

MINUTES OF THE SECOND MEETING

WHO Conference Hall
Thursday, 17 September 1964 at 2.30 p.m.

CHAIRMAN: Dr L.W. Jayesuria

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CAMBODIA	His Highness Prince Norodom Monissara
CHINA	Dr C.K. Chang Dr T.C. Hsu
FRANCE	Médecin Colonel M. Orsini Médecin Commandant J.L. Rigaud
JAPAN	Dr Y. Ozaki Mr K. Watanabe Mr Y. Matsuda
KOREA	Dr S.T. Han Mr J.K. Seop
LAOS	Dr P. Phouttasak
MALAYSIA	Dr L.W. Jayesuria Dr D.M. Cameron Dr R. Dickie Dr V. Thevathasan
NEW ZEALAND	Dr D.P. Kennedy
PHILIPPINES	Dr A.H. Cruz Dr J.J. Dizon Dr V. Mauricio Dr E.L. Villegas Dr A. San Juan Dr A. Acosta
PORTUGAL	Dr N.C. de Andrade Dr A.C. Guerra
UNITED KINGDOM	Dr P.H. Teng Dr J.D. MacGregor Dr D.W. Bookless

UNITED STATES OF AMERICA	Dr R.K.C. Lee Dr E.J. O'Rourke Dr J.W. Sampson Colonel E.J. Dehné
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

SOUTH PACIFIC COMMISSION	Médecin Colonel M. Orsini
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IV. Representatives of non-governmental organizations

INTERNATIONAL ASSOCIATION FOR THE PREVENTION OF BLINDNESS	Dr S.P. Lopez
INTERNATIONAL COUNCIL OF NURSES	Mrs L.A. Alvarez
INTERNATIONAL DENTAL FEDERATION	Dr A. Ursua
INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS	Dr D. Valenzuela
INTERNATIONAL PAEDIATRIC ASSOCIATION	Dr Fe del Mundo
INTERNATIONAL SOCIETY OF BLOOD TRANSFUSION	Dr G.C. Caridad
INTERNATIONAL SOCIETY FOR REHABILITATION OF THE DISABLED	Dr D.J. Tablan
INTERNATIONAL UNION OF ARCHITECTS	Mr A.S. Dimalanta

INTERNATIONAL UNION FOR
HEALTH EDUCATION

Dr F.M. Herrera

INTERNATIONAL UNION FOR
CHILD WELFARE

Dr E.L. Villegas

LEAGUE OF RED CROSS
SOCIETIES

Dr G.C. Caridad

WORLD FEDERATION FOR
MENTAL HEALTH

Dean W.S. Perfecto

WORLD FEDERATION OF
OCCUPATIONAL THERAPISTS

Mrs C. Abad

WORLD MEDICAL ASSOCIATION

Dr J.C. Denoga

V. WHO Secretariat

REPRESENTATIVE OF THE
DIRECTOR-GENERAL

Dr P.M. Dorolle
Deputy Director-General

SECRETARY

Dr I.C. Fang
Regional Director

1. REPORT OF THE REGIONAL DIRECTOR: Item 10 of the Agenda
(Document WP/RCL5/3 and Corr.1)

The REGIONAL DIRECTOR, in introducing the annual report, referred briefly to a few aspects which he believed warranted special consideration. Although the shadow of war hung over a number of countries and there was, in fact, actual fighting in some areas, there had been commendable progress in health programmes throughout the Region. The concept of long-term planning was gradually gaining recognition, although, as yet, the health plan was frequently an independent formulation of the health ministry. He had, on a number of occasions, emphasized the importance of national planning committees being aware of how greatly economic and social development depended on a healthy people. A most excellent example of how disease could adversely affect the economic life of a country was the recent disruption which had occurred in the export trade of certain countries as a result of the cholera El Tor outbreaks. Work in the health field was not only a ceaseless struggle to control the diseases which plagued the lives of the people, the economic planners had also to be convinced that poor health was a deterrent to national growth. Thus far, health planning had been given only secondary consideration. Health workers must ensure that there was a health component to every national development plan. This, particularly in the developing countries where the needs were all embracing, meant realistic long-term health planning. Although this had not been achieved everywhere, there were certain other developments which deserved mention.

A number of new technical units had been established at the central level to plan, direct and co-ordinate specialized health activities. Nursing positions at ministerial level had been set up in Cambodia and Viet-Nam. In China (Taiwan), national nurses had assumed responsibility for the School of Nursing and the international nursing staff had been withdrawn. Interest in health education had grown and health education specialists were being more widely utilized in many fields. The survey of maternal and child health services undertaken in the South Pacific area, in co-operation with the South Pacific Commission, had been successfully completed. More interest was being shown in nutrition work, although here again the important part nutrition could play in improving the health of the community had not been fully recognized. In Cambodia, Laos, Malaya and Viet-Nam, nutrition education had been incorporated into the maternal and child health, health education and nursing education programmes. A WHO pilot project in applied nutrition was in progress in the Philippines.

The need to improve community water supplies and community sanitation remained a major problem in the greater part of the Region and one which deserved a high priority. In six of the least developed countries of the Region with a population of about ninety million, not more than eighteen per cent., or about sixteen million of the urban population, had access to safe water supplies. Many of these people did not have water supplied in the home and had to carry it some distance. The remainder generally used unsafe sources. In most of the South Pacific area, the population obtained water from rain-catching tanks. One of the most successful projects in this field had been that

in Tonga where a number of villages had been provided with a piped water supply. The people themselves had stated that their health, particularly the health of the children, had improved. The success of the project had been so striking that other places in the area had already shown interest in initiating similar programmes.

The benefits of improved sanitation covered a wide area and many of the health problems would gradually disappear if more attention were paid to this field. The problems were widely recognized but many continued uncorrected because of the lack of funds to carry out the necessary measures. Closer liaison must be established with the government departments vested with the authority to promote environmental health. A major step had been taken in this direction in New Zealand where a sanitary engineer had been appointed as assistant director in the Department of Health.

Education and training continued to be a major activity. The fellowship programme had expanded and no less than sixty per cent. of the fellowships awarded for studies had been undertaken exclusively within the Region. A most successful activity had been the conference of deans of medical schools held in Manila in November. It was hoped that the stimulus provided would result in medical schools strengthening and expanding their teaching programmes in order to open up broader paths of study.

Substantial progress had been observed in all the malaria programmes, although in some areas intensive efforts had had to be made to maintain the accomplishments achieved and further advancement had been handicapped because of insecurity and instability. A WHO team would visit China (Taiwan)

later this year to certify eradication and a similar team would visit the Ryukyu Islands in 1965. In some cases, the achievements of the malaria teams were outstripping the development of the peripheral health services. Strong basic units were essential if malaria eradication was to be maintained.

All the WHO-assisted tuberculosis control programmes had made progress. However, Korea was the only country with a truly nation-wide programme covering all phases of tuberculosis control and receiving the full co-operation of voluntary agencies. The period under review had also seen the beginning of an organized tuberculosis programme for the various islands in the South Pacific. Conditions in this area were quite special and the future for tuberculosis control in this part of the Region appeared most optimistic. Yaws had been eradicated to a point where it could be handled by the general health services. The incidence of trachoma was methodically being reduced in Taiwan.

And yet, against these accomplishments, there had been an increase in haemorrhagic fever and Japanese encephalitis, the incidence of early syphilis was rising and cases of cholera El Tor were still occurring in some areas. The responsibilities of the health authorities were enormous and they grew yearly. Diseases which had apparently been controlled seemed to be returning again with renewed strength. Efforts must be sustained so that the years of work were not wasted.

In conclusion, he paid tribute to those governments which had so willingly accepted WHO fellows. Nothing was more important for the future of the health services than the training of personnel. This would form an important part of the regional programme for many years to come. He also thanked all Member governments for the courtesies and assistance received from them during the past year.

On the suggestion of the CHAIRMAN, the Report was discussed section by section.

Part II Section 1.1 Public Health Administration (pages 11-14)

Dr CHANG (China) said that, stimulated by WHO's recommendation to Member governments two years ago on the formulation of a long-range plan for the development of public health programmes, his Government was about to complete the draft of a Ten-Year Public Health Programme which would form an integral part of its overall socio-economic development plan. He thanked the Organization for having convened the seminars on health surveys and reporting and on national health planning. The participants from his country had learned a great deal at these seminars and this had contributed indirectly to the planning of the public health programme. In Taiwan, there was an increasing conviction that population growth problems should be considered an integral part of the health programme. A family planning programme had, therefore, been included in the ten-year health plan. It aimed at a 50 per cent. reduction in the current fertility rate of 5.28 per cent. within a period of ten years.

Dr SCRAGG (Australia) referred to the remarks of the Regional Director concerning the need for an intimate association between health planning and economic development and the difficulties in convincing economists that there was any association between economic and health development. They felt that this could take part independently and health services could follow on once economic development had been achieved. Recently, a World Bank survey had been made in the Territory of Papua and New Guinea and this had adversely affected the whole of the health development in the territory. Even though the survey had

considered that certain aspects were of value, the report written by the economists had resulted in a backward step as far as health was concerned.

Dr OZAKI (Japan) said that the Ministry of Health and Welfare had drawn up a long-range national health plan. This had been co-ordinated with the general economic development plan established by the Economic Planning Agency of the Prime Minister's Office. In the long-range plan for a medical care programme covering the period 1963-1970, provision had been made for more hospital beds in both general and mental hospitals. There would also be increases in the medical and nursing staff. A five-year long-range plan for environmental sanitation had also been established. The population covered by the water supply system would be increased from 60 per cent. to 82.5 per cent. of the total population. The sewerage treatment service and garbage disposal programmes would also be expanded.

Dr HAN (Korea) stated that following the recommendations of a joint Government/WHO/AID fact-finding team, every effort had been made to strengthen the national health administration, particularly the local health services. WHO and UNICEF were providing assistance in connection with a project to strengthen the health centre and sub-centres in a demonstration province. The Scandinavian countries had helped to improve and equip the provincial hospital services. AID had provided basic transportation and other necessary material. The Government had provided the local costs, personnel and all other available resources. Although activities had started in one province, the pattern established would be used to upgrade the health services in other provinces.

Dr ORSINI (France) said that he had read the report and listened to the Regional Director's introductory remarks with interest.

As representative of the French territories in the Pacific, where the population figures were low, it was rather difficult to adopt the recommendations made by the Regional Director. They were mainly intended for countries with higher population figures. It was not so much a question of the amount of funds available for public health but the lack of auxiliary staff. It was, therefore, difficult to make suggestions that would require the same number of staff as were found in the health services of countries and territories where the population figures were high. He was raising this point not as a criticism but to call attention to the situation in the territories in the South Pacific. Although the problems of the Member governments were different, comparing them would make it possible to understand them better. He himself intended to use the present report to make further requests to his Government, and the people in authority in the territories, to try and give the public health authorities the staff required, and to set up an organization which might be at a lower scale, but would be in proportion to the needs and means of the territories.

The REGIONAL DIRECTOR stated that the Regional Office was aware that in the South Pacific the problems were different and needed a totally different approach as the populations were small and scattered. It was, therefore, intended to transfer the office of the WHO Representative from Sydney to Fiji which was more centrally located. It was hoped to make the new office a working centre which would be organized rather differently to the normal WHO representative's office. It would have attached to it teams which would stay in the different territories for varying lengths of time and thus make it possible for the Regional Office to have much closer contact with the problems in the area.

Section 1.4 Health Education (pages 17-19)

Dr SCRAGG (Australia) referred to the statement in the report regarding the need for a sub-professional health education training centre in the Pacific Islands. Considerable thought had already been given to this in Papua and New Guinea and the matter had been discussed with the South Pacific Commission. The present plan was to commence training for Papua and New Guinea early in 1965. His Government was thinking along similar lines to WHO.

The CHAIRMAN informed the Committee that a candidate had recently been selected to take charge of the health education programme in the state of Malaya. He was now receiving further training in the United States of America. The Chairman wished to acknowledge the services of the WHO consultant in health education, who had been in Malaya nearly two years, and who had been of considerable assistance in drawing up the health education scheme being considered by his Government.

Section 1.5 Maternal and Child Health (pages 19-21)

Dr HAN (Korea) stated that the maternal and child health programme in Korea was an integral part of the health services. However, until the middle of the year, there had not been a central unit at ministry level. Since the Government had launched its economic development programme in 1962, it had not been possible to maintain and improve the health of the people because the population had increased at a greater rate than economic development could absorb. In 1962, a family planning programme had been adopted as one of the major national policies. According to the national census in 1960, the population of Korea was about twenty-five million. The national population increase was

about 28.8 per thousand. The goal was to reduce the national increase in the population rate by the end of 1966 to 25 per thousand population, and by the end of 1971 to 20 per thousand. At the end of 1963, a maternal and child health section had been established at the Ministry of Health, where both maternal and child health services and family planning programmes were being planned and implemented through the local health services. There were now about 2100 family planning workers throughout the country. He considered that WHO should support the implementation of population control programmes in countries requesting this type of assistance.

Dr DOROLLE, Deputy Director-General, said that he had listened with great interest to the statement of the Representative of Korea on how his country was tackling problems of population control. The Representative's wish that WHO should take a hand in the implementation of population control programmes was a matter which could be dealt with only by the Assembly, because since the Fifth World Health Assembly in 1951 the Secretariat had been committed not to advocate or implement any action in this field. To avoid any misunderstanding, he said that this did not prevent WHO from co-operating actively with the United Nations in their population studies and in the preparation of their population conferences. On the other hand, as reported to the Assembly by the Director-General, an important part of the Organization's research programme was devoted to the physiology and biology of human reproduction, an essential prerequisite to any scientific approach to the problem of population growth. It was amazing to see what large gaps existed in their knowledge of this subject, and the WHO research programme, already well on its way, through a series of meetings of

scientific groups, would certainly greatly assist in establishing a sound scientific basis for any national approach to the problem.

Dr CHANG (China) informed the Committee that a pre-pregnancy health plan was being developed in Taiwan. The findings of a study conducted in Taichung had revealed that in spite of the old Chinese tradition of preferring large families to small ones, about 85 per cent. of the wives surveyed had indicated that they did not want to have more than four children. More than 90 per cent. of them believed in family limitation but they did not know how to do this. They needed help and the Government was doing all it could to meet the people's needs.

Dr LEE (United States of America) recalled that last year at Port Moresby the subject of demography and population studies had been brought up by the Representative of Korea. The Representatives of the United States of America and the United Kingdom had supported the suggestion that the Korean Representative and the Regional Director should possibly develop some kind of proposal which would be useful to at least two Member countries of the Region. This was perhaps the proper time to discuss the matter again. In the United States of America, the schools of public health were very actively interested and concerned with the development of training programmes in demography and population studies. His Government, as indicated at the last regional committee meeting, had made a contribution to WHO for the continuation of research studies. In this region, there was an opportunity to carry on what some schools of public health were doing - to teach demography and population studies, enquire into facts of population growth and population decline, and acquaint health workers with what was happening. Teaching and research

programmes, including field research, should be developed. Programmes were in progress in Taiwan, Korea and Japan. As health leaders and teachers, the members of the Committee should stimulate studies in this field.

Dr Lee proposed that the Committee consider preparing a resolution encouraging the interchange of information on population studies and stimulating public health teaching institutions to develop some kind of relationship with countries carrying out these programmes. A course on demography and population studies was being planned at the University of Hawaii. In addition, it was intended to implement field programmes which included evaluation and research. He believed that it would be useful if students working for their master's or doctorate degrees in this field could be placed in countries such as Japan, where there was an active programme. The resolution might also encourage Member countries in the Region to promote field research and give fellowships for training in countries in the Western Pacific or South-East Asia Regions where there were active programmes.

Dr CHANG stated that his delegation would support the proposal made by Dr Lee.

Dr ORSINI (France) said that the problems were different in each country. As far as the French territories in the South Pacific were concerned, there was no question of birth control for two reasons. First the demographic one - the density of population in these territories was low and the efforts of the public health leaders were aimed at increasing the population. In the rural areas in New Caledonia, for example, the present density was about one inhabitant per square

kilometre. The second reason was legal. As long as the laws of the French Republic remained the same, they would be an obstacle to any attempt towards birth control.

Section 2.2 Mental Health (pages 22-23)

Dr OZAKI (Japan) said his delegation wished to report the findings of the second statistical survey on the prevalence of mental disorders which was carried out in 1963. This survey had revealed that there had been no change in the number of schizophrenic cases but a slight decrease in the number of epilepsia cases. The number of cases of psychosis due to brain injuries or senile cerebro-arteriosclerosis, etc. had more than doubled, while the number of cases of mental deficiency had decreased to two-thirds of the total number found in 1954. Since the number of mental cases requiring hospitalized treatment was estimated at 280 000, the Government was trying to increase the bed capacity for mental cases.

Section 2.4 Medical Rehabilitation (page 25)

Dr OZAKI (Japan) stated that his delegation wished to express its appreciation of the arrangements made by WHO to enable a formal training course for physical therapists to be started. It also wished to place on record the valuable assistance received from the WHO Representative in Taipei.

Section 2.1 Dental Health (pages 21-22)

Dr ORSINI (France) remarked that he disagreed with the systematic fluoridation of available piped water in French Polynesia for a number of medical reasons, which he did not want to take up at this point since

it would take too much time. However, he would like to record his reservations even if it were proved that fluoride was a useful element in the protection against dental diseases. It should be clearly understood that, as such, it must be considered as a medicine or drug and no such medicine could be issued without discrimination to people of all ages and in doses not yet determined.

Dr DOWNES (Australia) announced that fluoridation of the community water supply had been introduced in the national capital of Australia, Canberra, a week ago.

Dr LEE (United States of America) said that it was not his intention to continue the discussions on fluoridation of water supplies. He wished only to state that there had been fluoridation programmes in his state and in other major cities of the United States for many years. All the professional organizations of nations continued to reaffirm chlorination of community water supplies as the most effective way of reducing dental caries.

Section 3 Environmental Health (pages 25-28)

Dr CRUZ (Philippines) informed the Committee of the WHO assistance provided to his Government in the field of environmental health. A long-range environmental sanitation project was being formulated, sanitarians were being trained, and community water supplies would be constructed in two regions with funds provided by UNICEF. The Division of Environmental Sanitation had served as a clearing centre for the various projects and programmes dealing with environmental health.

Dr SCRAGG (Australia) congratulated the Organization on the work that was being done in Tonga. With the transfer of the area office to Fiji he hoped that there would be some extension of this work in the area, and that the Territory of Papua and New Guinea would benefit from the services provided. In most countries of the South Pacific, there was a desire to get ahead with the improvement of water supplies. Technical information was, however, lacking and the authorities did not have the benefit of technical experience found elsewhere. He hoped that assistance of this kind would be available in the future.

Section 5 Malaria (pages 34-38)

The CHAIRMAN stated that the malaria eradication pilot project in Malaya had terminated on 30 June 1964 and would be followed by a pre-eradication programme.

Section 6.1.1 Cholera (pages 38-39)

Dr CRUZ (Philippines) said that the Governments of the Philippines and Japan, with assistance from WHO, were undertaking a joint study on cholera in the Philippines. This had started on 17 May and results had yet to be evaluated. Dr Jacinto Dizon was in charge of the carrier study and he (Dr Cruz) was in charge of the vaccine field study. Dr V. Mauricio, the Regional Director of Region 5 in Iloilo City, had also been carrying out a study on the effectiveness of cholera vaccines. He wished to acknowledge the contribution of the Japanese Government and WHO to the joint study.

Mr WATANABE (Japan) remarked that the Health Ministry in Japan had made special efforts to obtain funds to support the joint research

project and a total of US\$47 800 had been appropriated for this purpose. In addition, approximately US\$18 000 worth of assistance was being provided through the Colombo Plan in the form of expert assistance and supplies. So far, the Government had sent fourteen experts to the Philippines. His delegation earnestly hoped that satisfactory results would be obtained.

Dr OZAKI (Japan) referred to the recent incidence of one non-imported case of cholera reported on 23 August. Immediate preventive measures, such as the isolation of contacts, disinfection of infected articles and places, disinsectization, vaccination of contacts and residents in the vicinity of the infected place, and case-finding, had been taken. As a result, a healthy carrier, who happened to have stayed in the same hotel as the former case, was found. The necessary counter-measures had immediately been put into effect and 264 000 persons had been vaccinated. A total of 10 988 persons had also been stool-examined, all with negative results. Since there had been no further cases, and on the basis of the detailed epidemiological investigations carried out, it had been concluded that the infection had terminated. Accordingly, on 2 September, after a lapse of twice the incubation period of the disease, the infected area had been declared free from infection.

Dr SCRAGG (Australia) stated that the Australian Government, through its Commonwealth Serum Laboratories, had prepared a vaccine against cholera El Tor. This had been used in pilot testing in New Guinea, fortunately not against any actual outbreak of cholera El Tor. The experimental testing had shown a high degree of immunity and it appeared that the vaccine had quite a low level of toxicity.

Dr ORSINI (France) suggested that it would be of interest to countries that were more remote from the present foci to be informed as soon as possible when cases of quarantinable diseases occurred. Space should not be considered a barrier and time should be the most important element to consider.

Section 6.3.2 Yaws (pages 42-43)

Dr CRUZ (Philippines) stated that WHO had been generous enough to assign a treponematoses team to review the present situation in the Philippines. A counterpart team had been organized by the Government. The findings and report of the assessment team had fully supported the view that yaws was no longer a problem in the Philippines. The rural health units had been so organized that any cases were immediately recognized. There was, therefore, an effective surveillance network in the rural areas.

Dr ANDRADE (Portugal) informed the Committee that a team from the Lisbon Institute of Tropical Medicine was engaged in an investigation of the endemic diseases, including yaws in Timor. It was also carrying out a treatment campaign aimed at the eradication of yaws.

Section 6.4 Virus Diseases (pages 43-45)

Dr DIZON (Philippines) noted that the prevalence and incidence of viral diseases seemed to continue and increase. Seemingly new disease entities, most probably viral in nature, had accounted for a lack of morbidity usually represented by obscure fevers. A typical example of these conditions was haemorrhagic fever. Suspected cases of haemorrhagic fever had been occurring in the Philippines for some years

now. Unfortunately, because of the inadequacy and unavailability of diagnostic facilities for virus diseases in general, epidemiological studies had also been retarded. He suggested that WHO might carry out a detailed study and investigation on the prevention and control of haemorrhagic fever in the Region.

Dr HSU (China) noted with pleasure that the Regional Director had included in his report a reference to poliomyelitis and Japanese B encephalitis. Last year, about 700 deaths had been caused by poliomyelitis in Taiwan. The disease seemed to be increasing because two years ago there had only been 600 deaths, and three years ago, only 400. This was an important problem and a control programme was required. However, it was not possible to produce either Salk or Sabin vaccine in Taiwan. During the last meeting of the UNICEF Board in Bangkok, he had suggested that UNICEF might provide such vaccines. UNICEF had stated at that time that it would have to await the technical approval of WHO. He hoped that the Regional Office would pay more attention to this disease and, if possible, seek bilateral and/or multiple assistance from Member countries in the Region.

Japanese B encephalitis was also an endemic disease in Taiwan and in view of the high fatality rate, he would also like WHO to provide assistance in this field.

Section 7 Health Statistics and Hospital Records (pages 46-47)

Dr LEE (United States of America) noted that the collection of statistical information on the health and socio-economic conditions of countries and territories in the Region had continued. He wondered

whether the Regional Director would publish this information in written form and make the details available to Member countries.

The CHAIRMAN announced that the Regional Director would answer Dr Lee's question at the next session.

Section 8 Programme Analysis and Evaluation (pages 48-50)

Dr LEE (United States of America) referred to the statement that the response rate of returned fellows to the follow-up questionnaire was generally low despite repeated reminders. He hoped that Member governments would support the efforts made to follow up the responses from fellows. This would enable the Regional Director and his officers to have a better understanding of what was happening to fellows who had been trained under the auspices of WHO.

(For continuation of discussion, see minutes of the third meeting, section 1.)

The meeting adjourned at 5.05 p.m.