REPORT OF THE SUB-COMMITTEE OF THE REGIONAL COMMITTEE ON THE GENERAL PROGRAMME OF WORK

Part I

The Regional Committee Sub-Committee on the General Programme of Work met on 18 and 19 June 1980 to review (a) proposals for a regional strategy for health/2000, based on the reports received from Member States on national policies, strategies and plans of action; and (b) the reports of members of the Sub-Committee who had visited countries earlier in the year to study the impact of WHO's cooperation in their expanded programmes on immunization and their diarrhoeal diseases control programmes.

During its meeting the Sub-Committee also undertook to recommend to the Regional Committee that it should continue its work in connexion with WHO's structures in the light of its functions by reviewing the implications of resolutions WHA33.17 and WHA33.19.

This document constitutes Part I of the Sub-Committee's report, on its review of the reports on country visits. It also outlines the Sub-Committee's terms of reference for 1980. Part II of the Sub-Committee's report, presenting the proposed regional strategy, and Part III, on WHO's structures in the light of its functions, are contained in separate documents, WPR/RC31/15 and WPR/RC31/16.
1. INTRODUCTION

The Sub-Committee on the General Programme of Work of the WHO Regional Committee for the Western Pacific met on 18 and 19 June 1980 to review proposals for a regional strategy for health for all by the year 2000 and make recommendations thereon to the Regional Committee as well as to review the reports of members who had made visits to countries earlier in the year. The purpose of the visits, in March 1980, was to study the impact of WHO cooperation in the expanded programmes on immunization and the diarrhoeal diseases control programmes.

Part I, Section 3, of the Sub-Committee's report contains a report on the country visits made by its members. Part II, prepared separately for presentation to the Regional Committee under item 16 of the provisional agenda, contains its recommendations for a regional strategy for health for all. Part III, also prepared separately for presentation under item 17 of the provisional agenda, contains its comments and recommendations on resolutions WHA33.17 and WHA33.19, adopted by the Thirty-third World Health Assembly on the study of WHO's structures in the light of its functions.

The following members undertook the country visits in March:

Dr Liu Xirong, China
Dr Yuji Kawaguchi, Japan
Dr Bryan Christmas, New Zealand
Dr Solia Fa‘aiuaso, Samoa
Dr Koh Thong Sam, Singapore
Dr S. Foliaki, Tonga
Mr Nguyen Van Trong, Viet Nam

The following members were present at the meeting of the Sub-Committee:

Dr Liu Xirong, China
Dr Yuji Kawaguchi, Japan
Dr Bryan Christmas, New Zealand
Dr Solia Fa‘aiuaso, Samoa
Dr Koh Thong Sam, Singapore
Dr S. Foliaki, Tonga
Dr Nguyen Quang Cu, Viet Nam

1 The present document, WPR/RC31/14.


3 See document WPR/RC31/16 and Section 2 of the present document, WPR/RC31/14.
The meeting was formally opened by Dr S.T. Han, Director, Programme Management, on behalf of the Regional Director. Dr Han welcomed the members from China, Japan, New Zealand, Samoa, Singapore, Tonga and Viet Nam.

In his introductory statement, Dr Han stressed the importance for the Sub-Committee's work of continuity of representation as well as the significance to the Organization's work and to the planning activities of Member States of the issues before the Sub-Committee. He also explained the various issues to be discussed by the Sub-Committee and suggested that the report should be divided into three parts, each dealing with one subject.

Dr S. Foliaki was elected Chairman and Dr Solia Fa'aiuaso, Dr B. Christmas and Dr Koh Thong Sam, Rapporteurs, for each of the subjects dealt with by the Sub-Committee.

2. TERMS OF REFERENCE

For 1980, the terms of reference of the Sub-Committee were as follows:

(1) In relation to its review and analysis of WHO's collaboration with countries, to conduct studies on:

   (i) the diarrhoeal diseases control programme;
   (ii) the expanded programme on immunization.

(2) In connexion with the formulation of strategies for health for all by the year 2000, to review and make recommendations on the draft regional strategy to be considered by the Regional Committee at its thirty-first session.

Although the terms of reference of the Sub-Committee in relation to the study of WHO's structures in the light of its functions, as indicated in its report to the twenty-ninth session of the Regional Committee1 and confirmed in resolution WPR/RC29.R18, ended with the submission of the final regional report in 1979, it was thought appropriate that the Sub-Committee should undertake a review of the implications of resolutions WHA33.17 and WHA33.19 in view of its initial involvement with the study. The Sub-Committee therefore undertook to recommend to the Regional Committee that its terms of reference should be expanded to include the review.

3. REVIEW AND ANALYSIS OF WHO'S COLLABORATION WITH COUNTRIES

In relation to its review and analysis of WHO's collaboration with countries, the subjects chosen for study were the expanded programme on immunization (EPI) and the diarrhoeal diseases control programme.

3.1 Country visits

Visits were made by members of the Sub-Committee to China, Guam, Papua New Guinea, Philippines and Tonga in order to gain information on the nature of the programmes at national level.

The visits made were as follows:

China visited by:  
Dr Liu Xirong, China  
Dr Bryan Christmas, New Zealand (Rapporteur)  
Dr Solia Fa'aiusano, Samoa

Guam and the Philippines visited by:  
Dr Liu Xirong, China  
Dr Bryan Christmas, New Zealand  
Dr Solia Fa'aiusano, Samoa (Rapporteur for Guam)  
Dr S. Foliaki, Tonga (Rapporteur for Philippines)

Papua New Guinea visited by:  
Dr Yuji Kawaguchi, Japan (Rapporteur)  
Dr Koh Thong Sam, Singapore

Tonga visited by:  
Dr Yuji Kawaguchi, Japan (Rapporteur)  
Dr Koh Thong Sam, Singapore  
Mr Nguyen Van Trong, Viet Nam

Reports of the country visits were prepared and submitted to the WHO secretariat.

These reports are summarized as follows:

3.1.1 China

The report of the visit acknowledged the great progress made in developing health services to cover the whole population in an effective manner. With regard to the health situation, there had been a great reduction in the incidence of communicable diseases. Less than 5% of deaths were now due to communicable diseases.
Coverage by the immunization programme ranged from 80 to 90% of the population. Implementation and monitoring of the programme were effected through the peripheral health services under the direction of the anti-epidemic stations. Vaccines were produced at seven institutes, each institute maintaining its own quality control. The diseases included in the programme were diphtheria, pertussis, tetanus, poliomyelitis, measles and tuberculosis.

It was noted that there were inevitably some problems with the cold chain, in view of the size of the country and the distances to be covered. It would be desirable to standardize operational procedures and vaccine production and quality control procedures.

WHO collaboration in the immunization programme had been so far limited to a technical visit undertaken in October 1979. The recommendations made in the report on that visit were endorsed by the Sub-Committee.

It was noted that the diarrhoeal disease control programme was implemented through an integrated preventive and curative approach. The anti-epidemic stations were responsible for surveillance and investigation of diarrhoeal outbreaks, as for all communicable diseases. Great efforts were being made to introduce improved sanitation, especially clean water.

It was recommended that WHO should extend its collaboration in the two programmes in the following areas: cold chain, vaccine production and quality control, use of WHO standards for vaccines, use of oral rehydration salts, and postgraduate training in water supply engineering.

It was also suggested that a great potential existed for collaboration with the research institutes of vaccine and serum and other appropriate technical institutions. The scope for large-scale epidemiological research was of great interest to WHO. The use of fellowships and other means for the exchange of technical information was recommended.

3.1.2 Guam

The report of the visit by members of the Sub-Committee emphasized the high degree of development in Guam and the comprehensiveness of the health services provided. This was the case with both the immunization and diarrhoeal disease control programmes. Morbidity and mortality from infectious diseases were low. Coverage by the immunization services was high and covered the following immunizable diseases: poliomyelitis, diphtheria, pertussis, tetanus, mumps, measles and rubella. BCG was not given. It was planned to expand the use of oral rehydration salts in the diarrhoeal diseases control programme.

It was noted that there was room for closer coordination between the public health authorities and the private sector.
WHO collaboration in the two programmes had been small. It was recommended that WHO collaboration should be considered with respect to the provision of fellowships for medical and nursing staff, and provision of expertise and financial support to further develop communal water supplies and the wastewater disposal scheme. It was also suggested that fellowships should be awarded to engineers and technicians in water technology.

3.1.3 Papua New Guinea

The members of the visiting team reported that both the diarrhoeal disease control programme and the expanded programme on immunization were being vigorously tackled by the Government. High priority was being given to coverage by the health services, particularly in the rural areas. Health services management had been decentralized and provinces enjoyed a high degree of autonomy in health matters. Expenditure on health accounted for 8% of the national budget. The problems of providing health care to a scattered rural population living in geographically inaccessible areas were recognized.

The incidence of communicable diseases was high, particularly respiratory and diarrhoeal diseases and the infectious diseases of childhood.

With WHO collaboration, the Government had introduced an expanded programme on immunization since 1977. A national immunization coordinating committee was in operation. The programme covered five diseases: diphtheria, pertussis, tetanus, poliomyelitis and tuberculosis. Administration of pig bel vaccine had also been added to the programme. Vaccine procurement was no problem at national level. An evaluation of coverage surveys had been carried out.

WHO had collaborated at national level by providing an epidemiologist and a field development officer. Support had been given to cold chain technology. The problems of the cold chain and transport of health personnel were particularly noted.

It was recommended that WHO collaboration in the programme should be directed towards solving problems of the cold chain, transport, and implementation of immunization through primary health care.

A national advisory committee had been formed for diarrhoeal disease control. The programme addressed two main issues: oral rehydration and provision of safe water supply. It was recommended that WHO should collaborate actively in both components of the programme.

3.1.4 Philippines

The report of the visit described the present status of the two programmes.
The expanded programme on immunization had been started in 1976 with the formation of the National Immunization Committee. The programme was implemented through the network of regional health offices, provincial health offices and rural health units. A twice yearly round system was used to provide triple antigen and BCG vaccines. Poliomyelitis vaccine had recently been added to the programme. Although the programme had made very good progress and a good structure had been created, some managerial and operational problems remained. The lack of a separate budget item for the expanded programme on immunization was noted, as was the difficulty in providing travel allowances for field staff.

WHO had collaborated in the immunization programme since its beginning, and had provided long-term staff, vehicles, vaccines and cold chain equipment. It was recommended that WHO should continue its support as at present but noted in particular that efforts should be made to strengthen health education to enhance community support for the programme.

The diarrhoeal disease control programme was relatively new. Acute diarrhoeal disease in children remained a major health problem. The programme would in future place increased emphasis on oral rehydration, and the production and distribution of oral rehydration salts would be expanded. Basic sanitation, surveillance and improved maternal and child health practices would also form part of the programme.

It was recommended that WHO should collaborate in the development of production capability for oral rehydration salts, training of health personnel in the use of oral rehydration salts, and promotion of their use in hospitals and by the private sector.

3.1.5 Tonga

The report of the team stressed the priority given by the Government to the development of primary health care and the implementation of disease control programmes through primary health care. Despite a strong health infrastructure, the incidence of communicable diseases remained a problem. Tuberculosis and tetanus were mentioned as problems in the immunization programme. Immunization was given against diphtheria, pertussis, poliomyelitis, tetanus and tuberculosis. Measles immunization would be started in 1981. Typhoid immunization was given routinely for those under 40 years of age. Evaluation of coverage showed satisfactory progress.

Enteric infections were one of the major health problems in Tonga, and typhoid was endemic. Control of diarrhoeal diseases was therefore an important programme. It was proposed that oral rehydration, through the use of packaged oral rehydration salts, should be implemented and that health education to improve child-feeding practices and personal hygiene should be strengthened. It was also suggested that, as part of the diarrhoeal disease control programme, the water supply and wastewater disposal programmes should be accelerated and that laboratory services should be strengthened.
WHO collaboration in the two programmes could be directed to the areas of concern mentioned above. Promotion of the use of oral rehydration salts, improvement of water supply and laboratory services, and strengthening of the cold chain could receive special attention.

3.2 General comments and recommendations on WHO's collaboration with countries

As a result of the country visits and the deliberations by the Sub-Committee, the following comments were presented on the nature of WHO's collaboration with countries in the two programmes.

3.2.1 Expanded programme on immunization

(a) Primary health care. The Sub-Committee members had observed in their country visits that, where primary health care had been implemented and good community participation in health activities was ensured, the immunization programme had been successful. The lesson to be learned from that was clear.

(b) Diseases to be included in the programme. Two points were raised. The first was the concern expressed at the diffusion of WHO and national resources in efforts to provide immunization against too many diseases. It was suggested that care should be taken in introducing new vaccines into existing programmes. A limited but very effective programme might be of more value than a broad diffuse approach. Feasibility and epidemiological studies should be carried out before new vaccines were introduced.

The second point concerned the type of diseases to be included. The examples of pig bel in Papua New Guinea and typhoid in Tonga were cited. It was suggested that WHO should retain a flexible policy on this, and that, apart from the six diseases already listed, others could be included in country programmes where there were priority problems.

(c) Vaccine supply. The difficulties in transporting vaccines over long distances from other continents were well known to many governments in the Region. The need to develop regional self-reliance in vaccine supply was stressed. A regional strategy for vaccine production should be developed based on future needs. The proposed South Pacific pharmaceutical service would be helpful in solving this problem.

(d) Cold chain. It was recognized that this was still a major concern in most countries and that the Organization's efforts would have to be continued. The peripheral links in the chain, i.e. at field level, were stressed as being in need of special support in many countries.

(e) Disease incidence. It was noted that, despite the fact that certain countries had strong programmes, disease incidence remained high. The need for continuing surveillance and evaluation of performance was emphasized, in order to identify and deal with problems as they arose.

(f) Standardization. Where possible, WHO should encourage the use of standard immunization schedules, as well as WHO vaccine production and quality control standards.
3.2.2 Control of diarrhoeal diseases

(a) The improvement of water supply and wastewater disposal went hand in hand with improvement of food hygiene and personal cleanliness.

(b) The expansion of oral rehydration salts production at national and regional levels needed to be studied. Clearly the demand for oral rehydration salts would rise and needs should be met as far as possible by local production.

(c) There was a lack of understanding of oral rehydration therapy among all categories of health worker, pointing to the great need for training and orientation among all levels of personnel, including specialist physicians and hospital workers.

(d) In view of the importance of the diarrhoeal disease control programme, special consideration should be given by WHO to ensuring its adequate development and funding. It was essential that the programme, in view of its multifaceted character, should be implemented in close coordination with other programmes, while maintaining its singular identity, and that it should receive high priority. The control of diarrhoeal diseases must be an important part of any health for all strategy.