MINUTES OF THE FIRST MEETING

WHO Conference Hall
Thursday, 17 September 1964 at 9.00 a.m.

CHAIRMAN: Dr R.F.R. Scragg
later: Dr L.W. Jayesuria

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First Meeting

Thursday, 17 September 1964 at 9.00 a.m.

PRESENT

I. Representatives of Member States

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<td>AUSTRALIA</td>
<td>Dr H.E. Downes</td>
<td>Dr R.F.R. Scragg</td>
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<td>CAMBODIA</td>
<td>His Highness Prince Norodom Monissara</td>
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<td>CHINA</td>
<td>Dr C.K. Chang</td>
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<td>Médecin Colonel M. Orsini</td>
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<td>JAPAN</td>
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<td>KOREA</td>
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<td>Dr Phouv Phouttasak</td>
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<td>MALAYSIA</td>
<td>Dr L.W. Jayesuria</td>
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<td>Dr N.C. de Andrade</td>
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<td>UNITED KINGDOM</td>
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<td>UNITED STATES OF AMERICA</td>
<td>Dr R.K.C. Lee</td>
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MINUTES OF THE FIRST MEETING

VIET-NAM
Dr Nghiem Xuan Tho

WESTERN SAMOA
Dr J.C. Thieme

II. Representatives of the United Nations and Specialized Agencies

UNITED NATIONS
Mr A.H. Mackenzie

TECHNICAL ASSISTANCE BOARD
Mr A.H. Mackenzie

UNITED NATIONS CHILDREN'S FUND
Mr I.H. Markuson

INTERNATIONAL LABOUR ORGANISATION
Dr R. Goldsmith

III. Representatives of other intergovernmental organizations

INTERNATIONAL COMMITTEE OF MILITARY MEDICINE AND PHARMACY
Colonel V.C. Javier, MC

SOUTH PACIFIC COMMISSION
Médecin Colonel M. Orsini

IV. Representatives of non-governmental organizations

INTERNATIONAL ASSOCIATION FOR THE PREVENTION OF BLINDNESS
Dr S.P. Lopez

INTERNATIONAL COMMITTEE OF THE RED-CROSS
Mr J. Mittner

INTERNATIONAL COUNCIL OF NURSES
Mrs L.A. Alvarez

INTERNATIONAL DENTAL FEDERATION
Dr A. Ursua

INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS
Dr D. Valenzuela

INTERNATIONAL FEDERATION OF SURGICAL COLLEGES
Dr A. Tangco

INTERNATIONAL HOSPITAL FEDERATION
Dr E.D. Congco

INTERNATIONAL PAEDIATRIC ASSOCIATION
Dr Fe del Mundo

INTERNATIONAL SOCIETY OF BLOOD TRANSFUSION
Dr G.C. Caridad
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<td>Mr A.S. Dimalanta</td>
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<td>INTERNATIONAL UNION FOR HEALTH EDUCATION</td>
<td>Dr F. Herrera</td>
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<td>LEAGUE OF RED CROSS SOCIETIES</td>
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<td>MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION</td>
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<td>WORLD MEDICAL ASSOCIATION</td>
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V. WHO secretariat

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<td>REPRESENTATIVE OF THE DIRECTOR-GENERAL</td>
<td>Dr P.M. Dorolle</td>
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<td>SECRETARY</td>
<td>Dr I.C. Fang</td>
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<td>Deputy Director-General</td>
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1. OPENING OF THE FIFTEENTH SESSION OF THE REGIONAL COMMITTEE: Items 1 and 2 of the Provisional Agenda

The CHAIRMAN declared the session open and conveyed to all the greetings of the Territory of Papua and New Guinea and Australia. He also welcomed Dr Dorolle, who was attending the meeting as the representative of the Director-General. It had been a great privilege to have had the fourteenth session in Port Moresby and a pleasing experience to have presided over it.

At the time of the last meeting, concern had been expressed at the entry of new diseases into the Region. Their further extension had occurred in some countries, but not in all. The development of health programmes had no doubt helped to stay the progress of these communicable diseases that must as quickly as possible be eradicated from this and other Regions.

The subject of the technical discussions during the fourteenth session had been leprosy in relation to the rural situation. The conclusions reached had been of considerable value to the Territory of Papua and New Guinea, and also, no doubt, to other countries. During the present session the use of statistics in public health administration would be discussed. This subject was also of interest to the health authorities in Papua and New Guinea, where health statistics had been related mainly to hospital admissions. Some limited work had been carried out to define areas in which tuberculosis, leprosy and malaria were either significant problems or otherwise. A sample health census of one in five hundred persons to define the real problems in rural areas was also in progress.
In many areas of the Region vital statistics were scanty or lacking and in their absence health statistics prepared in a vacuum were of limited value. Any planning for the improvement of health statistics must be associated with more adequate vital statistics within the country. Statistics were of considerable value in pointing out more clearly the real problems. They helped in directing the resources of a country wisely towards the eradication of diseases and provided a basis for the effective evaluation of health programmes.

In the South Pacific Commission area, a health statistician was studying the health statistics of various countries to determine whether a permanent central statistical service should be provided by the Commission. In this area individual population groups were small and a centralized service would provide a more complete picture of health. Individual countries would have their own statistics and in their own interests they would be able to review comparative patterns. Other areas within the Region had problems which were not dissimilar from those of the South Pacific Commission area and this type of project could possibly be of value elsewhere.

It gave him much pleasure to be associated again with the representatives of the many countries of the Region and to have adequate opportunity for informal discussions with them on their public health programmes. He also looked forward to the opportunity representatives would have to study some of the health activities in the Philippines. It was five years since his last visit and then he had only travelled briefly in the Manila area.

In closing, he thanked the representatives of the Regional Committee, the staff of the Regional Office and its Director, Dr Fang, for the
support and assistance that had been given him.

2. ADDRESS BY THE REPRESENTATIVE OF THE DIRECTOR-GENERAL: Item 3 of the Provisional Agenda

Dr DCROLLE, Deputy Director-General, said that it was an honour and a pleasure for him to represent the Director-General at this session, the more so since he had not had the opportunity of visiting this region in the last four years.

He was pleased to note - and he knew that Dr Candau would share his satisfaction - that all the Members of this region were able to be represented at this session. This showed that the Members of the Region undoubtedly shared the views of the Director-General regarding the importance of regional committee meetings to the Organization's operations. It was the result of the wisdom of its constituents that the World Health Organization had been regionalized. Regionalization was a typical trend of the Organization and WHO was the only one which had embodied it in its Constitution. Experience showed that this system, although costly, had given the Organization the possibility to develop its programme more harmoniously than would have been possible if Headquarters in Geneva had been in charge of all activities in the whole world. The study, planning and control of programmes belonged primarily to the World Health Assembly but these were carried out in a more practical way on the regional level. In regional committees, representatives came from countries with relatively similar problems, and this gave the discussions a more practical character. Regional Directors even in a vast geographical area like the Western Pacific could keep
closer contacts with national health administrations than would be possible from Headquarters.

The importance attached by the Director-General to regional committee meetings was shown by the fact that he always attended one or more of these meetings and when he could not be present, he was always represented by one of his close collaborators. This gave him a unique opportunity to get first-hand information on the problems of the Regions.

This Regional Committee had an important agenda, the core of which was the discussion of the programme and budget for 1966. Here, the detailed discussions which the Committee would have, would assume a more positive character than they could have at the Health Assembly, which was concerned with the vast programme of the whole Organization. It was because the Committee had an intimate knowledge of the problems existing in the area that the Organization relied very much on these discussions, not only from the point of view of the annual programme itself but also for the orientation which it gave for programmes in the coming years.

In the name of the Director-General, Dr Dorolle expressed again to the Government of the Philippines his gratitude for the generous hospitality afforded the Organization and which had enabled it to build this beautiful building for the Regional Office. WHO shared the Government's difficulties and preoccupations in the face of the present cholera El Tor epidemic. He would like to let the representatives of the Philippines know that WHO was following with all sympathy the developments of the situation, which the health authorities had now well under control. This outbreak showed that no one was protected
against new attacks of diseases, and this was one of the problems to which the Organization was giving its attention.

Dr Dorolle wished the Committee all success in its deliberations.

3. ELECTION OF NEW OFFICERS: CHAIRMAN, VICE-CHAIRMAN AND RAPPORTEURS: Item 4 of the Provisional Agenda

3.1 Election of Chairman

Dr LEE (United States of America) nominated Dr Jayesuria (Malaysia) as Chairman; this was seconded by Dr DOWNES (Australia).

Decision: Dr Jayesuria was elected with acclamation.

In taking the Chair, Dr JAYESURIA stated that he was overwhelmed by the signal honour that the Committee had just conferred on his country, Malaysia, particularly at this period of history, by electing one of its representatives as Chairman of the fifteenth session. He expressed appreciation of the expressions of sympathy, trust and confidence that had been indicated in the Committee's choice of Chairman for this session, and with the assistance, co-operation and guidance of all, he hoped to carry out the heavy responsibilities entrusted to him.

3.2 Election of Vice-Chairman

Dr CRUZ (Philippines) nominated Dr Kennedy (New Zealand) as Vice-Chairman; this was seconded by Dr HAN (Korea).

Decision: Dr Kennedy was elected unanimously.
3.3 Election of Rapporteurs

Dr THIEME (Western Samoa) nominated Dr Downes (Australia) as Rapporteur for the English language; this was seconded by Dr CHANG (China).

Dr ORSINI (France) nominated Dr Phouttasak (Laos) as Rapporteur for the French language; this was seconded by Dr ANDRADE (Portugal) and by His Excellency Prince NORCROM (Cambodia).

Decision: Dr Downes and Dr Phouttasak were unanimously elected.

4. ADDRESS BY INCOMING CHAIRMAN: Item 5 of the Provisional Agenda

The CHAIRMAN requested that his address should be postponed until Friday morning. (See minutes of the third meeting, section 4.)

5. ADOPTION OF THE AGENDA: Item 6 of the Provisional Agenda (Document WP/RC15/1)

The CHAIRMAN moved the adoption of the agenda.

Decision: In the absence of any comments, the agenda was adopted.

6. STATEMENT BY THE CHAIRMAN OF THE TECHNICAL DISCUSSIONS: Item 7.1 of the Agenda

The CHAIRMAN announced that, in accordance with the resolution adopted by the Regional Committee at its eleventh session, the Regional Director, in consultation with the Chairman of the Regional Committee, had selected Dr R.K.C. Lee, Director of Public Health and Medical
Dr LEE (United States of America), Chairman of the Technical Discussions, stated that the Regional Committee at its fourteenth session, held in Port Moresby a year ago, had decided that the topic of the Technical Discussions should be "The Use of Statistics in Public Health Administration". Such a decision was evidence that there was an increased awareness of the importance of vital and health statistics among national health administrators in the Region.

Arrangements had been made for the conduct of the Technical Discussions in three sessions. The first and third would be plenary sessions for which Dr San Juan (Philippines) would be the rapporteur. The second would be devoted to group discussions that would no doubt stimulate the exchange of information and experience among the participants. Three groups had been formed that would meet simultaneously in different rooms. The following had been selected as chairmen of the discussion groups: Dr Cameron (Malaysia), Dr Sampson (United States of America) and Dr Orsini (France). Dr Logan, Director, Division of Health Statistics, World Health Organization, Geneva, would also participate in the discussions and Mr Aldama-Contreras, Regional Statistician, World Health Organization, Western Pacific Regional Office, would be the secretary. The following had been selected as rapporteurs for the groups: Dr Teng (United Kingdom), Dr Hsu (China) and Dr Phouttasak (Laos).

The first session of the Technical Discussions, which would start on Saturday, at 9.00 a.m., would be a plenary one with a panel presentation followed by open discussion. In the panel, the topics "Statistics
Required for Public Health Administration", would be introduced by Dr Logan; "Measurements of Mortality and Morbidity", by Dr Dizon (Philippines); "Statistics in Routine Administration of Health Services", by Dr Andrade (Portugal); "Statistics in National Health Planning and Evaluation", by Dr Han (Korea); "Statistics in Public Health Research", by Dr. Kennedy (New Zealand).

Four working papers, relevant to the topic of the Technical Discussions, had been prepared.

(For consideration of the report on the Technical Discussions, see minutes of the fifth meeting, section 6.)

7. ACCEPTANCE OF THE PROGRAMME FOR THE TECHNICAL DISCUSSIONS:
Item 7.2 of the Agenda (Document WP/RC15/TD1)

Dr LEE (United States of America), Chairman of the Technical Discussions, moved the adoption of the programme.

Decision: In the absence of any comments, the programme for the Technical Discussions was accepted.

8. ESTABLISHMENT OF THE SUB-COMMITTEE ON PROGRAMME AND BUDGET:
Item 8.1 of the Agenda

In accordance with the principle of rotation, it was agreed that the membership should be composed of the representatives of France, Korea, Laos, Malaysia, Philippines, Portugal, United States of America and Western Samoa. It was also agreed that the Sub-Committee would meet at 2.30 p.m. on Friday, 18 September, and that, if necessary, discussions would continue on Monday afternoon. (For consideration of
the report of the Sub-Committee on Programme and Budget, see minutes of the fifth meeting, section 4.)

9. ACKNOWLEDGEMENT BY THE CHAIRMAN OF BRIEF REPORTS RECEIVED FROM GOVERNMENTS ON THE PROGRESS OF THEIR HEALTH ACTIVITIES: Item 9 of the Agenda

The CHAIRMAN acknowledged the reports on the progress of activities received from the following countries: Australia, Brunei, Republic of China, Guam, Hong Kong, Japan, Republic of Korea, Kingdom of Laos, Macao, Malaya, New Zealand, Philippines, Ryukyu Islands, Trust Territory of the Pacific Islands and Western Samoa.

Australia had also submitted copies of the Annual Report of the Director-General of Health for 1962-63, the Annual Report of the Director-General of Health for 1963-1964 and the Compendium of Australian Statistics No. 49, 1964. (For further reports acknowledged, see minutes of the fifth meeting, section 2.)

10. RESEARCH IN POPULATION GENETICS OF PRIMITIVE GROUPS: Item 11 of the Agenda (Document WP/RC15/4)

The REGIONAL DIRECTOR stated that during the last session of the Committee a resolution had been adopted emphasizing the importance of studies aimed at determining the genetic profiles of isolated groups living in developing countries in the Western Pacific Region. The Committee had also recommended that WHO should take the initiative in exploring the possibilities of such research and should bring this to the attention of qualified research workers in different countries and of the governments of countries where suitable communities reside.
He drew attention to document WP/RCl5/4 which showed that research in population genetics of primitive groups forms an important part of the Organization's programme in human genetics research. In 1962 WHO had participated in a pilot study of the Xavantes Indians in Brazil, in 1963 it had supported a pilot study of the population of the Islands of Tongariki, New Hebrides and a genetic study of the polar Eskimos of north Greenland. The Organization would continue to support, within its budgetary limitations, well-designed inter-disciplinary pilot studies carried out by teams of highly-qualified specialists. However, one of the major obstacles in carrying out such studies was the shortage of trained investigators and of laboratory and other facilities. The establishment of human genetics research groups in university faculties of biology and medicine was one way in which governments could support work in this field.

Dr DOROLLE, Deputy Director-General, supported the Regional Director's statement on the interest shown by the Director-General in the subject of human genetics. As everyone was aware, for some years now there had been at Headquarters a geneticist attached to the unit in charge of radiation and isotopes, because at the onset WHO was more directly interested in the genetic aspects of radiation problems. Following the interest shown by a number of countries in the problems of population genetics - as expressed in the very wise resolution adopted last year - the Director-General had decided to give even more emphasis to this aspect of genetics work and from 1 October this year, there would be a separate unit in human genetics at Headquarters. At present an appropriate head for this unit was being selected.
There had, however, been difficulties experienced in finding an appropriate man. Though it would be relatively easy to find medical geneticists, or geneticists trained in animal population genetics, well-qualified specialists in human population genetics, as stated by the Regional Director, were very rare indeed.

The CHAIRMAN was glad to hear that the Director-General was planning to set up a human genetics unit at Headquarters and that a suitable person to head this unit was presently being recruited. Not only were human geneticists hard to find but in the other spheres of the medical profession, it was also difficult to find suitable persons to head the many different types of units. He hoped that the Director-General would be successful in finding such a man in the near future.

There being no further comments, the CHAIRMAN proposed that the Committee take note of the report.

It was so agreed.

11. GENERAL PROGRAMME OF WORK COVERING A SPECIFIC PERIOD: Item 13 of the Agenda (Document WP/RC15/6 and Corr.1)

The REGIONAL DIRECTOR stated that so far two programmes of work had been adopted for the Region. The first covered the period 1957-1960. This had been extended for one year. The second covered the same period as that initially fixed for the third programme of work adopted by the Health Assembly, that is 1962-1965. In March 1964, however, the Seventeenth World Health Assembly, on the recommendation of the Executive Board, had decided to extend the period of the third general programme until the end of 1966.
The extension of the present regional programme to the end of 1966 would mean that the third regional programme could be designed to fit into the framework of the fourth general programme of work adopted by the Health Assembly. If the Committee agreed to this suggestion, a draft third programme of work, taking into consideration any new decisions made by the Assembly, would be distributed to Members before the next session of the Committee.

Dr Dorolle, Deputy Director-General, believed that it would be a wise decision on the part of the Committee to extend by one year the period covered by the general programme of work. The Board had, as explained by the Regional Director, decided to extend by one year the third general programme of work for the Organization, and for this reason he thought it would be proper for the regional programme to cover the same period. The Board intended to fix the period for the next programme for five years, as it had become clear that it would now be possible to adopt a five-year period instead of the four-year period previously adopted. The new programme would be adopted by the Board at the January session in 1965 and it would be submitted to the Assembly in May. He also believed that it would be wise for the Committee to adopt one next year for a five-year period.

The CHAIRMAN stated that the Committee had noted the statements and advice given by the Regional Director and Dr Dorolle that the period of the third general programme of work be extended until 1966. He then invited the Committee's views on the points presented.

In the absence of any comments, the CHAIRMAN asked the Rapporteurs to prepare a draft resolution to be presented at the next session.
12. RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE THIRTY-THIRD AND
THIRTY-FOURTH SESSIONS OF THE EXECUTIVE BOARD AND THE SEVENTEENTH
WORLD HEALTH ASSEMBLY: Item 17 of the Agenda (Document WP/RC15/10)

The REGIONAL DIRECTOR stated that document WP/RC15/10 contained
the resolutions of regional interest adopted by the thirty-third and
thirty-fourth sessions of the Executive Board and the Seventeenth World
Health Assembly. A note had been added in connection with certain
resolutions as it was felt that the attention of the Committee should
be specifically drawn to some of the operative paragraphs.

Dr TENG (United Kingdom) referred to the resolutions on voluntary
contributions. The United Kingdom wished to reiterate its established
policy that it was opposed in principle to the financing by means of
voluntary contributions programmes which it considered should be financed
out of the regular budget.

There had been a tendency for voluntarily supported programmes to
be transferred to the regular budget once they had become established,
e.g., malaria eradication, and insofar as the Organization had by then
become committed to the project, it considered that this transference
eroded the responsibility of the Executive Board and the Assembly for
control of the size and disbursement of the regular budget in the light
of the relative values of projects competing for available funds.

The United Kingdom appeared to have departed from this policy early
in 1964 by donating four million doses of freeze-dried smallpox vaccine
in response to an urgent and emergency appeal from WHO for supplies to
meet temporary shortages in India and other countries where eradication campaigns were in progress. This was an entirely emergency measure and the United Kingdom's offer was not meant to be repeated.

Clinical and Pharmacological Evaluation of Drugs (resolution WHA17.39)
Standards of Drugs (resolutions EB33.R28 and WHA17.41)

Dr TENG stated that the United Kingdom would like to refer to the work of the Drugs Safety Committee whose Adverse Drug Reaction Notices were now being published. It wished to mention the establishment of the Safety of Drugs Committee and its three sub-committees (on toxicology, clinical trials, and therapeutic efficacy and/or adverse reactions). The details on the subject had been sent to manufacturers of drugs in the United Kingdom.

With regard to the item on standardization of drugs (resolution WHA17.41), the United Kingdom would like to point out that the emphasis of this resolution was to put the responsibility on drug exporting countries to ensure that drugs exported were up to domestic requirements. It was neither possible nor practicable for small and importing developing countries to set up adequate control procedures and so the United Kingdom considered that exporting countries should do what they could. The United Kingdom could not at present undertake to apply what was suggested in paragraph 2, except in relation to certain therapeutic substances already biologically tested as statutory requirements, because their purity and potency could not be established by chemical means. To control all drugs for domestic use would need substantial further legislation together with an extension of existing testing facilities which were not comprehensive. In general, in the United Kingdom,
samples of drugs dispensed on prescriptions by pharmacists and sold in shops were taken by Local Authorities and analyzed for them by public analysts whose laboratories were not owned by or under government control. Samples of certain therapeutic substances which cannot be adequately tested by chemical means were taken and referred for biological testing by the Ministry of Health to the Biological Standards Department and the Division of Immunological Products Control at the National Institute of Medical Research.

There being no further comments, the CHAIRMAN proposed that the Committee take note of the resolutions given in document WP/RC15/10.

It was so agreed.

13. STATEMENTS BY REPRESENTATIVES OF NON-GOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH WHO

At the invitation of the Chairman, the following representatives presented statements.

13.1 Representative of the International Association for the Prevention of Blindness

Dr López stated that the main objectives of the Association were: to study through investigations, the causes, direct and indirect, which may result in impartial or total blindness; to encourage and to promote measures calculated to eliminate such causes; to disseminate knowledge and information on all matters pertaining to the care and use of the eyes.

The Philippine Society for the Prevention of Blindness had already partially implemented these objectives. A mass vision-screening programme
of children in public schools throughout the country was in progress. So far, more than 180,000 schoolchildren in Manila and the surrounding areas had been examined. Of these, more than 20 per cent. had defective vision. Reports received from general practitioners and government physicians in the rural areas showed that there were also still some cases of blindness due to malnutrition. In the last three years a glaucoma screening project had been carried out in fifteen towns. More than 3000 individuals had voluntarily reported for screening. Two to three per cent. of the persons examined were found to be suffering from glaucoma and were now being treated. The Society was also carrying out a nation-wide health education campaign to disseminate knowledge on all aspects of eye care.

In closing, Dr Lopez suggested that a high incidence of preventable blindness possibly also existed in other developing countries in the Western Pacific area. The Committee at a future session might, therefore, be interested in discussing blindness prevention.

13.2 Representative of the International Council of Nurses

Mrs ALVAREZ extended the greetings of the International Council of Nurses. All present were assembled in friendship to discuss the various health problems in the Region. The Regional Committee accomplished not only its technical purposes but because of its principles and ideals it raised the dignity of human existence to a higher level. Health was no longer a parochial concern of any one nation or discipline as in centuries past. Superstition had almost been annihilated. Disease was the known scourge, the acknowledged enemy of mankind, and to fight it human knowledge was required. Each must share what knowledge he had
with the other. Their oneness of purpose might not rid humanity of all physical ills permanently, nor ever hope to cancel death, but it could surely put up a barrier against the enemy attacks and ravages. Health could hold back death and promote world happiness.

14. STATEMENT BY THE REPRESENTATIVE OF THE UNITED NATIONS CHILDREN'S FUND

Mr Markuson extended greetings on behalf of UNICEF. In UNICEF's long and fruitful relationship with WHO, the question of statistics had been the subject of a number of conferences. Statistics played an important part in long-term health planning, particularly with respect to plans having to do with the births and deaths of children and mothers. During the time he had spent in the Far East, he had been able to note that reporting on statistics had become increasingly more accurate and more complete. He commended the Committee on this progress. Conferences such as the present one would serve to strengthen the reporting services. The importance of accuracy in reporting had never been more apparent than during the present period of the so-called population explosion.

UNICEF was now expending some $14 million yearly in this region and through the India Regional Office. This represented perhaps 40 per cent. of its annual resources, but was but a small portion of the funds which might conceivably be spent in the interests of children and youth. Generally speaking, the UNICEF contribution had been, and was being, wisely expended. Emphasis must, of course, remain on the well-being of mothers and children. UNICEF's interests had been broadened in recent years to meet insistent demands among governments that it should serve not only the health field but also such fields as education,
social welfare and vocational training. This expansion had not resulted in a reduction of the support given to health activities. The wider approach had pleased many governments because it allowed them opportunity to request assistance to the fields they themselves felt to be of priority. These new activities had emphasized the need for long-term planning with respect to the resources of UNICEF. The Executive Board had reflected its concern over UNICEF expenditures by repeated insistence upon evaluation or assessments of on-going projects, to determine those in which UNICEF funds were most wisely expended or which might bring the greatest results for the most mothers and children. Some of the questions which had been raised were whether the limited resources were being wisely expended, was UNICEF assistance by way of stipends and honoraria for training personnel bringing adequate results, could other agencies, bilateral, multilateral or non-governmental, assume part of these responsibilities. These were some of the problems that UNICEF must face during this development decade and the next - a period of time during which the population of this region, not to speak of others, would expand to double its present size. An international round-table conference had been convened by UNICEF at Bellagio, Italy, in April of this year. The subject had been "Children and Youth in Development Planning". Copies of the conclusions of this conference were available for distribution. It had served its purpose of focusing attention on the need for special planning for the needs of children and youth in national planning of developing countries, if they were to meet the challenge of the ever-growing population trend. The UNICEF Executive Board was now supporting at least three regional conferences to delve more deeply into the problems presented. The conference in this region
would be held in Bangkok, 13 to 24 September 1965. Its title was "The Asian Conference on Children and Youth in National Planning". Thirteen countries of the ECAFE region were now being asked to provide assessments of the situation of the children and youth in their countries. This would be the subject of the first week of discussion. Eight countries were being asked to provide reports on national experiences in planning for children and youth. This would be the subject of the second week of discussion. Recommendations and conclusions would then be adopted. This conference showed the interest UNICEF had in long-term planning. Much of this planning, and a good share of the reports being prepared, would depend upon forecasts probably prepared under the direction of the representatives present. It was the duty of all to bring to the attention of those responsible for country planning the serious problems to be faced up to during the next twenty years. He requested the support of representatives in making these country reports reflect the present true situation and their later active support in bringing to life the recommendations which would result from the conference.

(For further statements presented, see minutes of the fourth and fifth meeting, section 1.)

15. ANNOUNCEMENTS

The CHAIRMAN suggested that the Committee should follow its usual practice and meet from 9.00 a.m. to 12.00 noon, with a short recess at about 10.30 a.m., and from 2.30 to 5.00 p.m., with a short recess at
about 3.30 p.m., subject to the proviso that those times could be altered if the progress of work require it.

It was so agreed.

The meeting adjourned at 11.00 a.m.