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1. CONSIDERATION OF PROPOSED PROGRAMME BUDGET ESTIMATES: Item 7 of the Agenda (continued from the first meeting, section 8)

1.1 Proposed programme budget estimates, 1982-83: Item 7.1 of the Agenda (Documents WPR/RC31/4 and WPR/RC31/4 Corr.1) (continued from the first meeting, section 8.3)

1.1.1 Summary by major programme and organizational level (pages 6-9),

1.1.2 Regular budget 1980-81 and 1982-83 by appropriation section, with percentages of the total (page 10)

There were no comments.

1.1.3 Sources of funds other than the regular budget: Summary by major programme and programme (pages 11-14)

Dr KAWAGUCHI (Japan) said that it had already been explained in connexion with the regular budget that funds for Health education (3.2.4) were included as a component of programmes in which health education was needed, as well as under the major programme of Family health, where it was listed. He imagined that was also the case for UNFPA funding on page 13. But the allocations seemed rather limited there, as under the regular budget. His Government felt that the strengthening of the health education component of every programme was essential to the primary health care approach to health for all by the year 2000, and he asked how that component was to be integrated.

Mr DHILLON (Chief, Human Resource Development) said that, although the total allocations had apparently declined slightly, to less than US$500 000, the amount was quite substantial if the component included in specific programmes was added.

There would be an increase in all countries, although a full-time post in Papua New Guinea, for which provision was made in 1980-81, would not continue in 1982-83. Japan Shipbuilding Industry Foundation funds were being used to strengthen activities in that country, where the recommendations of a consultant's report were being implemented. A feasibility study had been carried out in Lao People's Democratic Republic. Activities were also under way in Malaysia and the Philippines, and World Bank funds were being used to support regional facilities.

Dr KHALID (Malaysia) asked for an explanation of the small allocation for Primary health care (3.1.2) under UNDP (page 12).

Dr HAN (Director, Programme Management) repeated his earlier explanation about the timing of UNDP approval of proposals, making it impossible to include proposed UNDP support in the budget document as a firm commitment. However, WHO had made UNDP aware of the primary health care programme priorities which it was hoped would be approved.

1.1.4 Programme analyses

Regional Committee (pages 17 and 18)
Executive management (pages 19 and 20)
General programme development (pages 21-24)

There were no comments.
Country health programming (pages 25-28)

Mr BOYER (United States of America) asked whether, in the increase of over US$1 million from 1980-81 to 1982-83, the amounts for programme activities and for the new posts of WHO Programme Coordinators could be separated.

Mr DONALD (Director, Support Programme) said that, apart from the cost of creating two new posts for WHO Programme Coordinators, along with related support costs, there was a proposed increase in coordinating activities in country health programming for primary health care.

Dr HAN (Director, Programme Management) added that the increase also allowed for increased costs to bring the previously inadequate figure up to a realistic level.

Information systems programme (pages 29-31)

There were no comments.

Collaboration with multilateral and bilateral programmes (pages 32 and 33)

Dr ACOSTA (Philippines) noted that, although a post had already been created for an external relations officer, no corresponding figure appeared in the 1980-81 column of the table, and he asked for an explanation of how the necessary costs in 1982-83 could be considered to be all "increase".

After statements by Dr HAN and the REGIONAL DIRECTOR on the nature and purpose of the creation of that post and supporting staff costs, in some sense carrying on the functions of former full-time and part-time staff in programme management, but essentially to provide a direct link to stimulate cooperation with other agencies such as UNFPA and international development banks for a more effective allocation of resources in different programme areas, Mr DONALD (Director, Support Programme) explained that the decision to appoint the officer post-dated the Health Assembly at which the 1980-81 programme budget proposals had been submitted, so that only the 1982-83 provisions appeared in document WPR/RC31/4.

Research promotion and development (pages 34-36)

Mr BOYER (United States of America) said that the Regional Committee had heard that morning how a research component was included under other specific programmes. That was in some respects an advantage, since it allowed all the amounts for malaria activities, for example, to be shown together, but it was also desirable to present all the amounts for research together. The representative of Japan had raised a similar point in connexion with health education, and fellowships were another case in which it was hard to obtain an idea of the overall costs of such components.
Dr PAIK (Chief, Research Promotion and Development) said that the increase for 1982-83 over 1980-81 would in fact be US$170,000; the original planning figure had been revised to US$689,200. He went on to give details of research costs in 1979, which had been higher than projected, because already then there had been research components spread over other programmes.

Mr BOYER (United States of America) maintained his request for comparative figures for research promotion and development in the different programme areas for 1980-81 and 1982-83.

Dr PAIK undertook to provide detailed information for 1980-81. The detailed information for 1982-83 was not yet available (see document WPR/RC31/INF.DOC./4).

Health services development (pages 39-62)

Mr BOYER (United States of America) was surprised to note that page 2 of the budget document showed an overall decrease of US$371,700 in the provision for Health services development - which included the Primary health care programme and several subjects of importance for the provision of primary health care. That seemed to be contrary to the spirit of Health Assembly resolution WHA32.30.

Dr HAN (Director, Programme Management) said that the overall decrease was largely due to a reduction in the provision for Health services planning and management, resulting from a reduction in costs for health services development projects in a number of Member States. There was an increase in the provisions for Primary health care, Workers' health, and Care of the aged, disability prevention and rehabilitation. On the other hand, there was a marked decrease in the provision for appropriate technology for health because Member States had not requested the continuation of health laboratory services advisers' posts or consultants in radiation health. It appeared that Member States had developed their own national capabilities - a very sound trend.

The REGIONAL DIRECTOR said that, since the United States of America was a Member State entitled to designate a member of the Executive Board, the United States representative was no doubt aware that the Board had on several occasions discussed the difficulties of identifying the various programmes concerned with primary health care if the programme structure of the Sixth General Programme of Work were applied to the budget. Many components of primary health care were in fact distributed throughout the budget. The problem of how primary health care programmes could be identified as a single programme would be considered during the discussions on the development of strategies for health for all and on the Seventh General Programme of Work.

Health services planning and management (pages 41-43)

There were no comments.
Primary health care (pages 44-47)

Dr KHALID (Malaysia) asked what types of research and field studies were to be carried out.

Dr HAN (Director, Programme Management) said that research and development activities were planned to be carried out in various countries in the Region – for example, in the Philippines (in the Tacloban area), and in Papua New Guinea; there would be a mixture of trial and demonstration activities in selected areas, including the testing of new methodologies and approaches using different types of health personnel. It was hoped that, eventually, it would be possible to develop, in a number of countries in the Region, national networks for development, as part of the strategy for achieving health for all; at present it was planned to set up such networks in about six countries. Three primary health care training centres had been established in the People's Republic of China, and it was hoped that these would eventually form such a network.

Dr CHRISTMAS (New Zealand) asked whether more details could be given regarding the proposed research, any programmes undertaken for evaluation in primary health care, and the level of competence that was to be aimed at in the Region.

Dr MERCADO (Director, Health Services Development and Planning) said that one of the major thrusts in the Organization's work in the field of primary health care had been mentioned by Dr Han – namely, research and development activities. These were regarded by some as pilot studies, but they were in fact applied research that could very well be a starting point for the development of primary health care. In addition, the exchange of information on the approaches adopted in the various countries was an essential part of the primary health care programme. The second main thrust was the reorientation of health manpower, involving consideration of the training, curricula and competence of various types of health personnel. A number of points had been clarified regarding the competence required, but it was felt that it inevitably depended on the particular situation. The third major thrust was to develop the management of health services – particularly important in view of the overlap of activities regarding primary health care.

Evaluation activities had been limited, but there were two programmes in the Philippines and one in the South Pacific. The research activities should facilitate the development of indicators for evaluation.

The CHAIRMAN (speaking as the representative of Papua New Guinea) remarked that he had himself noted the positive achievements of the WHO project for the development of primary health care in his own country.

Workers' health (pages 48-50)

There were no comments.
Care of the aged, disability prevention and rehabilitation (pages 51-53)

Mr BOYER (United States of America) noted that there was a new budget provision of US$298 000 for country or area activities in 1982-83. Since the programme covered such a variety of activities, he asked whether more details could be given as to how the funds were to be used - whether for the elderly or for traffic accident prevention.

Dr HAN (Director, Programme Management) said that the provision was mainly to meet requests from countries for help with rehabilitation of the physically handicapped. Papua New Guinea had requested fellowships for physiotherapists; the Republic of Korea had requested consultant services for two months, but had not specified in which particular field; and Viet Nam had also requested cooperation - presumably in the field of rehabilitation.

Appropriate technology for health (pages 54-59)
Health services research (pages 60-62)

There were no comments.

Maternal and child health (pages 63-66)

Dr NICHOLSON (United Kingdom of Great Britain and Northern Ireland) was surprised to note a decrease in the provision for this programme, of such vital importance for the development of primary health care.

Dr HSU (Acting Director, Health Protection and Promotion) said that the decrease was due to the fact that Papua New Guinea, which had received US$110 600 for maternal and child health in the 1980-81 budget, had decided not to request funds from the WHO regular budget for 1982-83; it was, however, requesting funds from UNFPA, so that the reduction in funds did not indicate any curtailment of activities.

Nutrition (pages 67-70)

Dr CHRISTMAS (New Zealand) said that there was no doubt about the importance of nutrition for improving health status. He wondered, however, whether too much emphasis was being given to the training of nutritionists, and inadequate attention to the question of food production. Was there a joint programme with FAO to improve food production, in line with the intersectoral approach?

Dr HAN (Director, Programme Management) fully agreed regarding the vital importance of food production. As would be seen from the programme statement, high priority was being given to the development of national food and nutrition policies, and it was hoped to develop an intersectoral approach, with the cooperation of FAO, UNICEF and other agencies. Past experience, unfortunately, had not been very encouraging. It might be necessary later to have specialized expertise available within WHO; for the time being, the development of countries' food and nutrition policies would be one of the main tasks of the two nutritionists (posted in Papua New Guinea and Fiji) and the Regional Adviser in Nutrition at the Regional Office.
Dr RIDINGS (Samoa) suggested that, in order to save time, the Committee should discuss the programme budget in blocks of ten pages at a time.

Dr EVANS (Australia) supported that suggestion.

It was so agreed.

Health education (pages 71-74)

There were no comments.

Mental health (pages 75-77)

Mr BOYER (United States of America) asked how much of the total estimate of US$610 700 would be devoted to drug abuse.

Dr SHINOZAKI (Regional Adviser in Mental Health) said that, for the budget for 1982-83, one working group on the prevention and control of drug dependence was planned. The amount allocated in the budget for drug dependence would thus be around US$28 000.

Mr BOYER (United States of America) recalled that the Health Assembly the previous year had adopted a resolution drawing the attention of Member States to programmes against drug abuse. It was clear from the answers given by the Secretariat up to now that the amount of money that was put into programmes tended in practice to be the amount that had been requested by Member States. For example, under Care of the aged, disability prevention and rehabilitation, including road traffic accidents, it had emerged that no provisions had been requested for care of the elderly and road traffic accidents, despite their importance in the Region, because requests had been received only in regard to rehabilitation.

Similarly, it appeared that very little was to be spent by the Organization on drug abuse on the grounds that Member States had not requested programmes in those areas. It should be made clear that it was up to Member States, if they desired programmes to deal with specific health problems to be set up, to ask that they be incorporated within country programmes.

Drug policies and management (pages 80-82)

Pharmaceutical and biologicals (pages 83-86)

Dr NICHOLSON (United Kingdom of Great Britain and Northern Ireland) noted that there was a large drop in the first programme and an increase in the second. He wondered if some form of adjustment had been made because there was a certain resemblance between the two programmes.
Dr HAN (Director, Programme Management) said that, under the first programme, Drug policies and management, there was a marked reduction in the country figures between 1980-81 and 1982-83, mainly because of reprogramming within the provisions for Viet Nam which reduced the amount under this programme. There had also been a similar reprogramming for some other countries (Lao People's Democratic Republic, Malaysia and the Philippines). Under the second programme, Pharmaceuticals and biologicals, there was an increase in the total amount because of increased requests received from China, Malaysia, Papua New Guinea, Philippines and Viet Nam.

The REGIONAL DIRECTOR said it was true that, as pointed out by the representative of the United States of America, some programmes were not yet clearly identified as part of primary health care in a number of countries. The policy was to use the regular budget as seed money for development of the drug policies and management and pharmaceuticals programmes to link them more closely with primary health care development, at the same time endeavouring to obtain extrabudgetary resources; in the case of drug abuse, for example, from the United Nations Fund for Drug Abuse Control, and in the case of mental health from the Government of Japan, which had already pledged a certain sum for developments in the field.

Mr BOYER (United States of America), referring to programme 3.4.1, said he assumed that the South Pacific Pharmaceutical Service, which was now in process of elaboration, was not yet in operation, and thus was not the cause of the marked reduction shown.

The REGIONAL DIRECTOR said that the assumption was correct; the Service had had no impact on the budget. The reduction was mainly due to a reduction in the supply of pharmaceuticals to certain Member States.

Epidemiological surveillance (pages 89-91)

There were no comments.

Malaria and other parasitic diseases (pages 92-96)

Dr EVANS (Australia) said that his Government considered malaria to be a potential danger in Australia and Papua New Guinea, and had therefore set aside a sum for funding a laboratory and ancillary services to monitor malaria and other insect-borne diseases in the area.

Bacterial, viral and mycotic diseases (pages 97-107)

Dr CHRISTMAS (New Zealand) observed that diarrhoeal disease control had been one of the primary concerns of the Region over the past few years. Since providing basic sanitation and water supplies to countries needing them was one of the most effective ways of controlling such diseases, he called for an increased allocation of funds for that purpose. Though oral rehydration was important for the treatment of diarrhoeal diseases, emphasis needed to be placed on promotive and preventive health. In countries where the incidence of diarrhoeal diseases had fallen, the provision of basic sanitation had been a major factor.
Dr NICHOLSON (United Kingdom of Great Britain and Northern Ireland) inquired whether there existed a breakdown of the funds allotted to the various diseases covered by the heading "Bacterial, viral, and mycotic diseases", and Dr HAN (Director, Programme Management) replied that the various sums had been lumped together, though some figures were given in the table on page 107. Funds had been provided for medical officers and consultants to deal with that group of diseases as a total package. In addition, efforts were being made, jointly with SEARO, to obtain UNDP funds for diarrhoeal disease control, on the grounds that it affected mainly the least developed countries. Some money had already been received from extrabudgetary sources and was being channelled through WHO Headquarters.

**Expanded programme on immunization (pages 108-110)**
**Prevention of blindness (pages 111-113)**
**Vector biology and control (pages 114 and 115)**
**Cancer (pages 118-120)**
**Cardiovascular diseases (pages 121-123)**
**Oral health (pages 124-126)**
**Other noncommunicable diseases (pages 127-129)**
**Environmental health planning and management (pages 132-134)**
**Basic sanitary measures (pages 135 and 136)**
**Recognition and control of environmental hazards (pages 137 and 138)**
**Food safety (pages 139 and 140)**

There were no comments.

**Health manpower development (pages 141-151)**

Mr BOYER (United States of America) expressed concern that the sum allotted to the Promotion of training in the Western Pacific Region (page 148) should have virtually doubled from one biennium to the next, nearly 7 million dollars being budgeted for that activity during the period 1982-83. Furthermore, it was stated on page 10 that the proportion of the total WHO budget to be devoted to health manpower development was to rise from 17% to 21%, whereas it had previously been 12%. An increase of that magnitude deserved closer study. A considerable portion of that allocation had been set aside for Trust Territory of the Pacific Islands, but there had evidently been increases in other country programmes too. It was important that fellowships and consultantships should be related to the programmes that were to be carried out. Some country programmes called for various numbers of fellowships without taking the health priorities into account, whereas national strategies for health for all needed to be adjusted to those priorities. He was not convinced that 21% of the budget needed to be allocated to fellowships, and wondered to what extent the budgeted fellowships programme was actually implemented. Perhaps the figure of over 6 million dollars to which he had referred did not even reflect all the fellowships awarded through the WHO programme. He asked in what way the fellowships programme was tied to the priorities of WHO and countries.

The REGIONAL DIRECTOR said that he had expected that question, which had been raised in 1979 and at various times by the Executive Board and at the Regional Committee. There were various reasons for the phenomenal increase in the allocation for fellowships. In some small, newly-independent countries, there might be only one or two doctors and it was
urgent to train more. If there was a shortage of national staff to work in
the public health sector, WHO was asked to provide fellowships. One
technical difficulty in training and research programmes was that
countries' strategies for health for all had sometimes evolved by the time
a budget came to be implemented, and no longer corresponded to sums
budgeted 6-12 months previously. Some countries with which WHO had
technical cooperation needed to benefit from advances in science and
technology so that they could develop and modernize as quickly as
possible. Health for all was thus an accepted national goal. He trusted
that the statement by the representative of the United States of America
might cause certain countries to re-examine their need for fellowships as
opposed to technical cooperation.

Mr DONALD (Director, Support Programme) thought that, once the health
objectives of countries for the biennium 1982-83 were more precisely known,
the 21% budgeted for fellowships in that period might well drop to no more
than 16%. Moreover, when the time came for implementing that budget, it
would be possible to assign currently unspecified fellowships to specific
programmes. What was really needed in order to cross-check such
allocations satisfactorily was a three-dimensional budget.

Dr RIDINGS (Samoa) said that the industrialized and developing
countries saw fellowships from sharply opposite viewpoints. It was a
shortage of trained staff that was the developing countries' biggest
problem, the shortage being so great that it was sometimes impossible to
release staff to take up fellowships because they were needed there and
then at home. The proper development of primary health care for all by the
year 2000 would depend on a solution to the fellowship problem.

Dr TARUTIA (Papua New Guinea) said his country was a recipient of WHO
fellowships and had asked for more of them in 1982-83, as they had found
that programmes launched by consultants and advisers without national
counterparts often tended to be discontinued and were of no lasting
benefit. Fellowships were a permanent manpower investment.

Mr DHILLON (Chief, Human Resource Development) said that the amount
allocated was not merely for fellowships. Teacher training centres were
being established in Malaysia, Philippines and Republic of Korea as well as
the Regional Teacher Training Centre in Sydney. Manpower development
studies had been carried out and more were in progress. Many training
programmes were being carried out, including several of direct relevance to
primary health care. Fellowships therefore represented only some 60% of
the total indicated.

Health statistics (pages 152-155)
WHO publications and documentations (pages 156 and 157)
Health legislation (pages 158 and 159)

There were no comments.
Dr GENTILE (France) asked why there was to be such a big increase, from US$52 100 in 1980-81 to US$116 500 in 1982-83, in Health literature services. He would also welcome more data on the biomedical information centre and the network of subcentres and libraries to be set up in China. Lastly, the distribution of material in French should not be neglected.

Dr HAN (Director, Programme Management) said the increase in the allocation by almost US$70 000 was mainly a result of requests from the People's Republic of China. Concerning the regional biomedical information programme, two consultants had been asked to visit selected countries as a basis for recommendations on how best to develop the system. Their report had just been received and was being reviewed. They had recommended that work on establishing the programme should be accelerated, that the Regional Office should be strengthened for the purpose, and that national centres should be set up in certain countries to form a network. Certain developed countries in the Region would make a large contribution to establishing the programme. Unfortunately, the consultants had not had time to visit some of the French-speaking countries selected but in its close scrutiny of the consultants' recommendations the Secretariat would pay special attention to coverage of the French-speaking countries by the biomedical information programme.

Mr SUBRAMANIAN (Regional Adviser in Health Information) said that a working group of librarians, held in 1978, had found that there was great need for a biomedical information programme and that resources were available in the developed countries of the Region to develop one. The biomedical information centre it was proposed to establish in China would deal mainly with literature in Chinese.

The REGIONAL DIRECTOR, replying to Dr GENTILE's remark on the distribution of material in French, said that, of course, documents would be sent in French to such countries as Viet Nam and Lao People's Democratic Republic but in addition there was a demand for literature in French to be sent to China. Moreover, French was being used as the means of instruction in several training courses organized in China. He did not feel that French was being neglected in the Western Pacific Region.

The CHAIRMAN (speaking as the representative of Papua New Guinea) said that health literature services were a big problem in the Third World. More books were needed.

Health information of the public (pages 163-165)

Dr SENILAGAKALI (Fiji) noted the problem of translating WHO material, particularly on primary health care, into the languages actually spoken in the countries. Some financial support should be forthcoming for literature in the vernacular languages.

The REGIONAL DIRECTOR said the Regional Office was fully aware of the need to use local languages and in Papua New Guinea, for instance, a primary health care course had been given in pidgin English. Some help could be given if any government so requested and was prepared to bear some of the local costs.
The CHAIRMAN (speaking as the representative of Papua New Guinea) emphasized the need to use vernacular languages in the South Pacific.

General services and support programmes (pages 166-180)

There were no comments.

In reply to a question from Dr ACOSTA (Philippines) on the mechanisms of biennial budgeting, Mr DONALD (Director, Support Programme) explained that any savings in a biennium were returned to Headquarters for use in future budgets. Such savings represented the difference between 100% implementation and the 99% or so usually achieved. The biennial programme could be implemented at any time during the biennium, and that applied equally to fellowships.

The REGIONAL DIRECTOR explained that, while in theory the whole of a biennial budget could be used up in one year, in fact the smooth and continuous running of programmes required a more appropriate spread of expenditures.

1.2 UNDP Regional Programme for Asia and the Pacific, 1982-86

Item 7.3 of the Agenda (Documents WPR/RC31/7 and WPR/RC31/7 Add.1)

The REGIONAL DIRECTOR reminded the Regional Committee that Member States of three WHO Regions made up the UNDP Region for Asia and the Pacific; that was all the Member States of the South-East Asia and Western Pacific Regions and three Member States - Afghanistan, Iran and Pakistan - of the Eastern Mediterranean Region. For the 1982 to 1986 programme, UNDP wished WHO to present one consolidated proposal for the Asia and the Pacific Region. This was involving considerable dialogue between the three Regions and a number of special missions had been mounted by UNDP for consultations on specific components of the 1982-86 programme. They were planning four components of the programme, one for the entire UNDP Region, one for the ASEAN countries, one for the South Pacific and one for the least developed countries of the Region.

Preparations had commenced earlier in 1980 when a sectoral analysis had been prepared and sent to New York. The sectoral analysis was available for any representative who wished to see it. Its contents reflected in a very much condensed way the programme statements contained in document WPR/RC31/4 which had just been discussed. The next step had been the preparation of programme proposals by each WHO Region, followed by discussions with UNDP missions and between representatives of the three WHO Regional Offices. In WHO, similar proposals had been identified for amalgamation. The final proposal to UNDP would consist of a number of joint proposals, covering the three WHO Regions, and a number of so-called "sub-regional" proposals, covering only one WHO Region. Proposals within the consolidated submission would be identified for division by UNDP into the four components already mentioned - regional, ASEAN, South Pacific and least developed countries.
Referring to documents WPR/RC31/7 and WPR/RC31/7 Add.1, Dr HAN (Director, Programme Management) explained that the proposals developed by the Regional Office for the Western Pacific were presented under programme headings, in accordance with the current WHO programme classification structure, so that the Committee could consider them in relation to the 1982-83 programme budget. In the right-hand margins of the two documents, an indication had been given of the priority suggested for each proposal. UNDP had asked that the priorities should be determined by the Regional Committee to ensure that the proposals presented represented the requirements of Member States.

The Committee would note that, in accordance with the strategies for achieving the major goal of health/2000, priority had been accorded to primary health care and to a programme in support of the International Drinking-Water Supply and Sanitation Decade. Appropriate technology for health, which was considered a vital element of primary health care, was also accorded high priority, as were proposals relating to the South Pacific Pharmaceutical Service and the ASEAN programme on pharmaceuticals, in view of their technical cooperation among developing countries and economic cooperation among developing countries elements.

As had been pointed out earlier by the Regional Director, the proposals of the Western Pacific Region would have to be combined, as appropriate, with the proposals of the South-East Asian and the Eastern Mediterranean Regions of WHO, so that one consolidated proposal could be presented to UNDP. It was therefore possible that, after consolidation, the priorities established by this Regional Committee might have to be adjusted to arrive at a common priority accommodating the priorities accorded by the regional committees of the two other Regions concerned.

Programme proposals only would be presented to UNDP by early December 1980. After agreement with UNDP as to which proposals were acceptable, detailed project documents, including budgetary requirements, would be formulated by March 1981.

Dr Han informed the Committee that UNDP had also asked for proposals for a programme specifically for least developed countries. Although most of the programmes now presented to the Regional Committee would, if approved, be available to the least developed countries, five programmes specifically for least developed countries had been identified. Because UNDP wished to be informed of possibilities for support to least developed countries as early as August 1980, the titles of the five programmes had already been sent to New York. They were for:

(1) appropriate technology in hospitals, such as solar water heating and biogas digesters;
(2) health services research;
(3) training of public health administrators in charge of provinces and districts;
(4) training of nurse supervisors at provincial and district levels, particularly in Lao People's Democratic Republic; and
(5) community control of diabetes and cardiovascular diseases.
It was hoped that the Committee would have no objection if, in the future, the five proposals were formulated into specific proposals for submission to UNDP New York.

In the absence of any objections, the CHAIRMAN instructed the Rapporteurs to draft a resolution that would include the order of priority adopted. (For consideration of the draft resolution, see the third meeting, section 1.3).

The meeting rose at 5.10 p.m.