SUMMARY RECORD OF THE FOURTH MEETING

Conference Room, Guam Hilton
Friday, 29 September 1972 at 9.00 a.m.

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

CONTENTS

Fourth Meeting

Friday, 29 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
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	Dr F.S. Cruz Dr J.C. King Dr C. Crim 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 ANNOUNCEMENT

The CHAIRMAN drew the attention of the Committee to the Eleventh Guam Legislature passed on 24 July 1972 welcoming the Regional Committee to Guam for the holding of its twenty-third session. Copies had been distributed to all representatives.

2 CONSIDERATION OF DRAFT RESOLUTIONS

The Committee considered the following resolutions:

2.1 Twenty-fifth Anniversary of the World Health Organization (Document WPR/RC23/WP/2)

Decision: The draft resolution was adopted (see resolution WPR/RC23.R2).

2.2 Resolutions of Regional Interest Adopted by the Twenty-fifth World Health Assembly and the Executive Board at its Forty-ninth Session (Document WPR/RC23/WP/3)

The REGIONAL DIRECTOR asked the Representative of the Philippines whether he wished to submit a separate resolution concerning smallpox since he had raised the matter at the previous meeting.

Dr AZURIN (Philippines) stated that he had no objection to the present resolution.

Decision: The draft resolution was adopted (see resolution WPR/RC23.R3).

2.3 Occupational Health Programmes (Document WPR/RC23/WP/4)

Decision: The draft resolution was adopted (see resolution WPR/RC23.R4).

2.4 Disinsection of Aircraft (Document WPR/RC23/WP/5)

Dr TAYLOR (New Zealand, Rapporteur) proposed that, as a result of a point raised at the previous meeting, a third operative paragraph be added to the draft resolution, to read as follows:

> "3. REQUESTS the Regional Director to report to the twenty-fourth session of the Regional Committee in the event that conditions so warrant."

Dr KING (United States of America), referring to the addition of a third paragraph, suggested that reporting to the next session

could be expanded to allow the Regional Director to re-assess the situation in each country in the light of any changes which might have occurred as a result of ICAO and WHO action.

The REGIONAL DIRECTOR considered that the substance of the proposal put forward by the United States Representative might usefully be incorporated in the present or another draft resolution for consideration by the Committee at a subsequent meeting. It would be advisable to have the full text in writing before adoption of the draft resolution.

Dr DILL-RUSSELL (United Kingdom) agreed that it was important to be sure about the exact wording. Perhaps the resolution could be considered as a whole after re-drafting.

Decision: The draft resolution was passed to the Rapporteurs for re-drafting in the light of comments made during the meeting. (For further consideration of draft resolution, see the fifth meeting, section 2.1.)

2.5 Quality of Drinking Water on International Flights (Document WPR/RC23/WP/6)

Dr KING (United States of America) said that, although he had no objection to the present wording, the Committee might wish to expand the ideas contained in the draft resolution. Undoubtedly sub-standard drinking water and ice could cause parasitism and disease but other beverages and also food served on aircraft could be equally hazardous to health. The Committee might consider drafting another resolution to cover the subject adequately.

Dr AZURIN (Philippines) remarked that studies carried out on ocean-going ships had revealed that drinking water was often below the international standards set. In his opinion, ships should be mentioned as well as aircraft, and he wondered whether the Representative of Japan had given consideration to that aspect.

Dr OKAMOTO (Japan) asked the Regional Director to advise him.

The REGIONAL DIRECTOR said that he would make a comment but it was for the Committee itself to take a decision. The matter was very significant and it was to the credit of the Regional Committee that it had been brought up since so far none of the other Regional Committees of WHO had done so. The draft resolution before the meeting was based on a scientific study carried out in Japan. The suggestions made by the United States and Philippine Representatives might form the subject of another draft resolution once the Committee had considered the one submitted by the Japanese delegation.

Dr DILL-RUSSELL (United Kingdom) pointed out that the Japanese draft resolution was based on fact; it was thus relevant and scientific. It would be preferable to consider it as it stood and to undertake further studies regarding the quality of food and drinking water on board ships and aircraft before producing additional resolutions which could be open to challenge.

Dr FRANKLANDS (Australia) recalled that the International Sanitary Regulations mentioned the quality of drinking water and provisions on vessels travelling by sea and by air. The present resolution seemed too specific. As pointed out by the United States Representative, many other factors were involved, including the matter of pollution, which was linked with water supplies.

The REGIONAL DIRECTOR said that the previous speaker must be referring to Annex 5 of the 1969 International Sanitary Regulations, which related to standards of hygiene on ships and aircraft carrying pilgrims. In 1959, the World Health Assembly had adopted a resolution (WHA12.18), as the result of a report by an Expert Committee on Hygiene and Sanitation in Aviation.

Dr AZURIN (Philippines) considered the Japanese draft resolution to be very important because the quality of drinking water on aircraft had undoubtedly deteriorated over the years, and it had in fact been substantiated by the study made in Japan which had given rise to the present draft resolution. He favoured immediate consideration of that draft resolution.

Dr KING (United States of America) supported the suggestion to give consideration to the factual resolution before the Committee. He would, however, propose that the Regional Director might investigate and see whether governments were making tests with a view to securing more factual data with an end toward producing a broader resolution for consideration at the next plenary meeting.

Decision: The draft resolution was adopted as it stood (see resolution WPR/RC23.R5).

The CHAIRMAN said that the Rapporteurs would deal with any further resolutions on the subject if and when they were submitted.

3 CONSIDERATION OF THE REPORT OF THE SUB-COMMITTEE ON RULES OF PROCEDURE OF THE REGIONAL COMMITTEE FOR THE WESTERN PACIFIC (Document WPR/RC23/18)

Dr DILL-RUSSELL (United Kingdom), Chairman of the Sub-Committee, introduced the report. In order to strengthen the wording of Rule 22,

he proposed to add the word "orally" after the word "interpreted" in the last line. That would make it clear that there was no intention to translate any documents into Chinese at the present time.

It was so agreed.

Dr TRAN-MINH-TUNG (Viet-Nam) emphasized the political nature of the draft resolution recommended by the Sub-Committee on Rules of Procedure. China had always been represented in WHO but until now, the Chinese delegation had never taken advantage of the privilege offered by the Constitution as far as the Chinese language was concerned. The proposal of the Sub-Committee amounted in fact to rolling out a red carpet for a state which was not represented at this session and which had made itself known, above all, by its intolerance or even antagonism towards those nations that it had not succeeded in subduing. Therefore, without denying the case for a Realpolitik, the Vietnamese delegation wished to make it clear that it would vote against the text recommended by the Sub-Committee.

Dr FRANKLANDS (Australia), referring to Rule 24, asked whether such documents as the summary records of meetings would be translated into all three languages.

The REGIONAL DIRECTOR explained that documents would appear only in the two working languages, namely English and French. There was no question of any documents whatsoever being translated into Chinese; there would be oral interpretation only.

Dr FRANKLANDS (Australia) thanked the Regional Director for the clarification; he had been misled by the words "other decisions" contained in Rule 24.

A vote by show of hands was then taken on the report.

The result of the voting was 10 votes in favour, one against, with 3 abstentions. Adopted (see resolution WPR/RC23.R6).

4 DRUG DEPENDENCE: Item 14 of the Agenda (Document WPR/RC23/7)

The REGIONAL DIRECTOR explained that document WPR/RC23/7 contained a progress report on the action taken on the resolution adopted by the Committee at its preceding session. He invited representatives to make statements on their own national efforts to prevent, control and treat drug abuse, and on present and future WHO-assisted activities in that field. They might also wish to consider how information, research and training could be intensified.

Dato (Dr) ABDUL MAJID BIN ISMAIL (Malaysia) said that the problem was increasing in Malaysia, and was causing grave concern to the Government. A number of measures were being taken to combat it. Seminars formed part of the campaign, as did the use of all forms of mass media. A special committee had been set up three years ago by the Ministry of Health to look into the whole problem of narcotics and stimulants. A background paper had been prepared by a Committee on Narcotics and Drug Abuse. This paper had been followed up by a report from one of the consultants in the Narcotic Drugs Division in Geneva. This year the Government had announced the establishment of an anti-drug bureau and a mental health service, which would incorporate psychiatric facilities into its programme. A special unit had been set up for drug addicts on a voluntary or compulsory basis and the Ministry of Social Welfare had arranged rehabilitation programmes for drug dependent persons. Data concerning drug addicts were being collected with a view to having them admitted as in-patients in hospitals in areas where drug addiction is high. In order to find out the extent of drug addiction in Malaysia, the services of a medium-term WHO expert might be required to conduct epidemiological studies. It was necessary to be in full possession of the facts in order to take full advantage of the help available.

Dr TRUONG-MINH-CAC (Viet-Nam) said that his country had launched in April 1971 a large-scale campaign against drug abuse. This project was based on police action, administrative surveillance and educational effort aimed especially at the schools. Services were provided for the treatment of drug dependent persons and preparations were being made to set up a national centre for the rehabilitation of drug addicts. In August 1972, the President had issued a decree embodying a new legal classification of drugs, providing for compulsory or voluntary treatment and preventive measures, and establishing penalties for anyone found guilty of possessing or selling illicit drugs or trafficking therein; those penalties could go as far as capital punishment. The Ministry of Health was responsible for the disintoxication and rehabilitation of addicts brought to hospitals by the police or who had come voluntarily. Short courses were organized for the medical profession.

The Republic of Viet-Nam would welcome WHO assistance in the form of fellowships and documentation. It was particularly interested in the results of the latest research in this field.

Dr CHAN (United Kingdom) said that although no accurate figures were available in Hong Kong, estimates were as high as 60 000 to 100 000 drug addicts; a disquieting feature was the evidence that more young people were experimenting with drugs. Little was known about the basic causes of local drug abuse. There was close liaison

between voluntary agencies and Government departments engaged in anti-narcotic work. The Society for the Aid and Rehabilitation of Drug Addicts treated both male and female addicts who volunteered for treatment, and also provided after-care service. The Prison Department provided treatment for convicted prisoners found to be drug dependent. Treatment lasted for 6 to 18 months during which physical and mental health was gradually built up, followed by a 12-month period of after-care.

The Government had recently approved a pilot study to find out whether successful social rehabilitation was possible for hardcore heroin addicts, and whether drug addicts would accept such a scheme as a permanent service. The scheme envisaged an intake of 150 addicts in the first year, and 200 in the two following years. After hospitalization for two or three weeks, patients would be followed-up as out-patients. After three years, results would be evaluated to see whether the scheme should continue.

A central registry of drug addicts had been established in April 1972 in the Narcotics Division of the Secretariat for Home Affairs with the aim of assessing the average success rate for institutionalized treatment, the total number of drug addicts in Hong Kong, and the extent to which organized treatment succeeded as compared with other forms Government departments and all other bodies, including private practitioners who might be in contact with drug addicts, had been requested to forward information confidentially to the central registry. A commissioner for narcotics had recently been appointed with responsibility for co-ordinating the work of the various departments involved in all types of anti-narcotic work.

Dr KING (United States of America) said that his delegation had welcomed the report. The United States Government shared the concern of many Member countries regarding the problems posed by drug abuse in all countries of the world, and particularly in this region. Having particular regard to section 5 of the report, he wished to propose that the Committee should request the Regional Director to make a study on the epidemiology of drug abuse and to report his findings to the next session. Such a study might concentrate first on selected countries in the Region, with particular emphasis on certain aspects of the problem, such as the basic attitudes to drug abuse, the type of drugs used, the manner of abuse, and any changes in the pattern of abuse, as well as available methods of treatment and rehabilitation. Financing of the study might be obtained from the United Nations Fund for Drug Abuse Control; the study would assist the Regional Director to formulate recommendations for follow-up by WHO, and he might consider expanding it on an inter-regional basis, particularly with the South-East Asia Region, in order to obtain a more comprehensive picture of the epidemiology of drug abuse.

The REGIONAL DIRECTOR considered the suggestion a good one but wished to clarify a few points as the study would require the services of several consultants and that implied money. He hoped that help would be forthcoming from the United Nations Fund for the purpose, but even if funds became available, the study would take more than one year to complete so that it would be difficult to make recommendations on its findings for the next session; that should be taken into account when drafting a resolution.

Dr FRANKLANDS (Australia) said that, in 1969, as the result of a high-level meeting, the National Standing Control Committee on Drugs of Dependence had been set up to consider what steps should be taken by the States and Commonwealth in Australia. That Committee was composed of senior officials from Commonwealth and State Departments concerned with the problem and it had met several times, the most recent meeting being in July 1972. The Committee had been established mainly because of the peculiar system in Australia by which responsibility for health problems was shared between States and Commonwealth.

One activity of the Committee was a monitoring service for obtaining information on the movement of licit drugs; the information was computerized and transmitted monthly to all authorities interested in the problem. It was thus possible to know what drugs were coming in and how and where they were being processed. The system indicated trends in licit drug usage and reduced the risk of diversion to the illicit market. It provided consumption figures by geographical areas, showed any above-normal quantities purchased, reported purchases made by unauthorized persons and facilitated verification of lawful shipments. Such information had been used in the compilation of Australia's Annual Report to the United Nations under the Single Convention on Narcotic Drugs.

The importance of drug education as a preventive measure had led to the establishment, by the National Standing Committee, of a Drug Education Sub-Committee, which had first met on 28 September 1970. A sum of $500 000 had been made available to it by the Commonwealth Government in each of the financial years 1970/71 and 1971/72. Its members comprised prominent laymen and experts in education, as well as representatives from the Media Council of Australia. Its Secretariat was provided by the Commonwealth Department of Health, which was also responsible for implementing its recommendations.

Other activities in the educational field comprised the establishment of workshops, seminars and discussion sessions for teachers, parents, youth service groups, business and other interested organizations. Schools had been encouraged to include drug education in their curricula. To assist in the training of key drug education in

personnel, a six-month course had been held at the School of Public Health and Tropical Medicine, together with shorter seminars for an exchange of ideas and experience in that area. A seminar had taken place in Canberra for persons connected with mass media to give them an idea of activities in that field. A further conference was planned for top-level management representatives and editors.

Various educational aids and literature had been produced at the national level, including films for parents and adults, and for children and young people. Several shorts had been shown on television to make the general public more aware of the problem. Large amounts of literature on the use and abuse of drugs had been produced and distributed, as well as some 100 000 discussion kits for the use of groups on their own.

In addition to those activities, research was continuing on further educational possibilities; sociological and education research projects were being undertaken through universities. Projects were financed through the Commonwealth allocation for drug education activities.

Treatment and rehabilitation of drug dependents came within the responsibility of the individual States. The Commonwealth was concerned with international aspects of the problem. Australia had ratified the Single Convention on Narcotic Drugs, 1961, in December 1967, and was a signatory to the Convention on Psychotropic Substances. Ratification of it depended on agreement between the States themselves and the Commonwealth and the matter was being examined. Australia was currently having consultations in regard to its contribution to the United Nations Fund for Drug Abuse Control.

The REGIONAL DIRECTOR informed the Committee that before coming to Guam, he had sent an enquiry to WHO Headquarters regarding the availability of funds from the United Nations Fund for Drug Abuse Control. Last year, a number of activities in drug dependence which he had requested to be financed from this fund could not be implemented due to the unavailability of funds from that source. WHO Headquarters had stated that if the Regional Committee should make a proposal, it would be submitted to the Fund, although there was no assurance that support would be forthcoming. It was unlikely that a study in depth of the activities suggested by the Representative of the United States of America could be completed in time to permit him to make a report to the next meeting of the Regional Committee or to make a recommendation on the follow-up required by WHO. If the Regional Committee was interested in implementing programmes in connexion with this important and urgent problem, it might also wish to contribute funds for utilization in the Region. This could be done as a contribution to the Voluntary Fund for Health Promotion and specifically

designated for implementation in the Region. Another way of supporting this activity was through the provision by Member countries of consultant services. Article 50 of the WHO Constitution read as follows: "The functions of the Regional Committee shall be: ... (f) to recommend additional regional appropriations by the Governments of the respective regions if the proportion of the central budget of the Organization allotted to that region is insufficient for the carrying-out of the regional functions; ...". The possibility of members of the Region contributing to the Voluntary Fund for Health Promotion for a specific activity in this region could, therefore, be considered.

Dr KING (United States of America) said that the intention of his remarks was that the Regional Director should prepare a project proposal and should try to obtain funds to implement it. The project itself, when undertaken, would ultimately result in the formulation of recommendations to WHO. It would also identify the situation within the Region. It was certainly appreciated that the study could not be done in one year and this had not been the intention of his proposal.

There being no further comments, the CHAIRMAN requested the Rapporteurs to draft an appropriate resolution. (For consideration of draft resolution, see the fifth meeting, section 2.2.)

5 HEALTH CONSEQUENCES OF SMOKING: Item 15 of the Agenda (Document WPR/RC23/8)

The REGIONAL DIRECTOR stated that document WPR/RC23/8 reported the action taken on resolution WPR/RC22.R9 which had been adopted by the Regional Committee at its last session. It also contained recommendations on the action which might be taken to control smoking.

Dato (Dr) ABDUL MAJID BIN ISMAIL (Malaysia) said that his delegation wished to congratulate the Regional Director on his report and that it supported the recommendations made therein. The Malaysian Government had now set up a Committee on Smoking and Health. This was composed of representatives of the Ministry of Health and the Malaysian Medical Association. Ways and means of combatting the hazards of smoking in the country were being studied. Among the anti-smoking measures which were to be submitted to legislation for approval were the prohibition of advertisements on smoking and on smoking in public places, the indication of tar and nicotine content and the inclusion of a warning on the danger of smoking on the cover of cigarette packets. In Kuala Lumpur, the ban on smoking in cinema and theatres had already been imposed by legislation at city level. It was hoped to extend this on a countrywide basis through further legislation. Informing schoolchildren and other target groups on the harmful effects of smoking through mass media would also soon be carried out.

Dr PRUOCH VANN (Khmer Republic) said that his Government had set up a Co-ordinating Committee which included the WHO Representative and representatives from the Ministry of Labour and Welfare, Ministry of Industry and Commerce, the medical and pharmaceutical schools and the Director of Health, Chemical and Toxicological Laboratory. The Committee had recommended a number of steps, such as making it compulsory for cigarette producers to print on the packets a statement that smoking may be dangerous and information on the average contents in tar and nicotine; arranging for samples of raw tobacco leaves and of each brand of cigarettes to be sent to the Health, Chemical and Toxicological Laboratory for determination of the tar and nicotine contents; entrusting the Ministry of Education with the task of informing young people, ensuring the active participation of the health education unit in the anti-smoking campaign following the recommendations of WHO; taking action in the hospitals by urging all the personnel to refrain from smoking, especially in the presence of the patients.

Dr TAYLOR (New Zealand) said that all the measures mentioned by the other countries were not yet being carried out in his country. Considerable interest was being shown in the problem by people other than those who worked in public health and preventive medicine, in particular voluntary organizations, the Medical Association of New Zealand and recently student bodies.

Dr CRIM (United States of America) stated that in the United States of America anti-smoking measures had been adopted, including the banning of cigarette commercials and the carrying of a warning on all cigarette packets sold and manufactured in the country. In American Samoa, Guam and the Trust Territory, educational programmes were under way to reduce or eliminate smoking and to educate the people on the hazards of smoking.

In American Samoa, 57% of the population was under 17 years of age and the educational emphasis on anti-smoking was aimed at this group. Films on the hazards of smoking were shown on television in schoolrooms. They were also shown in the evenings to reach all age groups. Posters and pamphlets and community discussions were also being utilized.

In Guam, attention was primarily focused on education and changes in social attitudes and values. Heavy taxation and limitation of imports might or might not be effective but would supply funds for an educational programme. Some success had been achieved last year through television spot announcements by the American Cancer Society. The Department of Public Health had established a "No Smoking" policy for patient areas in the health centres to demonstrate good health practice.

In the Trust Territory, a formal campaign was expected to be initiated in January 1973. The objectives would include inter alia efforts to deter the importation of tobacco and tobacco products. Among the methods to be utilized were the provision of posters, pamphlets, etc.; mass media; community support; discussions, talks, and lectures; banning of smoking in schools; legislative measures to impose higher taxes on tobacco; the elimination of ash trays from government buildings and no smoking in meetings and offices of government facilities; dissemination of information on the effects of smoking on health; the rights of non-smokers; prohibition of tobacco sales to minors; removal of all cigarette vending machines in government buildings.

Dr FRANKLANDS (Australia) stated that his country was acting very much in line with the recommendations made in the working paper. Among the anti-smoking measures that had been introduced or proposed to be introduced were: the broadcasting of warning messages in connexion with all advertisements dealing with smoking, to take effect on 1 January 1973; requiring a warning label on cigarette packages; the launching of a national education programme this September to cover both children and adults. Referring to recommendation 3.1(c) in document WPR/RC23/8 about not allowing smoking in public transport vehicles to protect the rights and the health of non-smokers, he did not think that smoke was injurious to the health of the non-smoking passengers although it might be considered a dust hazard. As regards recommendation 3.1(d) calling for a more intensive programme in schools to inform the school population of the risks of smoking, he felt that a programme of this nature directed particularly to young people, should be slanted towards a more positive attitude such as the attainment of good health rather than to the dangers of smoking.

The REGIONAL DIRECTOR said that some people claimed that they were allergic to smoking.

Dr DEVI (Singapore) supported recommendation 3.1(c) as there was a tendency for others to follow suit when somebody struck a match to light a cigarette. In Singapore, smoking was not allowed in public transport except in special areas. Dr Devi wondered whether a follow-up study should not be made to find out if the recommendations contained in the report were being followed and whether they had any effect on the smoking habits of the people.

Dr AZURIN (Philippines) informed the Committee that in his country the tobacco industry was subsidized by the Government. An effective way of stopping the problem would be to recommend the abolition of the subsidy and to train the farmers in the tobacco region to plant substitute crops. The health education method was

only a partial measure and did not really stop the habit. He thought that the Committee should start thinking about the sources of the habit.

The REGIONAL DIRECTOR stated that the point raised by the Representative of the Philippines, had been discussed by the World Health Assembly and the Director-General had been requested to confer with the Food and Agriculture Organization with a view to the use of substitute crops for tobacco. The reason governments were slow in taking action to reduce smoking was because of the big revenues collected by them from the cigarette tax.

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

6 WHO FELLOWSHIP PROGRAMME: Item 16 of the Agenda (Document WPR/RC23/9)

The REGIONAL DIRECTOR said that a registry of training courses available for health personnel in the Western Pacific Region had been prepared in accordance with resolution WPR/RC22.R11, adopted by the Committee at its twenty-second session. Comments and suggestions had been received from a large number of Member governments and a revised registry was under preparation. Representatives might have some further remarks concerning the registry. If not, all that was required by the Committee was to note the action taken.

Dr CUMMING (Australia) congratulated the Regional Director on the draft registry. The final registry would be of considerable interest and value to Member governments in the Region. However, he felt that the actual arrangement of training programmes and, in particular, the choice of the actual institution where training would take place must remain the responsibility of WHO in close consultation with the appropriate authorities within the country providing the training, since only the latter could be fully aware of which training institutions were most appropriate at any specific time. He wished to see a statement of this nature in the introduction of the registry of training courses. The registry should be used as a guide to the fields of training available in the Region and listing of any particular institution would not automatically imply that a place would be available.

Dr PRUOCH VANN (Khmer Republic) spoke of the difficulties which arose from the fact that fellowships requested from WHO had to be included in the budget estimates two years in advance and that the applications had to be forwarded at the beginning of the year pre-

ceding the fellows' departure. He asked how it was possible, in such circumstances, to select in time candidates for the fellowships included in the List of Additional Projects. Further, because of savings becoming available, WHO had decided to transfer to the 1972 budget two fellowships for which there was provision in the 1973 regular budget. He wondered why WHO did not use its 1972 savings to finance the fellowships that were given priority in the 1972 List of Additional Projects.

The REGIONAL DIRECTOR said that in view of the shortage of health manpower in the Region he was anxious to ensure that every fellowship requested by governments was implemented. To avoid delays when funds became available for the implementation of fellowships in the List of Additional Projects, governments had been requested to submit fellowship application forms now rather than wait until notification was received to this effect from WHO. However, the resolution adopted by the World Health Assembly (WHA24.42) concerning the appropriation sections allowed very limited flexibility in transfers from one field to another and it might not always be possible to meet the request. Governments should clearly indicate their priorities when submitting fellowship application forms for fellowships in the List of Additional Projects.

There being no further comments, the CHAIRMAN asked the Rapporteurs to prepare an appropriate draft resolution. (For consideration of draft resolution, see the fifth meeting, section 2.4.)

7 LONG-TERM PLANNING IN THE FIELD OF HEALTH, INCLUDING LONG-TERM FINANCIAL INDICATORS: Item 17 of the Agenda (Document WPR/RC23/10)

The REGIONAL DIRECTOR said that a progress report on the action taken on the resolution adopted by the Committee at its last session, was contained in document WPR/RC23/10. The Committee would note that the number of responses to the survey forms received from 27 countries and territories in the Region did not provide an adequate basis for regional programme trends. The information obtained could be considered as reasonably complete from only five of the 27 countries and territories. From these returns it was evident that the health plans of most of the countries, where such existed, were in their early stages of development. WHO was ready to provide assistance to governments in the development of their national health plans through various means such as advisory services in country and inter-country projects. There had been regional courses in planning since 1968 and beginning in 1973 assistance in in-country training could be extended upon request. A field manual on planning had been developed for the use of national staff. Of particular importance was the regional conference

on health planning to be convened in November 1972 which would enable representatives of Member countries to assess the problems of planning in the Region and to formulate recommendations for future action by governments. The Representatives would also note that a course in planning, administration and management of health services was being organized at the University of the Philippines, Institute of Public Health, through WHO Headquarters sponsorship, in order to define and explore means of improving the implementation of national health plans.

Dr FRANKLANDS (Australia) said that one of the reasons for non-completion of the survey forms was the lack of definition of long-term financial indicators. In Australia, the indicators which had been utilized were trends in population growth, trends in mortality, morbidity and in national health resources and their utilization. A more formal approach to the planning of health services would require other trends such as GNP, per capita income, hospital beds per population ratio, physician to population ratio, rates of population increase and the rate of increase in costs of medical care and drugs, etc. In order to have a clearer indication of what was meant by long-term financial indicators, he felt that the Director-General might be requested through the Regional Director to provide a definition for the guidance of Member countries.

Dr KING (United States of America) said that his delegation had noted with pleasure what the Regional Director was doing in the area of health planning and of his realization of the potential to do more in this field. He hoped that Member countries in the Region would take advantage of the expertise of WHO in this matter. The need for further emphasis in this field was evidenced by the fact that at least five countries did not contemplate long-range health planning. Nevertheless, it was encouraging to note that substantial progress had been made despite the poor initial returns.

There being no further comments, the CHAIRMAN asked the Rapporteurs to prepare an appropriate draft resolution. (For consideration of draft resolution, see the fifth meeting, section 2.5.)

The meeting rose at 12 noon.