SUMMARY RECORD OF THE THIRD MEETING

WHO Conference Hall, Manila
Wednesday, 10 September 1980 at 9.00 a.m.

CHAIRMAN: Mr J. Jaminan (Papua New Guinea)

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1. CONSIDERATION OF DRAFT RESOLUTIONS

The Committee considered the following draft resolutions:

1.1 Report of the Regional Director
(Document WPR/RC31/Conf. Paper No. 1)

Decision: The draft resolution was adopted without comment (see resolution WPR/RC31.R1).

1.2 Proposed programme budget estimates for the biennium 1982-83
(Document WPR/RC31/Conf. Paper No. 2)

Decision: The draft resolution was adopted without comment (see resolution WPR/RC31.R2).

1.3 UNDP Regional Programme for Asia and the Pacific, 1982-86
(Document WPR/RC31/Conf. Paper No. 3)

Dr SENILAGAKALI (Fiji) said that the South Pacific regional training and research centre for nursing/midwifery should be moved up in the priority listing from number 14 to 11, in view of the need to provide enough nursing personnel from maternal and child health services in the Region, where they provided the principal health manpower force.

Dr CHRISTMAS (New Zealand) said that health education should be moved from number 18 to 12, in view of its importance in primary health care.

Dr MINNERS (United States of America) said that health care facilities planning, design, management and maintenance should be moved down to a place between numbers 9 and 10 to make way for diarrhoeal diseases in sixth place.

Dr NICHOLSON (United Kingdom of Great Britain and Northern Ireland) agreed that diarrhoeal diseases should appear higher on the list of priorities.

The CHAIRMAN (speaking as the representative of Papua New Guinea) said that the South Pacific Pharmaceutical Service should be moved up from number 4 to 3, as its creation called for urgent action. Every day people in his own and neighbouring countries were dying for lack of medicines.

Dr TARUTIA (Papua New Guinea) said that he would like to see number 13, assistant health inspector training modules, closely related to number 2, International Drinking-Water Supply and Sanitation Decade.

Dr EVANS (Australia) said that each representative would probably have his own views on the exact listing of priorities. However, the intention was to guide the Regional Director in establishing an overall list of priorities which had still to be fitted in with those of two other WHO Regions and UNDP. He suggested that the list should be left as it was and that the Regional Director should be trusted to take into account the views expressed by representatives.
The REGIONAL DIRECTOR expressed his gratitude for such confidence and for the opportunity to exercise flexibility. As the Director, Programme Management had pointed out the day before, the UNDP regional programme, which covered the WHO South-East Asia and Western Pacific Regions and some countries of the Eastern Mediterranean Region, would include some programmes solely for South Pacific countries and some for the least developed countries.

The list of priorities annexed to the draft resolution under discussion concerned the Western Pacific Region of WHO, with special reference to the South Pacific and the least developed countries. He would take into account representatives' comments on the list during the consultations, in preparation for the listing of overall priorities, with the other Regional Directors of WHO and the representatives of UNDP.

It was so agreed.

Decision: The draft resolution was adopted without amendment (see resolution WPR/RC31/R3).

2. ADDRESS BY THE INCOMING CHAIRMAN: Item 5 of the Agenda

The CHAIRMAN addressed the Committee (see Annex 1).

3. RECOMMENDATION OF THE ADVISORY COMMITTEE, WESTERN PACIFIC REGIONAL CENTRE FOR THE PROMOTION OF ENVIRONMENTAL PLANNING AND APPLIED STUDIES: Item 7.2 of the Agenda (Document WPR/RC31/6 Rev.1)

The REGIONAL DIRECTOR said that, in 1977, when the Regional Committee had authorized the establishment of the Western Pacific Regional Centre for the Promotion of Environmental Planning and Applied Studies, it had also authorized the Regional Director to appoint four members of an Advisory Committee, to assist the Centre in reviewing and developing its programme of technical cooperation. The Advisory Committee had met for the first time in March 1980, and its report was available should anyone wish to see it. One of its recommendations had been that membership of the Advisory Committee should be increased to six in order to provide a better coverage of the types of cooperation extended by the Centre. Since the Advisory Committee had been established on the basis of a resolution adopted by the Regional Committee, it was now necessary for the Committee to consider the question of increasing the membership to six and to give the Regional Director authority to choose the experts to be appointed.

The CHAIRMAN (speaking as the representative of Papua New Guinea) remarked on the importance of WHO cooperation for environmental planning and studies in his own country; for instance, where mining projects represented an environmental risk for the population.
Dr SENILAGAKALI (Fiji) supported the proposal to increase the membership of the Advisory Committee, and requested the Regional Director to appoint experts from within the Western Pacific Region who were familiar with the environmental problems of the Region both in continental countries and on small islands. He asked for some indication of the expected frequency of meetings of the Advisory Committee and the additional cost involved by an increase in membership.

The REGIONAL DIRECTOR assured the representative of Fiji that he would take his remarks into account in the appointment of members of the Advisory Committee. It was proposed to hold meetings once every two years initially, but further meetings might be convened on request.

There being no further comments, the CHAIRMAN requested the Rapporteurs to prepare a draft resolution on the subject. (For consideration of the draft resolution, see the fifth meeting, section 1.1).

4. REIMBURSEMENT OF TRAVEL COSTS OF REPRESENTATIVES TO REGIONAL COMMITTEES: Item 8 of the Agenda (Document WPR/RC31/8)

The REGIONAL DIRECTOR referred to the discussion at the last session of the Regional Committee, which had led to the adoption of resolution WPR/RC30.R10. The resolution had recommended that WHO should consider financing the cost of travel of a representative from each Member State to sessions of the Regional Committee.

Since such a decision had to be made by the World Health Assembly for all regional committees, resolution WPR/RC30.R10 had been passed to the Director-General who had submitted it to the Executive Board. The Executive Board had discussed the question at length and had come to the conclusion that the matter should be referred to the other regional committees.

Members of the Executive Board had agreed on the importance of all Member States being represented at sessions of the regional committees, especially with their increasing involvement, as major policy-making organs, in the work of WHO. They had also recognized the difficulties encountered by small countries with limited resources. Concern had been expressed by several members regarding the financial implications and the impact of such a decision on the Organization's programmes of cooperation. Some had felt that the policy should remain as established at the Seventh World Health Assembly, though it had been admitted that the situation had changed considerably since then. It had been acknowledged, however, that the motivation generated by attendance at the Regional Committee might have as much impact as spending the funds involved on a programme of cooperation.

Finally, the Executive Board had adopted a resolution inviting all the regional committees to consider the views which the members had expressed, the effect adoption of the proposal might have on the funds available for technical cooperation with Member States, and the possibility of limiting reimbursement of travel expenses to those Member States whose contributions to WHO were assessed at the minimum rate.

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Dr HIDDLESTONE (New Zealand) said that, since the idea under discussion had in fact been developed by the Regional Committee, it would be only consistent for it now to support it. The Executive Board had not only approved the concept, but had also improved on it, by suggesting that reimbursement should be made to the Member States paying the minimum rates of contributions to WHO; help would thus be given where it was most needed.

Regarding the financial aspect, during the discussion on the budget the previous day, the representative of the United States of America had drawn attention to the large increase in the provision for regional committees; it had been suggested that costs might be reduced by limiting the duration of meetings to one working week, thus avoiding unnecessary and expensive weekend costs. Although, therefore, it might seem a paradox to urge economies and at the same time support the proposal for reimbursement of travel costs, he considered that economies could in fact be made elsewhere, and that the additional costs incurred would be small.

Encouragement to attend regional committee sessions was a reflection of the devolution occurring throughout the Organization. As the Regional Director had mentioned, the Executive Board's discussions on how to increase the activity and influence of regional committees had been the natural consequence of the emphasis on health for all by the year 2000. Under agenda item 20 the Committee would be discussing the correlation of its work with that of the Health Assembly and Executive Board. The process of devolution was to be welcomed, and any means of strengthening regional committees, such as facilitating members' participation in sessions should be encouraged.

With reference to paragraph 1(c) of resolution EB65.R2, he stressed that many smaller States in various regions encountered difficulties in attending regional committees, owing to financial limitations. The sum involved for reimbursement of travel costs in fact represented a very small investment by comparison with the benefits to be reaped in terms of the involvement and commitment to regional activity that would result from attendance at regional committee sessions.

Dr Hiddlestone urged the Regional Committee to support the suggestion it had originally made and to reply to the Executive Board that the effect of the proposal on the total funds available for technical cooperation would be minimal, whereas the benefits resulting from ability to attend regional committee sessions would be maximal; and that if the reimbursement were limited to Member States whose contributions were assessed at the minimum rate the additional sum involved would only be about US$22 000.

Dr NGUYEN CAO THAN (Viet Nam) stressed that it was vital for every Member State to be able to attend sessions of the Regional Committee, since they provided a valuable opportunity for an exchange of views and experiences on how best to promote public health in the Region. WHO should do all it could to help countries participate in the sessions, particularly those in financial difficulties. The cost to WHO of reimbursement of air travel for representatives of all Member States making minimum contributions would be high, and he suggested that, as a compromise, the Committee might agree in principle that WHO should consider favourably any requests for reimbursement from such Member States. The Executive Board could then decide what should be the criteria for accepting such requests.
The CHAIRMAN supported the suggestion made by the representative of New Zealand. Many island States, especially in the Pacific, had been prevented from attending Regional Committee sessions because of the cost. He hoped that the Committee would agree to adopt a draft resolution on the subject.

Dr SENILAGAKALI (Fiji) said that the smaller island States of the Pacific and the developing countries of the Region would be grateful to the representative of New Zealand for championing their cause. The proposal that reimbursement should be limited to Member States whose contributions were assessed at the minimum rate was in line with the true spirit of cooperation between developed and developing countries.

Dr GENTILE (France) was not in favour of reimbursing the cost of travel to representatives to the Regional Committee. Nevertheless, he thought a formula might be adopted similar to that of the United Nations which paid the cost of travel of delegates to the General Assembly from the least developed countries, of which he said there were 31.

Mr VAUGHN (Australia) said his delegation had supported the proposal for reimbursement of travel costs at the Committee's thirtieth session, because it believed that no country should be prevented from attending sessions of the Regional Committee because of financial constraints. However, such reimbursement should be made on a strictly limited basis and in accordance with clearly demonstrated need. He suggested that, in view of the need to keep down expenditure on the Regional Committee, WHO should reimburse costs for only one representative from those Member States which were assessed at the minimum rate.

Dr ACOSTA (Philippines) said the role of the regional committees had gained in importance since the adoption of resolution WHA28.76, which had urged the Director-General to undertake greater decentralization of expenditure to the periphery. At the last Health Assembly, interest had been shown in the suggestion that the Health Assembly should meet every two years, and if that suggestion were adopted the Regional Committee's role would again be enhanced. His delegation would support a draft resolution on the subject of reimbursement of costs.

Dr XU SHOUREN (China) said his delegation would also support such a resolution, in view of the great importance of the attendance of representatives of all Member States at sessions of the Regional Committee.

Mr BOYER (United States of America) agreed with the representatives of New Zealand and the Philippines on the need to strengthen the regional committees, irrespective of whether or not it was decided to hold the Health Assembly on a biennial basis. However, it did not necessarily follow that, for a regional committee to be strong, each of its members needed to be paid by WHO to attend its sessions. In his view, reimbursement of travel costs was not needed, since it was clear that members had had no difficulty in sending at least one representative to the present session at their own expense. In the Region of the Americas it had been agreed that members should continue to pay their own travel costs. It should be remembered that any reimbursement would have to be made by WHO itself, out of the contributions levied on Member States; that would mean
that ultimately less money would be available for programmes. He pointed out that the cost to WHO of paying one representative from every Member State to attend sessions of the regional committees had been estimated at US$330 000 for the biennium. That sum was larger than the allocations made in the budget for eleven country programmes in the Region. Even if it were decided to reimburse only those Member States assessed at the minimum rate, in other words 71 Member States, almost half WHO's membership, the sum involved would still be as high as US$150 000. The Committee should consider its priorities very carefully and should decide whether it could afford travel reimbursement at the cost of country health programmes. He suggested that the Committee should tell the Executive Board that it had reconsidered the matter, and recommend that members continue to pay their own travel costs.

Dr RIDINGS (Samoa) could not support that suggestion. It was true that all representatives present had paid their own travel costs, but many might find it difficult to continue to do so in future. His own country's financial difficulties were likely to make it impossible for it to send a representative to further sessions of the Committee, and he was sure that other small developing island nations were in the same position. In his view, the sum of US$150 000 was well worth paying to ensure attendance at the Regional Committee, because the benefit derived from attendance far outweighed the cost involved. He supported the views expressed by the representative of New Zealand and earlier speakers and hoped that the Committee would endorse the proposal set out in the Executive Board's resolution EB65.R2.

The CHAIRMAN noted that the majority of the Committee was in favour of reimbursement by WHO of the cost of travel to sessions of the Regional Committee to one representative from each Member State whose contribution was assessed at the minimum rate. He asked the Rapporteurs to prepare a suitable draft resolution. (For consideration of the draft resolution, see the fifth meeting, section 1.2 and the seventh meeting, section 1.1).

5. REAL ESTATE FUND: ACCOMMODATION REQUIREMENTS OF THE REGIONAL OFFICE FOR THE WESTERN PACIFIC: Item 9 of the Agenda (Document WPR/RC31/9)

The REGIONAL DIRECTOR referred to the request made to the Director-General by the Executive Board that he should report on the short- and long-term accommodation requirements in Geneva and at the Regional Offices to its January 1981 session. Since, according to the WHO Constitution, a function of the Regional Committee was to supervise the activities of the Regional Office, it followed that the accommodation requirements at the Regional Office were the concern of the Regional Committee.

In point of fact, the World Health Assembly had already given authority for fulfilment of the accommodation requirements in Manila up to 1990, unless an unforeseen rapid expansion of the regional programme made a reassessment necessary. Two floors were to be added to the Annex building and one floor to the supply storage building, at an estimated cost of US$1 367 000. Additional covered parking space had also been provided for. The architect's plans for the extensions were being reviewed in the Regional Office at present and bids would soon go out for tenders for construction.
Noting that there were no further comments, the CHAIRMAN requested the Rapporteurs to prepare a suitable draft resolution. (For consideration of the draft resolution, see the fifth meeting, section 1.3).

6. RULES OF PROCEDURE OF THE REGIONAL COMMITTEE FOR THE WESTERN PACIFIC: Item 10 of the Agenda (Document WPR/RC31/10)

The REGIONAL DIRECTOR reminded the Regional Committee that, since biennial programme budgeting had been adopted by the World Health Assembly, the programme budget estimates had been reviewed by the Regional Committee, the Executive Board, and the Health Assembly on a two-year basis. Rule 8(f) of the Rules of Procedure of the Regional Committee, which was the one listing the items to be included in the provisional agenda of each session, still related to an annual programme budget. It was therefore necessary to revise it to allow, each year, for the consideration of items pertaining to the current biennium and to the biennium following the current biennium.

Under Rule 53 of the Rules of Procedure, a subcommittee should consider revisions and report on them to the Regional Committee. For a routine amendment of the sort proposed, however, made in response to a decision taken by other executive bodies of the Organization, it was possible, under Rule 52, to suspend Rule 53 and for the Committee to accept the proposed amendment immediately.

The CHAIRMAN asked the Regional Committee whether it agreed to the suspension of Rule 53 and the amendment of Rule 8(f) as proposed.

It was so agreed.

In the absence of comments, he requested the Rapporteurs to prepare a suitable draft resolution. (For consideration of the draft resolution, see the fifth meeting, section 1.4).

7. SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES: JOINT COORDINATING BOARD: Item 13 of the Agenda (Document WPR/RC31/12)

The REGIONAL DIRECTOR reminded the Regional Committee that the two Member States of the Western Pacific Region selected by the Regional Committee to send representatives to Geneva as members of the Joint Coordinating Board (JCB) of the Special Programme for Research and Training in Tropical Diseases were at present Malaysia and the Philippines. At the thirtieth session, the representative of the Philippines had been reappointed for a period of three years. The three-year period of tenure of Malaysia was due to expire on 31 December 1980. The Regional Committee might wish to decide which Member State should now be selected to appoint a representative for three years from 1 January 1981. Members were to be selected from among the countries directly affected by the diseases dealt with by the Special Programme. The Committee might wish to consider selecting the People's Republic of China.
The Regional Director also reminded Member States that any country not selected for appointment to the Board, either by the contributors to the Special Programme resources or by the Regional Committee, could express interest in being designated as a member by the JCB itself. The JCB could designate three such members. Also, any government or organization that was a Co-operating Party, under Paragraph 1.2 of the Memorandum of Understanding relating to the JCB, could send an observer, at its own expense, to meetings of the JCB. Any government interested in being designated as a member by the JCB itself or in attending the next meeting of JCB as an observer was to advise the Regional Director by 10 October 1980, that was 60 days before the next meeting, which was to take place on 10 and 11 December 1980.

In the absence of any comments on the REGIONAL DIRECTOR'S proposal that China should be selected, the CHAIRMAN requested the Rapporteurs to prepare an appropriate draft resolution. (For consideration of the draft resolution, see the fifth meeting, section 1.5).

8. SUB-COMMITTEE ON TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES:
   Item 14 of the Agenda

8.1 Report of the Sub-Committee on Technical Cooperation among Developing Countries: Item 14.1 of the Agenda (Document WPR/RC31/13)

Dr ACOSTA (Philippines), Chairman of the Sub-Committee on Technical Cooperation among Developing Countries, introduced the report on the Sub-Committee's fifth meeting, held in Manila on 16 and 17 June 1980. For a copy of the Sub-Committee's report see document WPR/RC31/13.

Dr CRUZ (United States of America) said that, in Guam, a continuing problem was to ensure that health was given its rightful place in plans for social and economic development and other countries in the Region might have useful experience to impart in that respect. Similarly, experience should be shared in regard to the primary health care aspects of communicable disease control, where action was needed at community level. Some countries were still paying only lip-service to that idea. There should be concerted activities using all the resources of the public and private sectors. He was enthusiastically in favour of the Sub-Committee's recommendations but would like more information on the Regional Office's role, particularly in regard to Recommendations 3 and 4.

Dr MERCADO (Director, Health Services Development and Planning) said that it was indeed essential that community and professional organizations should participate in the work but there was a serious lack of experience in the Region. That lack could be remedied by developing the exchange of information and experience between countries and communities.

In regard to appropriate technology, several WHO-supported studies had already been carried out. One practical achievement of great importance was the design of a cold box for transport of vaccine that kept vaccines refrigerated for 25 to 30 days. Cooperation between WHO, governments and private enterprise was essential for success. Appropriate technology was an important item in the research and development activities already discussed.
The CHAIRMAN (speaking as the representative of Papua New Guinea) said there was need for greater cooperation by the Indonesian health authorities with those of Papua New Guinea in the border area.

Dr LIU XIRONG (China) said that, over the past few years; the Regional Office had expanded technical cooperation between developing countries and between developed and developing countries. Technical cooperation between developing countries was highly significant, in that it enabled continuous improvements to be achieved in public health, which in turn had a favourable effect on economic development, all on the basis of the countries' own resources. It was essential alike to the achievement of health for all by the year 2000 and to the establishment of the New International Economic Order. The long-term and specific needs of countries should be borne in mind and self-reliance developed. National sovereignty must be respected. Communicable disease control through primary health care was feasible. The role of the Regional Office in technical cooperation among developing countries should be to establish channels through which information and experience could be rapidly exchanged.

As there were no further comments, the CHAIRMAN asked the Rapporteurs to draft an appropriate resolution. (For consideration of the draft resolution, see the fifth meeting, section 1.6).

8.2 Membership of the Sub-Committee on Technical Cooperation among Developing Countries: Item 14.2 of the Agenda

The REGIONAL DIRECTOR said that the members of the Sub-Committee on Technical Cooperation among Developing Countries were the representatives of Australia, Papua New Guinea, Philippines and Republic of Korea. The three-year period of tenure of the representatives of Papua New Guinea and the Republic of Korea ended at the present session of the Regional Committee. The Committee had to decide which two Member States should appoint representatives to replace them. At the thirtieth session it had been decided that membership of both the sub-committees of the Regional Committee should be distributed on an equitable basis, with no Member State being on both sub-committees at the same time. The Committee might therefore wish to consider designating Fiji and Japan to replace Papua New Guinea and the Republic of Korea.

There being no objections, the CHAIRMAN asked the Rapporteurs to prepare an appropriate resolution. (For consideration of the draft resolution, see the fifth meeting, section 1.7).

9. SUB-COMMITTEE ON THE GENERAL PROGRAMME OF WORK: Item 15 of the Agenda (Document WPR/RC31/14)

9.1 Report of the Sub-Committee on the General Programme of Work

The REGIONAL DIRECTOR referred to the terms of reference of the Sub-Committee on the General Programme of Work, especially in relation to the study of WHO's structures in the light of its functions. At the time of the thirtieth session, it had been thought that the Sub-Committee's work...
on the subject was ended. But, with the adoption of resolution WHA33.17, it had become clear that it would be necessary to ask the Sub-Committee to undertake the work connected with the plan of action for implementation of the Health Assembly's recommendations relating to the study. Part I of the report of the Sub-Committee therefore contained a request to the Regional Committee to allow it to expand its terms of reference to undertake the tasks involved.

With regard to the report of the Sub-Committee, items 15, 16 and 17 of the agenda all related to the tasks of the Sub-Committee, and the background documentation with which the Committee had been provided for each of the three items constituted the report of the meeting of the Sub-Committee held in June 1980. Because of the complexity of the Sub-Committee's work, its report had been divided into three parts, each prepared by a member of the Sub-Committee as Rapporteur. (The Sub-Committee had also met briefly on 8 September 1980, to consider the implications for the work of the Regional Committee of biennial health assemblies, as proposed in resolution WHA33.19.)

With the Regional Committee's agreement, the Chairman of the Sub-Committee, Dr Foliaki, would introduce only Part I, in the absence of the Rapporteur. The other parts would be introduced under items 16 and 17 by the Rapporteurs concerned.

It was so agreed.

The REGIONAL DIRECTOR explained that Part I of the Sub-Committee's report related to agenda item 15.1 and contained the reports on the visits made by groups of members of the Sub-Committee to countries or areas of the Region. It also contained a section on the terms of reference of the Sub-Committee.

Dr FOLIAKI (Tonga), Chairman, Sub-Committee on the General Programme of Work, introducing Part I of the report of the Sub-Committee, referred to the visits made by members of the Sub-Committee in March 1980 to China, Guam, Papua New Guinea, Philippines and Tonga. The purpose had been to review WHO's collaboration in their expanded programmes on immunization and their control of diarrhoeal diseases programmes. After summarizing the findings, the report went on to make some general comments and recommendations.

With regard to the expanded programme on immunization, the members of the Sub-Committee had stressed the need for the implementation of primary health care and for community participation. It had been suggested that a limited but effective programme might be of more value than a broad approach. The development of a regional strategy for vaccine production had been recommended. The links in the cold chain at the periphery were stressed as needing special support in many countries. Programme evaluation had been emphasized and it had been recommended that WHO should set standards for the programme and encourage their general adoption.

With regard to the control of diarrhoeal diseases, the Sub-Committee had stressed that water supply and waste-water disposal were linked to personal cleanliness and food hygiene. There was a need to study the expansion of oral rehydration salt production in the Region. In addition,
the Sub-Committee had noted a general lack of understanding of oral rehydration therapy among health workers. WHO should give special consideration to the funding and development of the programme which should receive priority as a major component of any strategy for health for all.

Dr CRUZ (United States of America) expressed gratitude for the visit by members of the Sub-Committee to Guam. It was encouraging to note their remarks on the state of development of its health services, particularly with regard to the expanded programme on immunization, and diarrhoeal diseases. Immunization levels in children were nearly 90%. He urged support for the diarrhoeal diseases programme as a priority requiring adequate funding. WHO's cooperation had, and would continue to have, a valuable impact on such development. Guam was committed to health for all by the year 2000, and to the United States' goals of health promotion and disease prevention.

There being no further comments, the CHAIRMAN asked the Rapporteurs to prepare a draft resolution. (For consideration of the draft resolution, see the fifth meeting, section 1.8).


The REGIONAL DIRECTOR said that Part II of the Sub-Committee's report, relating to strategies for health for all by the year 2000, was contained in document WPR/RC31/15; Annex 2 presented the proposed regional strategy, based on Member States' reports on their national policies, strategies and plans of action. Document WPR/RC31/15 Corr.1 contained three alterations to the regional strategy recommended by the Sub-Committee when it had met on 8 September 1980. Document WPR/RC31/15 Add.1 contained a discussion paper on indicators for monitoring progress, prepared in Geneva at the request of the Executive Board. Some Member States had already commented on that document.

Dr CHRISTMAS (New Zealand), Rapporteur, Sub-Committee on the General Programme of Work, Part II, introducing that section of the report, said that it was important for regional strategy, involving planning for the next 20 years. He drew attention to the comments of members of the Sub-Committee on page 2 of document WPR/RC31/15, and also to chapter 9 of Annex 2, on the role of WHO with regard to regional strategy issues. WHO was seen as a coordinator and provider of technical cooperation.

In the determination of the regional strategy, emphasis was placed on behavioural factors in the provision of health services in accordance with the primary health care approach, as well as on the physical environment and interrelated social and economic factors, and industrial and agricultural production. Governments were encouraged to adopt a wider, multisectoral, approach involving community participation as appropriate, and WHO's role in such encouragement was stressed. Attention was to be concentrated on basic health needs for safe water, food and shelter, but also on planning, monitoring and evaluation, with the primary health care approach always kept in mind.
Accurate and relevant health data were essential to permit future planning and evaluation. Appropriate priorities must further be established for national and regional planning.

The long-term objectives, targets and approaches set out in the proposed strategy document deserved careful attention. Emphasis had been placed on health promotion and prevention of ill-health, on the development of health manpower plans, and on reallocation of resources with special attention to rural areas. Much thought had been given to the formulation of realistic and sensitive indicators for the monitoring of progress. The proposals, and the relevant discussion paper, document WPR/RC31/15 Add.1, were before the Committee.

He finally drew attention to the timetable for a plan of action in chapter 10 of the report, and to a draft resolution in its Annex 3.

Dr EVANS (Australia) said he attached great value to the report and would strongly support the draft resolution. His only criticism was of the occasional use of generalizations; such terms as "managerial skills"—which it might be hoped included epidemiologists—in Annex 2, and "pregnancy in adolescence" without age specification on page 23 of the list of regional objectives, targets and approaches. Further, there were no specific mortality or life expectancy targets, which he considered essential, while "quality of life" was referred to as a "valuable social indicator" without any attempt at defining it.

Dr HAN (Director, Programme Management) apologized on behalf of the Secretariat for the lack of a glossary, which would be prepared and submitted to Member States with the report when it was adopted, and would include such terms as those mentioned.

Dr CHANG (Republic of Korea) congratulated the Sub-Committee on its work and supported the draft resolution. Reporting on the achievements of his country in primary health care, he said that a pilot programme to develop a low-cost health and medical care delivery system had been in progress at the Korean Health Development Institute for five years, with the cooperation of USAID. Especial attention had been given to rural areas and to particular types of community; three different areas, emphasizing maternal and child care, community participation and health maintenance organizations, respectively, had been included in the trial. The project had so far been successful and was now under evaluation by advisers from the United States, including health economists, social scientists and public health specialists. The main focus was on methods of rural practice using nurse practitioners under medical insurance schemes, but the Government was careful to avoid offending the susceptibilities represented by the Medical Association. In spite of the difficulties, the Government planned to start using the findings in 1981, as it was convinced that the delivery system would be strengthened by the use of nursing practitioners in rural areas in the attainment of health for all.

(For continuation of the discussion, see the fourth meeting, section 1).

The meeting rose at 12.00 noon.
ADDRESS BY THE INCOMING CHAIRMAN

Distinguished Representatives to the Regional Committee, Mr Regional Director, distinguished Representatives from the United Nations and its Specialized Agencies, Representatives of Nongovernmental Organizations in affiliation with WHO, the WHO Secretariat, ladies and gentlemen:

I am greatly honoured, and I wish to thank the Committee, for electing me Chairman of the thirty-first session of the Regional Committee for the Western Pacific. I am well aware of the fact that my election is in one way a reflection of the Regional Committee's wish to honour my country, the newly emerged Independent State of Papua New Guinea, with this year's chairmanship. However, I cannot claim that the chairmanship you have generously conferred upon me will be accomplished to the same degree of satisfaction as you have experienced from past appointees at earlier sessions.

As your newly elected Chairman, I wish to greet and congratulate the new Vice-Chairman, Dr Ridings of Samoa, the Rapporteur in English, Dr Evans of Australia, and the Rapporteur in French, Dr Charpin of France. I am sure we shall work closely together and do our best in the discharge of our duties, as is expected of us.

The chairmanship of an international meeting such as this, dealing with diverse and difficult health and health-related problems and needs in this Region, is not an easy task. However, I am confident that with your understanding and cooperation, the technical guidance and support of the Regional Director and his staff members, and the valuable cooperation of the Vice-Chairman and the Rapporteurs, it will be possible for us all to carry out the task before us and decide on the issues for which this meeting has been convened.

This year's session covers an extensive agenda. There are at least three issues, apart from many important items appearing on our agenda, in which my Government has a deep interest and concern. These issues deal with strategies for health for all by the year 2000, technical cooperation among developing countries, and the United Nations International Drinking-Water Supply and Sanitation Decade, 1981-90.

The Government of Papua New Guinea is committed to the realization of primary health care which will give substance to the revolutionary idea of "Health for All by the Year 2000". The process of decentralization in my country further promotes equitable distribution of resources and a partnership involving the community, the Government and non-government health systems, as a desirable framework for attaining health by the year 2000. It is estimated that 80% of the rural population in Papua New Guinea, or about 2 million people, lack safe drinking water and basic sanitary facilities. With the cooperation of a WHO environmental health
team, a policy document has been drawn up for the next four years. Village water supply projects are being carried out in some Highland Provinces. Food, water and shelter are identified as foundations for health. A revolutionary impact in improving the health status of the population in developing countries will only be achieved when these three social factors are satisfied. Therefore Health for All by the Year 2000 is also a social concept. It stresses that the objective can be reached only by an intersectoral approach. As a member of the Regional Sub-Committee on Technical Cooperation among Developing Countries (TCDC), Papua New Guinea has always been a keen supporter of this concept. The essence of the concept is that Member States work together to identify what is to be done and cooperate in doing it. Papua New Guinea is cooperating actively with its neighbouring countries in the field of training of health manpower of various categories.

I look forward to a fruitful exchange of views and experience on these three issues, not only during formal meetings but also on informal occasions, because I strongly feel that they have substantial implications in achieving our individual national health goals to meet the aspirations of the population, especially in rural sectors.

The opportunity to meet colleagues of different background and experience on an occasion such as this is quite unique. I believe that this meeting will enable us to gain more information on, and insight into, the problems we are facing within our own countries. I wish you every success in the deliberations.

Thank you very much.