Proposals developed by the WHO Regional Office for the Western Pacific for support from the UNDP regional programme for Asia and the Pacific during the period 1982-86 are presented to the Regional Committee for review and, if they are approved, for endorsement. To assist UNDP in its eventual review the Regional Committee is also requested to allocate a priority to each proposal.
The preparation of proposals for support to WHO intercountry and interregional activities from the UNDP regional programme for Asia and the Pacific during the period 1982-86 commenced in mid-1980.

The WHO South-East Asian and Western Pacific Regions in their entirety and three countries of the WHO Eastern Mediterranean Region make up the UNDP Asia and the Pacific Region.

At the present stage, the three WHO Regions have developed separate proposals which, later in the programming cycle, will be combined where appropriate so as to present one consolidated proposal to UNDP.

The proposals will be considered by UNDP for implementation under the four following categories:

1. A (UNDP) region-wide programme;
2. A programme for the ASEAN countries;
3. A programme for the South Pacific countries or areas;
4. A programme for the land- or sea-locked least developed countries.

The proposals developed by the Regional Office for the Western Pacific are hereby submitted to the Regional Committee for endorsement. To enable the Committee to consider them in relation to the 1982-83 programme budget estimates they are presented under programme headings in accordance with the WHO Programme Classification Structure. It is understood that not all the proposals endorsed by the Regional Committee will necessarily find support from UNDP. The right-hand margin therefore contains an indication of the priority proposed for each one, which the Committee is also asked to endorse or alter as it thinks fit.

After consolidation where appropriate with those of the two other Regions, the proposals endorsed by the Regional Committee, together with the priority it accords to each one, will be forwarded to UNDP for review before 1 December 1980. The regional programme will be developed by UNDP in the early months of 1981 and by March 1981 agencies will be requested to start preparing project documentation for the proposals accepted.
UNDP REGIONAL PROGRAMME FOR ASIA AND THE PACIFIC, 1982-86

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Expanded training programme on primary health care and public health in China
1. HEALTH SERVICES PLANNING AND MANAGEMENT

1.1 Health care facilities planning, design, management and maintenance

Among the components of an existing project, hospital management, design and maintenance, ICP/SPM 006, are:

1. a short course on hospital administration for middle level administrators at the University of the South Pacific, Suva, Fiji;

2. a course for senior hospital administrators at the Institute of Public Health, University of the Philippines;

3. a course on the maintenance and repair of electromedical equipment at the Central Institute of Technology, Upper Hutt, New Zealand.

These activities are receiving support from the WHO regular budget and from extrabudgetary resources, including four months' preparatory assistance from UNDP (RAS/79/029) for the course at the University of the South Pacific. From January 1981, UNDP is also to make a contribution to the course at the Central Institute of Technology, Upper Hutt as part of its training programme for health personnel in the South Pacific (RAS/80/023).

The proposal for 1982-86 is a modification of the existing project, with the following objectives, approaches and requirements:

1. Strengthening of hospital administration in the South Pacific through the provision of advisory services, the development of standards, guidelines and manuals, and the organization of short training courses for non-medical hospital administrators. One long-term staff member, a non-medical hospital administrator, is needed.

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<td>1.1 Health care facilities planning, design, management and maintenance</td>
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(2) Strengthening of hospital administration, outside the South Pacific area, through the provision of advisory services and the development of standards, guidelines and manuals for the planning and management of hospitals. Activities will include studies on the use of low cost building materials and the design of health facilities, courses in hospital administration for senior level staff, courses or workshops in repair and maintenance of medical equipment, and courses in planning, architectural design and construction of health facilities. One medical hospital administrator is required as well as technical expertise in hospital nursing administration and health facility planning.

(3) Strengthening of skills in the repair and maintenance of medical equipment, through short training courses and through fellowships for study at the Central Institute of Technology (CIT), Upper Hutt, New Zealand. One full-time technical officer is required.

The duration of the programme is expected to be five years.

1.2 Primary health care

The objective is to achieve total coverage with health care through the implementation of well-planned primary health care programmes by self-reliant countries cooperating with one another.

The immediate objectives, which constitute the four components of the programme, are:

(1) To strengthen relevant national institutions and the networking of their various elements and functions in six countries or areas so as to achieve national and regional self-reliance in providing advisory services, conducting training and undertaking research in the field
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<td>of planning and management for health. Within each country or area, the activities of the institutions will be coordinated to form a national health development system. The national systems thus established will be coordinated to form a regional health development network.</td>
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<td>(2) To carry out research and development in primary health care in countries or areas of the Region, including four or more in the South Pacific. Under this component it is intended to select certain parts of each country or area where primary health care could be developed and implemented and to observe such processes as community involvement, the monitoring of community health needs and intersectoral coordination, in order to assist the central level of administration in health policy formulation. Research and development activities could be undertaken by national health development systems, where they exist, or could precede the establishment of such systems.</td>
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<td>(3) To promote technical cooperation among developing countries in primary health care. A number of research and development projects in primary health care already exist and more will be established. It is intended to promote the sharing of resources and information on the primary health care approach used in urban and rural areas, as a principal strategy in attaining health/2000. Activities will include the establishment or strengthening of national task forces or focal groups for primary health care, the development of national and regional coordination mechanisms, the organization of workshops and training courses and the exchange of staff and information.</td>
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<td>(4) To strengthen the contribution of nursing and allied health workers to primary health care. This will include courses in primary health care for trainers and the preparation of faculty for integrating primary health care into post-basic nursing curricula.</td>
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Proposal

It is anticipated that similar proposals from the WHO Regional Office for South-East Asia may enable the proposed programme to extend over most of the UNDP Region for Asia and the Pacific.

The duration of the programme is expected to be five years.

1.3 Regional institute for research and training in the use of natural products for medicine

It will be very difficult, if not impossible, to provide essential drugs of adequate quality and at reasonable cost to the entire population of most developing countries by the year 2000. Traditional systems of medicine, including the use of natural products and medicinal plants, have been in existence for many years. It is desirable to harness their use to supplement the provision of pharmaceuticals in health care. Research and studies are therefore necessary to validate therapeutic claims and to ensure that the products proposed for use are at least harmless. Several countries or areas have identified useful drugs of natural origin, mainly medicinal plants, and considerable efforts have been made to achieve standardization. Chemical, biological and clinical research to identify and isolate active substances which could be applied in modern medicine have been carried out extensively and certain important results have been obtained. These efforts have been somewhat sporadic and uncoordinated. To coordinate activities it is proposed that an existing research institute in the Region should be developed as a regional institute for research and training in the use of natural products for medicine. The proposal will complement the UNDP-supported project in China (CPR/79/004), a component of which will be the provision of equipment to the Institute of Materia Medica for research and quality control in the production of medicinal plants.

Products will be identified and selected for research and study on the basis of experience in using them in various countries of the Region. For this purpose it will be necessary to exchange information as well as to disseminate research findings. This will be effected through seminars and other meetings.
It is anticipated that a similar proposal from the WHO Regional Office for South-East Asia, for traditional medicine, may enable the proposed programme to extend over most of the UNDP Region for Asia and the Pacific.

The duration of the programme is expected to be two years.

1.4 Appropriate technology for health

This proposal covers several areas of health technology, namely information, water supply and the construction of health facilities.

1.4.1 Information system for appropriate technology for health

The application of appropriate technology for health will be an important activity for the development of health services in the Region. Of particular relevance is the technology needed to support primary health care and the rational use of high cost technology in specialist care.

This component of the proposal aims to develop a regional information system for appropriate technology for health that will:

1. identify and catalogue existing technology and information on its relevance, as well as research being carried out in technology development;

2. identify the needs for technology in health;

3. facilitate the exchange of information on appropriate technology for health between all interested groups;

4. ensure the coordination of appropriate technology for health with health programmes at national and regional levels.

A regional network of centres for the collection, analysis and dissemination of information will be developed, incorporating the national systems for appropriate technology for health information which it is expected will be established as a result of pilot projects in appropriate technology for health implemented during 1980-81.

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1.4.2 Demonstration programme in water supply and sanitation technology

Rapid evolution of innovative technological approaches to the many problems of water supply and sanitation development, together with the concurrent dissemination of information gained, is required, to meet the goals of the International Drinking-Water Supply and Sanitation Decade. New approaches will be evaluated and the results communicated through demonstration projects of an appropriate scale and level, designed to explore the most feasible of the new ideas for improvement. Development, research, demonstration, training and information transfer activities are included in the proposal in such areas as: the use of ferro cement in the construction of water systems; methods for the treatment, reuse or disposal of waste water; the selection of suitable pumps for community water supply; and means of reducing water waste in piped water systems.

1.4.3 Appropriate technology for the construction of health facilities

The objective is to improve the design and construction of health facilities at all levels of sophistication. In order to build facilities of optimum usefulness at reasonable cost a new approach in design and the use of low cost, locally available, construction materials is necessary. The proposal will be implemented through the provision of advisory services, the development of standards and guidelines and the organization of short courses. One full-time architect will be required.

It is anticipated that the WHO Regional Office for South-East Asia will participate in this programme.

The duration of the programme is expected to be three years.

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2. DRUG POLICIES AND MANAGEMENT

2.1 Technical cooperation among ASEAN countries in pharmaceuticals

This proposal, with that below for support for the South Pacific Pharmaceutical Service, will take the place of an earlier proposal still under consideration by UNDP (RAS/79/051).

In November 1979, the first meeting of the ASEAN countries on drug legislation, evaluation and quality assurance took place in Jakarta, Indonesia. Various components of possible regional policies were discussed extensively. The following conclusions were identified as being of most relevance in establishing priorities with regard to pharmaceutical programmes:

1. In the ASEAN countries, expenditure on drugs may account for approximately 40 per cent (or in excess of an estimated US$800 million in 1979) of the total health budget. Even with such massive expenditure, frequently of scarce hard currency, there is evidence that the needs of the population for products of proven quality, safety and efficacy, at reasonable cost, are not met.

2. There is an urgent need to rationalize and harmonize drug supply and management, including drug utilization.

3. There is a need to develop adequate levels of trained manpower to improve the present situation in order to meet a desirable level of self-reliance.

The long-term objective of WHO cooperation will be to ensure that sufficient and regular supplies of effective and safe essential drugs, of established quality and at reasonable cost, can be provided to all who need them.
A task force was created at the meeting in Jakarta to study the possibility of TCDC among the ASEAN countries in agreed implementation activities. Concrete proposals will be submitted to the second meeting on technical cooperation among ASEAN countries on pharmaceuticals to be held from 19 to 21 August 1980 for consideration as to feasibility and financial implications.

The task force has already identified, for immediate implementation, the following areas for possible TCDC:

1. the exchange of information on drugs which will involve the establishment and maintenance of an information centre;

2. training and exchange of expertise in drug supply and management;

3. development, production and utilization of regional standards and reference substances;

4. exchange of information on the list of essential drugs;

5. development of practical guidelines for the implementation of good manufacturing practices (GMP);

6. organization of a workshop on drug evaluation and control;

7. development of adequate quality control laboratories.

In addition, it is proposed to establish an ASEAN training centre for drug inspection, formulation technology, in-process control, and good manufacturing practices, in order to strengthen manpower capabilities and improve the quality of locally-produced essential drugs. A proposal for eventual submission to UNDP for preparatory assistance in 1981 is being prepared at present.
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<td>Ministers of Health of ASEAN, in a joint declaration at their meeting in Manila from 22 to 24 July 1980, identified pharmaceuticals as a continuing activity for collaboration.</td>
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<td>The duration of the programme is expected to be five years.</td>
<td>Priority 4</td>
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**2.2 South Pacific Pharmaceutical Service**

This proposal, with that above for technical cooperation among ASEAN countries in pharmaceuticals, will take the place of an earlier proposal still under consideration by UNDP (RAS/79/051).

On the recommendation of the Working Group on the Regional Aspects of Drug Policies and Management, held in Manila in March 1978, WHO is cooperating with South Pacific countries or areas in organizing a joint pharmaceutical service, comprising a purchasing service, warehousing, a quality assurance programme and a drug information service, with the objective of establishing bulk purchasing and quality control of pharmaceuticals and training in pharmaceutical inspection and drug quality control. UNDP provided preparatory assistance amounting to US$37 500 for a meeting of senior government officials in Auckland, New Zealand, in August 1979 (RAS/79/037) to discuss the technical aspects of the project in preparation for a ministerial conference which was held in Manila in November 1979.

Activities related to the establishment of a South Pacific pharmaceutical service will include detailed planning for the organization of its various functions such as procurement, distribution and quality control of drugs, planning of physical facilities for the joint purchasing office, a warehouse or warehouses and a quality control laboratory, and selection and procurement of equipment for the quality control laboratory.

Training activities will include selection of suitable candidates and preparation of training programmes.

The duration of the programme is expected to be four years.
### Proposal

#### 3. MALARIA AND OTHER PARASITIC DISEASES

#### 3.1 Manpower training programme in malaria control

UNDP support is being provided for three years from July 1980 to a manpower training programme in malaria control in New Hebrides, Papua New Guinea and Solomon Islands, where malaria is a major health problem adversely affecting socioeconomic development (RAS/79/021).

The objective is to strengthen national antimalaria programmes by providing intensive training in malariology for specialized staff of the antimalaria services as well as orientation in the field of malaria for general health services staff and others who contribute to alleviation of the malaria problem. It is also intended to promote applied field research on technical problems encountered in implementing the national programmes, and to establish a resource and information centre on malaria and its control, relevant to the South-West Pacific area, which will provide guidelines on training methods and prepare curricula, manuals and other materials for training.

The national malaria training centre started, with WHO collaboration, in Papua New Guinea in 1973 has more recently become a department of the College of Allied Health Services, Madang. It will become an intercountry centre under the manpower training programme, which will be based on the most immediate training needs of the antimalaria programmes of the participating countries. In addition to the various types of training course organized at the centre in Madang, the services of specialists from the centre will be available to cooperate, on request from the national malaria services involved in the programme, in the planning and organization of malaria training activities. Short-term cooperation will also be available in the planning and execution of applied field research. Cooperation will, in turn, be provided by WHO to the activities of the centre.

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<td>3. MALARIA AND OTHER PARASITIC DISEASES</td>
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<tr>
<td>3.1 Manpower training programme in malaria control</td>
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Priority 9
The first international course, a three-month course for senior technicians, started in Madang in July 1980. A short workshop on malaria was also organized for medical officers in Solomon Islands in July 1980. This is the first of a series of three workshops which are scheduled to be held in Honiara during the period 1980-1981.

The project document about to be signed by UNDP (RAS/79/021) provides for a contribution over the three-year period mid-1980-mid-1983 of US$544 000, corresponding to an average annual amount of US$181 300. An extension of the project up to 1986 is proposed.

It is anticipated that a similar proposal from the WHO Regional Office for South-East Asia may enable the programme to extend over most of the UNDP Region for Asia and the Pacific.

4. BACTERIAL, VIRAL AND MYCOTIC DISEASES

4.1 Diarrhoeal Diseases

4.1.1 Training and research for the control of diarrhoeal diseases

The diarrhoeal diseases control programme has, as one of its immediate objectives, the training of health staff at all levels in the management of diarrhoea, particularly the use of oral rehydration salts. A second important objective is to conduct research, mainly operational, in order to ensure that oral rehydration treatment is integrated into the health services and further to develop preventive and control measures in relation to diarrhoeal diseases.

The present proposal is aimed at intensifying national programmes for the control of diarrhoeal diseases by strengthening the training and research capabilities of appropriate institutions in Member States of the Region.

Several components are proposed:

(1) institution strengthening: identification of institutions suitable for carrying out training and/or research activities;
(2) preparation of training programmes for workers at the institutions, to provide training in either research methods or the management of diarrhoeal diseases;

(3) cooperation in carrying out national training courses on the control of diarrhoeal diseases;

(4) support to research studies.

Through this approach, a regional network of training and research facilities will be created which can be coordinated in terms of exchange of information and support for programme activities.

Activities will include the production of training materials, the organization of training courses, development of and support for demonstration research projects and training in research methods.

The duration of this component of the programme, which will be an extension of the regional training and outreach programme to control diarrhoeal diseases (RAS/79/057) involving countries in the South-East Asia and Western Pacific Regions of WHO, is expected to be five years.

4.1.2 Prevention and control of the interaction of diarrhoeal diseases and malnutrition

Both diarrhoeal diseases and malnutrition are important health problems in the Region, particularly among children. The interaction between the two conditions has been noted but further investigation is required to prevent and control situations where children exposed to malnutrition become more susceptible to diarrhoea, which, in turn, aggravates their precarious nutritional status.

The objective is to prevent and control the interaction of diarrhoeal diseases and malnutrition by:

(1) determining ways of preventing a deterioration in nutritional status following diarrhoea, which will include the dietary management of malnourished children who have diarrhoea;
(2) determining the cause of increased susceptibility to diarrhoea in malnourished children;

(3) identifying weaning and feeding practices during and after the occurrence of diarrhoea, with the objective of finding, through alternative forms of health education, culturally acceptable means of encouraging feeding;

(4) developing appropriate preventive and control measures as a result of the above studies;

(5) training health personnel and community members to implement those measures;

(6) on the basis of improved knowledge, evaluating progress and achievements and modifying approaches.

Activities will include the identification of target populations; socio-behavioural studies on the interaction of diarrhoeal diseases and malnutrition; the design and implementation of prevention and control measures; and evaluation.

The duration of this component of the programme is expected to be five years.

### 4.1.3 Manpower development programme for diarrhoeal disease control through rural water supply and sanitation

The development of rural water supply and sanitation systems is of high priority in Papua New Guinea and Solomon Islands, where present levels of service are low. The incidence of diarrhoeal diseases is high and a requirement of effective disease prevention and control is that rural villages should be provided with safe water supply and adequate excreta disposal systems. At the village level, a severe constraint is the lack of trained manpower to construct simple systems and to operate, maintain and repair them. Unless this capability is there, any system developed in accordance with the objectives of the International Drinking-Water Supply and Sanitation Decade will fall into disuse and be a waste of investment. Service level will not improve.
It is proposed to establish similar facilities and curricula in both countries and to train a cadre of about 300 trainers in Papua New Guinea and 250 in Solomon Islands. The trainers will train in turn a large corps of village level sanitary aids ("barefoot engineers"). The expanded manpower corps will carry out installations at field level and service rural water supply and sanitation systems, under the general supervision of a district level assistant health inspector. The proposal will entail the establishment of training facilities, the development of curricula and training modules, as well as the training of the initial group of trainers.

The duration of this component of the programme is expected to be three years.

4.2 Preparedness against outbreaks of arboviral diseases in the Pacific

A UNDP project document on preparedness against outbreaks of arboviral diseases in the Pacific was signed in May 1980 (RAS/79/032). The objectives of the project are to discover and report outbreaks of arboviral diseases as early as possible; to keep a sufficient reserve of insecticides and vehicle-mounted and portable spray equipment in selected places, called zone centres, to enable governments to respond rapidly to arboviral outbreaks; and to train staff in the use and maintenance of insecticide spray equipment.

Insecticides and spray equipment have been ordered and will be stored in five zone centres of the Pacific, namely, Rarotonga, Suva, Port Vila, Port Moresby and Nauru. They will be readily available for quick utilization in the control of recognized outbreaks of dengue/dengue haemorrhagic fever and Ross River fever.

The surveillance and monitoring of arboviral diseases in the South Pacific and the training of responsible staff will be carried out as part of the regular activities of the WHO intercountry epidemiological surveillance and disease control project in the South Pacific, based in Suva, in
collaboration with the authorities concerned in each country or area. The participating countries or areas are Cook Islands, Fiji, Kiribati, Nauru, New Hebrides, Niue, Papua New Guinea, Samoa, Solomon Islands, Tonga, Trust Territory of the Pacific Islands and Tuvalu. If necessary, emergency assistance will be provided to the areas under French and American jurisdiction from the WHO regular budget or from other extrabudgetary resources.

The project document already signed provides for an amount of US$126,275 for four years up to the end of 1983 (RAS/79/032). During the period 1984-1986 it is proposed to replenish insecticide stocks and purchase new spray equipment.

4.3 Training courses in vector biology and control

Because of the increasing incidence in the Western Pacific Region of vector-borne diseases, such as dengue haemorrhagic fever, Japanese and Murray Valley encephalitis, Ross River fever, bancroftian and brugian filariasis, malaria and, to a lesser extent, plague, it is felt that training courses in vector biology and control could strengthen the capability of governments to deal with the problem.

The objective is to conduct one national course and one intercountry or regional course a year during the period 1982-1986 in order to expand operational activities in vector surveillance and control. The target group for training will be health inspectors, laboratory technicians, entomologists and senior health officers responsible for vector control.

The duration of the programme is expected to be five years.

It is anticipated that the two above-mentioned proposals (4.2 and 4.3) may be consolidated with a proposal of the Regional Office for South-East Asia to extend over most of the UNDP Asia and the Pacific Region.

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5. EXPANDED PROGRAMME ON IMMUNIZATION

5.1 Services strengthening linked to training for the expanded programme on immunization

A considerable number of training activities have been undertaken in connexion with the expanded programme on immunization in the Western Pacific Region, particularly the training of senior and middle level health workers in national programmes. However, the impact of such training has been diluted because, although those responsible for the health services have become more aware of the importance of the expanded programme on immunization and have learned proper methods of vaccine management and administration, operational problems remain. The time lapse between training and the strengthening of operations may extend to several years, by which time the benefit derived from the training may be lost.

The aim of this proposal is to coordinate intensified training activities and the solution of operational problems, the key being to shorten the time between training and the provision of operational support.

The following strategies will be used:

(1) intensified training of first level supervisors of health workers who are performing immunization;

(2) identification of operational problems by the trainees;

(3) development of action plans to solve the problems;

(4) strengthening of the training of health professionals in immunization.

There will be three main components:

(a) national training courses for first level supervisors and similar workers;

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<td>5. EXPANDED PROGRAMME ON IMMUNIZATION</td>
<td>Priority 8</td>
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(b) support to national programmes in developing and carrying out plans of action for solving the problems identified during training;

(c) activities to strengthen the immunization component of curricula for training the health professions.

The training course for middle level managers already developed by WHO will form the basis for components (a) and (c). For services strengthening, consultants will be provided and, where necessary, limited amounts of technical supplies and equipment to permit the development of self reliance in the operation of the cold chain. In the least developed countries, vaccines and supplies and equipment will be provided.

Over a five-year period, it will be necessary to organize at least 15 national training courses in the Region and, in addition, an intercountry meeting to discuss the incorporation of the expanded programme on immunization into training curricula. To plan and develop such activities, as well as to provide technical support, an intercountry team with at least one full-time staff member will be required.

The programme, which could be combined with a similar proposal from the South-East Asia Region as a continuation of RAS/79/054, will extend to 1986.

6. PROMOTION OF ENVIRONMENTAL HEALTH

6.1 International Drinking-Water Supply and Sanitary Decade (IDWSSD)

It has long been recognized that safe drinking water and adequate sanitation are fundamental prerequisites for health. Efforts to improve such basic health services as water and sanitation are part of the overall primary health care approach for health/2000.
Since the declaration in 1978 by the United Nations General Assembly that the 1980s would constitute the International Drinking-Water Supply and Sanitation Decade, emphasis has been placed on improving the capabilities of Member States to provide a broader coverage for water and sanitation services. The fact remains, however, that much of the population of the Region, the rural poor in particular, does not have satisfactory access to such basic amenities. A significant effort will be required to meet the goals for the Decade.

During the early years of the Decade (1981-86) cooperation will be extended to Member States in consolidating their plans and strategies. Thereafter construction and the monitoring of systems will be the main activity. UNDP and other sources of funding are expected to make a considerable contribution to Decade activities with the World Bank playing a significant role in the construction phase. To fulfil the widely differing requirements, for WHO technical cooperation, of individual Member States, highly specialized expertise will be required within a coordinated multidisciplinary framework. WHO staff at both the regional and country level will be involved.

Objectives

The long-term objective of the programme is to provide support to national programmes for the International Drinking-Water Supply and Sanitation Decade, towards achievement of the goal of health/2000.

The immediate objectives are to support:

(1) the development and implementation of regional and national strategies for attainment of the targets of the International Drinking-Water Supply and Sanitation Decade;

(2) the Interagency Task Force for Water for Asia and the Pacific established by the Economic and Social Commission for Asia and the Pacific to monitor progress towards Decade goals;
Proposal

(3) the Resident Representatives of the United Nations Development Programme in countries, to enable them to fulfil their roles as focal points for the Decade.

Approaches

WHO cooperation will be extended in the formulation of national plans and programmes, including the mobilization of external and internal resources, the strengthening of national institutions and national capabilities for financing, organization, management, manpower development, implementation, operation, maintenance and monitoring. Facilities will be developed for the exchange of information, technical cooperation among developing countries, health education and utilization of appropriate technology, community participation and programme evaluation, in close coordination with related strategies for primary health care.

The following programmes are proposed:

6.1.1 Regional advisory team for the International Drinking-Water Supply and Sanitation Decade

The success of the primary health care strategy will depend in large measure upon the ability of Member States to provide safe drinking water and establish adequate sanitary excreta disposal practices. The International Drinking-Water Supply and Sanitation Decade, which will commence in 1981, will focus a considerable amount of activity in these areas. In order to initiate, coordinate, implement and follow through Decade activities, it will be necessary to establish a full-time intercountry advisory team consisting of a sanitary engineer, a community development specialist and a financial analyst. The Decade advisory team will be supported by a regional IDWSSD task force and will be responsible for coordinating and implementing the WHO programme of cooperation for the Decade. The team will also convene a series of workshops on IDWSSD in order to provide a forum for programme review and technical cooperation among developing countries.

The team will be established in the first place for five years.
6.1.2 Environmental health advisory services in the South Pacific

An existing intercountry project, environmental health advisory services, South Pacific, receives support from the WHO regular budget. It is proposed that countries or areas in the South Pacific will be provided with the continuing services of two sanitary engineers and various consultants to cooperate in a wide variety of activities in environmental health and to play a major role in developing and implementing the regional programme of cooperation for the International Drinking-Water Supply and Sanitation Decade in the South Pacific area in support of their highly varied needs and priorities for the Decade. Responsibility for the development and implementation of cooperation in country projects in the South Pacific will continue and the mission and objectives of the proposed regional IDWSSD advisory team (see 6.1.1 above) will be supported.

The duration of the programme is expected to be five years.

6.1.3 Regional water and sanitation manpower development

The lack of well-trained and experienced manpower will perhaps be the single greatest obstacle to face Member States during the International Drinking-Water Supply and Sanitation Decade and beyond. National manpower development programmes will need support and intercountry programmes will be required to overcome this deficiency. At the intercountry level, an integrated series of regional training courses and workshops is proposed, together with two intercountry projects on the training of water supply and sanitation personnel. The individual programme elements are as follows:

(1) regional training course in rural water supply and sanitation system development and administration;

(2) regional training course in surveillance of drinking water supply systems;
### Proposals

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<td>(3)</td>
<td>regional training course in water and wastewater laboratory methods and quality control;</td>
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<td>(4)</td>
<td>regional training course in maintenance and repair of rural water supply and sanitation systems;</td>
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<td>(5)</td>
<td>regional seminar on public health aspects of IDWSSD;</td>
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<td>(6)</td>
<td>intercountry facilities for training of water supply and sewerage personnel in the South Pacific area;</td>
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<td>(7)</td>
<td>intercountry programmes for training of water supply and sanitation system personnel;</td>
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<td>(8)</td>
<td>regional workshops on appropriate technology for water supply and sanitation development;</td>
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<td>(9)</td>
<td>regional workshops on community participation in IDWSSD.</td>
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*The duration of the programme is expected to be five years.*

### 6.1.4 Strategic resource mobilization analysis for rural water supply and sanitation

The provision of safe drinking water and sanitation to rural populations has been declared an essential element of the International Drinking-Water Supply and Sanitation Decade activities. During preparations for the Decade, each country or area of the Region has identified problems to be resolved and constraints to be removed in order to achieve the above-mentioned objective by the end of the Decade. It is important therefore that WHO should systematically identify a set of resource mobilization strategies to achieve maximum effectiveness in any given situation. A system will be formulated for analysing strategic resource mobilization plans for a specific demonstration.
Proposal

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country and alternative ways will be identified by which the country may eventually develop a self-sustaining capability for providing drinking water/sanitation to its rural population.

Operational objectives will include:

1. establishment of a system for analysing the financial, manpower and material resources mobilization capabilities of the country;

2. establishment of a system for analysing the appropriateness of technologies in water supply and sanitation under given local conditions;

3. establishment of a system for prescribing efficient manpower training schemes; and

4. formulation of a procedure for the generation, evaluation, elaboration and systematic revision of alternative plans for implementation.

The duration of the programme is expected to be three years.

6.1.5 Comprehensive information system for the International Drinking-Water Supply and Sanitation Decade

Information gaps severely restrict the ability of many Member States to improve their water supply and sanitation services. The lack of information affects all levels, from local officials unable to gain the attention of higher authorities to national officials who need access to international financial circles in order to secure funds for development. One major way of improving this situation would be for WHO, in cooperation with Member States and other agencies, to develop information systems catering to such needs.

The objective is to convene a regional workshop and a subsequent working group, the members of which would be at a senior level, to define and develop an
information system for the International Drinking-Water Supply and Sanitation Decade. This system will be tested in three Member States and then implemented regionwide.

The duration of the programme is expected to be three years.

6.1.6 Marine outfall monitoring in the South Pacific

Several marine outfalls are already discharging waste into lagoons or the ocean environment in the South Pacific area and more are under consideration for construction. It is proposed to develop a long-term monitoring programme for the South Pacific, including a regional institution to support national activities. The main emphasis will be on the training of local staff to carry out monitoring and surveillance activities for the protection of near-shore marine resources from inadequate waste-disposal practices. The Institute of Marine Resources, University of the South Pacific, could serve as the regional institute. Provision is made for a long-term marine biologist and for consultants, an environmental engineer and marine chemists, and related supplies and equipment.

The duration of the programme is expected to be three years.

6.2 Control of marine food fish poisoning (ichthyosarcotoxism)

Marine food fish poisoning is of great concern to populations inhabiting tropical and sub-tropical areas because of the suffering and death it causes and the nutritional problems it creates by limiting the use of fish protein. It also limits the development of a shallow water fishing industry.

While the dinoflagellate organism causing ciguatera (one of the most serious widespread forms of ichthyosarcotoxism) has been identified and the specific toxin causing the disease has been isolated and purified, a whole range of problems remain to be investigated. These are related to the ecological environmental factors which promote the growth and proliferation of the dinoflagellate;
the pharmacological, immunological and chemical aspects of the toxin; and the economic significance of ichthyosarcotoxism in relation to the development of local fish culture. Training of the manpower necessary for research and control programmes as well as for surveillance will have to be undertaken.

The objective of the proposed five-year programme of research and training is to develop an effective control and surveillance system for marine food fish poisoning through a network of collaborating centres, namely, a central laboratory and two sub-stations.

7. HEALTH MANPOWER DEVELOPMENT

7.1 Communications satellite educational support programme

The overall objective of the proposed University of the South Pacific-WHO satellite radio programme is to investigate and exploit the potential of the communications satellite as a medium for the delivery of WHO programmes and collaborative activities in the South Pacific.

It is divided into two phases as follows:

(1) Pilot period (2 years) 1982-1983

The pilot period is seen as a learning experience for WHO and participating countries. A project manager will be responsible for developing the programme. Satellite contact time will increase from 2 to 3 hours per month during the first six months to 8 to 8-1/2 hours per month by the last six months of the biennium. The following targets, making a total of 85 sessions amounting to 137 contact hours, have been established for the two-year period:

(a) 10 follow-up or advance sessions for conferences and training courses;
(b) 6 seminars on health subjects;
(c) 8 information-gathering discussions;

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<td>(d) 10 exchanges;</td>
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<td>(e) 3 short courses;</td>
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<td>(f) 2 full-length courses.</td>
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(2) Development period (3 years) 1984-1986

It is not expected that satellite contact time will exceed 8 to 8-1/2 hours per month. Programmes developed in the pilot period will continue, using seminar, follow-up or advance, exchange, and information-gathering formats. An increase in short and full length courses is expected. Terminals within the existing network will no doubt be upgraded to include facsimile and slow-scan transmission. This will open up new possibilities for the teaching of skills. There will also be greater use of production facilities at the University of the South Pacific studios but no substantial increase in full time staff for the project is foreseen.

The duration of the programme is expected to be five years.

7.2 South Pacific regional training and research centre for nursing/midwifery

This proposal results from one of the two major recommendations of the WHO Working Group on the Collaborative Role of WHO in Nursing/Midwifery in the South Pacific, which met in Suva from 1 to 5 May 1978. The scarcity of resources in countries or areas of the South Pacific, both for nursing manpower development and upgrading of services and practice, makes it imperative to pool the available national resources and coordinate them into a meaningful whole. This approach, based on the concept of technical cooperation among developing countries, will provide the mechanism whereby one developing country will request support and collaboration in nursing from another developing country.
The ultimate goal of the proposed centre is to strengthen nursing/midwifery education, administration, practice and research. Existing national institutions will be strengthened and combined as a consortium of schools, one institution housing the administrative component of the centre. A French "arm" of the centre will be established in one of the French-speaking countries.

Programmes will be established in the following areas: (1) teacher preparation; (2) nursing service administration; (3) continuing education to plan and implement workshops, seminars and short training courses in special areas; (4) provision of consultants to countries on request.

The duration of the programme is expected to be five years.

7.3 Assistant health inspector training modules

Assistant health inspectors are the key personnel in the implementation of environmental health activities in all countries or areas of the South Pacific. WHO has been active, with UNDP support, in developing and testing learning materials for use in national training courses. These materials are ready to be thoroughly reviewed and packaged, a task which requires the attention of personnel skilled in the procedure. The proposed one-year programme will ensure that the materials are appropriately and properly organized for use by ministries of health in national training courses for assistant health inspectors.

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Expanded training programme on primary health care and public health in China

The objective is to train, in China, workers from other countries in the organization of, and approach to, primary health care and the use of appropriate technology. Activities will consist of training courses, 15 in primary health care and 6 in acupuncture treatment, and study tours, 6 each in traditional medicine, environmental health and control of the four pests. Participants will come from the Asia and the Pacific and African Regions of UNDP.
Provisions will be needed to cover (1) the cost of travel and subsistence for participants in the courses and study tours and consultants for the training courses and for strengthening teaching approaches; (2) materials for teaching acupuncture treatment; and (3) supplies and equipment for the production of documents and teaching aids.

This proposal is for continuation until 1986 of an existing programme receiving support from UNDP (RAS/78/051) which began in 1979 and will end in 1981.