

SUMMARY RECORD OF THE SECOND MEETING

WHO Conference Hall, Manila  
Monday, 6 September 1976 at 2.30 p.m.

CHAIRMAN: Mr J.S. Singh (Fiji)

CONTENTS

	<u>page</u>
1 Allocation and management of WHO's resources at regional and country level (continued) .....	97
2 Preparation of a Fifth Regional Programme of Work for a Specific Period (1978-1983 inclusive) .....	98
3 Special assistance to Democratic Kampuchea, the Lao People's Democratic Republic, and the Socialist Republic of Viet Nam .....	100
4 Resolutions of regional interest adopted by the Twenty-ninth World Health Assembly and the Executive Board at its fifty-seventh and fifty-eighth sessions .....	102
5 Announcement .....	107

Second MeetingMonday, 6 September 1976 at 2.30 p.m.

## PRESENT

I. Representatives of Member States

AUSTRALIA	Dr C. Evans Mr K. Boreham
CHINA	Dr Chen Hai-feng Dr Chin Hsiang-kuan Dr Huang Yu-hsiang Mr Tsao Yung-lin Mr Li Ching Hsiu
FIJI	Mr J.S. Singh Dr J.B. Senilagakali
FRANCE	Dr P. Leproux
JAPAN	Dr A. Tanaka Dr H. Shinozaki Mr T. Yano
LAO PEOPLE'S DEMOCRATIC REPUBLIC	Dr Kéo Phimpachanh
MALAYSIA	Tan Sri Datuk (Dr) Abdul Majid Ismail Dr Mehar Singh Gill Mr Onn bin Kayat
NEW ZEALAND	Dr B.W. Christmas
PAPUA NEW GUINEA	Mr E. Robin Safitua Dr K. Wari
PHILIPPINES	Dr J. Sumpaico Dr F. Aguilar Dr A.M. Angara
PORTUGAL	Dr Leonel dos Remédios
REPUBLIC OF KOREA	Dr Kyong Shik Chang Mr Se Lin Huh Mr Moo Geun Jeon

SINGAPORE	Dr Leong Kwok Wah
SOCIALIST REPUBLIC OF VIET NAM	Dr Tran Ngoc Dang Dr Nguyen Van Trong Mr Nguyen Hong Quang
UNITED KINGDOM	Dr J.A.B. Nicholson
UNITED STATES OF AMERICA	Dr J.C. King
WESTERN SAMOA	Dr Solia Tapeni Faaiuso

## II. Representatives of Other Intergovernmental Organizations

ASIAN DEVELOPMENT BANK	Mr K.H. Phua
SOUTH PACIFIC COMMISSION	Dr E. Macu Salato

## III. Representatives of Non-governmental Organizations

INTERNATIONAL DENTAL FEDERATION	Dr R.C. Navia
INTERNATIONAL UNION FOR HEALTH EDUCATION	Dr F. Herrera
WORLD FEDERATION FOR MEDICAL EDUCATION	Dr J. Cuyegkeng
CHRISTIAN MEDICAL COMMISSION	Dr G.H. Viterbo
INTERNATIONAL COMMITTEE OF CATHOLIC NURSES	Mrs M.R. Ordoñez
INTERNATIONAL COUNCIL OF NURSES	Mrs F.M. Valdez
INTERNATIONAL SOCIETY OF RADIOGRAPHERS AND RADIOLOGICAL TECHNICIANS	Mr N.A. Palomo
INTERNATIONAL SOCIETY OF RADIOLOGY	Dr H. Zialcita
LEAGUE OF RED CROSS SOCIETIES	Brigadier General P.R. Sotto (Ret.)
REHABILITATION INTERNATIONAL	Mrs C. Floro

INTERNATIONAL COUNCIL ON      Brigadier General P.R. Sotto (Ret.)  
SOCIAL WELFARE

WORLD VETERANS FEDERATION      Brigadier General P.R. Sotto (Ret.)

WORLD FEDERATION OF UNITED      Dr N.M. Santiago  
NATIONS ASSOCIATIONS

IV. WHO Secretariat

SECRETARY      Dr Francisco J. Dy

- 1 ALLOCATION AND MANAGEMENT OF WHO'S RESOURCES AT REGIONAL AND COUNTRY LEVEL: Item 10 of the Agenda (Document WPR/RC27/4) (continued from the first meeting, section 7)

Dr TANAKA (Japan) congratulated the Representatives of Papua New Guinea on being present at a session of the Regional Committee for the first time since that country had become a full Member of the Organization. He also expressed his Government's deepest sympathy to the Representatives of China and the Philippines for the sufferings the two countries had encountered as a result of the recent earthquakes.

The Delegation of Japan supported in principle the proposed programme-oriented approach in planning, budgeting and management described in document WPR/RC27/4. This new method was more practical and would facilitate the implementation of WHO programmes and contribute to the effective use of a limited budget.

Dr NICHOLSON (United Kingdom) stated that the Government of the United Kingdom recognized the importance of ensuring that resources were available for technical cooperation programmes when they were really needed. It would support the proposals contained in document WPR/RC27/4. It would be wrong however to think that, ultimately, the functions of WHO Headquarters would be dispersed; there were always important functions for it to carry out, such as coordination of global programmes and some important technical cooperation programmes. In this connexion it might be worthwhile to point out that about 28% of WHO's staff was based in Geneva, compared to about 60% of FAO's in Rome and 80% of UNESCO's in Paris.

Mr SAFITOA (Papua New Guinea) said that the Government of Papua New Guinea supported the programming idea in principle though it had one reservation because of the differing budgetary systems used by individual countries. For instance, in Papua New Guinea the Government operated under a yearly budgeting programme. If the new system were to be adopted, closer collaboration between WHO and governments would be needed. He suggested that some flexibility within the budgeting system should be considered so that changes occurring within government programmes would not necessarily affect the WHO programme.

The REGIONAL DIRECTOR replied that the system should be easily able to meet the problem of different government budgeting cycles because one of its features was flexibility. Country planning figures were based on United Nations statistical reports and data from other sources. In allocating them, for each country or area, the Programme Committee of the Regional Office took into account population, crude birth rate, crude death rate, infant mortality, life expectancy at birth, physicians per 10 000 population, per capita gross national product and also the country or area's demonstrated absorptive capacity. These criteria had been used for a number of years, and no significant change was planned. The more developed and affluent countries would probably want to reduce the amount of technical cooperation they received in financial terms in favour of the less affluent developing countries.

The Regional Director went on to say that the important principle involved was dialogue at the country level between WHO staff and governments. With greater involvement of governments, there would be a more orderly development of what was termed "medium-term programming", which was what the Executive Board wished to see. By late 1977 examples of medium-term programming would have been developed, commencing with the health manpower development programme.

Miss NEWTON (Chief, Administration and Finance) stated that there should be no concern in the Western Pacific Region regarding WHO's accountability. The Regional Director would report to the Regional Committee after project details had been developed within a programme already considered under the new system. It was traditional for the Regional Director to make all the information it required available to the Committee for evaluation purposes and this would continue under the new system. The only change would be that details of projects would not be planned three to four years in advance but rather broad analyses of programmes. However, the Regional Committee would see details of the planned projects at the session following its review of the broad programmes, after they had been worked out between the government concerned and the WHO Secretariat.

The Regional Director added that the same subject was an item on the agenda of all WHO Regional Committees in 1976. Their comments would be submitted to the Executive Board, possibly in January 1977, and subsequently to the World Health Assembly.

There being no further comments, the Committee decided to consider immediately the draft resolution contained in document WPR/RC27/4.

Decision: The draft resolution was adopted (see resolution WPR/RC27.R1).

2 PREPARATION OF A FIFTH REGIONAL PROGRAMME OF WORK COVERING A SPECIFIC PERIOD (1978-1983 INCLUSIVE): Item 16 of the Agenda (Document WPR/RC27/10)

The REGIONAL DIRECTOR stated that the Committee, at its twenty-sixth session, had decided to wait until its present session to consider whether it wished to prepare a fifth regional programme of work covering the period 1978-1983, or whether the Sixth General Programme of Work for the same period, adopted by the Health Assembly in May 1976, was a sufficient guide to deliver the programme of the Region.

At the twenty-sixth session, when the Committee considered the draft of the Sixth General Programme of Work, it allocated priorities to each principal and detailed objective. In the final Programme adopted by the Health Assembly these objectives had been somewhat reworded or amplified, and in some cases their order had been changed. Annex 3 of document WPR/RC27/10 enabled the final objectives to be compared to those contained in the draft. They remained essentially the same except for four, which were new. On page 2 of document WPR/RC27/10, Representatives would find listed the four new objectives to which priorities had to be accorded for the regional programme.

The Committee would therefore wish to consider the following: (1) whether it agreed that all except four of the objectives of the final Sixth General Programme of Work remained essentially the same and therefore retained the same regional priority as those contained in the draft which was before the Committee at its twenty-sixth session in 1975; (2) the priorities, for the regional programme, of the four new objectives; (3) the necessity, or otherwise, to prepare a fifth regional programme of work.

Dr FAAIUASO (Western Samoa) said the importance of the item was recognized. From a review of the Sixth General Programme of Work, it seemed that a separate regional programme would serve little purpose. What mattered was for governments to develop their own country health programming on the basis of the objectives in the Sixth General Programme of Work.

With regard to the four new objectives it was suggested that for the regional programme, priority A be given to objectives 3.1 and 3.2 (Section A), and priority B to objectives 7.1 (Section A) and 1.6 (Section B).

Dr EVANS (Australia) was interested to hear the remarks of the Representative of Western Samoa, which overall had the support of his Delegation, especially with regard to objectives 3.1 and 3.2; objective 7.1 might perhaps be given priority B. The view was also supported that there was no need for a fifth regional programme since the Sixth General Programme of Work contained sufficient guidance for delivery of programmes in the Region from 1978 to 1983.

Under resolution WHA29.20 the WHO Executive Board had been asked to study the Sixth General Programme of Work in depth and to evaluate it.<sup>1</sup> Regional Committees could assist the Board by indicating which sections of the Programme should be given high priority for in-depth study. The role of the Board in carrying out annual reviews of the Programme was strongly supported. It might be useful to set up a small working party to study the matter and report back to the Committee at its present session; nevertheless the Committee should be able to express its views to the Board continuously. That would show that the Region was endeavouring to influence the Board's decisions in a way commensurate with the regional activities and priorities. The working party could also consider the concept of "technical cooperation", which had not been defined in the documents issued.

Dr MAJID (Malaysia) strongly supported the proposal of the Delegations of Australia and Western Samoa that a working group be formed.

The CHAIRMAN asked the Regional Director to clarify the situation.

The REGIONAL DIRECTOR welcomed the proposal to establish a working group, which appeared to be acceptable. However, he wondered whether a decision on the questions he had raised should be postponed until after the working group had submitted its conclusions, or taken straight

---

<sup>1</sup> See WHO Official Records, No. 233, 1976, pp. 9-10.

away. Also, it would be appreciated if the Representative of Australia were to formulate terms of reference for the working group so that it could be appointed by the Chairman. It could then meet and report to the Committee before adjournment, some time during the week.

The CHAIRMAN felt that the meeting should consider the proposals with regard to priorities A and B. Views of Representatives had been heard. It had been proposed that objectives 3.1 and 3.2 might be assigned priority A and objective 7.1 priority B. It should also be decided whether discussion of the matter should be deferred until after appointment of the proposed working group. The views of the meeting were sought.

Dr MAJID (Malaysia) was of the opinion that since there was agreement to form a working group, it would be wiser to discuss the priorities of the objectives after hearing the proposals of the working group.

Dr CHRISTMAS (New Zealand) supported the recommendation of the Representative of Malaysia.

The CHAIRMAN noted that the Committee was in agreement with the proposal to form a working group. It would be composed of members from Australia, Malaysia and Western Samoa. Every assistance from the Secretariat would be available.

The REGIONAL DIRECTOR reiterated his suggestion that terms of reference for the working group might be drafted by the Representative of Australia, Dr Evans, if he agreed. Also, Dr Ferrand, Assistant Director of Health Services, was available to render assistance. The time for convening the working group could be decided at the end of the afternoon.

The Committee agreed that the Representative of Australia would draft the terms of reference and convene the working group which would present its report to the Committee later in the session. (For discussion of the terms of reference of the working group, see the third meeting, section 5; for consideration of the report of the working group, see the fifth meeting, section 3.)

- 3 SPECIAL ASSISTANCE TO DEMOCRATIC KAMPUCHEA, THE LAO PEOPLE'S DEMOCRATIC REPUBLIC, AND THE SOCIALIST REPUBLIC OF VIET NAM:<sup>1</sup>  
Item 11 of the Agenda (Documents WPR/RC27/5, Add.1 and Add.2)

The REGIONAL DIRECTOR drew attention to the three documents issued under this item of the Agenda. Document WPR/RC27/5 briefly stated the steps taken to implement resolutions of the Twenty-eighth World Health Assembly and the twenty-sixth session of the Regional Committee and transmitted to the Committee the report of a special meeting on assistance to Viet Nam, held in Manila on 30 and 31 March 1976 as a first step towards stimulating extrabudgetary assistance from Member States.

---

<sup>1</sup> See also the sixth meeting, section 2.



Document WPR/RC27/5 Add.1 described the accelerated action taken with regard to assistance to the Socialist Republic of Viet Nam since the Twenty-ninth World Health Assembly in May 1976, when resolution WHA29.24 was adopted, which had happily resulted in several positive responses.

Document WPR/RC27/5 Add.2 presented to the Committee programmes meriting special assistance in the Lao People's Democratic Republic which had been formulated with the Government over the past two months.

The Committee would certainly wish to express its appreciation to Member States that had indicated their willingness to assist the three stricken countries in reconstructing their health services. It might also wish to urge all other Member States having sufficient resources, to make whatever other contributions they could.

Dr MAJID (Malaysia) said that his Government sympathized with the health problems in the Indochinese States and fully supported the action of the United Nations agencies in rehabilitating the health services. At the special meeting on 30-31 March 1976, the Government of Malaysia had agreed to contribute M\$ 20 000 in special assistance for the Socialist Republic of Viet Nam and the amount had been made available to WHO shortly after.

Malaysia had wide experience in tackling health problems such as tuberculosis, malaria, leprosy and yaws and was willing to share its experience with others. Moreover, as Malaysia had established diplomatic relations with the Socialist Republic of Viet Nam and the Lao People's Democratic Republic, it would be pleased to promote bilateral cooperation in addition to the WHO efforts for improvement of health in those countries.

Dr LEPROUX (France) stressed the great interest which the Government of France took in the Organization's programme of assistance to the Socialist Republic of Viet Nam. While France did not contribute financially to this international programme, its bilateral assistance in the field of health could be considered complementary to the activities of WHO. For instance, the Government of France continued to supply drugs to Grall Hospital, which had been taken over by the Vietnamese authorities, and would place four or five specialists at its disposal. Similarly, the French Red Cross had contributed an amount of US\$ 200 000 to Hocmun Hospital.

There being no further comments, the CHAIRMAN asked the Rapporteurs to prepare an appropriate resolution. (For consideration of the draft resolution, see the third meeting, section 1.2.)

Dr NGUYEN VAN TRONG (Socialist Republic of Viet Nam) expressed the gratitude of the Government of the Socialist Republic of Viet Nam to the Director-General, the Regional Director, the WHO experts and Member States for having studied and worked out a special programme of

assistance to Viet Nam. The Programme had initially been prepared for two separate States and had now been approved by the reunified Government; it was hoped it could be carried out without delay so as to solve the urgent health problems of the post-war period. WHO had taken the first steps to solicit the necessary funds. The Representative of the Socialist Republic of Viet Nam wished to convey his Government's appreciation to all Member States that had offered to contribute to the effort undertaken.

4 RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE TWENTY-NINTH WORLD HEALTH ASSEMBLY AND THE EXECUTIVE BOARD AT ITS FIFTY-SEVENTH AND FIFTY-EIGHTH SESSIONS: Item 12 of the Agenda (Documents WPR/RC27/6 and Add.1)

The REGIONAL DIRECTOR proposed that resolution WHA29.19 be considered later, together with resolutions WHA29.74 and EB57.R27, since the three were closely related.

4.1 Sixth General Programme of Work covering a Specific Period (Resolution WHA29.20)

The REGIONAL DIRECTOR reminded the Committee that it was already discussing the application of the Sixth General Programme of Work to the programme of the Region under the separate agenda item 16.

4.2 Psychosocial factors and health (Resolution WHA29.21)

The Committee noted the two above-mentioned resolutions without comment.

4.3 Report on the world health situation (Resolutions WHA29.22 and EB57.R46)

The REGIONAL DIRECTOR drew attention to operative paragraphs 1 and 2 of resolution WHA29.22.

Dr NICHOLSON (United Kingdom), referring to resolution WHA29.22, remarked that the report was a sobering review of the situation, particularly in respect of progress in the field of tuberculosis and the near-disaster situation with regard to malaria.

4.4 Real Estate Fund (Resolution WHA29.28)

The Committee noted the resolution without comment.

4.5 Voluntary Fund for Health Promotion (Resolutions WHA29.31 and EB58.R10)

The REGIONAL DIRECTOR drew the Committee's attention to operative paragraphs 2 and 3 of resolution WHA29.31 and operative paragraph 2 of resolution EB58.R10.

Dr NICHOLSON (United Kingdom) said that the Government of the United Kingdom's attitude had generally been that, if a programme was worth carrying out, it should receive priority for support from Regular Budget funds. Nevertheless, it had made a contribution of some US\$ 750 000 over 3 years towards the Smallpox Eradication Programme and was currently providing funds and experts to the Special Programme for Research and Training on Tropical and Parasitic Diseases. He believed that the Government of the United Kingdom might be providing tangible evidence of support for the Expanded Programme on Immunization in the near future, and it was, of course, interested in the programme for community water supply.

4.6 Organizational study on the planning for and impact of extra-budgetary resources on WHO's programme and policy  
(resolution WHA29.32)

The REGIONAL DIRECTOR drew attention to operative paragraph 3.

The Committee noted the resolution without comment.

4.7 Coordination with the United Nations system - general matters: UNDP-supported activities - financial situation  
(resolutions WHA29.42 and EB57.R49)

The REGIONAL DIRECTOR drew attention to operative paragraph 2 of resolution WHA29.42.

Dr NICHOLSON (United Kingdom) said that the Government of the United Kingdom, through its Ministry of Overseas Development, was considering sympathetically more than one of the problems created by that situation.

4.8 Coordination with the United Nations system: general matters  
(resolution EB57.R48)

The Committee noted the resolution without comment.

4.9 Coordination with the United Nations system (general matters): technical cooperation among developing countries  
(resolution EB57.R50)

The REGIONAL DIRECTOR drew attention to operative paragraphs 1 and 3.

Dr CHEN HAI-FENG (China) said that, in resolution EB57.R50 and resolution WHA29.45 (see Item 4.11 below), mention had been made of resolutions WHA28.75 and WHA28.63. The Chinese delegation had categorically stated its position on those resolutions during the Twenty-eighth World Health Assembly and did not wish to reiterate it.

Dr NICHOLSON (United Kingdom) said that the whole aim of development programmes was to attain national self-reliance or perhaps even regional self-reliance. His government was sympathetic to that aim and might, for example, be interested in a project for the training of auxiliaries, and possibly in providing training abroad for a particular project in hand. That policy was now under consideration.

4.10 International Women's Year (resolution WHA29.43)

The REGIONAL DIRECTOR drew attention to operative paragraph 1.

Dr NICHOLSON (United Kingdom) observed that, although health was a field in which the place of women was beyond dispute, there was not a single woman sitting at the meeting table at that moment.

4.11 WHO's human health and environment programme (resolution WHA29.45)

The REGIONAL DIRECTOR drew attention to operative paragraph 2.

4.12 Health aspects of human settlements (resolution WHA29.46)

The REGIONAL DIRECTOR drew attention to operative paragraph 2.

The Committee noted the two above-mentioned resolutions without comment.

4.13 Community water supply and excreta disposal  
(resolution WHA29.47)

The REGIONAL DIRECTOR drew attention to operative paragraph 4 and to operative paragraph 5 (4), which requested specific action on the part of regional committees in the year 1980.

Dr NICHOLSON (United Kingdom) thought it essential that Member States give high priority to that matter and saw health ministries as taking a leading role and convincing other ministries of the importance of safe water and proper sanitary disposal.

4.14 Programme budget policy (resolution WHA29.48)

Dr NICHOLSON (United Kingdom) said that his government understood the wish of Member States' representatives to see more tangible results of work done in their countries and the Director-General and his Secretariat were working towards that end. The transfer of technology from the developed to the developing countries was desirable, provided that a proper balance in the allocation of the Organization's resources was maintained.

4.15 Cardiovascular diseases (resolution WHA29.49)

The REGIONAL DIRECTOR drew attention to operative paragraph 2.

4.16 Occupational health programme (resolution WHA29.57)

The REGIONAL DIRECTOR drew attention to operative paragraph 1 and to operative paragraph 3, which called for discussion of the subject by regional committees in 1977 or 1978.

4.17 Schistosomiasis (resolution WHA29.58)

The REGIONAL DIRECTOR drew attention to operative paragraphs 1 and 2.

The Committee noted the three above-mentioned resolutions without comment.

4.18 Mycotic infections (resolution WHA29.59)

The REGIONAL DIRECTOR drew attention to operative paragraph 1.

Dr NICHOLSON (United Kingdom) remarked that mycotic infections were arousing increased interest but that as yet very little reliable knowledge existed on morbidity from those conditions, for instance on systemic morbidity. The Government of the United Kingdom supported research in that field.

4.19 Expanded programme on immunization (resolution WHA29.63)

The REGIONAL DIRECTOR drew attention to operative paragraph 4.

Dr SUMPAICO (Philippines) stated that an immunization programme had been launched in the Philippines in 1976, involving both vaccine production and implementation by field units. Assistance was being provided by WHO, UNICEF and the Netherlands, but it was hoped that after five years the Government would be able to proceed with the programme using national resources only.

4.20 Rheumatic diseases (resolution WHA29.66)

The REGIONAL DIRECTOR drew attention to operative paragraph 1.

The Committee noted the resolution without comment.

4.21 The need for laboratory animals for the control of biological products and the establishment of breeding colonies (nonhuman primates) (resolution WHA29.67)

Dr NICHOLSON (United Kingdom) pointed out that the Government of the United Kingdom was setting up breeding facilities for experimental animals, using marmosets which were easier to breed than rhesus monkeys.

4.22 Disability prevention and rehabilitation (resolution WHA29.68)

The REGIONAL DIRECTOR drew attention to operative paragraph 3.

The Committee noted the resolution without comment.

4.23 Leprosy control (resolution WHA29.70)

Dr FAAIUASO (Western Samoa) expressed the Government of Western Samoa's gratitude to WHO and to UNICEF for their technical and material assistance to the leprosy survey conducted in 1975. The United States of America had also provided valuable support by assigning staff to the survey.

Mr SAFITOA (Papua New Guinea) voiced his appreciation of the substantial contribution by the Japanese Shipbuilding Industry Foundation for leprosy control in Papua New Guinea.

4.24 Health manpower development (resolution WHA29.72)

The REGIONAL DIRECTOR drew attention to paragraph 2(6) which requested that medium-term health manpower development programmes be established at country level and discussed at the meetings of regional committees in 1977. It was proposed to start, early in 1977, to assemble the necessary information, hopefully through a series of country visits from Regional Office staff.

4.25 Development of the antimalaria programme (resolutions WHA29.73 and EB57.R26)

The REGIONAL DIRECTOR drew attention to operative paragraph 1 of resolution EB57.R26.

The Committee noted the two above-mentioned resolutions without comment.

4.26 Promotion of national health services and health technology relating to primary health care and rural development (resolutions WHA29.74 and EB57.R27)

The REGIONAL DIRECTOR drew attention to operative paragraphs 2 and 3 of resolution WHA29.74, to operative paragraph 2 of resolution EB57.R27, and to paragraph 1 of the related resolution WHA29.19, which referred to the forthcoming International Conference on Primary Health Care.

Document WPR/RC27/6 Add.1 provided an outline of the action already taken to promote primary health care in the Region and plans for the future.

Dr NICHOLSON (United Kingdom) stated that the Government of the United Kingdom was developing a new aid strategy, placing emphasis on coordination, to improve primary health care for the least privileged population groups. Training of personnel should be adjusted to the specific needs and resources of each country, and self-reliance should be encouraged. Accordingly, it was important to train as many categories of health personnel as possible in national or regional institutions, rather than in countries with different problems.

4.27 Development of programme evaluation in WHO (resolution EB57.R17)

The REGIONAL DIRECTOR drew attention to operative paragraph 3.

Mr BOREHAM (Australia) stressed that programme evaluation should be built into all programmes, and welcomed the fact that it was built into the Sixth General Programme of Work.

4.28 Report by the representatives of the Executive Board at the Twenty-ninth World Health Assembly: Method of work of the Executive Board in relation to programme development (resolution EB58.R11)

The REGIONAL DIRECTOR drew attention to operative paragraph 5.

Dr EVANS (Australia) pointed out that the purpose of the resolution was to give the Executive Board a more active role in managing the activities of the Organization. Any move to increase the responsibilities of the Board should be supported, as that would mean an increase in the involvement of all Member States.

5 ANNOUNCEMENT

The REGIONAL DIRECTOR outlined the tentative programme of work for the remainder of the session which would be duplicated and distributed to the Committee.

The meeting rose at 4.30 p.m.