SUMMARY RECORD OF THE THIRD MEETING

Conference Room, Guam Hilton
Thursday, 28 September 1972 at 9.00 a.m.

CHAIRMAN: Mr F.S. Cruz (United States of America)

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Third Meeting

Thursday, 28 September 1972 at 9.00 a.m.

PRESENT

I Representatives of Member States

AUSTRALIA	Dr H.M. Franklands Dr R.W. Cumming
FRANCE	Dr A. Cheval
JAPAN	Dr T. Ishimaru Dr R. Okamoto
KHMER REPUBLIC	Mr Ung Su Hai Kim Teng Dr Pruoch Vann Dr So Satta
LAOS	Dr P. Phoutthasak Dr T. Phetsiriseng
MALAYSIA	Dato (Dr) Abdul Majid bin Ismail Dr Tow Siang Yeow Mr E.J. Martinez
NEW ZEALAND	Dr C.N.D. Taylor
PHILIPPINES	Dr J. Azurin
PORTUGAL	Dr D.H. Silva Ferreira Dr M. Lopes
REPUBLIC OF KOREA	Dr H.K. Park Mr W.S. Lee
SINGAPORE	Dr Sivakami Devi
UNITED KINGDOM	Dr P.W. Dill-Russell Dr H.S. Chan
UNITED STATES OF AMERICA	Mr F.S. Cruz Dr S.P. Ehrlich, Jr. Dr J.C. King Mr G.J. Dugan Dr M. Kumangai Miss J.M. Johnson Mr E.H. Noroian

VIET-NAM	Dr Tran-Minh-Tung Dr Truong-Minh-Cac Dr Nguyen Tuan Phong
WESTERN SAMOA	Dr Leota Tautasi

II. Representative of Associate Member

PAPUA NEW GUINEA	Dr J.O. Tuvi

III. Representatives of Non-Governmental Organizations

INTERNATIONAL DENTAL FEDERATION	Professor T. Fusayama
LEAGUE OF RED CROSS SOCIETIES	Mrs Ruth Macomber
WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS	Dr C.N.D. Taylor

IV. WHO Secretariat

SECRETARY	Dr Francisco J. Dy Regional Director

1 ADDRESS BY INCOMING CHAIRMAN: Item 5 of the Agenda

The CHAIRMAN said that he was honoured at having been elected Chairman of the twenty-third session of the World Health Organization's Regional Committee for the Western Pacific. Mixed with his feeling of elation was a feeling of humbleness in the realization of the responsibility which had been entrusted to him, for which he knew there were many other persons present whose qualifications, such as being representative of a greater number of people, more knowledgeable or with greater experience, fitted them appropriately for such a task. Nevertheless, with the help, co-operation, guidance and advice of the representatives and of the Regional Director and his staff, he would endeavour to fulfill properly the duties expected of him.

The Chairman then gave a brief description of Guam and its people. The size of the island and the smallness of its population did not mean that the health problems were correspondingly small. They were not as great as those in many other places but the variety of problems was greater. Only one-half of the population was indigenous and the heterogeneity in the languages and customs of the people created different problems requiring different solutions.

Another factor was the time frame. Guam was rapidly developing, so much so that the effects of development on its health programmes might be detrimental. Swift remedies were required to solve the daily-increasing health problems. The location of Guam, and the large movement of people passing through, created additional problems which necessitated a comprehensive structure in order to deal with these. A high level of health care had been set for Guam where it was considered as an inalienable right for every person. Provision of adequate health services for tourists had also to be taken into account.

The sum of these factors made the tasks before them extremely difficult. The development which Guam was experiencing brought in its wake various problems, particularly in the fields of communicable diseases control and environmental health. Manpower was needed, especially in the construction industry, from neighbouring countries with varying standards of immunization. This called for improvements in detection and control procedures and the screening methods of public health diseases, such as tuberculosis and venereal disease, in all segments of the population. An effective vector control programme was also required to prevent the occurrence in epidemic proportions of Japanese encephalitis, dengue, filariasis and malaria, which had unfortunately been introduced into Guam.

Increasing travel invariably meant increasing traffic in drugs, and education on the abuse of drugs, together with effective enforcement procedures, would be added to the health programme elements.

An active dog control programme existed to prevent the reintroduction of rabies to the island.

With the increase in population, pollution correspondingly increased. The programme in the field of environmental health had to respond quickly and effectively to prevent deterioration of the quality of the environment caused by increase of waste water, gaseous emissions from automobiles and industrial establishments, etc. These problems would be further elaborated upon during the Technical Discussions on this subject.

Health services in Guam were no longer completely free as they were when the island had been administered by the United States Navy, except for some services such as tuberculosis, amyotrophic lateral sclerosis and diabetes. However, this meant that the people were now paying for what they wanted and were receiving, with due attention being given to the needy. This change in philosophy had had an immense impact on society.

The Trust Territory of the Pacific Islands, better known as Micronesia, was also a rapidly developing area. Life expectancy as well as other vital and morbidity statistics were closely approaching those of the United States of America. Public health programmes were following this pattern, as was shown by the accelerated construction programmes for hospitals and dispensaries with their increasing specialties. This was also demonstrated by the large numbers of fellows who were returning from health training abroad and from the fact that Micronesians now occupied top policy and administrative positions in health work. This new strength and independence was still further demonstrated by relationships with other organizations such as the World Health Organization, the South Pacific Commission, the United States Environmental Protection Agency, the United States Public Health Services, etc. with whom the individual health workers identified themselves.

There was an increasing need in Guam for greater understanding of the problems of other countries in the Region, and meetings such as the present one served to meet this need for mutual understanding. The World Health Organization was playing an important and helpful role in these areas. Expert advice was required which the World Health Organization, with its command of the overall situation, was in a position to offer through technical and educational assistance. Health planning had to be both national and international.

2 STATEMENT BY THE REPRESENTATIVE OF THE REPUBLIC OF KOREA ON THE REPORT OF THE REGIONAL DIRECTOR (continued from the second meeting)

Dr PARK (Republic of Korea) said that after completion of the Second Five-Year Plan (1966-1971), which had produced a progressive

growth rate of 11.6 per cent., the Government had initiated the Third Five-Year Plan in 1972. In the interest of more comprehensive development, this time the target for growth rate had been set at 8.6 per cent. The new plan was aimed not so much at stimulating economic growth but rather at promoting a balanced society by expanding regional development, improving the quality of life in rural areas and raising the worker's standard of living. Health projects were included in the Plan. The health network would be enlarged and improved with the construction of new hospitals, health centres and laboratories. It was hoped to decrease the mortality rate from tuberculosis to under 10 per 10 000 persons. Other projects aimed at rehabilitating negative leprosy patients, reducing the prevalence rate of parasitic infestation to 30 per cent. among the school population, and ensuring greater control of communicable diseases. The family health project comprised MCH and family planning with a view to bringing the natural rate of increase down to 1.5 per cent. by the end of 1976. Another project was intended to improve the piped water supply system. In order to combat environmental pollution, which was becoming a major problem, air and water monitoring systems were to be expanded.

His Government hoped that WHO would continue to co-operate in the implementation of its Third Five-Year Plan.

3 CONSIDERATION OF DRAFT RESOLUTION

The Committee considered the following draft resolution:

3.1 Annual Report of the Regional Director (Document WPR/RC23/WP/1)

Decision: The draft resolution was adopted (see resolution WPR/RC23.R1).

4 RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE TWENTY-FIFTH WORLD HEALTH ASSEMBLY AND THE EXECUTIVE BOARD AT ITS FORTY-NINTH AND FIFTIETH SESSIONS: Item 11 of the Agenda (Document WPR/RC23/4)

4.1 Community Water Supply (resolution WHA25.35)

The REGIONAL DIRECTOR observed that the World Health Assembly had endorsed the revised global targets set for developing countries in regard to community water supplies during the United Nations Second Development Decade. Overall targets remained the same but target components had been revised, namely 60 per cent. instead of 40 per cent. of all urban population to be served by house connexion and

40 per cent. instead of 60 per cent. by public standposts; 25 per cent. instead of 20 per cent. of the rural population in 1980 to have reasonable access to safe water. The new targets were considered realistic, in line with the present situation and allowed for various constraints.

He suggested that the Committee should discuss the six recommendations to Member States contained in the resolution under consideration. The Regional Committee might set regional targets for both urban and rural water supplies, while each country within the Region should fix its own national targets within the framework of the regional programme.

The Committee noted the contents of this resolution.

4.2 Training of National Health Personnel (resolution WHA25.42)

Dr EHRLICH (United States of America) said that as a result of his Government's great interest and concern in this subject, a consultant had been sent to Geneva by his Government in order to work on the proposed study on international migration of health personnel and that the United States Government was prepared to help in financing such a study. The data resulting from it should prove valuable for assessing the nature and magnitude of the problem.

Dr FRANKLANDS (Australia) asked what was meant by the term "health auxiliaries" in operative paragraph 3(3).

Dr FLACHE, Director of Health Services, agreed that the term was not very clear and might usefully be discontinued. It referred to such staff as aide nurses and medical assistants who did not hold recognized state diplomas but who were required to work under the supervision of qualified doctors.

4.3 Smallpox Eradication (resolution WHA25.45)

Dr EHRLICH (United States of America) said that the global programme of smallpox eradication was an obvious success and demonstrated what could be achieved by co-ordinated international health efforts. He warned, however, that it was at this precise time that extreme effort was required in order to maintain the existing favourable position. While one should not be as optimistic as WHO press releases would indicate, nevertheless the point was rapidly being reached whereby the disease was no longer endemic. Active programmes existed in the countries where the disease remained endemic. He hoped that the words of this resolution would be given serious consideration by the members of the Committee.

Dr FRANKLANDS (Australia) commented that while appreciating WHO's efforts and the optimism of the resolution which had resulted from a decreased incidence of smallpox in the world, the situation had now changed in that there had been an increase of 30 per cent. in the reported cases during the first part of 1972 over the same period in 1971. This showed that the global threat from the disease still existed. Over the years Australia had maintained strict quarantine requirements and had insisted on smallpox vaccination except for persons from exempt areas. In view of the world situation the exempt areas continued to be kept under review.

Dato (Dr) ABDUL MAJID BIN ISMAIL (Malaysia) said that there was no endemic focus of smallpox in his country. All travellers were required to have a smallpox vaccination. A surveillance system existed through which any suspected cases were immediately reported to the authorities concerned and the basic health services were prepared to deal with the containment of any outbreak. His country had complied with paragraph 2(a) of the resolution and had requested WHO's assistance in this respect in laboratory tests and diagnosis.

Dr AZURIN (Philippines) noted that some countries had relaxed their requirements for smallpox vaccination for travellers. He wondered whether this was recommendable in view of the programme of global eradication and whether or not WHO supported this practice.

The REGIONAL DIRECTOR said that some countries had relaxed their requirements with regard to smallpox vaccination not only because of the relatively few cases but also because of the risks involved in vaccination.

Dr EHRLICH (United States of America) said that the change in approach in the United States of America was based on two major factors. The first was the lessened risk of importation of smallpox given the worldwide decrease in incidence as compared with the risk of reaction to vaccination. The second factor was the highly effective surveillance system which existed and through which any case of smallpox could be rapidly identified and control procedures effected. In balancing these two factors it was considered that the change in policy was in the best interests of the population and would in no way affect the global eradication programme.

Dr AZURIN (Philippines) felt that his question had not been fully answered and wondered whether there was any reason why WHO took a stand with regard to the practice of various countries in the control of cholera but did not do so in the case of smallpox.

The REGIONAL DIRECTOR suggested that, if the Committee agreed, the Representative of the Philippines might consult with the Rapporteurs

and draft a suitable resolution for consideration by the Committee. This matter would have to be referred to WHO Headquarters as all countries were involved in the global smallpox eradication programme.

Dr TAYLOR (New Zealand), as Rapporteur, requested that the matter be further discussed in the Committee in order to determine the consensus of opinion for the purpose of the draft resolution. Did the Representative of the Philippines, for instance, mean that all travellers should be required to have smallpox vaccination?

Dr AZURIN (Philippines) said that he thought a study should be conducted by WHO to determine whether or not smallpox vaccination for travellers was recommended.

Dr FRANKLANDS (Australia) said that the vaccination requirements of the various countries were well known by WHO. There were very few countries which did not require smallpox vaccination for travellers and he did not feel that a study would provide any further information.

The REGIONAL DIRECTOR pointed out that it was for the Committee to consider if the proposal of the Representative of the Philippines was acceptable and, if so, a resolution would be drafted. He drew attention to the function of the Regional Committee to "tender advice through the Director-General to the Organization on international health matters which had wider than regional significance." This was a case in point and any resolution on this subject should be directed to the Organization through the Director-General.

Dr AZURIN (Philippines), in reply to Dr Taylor's question, said that there were certain exceptions regarding smallpox vaccination requirements which were accepted in international practice. What was required was a study to determine whether or not this practice was recommended.

Decision: The Representative of the Philippines to meet with the Rapporteurs to draft a resolution. The staff would be available to assist in the drafting if required.

(The Representative of the Philippines decided to withdraw his proposal. See the fifth meeting, section 5.)

4.4. Twenty-fifth Anniversary of the World Health Organization (resolution EB50.R18)

The REGIONAL DIRECTOR said that the resolution required specific action on the part of the Committee. Firstly, the designation of one or two speakers who would address the commemorative meeting of the Twenty-sixth World Health Assembly in May 1973. During the celebration of the twentieth anniversary of the World Health Organization,

the Governments of Australia and Japan had been selected by the Regional Committee to present addresses to the Twenty-first World Health Assembly. Secondly, the Representatives were requested to comment on how the anniversary should be celebrated at the twenty-fourth session of the Regional Committee in 1973. When the Committee had celebrated the twentieth anniversary of the World Health Organization, part of one day had been set aside for this purpose. Representatives of all Member States had made statements. The speeches had been reproduced in full in a special brochure issued to commemorate the celebration. The Committee might wish to make a similar arrangement for the meeting in 1973. Thirdly, the Committee would note that the World Health Assembly had expressed the hope that Members would also celebrate the event in their own countries. Special public information materials would be prepared by WHO Headquarters and sent to national health authorities. The objective of the celebration would be to make health problems better understood and to intensify efforts for their solution. Members might wish to consider incorporating the celebration of WHO's twenty-fifth anniversary in their World Health Day programmes.

Dato (Dr) ABDUL MAJID BIN ISMAIL (Malaysia) suggested that one speaker from the English-speaking countries and one from the French-speaking countries might address the commemorative meeting of the Twenty-sixth World Health Assembly and proposed the Philippines and Laos respectively.

It was so agreed.

The REGIONAL DIRECTOR asked how the anniversary should be celebrated and whether the Committee wished to follow the procedure adopted for the twentieth anniversary or whether there were new proposals.

Dr FRANKLANDS (Australia) felt that the reproduction in a special brochure of the speeches given by Member States on this occasion would be a suitable form to publicize the anniversary of the World Health Organization and that the members of the Committee should support such a proposal.

Dato (Dr) ABDUL MAJID BIN ISMAIL (Malaysia) supported the proposal of the Representative of Australia that the procedures for the celebration should be similar to those for previous anniversaries. As far as Malaysia was concerned, steps were being taken to issue a commemorative postage stamp for the occasion and to organize a national programme which would highlight the various health schemes.

Dr EHRLICH (United States of America) said that one of the purposes of celebrating an anniversary was to bring to the public's attention in various countries the work of the Organization. He

suggested that next year the Regional Director's Annual Report should contain summaries of some of the major accomplishments achieved in the Region during the past 25 years. This could be given wide distribution throughout the Region and would both illustrate the accomplishments and ensure that further support to the programmes would be maintained.

There being no further comments, the CHAIRMAN requested the Rapporteurs to prepare a suitable draft resolution. (For consideration of draft resolution, see the fourth meeting, section 2.1.)

5 OCCUPATIONAL HEALTH PROGRAMMES: Item 12 of the Agenda (Document WPR/RC23/5)

The REGIONAL DIRECTOR drew attention to document WPR/RC23/5 which summarized the action taken following the adoption of resolution WPR/RC22.R3 on occupational health at the last session of the Committee. The rapid industrialization taking place in the Region emphasized the need for more attention to be given to this important problem. He invited the views of the Representatives on how activities in this field might be expanded further.

Dr FRANKLANDS (Australia), referring to the statement in document WPR/RC23/5 that courses in occupational health were available in Australia and New Zealand for WHO fellows, explained that a national training programme in occupational health had not yet been established in Australia but certain training facilities were available. The Occupational Health Section of the School of Public Health and Tropical Medicine in Sydney conducted each year a three-week introductory course in occupational health for medical practitioners. There was also a course of the ad hoc type which could be attended by overseas medical practitioners up to a period of six months. No formal certificate of qualification, however, was given. The School also conducted several short courses on occupational safety for industrial safety officers from time to time. A proposal to establish a one-year course leading to a diploma in occupational health for medical practitioners was under consideration. The New South Wales College of Nursing also conducted annually a twelve-week course leading to a certificate in occupational health nursing. The Australian College of Nursing in Melbourne also conducted an annual course of fourteen months leading to the Diploma in Public Health Nursing (Occupational Health).

Mr UNG SU HAI KIM TENG (Khmer Republic) emphasized the progress made in his country since the adoption of the Occupational Medicine Code, under which firms with 50 employees or more were obliged to set up an occupational health unit. Young physicians wanting to have

post-graduate training in this discipline had to take a twelve-month course in France. A course in occupational medicine had also been given to fifth-year students at the Faculty of Medicine in Phnom Penh for a number of years. A total of 62 628 wage-earners had received occupational health care from 57 part-time physicians specialized in occupational medicine, who were assisted by 64 male and 33 female nurses as well as 3 midwives. The Khmer Republic was anxious to promote such activities and wished to receive technical and financial assistance from WHO, especially in the form of fellowships, equipment and industrial hygiene laboratories.

Dato (Dr) ABDUL MAJID BIN ISMAIL (Malaysia) reported that an occupational health unit had been established in the Ministry of Health of Malaysia. Until recently it had been staffed by a trained officer in occupational health who had unavoidably to be transferred to another department. Steps were, however, being taken to fill the post. Occupational health services were also provided by the Ministry of Labour, through its Department of Factory and Machinery, the Department of Social Security, and the Department of Mining and Agriculture. In view of the rapid industrialization taking place in the country and the scattered occupational health services under the various ministries and departments, the co-ordination of activities in this field under the leadership of the Ministry of Health became necessary. At present a study was being made of the possibility of establishing an occupational health institute to provide consultant services, training facilities, information and research services. It would also serve as a nucleus for the future growth and expansion of occupational health services in the country.

There being no further comments, the CHAIRMAN asked the Rapporteurs to prepare a draft resolution. (For consideration of draft resolution, see the fourth meeting, section 2.3.)

6 DISINSECTION OF AIRCRAFT: Item 13 of the Agenda (Document WPR/RC23/6 and Add.1)

The REGIONAL DIRECTOR stated that since document WPR/RC23/6 had been issued, replies had been received from four other governments. These were summarized in document WPR/RC23/6 Add.1. Although it was stated in the annotated agenda that all countries and territories in the Region would accept the vapour disinsection system, should it be recommended by WHO, the French authorities in the New Hebrides had since said that this was not acceptable to them. Some governments also were concerned about the effectiveness of the "blocks away" disinsection method. He thought it would be useful to hear the views of Representatives on how this could be more effective.

Dr CHEVAL (France) formulated the doubts of his delegation as to the "blocks away" disinsection carried out by the aircraft crew, for there was no guarantee that the operation had been properly done. In the French territories, disinsection was done after arrival. Moreover, there was no evidence that dichlorvos vapours were non-toxic for passengers and crew and it was not excluded that this substance might involve a risk of corroding the aircraft equipment. The French Government's reservations had been expressed at the Twenty-fourth World Health Assembly, which, in its resolution WHA24.36 had decided to defer the adoption of this system.

Dr OKAMOTO (Japan) mentioned the worldwide disinsection trials that had been conducted in 1971 in several jet aircraft using insecticides that contained no DDT or kerosene. The purpose of the trials had been to develop a more effective application of the "blocks away" procedure by crew members. Dr Azurin of the Philippines said he had participated in the experiment which had been concluded successfully and which was reported in the WHO Bulletin (1972, 46, 485-491). Live mosquitos or insects were sometimes found in aircrafts due to the improper application of the procedure by crew members. Also, it was not possible to disinsect cargo compartments "in flight" or "in blocks away" through aerosol-spray procedure. As a solution to this problem, his Government would like to ask WHO to develop the "built-in" vapour disinsection system as soon as possible.

Another matter which required attention was the sanitation of drinking water in aircrafts. A certain percentage of water specimens taken at the Tokyo airport had been found to be bacteriologically and chemically contaminated. The Japanese delegation would like to propose that the sanitary control of aircrafts should be considered on a wider basis for the protection of the health of passengers. (For consideration of draft resolution, see the fourth meeting, section 2.5.)

Dato (Dr) ABDUL MAJID BIN ISMAIL (Malaysia) stated that his Government did not at the moment insist on the disinsection of aircrafts arriving from international flights. However, it was presently studying the use of the "blocks away" method with a view to its implementation pending WHO's further recommendation on the vapour disinsection method. Malaysia accepted the vapour method of disinsection of aircrafts using dichlorvos and intended to implement it if and when it was feasible.

Dr AZURIN (Philippines) said that routine examinations were made of all aircraft coming to Manila and it had been observed that a certain percentage were infected with live insects. Although it was generally stated that disinsection had been done, there were

instances where there was only a typed copy of the procedure to be followed on the general deck and this could not be considered as a report that the action required had been taken. The studies carried out with the Tokyo Quarantine Office at the request of WHO showed that the "blocks away" method of disinsection was effective for both passenger cabins and cargo compartments, if carried out properly. Another study being undertaken was on the effectiveness of the different new formulations of insecticides, notably NRDC 104 and 107. As regards dichlorvos, his Government was ready to endorse the procedure as soon as the technical difficulties had been resolved.

Dr Azurin then enquired whether Australia still practised the disinsection of aircrafts prior to disembarkation of passengers. His Government had written to Geneva regarding this practice and it was hoped that Australia would allow passengers to disembark before disinsection.

Dr FRANKLANDS (Australia) replied that the practice still continued.

Dr EHRLICH (United States of America) confirmed the report in document WPR/RC23/6 that the studies regarding vapour disinsection method were proceeding satisfactorily. It was anticipated that a joint report from ICAO and WHO would be made to the World Health Assembly in 1973. Indications were that the studies thus far tend to confirm the hypothesis that toxicity was not a problem nor was there any apparent evidence that there was any deterioration of aircraft parts.

He then referred to Article 20 of the International Health Regulations and emphasized the continued need of keeping airports free from disease vectors. This point was not reflected in the reports received from countries. He emphasized that increased attention should be given to this, particularly at this stage which could be considered as a transitional period with regard to aircraft disinsection.

Dr DILL-RUSSELL (United Kingdom) fully concurred with the views expressed by the Representative of France.

Dr TAYLOR (New Zealand) recommended that the subject be retained on the agenda of the twenty-fourth session of the Committee since by then a report on the matter would be available after it had been given consideration by the World Health Assembly. A new up-to-date paper could then be prepared for that session.

Dr AZURIN (Philippines), referring to a previous comment by the Australian Representative, recalled that he had put forward a request some years ago that the practice be discontinued and that passengers

be allowed to disembark before disinsection of the aircraft took place. Frequently, the product used was intended to combat animal and plant diseases and not human diseases so that the practice was irritating for the passengers. In order to prevent insects from leaving the aircraft, surely it would be sufficient to spray the area around the doorway before the passengers disembarked.

Dr FRANKLANDS (Australia) said he did not wish the Committee to gain the impression that Australia was using a formula that differed from the one recommended by WHO as standard aerosol. In fact, the product used often contained lesser amounts of toxic substances; spraying was light and the period concerned was only two minutes. Once passengers had left the aircraft, spraying was again carried out, the period being five minutes. The first spraying could not be harmful to the passengers.

There being no further comments, the CHAIRMAN asked the Secretariat to prepare and distribute a text for further discussion. (For consideration of draft resolution, see the fourth meeting, section 2.4, and fifth meeting, section 2.1.)

The meeting rose at 11.50 a.m.