

SUMMARY RECORD OF THE SIXTH MEETING

Grand Hyatt Hotel, Hong Kong
Thursday, 10 September 1992 at 8.30 a.m.

CHAIRMAN: Dr Lee Shiu-hung (Hong Kong)

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1. CONSIDERATION OF DRAFT RESOLUTIONS

1.1 AIDS including sexually transmitted diseases (Document WPR/RC43/Conf. Paper No. 3)

Dr METTERS (United Kingdom of Great Britain and Northern Ireland) said he supported the draft resolution, but proposed that where it was clear that both HIV infection and AIDS were being referred to, the terms should be used consistently.

Dr TAPA (Tonga) agreed with Dr Metters, and suggested that as the subject was so important the draft resolution should be resubmitted before adoption.

It was so agreed.

1.2 Eradication of poliomyelitis in the Region (Document WPR/RC43/Conf. Paper No. 4)

Dr Sung Woo LEE (Republic of Korea) proposed the substitution of "cases reported" for "cases occurring" in the second preambular paragraph.

It was so agreed.

Mr BUIILLARD (France) proposed the substitution of "recensement" for "rattissage" in the French text of the fourth preambular paragraph, where the English had "mopping-up operations".

Secondly, as it was advisable to keep all avenues for supply of safe and effective vaccines open, he proposed the substitution of "poliovirus vaccine, in particular oral vaccine," for "oral poliovirus vaccine" in operative paragraph 3(3).

Dr MESUBED (United States of America) proposed the substitution of "serious situation of vaccine shortage" for "situation" in operative paragraph 5(3).

The REGIONAL DIRECTOR, referring to the first proposal by the representative of France, said that he understood that the accepted French expression was "opérations visant à retrouver les personnes dont la vaccination est incomplète" and asked whether French speakers would agree to its substitution for "rattissage".

It was so agreed.

The REGIONAL DIRECTOR said that technical programme staff had confirmed that the second French proposal was an improvement.

The proposals by the representatives of the Republic of Korea and the United States of America were also improvements on the original text.

The resolution, as thus amended, was adopted.

1.3 Report of the Sub-Committee of the Regional Committee on Programmes and Technical Cooperation: Country visits (Document WPR/RC43/Conf. Paper No. 5)

Dr TAPA (Tonga) proposed that the word "compassionate" be added before the word "caring" in operative paragraph 3(1).

Dr METTERS (United Kingdom of Great Britain and Northern Ireland) suggested that in operative paragraph 2(2) the words "on nursing" should be replaced by the words "relevant to nursing" since not all the information that nurses needed was in fact on nursing.

Decision: The draft resolution, as thus amended, was adopted (see resolution WPR/RC43.R4).

1.4 Membership of the Sub-Committee of the Regional Committee on Programmes and Technical Cooperation (Document WPR/RC43/Conf. Paper No. 6)

Decision: The draft resolution was adopted (see resolution WPR/RC43.R5)

1.5 Implementation of the Regional Action Plan on Tobacco or Health for 1990-1994 (Document WPR/RC43/Conf. Paper No. 7)

Decision: The draft resolution was adopted (see resolution WPR/RC43.R6).

1.6 Quality assurance in health services (Document WPR/RC43/Conf. Paper No. 8)

Dr TAPA (Tonga) suggested that the third preambular paragraph be amended to clarify the meaning.

During the discussion, several speakers had emphasized the importance of quality assurance in health services and some had noted that, as indicated in document WPR/RC43/10, at the meeting of the WHO Executive Board in January 1992 the Director-General had stressed the need for such assurance. He therefore proposed the addition of a new subparagraph to operative paragraph 2 of the draft resolution to read, "(5) to report to the Regional Committee in 1994 on the progress of quality assurance in health services in the Western Pacific." The Committee might prefer the report to be made in 1995, in which case his proposal could be amended accordingly.

Dr ABU BAKAR (Malaysia), Rapporteur, in response to the first proposal made by the representative of Tonga, suggested that the word "them" in the third preambular paragraph should be replaced by the words "such services".

The REGIONAL DIRECTOR said that the Secretariat would be ready to report on the matter in 1994.

Decision: The draft resolution, as thus amended, was adopted (see resolution WPR/RC43.R7).

2. PUBLIC HEALTH TRAINING IN THE WESTERN PACIFIC REGION: Item 15 of the Agenda (Documents WPR/RC43/11 and WPR/RC43/INF.DOC./2)

Dr ADAMS (Australia) introduced the document on this item prepared by his Government (document WPR/RC43/11) and a second paper outlining Australia's experience (document WPR/RC43/INF.DOC./2)

Before 1985, only two or three universities in Australia had offered postgraduate training in public health. Since then, following a consultant's review, the number of centres offering MPH or equivalent training had grown to more than a dozen.

The programme had proved successful in expanding the number of trained health workers and improving health service delivery. Some centres had received students from other countries of the Region, and some had twinning arrangements with universities in those countries. Good use had been made of fellowships for overseas students. At the same time, Australian students needed public health training abroad, and it would be pointless to duplicate programmes of good quality available in other countries. Joint arrangements might be possible whereby students would take some units in Australia and some elsewhere, to build up enough credits to gain an MPH degree or diploma from their home universities and collaboration in public health research might also be possible.

The annex to the information document summarized some of the courses offered in Australia. He suggested that over the coming year interested countries might provide the Secretariat with information on the courses available so that the Committee would have a better picture of what public health programmes were offered throughout the Region. It could then discuss proposals for exchanges of staff and students at its next session.

Dr SILVA (Portugal) expressed her appreciation to Australia for placing the item on the agenda, since human resources were a crucial factor in achieving health for all in Macao.

To enhance continuing health services after Portugal's withdrawal in 1999, the Department of Health had launched many training programmes. In addition to nursing and medical training, a health services management programme was to be started early in 1993. The present programme included an 18-month rotating internship scheme for 35 new medical graduates from Yinan Medical School, China, and training in 10 different medical specialties for 40 trainees. As specialty training required experience not available in Macao, supplementary training was being provided in Portugal. The expense was high, and she hoped to make cost-effectiveness arrangements with institutions in the Region, with WHO's collaboration. Her country attached great importance to WHO's support for human resources management, and it endorsed the Australian proposal that the Regional Office should act as coordinating centre.

Dr HAN Tieru (China) agreed with Australia's proposal on public health training in the Region, its evaluation of the current situation and the future plan of action, and believed that WHO should play a major coordinating role in public health education and the exchange of information.

Public health education in China had developed markedly in the past decade; 36 medical colleges had established Primary Health Care courses with a 1991 enrolment of some 2659 out of 12 221 students. A further 65 medical schools at intermediate level had such courses, with an enrolment of 3160. The Government was strengthening training and research in public health in order to prevent and control both infectious and noncommunicable diseases.

WHO had given China valuable support in public health education and research. Advanced training was needed in most developing countries of the Region. He hoped that the Organization would develop a carefully worked out programme to give maximum help to Member States.

Mr NAIVALU (Fiji) thanked WHO for its continuing support to Fiji for public health training, and other international and regional agencies for their cooperation. He also thanked the Australian Government for its constant support.

With support from the South Pacific Commission, it was now intended to revive the diploma in health management course begun at the University of the South Pacific in Suva in 1983 but discontinued in 1987 because of funding difficulties. Further sponsorship would be welcome. The Fiji School of Medicine planned a postgraduate course in 1994; sponsorship was needed to run short courses in the meantime.

Mr BUILLARD (France) recalled that French-speaking consultants would be useful in countries that used French and shared a common scientific and medical background. Moreover, participants from the French-speaking countries should be regularly invited to workshops and similar events.

Dr KWA (Singapore) agreed that the Regional Office could act as coordinating centre for the exchange of information on postgraduate training in the Region. He supported the plan of action proposed in document WPR/RC43/11, which could be extended to include all training at WHO collaborating centres. However, candidatures should be routed through the Government and WHO and be sent in good time so that students could be correctly placed.

Mrs LINI (Vanuatu) said that her country had benefited from Australian training institutions and would take up Australia's offer of cooperation in determining regional and national public health training. She welcomed the new proposals, which she understood would extend the opportunities already opened to Vanuatu in Fiji, French Polynesia and Papua New Guinea.

Dr INTAN (Brunei Darussalam) welcomed the Australian documents and the proposals in them. Shortage of trained staff was a serious constraint for the development of the health system in her country. Human resources were limited, and the health sector had to compete with other public and private sectors. Except for nurses and some paramedical staff, the health workforce and technical staff had to be trained or recruited overseas. Doctors were trained mostly in the United Kingdom and public health inspectors in Australia. Short courses were offered in neighbouring countries and Japan. Her country was unable to take up some offers of public health training because of the lack of suitable candidates or difficulties in releasing staff. Strengthening of institutional links in the Region, developing networks to enhance training opportunities, and removing unnecessary barriers based on qualifications for training could be beneficial to all.

The proposal for the Regional Office to coordinate the exchange of information was timely, and she supported the Australian plan of action.

Mr TOUM (Kiribati) endorsed the proposals on public health training in the Region and welcomed the coordination of information by WHO. Perhaps a forum could be organized under WHO auspices to review Member States' needs and the facilities available. He would support a draft resolution along the lines indicated in the plan of action on page 3 of document WPR/RC43/11.

Dr TAPA (Tonga) thanked the Australian representative for presenting the reports. Building up a strong public health workforce could contribute substantially to the achievement of health for all. His country had benefited from WHO and Australian funding for postgraduate training in a number of fields in public health.

He supported the three points enumerated on page 3 of document WPR/RC43/11, provided the Regional Director confirmed that coordination by WHO was feasible. The Committee could consider the issue again at its next session as proposed.

Dr TANI (Japan) expressed his delegation's appreciation of and support for the timely and important proposal made by the representative of Australia. Japan had had long experience in public health training, under the auspices of the Institute of Public Health supervised by the Ministry of Health and Welfare. Public health training had brought rapid improvement in public health in the country because of its close relation to research based on field activities. The Government hoped that the matter would continue to be discussed, and in more detail. The Asia Pacific Academic Consortium of Public Health, currently situated at Mahidol University, included public health schools of 15 countries, of which Australia, China, Japan, the Philippines, the Republic of Korea, Singapore and Viet Nam were members. The activity was supported by WHO and UNICEF. He requested the Secretariat to clarify the role of the consortium and WHO, particularly in the Western Pacific Region, in the light of discussions on public health training.

Dr SIALIS (Papua New Guinea) thanked the representative of Australia for the document he had presented. He supported the proposals, especially the one on twinning arrangements. The Government of Papua New Guinea recognized the importance of public health training, and provided a basic course in medicine and courses for health extension officers, health inspectors, nurses and community health workers. Postgraduate courses were also offered, such as a master's degree in public health, a diploma in community medicine, a diploma in health education and a new diploma course in nursing administration which would start in 1993 with support from USAID, to improve the managerial skills and capability of nurses who worked mainly in the field.

Mr MILLER (New Zealand), in support of the proposal, thanked the representative of Australia for taking the initiative in raising the matter for discussion. The continued development of a pool of skilled health workers was a challenge faced by the Region in a climate of widespread economic constraints. Any move enabling the collective achievement of the maximum benefit from investments made in teaching institutions in the Region would be useful to all Member States.

Dr KINGSADA (Lao People's Democratic Republic) expressed his delegation's gratitude to WHO and the Governments of Australia, France, Japan and other countries for helping the Lao People's Democratic Republic. His delegation strongly supported the Australian proposal and agreed with the proposals made by the representatives of France and Kiribati concerning training strategies. The proposal was an excellent initiative that would help his country overcome problems in training specialists in public health financing, management, nursing care, and other fields, and would strengthen and intensify cooperation with Member States and WHO.

Dr VAIMILI (Samoa) joined other speakers in expressing appreciation of the proposal made by the representative of Australia and stressed the importance of the bonding system. He supported the suggestion of the representative of Japan to discuss public health training in more detail.

He expressed his sincere gratitude to the Regional Director and the Secretariat for their excellent preparations for the session, and to the representatives for conducting the discussions in a spirit of participation, friendship and goodwill. The fine hospitality extended to all Member States by the Government of Hong Kong was overwhelming, and deeply appreciated. He wished to register his country's support of the leadership of the Regional Director and the Director-General. He hoped that the seeds of friendship that had been sown would grow for the benefit of future generations. Regardless of how large or small a Member State was, the bigger, more developed nations always seemed willing to lend it a helping hand.

The CHAIRMAN thanked the representative of Samoa for his kind remarks and words of encouragement.

Dr MILAN (Philippines) welcomed the proposal made by the representative of Australia for the Regional Office to coordinate the exchange of information relating to public health training, teaching units and research projects in the Region. Her delegation supported the proposal and the subsequent plan of action. There were great training opportunities in the area of public health for both health and paramedical personnel in the Region, and her country had availed itself of both degree and short-term training courses offered by other Member States in the Region. WHO could take the lead in setting up the mechanisms needed for such a collaborative effort, not only in terms of exchange of information on training, but also in providing guidance and support in the actual implementation of the activity.

Dr LEE Cheow Pheng (Malaysia) welcomed and supported the proposal of the representative of Australia, which was timely in view of the shortage of trained health personnel in the Region. The pooling of such training resources would be of great benefit to all in the Region.

Dr BA (Viet Nam) thanked the representative of Australia for the proposal. For some years, her country had attached the utmost importance to public health training. A special division devoted to training had been set up in the medical school in Hanoi. In December 1991 the public health school in Hanoi had signed an agreement with the University of Hawaii School of Public Health. A meeting of the deans of public health schools would soon be held in Hanoi.

Dr Sung Woo LEE (Republic of Korea) joined previous speakers in supporting the proposal of the representative of Australia. He thanked Australia for training Korean public health personnel. He wished to raise the question of whether a budgetary provision was needed for the implementation of the proposal of making WHO the coordinator of a public health training network in the Region.

Dr CHAN Wai-Man (Hong Kong) expressed appreciation and support for the proposal. Apart from postgraduate training for doctors in academic institutions, there was a need for public health training of other grades of staff. Hong Kong had been training paramedical staff, particularly health nurses and health inspectors, for many years. Those courses were run by the Government and useful duties were being carried out in the fields of nursing, environmental health and health legislation.

The REGIONAL DIRECTOR thanked the representative of Australia for bringing the important issue before the Regional Committee, and all the Members who had spoken to reaffirm the importance of human resources development.

In earlier years, there had been an Association of Deans of Schools of Public Health with global and regional membership. It had met annually, rotating its meetings from

region to region. Subsequently, another regional organization had been started, which had been referred to by the representative of Japan, the Asia Pacific Consortium of Public Health Training. Its presidency rotated and was currently located at Mahidol University in Thailand. The driving force behind the Consortium was the former dean of the University of Hawaii School of Public Health, Dr Jerrold Michael. Although he had stepped down as dean he continued to work in the Consortium.

At its thirty-second session in 1981, the Regional Committee had adopted a resolution encouraging all Member States to make use of the training institutions available within the Region. One of the ways that that mandate had been implemented was the publication of the Registry of Training Institutions Available in the Western Pacific Region, which was updated from time to time as necessary. The registry's latest version was the Ninth Edition published in June 1991. It listed institutions in alphabetical order. In light of the discussions, he suggested that the registry should be expanded to include public health training and to add a new section listing the institutions according to subject or field of discipline. It would be helpful to know which Member States already had the Registry and those that would be interested in obtaining it. It would be important to assess the usefulness of the registry.

Regarding the question raised by the representatives of Tonga and the Republic of Korea of whether the Regional Office had the capacity to undertake the activity he confirmed that it had, and the Regional Director's Development Programme could be used to provide the resources needed. The outcome would be reported to the Regional Committee at its forty-fourth session in 1993. Whatever limited data could be collected within that year would be contained in the report. Even if the task was not complete, it would serve as a stimulus for WHO to meet the expectations of Member States.

In the absence of further comments on the agenda item, the CHAIRMAN requested the Rapporteurs to draft an appropriate resolution.

3. **SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: MEMBERSHIP OF THE POLICY AND COORDINATION COMMITTEE: Item 16 of the Agenda**
(Document WPR/RC43/12)

The REGIONAL DIRECTOR, introducing the item, said that the Policy and Coordination Committee (PCC) was the governing body of the Special Programme of Research, Development and Research Training in Human Reproduction. It was composed of four categories of members from the various Member States with a total of 32 members. One of the categories, category (2), had 14 members, three of which were allocated to the Western Pacific Region. Those members were to be elected by the Regional Committee according to population distribution and regional needs for three-year terms. In electing members, due consideration should be given to a country's financial or technical support for the Special Programme, and its interest in that field, as reflected by national policies and programmes.

At present the three category 2 members were Papua New Guinea, Singapore and Viet Nam. The period of tenure of the member from Singapore was due to expire on 31 December 1992.

In order to maintain the full representation of the Western Pacific Region on the Policy and Coordination Committee, the Regional Committee should elect one Member

State to nominate a member whose three-year term would start on 1 January 1993. China and Fiji had both expressed interest in becoming a member.

The next meeting of the Policy and Coordination Committee would be held from 23 to 25 June 1993.

Dr GOH (Singapore) paid tribute to the major contribution made by the Special Programme to institutional strengthening in the Region. The WHO Collaborating Centre in Singapore had benefited greatly from the activities of the Special Programme. Since its inception the Singapore Centre had provided training for 269 fellows, including 57 from the Western Pacific Region.

Dr HAN Tieru (China) and Mr VAIMILI (Samoa) proposed the election of Fiji.

Mr SMITH (Fiji) accepted the nomination on behalf of his Government.

There being no further comments, the CHAIRMAN said he took it that the Committee agreed to elect Fiji to nominate a member to serve on the Policy and Coordination Committee for a three-year term starting on 1 January 1993. He requested the Rapporteurs to prepare a draft resolution.

4. SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES: MEMBERSHIP OF THE JOINT COORDINATING BOARD:
Item 17 of the Agenda (Document WPR/RC43/13)

The REGIONAL DIRECTOR said that paragraph 2.2.2 of the Memorandum of Understanding on the Administrative and Technical Structures of the Special Programme for Research and Training in Tropical Diseases provided for the selection by the WHO regional committees of two Member States from among those directly affected by the diseases dealt with by the Special Programme, or from among those providing technical or scientific support to the Special Programme.

The two Member States of the Western Pacific Region thus selected were the Philippines and Solomon Islands. Since the three-year period of tenure for Solomon Islands would expire on 31 December 1992, the Committee would need to appoint a Member State to represent the Region from 1 January 1993. It might wish to consider Malaysia as a replacement for Solomon Islands.

The exact dates and place of the 1993 meeting of the Joint Coordinating Board would be conveyed to Member States in due course.

The CHAIRMAN said that, since there were no comments, he took it that the Committee agreed to select Malaysia to represent the Region on the Joint Coordinating Board for a three-year term from 1 January 1993. He requested the Rapporteurs to prepare a draft resolution.

5. CORRELATION OF THE WORK OF THE WORLD HEALTH ASSEMBLY, THE EXECUTIVE BOARD AND THE REGIONAL COMMITTEE:
Item 18 of the Agenda

5.1 Consideration of resolutions of the Forty-fifth World Health Assembly and the Executive Board at its eighty-ninth and ninetieth sessions: Item 18.1 of the Agenda (Document WPR/RC43/14)

The REGIONAL DIRECTOR said that document WPR/RC43/14 referred to resolutions adopted by the Forty-fifth World Health Assembly which were of significance to the Western Pacific Region. It commented on their implications, and provided some information on relevant activities in the Region. The resolutions themselves were attached to the document. Other resolutions adopted by the Health Assembly that needed to be brought to the attention of the Committee were related to other items on the agenda and were included in the documentation on those items.

5.1.1 Resolution WHA45.4 - Implementation of the Global Strategy for Health for All by the Year 2000, second evaluation; and Eighth Report on the World Health Situation

Mr TOUM (Kiribati), referring to operative paragraph 4(1), said his Government had prepared a four-year health plan for 1992-1995, which took the essential recommendations of the resolution into account. A copy was available for the information of representatives.

5.1.2 Resolution WHA45.10 - Disability prevention and rehabilitation

5.1.3 Resolution WHA45.18 - Collaboration within the United Nations system: General matters

5.1.4 Resolution WHA45.22 - Child health and development: health of the newborn

There were no comments.

5.1.5 Resolution WHA45.24 - Collaboration within the United Nations system: General matters - Health and development

The REGIONAL DIRECTOR said that some countries were still having great difficulty in reaching the health status called for by the strategy for health for all. Others had achieved acceptable national levels but still had population groups whose health status fell far below the average. Those problem areas called for new approaches, especially to financing and to socioeconomic development.

5.1.6 Resolution WHA45.25 - Collaboration within the United Nations system:
General matters - Women, health and development

Dr GEORGE-GUITON (France), referring to operative paragraph 3(1), which requested the Director-General to establish a Global Commission on Women's Health, said France intended to nominate a woman from French Polynesia to serve on that Commission.

5.1.7 Resolution WHA45.27 - WHO Action Programme on Essential Drugs

Mr MIYAKE (Japan) said his Government recognized the importance for developing countries of access to safe and effective drugs and expressed appreciation of the efforts made by the Regional Office in that field, particularly its leadership role in ASEAN pharmaceutical programme. He urged the Regional Director to continue to give priority to such activities and assured the Committee that Japan would continue its technical and financial support for WHO's activities on Essential Drugs in the Region.

In reply to a question from Dr LEE (Republic of Korea), Dr PINEDA (Philippines) assured the Committee that her country's national drug policy was still receiving priority under the new Secretary of Health. Despite resistance from some quarters, her Government would continue to implement its policy on essential drugs.

5.1.8 Resolution WHA45.28 - Harmonizing drug regulations

There were no comments.

5.1.9 Resolution WHA45.29 - Proposed guidelines on the WHO certification scheme
on the quality of pharmaceutical products moving in international commerce

Mr MIYAKE (Japan) assured the Committee that his Government would implement the proposed guidelines and, in compliance with operative paragraph 2, would start issuing certificates within five years.

Dr METTERS (United Kingdom of Great Britain and Northern Ireland) stressed the increasingly urgent need to implement operative paragraph 2 in view of counterfeiting and other problems.

5.1.10 Resolution WHA45.30 - WHO ethical criteria for medicinal drug promotion

5.1.11 Resolution WHA45.31 - Health and environment

5.1.12 Resolution WHA45.32 - International Programme on Chemical Safety

There were no comments.

5.1.13 Resolution WHA45.33 - National strategies for overcoming micronutrient malnutrition

The REGIONAL DIRECTOR, referring to operative paragraph 1, said that efforts to overcome malnutrition were currently being focused on three micronutrients: iodine, iron and vitamin A. All relevant international agencies, including WHO and the International Council on Control of Iodine Deficiency Disorders (ICCIDD), were aiming to eliminate iodine deficiency disorders as a public health problem by the year 2000 (resolution WHA43.2). That was of direct relevance to at least seven countries in the Region.

5.1.14 Resolution WHA45.34 - Infant and young child nutrition (Progress and evaluation report; and status of implementation of the International Code of Marketing of Breast-milk Substitutes)

There were no comments.

5.2 Consideration of the agenda of the ninety-first session of the Executive Board: Item 18.2 of the Agenda (Document WPR/RC43/15)

The REGIONAL DIRECTOR said that document WPR/RC43/15 showed the relation between the Committee's current agenda and items to be discussed at the forthcoming sessions of the Executive Board and at the Forty-sixth World Health Assembly. The full draft provisional agendas were shown in Annexes 2 and 3.

There were no comments.

The meeting rose at 11.25 a.m.