

SUMMARY RECORD OF THE FIFTH MEETING

WHO Conference Hall
Friday, 4 October 1968 at 9.00 a.m.

CHAIRMAN: Médecin-Général J. Rondet (France)

	CONTENTS	<u>page</u>
1	Acknowledgement by the Chairman of a report received from the Government of Viet-Nam on the progress of health activities (continued)	203
2	Statements by representatives of the United Nations and Specialized Agencies, of intergovernmental and non-governmental organizations in official relations with WHO	203

FIFTH MEETINGFriday, 4 October 1968 at 9.00 a.m.PRESENTI. Representatives of Member States

AUSTRALIA	Dr H.M. Franklands Mr Tore Lokoloko Dr R.F.R. Scragg Mr P.A. Jackson Dr R.H. MacDonald
CAMBODIA	Dr Thor Peng Thong
CHINA	Dr C.K. Chang Dr Y.T. Wang Dr L.P. Chow
FRANCE	Médecin-Général J. Rondet
JAPAN	Mr Y. Masuko
LAOS	Dr Tiao Jaisvasd Visouthiphongs
MALAYSIA	Tan Sri (Dr) Mohamed Din bin Ahmad Dr Chong Chun Hian Dr Fang Ung Seng Dr K.S. Jap
NEW ZEALAND	Dr C.N.D. Taylor
PHILIPPINES	Dr J. Navarro Dr E. Agustin Dr G. Balbin Dr E. Perez Dr F. Nepomuceno Dr J. Sumpaico
PORTUGAL	Mr Carlos da Luz Nunes
REPUBLIC OF KOREA	Mr Sang Yung Soh Dr K.S. Chang
SINGAPORE	Mr Lye Thim Fatt
UNITED KINGDOM	Dr P.H. Teng Dr C.H. Gurd
UNITED STATES OF AMERICA	Dr R.K.C. Lee Dr J.K. Shafer Dr H. DeLien

VIET-NAM Dr Lê Nhân Thuân
WESTERN SAMOA Mr Luamanuvae Eti

II. Representatives of the United Nations and Specialized Agencies

UNITED NATIONS AND UNITED NATIONS CHILDREN'S FUND Mr A.E. Meager

III. Representatives of other intergovernmental organizations

INTERNATIONAL COMMITTEE OF MILITARY MEDICINE AND PHARMACY Colonel P.J. Barcelona, MC

SOUTH PACIFIC COMMISSION Dr A. Guinea

IV. Representatives of non-governmental organizations

INTERNATIONAL UNION OF ARCHITECTS Mr J.E. Niñalga

INTERNATIONAL DENTAL FEDERATION Dr F. Rojas

INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS Dr J.R. Villanueva

MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION Dr Fé del Mundo

INTERNATIONAL COMMITTEE OF CATHOLIC NURSES Mrs M. Ordoñez

WORLD FEDERATION OF OCCUPATIONAL THERAPISTS Mrs C. Floro

INTERNATIONAL PLANNED PARENTHOOD FEDERATION Professor D. Chun
Dr H.M.C. Poortman

LEAGUE OF RED CROSS SOCIETIES Dr B. Roa

V. Observers

RYUKYU ISLANDS Captain D.A. Sebahar

VI. WHO Secretariat

ASSISTANT DIRECTOR-GENERAL

Dr N.F. Izmerov

SECRETARY

Dr Francisco J. Dy
Regional Director

At this meeting Médecin-Général RONDET (France), Vice-Chairman, took the Chair.

- 1 ACKNOWLEDGEMENT BY THE CHAIRMAN OF A REPORT RECEIVED FROM THE GOVERNMENT OF VIET-NAM ON THE PROGRESS OF HEALTH ACTIVITIES: Item 10 of the Agenda (continued from the fourth meeting, section 1)

The CHAIRMAN acknowledged, on behalf of the Committee, a copy of the Annual Health Report which had just been received from the Government of Viet-Nam.

- 2 STATEMENTS BY REPRESENTATIVES OF THE UNITED NATIONS AND SPECIALIZED AGENCIES, OF INTERGOVERNMENTAL AND NON-GOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH WHO: Item 17 of the Agenda

On the invitation of the CHAIRMAN, the following representatives presented statements.

2.1 Representative of the United Nations and United Nations Children's Fund

Mr MEAGER extended the greetings of the Secretary-General of the United Nations, the Executive Director of UNICEF and the Director of the UNICEF Regional Office for East Asia and Pakistan.

In its long and fruitful collaboration with WHO, UNICEF had been very mindful of planning for national health, which was the topic of the technical discussions of the regional meeting. When UNICEF referred to "national planning for children and youth" its concern was with the total well-being of the child, including health. UNICEF assistance in the field of health continued to be at a high level. In June 1968, 48% of the programme allocations were in this category, primarily to build up basic health services in which maternal and child health was a major element. UNICEF was now aiding basic health services in 102 countries. Ways had to be found to meet the needs of the increasing population of the rural areas. It might be necessary to meet these

needs by providing greater numbers of paramedical and auxiliary personnel who would work in efficient but simple and economical buildings of one or two rooms. The relatively few doctors prepared to work in the rural areas might then be used for the important tasks of planning and supervision.

It was all too often at the administrative level that the programmes tended to run into difficulties. For example, a massive rural sanitation programme, for which funds had been voted both by the government and by the United Nations agencies, was a year or two behind schedule not because of lack of technical knowledge but because of the problems of prompt clearance at the port, the internal movement of supplies, the "matching" of the availability of labourers with piping and other supplies and the lack of supervision at several levels (owing to shortage of travel funds and stipends). Another example was that of a nationwide tuberculosis/BCG programme in which there was a great deal of local expert knowledge but which faced difficulties in maintaining a regular supply of drugs and vaccines to the dispensing centres so that complete treatment was a considerable administrative problem.

UNICEF was continually exercised about the effective use, maintenance and control of vehicles. Because of its current investment of some \$15 million in transport, it had paid considerable attention to how governments could be helped in establishing effective transport management projects to care for these vehicles. Assistance had been given under many headings, including the training of transport officers and mechanics, the provision of consultants, workshop tools, equipment and spare parts, and the fielding of mobile maintenance units. In many instances, the provision of vehicles had proved to be a burden to the government. Funds had not been budgetted for spare parts which had to be purchased locally, or for labour and eventual transport replacement, resulting in an unnecessarily high percentage of vehicles off the road.

UNICEF was in a position to support national appointments to key operational posts for a limited time until they could be included in the government budget. A fruitful source of assistance in the implementation of programmes was the use of national and foreign volunteers,

of which there were thousands working at present in over a hundred countries, assisting in health programmes, as well as education, vocational training and other types of projects. UNICEF could act as a catalyst in bringing such services to the attention of governments.

In closing, Mr Meager stated that as his office was in the WHO building he would be happy to answer any questions representatives might wish to raise concerning UNICEF policies and procedures.

2.2 Representative of the South Pacific Commission

Dr GUINEA conveyed, on behalf of the Secretary-General, Sir Gawain Bell, and the Programme Director of Health, Dr Guy Loison, the good wishes of the South Pacific Commission. As newly appointed medical officer of the Commission, he welcomed this opportunity of meeting the officers of WHO and delegates from the countries and territories in the Western Pacific Region. In the Pacific area with which the Commission was concerned, the geographical distribution, the population size and difficulties of communication created particular problems in the raising of health standards. These standards had risen during the twenty years of existence of WHO and the twenty-two years of the Commission. Some diseases and abnormalities had been reduced, others had acquired new prominence, some previously rare had become apparent and important, and in some cases there had been little change.

Health services had improved considerably, bringing the advantages of modern medicine to a greater number of people. These services were being provided by an increasing number of territorial staff who with their knowledge of local custom and belief, were greatly contributing to continued progress. The training of such staff would become more important as populations grew and more services were offered.

The Commission was undertaking programmes involving economic, social, educational and health activities. Some of these activities directly related to health were the holding of seminars on maternal and child health (which was concerned mainly with family planning), nutrition, village hygiene, dental health, health education and

ichthyosarcotoxism. WHO had co-operated in some of these endeavours by providing consultant and advisory services. The two organizations had also sponsored with the Government of Western Samoa a seminar on filariasis control.

For the coming year, a similar programme was planned and again the co-operation of WHO would be sought for seminars on health education administration, health education in schools, hospital administration, and tuberculosis and leprosy, should these be approved by the annual South Pacific Conference currently in session in Noumea. Collaboration and co-operation between all agencies concerned with health were essential if progress was to be maintained and continued.

2.3 Representative of the International Union of Architects

Speaking on the role of the architect in the planning and designing of public health facilities, Mr NINIALGA said that need was the first motive in the process of designing. The architect's work was based on co-operation with specialists in the medical, technical and administrative fields. The planning team concept brought together the owner, the hospital administrator, the hospital consultant and the architect, who was the co-ordinator, in determining the needs of the hospital and the space required for its efficient operation. The architect guided the owner in the choice of a site, he led in the preparation of the written programme requirements and in the setting up of the budget and of long-range plans. He was responsible for the functional and architectural programmes, drawings and specifications.

Mr Niñalga then gave a detailed description of the four distinct stages of work before construction work could start.

In closing, he said that a hospital or hospital institution was subject to periodic evaluation and necessary changes. Since the architect was an expert in programming and planning, his guidance was also needed in hospital expansion and/or modernization.

2.4 Representative of the International Dental Federation

Dr ROJAS conveyed the warm greetings of Dr W. Stewart Ross and Dr Gerald H. Leatherman, President and Secretary-General, respectively of the Federation.

He informed the Committee that the Asian-Pacific Dental Federation was the regional body of the Federation in the South-East Asia and Western Pacific regions. It covered an identical area and consisted of national dental associations in thirteen countries in the Region. Its primary objective was to promote the progress of dentistry in this part of the world.

The activities in which the Federation was actively engaged, in collaboration with the World Health Organization, covered the area of dental epidemiology, dental research, dental education and training of dental auxiliaries. The Federation also advocated fluoridation as an important measure against dental caries. The support of the World Health Organization was urgently requested by making an official pronouncement on the safety and efficacy of fluoridation as a preventive measure.

The present population increase in both developed and developing countries would inevitably result in an increasing demand for health services. This was particularly true in the South-East Asia and Western Pacific regions where the increase of population ranked among the highest in the world. Consequently, the problems of dental health would also increase. There was a pressing need for the planning and co-ordination of dental services in order to cope with these needs. The topic for the technical discussion - National Health Planning as an Administrative Tool - was, therefore, a well chosen one.

After describing the dental health programme in the Philippines Dr Rojas stated that the Secretary-General of the Federation had asked him to propose to the Committee that it considered the inclusion of the following items in the regional programme and budget estimates for 1970:

- (1) continuing assistance and support of dental projects and programmes in Member countries currently receiving such assistance;
- (2) appointment of a Chief Dental Health Officer for the Western Pacific Region;
- (3) assistance to the School Dental Service of the Department of Education, Philippines, in terms of equipment, advisory or consultant services;
- (4) fellowships in public health dentistry for school dental officers and dentists.

2.5 Representative of the International Committee of Catholic Nurses

Mrs ORDONEZ extended greetings on behalf of the International Committee of Catholic Nurses. Her organization was aware of its responsibility in contributing to the health and welfare of all the people of the world in terms of health manpower plans, procedures, techniques and approaches.

While the belief that professional nurses were to render sickness more tolerable and death less terrible might still have some bearing on the functions of nurses today, the dimensions were now much broader. This was due to such factors as growth of population, advances in health care, growth in categories of health manpower and of income, emerging trends of automation, nursing education, the impact of research, and many others, all of which continued to make changes in the role of the Catholic nurse in coming closer to the ultimate goal - to meet the mental, physical, emotional and spiritual needs of suffering humanity. To achieve these ends, the International Committee of Catholic Nurses organized international and regional congresses. The Ninth Quadrennial World Congress of Catholic Nurses would be held in Manila on 17-24 January 1970 and the theme would be "The Nurse and the Development of People". The various commission study groups were well aligned with the activities of WHO.

2.6 Representative of the World Federation of Occupational Therapists

Mrs FLORO conveyed the greetings of the World Federation of Occupational Therapists and informed the Committee that Manila had been selected as the site for the council meeting of the Federation in 1972. Australia was the only other country in this region which had acted as host.

The topic for the technical discussions on health planning was directly relevant to the task of the paramedical professions. The impact produced by the accelerated changes of time underscored the need for deliberate and careful health planning. Occupational therapists today were beginning to step out of their traditional, confined and structured roles as clinicians in hospital settings and were becoming increasingly involved in the planning and implementation of health programmes related not only to the patient level but also to community and multi-national levels. The pioneers in occupational therapy in this part of the world felt that health manpower training must go hand in hand with or should be an integral part of the planning of new health services. Only through this developmental process could the achievement of an effective absorption of trained resources into a nation's health scheme and the successful functioning of health services be expected.

2.7 Representative of the International Planned Parenthood Federation

Dr POORIMAN conveyed the International Planned Parenthood Federation's congratulations and best wishes to WHO on its twentieth anniversary.

The Federation's Regional Office in Singapore, covering South-East Asia and Oceania, was active in many Member countries of the Western Pacific Region of WHO and was, therefore, interested in the Organization's activities. With the Regional Office in Tokyo, assistance was given to all countries in the Region through voluntary family planning agencies.

The Federation was most grateful to WHO for all it had done, and was doing, to improve health in the Region, particularly that of mothers and children, for, as far as the health components of family planning were concerned, the focus was on maternal and child health. The Federation had noted with satisfaction that WHO's attitude towards family planning was changing and that it was showing a growing interest in the health components of population dynamics. Although the Federation had been able to initiate, implement, assist and expand family planning activities in many countries, its resources were limited. It, therefore, looked into WHO, whose resources were many times greater, for assistance and, even more important, moral support.

The Organization, through its mass campaigns, health education projects, maternal and child health activities and its initiative in health planning, had innumerable opportunities to introduce the idea of family planning on a much wider scale than would be possible for any other organization. In view of the prestige which WHO had gained in the twenty years of its existence, the Federation considered that the cause of family planning could have no better assistance than the knowledge that WHO was not against the idea, even though it had to leave the implementation of programmes, for the time being, to other organizations. The IPPF was proud to be the only international organization working in this field.

Dr Poortman expressed the hope that WHO's coming of age next year would be marked by its giving family planning its rightful place in future planning for the health of mankind.

In conclusion, he said that the IPPF was planning a regional conference to which most countries in the Region would be invited. It would be held in Bandung, Indonesia, from 1-7 June 1969.

2.8 Representative of the Medical Women's International Association

Dr DEL MUNDO extended greetings on behalf of the Medical Women's International Association, its thirty-four affiliate member countries and its fifteen thousand members. The twenty years which WHO had

dedicated to the cause of world health, represented a worthy and significant performance. WHO's achievements, channelled through its six regional offices, were well known. The world owed to this Organization the modern concept of health. That the Medical Women's International Association was being guided by the aim of WHO to attain for all people of the world the highest possible level of health had been clearly demonstrated at the last Congress of Medical Women held in Vienna last July. The theme had been "The Hungry Millions" - a pressing health problem in the world today and one in which WHO was deeply concerned and involved.

2.9 Representative of the League of Red Cross Societies

Dr ROA conveyed the best wishes of the League of Red Cross Societies. It was accepted that health was the primary concern of every citizen and, although the burden of responsibility lay on the shoulders of professional health workers, this responsibility was as universal as that of the Red Cross.

WHO should direct its objectives to that stratum of society which was socially and economically under-developed. There were voluntary workers in civic, social and religious organizations, such as women's auxiliary groups, who were awaiting mobilization by WHO so that greater health service could be given to the people and the less fortunate members of the community could be emancipated from disease and social degradation.

The meeting rose at 10.30 a.m.