REPORT OF THE REGIONAL DIRECTOR
TO THE REGIONAL COMMITTEE FOR THE WESTERN PACIFIC
THIRTY-FIRST SESSION

The Regional Committee for the Western Pacific, at its twenty-seventh session, considered it desirable (resolution WPR/RC27.R8) that the reports of the Regional Director to the Regional Committee should harmonize with those of the Director-General to the World Health Assembly. The Regional Director was authorized to issue in even-numbered years, beginning in 1978, a short report covering significant matters and developments during the preceding year and, in odd-numbered years, beginning in 1979, a comprehensive report on the work of WHO during the preceding two years. This is the second of the short reports and covers the period 1 July 1979 to 30 June 1980.

Resolutions

The resolutions of the Regional Committee referred to in this report can be found in the Handbook of Resolutions and Decisions of the WHO Regional Committee for the Western Pacific, Volume II, second edition, 1980.
The abbreviations used in this report include the following:

ASDB - Asian Development Bank
ASEAN - Association of South-East Asian Nations
DANIDA - Danish International Development Agency
ESCAP - Economic and Social Commission for Asia and the Pacific
GEMS - Global Environmental Monitoring System
IBRD - International Bank for Reconstruction and Development (World Bank)
PEPAS - Western Pacific Regional Centre for the Promotion of Environmental Planning and Applied Studies
SPEC - South Pacific Bureau for Economic Cooperation
SPPS - South Pacific Pharmaceutical Service
TCDC - Technical Cooperation among Developing Countries
UNDP - United Nations Development Programme
UNFPA - United Nations Fund for Population Activities
UNICEF - United Nations Children's Fund
USAID - United States Agency for International Development
WPACMR - Western Pacific Advisory Committee on Medical Research
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INTRODUCTION

1. In the two years since the International Conference on Primary Health Care took place at Alma-Ata in September 1978, the concept of health for all by the year 2000 (health/2000), through primary health care, has become widely accepted by Member States of WHO. At the thirty-first session of the Regional Committee, to which the present report will also be presented, representatives of Member States of the Western Pacific Region will discuss the first reports received on national policies, strategies and plans of action to achieve the accepted goal. Reorientation of national policies, together with new strategies and plans of action, are expected to entail major structural changes in ministries of health. Of necessity, such changes will have to be reflected within WHO, to enable it to provide effective support in responding to health and social issues and developing community self-reliance.

Strengthening of programme management

2. One of my first tasks, on commencing my term of office as Regional Director in July 1979, was to establish a working group for strengthening programme management in the WHO Western Pacific Region. The working group addressed major issues related to the achievement of health/2000, which can be expressed as two major commitments: (1) support to Member States in developing, implementing and evaluating their national strategies; and (2) management of WHO's resources in the Region to enable it to implement the general programme of work established by Member States through its governing bodies, the World Health Assembly, the Executive Board and the regional committees.

Regional health development group

3. As a first step, a multidisciplinary health development group was established at the Regional Office. The group will focus its activities on the development of appropriate managerial processes for the formulation and implementation of regional and national strategies for health/2000. It has been meeting regularly since August 1979 to make recommendations for the implementation of tasks assigned to me by the Regional Committee, such as preparation of an outline to be followed by Member States in reporting on their national policies, strategies and plans of action and the identification of objectives, targets and indicators to be used for monitoring progress as strategies and plans of action evolve.

Health problems of refugees

4. The health problems of refugees have been of growing concern to some countries of the Region and WHO fully shares this concern. Cooperation has been given in solving some of the problems, particularly in the fields of malaria, vector biology and control, provision of safe water supply and sanitation of the environment, and in the planning of refugee processing centres in the Philippines.

5. The following chapters briefly describe significant activities and developments between 1 July 1979 and 30 June 1980.
6. The thirtieth session of the Regional Committee for the Western Pacific was held in Singapore from 2 to 8 October 1979. Dr Andrew G.K. Chew, Singapore, was elected Chairman; Dr Raja Ahmad Noordin, Malaysia, Vice-Chairman; Dr S. Foliaki, Tonga, Rapporteur for the English language; and Mr Nguyen Van Trong, Viet Nam, Rapporteur for the French language.

7. Both the Sub-Committees of the Regional Committee have been assuming increasingly active roles in the work of the Regional Committee and thus in the work of WHO. At the thirtieth session, the Regional Committee adopted the recommendations of the Sub-Committee on Technical Cooperation among Developing Countries on activities for TCDC in the fields of primary health care, drug policies and management and health manpower development. The Regional Committee was still much concerned to define the true meaning of the term "technical cooperation" and to establish what, in the activities of WHO, the concept of TCDC embraced. It asked the Sub-Committee to discuss the meaning of the term in depth, together with mechanisms for its implementation and the role to be played by WHO. The Executive Board, at its sixty-fifth session, echoed the views expressed by the Regional Committee. Since the role of WHO, as coordinator of international health activities and in providing technical cooperation, was so important, the Board asked the Director-General to clarify the meaning of the term. A paper on the subject was prepared on behalf of the Director-General and transmitted to Regional Directors so that they could bring it to the attention of the regional committees. At its meeting on 16 and 17 June 1980, the Sub-Committee discussed the Director-General's paper in depth as well as its topic for review in 1980, the primary health care aspects of communicable disease control. A report was prepared for presentation to the thirty-first session of the Regional Committee.

8. The Sub-Committee on the General Programme of Work reported to the Regional Committee on (1) its review and analysis of the impact of WHO's collaboration with countries in primary health care, including the health manpower development aspects, drug policies and management as related to primary health care and certain aspects of disease control, such as tuberculosis; (2) its study of WHO's structures in the light of its functions; and (3) work carried out so far in supporting Member States to develop national policies, strategies and plans of action for health/2000. In relation to the latter, the Regional Committee commented on the contribution such strategies could make to the New International Economic Order.

9. In connexion with the report of the Sub-Committee, the Regional Committee raised the question of its role as a major policy-making organ and forum for promoting technical cooperation among Member States. If this were to be taken seriously, it was considered lamentable that certain Member States of the Region had been unable to make a contribution to the deliberations of the Committee because they had not been able to find sufficient funds to pay the cost of their representatives' attendance. This question was subsequently considered by the Executive Board and will be discussed by all regional committees at their sessions in 1980.

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1See document WPR/RC31/13.
10. In 1980 the Sub-Committee undertook to review the impact of WHO's programme of cooperation in Member States in relation to the expanded programme on immunization and the diarrhoeal diseases control programme. To make the review, four members of the Sub-Committee visited China, Guam and Philippines and three members visited Tonga and Papua New Guinea. The members met in Manila on 10 March 1980 prior to commencing their visits and again on 18 and 19 June 1980.

11. The Regional Committee adopted resolutions on health manpower development, requesting the Regional Director to continue to evaluate the programme; on the development of biomedical and health services research, requesting Member States to increase their efforts to improve career structures for research workers; on the cancer situation in the Region, urging the promotion of national cancer information systems; on immunization services and their evaluation; on the antimalaria programme; and on radiation medicine in public health. Steps have been taken to implement the recommendations of all those resolutions.

12. The Committee reappointed the representative of the Philippines as a member of the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases for a further period of three years from 1 January 1980.

13. The Committee accepted an invitation from the Government of the Republic of Korea to hold the thirty-second session in Seoul, noting that the representative of the People's Republic of China had asked for the reservation expressed by his delegation to be placed on record.

STRATEGIES FOR HEALTH FOR ALL BY THE YEAR 2000

14. In pursuance of resolutions adopted by the World Health Assembly and the Regional Committee,1 Member States started to formulate their national strategies for health for all by the year 2000. Based on progress reports received from Member States, a draft regional strategy was developed and reviewed by the Regional Committee Subcommittee on the General Programme of Work in June 1980.2 In the draft regional strategy, stress is placed not only on specific goals and programme components but on the need to improve and strengthen managerial processes for health development, incorporating country health programming, resource reallocation and national health programme budgeting, health programme evaluation and adequate information support.

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Country health programming

15. In many Member States of the Region, country health programming continued to be a mechanism for developing national strategies for achieving health/2000, the target agreed to as a policy by most countries or areas of the Region. Its value has been established as a practical way to identify health priorities and formulate appropriate programmes to respond to national needs. One important aspect of the process is that it facilitates coordination in planning between the various sectors which have an impact on the national health status. It also provides for coordination at different levels of administration.

16. The country health programming process is being used in Cook Islands, Fiji, Kiribati, Papua New Guinea, Samoa, Solomon Islands and Tonga. It is in the initial stages in New Hebrides. A similar approach is being used in Malaysia for the fourth five-year development plan.

17. The Philippines has completed its strategy for health/2000 and will use it as the framework for medium-term planning. China has developed a similar process for planning health development.

18. Various meetings on country health programming, organized by WHO, were actively supported by Member States of the Region. As well as courses on health planning, participants from the Region attended the Interregional Seminar on Country Health Programming, held in Yugoslavia in 1979.

Medium-term programming

19. With the completion of those for the programmes and sub-programmes under communicable disease prevention and control, regional medium-term programmes have been developed for most of the programme areas constituting the Sixth General Programme of Work.

20. A review of the experience gained in medium-term programming revealed the strengths and weaknesses of the process. It was recognized that the development of medium-term programmes had been useful in leading to clearer thinking with regard to programme management, in indicating areas requiring coordination, in providing knowledge on what was being or had been formulated at other levels and in other programmes and in fostering cooperation among all levels of the Organization. On the other hand, there was still insufficient linkage between medium-term programming and programme budgeting and medium-term programmes were not being used systematically for the monitoring of programme implementation.

21. It is hoped that, in the Western Pacific Region, the experience gained in formulating medium-term programmes during the period of the Sixth General Programme of Work will prove useful in developing similar programmes, based on the Seventh General Programme of Work, flexible enough to facilitate programme budgeting relevant to the goal of health/2000.
Health information system

22. Improvement in national health information systems is essential for the planning and management of health services. WHO cooperated in such activities through the health statistics programme (see paragraphs 150-152).

23. To strengthen and facilitate evaluation and provide for technical accountability, a routine review system, supported by the WHO information system, was initiated: of programme delivery at country level; of overall country health programmes; of individual WHO regional programmes. Guidelines were developed for such reviews.

TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES

24. Most WHO activities either promote or implement the concept of genuine and health specific technical cooperation among developing countries. However, certain selected activities which demonstrate the concept are worth noting.

25. The proposed South Pacific Pharmaceutical Service is of particular interest. A working group of senior government officials met in Auckland, New Zealand in 1979 to consider a report on the establishment of such a service. Subsequently, a ministerial conference was held in Manila in November 1979, at which a declaration of intent was adopted by twelve countries or areas of the Region. The Declaration called for the creation of a joint pharmaceutical service as soon as possible (see also paragraphs 78-79).

26. With the Regional Office for South-East Asia, support was extended to the five ASEAN countries in preparing for a meeting of ministers of health to be held in Manila in July 1980.

27. As described in paragraph 7, the Sub-Committee on Technical Cooperation among Developing Countries met in June 1980 to consider the primary health care aspects of communicable diseases control.

28. Both the South Pacific Conference on Primary Health Care, including Diarrhoeal Diseases Control and the Interregional Workshop on the Development of Health Teams in Rural Work mentioned later in paragraphs 40 and 41, provided fora for the exchange of experience in technical cooperation among developing countries and both stressed the need to convert the concept into action.

RESEARCH PROMOTION AND DEVELOPMENT

29. From 1979, approximately one half of the regional provisions for research promotion and development were reallocated to individual technical programmes. This policy was endorsed by the Western Pacific Advisory Committee on Medical Research (WPACMR) at its fourth session in April 1979. As a result, regional programme managers assumed greater responsibility for implementing research activities as an integral part of their programmes so as to relate research to the solution of health problems of regional and national importance.
30. Recommendations for research promotion and development made by WPACMR at its fourth session were subsequently endorsed by the Regional Committee at its thirtieth session. The Regional Committee also adopted a resolution requesting Member States to establish explicit goals for the strengthening of national research capabilities and to increase efforts to improve career structures for research workers. The fifth session of WPACMR was held in April 1980. Recommendations are being presented to the thirty-first session of the Regional Committee.

31. The Working Group on Medical Research Councils, the first of its kind in the Region, was held in Manila in February 1980. The Working Group emphasized the need to establish or to strengthen national medical research councils, defined the functions of a medical research council and drew special attention to the importance of developing a core of trained research workers and establishing a research career structure in each country in order to attract and maintain quality research personnel.

HEALTH SERVICES RESEARCH

32. Member States of the Region are showing growing interest in health services research as a basic tool for the management of health services. The WPACMR Sub-Committee on Health Services Research, which met in July 1979, made recommendations for the future expansion of the programme, the support of research studies, training research workers and information exchange. Subsequently, activities in all those areas increased significantly.

33. WHO cooperated in studies in Japan, Malaysia, Papua New Guinea, Philippines and Republic of Korea and research workers from Malaysia, Philippines and Republic of Korea are being trained in health services research.

34. The cost of health services is of concern to some Member States of the Region. Activities to promote studies in that area of research commenced. Australia, Republic of Korea and Singapore have all shown interest.

PRIMARY HEALTH CARE AND APPROPRIATE TECHNOLOGY FOR HEALTH

35. It is recognized that several countries have already developed health care systems based on primary health care. In others, substantial progress was made in promoting and implementing primary health care as the key approach to achieving health/2000.

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2See document WPR/RC31/23.

3Formerly the Task Force on Health Services Research.
36. A number of Member States, among them Fiji, Samoa and Tonga, have already embarked on primary health care programmes. Malaysia completed the second phase of a survey with a view to further improvement of health services coverage through primary health care.

37. In Papua New Guinea, a national workshop on the operational aspects of primary health care was held in Port Moresby and activities are being developed in selected provinces.

38. In the Philippines, a retrospective study of the research and development project at Tacloban, Leyte (in region VIII) was completed. The experience gained encouraged the Government to implement primary health care throughout region VIII, which has a population of three million. Thus a contribution of major significance was made to formulation of the national strategy for health/2000.

39. China, with its great experience, started a programme for training in primary health care, supported by WHO and UNDP. Three rural areas (or counties) were designated as pilot areas: Conghua County, Guangdong Province; Jiading County, Shanghai; and Yexian, Yantai, Shandong Province. The primary health care network in the three rural areas will be designated WHO collaborating centres and will be linked internationally with similar primary health care networks. In the second half of 1980, workshops in primary health care for international participants will be conducted at the three centres.

40. Support of national workshops continued in Kiribati and Trust Territory of the Pacific Islands and also in the Republic of Korea where a national workshop on nursing/midwifery input in primary health care was held in July 1979. In addition, the South Pacific Conference on Primary Health Care, including Diarrhoeal Diseases Control, held in August 1979, encouraged closer cooperation among Member States in the area.

41. Several other important meetings on primary health care were sponsored by WHO, in particular an interregional workshop on the development of health teams in rural work at Tacloban, Philippines in October 1979, a regional workshop on nursing/midwifery personnel in primary health care in Manila in late 1979, and the Asian and Pacific Regional Workshop on Developing Primary Health Care as a Key Strategy to Achieve Health for All by the Year 2000, in Chiangmai, Thailand in June 1980.

42. Progress was made in developing a regional information system for appropriate technology for health. In November 1979, an interregional consultation was held in Manila on the design of such an information system. Several countries expressed their interest in participating in a network of collaborating centres for appropriate technology for health information.
43. Appropriate technology was developed or applied in the following areas: (1) the expanded programme on immunization - a cold box for the transport and storage of vaccine; (2) the diarrhoeal diseases control programme - the preparation and use of oral rehydration salts; (3) hospital maintenance services - solar water heaters and the use of biogas. Other studies for promoting the use of appropriate technology were undertaken in the fields of environmental health and traditional medicine.

HEALTH SERVICES DEVELOPMENT

44. Collaboration was extended in all aspects of health services planning and management, including training, to support countries in developing their strategies for health/2000.

45. More specifically at country level, attention was directed towards providing support in the country health programming exercises mentioned in paragraphs 16-17, strengthening health information systems, and integrating primary health care within special programmes such as water supply and sanitation programmes, malaria, diarrhoeal diseases control and the expanded programme on immunization.

46. In Kiribati, cooperation was given in reviewing the health sector component of the national development plan with a view to project formulation.

47. In New Hebrides, significant progress was made in two areas: the training of health inspectors and integration of the curricula of the British and French nursing schools. Activities in preparation for approaching Independence also progressed, particularly in support of health planning and health legislation.

48. In Papua New Guinea, development of the health services at the periphery received most attention. The functions of the aid post and training of the aid-post orderly were studied. Considerable progress was made in achieving a standard curriculum for the aid-post orderly training schools.

49. The restructured health care delivery system, which constituted a major national effort, is now fully operational in the Philippines. A manual on management of the rural health unit was finalized and a formal course for the training of sanitary inspectors was introduced at the Institute of Public Health. Rehabilitation of the disabled became a national priority and a survey was planned as a first step towards development of a programme.

50. Considerable progress was made in the management of hospital services in the Republic of Korea. A programme for training senior hospital staff in hospital administration was formulated, a model project to develop and test hospital management methods was started, and an operational research study of nursing activities was carried out.
51. In Samoa, planning and management at the central level were strengthened and country health programming was followed by programme and project formulation, especially in support of environmental sanitation and development of the basic health services, through primary health care. A plan for an expanded immunization programme was completed.

52. In Solomon Islands, the health component of the national development plan, 1980 to 1984, was finalized. Priority was given to development of health services in support of primary health care and to health manpower development. WHO cooperated in improving environmental sanitation, water supply in particular, and in manpower development, especially training nurses and health workers in malaria control. Support was also extended in strengthening the immunization services.

53. WHO was able to strengthen its cooperation in health planning and programme development activities in Tonga. A review of the health plan was completed and an expanded immunization programme is being formulated.

54. The following special training activities were conducted through the intercountry programme:

(1) course on maintenance and repair of electromedical equipment, at the Central Institute of Technology, New Zealand;

(2) course on hospital administration for the South Pacific, Suva, Fiji;

(3) course on hospital administration at the Institute of Public Health, University of the Philippines;

(4) three courses on management training in a region of the Philippines, resulting in a health plan for that region;

(5) training in the development of health teams, at the College of Health Sciences, Madang, Papua New Guinea. This was an initial activity with a view to establishing the College as part of a national collaborating network for health development.

55. Programme and project evaluation received increasing attention as an aspect of health services management. WHO cooperated in activities such as a functional analysis study of the Philippine Ministry of Health, evaluation of the programme for training village health workers in a pilot area of the Philippines and evaluation of a similar programme in Solomon Islands.

LABORATORY TECHNOLOGY

56. Attention continued to be directed towards public health work and the strengthening of laboratory support in the area of primary health care, including the training of appropriate staff for peripheral laboratories. Activities in Fiji, Kiribati, Lao People's Democratic Republic, Papua New Guinea, Tonga and Viet Nam should be mentioned particularly.
57. Intermediate and peripheral levels of service were improved by the introduction of new tests, standardization, and the training of staff. Group educational activities contributed to those improvements. In particular, courses were held in Hanoi for chiefs of provincial laboratories (on haematology and blood transfusion in December 1979 and on biochemistry in January 1980); a course on the laboratory diagnosis of the most important pathogenic bacteria was held in Manila in October 1979; and a workshop on laboratory methods in the diagnosis of poliomyelitis and measles was held in Manila in March 1980.

RADIOLOGICAL TECHNOLOGY

58. Member States continued to show interest in the intercountry programme on radiation health, as indicated by requests to send participants to regional courses in radiation protection and for cooperation in radiation protection and dosimetry programmes. In October 1979, the Regional Committee adopted a resolution requesting the Regional Director to continue efforts towards cooperation in this field.¹

59. Inservice technical training, with a view to improving radiographic procedures in basic medical care and assessing the need for further radiographic training, continued to be provided to ten countries or areas of the Region. A regional training course on radiation protection, supervision and inspection was held in Manila in November/December 1979.

60. Cooperation was extended to the Philippines in strengthening the national radiation health office to enable it to provide support services for the maintenance and repair of X-ray and other medical equipment throughout the country and to the Republic of Korea in radiation protection services and dosimetry. As mentioned in paragraph 54, training in the maintenance and repair of electromedical equipment is also being carried out at the Central Institute of Technology, New Zealand.

MATERNAL AND CHILD HEALTH

61. Family health, embracing as it does maternal and child health, family planning, nutrition and health education, is of fundamental importance to strategies for health/2000. In addition, primary health care is aimed at the family as the fundamental structure of the community.

62. The first phase study of the risk approach in maternal and child health was completed in Malaysia. This included collection of data, the analysis of which is to follow. It is expected that more interest in the approach will be generated as a result of the Workshop on Risk Approach in Maternal and Child Care held in Nottingham, England in April 1980. Interest is already being shown by China, Philippines and Republic of Korea.

63. A working group on health needs of adolescents was held in Manila in March 1980, with the objective of reviewing existing knowledge in the Region and identifying the types of training, service intervention and research needed.

64. A sub-regional seminar for South Pacific countries or areas on new developments in fertility regulation was held in Suva in December 1979. One of the objectives was to identify research priorities relevant to the area. For the first time, special emphasis was placed on psychosocial and cultural influences on fertility variables. Study tours of international workers in maternal and child health care within China enabled experience to be exchanged.

65. UNFPA continued to be the major source of support for cooperation in the programmes in Cook Islands, Kiribati, Malaysia, New Hebrides, Papua New Guinea, Philippines, Samoa and Tonga. A UNFPA mission visited Solomon Islands with a view to continuing cooperation in the family health programme there. Draft requests for a family health and a community health education and participation project were formulated. With UNFPA support, cooperation commenced with China in developing training centres for family planning personnel and a training centre for professional staff working in maternal and child health/family planning, in strengthening family planning service statistics and programme evaluation, and in maternal and perinatal care service and research.

NUTRITION

66. In Fiji, Kiribati, Papua New Guinea, Philippines, Republic of Korea, Samoa, Solomon Islands and Tonga, efforts in the field of nutrition focused mainly on developing and strengthening national food and nutrition policies and programmes and the integration of nutrition activities within health programmes in the context of primary health care.

67. Other activities in countries included an in-depth epidemiological study on malnutrition, the design of nutrition services, training, development of community nutrition surveillance, food fortification and evaluative research.

68. The Regional Seminar on Nutrition and Family Planning, held in Manila in October/November 1979, called attention to the integration of nutrition activities within health programmes, while emphasis at the Interregional Workshop for Trainers of Community Health Workers in Nutrition, held in Manila in February 1980, was on the development of methods whereby a set of guidelines could be utilized for the task-oriented training in nutrition of community health workers.

69. Following the Joint WHO/UNICEF Meeting on Infant and Young Child Feeding, which took place in Geneva in October 1979, consultations were held with countries to encourage breastfeeding and also to support the development of appropriate codes of conduct for the marketing of breast milk substitutes. Malaysia and Papua New Guinea already have such codes of conduct while the Philippines has established a task force to study the subject. Plans were finalized to hold national seminars in Hong Kong, Malaysia, Philippines and Samoa.
70. Research activities were mainly in breastfeeding, nutritional anaemia and vitamin A fortification. Within the global action-oriented research, development and training programme in nutrition, formulation of a regional strategy commenced. The WHO Task Force on the Programme of Research on Control of Vitamin A Deficiency and Xerophthalmia, held in November 1979, identified major problems needing research. Relative priorities were assigned to each research area.

71. The Food and Agriculture Organization cooperated in food and nutrition policy planning and, together with the United Nations University, in the regional training programme. In the Republic of Korea, UNICEF contributed to the development, monitoring and evaluation of the applied nutrition programme. Collaboration was extended to the World Food Programme in activities relating to the health aspects of food supplementation and food for national economic development projects in Fiji, Lao People's Democratic Republic, Philippines, Republic of Korea, Samoa and Viet Nam.

HEALTH EDUCATION

72. Health education is an essential element for the achievement of community involvement in health/2000. Of major significance in health education was the trend towards systematic integration of health education in the curricula of primary and secondary schools and teacher training institutions. Cooperation for that purpose was extended to Kiribati, Papua New Guinea and Solomon Islands. The training of health workers in health education and the strengthening of national capabilities in providing media support for the enlistment of public cooperation in health programmes received added emphasis. For example, communication strategies were developed in the Lao People's Democratic Republic by strengthening audiovisual facilities, and plans are under way, in collaboration with the World Bank, to expand media capabilities in Malaysia and the Philippines.

73. Efforts to strengthen the health education component of various health programmes continued. On the basis of a study of the human factors involved in the control of leprosy, development of activities aimed at enlisting community support commenced. Cooperation for that purpose was extended to Papua New Guinea. Similar efforts to enlist community support for the development of water supply and sanitation activities are being made as part of the intensified programme for the International Drinking-Water Supply and Sanitation Decade.

74. In one province of Papua New Guinea, the promising results obtained from efforts to involve the community in DDT spraying operations are being studied further to gain some understanding of the community approach in malaria control.

MENTAL HEALTH

75. Steady progress was made in implementing the mental health programme, with emphasis on the formulation of national mental health policies, particularly in developing countries, and the integration of activities for mental health into the general health services.
76. A questionnaire was sent to countries or areas of the Region, to ascertain whether national advisory or coordinating groups for mental health programmes existed. National workshops on mental health were convened in the Republic of Korea and Solomon Islands. Such workshops, drawing on experts from various disciplines to identify priority areas in mental health, constitute a necessary and very useful preliminary activity for increasing the awareness of decision-makers and initiating activities.

77. A working group on the prevention and control of alcohol-related problems met in Tokyo in May 1980, to make recommendations on a programme for combating the alarming increase in the consumption of alcohol in countries of the Region. The importance of international exchange of experience in educating health workers involved in the programme was stressed.

PROPHYLACTIC, DIAGNOSTIC AND THERAPEUTIC SUBSTANCES

78. A working group, of senior government officials from the ministries of health, finance and planning of the South Pacific countries or areas, met in Auckland, New Zealand in August 1979, to discuss the report of the WHO/SPEC Task Force on the Establishment of the South Pacific Pharmaceutical Service (SPPS). The proposal was that the Service should comprise a joint purchasing service, a warehousing arrangement, a quality control laboratory and a drug information service. Its management structure would consist of a Joint Management Board, an Executive Committee and an operational pharmaceutical services organization. The Working Group provided technical information in preparation for the Conference of Ministers of Health of the South Pacific Countries/Areas on Technical Cooperation in Pharmaceutical Supplies, held in Manila in November 1979.

79. At the Ministerial Conference, a declaration of intent was adopted by 12 countries or areas of the South Pacific, calling for the creation of a joint pharmaceutical service for the South Pacific, in accordance with the report of the Task Force, within the shortest possible time. At the same time, it was decided that a more detailed examination of the most appropriate location for the joint purchasing service and for a warehouse, or warehouses, should be carried out, before a final decision could be taken by the Joint Management Board of the SPPS. The Conference also called for further detailed examination of the financing of the Service. For this purpose a study mission of one month commenced at the end of May 1980. A draft memorandum of agreement has also been sent for comment to countries or areas of the South Pacific.

80. Sub-regional workshops on drug quality control and management were held in Suva, Fiji, in December 1979 and in Kuala Lumpur, Malaysia, in February/March 1980.

1See document WPR/RC31/25.
EPIDEMIOLOGICAL SURVEILLANCE OF DISEASES

81. In July 1979, a review of regional needs and facilities for training in epidemiology was finalized. This was followed by development of plans for strengthening the training component of the epidemiological surveillance programme.

82. In Papua New Guinea, a network of persons responsible in each province for reporting unusual disease occurrences was established and the first national seminar on epidemiological surveillance provided refresher training to these and other related staff. A monthly report on communicable diseases, with an extensive narrative, continued to provide feedback to national health workers and to the international community. A comprehensive training programme for health workers in the control of sexually transmitted diseases was developed and implementation commenced.

83. Serological surveys on several communicable diseases were carried out in Papua New Guinea and the Philippines in collaboration with the WHO Serum Reference Bank, Tokyo.

84. In the South Pacific, cooperation was extended, through the intercountry epidemiological surveillance and disease control project, in investigating an outbreak of skin diphtheria in Samoa, in the control of sexually transmitted diseases in Kiribati and in vector control activities throughout the area.

85. WHO participated in a workshop on curriculum development to include the teaching of epidemiology, organized by the newly formed Korean Society of Epidemiology.

86. The exchange of data on communicable diseases was enhanced. The Australian Department of Health commenced to issue a regular monthly report with narrative, data were received quarterly from Viet Nam and data for 1978 were received from China. Based on such information received from Member States, WHO now issues a monthly report on diseases with epidemic potential, a quarterly report on diseases under the expanded programme on immunization and a semi-annual report on other diseases of public health importance.

87. In 1979, Ross River Fever, never previously observed in Fiji, occurred there in epidemic form. WHO was able to provide emergency support and will continue to collaborate in surveillance and control activities.

DIARRHOEAL DISEASES CONTROL

88. This very important programme, expanded and intensified as a result of resolutions adopted by the Thirty-first World Health Assembly and the Regional Committee at its twenty-ninth and thirtieth sessions, made a


good start. Two meetings were held in 1979, one in Manila and one in Suva, which resulted in a regional plan for the programme. To date, eleven countries or areas of the Western Pacific Region have national plans for diarrhoeal diseases control.

89. For WHO, the main emphasis of the programme is on oral rehydration, training and research. With support from UNDP, training centres are being developed starting with a regional training centre in the Philippines.

90. To stimulate and coordinate research on diarrhoeal diseases, a sub-committee of WPACMR met in April 1980 to prepare a plan of action for research. It is noteworthy that priority will be given to operational research to find the best method of introducing oral rehydration therapy.

ACUTE RESPIRATORY INFECTIONS

91. Significant events included the first meeting of the Regional Advisory Panel on Acute Respiratory Infections in September 1979 and the Technical Presentation during the thirtieth session of the Regional Committee in October 1979. The acute respiratory infection unit at the Institute of Medical Research, Goroka, Papua New Guinea, the first one to be established in the planned regional network, was further developed. Collection of data on morbidity and mortality in defined rural and urban populations commenced, as well as data on etiological agents and environmental and host factors. Local staff were trained for the purpose. A basic model was established for the computer processing of the data collected. Importance is attached to the early development of evaluation methodology. To that end a consultant visited Goroka in June 1980.

92. The Government of the Philippines is interested in establishing an urban and a rural acute respiratory infection unit. Planning of these units is well advanced. A national staff member received training at the unit in Goroka on pneumococcal typing. The possibility of establishing similar units in China and Malaysia is being discussed.

VIRAL HAEMORRHAGIC FEVERS

93. WHO collaborative activities, which focused on dengue haemorrhagic fever for several years, now include Korean and other viral haemorrhagic fevers.

94. Dengue haemorrhagic fever continued to claim first priority for control among viral haemorrhagic fevers. In pursuance of recommendations made by the Technical Advisory Committee on Dengue Haemorrhagic Fever at its third meeting in December 1978, potentially interested institutes and research workers were approached to provide information to WHO on dengue haemorrhagic fever cases. The technical guides for the diagnosis, treatment, surveillance, prevention and control of dengue haemorrhagic fever, last issued in 1975, are being updated, and should be available during 1980. A workshop on detecting dengue viruses by the mosquito inoculation technique was held in Kuala Lumpur in late 1979.

1See document WPR/RC30/TF/l.
95. In the Philippines, research studies carried out with WHO support included a longitudinal study of dengue haemorrhagic fever and a study on the effectiveness of a community-based health education programme in Aedes aegypti larval control.

96. With the Regional Office for South-East Asia, support was given to research being carried out at the Department of Pathology, Ramathibodi Hospital, Bangkok, which it is hoped will lead to the development of a vaccine against dengue haemorrhagic fever.

97. The WPACMR Sub-Committee on Communicable Diseases, at its meeting in December 1979, concluded that Korean haemorrhagic fever was more widespread in China, Japan and the Republic of Korea than had previously been accepted. Isolation of the agent has been successful in at least one laboratory and serological studies to ascertain the distribution of the disease are indicated.

98. An interregional meeting on viral haemorrhagic fevers was held in New Delhi in March 1980 at which a number of haemorrhagic fevers were discussed, in addition to dengue haemorrhagic fever and Korean haemorrhagic fever.

TUBERCULOSIS AND LEPROSY

Tuberculosis

99. Despite the decline in infection rate observed among infants and school entrants, tuberculosis remains a major health problem in most countries of the Region. The WHO regional tuberculosis control team collaborated with five countries in the further improvement of national tuberculosis programmes, particularly their evaluation and the training of health workers. The National Institute of Tuberculosis, Philippines made a field assessment of BCG vaccine produced by the regional BCG production laboratory at Alabang, Metro Manila. The 0.5 and 0.75 mg/ml vaccines were potent and caused negligible complications. It was concluded that they could be released for routine use in the national tuberculosis programme. In Samoa, cooperation accelerated in the further integration of tuberculosis control activities into the general health services, particularly with regard to case-finding among patients showing symptoms and provision of regular treatment.

100. A review of tuberculosis research activities in five countries of the Region pointed to the need to organize a meeting of research workers to discuss common problems in tuberculosis control.

Leprosy

101. Collaboration was extended in evaluating control programmes and in training health workers in leprosy control. In Papua New Guinea and the Philippines, intensive training programmes were conducted for health workers involved in the countrywide leprosy control programmes. Two courses for workers in the Pacific, including Papua New Guinea, were held at the Leprosy Training Centre, Suva, Fiji.
102. The WHO leprosy programme continued to be a major recipient of extrabudgetary resources through the Voluntary Fund for Health Promotion, with contributions mainly from the Japan Shipbuilding Industry Foundation, but also from the New Zealand Leprosy Trust Board, the Government of Switzerland and the Damien Foundation.

MALARIA

103. The malaria situation improved to some extent, although not in all countries. While, in some instances, the more favourable situation appeared to be directly related to measures taken to strengthen the antimalaria services and field operations, elsewhere little headway was made in surmounting some major obstacles. The malaria-free status in countries from which the disease had been eradicated was maintained. A WHO evaluation team for the certification of malaria eradication visited Australia in early 1980.

104. The Regional Workshop for Directors of Antimalaria Programmes, held in September 1979 in Kuala Lumpur, provided an opportunity to review the regional programme, emphasize the new malaria control strategy and identify areas for applied field research and training requirements. At the same time, the great variety of vector control measures currently employed was reviewed. Particular emphasis was placed on active community participation in the application of antimalaria measures.

105. Studies in New Hebrides and Papua New Guinea contributed greatly to a clear recognition of the prerequisites for successful community participation. These included thorough pre-operational education and information, continuous technical support and supervision, and reasonable remuneration.

106. Cooperation in the development of malaria manpower focused on orientation workshops or seminars for national general health services staff and specialized training for staff of the antimalaria services.

107. Following the Joint WHO/USAID Task Force Mission on the Malaria Training Programme for Asia, negotiations were initiated with the Government of Malaysia with a view to accommodating the secretariat of the programme at the Institute for Medical Research, Kuala Lumpur.

108. A UNDP/ESCAP mission recommended support for the establishment of an intercountry malaria training centre for senior technical personnel of the South-West Pacific area. The College of Allied Health Sciences, Madang, Papua New Guinea, was considered a suitable location for such a centre.

109. The resistance of malaria parasites to antimalarial drugs continued to be one of the major technical difficulties encountered in several countries of the Region. WHO cooperated in establishing, in Manila, the production of kits for global use in the in vitro testing of chloroquine sensitivity, in the training of technicians in the technique, and in the development of an improved version of the test kit. WHO also cooperated with a number of institutions in various countries, largely through the Special Programme for Research and Training in Tropical Diseases, in the promotion of malaria research, including immunology, chemotherapy and applied field research.
110. Training courses in vector biology and control for health inspectors and vector control staff were organized in Suva during the early part of 1980.

FILARIASIS

111. Control of both forms of lymphatic filariasis (Brugian and Bancroftian) using diethylcarbamazine (DEC) progressed, particularly in endemic countries of the South Pacific.

112. Research activities in Samoa included completion of the disease prevalence survey on the two main islands, Upolu and Savaii, to determine the microfilarial infection rate; initiation of mass drug administration, using DEC for all individuals aged four years or more in one community and selective treatment of persons positive for microfilariae in another; and monitoring of adverse reaction to DEC. Entomological activities included mosquito and larval surveys on both islands; observations on the breeding habits of vectors; and field trials with insecticides against the adult and larval forms of the vector of Bancroftian filariasis.

113. An intercountry workshop on serology of parasitic diseases was held in Kuala Lumpur in March 1980.

EXPANDED PROGRAMME ON IMMUNIZATION

114. Steady progress was made in strengthening immunization services and coverage in the Region. There are now fifteen countries or areas actively participating in the programme. Efforts were directed mainly towards training, the cold chain and the provision of vaccine, with collaboration and support from UNICEF.

115. A new type of training course for middle-level managers was successfully introduced in Papua New Guinea in September 1979. A special and, at least for the Region, unique one-week course for WHO field staff was held in Suva in February 1980. This proved to be a most valuable experience, both in identifying programme needs in the South Pacific and in evaluating current training materials.

116. The cold chain continued to be a major preoccupation. Various technological improvements are being introduced through the regional programme. Advances were made in cold box design and production and in improving the efficiency of refrigerators for vaccine storage. The management and maintenance of the cold chain is as important as the technology and training materials were developed for health workers and technicians in refrigerator maintenance.

117. The majority of countries or areas of the Region continue to obtain their vaccines from abroad. This creates cold chain problems even before the vaccine arrives in the country and is of particular concern in the South Pacific. Initial steps were taken to prepare a regional strategy for vaccine storage and distribution.
118. Exchange of information with China is expected to have mutually beneficial results. Viet Nam developed an immunization programme in which WHO is collaborating closely. Papua New Guinea, Philippines and the countries or areas of the South Pacific all continued to expand their programmes.

119. The regional information system for the six diseases covered by the Expanded Programme on Immunization and for development of immunization services was strengthened. The Programme has not yet had a clearly identified impact on mortality and morbidity but future activities will concentrate more on evaluation and monitoring.

CANCER

120. The Second Regional Working Group on the Organization of Comprehensive Cancer Control Programmes was held in October 1979. It was recommended that WHO should collaborate in the preparation of national cancer plans so as to avoid unnecessary duplication of effort and provide support in the more rational use of resources. The need to develop training programmes for health workers of various categories and to integrate national programmes into the general health services, including the primary health care system, was stressed.

121. Collaboration with China in the field of cancer commenced, particularly in research activities being carried out at institutes in Beijing, Shanghai and Guangzhou. Four participants from countries in the Region attended a course on cancer epidemiology organized in Beijing in collaboration with WHO and the International Agency for Research in Cancer.

122. Collaboration was extended to the Republic of Korea in the development of cancer registries at the major hospitals in the country.

123. With cooperation from WHO, three groups of research workers, established by the Asian Pacific Association for the Study of the Liver, studied the incidence and nature of primary liver cancer and chronic hepatitis in the Asian Pacific area. At a workshop held in Singapore in October 1979, the three groups of workers made recommendations on strategies for further research.

CARDIOVASCULAR AND METABOLIC DISEASES

124. Support was provided in evaluating the community control programme for rheumatic fever and rheumatic heart disease in Pangasinan Province, Philippines. The utilization of primary health workers in the programme was found to be feasible but local medical officers need to be trained in cardiology if the programme is to be extended to other areas.

125. The WPACMR Sub-Committee on Cardiovascular and Metabolic Diseases met in December 1979. Among the Sub-Committee's recommendations were (1) that a registry of studies being carried out on the epidemiology and control of cardiovascular and metabolic diseases should be maintained at the Regional Office with a view to improving collaboration; (2) that the regional course
on epidemiology and community-based control of cardiovascular diseases should be held biennially. A constraint to control was that, in many instances, the price of antihypertensive drugs and benzathine penicillin was too prohibitive to permit nationwide programme coverage.

126. Collaboration commenced with China, particularly in research activities being carried out at institutes in Beijing, Shanghai and Guangzhou.

127. With the collaboration of epidemiological investigators from two Melbourne hospitals, a population survey was carried out in Fiji to ascertain the incidence and nature of cardiovascular and metabolic diseases, including the risk factors. Analysis of the data from the survey will contribute to the formulation of a control programme.

128. WHO also cooperated in activities for the development of hypertension control in the Republic of Korea and in coordinating studies being carried out by various Korean research workers.

ORAL HEALTH

129. The main objectives of the regional medium-term programme for oral health are to obtain maximum population coverage by oral health services and to control and prevent dental caries and periodontal diseases through implementation of current preventive techniques. Commitments in support of the programme were made by participants attending the WHO Course in Public Health Dentistry, held in Singapore and Malaysia in June 1979. The WHO Collaborating Centre for Research in Dental Caries and Periodontal Diseases, Wellington, New Zealand actively participated in the launching of prevention-oriented activities.

130. Findings from a significant study, carried out in Republic of Korea, Samoa and Tonga, to establish a profile of periodontal disease development, are expected to contribute greatly to the control and prevention of such diseases.

131. WHO cooperated with Japan, Malaysia, Republic of Korea, Singapore and the South Pacific islands in developing or strengthening oral health programmes. The interests of China are being identified in the area of research in dental sciences and periodontal diseases and in strengthening the oral health services at all levels, especially through primary health care. The use of fluoride to reduce the incidence of dental caries in children expanded to more countries or areas. In Lao People's Democratic Republic, WHO cooperated in repairing or establishing dental units at the School of Medicine and other treatment centres.

PROMOTION OF ENVIRONMENTAL HEALTH

132. The regional environmental health programme continued to expand. Emphasis was placed on environmental health planning and management and on activities in preparation for the International Drinking-Water Supply and Sanitation Decade, the objectives of which, guided by the primary health care approach, are an essential component of the goal of health/2000.
133. The International Drinking-Water Supply and Sanitation Decade, designated by the United Nations General Assembly at its thirty-second session,\(^1\) will commence in January 1981. With its objective, directed towards the goal of health/2000, of providing safe water supply and effective waste disposal facilities for all by 1990, it forms a major strategy for disease control. To comply with resolution WHA30.33\(^2\) adopted by the Thirtieth World Health Assembly and to ascertain the present situation at country level, Member States were requested to prepare a report on the status of their community water supply and sanitation facilities. Nine Member States of the Region submitted such reports, namely, Fiji, Malaysia, Papua New Guinea, Philippines, Republic of Korea, Samoa, Singapore, Solomon Islands and Tonga. The reports confirmed wide disparities between needs and present levels of service in a number of countries.\(^3\)

134. Although emphasis during the Decade will be on manpower development, health education and community participation will also form integral components of WHO programmes of cooperation. Village-level workers will be trained in the construction, maintenance, operation and repair of small water supply and sanitation systems. Plans were made for WHO to cooperate in such training in Fiji, New Hebrides, Papua New Guinea, Philippines, Samoa and Solomon Islands. In preparation for the Decade, a bi-regional (South-East Asia and Western Pacific) workshop was held in Manila in April/May 1980, the objectives of which were to impart knowledge and achieve common understanding on the most appropriate strategies to be used and to promote and facilitate a coordinated action plan for the organization, monitoring and implementation of the Decade's activities at country level. A short course on pre-investment planning in water supply and sewerage development was held in Kuala Lumpur in September 1979.

135. WHO is cooperating, or is planning to cooperate, in rural water supply and sanitation programmes in Cook Islands, Fiji, New Hebrides, Niue, Papua New Guinea, Philippines, Samoa, Solomon Islands and Tokelau.

136. In many countries or areas, accelerating economic development, usually the harbinger of environmental pollution, caused environmental issues to increase in significance. WHO cooperated in institutional development, in the legislative and administrative aspects of environmental impact assessment programmes and in environmental planning in general.

\(^1\)See United Nations General Assembly resolution 32/158 of 19 December 1977.


\(^3\)See document WPR/RC31/22.
137. The Western Pacific Regional Centre for the Promotion of Environmental Planning and Applied Studies (PEPAS), located in Kuala Lumpur, continued to meet the increasing demand for cooperation in environmental planning. Air and water pollution control programmes were initiated and elementary approaches to basic excreta disposal and sanitation expanded. Where needed, more complex approaches were applied in relation to the control of industrial wastes, vehicle emission control, and the design of air and water quality monitoring/surveillance systems. In collaboration with the United Nations Environment Programme, regional programmes for the surveillance and monitoring of air and water pollution were implemented. These programmes include elements of the Global Environmental Monitoring Systems (GEMS), and provide for support to national monitoring stations, the training of national staff, and the collection of air/water data and information.

138. In the area of food safety, there is growing concern with regard to the introduction of toxic and hazardous substances in the food chain, through either the ecological system or additives in processing. A working group on food hygiene and safety was held at PEPAS in October 1979 to review regional problems and to recommend further action in support of related food safety programmes.

HEALTH MANPOWER DEVELOPMENT

Health manpower planning and management

139. Health manpower planning is as yet a relatively new development in many countries or areas of the Region. Modest beginnings with studies related to selected categories of health personnel, carried out in Guam (environmental health and nursing personnel), Republic of Korea (junior college training programmes for health workers) and Papua New Guinea (review of the medical curriculum), were seen as entry points to more comprehensive studies on national health manpower. Such studies will eventually incorporate examination of the current role and function of each category of health worker, how they are utilized and their continuing education and career patterns, as well as review and modification of existing curricula to increase their relevance. This has already taken place in Guam and a consultant will return to study nursing education and nursing manpower in detail.

140. A feasibility study for establishing a national teacher training centre for health personnel in Malaysia, under the auspices of the Public Health Institute which is an important training arm of the Ministry of Health, provided another entry point to health manpower planning. A consultant visited Malaysia in November 1979 to develop final details of the Centre which is now being established. With only a small increase in staff, health manpower planning could be undertaken there. Additional manpower studies are planned for Malaysia and the Philippines.
141. Lack of intersectoral collaboration, especially between the producers of health manpower, usually the Ministry of Education, and the users, usually the Ministry of Health, was recognized as a major constraint to national health manpower programmes. Such collaboration is now seen in a wider context, for example as a function of the national health development networks which are important components of strategies to achieve health/2000. Interest has already been shown in organizing national seminars with multisectoral participation to develop this type of collaboration.

**Promotion of training**

142. WHO-conducted studies on migration of health manpower revealed the vast investments governments have made in training for the health professions. Yet in many national institutions there is still a shortage of the trained teachers and other resources necessary to provide appropriate training for health workers increasingly called upon to undertake responsibilities requiring specialized technical knowledge and skills. WHO cooperation continued through full-time staff at the Fiji School of Medicine, and at the Schools of Nursing in Cook Islands, New Hebrides and Papua New Guinea.

143. In accordance with the policy of continuously seeking ways to improve the fellowships programme and in implementation of a recommendation of the Conference on Regional Cooperation in the WHO Fellowship Programme, held in 1979, a study on the utilization of past WHO fellows was initiated. There was a significant increase in WHO collaboration with China, especially through the fellowships programme. Experience, in this collaboration, is still limited and improvements in administration of the programme are constantly being introduced.

144. In Lao People's Democratic Republic, a contract with Technoexport USSR enabled the School of Medicine in Vientiane to fulfil its teaching responsibilities. There are currently 24 full-time or part-time lecturers in the country under this scheme.

145. In Solomon Islands an innovative approach is being successfully implemented to train a core of nurse educators through a special contractual arrangement with Armidale College of Advanced Education, Armidale, New South Wales, Australia. Teaching teams from the College are responsible for the programme and will hold six residential schools over a two-year period, five in Solomon Islands and one at Armidale followed by active teaching in selected schools of nursing.

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Educational development and support

146. As a result of continuing cooperation from WHO in the training of teachers of health personnel in countries of the Western Pacific Region such as Malaysia, Philippines and Republic of Korea, there is now a nucleus of teachers able to address national needs and problems. While only two national teacher training centres have been established so far, a third, in Malaysia, is being established at present. Plans for establishing a similar centre have also been developed in Japan. A unit of medical education is to be established at the Faculty of Medicine, University of Singapore. Similarly, after participation in intercountry activities for health personnel education and the organization of a national workshop on medical education in Beijing in May 1980, a decision was made by the Government of China to establish a national institute for research in medical education and teacher training.

147. As an approach to the achievement of health/2000 through primary health care, task oriented, competency based training is being promoted, as in the training of medical assistants in Tonga. The sharing of curricula modules between institutions and Member States was pursued, particularly in nursing. A regional module bank was established in the Philippines as an expression of technical cooperation among developing countries. Development of teaching/learning materials for users of low educational achievement, who are important in the delivery of primary health care, was pursued.

148. At a recent meeting of deans of medical schools, the role of medical schools in promotion of the primary health care approach was among the topics discussed.

149. The potential of the communications satellite, which currently serves countries or areas of the South Pacific Basin, as a medium for implementation of the WHO programme of cooperation with Member States was investigated. A tentative programme was drawn up, covering a period of two years, and extrabudgetary support is being sought to implement it. Many studies have already indicated that a communications satellite is an effective educational tool. As such, the programme is seen as a potential for overcoming the isolation of countries in the South Pacific and the difficulties encountered in interisland communication.

NATIONAL HEALTH INFORMATION AND STATISTICS

150. Activities of significance in cooperating with individual Member States included the development of health management information systems; preparations for the initiation of studies on lay reporting; and development and review of medical records systems in hospitals, formulation of plans for further development and, in one case, preparation of a simple manual.

151. A regional workshop on national health information systems was conducted in Kuala Lumpur in June 1980. This provided an opportunity for Member States to exchange experience, to identify technical and technological problems associated with health management information systems in support of the planning, management and evaluation of health development programmes and to formulate possible approaches to the solution of such problems.
152. A Western Pacific regional data bank for economic, social and health indicators is being established which should assist in obtaining an integrated overview of the situation in the Region.

STAFF DEVELOPMENT AND TRAINING

153. Implementation of the regional medium-term programme for staff development and training, first formulated in 1978, began with the appointment, in January 1980, of a programme manager.

Priorities for action were identified and work started on:

(1) workshops for the reorientation of WHO and national staff to the Organization's new policies and directions, particularly health/2000, primary health care and technical cooperation among developing countries;

(2) teambuilding programmes to develop the skills of staff members to enable them to participate effectively in the multidisciplinary approaches that will form the basis of programme management;

(3) upgrading of support staff skills and knowledge, so as to increase the amount and level of administrative support provided to the technical staff.

GENERAL SERVICES AND SUPPORT PROGRAMME

154. Basic Agreements were signed with the Governments of Solomon Islands, Tuvalu and Viet Nam.

155. As a result of the Working Group for Strengthening Programme Management in the WHO Western Pacific Region, the staffing of the Regional Office was reorganized.

156. The appointment of professional administrative officers to some of the WHO Programme Coordinators' offices enabled the Regional Director to delegate increased responsibilities to WHO Programme Coordinators at country level.

157. The air-conditioning system of the main building of the Regional Office was replaced.

EXTERNAL COORDINATION FOR HEALTH AND SOCIOECONOMIC DEVELOPMENT

158. Joint activities continued with other agencies within the United Nations system and with other extrabudgetary funding agencies. WHO acted as executing agency for projects supported by the United Nations Development Programme in countries or areas of the Region and for a UNDP-supported intercountry programme. As well as the important programme of training in primary health care described in paragraph 39, UNDP-funded study tours and training courses in primary health care, acupuncture and traditional medicine were organized in China. WHO also participated in UNDP intercountry programming missions to the South Pacific.
159. WHO continued to act as executing agency for UNFPA-supported activities at both country and regional level and this increased to a considerable extent when UNFPA decided to support an extensive programme of cooperation in China.

160. Collaboration with UNICEF was mainly in the area of primary health care while administrative coordination continued with respect to supplies for the expanded programme on immunization and the diarrhoeal diseases control programme.

161. The Director-General assigned responsibility to the Regional Office for the Western Pacific for overall coordination of WHO and Asian Development Bank (ASDB) activities which involve the WHO Eastern Mediterranean, South-East Asian and Western Pacific Regions. A memorandum of understanding between WHO and ASDB was prepared, on general working arrangements with respect to specific pre-investment and investment activities in the fields of environmental health and health services, including water supply, sanitation, health care, population, malaria control, nutrition and drug production and distribution. Collaboration with ASDB in those fields increased.

162. In several countries or areas of the Region and in several programme areas, closer collaboration was achieved with the International Bank for Reconstruction and Development.

163. Other activities included maintaining contacts with Member States with a view to promoting the concept of health development within the New International Economic Order and the Meeting of ASEAN Ministers of Health mentioned in paragraph 26.

164. Collaboration with the Southeast Asian Medical Information Centre continued, through participation in meetings organized by the Centre.

165. The main contributor of extrabudgetary resources continued to be the Japan Shipbuilding Industry Foundation, to programmes for communicable disease prevention and control, including leprosy control and the prevention of blindness, health services development and research, mental health, drug policies and management and pharmaceuticals, health manpower development and the management of research. Other major contributors included the Government of Australia in support of the programme for the prevention and control of communicable diseases, the Government of the Netherlands for strengthening the Institute of Hygiene in Ho Chi Minh Ville, Viet Nam, and DANIDA in support of a training course on radiation protection, supervision and inspection and the drug policies and management programme.