

SUMMARY RECORD OF THE FOURTH MEETING

WHO Conference Hall
Wednesday, 24 September 1969, at 2.30 p.m.

CHAIRMAN: Médecin-Général J. Rondet (France)

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FOURTH MEETINGWednesday, 24 September 1969 at 2.30 p.m.PRESENTI. Representatives of Member States

AUSTRALIA	Dr J.S. Boxall Dr R.T. Taureka Mr P.W. Carroll
CAMBODIA	Dr Phav Sany
CHINA	Dr C.K. Chang Dr T.Y. Lee
FRANCE	Médecin-Général J. Rondet Médecin-Colonel E. Poyet
JAPAN	Dr K. Kanamitsu Dr I. Shigematsu Mr M. Yamasaki Dr M. Oike Mr N. Maekawa
LAOS	Dr Phouy Sunthorn Dr Thongphet Phetsiriseng
MALAYSIA	Dr Raja Ahmad Noordin Dr Abdul Khalid bin Sahan Dr C.O. Innis
NEW ZEALAND	Dr W. Murphy
PHILIPPINES	Dr A.N. Acosta Dr J. Valera Dr L. Carlota Dr G. Balbin Dr P. Rigonan Dr F. Gomez
PORTUGAL	Dr Diego Hora Silva Ferreira
REPUBLIC OF KOREA	Dr Sung-Hee Rhee
UNITED KINGDOM	Dr C.H. Gurd Dr P.H. Teng

UNITED STATES OF AMERICA	Dr R.K.C. Lee Dr J.L. Stockard Dr J.P. Keeve
VIET-NAM	Dr Truong Minh Cac Dr Dang Quoc Phu
WESTERN SAMOA	Dr J.C. Thieme

II. Representatives of other intergovernmental organizations

SOUTH PACIFIC COMMISSION	Dr G. Loison
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III. Representatives of non-governmental organizations

INTERNATIONAL COUNCIL ON ALCOHOL AND ADDICTIONS	Dr R. Seaborn
INTERNATIONAL DENTAL FEDERATION	Dr B. Barbers
INTERNATIONAL UNION FOR HEALTH EDUCATION	Dr F. Herrera
INTERNATIONAL COMMITTEE OF CATHOLIC NURSES	Mrs M. Ordoñez
INTERNATIONAL UNION OF NUTRITIONAL SCIENCES	Dr C. Ll. Intengan
WORLD FEDERATION OF OCCUPATIONAL THERAPISTS	Mrs C.M. Abad
INTERNATIONAL PLANNED PARENTHOOD FEDERATION	Professor S. Matsumoto
LEAGUE OF RED CROSS SOCIETIES	Dr V. Galvez

IV. WHO Secretariat

ASSISTANT DIRECTOR-GENERAL	Mr Milton P. Siegel
SECRETARY	Dr Francisco J. Dy Regional Director

1 THE EPIDEMIOLOGY AND PREVENTION OF ACCIDENTS: Item 14 of the Agenda (Document WPR/RC20/7)

The REGIONAL DIRECTOR drew attention to the fact that in 1966 the Nineteenth World Health Assembly had adopted resolution WHA19.36 requesting the Director-General to consider the possibility of WHO playing a more active role in the field of traffic accidents. This resolution was important because of the world-wide increase in accidental death and disability and the fact that traffic accidents represented a major cause of this increase. By adopting this resolution, the Assembly had drawn attention to the medical and human aspects of the problem and had recognized that the health authorities had duties and responsibilities in this field.

Traffic accidents were increasing not only in the developed countries but also in the developing ones where the many changes taking place were affecting the patterns of living and the environment and the people had not yet adjusted themselves to these changes. The other disturbing aspect was that the population affected belongs largely to the young and productive age groups.

The problem varied, of course, from country to country but accidents were largely preventable and health departments had a role to play in the formulation of a programme of accidents control. He drew attention to the fact that two suggestions had been made with a view to stimulating interest in this important subject. One, that the topic might be selected for the Technical Discussions held in connexion with a future meeting of the Regional Committee or that a regional seminar might be organized to discuss the methodology which might be adopted by countries interested in undertaking a programme of this kind.

He requested the views of Representatives on the problem as it obtained in their respective countries, on the importance that they felt it merited in the list of their priorities, on whether they considered it more adequate to limit initial preventive action to traffic accidents, particularly in their human aspects or, whether they deemed it

administratively more convenient to deal with the total accident prevention concept. He also requested their views on the role which WHO might play in any such programme.

Dr STOCKARD (United States of America) said his delegation would like to note this excellent and concise report on the problems of accidents in general with specific reference to the importance of traffic accidents and fatalities attributable to this problem. There was no doubt that the problem was world-wide but the question of accidents and their prevention was still in the early days as far as finding a solution was concerned. The approach suggested in the report was an epidemiological one calling attention to the human factors which enter into the causation of accidents. By and large, individual human beings played a most significant role in the problem but, at the same time, it appeared to the United States delegation that there were many other problems to which WHO was already devoting attention which had not as yet been solved. His delegation was, therefore, somewhat hesitant about undertaking this type of programme when the resources to meet the overriding needs in the area were still somewhat limited. As suggested by the Regional Director, it might be appropriate to explore the possibility of the subject being selected for the Technical Discussions. The Regional Director had stated that health departments had a role to play in accident prevention. This emphasized the fact that many of the solutions, particularly to traffic accidents, rested with other departments of the government.

Dr KANAMITSU (Japan) stated that his delegation was impressed with the way in which the preventive aspect of accidents had been presented in the document. As in the case of other countries, morbidity and mortality from accidents in Japan had become a cause of national concern because of their size and serious nature. Accidental deaths had been the No. 5 cause of death continuously since 1963. Almost all governmental organizations in Japan were giving a high priority to preventive and control activities. The Health Ministry was responsible for establishing

emergency medical care facilities throughout the country. At the end of March 1969, more than 4000 hospitals had such facilities. The establishment and expansion of major emergency medical centres and the training of medical doctors were included in the Ministry's programme, the control of traffic accidents in the hands of the Police Authority, facilities for road traffic safety in the hands of the Ministry of Construction, and the transportation of injured persons in the hands of the Fire Defence Agency and so on. In order to co-ordinate and integrate the work concerned with traffic problems, the Cabinet had established a special body composed of Vice-Ministers of the ministries concerned to ensure co-ordinated action on traffic safety.

Dr BOXALL (Australia) thought it would be profitable to study traffic accidents rather than accidents as a whole. WHO might interest governments in the collection of data. There were quite a number of misapprehensions and blank spaces regarding the data and relationship between certain aspects of driving to accidents. He referred to a study carried out in America by McGuire and Kurtz which showed that driver education bore no relationship to highway accident frequency. In fact, drivers who had had education had more accidents after training than before. He also drew attention to an article which had appeared in the Medical Journal of Australia on 13 September 1969 on a survey, the first of its kind, on 351 consecutive patients, all road users, attending the Road Brisbane Hospital. Road users here meant drivers, passengers or pedestrians. They had all been tested for their blood alcohol and as a whole there had been a blood level of alcohol of 50 mg per 100 ml in 30.2% of those tested. The blood level in drivers had been much higher. Thus the importance of alcohol must not be underestimated. Another aspect which WHO could profitably study was the setting up of trauma clinics. There was no doubt that life could be saved and injuries, particularly spinal injuries, prevented from becoming worse, if casualties received attention properly in special clinics. WHO could help in setting standards for such trauma clinics. He also believed that the implementation of measures to prevent traffic accidents should be in the hands of the Government rather than of the health authorities.

Dr GURD (United Kingdom) considered that the tremendous increase in traffic accidents was an epidemic which was happening at the moment in all countries of the world. Motor accidents were now taking up a very large proportion of the total deaths in Fiji. The question of alcohol had been brought up and this was of great importance as quite a number of traffic accidents were directly or indirectly due to it. There was also the question of mechanical safety of motor cars, which was almost entirely a matter for the manufacturers, and the increasing use of motorcycles in some countries, especially by the young. The Health Department had a role to play in health education, to put before the people of the country the risks involved. It was not only education of the people that was required but of the Police and Legal Departments which were very often slow to react to an evolving situation. WHO could play a major role in health education at a higher level by bringing the growing danger of road accidents to the notice of governments and also by informing health departments of the latest information on the subject so that they could use this in their own health education programmes.

Dr MURPHY (New Zealand) stated that in New Zealand the question of road accidents had been receiving considerable attention over the years and as a yardstick of the consequence, it had been calculated that a reasonably sized hospital was continuously occupied with the sum of the victims of road accidents at any particular time. Thus apart from the economics of the consequences of road accidents, the human tragedies and the sequelae, long-term or perhaps permanent, were of considerable importance. There was a place for the concept of transport in medicine, which would be somewhat analogous to the specialty of aviation medicine. Transport medicine could particularly interest itself in the epidemiology and consequences of road accidents. The important factor in the final analysis was human conduct and judgment. The effects of alcohol on judgment and assessment of road risks while in charge of a motor vehicle were already known. In New Zealand, particular attention had been given to drugs that could be freely purchased and had possible consequences on judgment in relation to being in charge of a motor vehicle. For example,

anti-histaminic drugs which could be obtained without a prescription were required to be labelled something like "Not to drive motor vehicles until 6 or 8 hours after use." Another question that was being considered was the synergism which could arise as a result of the psychotropic drugs which people might quite validly use for clinical reasons and for which they had a prescription. When they exposed themselves even to a moderate and socially acceptable quantity of alcohol, the phenomenon of synergism could follow and possibly impair their judgment beyond ordinary experience with alcohol alone. These were factors which were being considered in his country and medical practitioners were being urged to advise their patients, when they prescribed certain drugs which might impair judgment, of the possible consequences of driving motor vehicles while undergoing therapy.

Dr NOORDIN (Malaysia) stated that the Ministry of Health in his country had not given much priority to the prevention of accidents as this was being given to communicable diseases control. In 1961, accidents ranked No. 6 as the cause of death. This had gone up gradually from 1961 to 1965 when it had become the No. 3 killer. In 1966 it had dropped to No. 5. Allowance had to be made for the figures referring to his country as only about 25% of deaths had been certified by doctors. Nevertheless they indicated that there was need for more involvement of the Ministry of Health in campaigns on road safety. At the moment it was not involved at all at the national level, although the local health departments were very much involved in road safety campaigns at state and district level. The question had been raised as to how big a role the Ministry of Health should play. Dr Noordin presented some statistics which he had obtained from the Ministry of Transport. These showed that the ratio of death and accident per 10 000 vehicles had come down dramatically. In 1955, the ratio of people killed per 10 000 vehicles was 32.6. This had gone down in 1968 to 13.1. The ratio of injured per 10 000 vehicles in 1955 was 492.4. This had gone down to 143. This showed that to some extent the campaigns that had been going on without the Ministry of Health's involvement, except by the local health departments, had been successful.

Possibly the Ministry's role should be of a supportive and servicing nature. He agreed with the Representative of the United Kingdom that it had a role to play in an educational campaign as there was no real method of obtaining the participation of the people in road safety campaigns except by means of mass media and slogans. This was not the answer. Another role was the provision of emergency care and orthopaedic services. Yet another role was advice given to the Standards Institute on the medical aspects of standardization of the installation of safety features in vehicles, e.g., use of seat-belts and crash helmets. It had been suggested that this subject might be considered as a topic for the Technical Discussions. The proposal could be brought up when this particular item was discussed.

Dr TRUONG MINH CAC (Viet-Nam) stated that the traffic accident problem was becoming more serious in his country. He felt that the problem was not receiving full attention and his delegation was therefore in favour of considering accident prevention as a topic of the Technical Discussions. His delegation was also in favour of the organization of a seminar on the same subject.

Dr STOCKARD (United States of America) stated that a number of delegations had called attention to the role which many organizations had in the prevention of accidents. Several speakers had referred to the importance of alcohol and its effect upon the individual. The combination of alcohol and drugs as an aetiologic factor in accidents, and the importance of the mechanical safety of the equipment of the motor vehicles, cars and motorcycles, had also been mentioned. Under these circumstances it would appear possible that the industries which produced these rather hazardous commodities might share some responsibility for seeking a solution to the dangers inherent in their products. He wondered if it might be possible to encourage them to fund some of the research studies and other work which obviously must be undertaken before this gigantic problem could be solved. (For consideration of draft resolution, see the sixth meeting, sections 1.4 and 3.3.)

2 TRAINING OF NATIONAL HEALTH PERSONNEL: Item 15 of the Agenda
(Document WPR/RC20/8)

In introducing this item the REGIONAL DIRECTOR stated that the World Health Assembly had on many occasions emphasized the importance of the training of professional and auxiliary health personnel and had requested the Director-General to give high priority to such programmes of assistance. Despite the attention given by WHO to this problem and the considerable efforts made by many governments to strengthen their training programmes, progress had been slow and the lack of trained staff had handicapped the expansion and development of the basic health services. The Health Assembly had suggested that the regional committees at their meetings in 1969 should undertake an analysis of the problems of training professional and auxiliary health personnel. The views and conclusions of the Regional Committee would be submitted to the Executive Board at its forty-fifth session and the matter would be discussed further during the Twenty-third World Health Assembly.

The Regional Director drew attention to the fact that the document under discussion contained simple guidelines which might be used to collect some basic information. It also listed some of the problems which were commonly met, particularly in the developing countries in the Region. He stated that if it were possible for countries to collect the information suggested and to advise on their own particular problems in the field of training of health personnel, this would certainly guide the Organization in its efforts to provide the best possible assistance in this important field.

Dr BALBIN (Philippines) said that in the Philippines there were many medical schools and dental colleges providing paramedical courses, but despite this advantage there was a dearth of professional personnel. Their services were especially needed in the rural areas since the population of the Philippines was 80% rural in character. Job satisfaction was an important factor that caused the exodus of professional workers to countries such as the United States of America and Germany, where working conditions were perhaps better. They

entered the public health service for only a short time before taking up posts abroad. The limited financial resources of countries like the Philippines made it impossible to retain the services of these professional workers. The Regional Office was probably in the best position to guide his Government in finding a solution to this important problem.

The World Health Organization had already taken steps along these lines by encouraging seminars among deans of medical colleges and, as a direct result, one of the deans in the Philippines was considering the possibility of training medical assistants who could be readily assigned to rural areas. There was also a shortage of nursing manpower and here again perhaps the training of auxiliaries would be a solution to the problem. The health authorities in the Philippines had no experience in the scientific manner of handling such training. The Regional Office would be in a good position to promote this training by providing consultants to establish a realistic programme.

Some years ago there had been a suggestion that WHO could arrange and subsidize a programme of training for health administrators and key personnel through a system of exchange assignments among the countries of the Region. He did not know whether this would still be considered a practical measure in developing health services.

Dr TENG (United Kingdom) stated that in any discussion on the question of training of health personnel there were prerequisites which had to be taken into consideration. The first was that every national health administration should have a target with regard to its programme of expansion of facilities. Secondly, in order to combat the brain drain, the salary structure of those who worked in the field of health activities had to be such that the recruitment and retention of health personnel was no problem. Thirdly, there had to be adequate facilities for the training of teachers before health training programmes could be implemented; and, finally, the question of providing medical assistants and nursing aides in the place of qualified medical officers and nurses should be looked into. All these problems had to be tackled and solved before a training programme for health personnel could be mapped out.

Dr PHAV SANY (Cambodia) stated that the problem of training of national health personnel was very complex. In some cases the ministries of health were not responsible for the medical schools and were only indirectly involved in the problem. There was a brain drain not only abroad but also into private practice. There was a need to determine how well-trained personnel could be attracted to the public health field. Professors who taught in the various medical schools in countries like his own were trained abroad in highly industrialized cities. As their training had not been adapted to the needs of the country, they were not very enthusiastic about introducing preventive medicine into their training programmes. They should be associated with public health activities so they would understand the importance of preventive medicine and as a result give it a better place in both training programmes and field practice. Students were now being encouraged to study in Cambodia because this was where they would be faced with the realities and health problems they would have to solve.

In concluding, he stated that the total number of hours for courses in public health or paramedical schools was rather limited and the clinical disciplines often took up the major part of any programme. He would welcome it if the World Health Organization were able to convene a meeting of experts to draw up a standard programme where the major requirements of the country would be introduced into teaching curricula in an appropriate and balanced form.

Dr BOXALL (Australia) expressed his concern about the resolution of the Twenty-first World Health Assembly which called upon the Committee to undertake an analysis of the problems of training professional and auxiliary health personnel. He noted that it was further intended that the views of the Committee would be considered by the Executive Board at its forty-fifth session, which was less than four months away. Basic data, essential for any basic analysis, were requested prior to that meeting. One of the difficulties was that the census in Australia of health personnel was made every five years, the last one had been in 1966 and the next would be in 1971. He could,

therefore, only give 1966 figures which he felt were incomplete. However, in order to make some progress at the meeting, the Committee might look at the ten headings listed in document WPR/RC20/8. The Committee could endorse, add to, or give special emphasis to them. It could recommend that an expert committee be constituted or that a special seminar be held. In this way the Committee would be able to comply with resolution WHA21.20.

He hoped the Rapporteurs could draft a resolution along these lines.

Dr LEE (United States of America) concurred with the comments of Dr Boxall that this was a broad, extensive subject and it would be most difficult to obtain the kind of data that were envisaged in the document. The subject of training of national health personnel encompassed all types of health personnel not only to meet the needs of governments but also those of voluntary agencies and communities and it included not only academic needs but also service needs. The subject was long overdue and the Committee would recall he had spoken of a need for a strong component of manpower planning and not just health facilities planning. The need for the training of medical assistants and the use of different types of auxiliaries had been mentioned in some communities and even in the most advanced countries. The United States was deeply involved in the training of allied health personnel in community colleges and even at levels lower than that. The demands for health manpower were tremendous and he did not think there was an answer to the question. Even in his own community, which had a very good registration system, it was difficult to make an inventory of health manpower, of the kind of practice they were performing, of their movement. He believed the Committee would not be able to provide the information requested now. There was need to discuss the matter further.

Dr LEE (China) stated that in his country the recruitment of public health personnel was rather difficult. This was especially so in the case of doctors. The effectiveness of the health services

was hampered by the shortage of qualified staff. Training was, therefore, very important. This could be obtained abroad through a WHO fellowship, in the home country, or from other sources. In China, there were many kinds of in-service training programmes which were now attached to specific projects, such as environmental sanitation, family planning, maternal and child health, tuberculosis control, venereal disease control and so forth. In order to strengthen the training programme and also to make full use of the training facilities, the possibility of centralizing such programmes was under consideration.

Dr NOORDIN (Malaysia) congratulated the Regional Director on this very excellent paper, particularly the outline which could be used as a guide by Member countries in obtaining data as a basis for an analysis of training. Although he agreed with the Representatives of Australia and the United States of America that they did not have the time during the meeting to analyze properly their training programmes, they could discuss generally their experiences and some of the problems encountered.

The Ministry of Health in Malaysia had begun to review the training of various categories of health personnel and had found that there was a backlog of people who had not been trained. In addition, personnel requirements based on projected expansion of the health services had also to be considered. The matter would also have to be studied in the perspective of changing trends of public health practice. For example, when training which involved orientation in rural health practice was reviewed, the question arose as to whether there was need to build more rural health training centres, after considering the backlog of training and additional needs. When discussing this point, the fact that possibly eight to ten years from now, with the changing pattern of disease, the present public health practice in rural areas might become obsolete had then arisen. This might mean that if more rural health training centres were built, they might not be needed ten years from now. It was, therefore, decided to review the basic training itself and to find out how this could be strengthened so that the rural health element could be incorporated into it. Another problem

was the need to select specific areas which could be accredited field training centres. There then arose the problem of training instructors.

One point mentioned in the report of the Regional Director was the question of integration of training. This was receiving much attention. If all categories of staff could be trained in the same field training area, the teamwork concept could then be developed and it could become an area which could serve as a proper demonstration of an integrated health service.

The role of the Institutes of Health had been discussed at length in the Regional Director's Report. The trend now was for the public health institutes to be responsible for co-ordinating, directing and standardizing the training of various categories of personnel, including auxiliaries. This was happening in Malaysia. Dr Noordin stated that his delegation supported the view that field demonstration areas should also come under the technical supervision of public health institutes. In places where the Public Health Institute was particularly involved in the training of paramedical personnel there would be a link-up between training of paramedical personnel and the training of medical students in the field demonstration areas.

Finally, the value of such field training areas could not be over-emphasized. These were the areas where actual research could be carried out which could serve as a field demonstration for further strengthening of rural health services.

The REGIONAL DIRECTOR stated that he had been most interested in the various comments and views expressed by the Representatives on this item of the agenda. They were most useful and he believed that these comments should be transmitted to WHO Headquarters with a view to making them known to the Executive Board. It was indeed difficult during the next four months to make an analysis in depth of this subject. He suggested that the working paper and the comments of the various Representatives be transmitted to WHO Headquarters with an appropriate resolution taking into account the views expressed by

the Representatives. He was personally most grateful for the very realistic and down-to-earth comments given by the Representatives.

The CHAIRMAN believed that the Regional Director's proposal would meet the approval of the various delegations present and, therefore, a resolution along these lines would be drafted. (For consideration of draft resolution, see the sixth meeting, sections 1.5 and 3.4.)

3 SELECTION OF TOPIC FOR THE TECHNICAL DISCUSSIONS DURING THE TWENTY-FIRST SESSION OF THE REGIONAL COMMITTEE: Item 17 of the Agenda (Document WPR/RC20/9 and Add.1)

The Committee reviewed the topics proposed by the Regional Director and those suggested by the Government of France.

The REGIONAL DIRECTOR drew attention to the fact that it had also been suggested in the discussion on item 14 of the agenda that "Traffic Accidents" might be included among the topics to be considered.

Dr LEE (United States of America) referred to document WPR/RC20/9 which contained topics presented by the Secretariat and proposed that item 3, "Health Manpower in Developing Countries: Problems and Needs", be selected as the topic for next year's discussions. He had noted there was much concern among the Committee members about the brain drain and the need for more comprehensive planning for health manpower. This was a most critical subject involving developing countries and most other countries as well. The outcome of the discussions on the subject would no doubt be useful to the United States considering that they too had a problem of health manpower.

Dr TAUREKA (Australia) supported the proposal of the Representative of the United States of America.

Dr PHAV SANY (Cambodia) said that he had examined the list of subjects that had been discussed since 1952 and noted that nutrition

had never been selected. He wished to proposed that item 2 on "The Role of Health Services in the Prevention of Nutritional Problems" should be the topic for next year's discussion. He felt that activities in this field should be given a high priority by WHO as nutrition was the very base of public health and unless the nutrition of the population were improved no programme could be undertaken in the control of disease.

Dr GURD (United Kingdom) associated himself with the views of the Representative of the United States of America. He did not, however, wish the title to be modified because the problems of the developing countries were rather special and if the subject were enlarged to cover the developed countries as well, the discussions might become diluted and no firm conclusions would be reached regarding the problem of the Region, which was health manpower in developing countries.

Dr LEE said that he had not intended to change the title. He had merely said that other countries would learn from the subject because this was also their problem.

There being no other comments, the CHAIRMAN asked that a vote be taken on the two proposals made. This resulted in "Health Manpower in Developing Countries: Problems and Needs" being selected as the topic of the Technical Discussions to be held in connexion with the twenty-first session of the Committee. (For consideration of draft resolution, see the sixth meeting, section 1.6.)

4 ANNOUNCEMENT

The CHAIRMAN announced that the Vice-Chairman would chair the meeting tomorrow morning.

The meeting rose at 4.40 p.m.