SUMMARY RECORD OF THE FIRST MEETING

WHO Conference Hall, Manila
Tuesday, 9 September 1980 at 9.00 a.m.

CHAIRMAN: Mr J. Jaminan (Papua New Guinea)

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1. **FORMAL OPENING OF THE SESSION:** Item 1 of the Provisional Agenda

In the absence of the Chairman and the Vice-Chairman, the Regional Director declared the thirty-first session of the Regional Committee for the Western Pacific open.

2. **ADDRESS BY THE RETIRING CHAIRMAN:** Item 2 of the Provisional Agenda

The Regional Director read a statement on behalf of the retiring Chairman, Dr A.G.K. Chew of Singapore (see Annex 1 for a copy of the statement).

3. **ELECTION OF NEW OFFICERS: CHAIRMAN, VICE-CHAIRMAN AND RAPPORTEURS:** Item 4 of the Provisional Agenda

3.1 **Election of Chairman**

Dr TANAKA (Japan) nominated Mr JAMINAN (Papua New Guinea) as Chairman; this was seconded by Dr SENILAGAKALI (Fiji) and supported by Mr PECH BUN RET (Democratic Kampuchea).

**Decision:** Mr JAMINAN was elected unanimously.

3.2 **Election of Vice-Chairman**

Dr ACOSTA (Philippines) nominated Dr RIDINGS (Samoa) as Vice-Chairman; this was seconded by Dr FOLIAKI (Tonga).

**Decision:** Dr RIDINGS was elected unanimously.

3.3 **Election of Rapporteurs**

Dr TALIB (Malaysia) nominated Dr EVANS (Australia) as Rapporteur for the English language; this was seconded by Dr KOH (Singapore).

Dr DA PAZ (Portugal) nominated Dr CHARPIN (France) as Rapporteur for the French language; this was seconded by Dr HIDDLESTONE (New Zealand).

**Decision:** Dr EVANS and Dr CHARPIN were elected unanimously.

4. **TECHNICAL PRESENTATION: APPOINTMENT OF A MODERATOR**

The CHAIRMAN moved the appointment of a moderator for the Technical Presentation and proposed Dr FOLIAKI (Tonga).

**Decision:** The proposal was adopted unanimously.

5. **ADOPTION OF THE AGENDA:** Item 6 of the Provisional Agenda (Document WPR/RC31/I)

The CHAIRMAN moved the adoption of the agenda.

**Decision:** In the absence of comments the agenda was adopted.
6. ACKNOWLEDGEMENT BY THE CHAIRMAN OF BRIEF REPORTS RECEIVED FROM GOVERNMENTS ON THE PROGRESS OF THEIR HEALTH ACTIVITIES: Item 11 of the Agenda

The CHAIRMAN acknowledged reports on the progress of health activities received from the following countries or areas and already distributed: Australia, China, Fiji, French Polynesia, Hong Kong, Japan, New Caledonia, New Zealand, Papua New Guinea, Republic of Korea, Singapore, Viet Nam and Wallis and Futuna. Reports received from Democratic Kampuchea and from Malaysia would be distributed later in the day.

Dr MINNERS (United States of America) said he hoped that the United States' report, which would be submitted later in the session, would still be acceptable. (For continuation of discussions, see the fifth meeting, section 2).

7. REPORT OF THE REGIONAL DIRECTOR: Item 12 of the Agenda (Document WPR/RC31/11)

The REGIONAL DIRECTOR presented the report on the work of WHO in the Western Pacific Region for the period 1 July 1979 to 30 June 1980.

He said that his appointment to office on 1 July 1979 had occurred at a most exciting juncture of the Organization's progress towards its goal of health for all by the year 2000. Efforts towards decentralization of responsibilities from Geneva, such as for research activities, and the greater involvement of the Regions in managerial processes for health development, had been accelerating for a number of years. The past year had seen a culmination of those efforts, in that the role of the Regions, including the role of the regional committees, had been clarified to a considerable extent, through discussions at global level and through resolutions of the World Health Assembly, such as WHA33.17 on WHO's structures in the light of its functions. It was now up to the Region to take the lead in demonstrating how primary health care could be truly successful in achieving the ultimate goal of health/2000 and how technical cooperation among countries could contribute to that goal. Of all the WHO Regions, the Western Pacific, with its mixture of developed, developing and lesser-developed nations - industrialized, newly-industrialized, industrializing and mainly agricultural - was best suited to take the lead.

The agenda for the next week was a very heavy one, charged with items resulting from the intensified efforts over the past twelve months to involve the Regional Committee in the work of WHO, and to encourage Member States to use WHO and its resources to the best advantage at the right time and in the right place. That included first using WHO to help to develop management capabilities for health programmes and also using it to help to mobilize extrabudgetary resources. It also involved coordination between national health agencies and all other national agencies whose activities directly or indirectly had an impact on health, and more emphasis on health as part of the New International Economic Order.
In July 1979, a working group for strengthening programme management had examined the kind of support that could be given to Member States in developing, implementing and evaluating their national strategies for health/2000. The working group had also studied how WHO could manage its own resources to provide that support, in accordance with the general programme of work established by its Member States through its governing bodies. The outcome of the working group’s recommendations had been evolving throughout the year. First a regional health development group had been established within the Regional Office; later the functions of some technical staff of the Regional Office had been reoriented to enable them to respond directly and primarily to the needs of Member States, rather than to form part of the Regional Office infrastructure, which entailed a burden of administrative work. And, of most significance, the concept of multidisciplinary teams had been developed. If a Member State requested cooperation in developing a primary health care approach, a team would visit the country to provide the cooperation, rather than a series of individual experts making independent visits. Such a team might consist of an expert in management, an expert in primary health care and an expert in the technical fields of most relevance; for example, health education, water and sanitation, pharmaceutical supplies or communicable disease control.

Notable among the most significant achievements towards the strengthening of the primary health care programme were the research and development project at Tacloban in Leyte, Philippines and the commencement of a training programme in the People’s Republic of China.

As far as technical cooperation among developing countries was concerned, of particular interest was the creation of a South Pacific joint pharmaceutical service. At the ministerial conference, held in Manila in November 1979, a declaration of intent had been adopted by twelve countries or areas. The declaration called for the creation of the service as soon as possible. Since then, a consultant had made a detailed examination of the most appropriate location for the service, as well as its financing. The report of the consultant was currently being prepared.

Mid-way through the period covered by the Sixth General Programme of Work, the regional trends that could be observed through reviewing the report were: increasing emphasis on (1) managerial processes for health development; (2) a multidisciplinary approach to the development and delivery of primary health care; (3) community involvement in activities not necessarily directly concerned with health but leading to the promotion of health; (4) the training of health workers so as to reorientate them to the delivery of primary health care and to integrate specific disease control within primary health care; and (5) intersectoral coordination between national health agencies and other agencies whose activities had an impact on health. WHO was becoming increasingly involved with the pre-investment and investment activities of the Asian Development Bank, in fields such as environmental health, malaria control, nutrition and drug production and distribution. It was hoped that a memorandum of understanding with the Bank would be signed in the near future.
Dr XU SHOUREN (China) said that fruitful results had been obtained during the period covered by the report under the leadership of the Regional Director, and in particular in national health planning, strengthening of technical cooperation among developing countries, primary health care, health manpower development and planning, health statistics, promotion of research, including health services research, and control of diseases.

He noted the positive efforts towards the social goal of health for all by the year 2000. Programmes were being formulated for integration into national plans for overall social and economic development, and the Regional Office had supported the formulation of strategies as a basis for the development of regional and global strategies. That was one of the major achievements of the year, and it was hoped that national efforts would be further strengthened to ensure the development of feasible plans of action.

Dr EVANS (Australia) congratulated the Regional Director on the full and informative report. Australia would continue to support WHO's work in the Region, through the Australian Development Assistance Bureau, the Commonwealth Department of Health, the Commonwealth Institute of Health, the Regional Teacher Training Centre and other institutions in Australia.

Referring to paragraphs 22 and 23 of the report, he said that Australia was pleased to be able to offer the services of its MEDLARS system to other countries of the Region not possessing such services, as a contribution to health and biomedical information systems development in the Western Pacific.

Dr ACOSTA (Philippines), referring to paragraphs 24-28 of the report, was pleased to note the evidence that section contained of WHO's interest in promoting technical cooperation among developing countries of the Region. He asked why no reference had been made to the regional centre for the training of anaesthetists.

The REGIONAL DIRECTOR replied that, as he had stated, his short report this year was only a summary of significant developments. The training centre for anaesthetists had been in operation since 1970 and his report to the thirty-second session, which would cover the biennium 1 July 1979 to 30 June 1981, would make reference to the centre.

Mr PECH BUN RET (Democratic Kampuchea) was pleased to note the great amount of work done by WHO in the Region, and hoped that it would be possible in 1981 for the Regional Office to give higher priority to the people of Democratic Kampuchea, who had suffered so much from foreign aggression.

Dr CHARPIN (France) remarked that, in a recent review, it had been stated that the situation regarding filariasis in the Wallis and Futuna islands was unknown. He was therefore grateful to have the opportunity of submitting a report on the situation regarding W. bancrofti filariasis in 1980, as a supplement to the report issued by the Regional Office concerning French Polynesia in general.
Dr KUMANGAI (United States of America) said that Trust Territory of the Pacific Islands had not yet formally endorsed the draft memorandum of agreement concerning the establishment of the South Pacific Pharmaceutical Service. Because of the four new political entities which were emerging, progress was slow; three, however, had already indicated their agreement.

He said that the considerable work carried out by WHO in the field of diarrhoeal disease control in Trust Territory of the Pacific Islands seemed to have had an effect on the mortality rate, although it was perhaps too early to draw a definite conclusion. He asked whether it might be possible for the Region to obtain additional funds from external sources for work in that field.

Dr TALIB (Malaysia) remarked that the Regional Director's report was a reflection of WHO's efforts in the Region to achieve health for all by the year 2000. Malaysia was playing a small part in those efforts, through cooperation in the fields of research and health information in particular, and also by showing fellows from other countries Malaysia's activities in maternal and child health, nutrition, primary health care, and diarrhoeal disease control. His country was particularly grateful to WHO for cooperation through consultants and fellowships.

Dr NICHOLSON (United Kingdom of Great Britain and Northern Ireland) said that his Government attached particular importance to the diarrhoeal disease control programme. He referred to paragraph 88 of the Regional Director's report and asked which were the eleven countries or areas of the Region that had national plans for diarrhoeal diseases control.

Dr TARANTOLA (Regional Adviser in Communicable Diseases), replying to the question raised by the representative of the United Kingdom of Great Britain and Northern Ireland, said that, in 1979, a WHO consultant had visited several countries and on that occasion various national plans for the control of diarrhoeal diseases had been outlined. Those plans had been finalized in the following countries or areas: Fiji, Guam, Kiribati, Malaysia, Papua New Guinea, Philippines, Samoa, Solomon Islands, Tonga, Trust Territory of the Pacific Islands and Viet Nam. In six additional countries plans had been prepared in a preliminary form; the final versions were awaited.

Dr SENILAGAKALI (Fiji), referring to paragraphs 35-43 of the report (Primary health care and appropriate technology for health), and particularly to paragraph 39, noted that primary health care projects had been established in three provinces in the People's Republic of China. The report stated that the network would be linked internationally with similar primary health care networks. There was considerable financial support for the projects in China from both WHO and UNDP.

All would be aware of the specific health problems of the island States Members of the Organization, problems which were in some cases best solved by island approaches. While he congratulated China on the establishment of its primary health care centres, he wished to draw attention to the need to establish similar centres in WHO's island Member States, to enable them to deal with the various problems likely to arise in the attempt to achieve health for all by the year 2000.
Noting that there were no further comments on the report of the Regional Director, the CHAIRMAN asked the Rapporteurs to prepare a suitable draft resolution. (For consideration of the draft resolution, see the third meeting, section 1.1).

8. CONSIDERATION OF PROPOSED PROGRAMME BUDGET ESTIMATES: Item 7 of the Agenda (Documents WPR/RC31/2, WPR/RC31/3, WPR/RC31/4, WPR/RC31/4 Corr.1 and WPR/RC31/5)

The REGIONAL DIRECTOR referred again to the lead that could be taken, by Member States of the Western Pacific Region, in using the primary health care approach for achieving the goal of health/2000. Within WHO itself, several innovations would provide the support needed to implement the regional strategy and to cooperate with Member States in carrying out national strategies. They included the regional health development group; the redefinition of the functions of some programme managers as intercountry staff, to enable them to cooperate with Member States at the time and in the areas where they were most needed; and multidisciplinary teams to provide cooperation in developing and delivering primary health care.

The Regional Director's programme statement for the biennium 1982-83 could be consulted on pages fourteen to nineteen of the introduction to document WPR/RC31/4. It attempted to analyse the situation at present and what it was expected health/2000 would mean for the Western Pacific Region.

1982-83 was the last biennium of the Sixth General Programme of Work and the second in which WHO would implement a fully operational biennial programme budget, in the Western Pacific Region in accordance with regional medium-term programmes first developed in 1977. During 1980-81, the first fully operational biennium, it was being found that the greater flexibility allowed by biennial programme budgeting was enabling full implementation of programmes of cooperation as they adapted to countries' needs.

Programme budgeting based on medium-term programming was an interesting concept, not so easy to carry out. Much experience was being gained during the present medium-term programming cycle. In 1982, the proposed Seventh General Programme of Work for the period 1984-1989 would be presented to the World Health Assembly. The Regional Committee would be discussing preparations for it later on in the session. Following acceptance of the Seventh General Programme of Work, medium-term programmes would be developed for the same period. The programme of cooperation the Committee was about to review would support the activities which should lay the foundation for planning dynamic and meaningful medium-term programmes which reflected the real priorities in the Region for achieving health/2000.

Dr HAN (Director, Programme Management) opened the discussions on the programme budget.

8.1 Review of budget performance in 1979 (Document WPR/RC31/3)

Dr HAN, (Director, Programme Management) referred to document WPR/RC31/3. The revised budget shown in Annex 1 reflected the amounts noted by the Regional Committee at its twenty-eighth session in 1977, with
subsequent amendments mainly related to increased technical cooperation with the People's Republic of China. The rate of implementation of the programme under the regular budget for 1979, in monetary terms, was 99.98%, slightly higher than the implementation rate in 1978 which had been 99.91%.

Dr CHRISTMAS (New Zealand), referring to item 5.1.4 of document WPR/RC31/3, noted that Smallpox eradication and expanded programme on immunization had a budgetary provision of US$381 000; he was surprised to see that the percentage of implementation was only 20.28%. He would have expected, with the present emphasis being given to the expanded programme on immunization, that the percentage would have been much higher.

Dr HAN (Director, Programme Management) said, in reply, that in the programme classification structure used up to the end of 1979 Smallpox eradication and expanded programme on immunization had formed one programme. In the new programme classification structure the expanded programme on immunization, under which all activities in the Region had been implemented, was a separate programme.

He admitted it was unfortunate that, because of poor management, there had been under-implementation, chiefly because funds allocated to the various components had been under-used. For example, 20 months' salary for a field development officer had not been used because of a vacancy, and provision for 19 consultant months had also not been used. Similarly, provision for research on immunization and a large amount of supplies and equipment had not been utilized. However, he hoped that in future years there would be a much higher implementation rate.

Mr BOYER (United States of America) said that, while it was true that more than 99.9% of the budget had been implemented, there were marked differences in the implementation rates in many categories, ranging from approximately 20% for Smallpox eradication and expanded programme on immunization to approximately 216% for Establishment and strengthening of environmental health services and institutions (6.1.5). Even under the programme Regional committees (1.1.3) implementation was 311% of what had actually been provided. He would like to take up that point later, notably in connexion with the waste of time and resources caused by prolonging sessions over a weekend. His concern was emphasized by the fact that document WPR/RC31/4 showed a doubling of the budget for sessions of the Regional Committee between 1980-81 and 1982-83. It would seem normal to expect that implementation of the budgeted amounts would come reasonably close to the target.

He asked for an explanation of the extreme divergencies shown, and of how they fitted within the limitation that not more than 10% per category could be adjusted from one category to another in the course of the year.

Mr DONALD (Director, Support Programme) said, in reply, that under the programme Regional committees for 1979, the budget had shown a figure of US$38 000 and in fact US$118 000 had been spent. That increase was mainly due to the establishment of two subcommittees, that on the General Programme of Work and that on Technical Cooperation among Developing Countries, which had not been foreseen when the budget had been developed two years previously. The subcommittees met twice yearly and considerable
costs were involved. A further reason for the increase was the holding of the Regional Committee in Singapore which had necessitated an increase in support staff in addition to normal inflationary increases that it had not been possible to foresee.

On the question of transfers between appropriation sections, it was true that the Organization had a flexibility of only 10% above or below the total of each section. If such transfers were to be made it was necessary to obtain the approval of the Director-General, who would then make the necessary coordinations as between the various regions. If the Director-General found it necessary to exceed 10%, he would need the authority of the Executive Board and the Health Assembly. Although some of the percentages of implementation were high, it would be noted that they were often in sub-areas of a particular appropriation, and thus the total of that appropriation was not affected so greatly.

Dr HAN (Director, Programme Management), in answer to the question of why low implementation rates appeared, as well as very high ones, said that, for example, the low implementation rate for Research promotion and development was mainly due to the attempt being made at the Regional Office to charge research funds to appropriate programme areas. Though initially a certain amount in the budget might have been provided under Research promotion and development, at the time of implementation that amount had been charged to the various programme areas, in line with the decentralization of research activities. Because of programme needs and increasing research activities, notably in Malaria (5.1.3), some unprogrammed research grants had been given to various research workers in Member States. In certain cases, countries had requested additional posts for their malaria programmes.

An example of under-utilization was Nutrition (3.2.4), in which fellowships originally programmed had not been implemented by the countries concerned. Under Cancer (5.2.2) there was a high implementation rate of 183%. Activities originally programmed under Smallpox eradication and expanded programme on immunization (EPI) had been reprogrammed into Health services development because it was felt that to channel them through that programme would make them more efficient.

In relation to Cancer (5.2.2), there had been unexpected requests from the People's Republic of China and the Republic of Korea for activities in that field. Under Mental health (5.2.6), an unexpected activity had been the convening of the Regional Coordinating Group for the Mental Health Programme, which had led to a slight increase. There had also been growing needs in the field of Drug policies and management (5.3.2), necessitating the creation of a post of scientist; that post was not yet filled, accounting for the under-implementation. Under Pharmaceuticals (5.3.3), there was under-implementation because there had been little demand from the countries concerned for supplies and equipment originally provided for. Similarly, under Biologicals (5.3.4), a three-month consultant provision had not been implemented. The rate under Health laboratory technology (5.3.5) was high because of requests from various Member States for the convening of workshops and courses, and also because of a consultant provision and certain supplies and equipment. Under Pre-investment planning for basic sanitary services (6.1.3),
implementation was high, owing to increases in training costs and costs of pre-investment planning for water and sewerage. A high rate also appeared for Establishment and strengthening of environmental health services and institutions (6.1.5) because certain unforeseen activities had had to be undertaken, notably the provision of fellowships in the Republic of Korea and of a sanitary engineer for 12 months in Malaysia. Under Development of health statistical services (7.1.4) there had likewise been an unexpected expansion of regional activities in connexion with national health information systems. Health literature services (7.2.2) only had approximately 70% implementation because a consultant provision had not been implemented. Assistance to country programmes (9.2) showed a high rate of implementation, chiefly because of the increased cost of WHO's general operating expenses and notably of the Offices of the WHO Programme Coordinators. Those costs included an increase in the WHO Programme Coordinators' salaries, and, in the case of Malaysia, Papua New Guinea and Viet Nam, the acquisition of vehicles, as well as the increased cost of travel.

In reply to a question from Dr ACOSTA (Philippines), Dr HAN said that the reason the amount of US$6000 shown against Cooperative programmes for development (2.2.3) had not been implemented was that a provision for a meeting of the Sub-Committee on Technical Cooperation among Developing Countries had been reclassified to Regional committees (1.1.3).

8.2 Report on the Regional Director's Development Programme for 1979 and 1980-81

Referring to document WPR/RC31/5, which listed the activities funded from the Regional Director's Development Programme in 1979, Dr HAN said that US$643,600 had been allocated to the Programme for 1980-81. Of that amount, US$123,100 had been transferred to the Primary health care programme for the development of strategies for health/2000. The balance of US$520,500 would be programmed at a later stage in the biennium.

8.3 Consideration of the programme budget estimates, 1982-83

Item 7.1 of the Agenda (Documents WPR/RC31/4 and WPR/RC31/4 Corr.1)

Dr HAN (Director, Programme Management) explained to the Regional Committee how document WPR/RC31/4 was compiled. He then went on to emphasize a number of guiding principles and policies used in preparing the programme budget estimates for 1982-83:

(1) It was the first programme budget to be prepared in the context of the development, by Member States, of national policies, strategies and plans of action and, by WHO, of regional and global support strategies towards attaining the main social target of health/2000. The focus of WHO's resources for 1982-83 would therefore be collaboration with Member States in developing and implementing national, regional and global strategies.
At the present stage, not all countries or areas of the Region had completed the development of their national strategies. It appeared, however, that those who had developed national strategies had taken them into account in programme budgeting for 1982-83, as an upward trend in programme proposals relating to health for all illustrated. For instance, the allocation for Primary health care, considered to be the key to achieving health/2000, had risen, due to an increase in the number of countries proposing primary health care activities, largely individual training and workshops. There had also been an increase in the proposals relating to some of the essential elements of primary health care, such as the development of water supply and sanitation systems, the control of communicable diseases, the promotion of food supply and proper nutrition, as well as those relating to health manpower development.

Another significant trend that could be noted was a decrease in the allocation to Health services planning and management, as opposed to an increase in that to the Health manpower development programme, particularly Promotion of training. The reduction could be attributed to the expected completion of projects and the phasing out of WHO long-term resident staff, as a result of the increasing use of national expertise. The proposals relating to promotion of training had consequently increased further to develop national capability.

Since the programme budget estimates were given, at this stage, only in terms of broad programmes, countries or areas in the process of developing their strategies would have the opportunity to develop detailed technical cooperation programmes with WHO for achieving them nearer to the implementation period.

(2) A significant feature in the preparation and development of the programme budget for 1982-83 was the country planning figure. It had to be explained that the WHO provisional planning figure was not to be regarded as synonymous with, for example, the UNDP indicative planning figure (IPF) which was frequently regarded as being "owned" by a country. The WHO provisional planning figure represented only an order of magnitude for programme budgeting guidance. WHO reserved the right to reprogramme and redeploy resources flexibly, not only within a country but also between countries and even between regions, as might be required.

(3) As had been the case in 1980-81, the programme budget under consideration provided for flexibility in implementation. At the present stage, governments had not been asked to submit project details, only broad amounts by programme headings. The detailed requirements would be worked out at a later stage when priorities and programme trends were known more clearly.

(4) The 1982-83 proposed regular budget amounted to US$38 769 000, an increase, in comparison with the provisions for the biennium 1980-81, of US$5 774 000, or approximately 17%. The increase was made up of US$1 060 000, or 3.2%, estimated "real" (programme) increase. The balance of US$4 714 000, or 13.8%, was the estimated cost increase due to inflationary and other factors.
At present, the total provisions for the biennium 1982-83, that was the regular budget plus the contributions received from other sources, appeared to be lower than the total for 1980-81. That was because, in 1980-81, extrabudgetary contributions accounted for about 34% of the total, or 53% of the regular budget. For 1982-83, only conservative estimates of extrabudgetary resources, or those deemed most likely to continue, had been included. Further contributions from extrabudgetary sources were expected. It was anticipated that the level of extrabudgetary contributions for the biennium 1982-83 would equal, if not surpass, the amount received for the biennium 1980-81.

Mr BOYER (United States of America) said that the opening statement of document WPR/RC31/4 effectively showed how the new concept of health for all could be achieved in terms of dollars. For the first time, the concept had been integrated into the budget, and it was important for Member States to review the document seriously, both at the Regional Committee and at the World Health Assembly. In his experience, such bulky documents tended to be discussed at length and then approved without change, largely because they were difficult to cope with. If the Member States of the Region thought it necessary to revise the document, the revision should be done before the regional programme budget was locked into the WHO budget as a whole at the Health Assembly. It was important that the priorities set by Member States should be maintained. The Director-General had frequently complained that delegations went to the Health Assembly and voted in favour of the grand object of primary health care and then, when they returned home to develop their country programmes, they requested, for example, high-technology items for city hospitals, which did not fit into the primary health care concept. It was therefore worth helping the Secretariat to ensure that the Organization's priorities were met. He appreciated the need for flexibility in view of changing health problems and situations. It was important that such changes should be borne in mind by both WHO and its Member States, since the programme budget ran until December 1983. As had been stressed in resolution WHA32.30, WHO should use all appropriate opportunities to reallocate resources from marginally useful programmes towards primary health care and health for all.

Dr CHRISTMAS (New Zealand) thought that the sum of just over $1 million allotted in the regular budget for Environmental health planning and management took insufficient account of the magnitude of the task of meeting basic needs for food, water and shelter, as laid down in the paper on strategies. If the aims of the International Drinking-Water Supply and Sanitation Decade were to be achieved by 1990, some countries would require technical support even during the envisaged three-year planning period and greater resources should be allocated for what was a programme of paramount importance.

Mr HOANG HOAN NGHINH (Viet Nam) said that the allocation of resources to individual countries should be carefully computed to meet their needs. There should be enough flexibility to allow any country to transfer resources from one programme area to another. It would be interesting to know the justification for the decrease in the allocation to his country in 1982-83 as compared with 1980-81.
Dr HAN (Director, Programme Management) pointed out that there were constraints on the regular budget and that the proposal to UNDP, which would be discussed later, emphasized the role of governments in the International Drinking-Water Supply and Sanitation Decade. A regional programme had been developed and was available to participants. Expenditures for the Decade would be far beyond WHO's limited resources and financial support from the World Bank and other extrabudgetary sources would be essential.

The REGIONAL DIRECTOR explained to the representative of Viet Nam that, while it appeared on the face of it that less was being allocated to his country than in former years, that was due in part to the fact that large sums had been disbursed in those years under the terms of the Health Assembly resolution calling for special assistance to Democratic Kampuchea, Lao People's Democratic Republic and the Socialist Republic of Viet Nam. Some Member States were now cooperating more intensively with WHO than formerly but allocations to the Western Pacific Region had not been commensurately increased. The available resources in the regular budget were distributed between the countries but not all requirements could be met. It had to be remembered that the document before the Committee only took into account extrabudgetary funds that had been firmly committed. The real total would undoubtedly be higher. Country allocations were only indicative and could be revised in line with changing circumstances.

As for the Drinking-Water Decade, he felt that the interest shown by the governments of the Western Pacific Region was greater than in certain other regions. A major obstacle was that, in many countries, it was the Public Works Department rather than the Ministry of Health that was responsible for water supply. At the international level, however, WHO was recognized as the most closely concerned of all the United Nations agencies, particularly in regard to rural water supply and sanitation. Wastage of clean water was also an obstacle to the achievement of the Decade's aims and much educational work among the public was needed.

Dr RIDINGS (Samoa) thought that a greater effort was needed in regard to the Expanded programme on immunization, instead of the decreased expenditure proposed for 1982-83.

Dr HAN (Director, Programme Management) said that much of the immunization work was now implemented through health service development programmes. There had also been a reduction in the number of posts, and governments were assuming ever greater responsibility for supplies.

Dr KHALID (Malaysia) asked whether the apparently drastic decrease in the amount set aside for Family health was due to a restructuring in the budget or to a real reduction in activities.

Dr HAN (Director, Programme Management) said that extrabudgetary resources, particularly from UNFPA, played a big role. UNFPA had allocated large sums to China in the 1980-81 biennium. Moreover the amounts forthcoming in 1982-83 were not yet known for certain and therefore did not appear in the proposed programme budget estimates. Activities would however be continuing on at least the same level. Estimates of extrabudgetary funding for 1982-83 were conservative and it was expected that such funding would actually reach, if not exceed, 1980-81 levels.
Mr VAUGHN (Australia) asked whether the 17.5% increase in the regional budget could be accommodated within the 4% rise voted at the World Health Assembly. It would be much appreciated if the next budget document could include reasons for variations between the 1982-83 and the 1984-85 estimates.

Mr DONALD (Director, Support Programme) explained that the 4% increase allowed for by the Health Assembly resolution was an increase in real terms. Of the 17.5% increase in the 1982-83 budget for the Western Pacific Region 3.2% represented a real increase and 14.3% the inflationary increase in costs. (For continuation of discussions, see the second meeting, section 1.1).

The meeting rose at 12.02 p.m.
Honourable Representatives of Member States of the Western Pacific Region, the Director-General of the World Health Organization, the Regional Director of the Regional Office for the Western Pacific, Representatives of the Nongovernmental Organizations and Specialized Agencies of the United Nations, distinguished guests, ladies and gentlemen:

I must apologize for not being able to be present at this thirty-first session of the Regional Committee, much as I would have liked to. Unfortunately, there are urgent matters that require my personal attention. However, I am most grateful to the Regional Director, Dr Hiroshi Nakajima, who has kindly consented to present this address on my behalf.

It was a great pleasure to chair the thirtieth session of the Regional Committee and I would like to express my appreciation for this privilege and honour. The onerous task was made easier by your support and cooperation and the valuable assistance rendered by the Secretariat of the Regional Office. I also wish to convey my gratitude to the Regional Director for his guidance and commend him for the accomplishment of a most satisfying programme for the Region.

Allow me to recapitulate some of the more important issues brought before the Regional Committee at its last session. The continuing uncertain economic situation facing the world has reinforced national commitments to accord high priority to economic development. Because of limitations in resources, it is inevitable that health development has to join the queue and compete with many of the other socioeconomic programmes. In spite of these constraints, the Region is managing to overcome difficulties and problems and has performed remarkably well in this area. It is gratifying to note that Member States are continuing their efforts to apply appropriate technology and resources towards health development, as socioeconomic development is very much dependent on the health of the population. Progress has been made by Member States towards the development of national strategies. The Seventh General Programme of Work will be formulated to support Member States to refine and implement their strategies and evaluate progress towards the attainment of that goal.

I am happy to note that the Regional Office for the Western Pacific has extended its support to Member States to establish new programmes or strengthen existing programmes. The Regional Office has actively collaborated in providing a regional information system to update information on the cancer situation, and in information sharing with Member States on the expanded programme on immunization. It has also coordinated training and research activities in the field of malaria and in strengthening the regional programme on diarrhoeal disease control.
I am confident that, with our resolve and our determination, we will be nearer to the stated goal of providing all the people of this world a level of health that will permit them to live a socially useful and economically productive life by the year 2000.

Finally, may I take this opportunity to wish you all every success in your deliberations.