second World Health Assembly in May 1999. The full draft provisional agendas were shown in Annexes 2 and 3.

The correlation was presented for the information of the Regional Committee, and to provide an opportunity for the Members to comment on any of the agenda items mentioned.

The meeting rose at 5.20 p.m.