

SUMMARY RECORD OF THE FOURTH MEETING

WHO Conference Hall, Manila
Wednesday, 8 September 1976 at 9.00 a.m.

CHAIRMAN: Mr J.S. Singh (Fiji)

CONTENTS

	<u>page</u>
1 Consideration of draft resolutions	135
2 Importance of core programmes for child health, with particular emphasis on staff training through fellowships	135
3 Progress in nutritional surveillance	138
4 Selection of topic for the Technical Presentation during the twenty-eighth session of the Regional Committee	140
5 Time and place of the twenty-eighth and twenty- ninth sessions of the Regional Committee	142

Fourth MeetingWednesday, 8 September 1976 at 9.00 a.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 J.J. Dizon 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 Tapani Faaiuso

II. Representatives of Other Intergovernmental Organizations

SOUTH PACIFIC COMMISSION	Dr E. Macu Salato
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III. Representatives of Non-governmental Organizations

INTERNATIONAL SOCIETY OF BLOOD TRANSFUSION	Dr G.C. Caridad
WORLD FEDERATION OF THE DEAF	Mrs E.S. Carlos
INTERNATIONAL DENTAL FEDERATION	Dr R.C. Navia
INTERNATIONAL UNION FOR HEALTH EDUCATION	Dr F. Herrera
WORLD FEDERATION FOR MEDICAL EDUCATION	Dr J. Cuyegkeng
MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION	Dr E.I. Cuyegkeng
INTERNATIONAL COMMITTEE OF CATHOLIC NURSES	Mrs M.R. Ordoñez
INTERNATIONAL COUNCIL OF NURSES	Mrs F.M. Valdez
WORLD FEDERATION OF OCCUPATIONAL THERAPISTS	Mrs C. Tablan-Santos
INTERNATIONAL PLANNED PARENTHOOD FEDERATION	Dr J.B. Catindig
INTERNATIONAL SOCIETY OF RADIOGRAPHERS AND RADIOLOGICAL TECHNICIANS	Mr N.A. Palomo

INTERNATIONAL SOCIETY
OF RADIOLOGY

Dr H. Zialcita

REHABILITATION
INTERNATIONAL

Mrs C. Floro

INTERNATIONAL LEAGUE
AGAINST RHEUMATISM

Dr T.P. Torralba

WORLD FEDERATION OF
UNITED NATIONS
ASSOCIATIONS

Dr N.M. Santiago

IV. WHO Secretariat

SECRETARY

Dr Francisco J. Dy

1 CONSIDERATION OF DRAFT RESOLUTIONS

1.1 WHO's role in the development and coordination of biomedical research: greater involvement of the Regions in research
(Document WPR/RC27/WP/4)

The CHAIRMAN announced that the draft resolution had been withdrawn and would be submitted again at a subsequent meeting. (For consideration of the revised draft resolution, see the fifth meeting, section 2.1.)

The Committee considered the following resolutions:

1.2 Alcohol and other dependence problems (Document WPR/RC27/WP/5)

Decision: The draft resolution was adopted (see resolution WPR/RC27.R5).

1.3 Regional Centre for Environmental Health Sciences (Document WPR/RC27/WP/6)

Decision: The draft resolution was adopted (see resolution WPR/RC27.R6).

1.4 Frequency of meetings of the Regional Committee (Document WPR/RC27/WP/7)

Decision: The draft resolution was adopted (see resolution WPR/RC27.R7).

1.5 Annual reporting by the Regional Director (Document WPR/RC27/WP/8)

Decision: The draft resolution was adopted (see resolution WPR/RC27.R8).

2 IMPORTANCE OF CORE PROGRAMMES FOR CHILD HEALTH, WITH PARTICULAR EMPHASIS ON STAFF TRAINING THROUGH FELLOWSHIPS: Supplementary Item 1 of the Agenda

Dr NICHOLSON (United Kingdom), introducing the item which had been proposed by the Government of the United Kingdom, stressed that the future of any country depended on its children, who were entitled to very high priority in health care. It was well known that in some Member States more than 45% of the population was under 15 years of age, and there was a danger that uncontrolled growth would create such an excess of dependants over wage-earners and providers that social and economic development would slow down or come to a standstill; at the same time there would be increasing demands on the health services, probably beyond their capacity to cope with.

The Government of the United Kingdom believed it was preferable to concentrate cooperation on certain specific fields, and attached great importance to paediatrics, especially community paediatrics. There should be emphasis on programmes in maternal and child health, and also on nutrition, with particular attention to the importance of breast-feeding, the prevention of malnutrition, and the reduction of nutritional hazards associated with deficient hygiene.

Associated programmes to improve child health included those for the prevention and control of communicable diseases, including common intestinal infections, and health education programmes.

In all those activities very much would depend on training and retraining. The British Council had called upon its overseas representatives to encourage governments to seek a greater proportion of fellowships in subjects related to child health. A number of specialized institutions in the United Kingdom could offer training in tropical paediatrics.

In reply to a question from the Regional Director, Dr Nicholson said he would define tropical paediatrics as those paediatric conditions and problems that occurred specifically, or with greater frequency, in a tropical environment.

Dr FAAIUASO (Western Samoa) commented that as 45-50% of the population of Western Samoa was aged 15 or under, the Government was extremely interested in training in child health care. It would be appreciated if more medical workers could receive training in that field.

Dr CHRISTMAS (New Zealand) pointed out that in countries where child mortality rates were low there was an increasing need to provide paediatricians and others with guidance and training in the psychosocial needs of the child.

Dr TRAN NGOC DANG (Socialist Republic of Viet Nam) said that in the Socialist Republic of Viet Nam much importance was attached to the question of child care, since child mortality, particularly during the first year of age, was still comparatively high. He considered that problems of child psychology and physiopathology deserved particular attention.

Dr KACIC-DIMITRI (Regional Adviser in Maternal and Child Health) made a plea for changes in attitudes as well as in terminology in the field of maternal and child health. Within the Region, it was not so much the diseases specific to tropical areas that caused most damage to health but the lethal and handicapping diseases prevalent throughout the world. For example, respiratory diseases were the leading cause of morbidity and death in infants and children of preschool age. Diarrhoeal diseases were the second cause of morbidity in the Region, and were often fatal. It was now within the means of any government to cope with those conditions by oral rehydration, which would prevent death, handicaps, and economic loss.

It was also possible to prevent some congenital anomalies and even malignancies, which were an important cause of death in countries that had achieved low mortality rates. Tuberculosis appeared among the five leading causes of death in only one developed country of the Region, and the problems of malaria and trachoma in young children were less serious than hitherto.

In making provision for staff training, it was important not to concentrate on physicians and specialists only but to devote much more attention to lower-level staff who could use oral rehydration and who understood the importance of early referral.

Dr KING (United States of America) stressed that access to child health was through the mother, who took the leading part in the care of the child. She bore the responsibility, for example, for nutrition, attendance for immunization, improvement of sanitation in the home. There should be more emphasis on preventive health programmes using low-level health workers. Maternal and child health were inseparable from primary health care.

Dr MAJID (Malaysia) drew attention to the rural health services set up in Malaysia after Independence, principally to provide family health care. As a result the infant mortality rate had fallen from 72 per 1000 in 1957 to 37 per 1000 in 1970. A firm base of primary health care was needed before tackling the specific problems of child health. In Malaysia it was the practice to train lower-level workers locally and to have senior staff trained abroad. He asked the Representative of the United Kingdom how that country's fellowship programme would operate.

Dr SENILAGAKALI (Fiji) reported that a paediatrician from Fiji had obtained a diploma in Liverpool under a WHO fellowship. On returning home he had introduced a new system of paediatric care for rural areas, not simply operating from the main hospital but paying regular visits to rural health centres to train rural health workers in various aspects of child health.

Dr ANGARA (Philippines) said that in the Philippines over 37% of all deaths occurred in infants and pre-school children; 44% of infant mortality was in children under one month old. The main problem, therefore, was in the first few days or weeks of life, and one of the major causes was low birth weight. Perinatal deaths were arousing increasing concern among paediatricians and obstetricians.

The REGIONAL DIRECTOR said he was glad to note the fellowship facilities offered by the United Kingdom.

Dr NICHOLSON (United Kingdom) expressed his appreciation of the interest shown in the item proposed by the Government of the United Kingdom. With regard to the points raised by the Representative of Malaysia, he had been most impressed by the way Malaysia had developed its rural health services since Independence. He explained that his Government provided fellowships in health and related fields in the same way as WHO, though on a smaller scale. It was now hoped that countries or areas in the Region would seek a greater proportion of fellowships in subjects related to child and community health. The main purpose of the fellowships was to train people who would return home and pass on what they had learned to others, so that all countries would eventually become self-reliant in manpower training.

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

3 PROGRESS IN NUTRITIONAL SURVEILLANCE: Supplementary Item 2 of the Agenda

Dr NICHOLSON (United Kingdom), introducing the item, which had been proposed by the Government of the United Kingdom, recalled that a recent Joint FAO/UNICEF/WHO Expert Committee on the Methodology of Nutritional Surveillance had produced guidelines on the development of nutritional surveillance systems.¹ Dr Solon, a member of the Philippine delegation to the present session of the Regional Committee, had been a member of that Expert Committee; his work was highly regarded in the United Kingdom, and Dr Nicholson expressed the hope that the Regional Committee would consider how far his successful methods could be applied in other countries or areas of the Region.

The Expert Committee had noted that famines generally occurred in areas where the nutritional situation was chronically poor. It was important that surveillance aimed at forecasting famines should make use of a wide range of information - not merely clinical and dietary information but also agricultural, economic and meteorological data. The Expert Committee had recommended making maximum use of existing data; in particular, if data recorded by maternal and child health services on growth and nutritional status were analysed more closely they could provide early pointers to changes in the nutritional situation.

In devising a surveillance system it would be necessary to select target groups at high risk, in accordance with the United Kingdom's new strategy of aid for the poorest. Not enough was known of the methodology of surveillance, which needed to be adapted to the resources and conditions of different countries or areas; a flexible approach was essential. In general, clinical data tended to show only the after-effects of food shortages, and for early warning it would be necessary to rely on experts in agriculture and economics. Any surveillance would therefore need to be coordinated through a central national agency for nutritional planning and policy.

Dr ANGARA (Philippines) read out a paper prepared by Dr R.F. Florentino, Deputy Executive Director of the Nutrition Center of the Philippines.

In July 1976, the National Nutrition Council had invited participants from ASEAN countries to a workshop to develop a common strategy for national nutritional surveillance systems. The workshop had recommended the types of information that should be assembled and a collection system. The Philippine participants were currently working out a pilot scheme to be conducted at provincial level.

¹ WHO Technical Report Series, No. 593, 1976.

The surveillance system would have four objectives: to measure phenomena that indicate the nutritional status of high-risk groups; to monitor the agricultural, socioeconomic and cultural factors that affect nutritional status; to identify nutritional problem areas for remedial action; and to test the feasibility of continuous data gathering in a locality.

Within the framework of the Philippine Nutrition Programme, data would be gathered mainly at household and municipal level but also at provincial and national levels; households would be randomly selected, using a special sampling design to ensure representative and longitudinal data. As an example, information on the money value of food consumed would be collected from households twice a year, and birthweight data would be collected from hospitals monthly. Staff involved would include municipal health officers, district school supervisors and Bureau of Agriculture Economics technicians.

Agricultural, economic, meteorological and other necessary data would be contributed by the appropriate agencies.

Dr CHRISTMAS (New Zealand) asked what were the objectives of the proposed surveillance programme.

Dr MAJID (Malaysia) thanked the Representative of the United Kingdom for his presentation on a subject of great importance to the Region. Nutrition and child health were interrelated, and in Malaysia there were many integrated programmes in which the two subjects were dealt with together. The nutrition programme was the only one administered by the Ministries of Health, Agriculture, and Education, as well as by the Prime Minister's Department. The health of the child depended on its state of nutrition, since much ill health and disease arose out of poor nutrition. It was intended to extend to the whole country a programme in child nutrition that had been initiated in several areas as a pilot project. WHO had assisted in the project by supplying a consultant. Dr Majid asked whether the intention in carrying out a nutritional surveillance programme was to process data in order to keep the state of nutrition of a particular group under surveillance or to enable countries to cope with nutritional problems arising out of food shortages, calamities, or other circumstances.

Dr ANGARA (Philippines) considered the main purpose of the programme to be the identification of nutritional problem areas so that remedial measures could be instituted. In the Philippines, over three million children had been weighed, and malnutrition of the first, second and third degrees among them had been quantified.

Dr NICHOLSON (United Kingdom) confirmed that the basic idea underlying the proposed surveillance programme was to identify the nature and extent of nutritional problems not only in the Western Pacific Region but also in other Regions, where they were sometimes worse. He referred particularly to chronic malnutrition, which could rapidly lead to famine

in the event of food shortage. The first step was to gather knowledge on a wide scale so as to be able to intervene if necessary. Indeed, the whole question of nutrition, at the national and global levels, could be developed on a broader scale. He himself had not been present at the Expert Committee and was not an expert in the subject.

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

4 SELECTION OF TOPIC FOR THE TECHNICAL PRESENTATION DURING THE TWENTY-EIGHTH SESSION OF THE REGIONAL COMMITTEE: Item 19 of the Agenda (Document WPR/RC27/13)

Dr TANAKA (Japan) observed that the theme of the Technical Discussions at the Thirty-first World Health Assembly, in 1978, was to be "National policies and practices in regard to medicinal products; and related international problems". He therefore thought that "National drug policies and management" would be the most timely topic for the Technical Presentation during the twenty-eighth session of the Regional Committee.

Dr FAAIUASO (Western Samoa) proposed the selection of "Country health programming", which was an important aspect of health administration and was of common interest to most Member States.

Dr GILL (Malaysia) said that health authorities in the developing countries of the Region were faced with high expenditure on drugs. That expenditure, though lower in absolute terms than it was in developed countries, usually accounted for a much higher proportion of the total health expenditure. Health authorities were also under pressure to increase the number of available drugs as the health services, especially in urban areas, expanded. All countries needed to rationalize their expenditure, so that resources were not wasted on expensive drugs of only marginal value. Member States were attempting to deal with the problems resulting from the continuous increase in the demand for drugs by developing national capabilities for producing drugs of natural origin; strengthening governmental control over the manufacture, import, and distribution of drugs; developing a central procurement system to meet the needs of the health services; establishing adequate distribution systems with built-in quality control; and other approaches. Those efforts had been hampered by the proliferation of drugs coming onto the international market; the increasing consumer demand for drugs; and differences in socioeconomic development, manpower and other resources, and health policies in various countries.

The choice of "National drug policies and management" as the topic of the Technical Presentation would enable the Member States of the Region to exchange ideas and experience on subjects of regional importance, such as drug procurement, the integration of traditional and modern drugs

in health care, regulatory controls, and the transfer of technology. The subject was a timely one also because the subject for the Technical Discussions at the Thirty-first World Health Assembly would be "National policies and practices in regard to medicinal products, and related international problems". Member States of the Region would thus have been able to discuss the main aspects of the topic in preparation for their participation in the Technical Discussions of the Health Assembly.

Mr SAFITOA (Papua New Guinea) supported the proposal by the Representative of Western Samoa, that "Country health programming" should be selected as the topic for the Technical Presentation, since it was very important in the developing countries of the Region, and several of the other subjects could be included under that broader heading.

Dr SENILAGAKALI (Fiji) said that the difficulty in procuring drugs from overseas and the high cost of those drugs were among the main problems facing South Pacific Island territories in that regard. In certain places, medical services were subsidized by the Government, but drugs were very expensive to private patients. The Government of Fiji therefore supported the proposal of the Representatives of Japan and Malaysia that the topic "National drug policies and management" should be selected.

Dr SUMPAICO (Philippines) agreed with the Representatives of Western Samoa and Papua New Guinea that "Country health programming" covered the other suggested topics as well. Therefore, instead of choosing only part of what was country health programming for the Technical Presentation, he proposed that the subject be discussed as a whole.

Dr EVANS (Australia), said that the Delegation of Australia found itself in the awkward situation of wanting to support all the topics suggested. The prevention of industrial accidents and rehabilitation of injured workers were very important in Australia, but the other topics were equally important and were of even greater importance in certain other countries. However, he had been persuaded by the remarks of the Representatives of Papua New Guinea, the Philippines, and Western Samoa that "Country health programming" covered many of the other aspects. His delegation therefore proposed the choice of that topic.

Dr CHRISTMAS (New Zealand) agreed with the Representative of Australia that all the suggested topics were applicable to the Region, although each country was affected differently by one particular aspect or another. He had previously considered "Developments in fertility regulation" as the most significant topic, especially in view of the emphasis that had been placed on child care and child health. On the other hand, it was logical that, if the Region was to participate actively in the Technical Discussions of the World Health Assembly, the Committee should prepare some programme beforehand. Since "Primary health care", which was part of "Country health programming", would be the subject of the Technical Presentation at the Committee's current session, he considered that it might be appropriate to choose a more specialized topic for 1977. Were such a system of alternation to be adopted, it might facilitate matters

in the future. New Zealand was as concerned as other countries were about the growing problem of cost selectivity and quality control of drugs, and therefore he would support the proposal of the Representatives of Japan and Malaysia that "National drug policies and management" should be chosen.

Dr KYONG SHIK CHANG (Republic of Korea) said that, since 1962, a family planning programme had been successfully implemented in the Republic of Korea and had been given priority by the Government. The 1975 population census had shown that, as a result of continuous efforts in that field, the average annual growth rate during the previous five years had been only 1.6%. However, the "baby boom" generation, followed by the Korean war in the 1950s, might cause a secondary baby boom during the next few years. In order to prevent rapid population growth and to maintain an annual growth rate of about 1.5% at least up to 1980, the Government of the Republic of Korea had drawn up a long-range programme of intensive nation-wide family planning for the next five years. He therefore urged the selection of "Developments in fertility regulation" as the topic for the Technical Presentation in 1977.

Dr DOS REMEDIOS (Portugal) favoured "National drug policies and management".

Dr TRAN NGOC DANG (Socialist Republic of Viet Nam) was in favour of the third topic suggested by the Secretariat: "Oral rehydration for diarrhoeal diseases including cholera", since that method could contribute to a large extent to inverting the death rate during the hot season, especially among children.

Dr LEPROUX (France) supported "National drug policies and management".

The REGIONAL DIRECTOR informed the Committee that an intercountry seminar on new developments in fertility regulation would be held in 1977.

The matter was then put to vote.

"National drug policies and management", having the largest number of votes, was chosen as the topic of the Technical Presentation during the twenty-eighth session of the Regional Committee.

The CHAIRMAN asked the Rapporteurs to prepare the appropriate resolution. (For consideration of the draft resolution, see the fifth meeting, section 2.4.)

5 TIME AND PLACE OF THE TWENTY-EIGHTH AND TWENTY-NINTH SESSIONS OF THE REGIONAL COMMITTEE: Item 20 of the Agenda

The REGIONAL DIRECTOR said that, at its twenty-sixth session, the Regional Committee had accepted a tentative invitation of the Government of Japan to hold its twenty-eighth session in Tokyo. If the meeting were to be held in Tokyo, the Committee would no doubt wish to decide that its twenty-ninth session be held in Manila, in accordance with resolution WPR/RC24.R10.

When a session was held outside the Regional Office the same number of staff, experienced in the preparation and translation of documentation, were naturally not available. If the twenty-eighth session was in Tokyo, the Regional Director asked the Committee to consider holding it from a Tuesday to a Monday, i.e. from 6 to 12 September 1977. This would give the Secretariat sufficient time to produce the summary records, draft resolutions, and finally the draft report for consideration on Monday, 12 September.

Dr TANAKA (Japan) confirmed the Government of Japan's invitation to the Committee to hold its twenty-eighth session in Tokyo in September 1977. In accordance with resolution WPR/RC22.R17, the Government of Japan would provide the required local facilities and undertake as much as possible of the additional expense involved.

The REGIONAL DIRECTOR thanked the Representative of Japan for confirming the invitation. He would be communicating with the Government of Japan in due course and an appropriate agreement would be prepared for signature by the Government and WHO. A staff member of the Regional Office would visit Japan early in 1977 to discuss arrangements for the meeting.

Dr SUMPAICO (Philippines) stated that he had pleasure in conveying, on behalf of the Government of the Philippines, an offer to act as host to the twenty-ninth session of the Committee to be held in Manila in 1978. The invitation would be confirmed formally in the near future.

Mr BOREHAM (Australia) said that the Delegation of Australia welcomed the Government of Japan's invitation to hold the twenty-eighth session of the Regional Committee in Tokyo and the announcement that it would bear the additional expenses involved. It agreed that in accordance with resolution WPR/RC24.R10 the Committee would probably wish to hold its twenty-ninth session in Manila; the Government of the Philippines offer to act as host was appreciated. The Delegation of Australia urged particularly that the twenty-ninth session be held in Manila, as it was evident that economy was involved in holding it at the Regional Office at least every second year.

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

The meeting rose at 11.00 a.m.