

SUMMARY RECORD OF THE SIXTH MEETING

Queen Margaret College, Wellington  
Friday, 31 August 1973 at 9.00 a.m.

CHAIRMAN: Dr D. Singh (Fiji)

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Sixth MeetingFriday, 31 August 1973 at 9.00 a.m.

## PRESENT

I. Representatives of Member States

|                |  |
|----------------|--|
| AUSTRALIA      | Dr H.M. Franklands<br>Dr R.W. Cumming<br>Mr R.J. Tyson   |
| CHINA          | Dr Chen Hai-feng<br>Mr Chou Shan-yen<br>Professor Shih Chen-hsin<br>Dr Chang Kuang-hua<br>Mr Tsao Yung-lin |
| FIJI           | Dr D. Singh  |
| FRANCE         | Dr J. Laigret  |
| JAPAN          | Dr Teruhiko Saburi<br>Dr Rintaro Okamoto   |
| KHMER REPUBLIC | Professeur Agrégé Sok Heangsun<br>Dr Kadeva Han<br>Dr My Samedy  |
| LAOS           | Dr Phouy Phouthasak<br>Dr Tiao Jaisvasd Visouthiphong  |
| MALAYSIA       | Tan Sri Datuk (Dr) Abdul<br>Majid bin Ismail<br>Dr S.K. Mukherjee<br>Mr Onn bin Kayat                      |
| NEW ZEALAND    | Dr H.J.H. Hiddlestone<br>Dr G. Blake-Palmer<br>Dr R. Dickie<br>Professor C.W. Dixon                        |
| PHILIPPINES    | Dr A.N. Acosta   |

|                          |   |
|--------------------------|---|
| PORTUGAL                 | Dr J.B. Duarte Pinheira<br>Dr L. Amarchande                         |
| REPUBLIC OF KOREA        | Dr Sung Hee Rhee<br>Dr Sung Kyu Ahn<br>Dr Kyong Shik Chang          |
| REPUBLIC OF VIET-NAM     | Dr Truong-Minh-Cac<br>Dr Pham-Van<br>Dr Nhan-Trung-Son              |
| SINGAPORE                | Dr Ho Guan Lim  |
| UNITED KINGDOM           | Dr J.L. Kilgour<br>Dr G. Choa                                       |
| UNITED STATES OF AMERICA | Dr J.C. King<br>Mr F.S. Cruz<br>Dr M. Kumangai<br>Dr J. Nunn        |
| WESTERN SAMOA            | Honourable Seiuli Taulafo<br>Dr J.C. Thieme<br>Mr Faapoituulao Atoa |

II. Representative of Associate Member

|                  |                |
|------------------|----------------|
| PAPUA NEW GUINEA | Dr M. Wainetti |
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III. Representatives of the United Nations and Related Organizations

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| UNITED NATIONS AND UNITED<br>NATIONS DEVELOPMENT PROGRAMME | Mr W. Hussey |
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|                                |               |
|--------------------------------|---------------|
| UNITED NATIONS CHILDREN'S FUND | Mr A.H. Aslam |
|--------------------------------|---------------|

IV. Representatives of Other Intergovernmental Organizations

|                          |                      |
|--------------------------|----------------------|
| SOUTH PACIFIC COMMISSION | Dr Anne-Laure Bourre |
|--------------------------|----------------------|

V. Representatives of Non-Governmental Organizations

|  |              |
|--|--------------|
| INTERNATIONAL COUNCIL ON<br>ALCOHOL AND ADDICTIONS | Mr P.J. Reid |
|--|--------------|

|                                    |                            |
|------------------------------------|----------------------------|
| INTERNATIONAL DENTAL<br>FEDERATION | Brigadier J. Ferris Fuller |
|------------------------------------|----------------------------|

INTERNATIONAL COMMITTEE OF  
CATHOLIC NURSES

Miss P. Dudderidge

INTERNATIONAL COUNCIL OF  
NURSES

Miss T. Burton

INTERNATIONAL PLANNED  
PARENTHOOD FEDERATION

Dr R. Black

INTERNATIONAL FEDERATION OF  
PHARMACEUTICAL MANUFACTURERS  
ASSOCIATIONS

Mr P.D. Coyne

INTERNATIONAL SOCIETY OF  
RADIOLOGY

Dr G.D.T. Harper

WORLD VETERINARY ASSOCIATION

Mr R.C. Watson

VI. WHO Secretariat

SECRETARY

Dr Francisco J. Dy

At this meeting Dr SINGH (Fiji), Vice-Chairman, took the Chair.

1 STATEMENTS OF REPRESENTATIVES OF THE UNITED NATIONS, THE SPECIALIZED AGENCIES, OF INTERGOVERNMENTAL AND NON-GOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH WHO: Item 18 of the Agenda

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

1.1 Representative of the United Nations and United Nations Development Programme

Mr HUSSEY associated himself with the good wishes of the Representatives to the new Director-General of WHO and said that he was very grateful for the opportunity of representing the United Nations and its Development Programme at this session, which marked the milestone of WHO's twenty-fifth anniversary of service to the world community of nations. He expressed the interest and support of the United Nations Development Programme in national and regional health projects and, in the context of social and economic development, in assisting governments maintain competent, energetic and productive societies. Particular endorsement was given by the Bureau for Asia and the Far East to UNDP cooperation in the comprehensive and coordinated teacher training programme for health personnel. Another UNDP-supported project in the Western Pacific Region was in hospital design and management, for which one-year preparatory assistance had been approved last January, with the specific aim of preparing detailed project proposals for more sustained UNDP support.

Mr Hussey said that his observations during his assignments as field officer in Latin America, South-East Asia, Africa and now the Pacific Islands had shown how the targets identified by WHO in partnership with governments, both donors and recipients, had been realistic and how the resulting action programmes had been effective. These were living evidence of the successful use made of WHO during its first quarter century. Some still argued that the agreed targets had not been met but, in the context of available resources and the realities confronting governments and the United Nations development system, it had been possible, despite uncertain groping, to formulate, coordinate and operate a development system from slim resources and achieve the near maximum effectiveness possible under the prevailing difficulties.

Referring to the statement made by the Director-General of WHO at a recent television interview that there would be a holocaust in some parts of the world if development activities were continued in the way they were today, Mr Hussey said that no matter how much

assistance was provided by the more developed part of the world, it would be incomplete development if the governments being assisted did not fulfill all their responsibilities to each project. It was a constant problem that, once a government had identified its targets and developed a project to support these targets, the terms of reference were often only partially realized. This was one of the continuing weaknesses of development in the world today, which, if not improved, would certainly contribute a great deal to the possible holocaust described.

The introduction two years ago of country programming in the United Nations capacity for technical assistance was not a sign for relaxation by anyone. In fact, for country programming, the realization of its potential required greater commitment by three groups: by the donor governments' increasing resources annually at a rate determined by current world circumstances, by the recipient governments' carrying out their responsibilities more completely after requesting technical assistance, particularly the assignment of counterpart personnel and services, and by the completely coordinated effort of the United Nations and its allied Agencies to promote economic growth and social change.

#### 1.2 Representative of the United Nations Childrens Fund

Mr ASLAM extended the cordial greetings and wishes of the Executive Director of UNICEF, Mr Labouisse, and the Regional Director of UNICEF in East Asia and Pakistan, Mr Darwish. He said that WHO could be justly proud of its twenty-five years, which UNICEF regarded as a quarter-century of effective collaboration and fruitful cooperation. Health, as a vehicle for maternal and child welfare, was of primary concern to UNICEF. Over the years, fairly impressive achievements had been made, in which WHO, UNICEF and the governments they jointly assisted had had a hand. WHO provided UNICEF and the governments concerned the much needed technical advice and expertise, and UNICEF used its limited resources, with WHO's guidance, to bring to the developing regions the necessary tools and materials. UNICEF's interest extended beyond the field of health and was not confined to any one sector; it was the only agency in the United Nations system concerned with the total needs of children and the youth, which included but were not limited to health, nutrition, education, vocational preparation, social services and family welfare.

Mr Aslam then briefly described the trends in UNICEF's policy and programme approaches and said that a major objective of UNICEF's cooperation with governments was to strengthen their capacities to sustain and expand the effort for change and development and to harness the resources of local communities. In 1961 the UNICEF Executive Board had endorsed the so-called country approach and steps had been initiated to bring into sharper focus the needs of

children and the youth in national development planning. Efforts were being made to adapt the form of assistance to countries relatively well advanced where pilot or experimental projects were addressed to key children's problems and required a comparatively small investment of UNICEF resources. The bulk of aid continued to go to the middle range of developing countries where efforts were being made to reorient assistance to the more neglected regions and populations within the countries.

One major programme study for which WHO had accepted responsibility, with UNICEF participation, concerned alternative approaches for the delivery of simple health services to the masses of children and their families who had no access to the formally established health services. UNICEF's major investment continued to be in basic health services in which maternal and child health was the main element. UNICEF was currently helping strengthen and expand health services in over 90 countries. At its last session, the UNICEF Executive Board had approved commitments for health totalling \$23.4 million, or 41% of all programme aid. In 1973, UNICEF equipment and supplies were being provided to some 13 900 rural health centres and sub-centres and 1500 urban MCH centres, district and referral hospitals and maternity homes; some 17 000 health workers would receive training stipends. Within the East Asia and Pakistan Region, which approximated most closely WHO's Western Pacific Region, approximately 49.3% of the total programme aid was committed to health services. Of the countries in the Western Pacific Region, health services in the Khmer Republic, Korea, Laos, Malaysia, Viet-Nam, the Philippines, Papua New Guinea and the South Pacific territories were being supported, with the annual level of assistance ranging from \$50 000 to \$500 000.

Mr Aslam finally stated that, in carrying out its task in health and in the related fields of nutrition and family planning, UNICEF depended heavily on technical support and guidance from WHO. He expressed confidence that the excellent working relations between WHO and UNICEF would continue.

Introducing the next speaker the CHAIRMAN explained that the South Pacific Commission is a post-war reconstruction agency with special interest in health, agriculture, education and social welfare.

### 1.3 Representative of the South Pacific Commission (SPC)

Dr BOURRE announced that the Commission would hold its 36th Annual Budgetary Meeting in Guam the following month, just after the Thirteenth Conference had discussed the programme of the Commission. In addition to disseminating information and providing expert services, the Commission dealt with nutritional, sanitary, dental and epidemiological problems, as well as with questions relating to family planning and health education. It published technical documents for medical and

allied personnel. Public health medical officers, a dietitian, a sanitary engineer, a sanitary technician as well as dental public health, mental health and health education officers were on the staff of this intergovernmental body, which also provided help for applied research.

As examples of WHO/SPC cooperation, Dr Bourre mentioned the participation of staff members of both organizations in a training course for assistant sanitary inspectors in Western Samoa (August 1973), a WHO/SPC course on tuberculosis and leprosy (Tahiti, April 1974) and a regional WHO/SPC seminar on filariasis, to be followed by a one-week course on mosquito eradication (Niue, July 1974).

The South Pacific Commission hoped that such cooperation would continue also in a number of fields in which long-term projects, to be financed by voluntary contributions from Australia and New Zealand, would be submitted to the Thirteenth Conference: nutrition, planning of living conditions, family planning, ichthyosarcotoxism and dengue.

#### 1.4 Representative of the International Dental Federation

Brigadier FERRIS FULLER representing the International Dental Federation expressed great pleasure at being able to represent the Federation and brought greetings to the Regional Committee. He congratulated the Organization on its twenty-five years of achievement. His organization had existed for a very long time and had been associated with WHO since 1948, forming a good working relationship. Reference was made to the WHO Regional Committee meeting in Wellington in 1961 when "Dental Health" was the subject of the Technical Discussions. Subsequently a long-term multi-plan programme had been approved by the Regional Office, resulting in ten years concerted effort throughout the Region.

This programme and its associated projects had produced very extensive information on dental problems in the Region. Milestones had been reached in two planning meetings - at Noumea in 1971 and at Singapore in 1972, which produced guidelines for control of dental disease and the promotion of dental health that could be valid for the next decade. The Federation was most interested in the next phase of implementation and consolidation.

In July 1973 an international symposium had studied "Dental health planning and treatment priorities in the Asian and South Pacific Areas of the Pacific Basin", using data from the dental health programme initiated by the 1961 Regional Committee. WHO Regional Office and the South Pacific Commission allowed their dental officers to participate, providing valuable integration of concept and practice.

In June 1974 the Asian Pacific Dental Federation would hold a congress at Jakarta, when a symposium will consider the needs of the region, the problems and possible solutions.



Aware that WHO moved only in response to requests from governments the Federation sought to publicize the needs of the Region, the potential assistance through WHO and the need to keep governments informed on these matters.

The WHO Regional Committee was urged to sustain this effective dental health programme and was commended for its statement of objectives and programme review in the Proposed Programme and Budget Estimates for 1975. With the information now available and with cooperation of WHO and the International Dental Federation dental disease might not get out of hand as had happened in some parts of the Region.

1.5 Representative of the International Committee of Catholic Nurses

Miss DUDDERIDGE representing the International Committee of Catholic Nurses expressed the honour she felt in being able to represent her organization, whose General Secretary and Committee conveyed good wishes to the Regional Committee and congratulated it on its achievements.

1.6 Representative of the International Council of Nurses

Miss BURTON spoke for the International Council of Nurses, and congratulated the Committee on its achievements. The Council appreciated its relationship with WHO and was proud of the contribution made by many of its members to the work of WHO. There was much achieved, but still much to do. The Council recognized the need for education programmes to prepare nurses for their expanding role, which might yet see nurses delegate some traditional activities and move into new areas of community health services. Collaboration between nurses and physicians was imperative. The Congress of the International Council of Nurses held last May saw emphasis on concern for the man, seeing him as a person rather than as a patient. It was essential to develop the health services where these were inadequate and consider the person being subjected to complex treatments. The Congress had adopted a revised Code of Ethics for Nurses. The Council anticipated further happy relationships with WHO, confirmed that nurses would cooperate fully and trusted that WHO would involve nurses in all planning.

1.7 Representative of the International Planned Parenthood Federation

Dr BLACK represented the International Planned Parenthood Federation which appreciated that this WHO Regional Committee was aware of the importance of family planning to family health. The Federation covered seventeen countries and territories in the South-East Asia and Oceania Region and membership was increasing. With a total population of 308 million, an overall birth rate of 3.7 per cent

for Asia and 2.5 per cent for Oceania, there were many problems. Because of greater needs in Asia attention had only recently been given to the Pacific Islands. In Fiji, Australia and New Zealand services were well established. WHO had provided much assistance. In Oceania existing Associations were to be assisted and the formation of new Associations encouraged. Needs of the Islands must be ascertained and priorities established. Regional staff had visited the area in July 1973 and in all countries visited were assured of assistance from the established Associations.

In these activities there would be close liaison with other United Nations agencies.

#### 1.8 Representative of the International Council on Alcohol and Addictions

Mr REID conveyed fraternal greetings from the Council to the Regional Committee Meeting. There had been a significant process of evaluation as seen by the reports of the WHO Expert Committees as follows: the 1949 Expert Committee on Habit Forming Drugs; the 1950-55 Expert Committee on Drugs Liable to Produce Addiction; the 1956-63 Expert Committee on Addiction Producing Drugs; the 1963-66 Expert Committee on Dependence Producing Drugs and finally the Expert Committee on Drug Dependence. The concern for the problems of alcoholism in the development of treatment services for alcoholics has gradually extended to family contacts, employment, social and treatment needs of the individual and his family. The tendency to ignore the alcoholic and his family in favour of the more dramatic presentation of other drug problems is viewed with concern. The Council did not wish to see a return to the disassociation of the problems arising from the uncontrolled use of alcohol or other drugs. They would not wish to encourage the process of polarisation by which the old deplore the young (drug) problem and the young attack the old (alcohol) problem. Alcoholism is a major public health problem affecting up to 5% of those who drink.

The use of prescribed drugs is increasing at a disturbing rate. A recent survey conducted by the Department of Health in New Zealand showed that on an average day in 1971 3.7% of the population took a tranquilliser while 5% took a hypnotic, a tranquilliser or both. The corresponding figures for married women were 8.3% and 11.6%.

Studies carried out by the Addiction Research Foundation in Ontario demonstrated the link that exists between parental drug use and children's drug use.

Techniques and methods would continue to develop and be exchanged, particularly those directed towards treatment and rehabilitation.

It was of no help to search for scapegoats. The Council asked for a positive response to the major and underlying difficulties.

The coordination of fragmented services together with the establishment of rational community attitudes towards the use and non-use of alcohol and other drugs, must become their goals. Both these objectives could be achieved if WHO would continue to encourage further regional seminars.

## 2 CONSIDERATION OF DRAFT RESOLUTIONS

### 2.1 Quality of food on international flights (Document WPR/RC24/WP/5 Rev.2) (continued from the fifth meeting, section 2.6)

The CHAIRMAN drew attention to the fact that the number of the draft resolution on quality of food on international flights should read WPR/RC24/WP/5 Rev.2.

Dr FRANKLANDS (Australia) stated that while agreeing with the substance of the resolution the last paragraph had been added unnecessarily. The amendment detracted from the resolution and he considered it should be withdrawn.

Dr KILGOUR (United Kingdom) stated that he sympathised with the Australian view.

The Committee agreed that the last paragraph should be deleted.

Decision: The amended resolution was adopted (see resolution WPR/RC24.R6).

### 2.2 Drug dependence (Document WPR/RC24/WP/7)

Dr FRANKLANDS (Australia) referred to paragraph 4 and stated that it would be preferable for the Regional Director to request Members to provide information rather than wait for them to supply it automatically.

The REGIONAL DIRECTOR stated that although he had not suggested paragraph 4 he considered that it would strengthen his hand in obtaining information. He would not object to its deletion.

Mr CRUZ (United States of America) said his delegation wished to suggest some amendments to paragraphs one and two and he would be happy to meet with the Rapporteurs to discuss these.

Dr FRANKLANDS (Australia) said that he wished to propose an amendment to paragraph 4.

The CHAIRMAN requested Dr Franklands and the Representative of the United States of America to join the Rapporteurs in amending

the resolution. (For consideration of draft resolution, see the seventh meeting, section 1.1.)

2.3 Comprehensive and coordinated teacher training programme for health personnel (Document WPR/RC24/WP/8)

Decision: The draft resolution was adopted (see resolution WPR/RC24.R7).

The meeting rose at 10.30 a.m.