Preliminary discussions on consolidation of WHO proposals for support from the UNDP Programme for Asia and the Pacific during the period 1982-86 took place with the Director, Comprehensive Health Programmes, WHO Regional Office for South East-Asia in Manila during the week of 10 August 1980. As a result, three further proposals for programmes in the Western Pacific Region, to be amalgamated with programmes in the South East-Asia Region, were formulated.

Descriptions of the three additional proposals, in WHO programme classification structure order, are attached for consideration by the Regional Committee at the same time as those contained in document WPR/RC31/7. The suggested order of priority relates to the order of priority proposed in that document.
# LIST OF PROPOSALS BY PRIORITY

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1. NUTRITION

1.1 Development of a regional network of nutrition centres

The objective is to develop a regional network of nutrition research, development and training centres for the development of strategies appropriate to local conditions, relying on community resources and action.

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

1. To strengthen and develop a network of the relevant national institutions in order to achieve regional self-reliance in tackling the problems of malnutrition.

2. To identify critical nutritional problems and carry out research and development activities to find solutions which are inexpensive, locally available and culturally acceptable.

3. To evaluate the relative cost benefit and efficacy of alternative strategies for the improvement of nutritional status.

4. To provide technical cooperation among developing countries in nutrition.

5. To strengthen the nutrition component of primary health care through such activities as the development of modules and training, including seminars.

Programmes including the WHO intercountry projects on nutrition, maternal and child health and primary health care, the UNICEF/FAO projects on integrated rural development, the applied nutrition programme, national expanded programmes on immunization, on environmental sanitation and on health education, as well as projects proposed for UNDP support such as prevention and control of the interaction of diarrhoeal diseases and malnutrition (see document WPR/RC31/7), will all be linked up for mutual benefit.

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<td>1.1 Development of a regional network of nutrition centres</td>
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Expected outputs are:

(1) development and support of collaborative centres;
(2) regional self-reliance and technical cooperation with Member States;
(3) evaluation of the relevance and effectiveness of integrated nutrition activities as part of primary health care at community level;
(4) exchange of information on nutrition intervention strategies.

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

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

2. HEALTH EDUCATION

2.1 Health education in support of strategies for health for all through primary health care

The objective is to collaborate with Member States in further developing, strengthening and expanding health education activities, within the framework of primary health care, in order to realize the goal of health/2000.

The immediate objectives in achieving community participation and involvement in health care are:

(1) To plan, organize, implement, evaluate, support and supervise health education to secure individual, family and community participation in national primary health care programmes.
(2) To train primary health care workers, volunteers, indigenous medical practitioners, community leaders and personnel of other health-related departments and agencies in health education and community participation responsibilities; to train the key personnel responsible for training primary health workers in community organization and medical technology for health education; and to develop appropriate educational methods, audiovisual aids and communication media technology.

(3) To establish a collaborative centre to develop appropriate approaches, methods and materials for health education and community involvement.

(4) To develop training and practice manuals in health education, including teaching/learning materials and training aids, for both community health education and health education in schools.

(5) To strengthen audiovisual capabilities and media facilities in support of health programmes.

(6) To promote research into health behaviour, health education and community participation.

Linkages will be established with a view to integrating health education into the major health programmes, particularly those concerned with family health, environmental sanitation, the expanded programme on immunization and the control of diarrhoeal diseases, tuberculosis and malaria.

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. It will form an important component of the programme on primary health care (document WPR/RC31/7, Section 1.2).
3. DRUG POLICIES AND MANAGEMENT

3.1 Action programme on essential drugs

This proposal, together with those under Sections 2.1 and 2.2 of document WPR/RC3/7, Technical cooperation among ASEAN countries in pharmaceuticals and the South Pacific Pharmaceutical Service, will take the place of an earlier proposal still under consideration by UNDP (RAS/79/061).

The objective is to improve national procurement and distribution capabilities so as to provide drugs with a wider coverage and of better quality to the whole community, and particularly the rural and underserved areas.

In many developing countries of the Region, there are pressing problems concerning the procurement and distribution of drugs in support of primary health care, especially in the rural and underserved areas. With the frequent and sustained increase in the cost of drugs, the purchasing power of national drug budgets has progressively declined, putting strains on the supply and distribution system. Countries in the tropics are further handicapped by the higher rate of deterioration of drugs due to unfavourable climatic conditions.

The strengthening of national capabilities in drug procurement and stock control, at the various levels of distribution, will improve drug availability among other factors, by reducing wastage due to deterioration and changes in prescribing habits, and permitting smaller stocks to be held and a quicker turnover of budget funds.

Furthermore, the strengthening of national efforts in the manufacture of simple formulated pharmaceutical preparations will not only reduce costs but also lengthen shelf life by eliminating transportation time.

To achieve the objectives, it will be necessary to develop manpower in the areas of drug procurement and stock control as well as small-scale drug production. Skills in quality control, at the central level and the periphery, will need to be upgraded. Training courses and workshops will have to be provided for staff at the periphery of the distribution chain with respect to basic tests for confirmation of drug identity and the detection of gross degradation. It will also be necessary to provide equipment for small-scale manufacturing and the quality control of drugs.
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<td>The WHO Regional Office for South-East Asia has a similar programme, which, together with this proposal, will form the basis of a joint submission to UNDP. The duration of the programme is expected to be five years.</td>
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