SUMMARY RECORD OF THE FIFTH MEETING

WHO Conference Hall, Manila
Thursday, 11 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 Membership of the Advisory Committee of the Western Pacific Regional Centre for the Promotion of Environmental Planning and Applied Studies (PEPAS) (Document WPR/RC31/Conf. Paper No. 4)

Decision: The draft resolution was adopted without comment (see resolution WPR/RC31.R5).

1.2 Reimbursement of travel costs of representatives
(Document WPR/RC31/Conf. Paper No. 5)

Dr EVANS (Australia), Rapporteur, said that, although the question of per diem had not been specifically mentioned during the Committee's discussion, the Rapporteurs had included the words "excluding per diem" in the text of the draft resolution, since that aspect had been mentioned in the document submitted, and it was felt to be the Committee's intention.

Dr GENTILE (France) said that the French text did not include any reference to Member States whose contributions to WHO were at the minimum rate in the scale of assessment, and did not take into account his proposal that the procedure be harmonized with that used for the travel of delegates to the General Assembly, reimbursement being limited to representatives of States included in the list of least developed countries.

Mr DONALD (Director, Support Programme) said that efforts were being made to obtain the necessary information with regard to the least developed countries.

The CHAIRMAN requested the Rapporteurs to submit a revised draft resolution, taking into account the comments of the representative of France. (For further consideration of the draft resolution, see the seventh meeting, section 1.1).

1.3 Real Estate Fund (Document WPR/RC31/Conf. Paper No. 6)

Mr BOYER (United States of America) said that he had been pleased to note from document WPR/RC31/9 that the Health Assembly had appropriated a sum of US$1.3 million for the accommodation requirements of the Western Pacific Regional Office and that it was expected that that sum should meet requirements for the next ten years. Operative paragraph 3 of the draft resolution, referring to future requirements, introduced a new element, and, although it did not make any commitments, he would prefer to delete that paragraph.

Mr DONALD (Director, Support Programme) said that operative paragraph 3 of the draft resolution reflected the following statement in paragraph 4 of document WPR/RC31/9: "However, should the present rate of growth of the programme of the Region increase significantly, it would become necessary to reassess accommodation requirements".
Mr BOYER (United States of America) said that perhaps the length of operative paragraph 3 seemed to give it too much emphasis by comparison with the first two paragraphs. However, since the substance was included in document WPR/RC31/9, he proposed that operative paragraph 3 should be deleted.

Dr HIDDLESTONE (New Zealand) did not consider that the length of any particular paragraph necessarily indicated the degree of importance attached to it. On the contrary, he felt that the word "Concurs" in operative paragraph 2 conferred more weight than the word "Notes", used in the third paragraph - which in fact was a provisional clause, depending on the future. He felt that paragraph 3 reflected the documentation submitted to the Committee and the Committee's discussion, and that the text of the whole draft resolution had the advantage of brevity.

Dr ACOSTA (Philippines) agreed with the remarks of the representative of New Zealand. Operative paragraph 3 made no commitments.

The CHAIRMAN put to the vote the proposal to delete operative paragraph 3.

Decision: The proposal was rejected.

The CHAIRMAN asked the Committee whether it was willing to adopt the draft resolution as contained in WPR/RC31/Conf. Paper No. 6.

Decision: The draft resolution was adopted (see resolution WPR/RC31.R6).

1.4 Rules of Procedure of the Regional Committee for the Western Pacific (Document WPR/RC31/Conf. Paper No. 7)

Decision: The draft resolution was adopted without comment (see resolution WPR/RC31.R7).

1.5 Special Programme for Research and Training in Tropical Diseases: Joint Coordinating Board (Document WPR/RC31/Conf. Paper No. 8)

Decision: The draft resolution was adopted without comment (see resolution WPR/RC31.R8).

1.6 Technical Cooperation among Developing Countries (Document WPR/RC31/Conf. Paper No. 9)

Decision: The draft resolution was adopted without comment (see resolution WPR/RC31.R9).

1.7 Membership of the Sub-Committee on Technical Cooperation among Developing Countries (Document WPR/RC31/Conf. Paper No. 10)

Decision: The draft resolution was adopted without comment (see resolution WPR/RC31.R10).
1.8 Sub-Committee on the General Programme of Work  
(Document WPR/RC31/Conf. Paper No. 11)

Decision: The draft resolution was adopted without comment  
(see resolution WPR/RC31.R11).

1.9 Strategies for Health for All by the Year 2000  
(Document WPR/RC31/Conf. Paper No. 12)

The REGIONAL DIRECTOR said that a reading of the summary record of the  
discussion on document EB65/lB at the January 1980 session of the Executive  
Board showed that there had not in fact been any firm decision in favour of  
the establishment of either a global health development advisory council or  
of a health for all by the year 2000 resources group. On the contrary, the  
record gave the impression that Board members would be rather reluctant to  
see such mechanisms set up. In view of that fact, he would like to know  
whether members of the Committee still wished the last phrase of operative  
paragraph 2 of the resolution to be retained.

Dr CHRISTMAS (New Zealand) thanked the Regional Director for drawing  
attention to that point. It would be embarrassing for the Sub-Committee on  
the General Programme of Work if the reference were to remain, since it had  
been strongly felt that the setting up of any extra advisory mechanism  
should be delayed until a formal decision had been taken by the Health  
Assembly. He therefore suggested that in operative paragraph 2 the phrase  "one of which might be a regional health development advisory council"  
should be deleted.

It was so agreed.

Decision: The draft resolution, as amended, was adopted  
(see resolution WPR/RC31.R12).

1.10 Membership of the Sub-Committee on the General Programme of Work  
(Document WPR/RC31/Conf. Paper No. 12)

Decision: The draft resolution was adopted without comment  
(see resolution WPR/RC31.R12).

1.11 Biennial World Health Assemblies  
(Document WPR/RC31/Conf. Paper No. 14)

The REGIONAL DIRECTOR, in reply to a question from Dr ACOSTA  
(Philippines), said that the previous day the Committee had adopted a  
related resolution on the subject of WHO's structures in the light of its  
functions. The text of that resolution was contained in document  
WPR/RC31/16 Corr.1 and had been adopted as resolution WPR/RC31.R4.

Dr ACOSTA (Philippines) asked that copies of the resolution as adopted  
should be distributed to members before any decision was taken on the draft  
Dr CHRISTMAS (New Zealand) asked whether, if the resolution under consideration were adopted, representatives would then be bound to vote in accordance with it at the forthcoming Health Assembly.

Dr VIGNES (Director, Legal Division, WHO Headquarters) said that, although it might seem somewhat illogical to vote contrary to the resolution at the Health Assembly, there would be nothing illegal in so doing. It would be for members themselves to decide.

Dr CHRISTMAS (New Zealand) thanked Dr Vignes for that advice but said it seemed pointless to adopt a resolution if members were free to disregard it.

Dr NICHOLSON (United Kingdom of Great Britain and Northern Ireland) said that at the Health Assembly his delegation had made an alternative proposal, that, until a system of biennial assemblies was adopted, health assemblies should be held annually but should be limited in even years to not more than two weeks. He therefore could not support the draft resolution under discussion as to do so would contradict his delegation's earlier position.

Mr BOYER (United States of America) said the resolution adopted by the Health Assembly (WHA33.19) had in fact included the paragraph proposed by the representative of the United Kingdom. That paragraph read "The Thirty-third World Health Assembly BELIEVES that, as soon as possible, in the meantime Health Assemblies in the even years (when there is not a full programme budget to consider) should be limited to not more than two weeks' duration". He did not think there would be any inconsistency if the representative of the United Kingdom were to agree to adoption of the draft resolution under discussion, since operative paragraph 1 in fact endorsed resolution WHA33.19.

It was agreed that the draft resolution should be re-submitted and that resolution WPR/RC31.84 on WHO's structures in the light of its functions, adopted by the Regional Committee at the fourth meeting of the current session, should be circulated so that the Committee could refer to it when considering the draft resolution. (For further consideration of the draft resolution, see the seventh meeting, section 1.11).

2. ACKNOWLEDGEMENT BY THE CHAIRMAN OF BRIEF REPORTS RECEIVED FROM GOVERNMENTS ON THE PROGRESS OF THEIR HEALTH ACTIVITIES: Item 11 of the Agenda (continued from the first meeting, section 6)

The CHAIRMAN announced that additional reports on health activities had been received from American Samoa, Guam and Trust Territory of the Pacific Islands. They were being distributed.
3. SEVENTH GENERAL PROGRAMME OF WORK COVERING A SPECIFIC PERIOD
(1984-1989): Item 19 of the Agenda (Documents WPR/RC3l/18 and
WPR/RC3l/18 Add.l) (continued from the fourth meeting, section 5)

The REGIONAL DIRECTOR suggested that, since document WPR/RC3l/17
Add.l, which gave some of the background to establishment of the Health
Resources Group, was not yet available in French, the Committee might wish
to defer consideration of item 18. He asked the Chairman whether, in view
of the short time spent on agenda item 19 at the end of the fourth meeting,
the Chairman might wish to suggest that discussion on the Seventh General
Programme of Work should be resumed.

It was so agreed

Dr NICHOLSON (United Kingdom of Great Britain and Northern Ireland)
noted that the timetable for preparation of the Seventh General Programme
of Work (document EB65/PC/WP/9, page 17, attached to WPR/RC3l/18) showed
that in September/October of 1980 work would begin on a review of
preliminary regional material and on the formulation of regional strategies
so that the Programme Committee of the Executive Board could review that
material in November and continue preparing proposals for a global
strategy. That fact made the item under discussion a particularly
important one because there was a great deal to be considered. In the last
paragraph of document WPR/RC3l/18 the Committee was requested to discuss
the comments and ideas of representatives so that they could be submitted
to the Director-General to be considered by the Programme Committee of the
Board. He had thought that consideration of the item was concluded, but
since it was to be continued, he wished to draw attention to its importance.

Dr CHRISTMAS (New Zealand) welcomed the guidance provided by the
Regional Director and Secretariat with regard to the timetable. If the
needs of the area were to be considered, the programme outline should be
fairly specific. The priorities for the period 1982-83 had been examined,
but not those for the period 1984-89. The documents under discussion were
well constructed and easily understandable, but very general in nature. He
asked whether, in the planning process, the Regional Committee itself would
be assessing the individual needs of Member States and specifying
programmes, or whether the matter was to be referred to the Sub-Committee
on the General Programme of Work and presented to the Regional Committee in
1981.

The REGIONAL DIRECTOR said that Dr Hiddlestone (New Zealand) had been
active on the Executive Board's Programme Committee when the issue had been
discussed. The Programme Committee's discussion, while delaying the
establishment of a timetable, did not seem to have led to a firm
conclusion. The same problem had arisen with the Sixth General Programme
of Work.

The Seventh Programme, and especially its structure, was an
instrument for the delivery of the WHO programme, and did not necessarily
correspond to the structure of national health programmes. Though ideally
the delivery and structure of the WHO programme and of national programmes
would be the same, opinions had differed among Executive Board members on
that point. Another pertinent problem was the lack of agreement on the
structure of the Seventh Programme (Part III of document EB65/PC/WP/9,
annexed to document WPR/RC31/18). One Executive Board member had urged that the research programme should be a single and separate component, whereas another had proposed that health manpower development should be identified as a major programme. There had been much debate at the Board on that issue, and it had been proposed several times that the regional committees should examine the question in depth and offer advice. Another point directly related to the timetable was the illogicality of discussing the structure of the Seventh General Programme of Work before the countries, the regions, and the Executive Board had completed the global health-for-all strategy. It had therefore been decided to examine that strategy before discussing the structure of the Seventh Programme. He invited comments from Dr Hiddlestone in his capacity as a member of the Executive Board.

Dr HIDDLESTONE (New Zealand) said that the Regional Director had reflected the position fairly. The Seventh Programme needed to be defined. The Programme Committee was to take the matter up again later in the year, and the skeleton programme would be fleshed out at the January 1981 session of the Executive Board. All the Regional Committee could do at the present stage was to adopt general principles. At subsequent meetings, more details would be available and the implications for health for all would be considered. Thus there was not yet a detailed plan for the whole of the period 1984-89, but only an outline of how the Seventh Programme would proceed, which would depend on the timetable adopted by the various levels of WHO and particularly by the Member States in going towards health for all by the year 2000. The Seventh Programme had not merely been grafted on to previous programmes, but represented a considerable change of focus, with health for all as its goal.

While the issue was of great concern and should not be dismissed lightly or debated inadequately, it was difficult for the Regional Committee to take the matter very much further at the present stage. He therefore proposed that the Committee should discuss the matter more thoroughly in 1981, when the Executive Board and its Programme Committee would have provided more details about the form that the Seventh General Programme of Work would take.

Dr MINNERS (United States of America) referred to paragraphs 9-12 of document DGO/80.5 (issued under the symbol WPR/RC31/18 Add.1), which provided an excellent and succinct review of the problem encountered in implementing the Sixth General Programme of Work, together with a well-thought-out rationale for proceeding with the Seventh Programme. The main problems with the Sixth Programme appeared to have been that its programme classification had proved to be a serious obstacle to integrated programming (paragraph 10) and that the approaches described in the Sixth Programme had not made it sufficiently clear which programmes should deal with infrastructures and which with technical substance (paragraph 11). The lesson to be learned for the Seventh Programme was that there was a need to distinguish clearly between activities dealing with the infrastructure for the delivery of health programmes and those dealing with the technical content (paragraph 12). The plan for the Seventh Programme of Work dealt with those problems successfully. He interpreted the timetable to mean that the Regional Committee would have another opportunity, in 1981, of defining the programme in greater detail.
The REGIONAL DIRECTOR said that he and Dr Hiddlestone had noted the views expressed, which would be brought to the attention of the Programme Committee of the Executive Board. In addition, the item would be included on the agenda of the Sub-Committee on the General Programme of Work.

In the absence of further comments, the CHAIRMAN requested the Rapporteurs to draw up a suitable draft resolution. (For consideration of the draft resolution, see the seventh meeting, section 1.2).


4.1 Consideration of the agenda of the sixty-seventh session of the Executive Board: Item 20.1 of the Agenda (Document WPR/RC31/19)

The REGIONAL DIRECTOR said that efforts to correlate the work of the World Health Assembly, the Executive Board and the regional committees continued. As far as the Regional Committee for the Western Pacific was concerned, it could be said that the efforts were succeeding. Annex 1 of document WPR/RC31/19 illustrated that very well. It was evident also that implementation of resolution WHA33.17 and changes in WHO's structures because of its functions would involve a swing towards initiative by the regional committees, rather than by the Health Assembly and the Executive Board.

Any comments representatives might have on the agenda of the Executive Board, Annex 2 of the document under consideration, would be transmitted to the Director-General.

The Committee noted the item without comment. (For consideration of the draft resolution, see the seventh meeting, section 1.4).

4.2 Consideration of resolutions of the Thirty-third World Health Assembly: Item 20.2 of the Agenda (Document WPR/RC31/20)

The REGIONAL DIRECTOR referred to document WPR/RC31/20 which contained nine resolutions adopted by the Thirty-third World Health Assembly of significance for the Region. There were, of course, other resolutions adopted by the Health Assembly that had to be brought to the attention of the Committee but those were related to other items of the agenda and would be considered as each item was discussed.

Operative paragraph 3(7) of resolution WHA33.17 urged the regional committees to extend and deepen their analysis of the implications of Health Assembly and Executive Board resolutions. The plan of action for implementing the recommendations of resolution WHA33.17, which the Committee had already considered, proposed that an analysis of the implications should be prepared for review by the regional committees. Unfortunately, time constraints had prevented preparation of a written analysis for the current session but, as he introduced each resolution, he would briefly refer to its implications for the Region.
As far as the Executive Board resolutions were concerned, all those of relevance to the Region adopted by the sixty-fifth session were reflected in the resolutions of the Thirty-third World Health Assembly. Of the three adopted by the Executive Board at its sixty-sixth session none was of relevance to the work of the Western Pacific Region.

4.2.1 Resolution WHA33.3 and resolution WHA33.4 - Global smallpox eradication

The REGIONAL DIRECTOR drew attention to operative paragraphs 3 and 4 of resolution WHA33.4.

Although the fact that smallpox had been eradicated was not doubted by senior health administrators, some health staff and members of the general public remained sceptical. Education would therefore be necessary. If a case of suspected smallpox were to be reported, Member States should not restrict the free flow of information, since it was to their advantage to have the report thoroughly investigated. Most Member States of the Region had abolished childhood or infant vaccination and all except one had stopped demanding it from international travellers.

One Member State was holding stocks of variola virus and was arranging maximum security containment facilities. One Member State had expressed its willingness to collaborate in the special surveillance programme on human monkey-pox. Apparently there was no laboratory in the Region carrying out research on variola virus.

Dr CHRISTMAS (New Zealand) welcomed the Regional Director's reference to the need for the free flow of information. There was justified concern among the public and among health workers regarding the security of laboratories holding variola virus stocks, particularly after the unfortunate incidents that had occurred in a certain country. That made continuing surveillance and thorough investigation of any reported case indispensable. He wondered, in regard to monkey-pox, whether the orthopoxviruses were of real concern to the Western Pacific Region.

Dr LINDNER (Regional Adviser in Communicable Diseases) said that although monkey-pox seemed to be a problem mainly affecting Zaire and West Africa, the original isolation appeared to have been made in Malaysia, so that the Western Pacific Region was in fact concerned.

4.2.2 Resolution WHA33.20 - Organizational study on the "Role of WHO expert advisory panels and committees and collaborating centres in meeting the needs of WHO regarding expert advice and in carrying out technical activities of WHO"

The REGIONAL DIRECTOR drew attention to operative paragraph 3.

Efforts were being made to enlarge the network of WHO collaborating centres in the Region by designating them in Member States where collaborative activities had been minimal in the past. A balance of available expertise between countries of the Region would thus be achieved. Monitoring of the activities of existing WHO collaborating
centres had also commenced, in order to improve the network of expertise. The Western Pacific Advisory Committee on Medical Research (WPACMR) was to study the measures necessary to make full use of WHO collaborating centres for the long-term development of the regional research promotion programme.

4.2.3 Resolution WHA33.25 - Development and coordination of biomedical and health service research

The REGIONAL DIRECTOR reminded the Committee that later on in the session, under agenda item 23, it would review document WPR/RC31/23, which contained a report on research activities recommended by WPACMR. Implementation of most of operative paragraph 3 of resolution WHA33.25 was already reflected in that report.

4.2.4 Resolution WHA33.26 - Tuberculosis control

The REGIONAL DIRECTOR said that, under agenda item 27 later in the session, the Committee would be considering the tuberculosis situation in the Region, with a view to encouraging control activities through primary health care. Document WPR/RC31/27 described the action being taken which, in fact, implemented most of the operative paragraphs of resolution WHA33.26.

As far as research was concerned, a consultant had already visited several Member States to review the operational and epidemiological research activities being carried out. It was planned, should funds become available, to arrange a coordination meeting of research workers and those responsible for tuberculosis control. Though sources of extrabudgetary funding, such as the Japan Shipbuilding Industry Foundation and the Government of the Netherlands, were contributing to the regional tuberculosis control programme, there was still much need for additional support.

4.2.5 Resolution WHA33.27 - Action in respect of International Conventions on Narcotic and Psychotropic Substances: Abuse of narcotic and psychotropic substances

The REGIONAL DIRECTOR drew attention to operative paragraphs 2, 3, 4 and 5.

In Manila, from 7 to 12 August 1980, participants in a workshop on psychotropic drugs had discussed ways of collaborating with Member States in order to achieve the objectives of the international drug control treaties which some Member States had ratified. The Western Pacific Region would participate in the development of guidelines, as requested of the Director-General in operative paragraph 7(3).

4.2.6 WHA33.31 - Workers' health programme

The REGIONAL DIRECTOR drew attention to operative paragraph 2.

Resolution WHA32.14, drawn to the attention of the Regional Committee at the thirtieth session, and resolution WPR/RC29.R14 adopted by the Regional Committee in 1978, both related to the provision of health care to working populations. Member States needed to pay special attention to the subject and to ask for WHO cooperation as and when required.
The Committee noted the five above-mentioned resolutions without comment.

4.2.7 Resolution WHA33.32 - Infant and young child feeding

The REGIONAL DIRECTOR drew attention to operative paragraphs 1 and 3.

The resolution was of particular significance to the Western Pacific Region, as sound breastfeeding practices were on the decline. As stated in the resolution, countries needed to have coherent food and nutrition policies and pregnant and lactating women had to be adequately nourished. Few Member States of the Region had initiated activities. If an international code were to be adopted, it could serve only as a guide. Individual Member States would have to formulate their own codes of ethics suited to their individual needs. Once such codes were adopted control mechanisms would have to be established.

With regard to operative paragraph 3, five countries in the Region had made a beginning in implementing resolutions WHA27.43 and WHA32.42, which recommended the encouragement of breastfeeding, and long-term maternal and child health programmes to meet the health and other needs of mothers, children and the family. Both resolutions were basic to the attainment of health/2000.

Mr BOYER (United States of America) stressed the importance of the proposed code of marketing practices for infant formulae. The Executive Board was to vote on the code at its sixty-seventh session and the subsequent World Health Assembly was to decide whether or not to adopt the text of the code. It had been a very difficult subject to keep track of since there had already been three drafts, a fourth was in preparation and there would very likely be a fifth after the Executive Board's deliberations in January. WHO was holding consultations with all the interested parties. One of the crucial questions was whether manufacturers should be permitted to advertise direct to mothers. Some thought that such advertising tended to lure mothers away from breastfeeding. He had noted some recent changes in the industry's practices, as witness a poster advocating breastfeeding put out by the Infant Formula Industry Council, which indicated that the WHO efforts were already having some effect.

Everyone agreed that there should be a statement of principles to guide all those involved in manufacturing and marketing breastmilk substitutes, but disagreement subsisted on how to give effect to those principles. One view was that the WHO code should be made legally enforceable in all countries, another that its provisions should be adapted to local conditions and embodied in separate national legislation. His own Government believed that conditions differed so widely in different countries that the latter of the two solutions would be the better. The question before the next Health Assembly would be whether the code should be implemented as regulations, in the sense of Articles 21 and 22 of the WHO Constitution, or adopted as recommendations, in the sense of Article 23. His Government would prefer the second alternative.
Dr KAWAGUCHI (Japan) expressed his Government's views that, while breastfeeding was in normal circumstances the best method of infant feeding for infant and mother, the need for infant formulae, especially to supplement breastfeeding where necessary, could not be ignored. Environmental and other factors influencing nutrition varied greatly from one country to another, and the Japanese Government believed that each country should be left to adapt the provisions of the code to its own circumstances. WHO and UNICEF should therefore limit their activities to formulating guidelines. Most of the required principles had already been included in the current draft of the code, so that it only remained to affix a preamble which should, in his Government's view, make it clear that they were intended as recommendations for adaptation to the situation in different countries according to their needs.

4.2.8 WHA33.35 - WHO's programme on smoking and health

The REGIONAL DIRECTOR drew attention to operative paragraph 1.

The regional programme on smoking and health continued to be educational, aimed particularly at children, youth and pregnant women.

Dr EVANS (Australia) strongly endorsed the contents of the resolution. He wished to point out that certain factors might, however, cause problems in the Region. In particular he warned that, although Australia had implemented the recommended policy in order to reduce production and advertising of cigarettes and had included government health warnings on packets, together with details of nicotine and tar yields of the contents, resulting in a move by smokers away from high-yield cigarettes, the manufacturers had reacted by "dumping" their excess high-yield products on other countries in the Region.

The CHAIRMAN (speaking as the representative of Papua New Guinea) thanked Dr EVANS for his timely warning, which confirmed experiences in his own country, where legislation was being enacted to prevent such abuses.

He requested the Rapporteurs to prepare a draft resolution endorsing action on the resolutions of the Thirty-third World Health Assembly.

Mr BOYER (United States of America) said that it was not clear that a resolution on that item was necessary.

The REGIONAL DIRECTOR said that it was customary to adopt a resolution. (For consideration of the draft resolution, see the seventh meeting, section 1.5).

5. HEALTH 2000 RESOURCES GROUP: ELECTION OF A MEMBER TO SEND A REPRESENTATIVE TO MEETINGS OF THE GROUP: Item 18 of the Agenda (Documents WPR/R31/17 and WPR/RC31/17 Add.1) (continued from the fourth meeting, section 4)

The CHAIRMAN recalled that debate on the item had been adjourned the day before to allow the Secretariat to prepare documentation in reply to comments by the representatives of France and New Zealand. He drew attention to document WPR/RC31/17 Add.1, and invited the Regional Director to introduce it.
The REGIONAL DIRECTOR said that the addendum traced the policy decisions giving the Director-General authority to establish the Group; attached to it were copies of the resolutions and extracts from the documents mentioned.

In reply to the comment made by the representative of France the day before, he drew attention to the summary record of the statement of the Director-General to the Executive Board at its sixty-fifth session, twelfth meeting, expressing his concern to "uphold democracy in all the organs of WHO, and to assemble and disseminate .... the maximum amount of information ....", and referring to "having been criticized by Board members in the past for setting up bodies ....".1

In reply to the comment and request of the representative of New Zealand, he said that he, the Regional Director - and perhaps the Director-General, too - might not have correctly interpreted the wishes of the Executive Board as expressed at that session. However, a second statement by the Director-General on that occasion, of which he quoted the summary record, showed that the Director-General had been at pains to meet the Health Assembly's request for "appropriate mechanisms", recognizing the "hesitancy" of Board members about the establishment of a body that might be closely related to the proposed Global Health Development Advisory Council, but expressing his concern to see both donors and recipients represented; he had said that "that was the reason why WHO had offered its facilities". The Director-General had further assured the Board that "the terms of reference of the proposed group could be redrafted to take into account the concern which had been expressed by the Board", and had expressed the hope that it "would agree to the establishment of the Group, subject to all the necessary safeguards".2

As the Board had not reacted to that statement, it had been thought that the Board wished the Group to be established in the way proposed.

The Regional Director suggested that Dr Hiddlestone and Dr Ridings, as members of the Executive Board, might be able to throw some light on the issue. There appeared to be three possible ways of dealing with the matter: the Regional Committee could decide to elect one of the Members of the Region to designate a representative to the Group; to leave it to the Regional Director to select a Member; or to pass a resolution referring the matter back to the Director-General or the Executive Board and requesting guidance on the procedure to be followed.

1Document EB65/1980/REC/2, summary records of the twelfth meeting, page 146.

2Ibid, page 155.
Dr RIDINGS (Samoa) said that there had been little doubt in his mind, following the Executive Board's discussion of the matter, that there was concern about the way in which the proposed Group was to be established, a concern that was perhaps not adequately reflected in the summary record of the discussions, and particularly in the statements on that occasion which were not included in the part of the summary record attached to document WPR/RC31/17 Add.1. Professor Aujaleu, who had been reported at least as having shown such concern, had in fact made a downright statement conveying his fear that the Group's functions would be executive rather than advisory, and Dr Venediktov, Professor Spies and Dr Bryant had made similar statements.1 Many members of the Board, while approving the concept of a health resources group, had been hesitant about its role and the manner of its establishment.

The Director-General was in a difficult position because, as was to be seen from statements quoted by the Regional Director, he had been criticized for setting up bodies without sufficient prior consultation with the Board, and had then been unable to obtain from the Board clear guidance on the establishment of a body of which it had in principle approved the concept.

It seemed to him that there would have to be a report back to the Executive Board, and that meanwhile if the Regional Director wished to select a Member to designate a representative for the Group it should be considered his business to do so.

Dr GENTILE (France) agreed that the Regional Director should be requested to appoint a member of the Group.

Dr SENILAGAKALI (Fiji) said that at its thirtieth session the Regional Committee had not taken any decision regarding the nomination of a representative from the Region as a member of the Health 2000 Resources Group - rightly so, since more information was needed as to the composition and functions of the Group. He was now satisfied that document WPR/RC31/17 contained sufficient information to enable the Committee to take a decision.

It was important that the developing countries of the Region had a voice in the Health 2000 Resources Group. The Twenty-ninth World Health Assembly had urged that existing and potential sources of extrabudgetary funds should be sought to provide increased support for the expansion of WHO's work; during the past four years, however, the Organization had not made any significant steps towards increasing extrabudgetary funds from bilateral and multilateral aid sources.

The rate of assessment for contributions by Member States had not been raised in recent years, and inflation and increasing oil prices had become part of daily life. The developing countries in particular were requesting more and more cooperation from WHO as a result of increasing awareness that

health was the key to socioeconomic development. All those and many other factors, pointed to the urgent need for the Health 2000 Resources Group, so that more funds could be sought and made available to enable Member States to achieve a better level of health. The scant material and human resources in developing countries were major limiting factors in the implementation of health programmes, and the annual health budgets represented only a minute fraction of the sums really needed. There was an urgent need for technical cooperation among developed and developing countries, and the time had come to take decisions that would help developing countries to establish health services geared especially to serve the underprivileged population.

He fully supported the proposal that a member of the Health 2000 Resources Group should be nominated from one of the developing countries of the Region and, in particular, the Regional Director's proposal that the member should be from Papua New Guinea.

Dr CHRISTMAS (New Zealand) said that his delegation fully supported the proposal that urgent attention should be given to the provision of cooperation to developing countries. It also appreciated the difficulties of the Director-General in setting up an appropriate advisory group. Its only concern was regarding the terms of reference of the Group - a subject which was to be referred back to the Executive Board. The Regional Committee seemed to be moving into a discussion on a global issue on which a decision should first be taken by the Executive Board. He felt that the needs so well described by the representative of Fiji could be met if the terms of reference of the Group (listed in paragraph 10 of document WPR/RC31/17) were amended to include only item 8.

Dr RIDINGS (Samoa) asked whether the Group had met, and, if so, what it had discussed.

The REGIONAL DIRECTOR said that the first meeting of the Group had been held just before the Thirty-third World Health Assembly. It had discussed its terms of reference, plan of action, and the Health Development Initiative Fund. Its report was contained in WHO document HRG.1/80.9.

Dr VIGNES (Director, Legal Division, WHO Headquarters), replying to a question raised by Dr Gentile, said that in 1978 the Executive Board had made a series of recommendations, including the suggestion that the Director-General should constitute a group similar to the one now being discussed. Its report had been transmitted to the Health Assembly, which had found the Executive Board's recommendations reasonable for the development of strategies for health for all. The Health Assembly had thus implicitly supported the idea contained in the Executive Board's report - namely, the establishment of a group such as the one being discussed.

The Director-General, according to the rights invested in him by the Constitution, had decided to set up a group. However, since, in the past, some members of the Board had criticized him for some of his initiatives in setting up groups within the Organization, he had thought it appropriate to seek the opinion of the Board; that was why the Board had discussed the problem. Since the Group was to include representatives of all the WHO
regions, and in the interests of democratization, the Director-General had considered it better not to choose the members himself, but to ask the regional committees to do so. It was for the Committee to decide whether or not it wished to avail itself of that prerogative.

Mr BOYER (United States of America) said that the question of whether or not the Group should be established was not before the Committee; the Group already existed, and had held its first meeting.

With regard to the terms of reference, if any representatives found any of the terms of reference listed in document WPR/RC31/17 to be unsuitable, they could propose a resolution on the subject to be transmitted by the Regional Committee to the Executive Board.

It was stated in paragraph 7 of document WPR/RC31/17 that it had been recommended that each member representing a developing country should be nominated by a regional committee, and that the Western Pacific Region should nominate one person.

He fully agreed with the representative of Fiji that the Western Pacific Region was losing influence in the Group by not having a member, and suggested that the Committee should approve the Regional Director’s proposal.

Dr CHRISTMAS (New Zealand) did not think that other regions could already have nominated representatives as members of the Group, since the recommendation had only just been made. It was therefore difficult to say that the Western Pacific Region was losing influence.

Dr KAWAGUCHI (Japan) said that Japan had sent a representative of the Organization for Economic Cooperation and Development Assistance Committee to attend the first meeting of the Health 2000 Resources Group.

The REGIONAL DIRECTOR said that the regional committees for the Americas, South-East Asia, and Africa had nominated members of the Group.

The CHAIRMAN asked whether the Committee agreed to the nomination of a representative of Papua New Guinea.

Dr CHRISTMAS (New Zealand) suggested that the Committee should decide first on the question of principle (i.e. whether it wished to nominate a member of the Group or to request the Regional Director to do so) and afterwards, if need be, proceed to the nomination.

Dr SENILAGAKALI (Fiji) felt that the Committee should itself nominate a member of the Group; it was in fact an item on its agenda.

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

The meeting rose at 12.00 noon.
SUMMARY RECORD OF THE SIXTH MEETING

WHO Conference Hall, Manila
Thursday, 11 September 1980 at 2.30 p.m.

CHAIRMAN: Dr K. Ridings (Samoa)
Later : Mr J. Jaminan (Papua New Guinea)

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1. HEALTH 2000 RESOURCES GROUP: ELECTION OF A MEMBER TO SEND A REPRESENTATIVE TO MEETINGS OF THE GROUP: Item 18 of the Agenda (Documents WPR/RC31/17 and WPR/RC31/17 Add.1) (continued from the fifth meeting, section 5)

The CHAIRMAN invited comments on the proposal to elect a Member to send a representative to meetings of the Health Resources Group.

Dr VIGNES (Director, Legal Division, WHO Headquarters) said that the Committee did not have to decide the question of whether or not a Health Resources Group should be established, since it had already been established, but simply the question of the election of a representative. There were three issues to be resolved: first, did the Committee wish to elect a representative of the Region as a member of the Group; secondly, if not, did it wish the Regional Director to select one; or thirdly, whom did it wish to appoint, in the case of an affirmative decision being taken on the first issue. He suggested that a decision should be taken first on the first issue.

The CHAIRMAN, in reply to a question from Dr ACOSTA (Philippines) said that the Committee would be electing a country, not an individual, to serve on the Health Resources Group.

He noted that, on the first issue, the majority of the Committee was in favour of electing a representative to serve on the Group.

Dr VIGNES (Director, Legal Division, WHO Headquarters) pointed out that now that the Committee had decided to elect its representative, the second issue became irrelevant. The question to be decided was the third issue, namely which country should be chosen.

Dr SENILAGAKALI (Fiji) proposed Papua New Guinea.

Dr FOLIAKI (Tonga) seconded that proposal.

It was so decided. (For consideration of the draft resolution, see the seventh meeting, section 1.3).

2. UNITED NATIONS INTERNATIONAL YEAR OF DISABLED PERSONS, 1981: REGIONAL PROGRAMME FOR DISABILITY PREVENTION AND REHABILITATION: Item 21 of the Agenda (Document WPR/RC31/21)

The REGIONAL DIRECTOR said that 1981 had been proclaimed the International Year of Disabled Persons by the United Nations General Assembly. In January 1981, the WHO Executive Board would discuss WHO cooperative activities, within the United Nations system, for disability prevention and rehabilitation. This would include preparations for the World Assembly on the Elderly to be held in 1982.

The disability prevention and rehabilitation programme in the Western Pacific Region aimed primarily at promoting the establishment and strengthening of national programmes. It included the programme for the prevention of road traffic accidents. Unfortunately, rehabilitation of the disabled and their integration into the working population had low priority
in many developing countries, since they had more pressing priorities for the use of their resources. The position was aggravated by the number of government and private agencies dealing with different types of handicap. Coordination was called for, to develop multiagency and multisectoral programmes. Document WPR/RC31/21 set out the present situation, action taken and plans for the future.

Dr TURNER (United States of America) expressed his delegation's support for the Year. The United States had developed laws to prevent disability and to meet the needs of those suffering from it. Among programmes developed had been highway safety, improved prenatal care for mothers and babies, including genetic and other counselling, earlier diagnosis, evaluation and treatment of disabled infants and children, help for parents in early diagnosis in infants, nutrition for low-income families, economic assistance to buy better food, free or low-cost medical care, training for slow learners or the retarded, vocational education, job training and employment experience, and work safety and accident prevention. His delegation strongly supported WHO regional programmes for disability prevention and rehabilitation.

Dr WANG JIAN (China) outlined measures being taken in his country to assist the blind and deaf-mutes. The number of persons suffering from those disabilities had been estimated at 4 million. Particular attention was being paid to prevention and to rehabilitation.

A major national campaign for the control of trachoma had been launched. Scientific research had been carried out and groups organized for the treatment of patients; training programmes for workers in the field of ophthalmology had been improved. Education programmes had been launched to make the public more aware of the causes of blindness and how to prevent it. As a result, there were no longer any cases of blindness due to trachoma in China. Health teams had carried out 100,000 cataract operations, mostly by traditional methods, as a result of which many had recovered their sight. Over 800 collective workshops and 292 special schools had been set up to cater for the needs of the blind and the deaf-mute. In addition, there were facilities for part-time study, as well as technical schools teaching such subjects as massage, sewing, painting, sculpture, woodwork, hairstyling, etc. After receiving their diplomas from such schools, the disabled were placed in employment by the Government. Publications in Braille, as well as a sign-language, had been developed. The handicapped were thus able to take an active part in society. However, more progress needed to be made, because a large number of disabled still only had limited facilities available to them. China was doing its utmost to solve that problem and hoped that through increased international cooperation it would do so successfully.

Dr DA PAZ (Portugal) said that in Macao in 1981 an up-to-date centre for rehabilitation of the handicapped was to be set up, at a cost of approximately US$10 million. Construction was expected to start in November 1980.
Dr CHANG (Republic of Korea) said the proclamation of the International Year of Disabled Persons was particularly welcome for the developing countries. Any welfare services for the disabled should have close links not only with medical services but also with the social services, and thus the campaign on their behalf should be carried out not only by WHO but also by other United Nations agencies. His Government had taken special action to promote welfare services for the disabled, who composed about 2% of the country's population.

Vocational training as well as assistance towards rehabilitation were provided, although so far only on a small scale. On the occasion of the International Year of Disabled Persons his Government planned to promulgate a new law to improve welfare services, and a plan of action for the disabled was also in preparation.

Mr HOANG HOAN NGHINH (Viet Nam) said that there were in Viet Nam approximately one million disabled persons, many of them disabled as a result of injuries sustained in the war either from conventional weapons or from chemical weapons such as defoliants. They received medical care and assistance with rehabilitation and were found suitable jobs. They were given the opportunity to participate in cultural activities, and thus to play their part in the rebuilding of their country. The disabled were cared for by the State or the collectivity, and lived either in sanatoria or with their families, in which case they received an invalidity pension.

Accident prevention and medical rehabilitation were the responsibility of the health service. A specialized system of functional rehabilitation had been established both centrally and at provincial level. The system applied various therapeutic techniques: general medicine, orthopaedic surgery, physiotherapy, psychotherapy, and prosthetics. Ten education centres for deaf-mute children had been set up, and efforts were being made to train technicians specializing in functional rehabilitation for work in medical institutions. The main task was to solve the problem of those affected by war wounds, then to solve the problem of those affected by such diseases as leprosy and poliomyelitis.

Vocational and social rehabilitation was the responsibility of the Minister for the Disabled and the Ministry of Social Affairs. Viet Nam had a number of rehabilitation centres and schools for both child and adult handicapped, as well as schools for the blind. There was concern to encourage accident prevention by means of health education.

All these activities constituted a major programme, which would demand great efforts from both Government and people, as part of Viet Nam's contribution to the International Year of Disabled Persons.

Dr SENILAGAKALI (Fiji) said that, in his country, the prevention of disability and rehabilitation of the disabled were largely in the hands of nongovernmental organizations. However, it was intended to place their activities under the wing of the newly created National Rehabilitation Council. Success in reducing the incidence of tuberculosis had enabled half of the tuberculosis hospitals to be converted into rehabilitation units in preparation for the International Year. One of the main subjects
of concern was the increasing consumption of alcohol, with its related health and social problems, and the Government was considering appropriate legislation. Fiji supported the International Year of Disabled Persons, and gladly placed its facilities at the disposal of other South Pacific states.

Dr EVANS (Australia) said that his country wholeheartedly supported the International Year. Coordination of activities in that field was difficult in Australia because of its federal structure. Each constituent state had its own health services, the Commonwealth Government coordinating, controlling and financing some activities. The departments for social services and for health, both concerned themselves with the disabled but each had different functions and tasks. To mark the International Year, the Government had included in the budget special programmes to provide inter alia special treatment facilities for those suffering from cleft lip and cleft palate, extra accommodation and short courses for the intellectually handicapped, medical care to people in isolated areas, and batteries for hearing aids for the deaf.

Dr KHALID (Malaysia) said that, because the register of disabled persons in his country was incomplete, the total number of such persons was not known. There had been an alarming increase in traffic accidents, and several measures had been taken to reduce them, e.g., better road and town planning, the protection of pedestrians, and improved training for drivers. However, a multisectoral approach was necessary to cope with the problem. The increasing number of drug addicts in Malaysia, as in other countries, was placing a burden on the health services. The Ministry of Health was responsible for detecting and treating addicts, who were then rehabilitated by the Ministry of Social Welfare. The extension of planned health programmes, e.g., in nutrition, immunization, and early case-detection, might also help to reduce disability. Many governmental departments were involved in the case of the disabled, including those concerned with health, welfare, education, and labour, as well as voluntary agencies.

The CHAIRMAN (speaking as the representative of Samoa) agreed with the Regional Director that the provision of rehabilitation services in some countries was hampered by the existence of higher-priority needs. In Samoa, as in Fiji and other island states, voluntary agencies had assumed the responsibility for treatment and rehabilitation. The International Year had provided a stimulus, resulting in meetings and the improved coordination of activities. The stimulus of WHO, which had produced benefits for disabled persons, was also greatly appreciated.

In the absence of further comments, the CHAIRMAN requested the Rapporteurs to prepare an appropriate draft resolution. (For consideration of the draft resolution, see the seventh meeting, section 1.6).
3. UNITED NATIONS INTERNATIONAL DRINKING-WATER SUPPLY AND SANITATION DECADE, 1981-1990: Item 22 of the Agenda (Document WPR/RC31/22)

The REGIONAL DIRECTOR recalled that the United Nations International Drinking-Water Supply and Sanitation Decade would commence in 1981. In the Western Pacific Region, despite the best efforts of governments and international agencies, the lack of safe and easily accessible drinking-water and of facilities for the sanitary disposal of wastes affected the health and welfare of more than half the rural population. With the adoption, in 1977, of the Mar del Plata Action Plan, which recommended that the Decade should be launched, a three-year preparatory phase had commenced and rapid assessment reports had been completed for nine countries in the Region. They had revealed widely differing levels of services and, hence, of needs. Cooperation would have to be extended in the development of national plans and programmes geared to the requirements of each individual Member State.

Activities over the Decade would be divided into three phases: planning, action, and long-term support. Community participation, health education, and manpower development would play major roles. Document WPR/RC31/22 briefly described the activities envisaged during the three phases.

While WHO could do much, in cooperation with governments, to promote, implement, and monitor Decade activities and to train manpower to operate and maintain systems, enormous financial resources would be needed to provide the systems themselves. A function of WHO would be to help Member States to locate and secure financial support, through the identification of possible donors, information transfer between governments and potential donors, and the preparation of project documentation. An internal document, still in draft form, set out the regional programme for the Decade in a comprehensive manner. Parts of the document could be provided, as justification and background information, to possible donors of support to Decade activities. Any representative who wished to see the document was welcome to a copy.

Mr BOYER (United States of America) stressed the importance of the Decade for the achievement of health for all, since unsafe drinking-water caused many diseases. WHO had a real and serious role to play in that field. The most recent issue of World Health, which was very well presented, focused attention on the Decade, and would serve to educate people in the Member States in the importance of safe water. Primary health care and sanitary engineering services needed to be integrated, and education in the use and maintenance of new water systems was required. Because the goal was to provide water to as many people as possible, experts tended to concentrate on urban areas, whereas the need in rural areas was equally serious. The priorities should be established by each country according to local needs.

He suggested that document WPR/RC31/22 should be changed slightly by transferring the item "training and manpower development (technical and administrative)" from section 3.2 (Action phase) to section 3.1 (Planning phase), in view of its importance at an early stage of the Decade.
Dr CHRISTMAS (New Zealand) strongly supported the Decade. Safe water was essential for the control of diarrhoeal and other diseases, as well as for meeting the needs of the population. In New Zealand, improved water supplies had been made available to some rural areas and territorial authorities had been granted subsidies for that purpose. The system had been in operation for some years and was an encouragement to local authorities. The subsidy scheme was being extended to include fluoridation of water. He agreed with the representative of the United States of America that there should be a close link between health and engineering services. In New Zealand, public health engineers already worked in close harmony with their colleagues at the Ministry of Works.

Dr TALIB (Malaysia) said that some 60% of the urban population of his country had been provided with clean water. Efforts were being made to improve matters in the rural areas. There was a problem with the people - largely migrants - who lived in peri-urban or semi-urban districts, who were not covered by either urban or rural supply systems.

Dr WANG JIAN (China) said that the Decade was an important means of achieving health for all. If it was successful, drinking-water supplies would be improved, many diseases would be eliminated, and the health of the population would be better. It was encouraging, therefore, to see all the activities that were to be undertaken in that field, even if some of them seemed to be slow in starting. When those activities reached an active phase, more and more countries and regions would heed the appeal for the Decade. The task set by the Decade was a challenge to China, were millions of people living at high attitudes lacked water. In the south, hundreds of millions of people living in more than 200 districts, drank river-water and marsh-water, which in many places had to be heavily chlorinated and was sometimes polluted. Accelerated programmes for providing water supplies had recently been launched and a national conference on the conservation of drinking-water had been held. The urgent need for water supplies adapted to local needs was increasingly being taken to heart, since they were a practical means of bettering the lot of the population. The experience in China had shown the health benefits of digging deep wells, improving existing wells, and constructing good drinking-water systems. While the health services played a leading role in that field, they worked together with other services and ministries - e.g., to provide work brigades with advice on laying piping, and to inform the population about the link between drinking-water and health. In each country, there should be vertical collaboration in improving water supply systems, e.g., by means of a 10-year plan for sanitation, such as was already being implemented in China.

He called on WHO, and especially the regional committees, to exchange information on their experience with field studies, so that, whenever a particular problem had been solved or a good method found, a training course might be held. China would gladly participate in such activities.
Dr SOUVANNAVONG (Lao People's Democratic Republic) spoke of the destruction that war had wreaked in his country, the low level of the economy, and the high incidence of diarrhoeal and other diseases. His Government therefore attached great importance to the Decade. In cooperation with WHO, pilot projects for digging wells and latrines had been undertaken, and a health education programme was being implemented. In view of the extent and multisectoral nature of the problem, his country requested the support of WHO in achieving better coordination, applying appropriate technology, and mobilizing funds.

In the absence of further comments, the CHAIRMAN requested the Rapporteurs to prepare a suitable draft resolution. (For consideration of the draft resolution, see the seventh meeting, section 1.7).

4. DEVELOPMENT OF BIOMEDICAL AND HEALTH SERVICES RESEARCH (INCLUDING RESEARCH STRENGTHENING AND CAREER STRUCTURES IN TROPICAL COUNTRIES): Item 23 of the Agenda (Document WPR/RC31/23)

The REGIONAL DIRECTOR said that document WPR/RC31/23 contained information on the use of funds, regular and extrabudgetary, which had become available in 1979 for implementation of recommendations of WPACMR endorsed by the Regional Committee. It also contained a resume of the action recommended by WPACMR at its fifth session in April 1980, for a comprehensive programme of research in 1980 and future years. The complete report of WPACMR was available should anyone wish to see it.

After four years, the programme in the Region had evolved to a point where research activities were integral parts of individual technical cooperation programmes. Programme managers were also becoming involved in assessing, managing and monitoring research proposals. Instead of promotional activities, efforts were concentrating on the strengthening of national research capabilities, which included career structures for research workers. National authorities were being encouraged to establish focal points or health research councils to coordinate national health research activities. The provision of grants for research to institutions rather than to individuals should also contribute to the strengthening of research capabilities in developing countries.

All those activities would contribute directly to the implementation of resolution WHA33.25 which had been drawn to the Committee's attention under agenda item 20.2.

During the course of the year, the sub-committees of WPACMR on diarrhoeal diseases and on cardiovascular and metabolic diseases had both met. The sub-committee on health services research of the global ACMR had also met in Manila in April 1980. All had contributed to an intensification of regional research activities.

Dr NICHOLSON (United Kingdom of Great Britain and Northern Ireland) asked, in connexion with the work of the WPACMR Sub-Committee on Diarrhoeal Diseases, whether the Sub-Committee or any research institution in the Region had engaged in interregional research, for instance with the
International Centre for Diarrhoeal Diseases Research in Bangladesh. He would also like to know what size of population and what endemic diseases were involved in the large-scale population-based study on endemic diseases planned for the State of Sabah in Malaysia.

Dr HIDDLESTONE (New Zealand) said that it was satisfying for countries of the Region to have backed such a successful venture; remarkable achievements had been made in only three years. The Chairman of the global ACMR had himself paid tribute to the Region and its contribution to research. It was fitting that the successes in cardiovascular and diarrhoeal diseases research, as well as the Region's acknowledged lead in health services research, should be thus recognized.

The services of New Zealand would be willingly extended to health research workers willing to consult them.

Dr KAWAGUCHI (Japan) commended the regional ACMR and the strengthening of national research capabilities afforded by the regional programme. But as research needs increased in the Region, further resources would be required to meet them. His Government was especially impressed by the tropical diseases research effort made partly with bilateral support from other agencies such as that being carried out at the Institute in the Philippines; multilateral cooperation for research such as the interregional programme of WHO, UNDP and the World Bank should be encouraged and supported with both technical and financial means.

Dr TARANTOLA (Regional Adviser in Communicable Diseases) confirmed that collaboration with the International Centre for Diarrhoeal Diseases Research in Dacca, Bangladesh, had been very close and fruitful, covering both research and training. Three courses had been organized: to train research workers and clinicians (Dacca, 1980), laboratory workers (1980) and epidemiologists (1981) in various aspects of diarrhoeal diseases, including research. It was anticipated that, under the UNDP/WHO interregional training scheme, clinical training on diarrhoeal diseases would be given to meet the urgent needs of the Region. It had further been agreed that representatives of the Western Pacific Region's ACMR would attend sessions of the South-East Asia Region's ACMR, whose representatives had already attended a Western Pacific Region session.

The Dacca centre was involved in studies on epidemiology and on efficacy and safety of immunization. The institutes in the Western Pacific Region were informed of the results of the studies and were developing the Region's own research effort.

The research fellows sent to Dacca from the Western Pacific Region concentrated on the laboratory aspects of diarrhoeal diseases research.

Dr CHANG (Republic of Korea) noted the excellent results, reported in section 3 of the document, in management of support for research.
The most significant research done in his country in recent years was the identification of the causal agent of Korean haemorrhagic fever. The virus, called the Han-Tan virus, had been serologically and antigenically diagnosed as one closely related to Japanese, Chinese, USSR, Scandinavian and other European strains. Other research concerned the biomedical analysis and clarification of haptoglobin in human pathology and its immune pathogenesis and the mass production of interferon for the treatment of malignant tumours, as well as health services research at the Korean Health Development Institute, a WHO collaborating centre. He had referred the previous day to research with USAID on the use of nurse practitioners in rural areas.

Dr NICHOLSON (United Kingdom of Great Britain and Northern Ireland) repeated his request for information on population-based studies of endemic diseases in Sabah.

Dr PAIK (Chief, Research Promotion and Development) said that a WHO research promotion team was attached to the Institute for Medical Research, Kuala Lumpur, to collaborate in developing the institute as a regional centre for research and training in tropical diseases. A feasibility study on the programme of activities had been completed and a plan of work was being prepared. An epidemiologist was the leader of the WHO Team, together with a biostatistician and a medical entomologist; a suitable candidate was being sought for a post of nutritionist. Interest had so far been focused on intra-institutional research activities. Recently the Institute had become interested in the development of population-based studies, for which Sabah had been selected as the site. Several endemic diseases, including filariasis, leprosy and malaria, and malnutrition, and possibly their interactions, were to form the subject of the study.

Dr KHALID (Malaysia) confirmed the statement of the Chief, Research Promotion and Development. He himself had attended the Working Group on Medical Research Councils of the regional ACMR held in February 1980, and he quoted from the report to underline the relevance of research to the goals of health for all by the year 2000 and the primary health care approach. The report further emphasized the differences in technical and financial capabilities of countries of the Region; health services research would have to be given priority in developing countries of the Region, some of which, like Malaysia, had been concentrating on biomedical aspects. The cooperation of other countries would be essential.

He agreed with the remarks of Dr Hiddlestone on health services research, and enumerated Malaysia's problems, which included the need for target-setting, manpower utilization and impact studies.

Attention should be given to ways of "recycling" the results of research to give maximum benefit with the greatest speed. Malaysia was examining the question of establishing guidelines for research accordingly.

Dr SENILAGAKALI (Fiji) informed the Committee that, although the Virus Laboratory in Fiji was not yet sufficiently developed to meet anticipated needs, it was already performing tasks for other countries of the Region in virus diseases research.
In the absence of further comments, the CHAIRMAN requested the Rapporteurs to prepare a suitable draft resolution. (For consideration of the draft resolution, see the seventh meeting, section 1.8).

5. PROGRAMME ON ACUTE RESPIRATORY INFECTIONS: Item 24 of the Agenda (Document WPR/RC31/24)

The REGIONAL DIRECTOR reminded the Committee that acute respiratory infections had been the subject of the Technical Presentation at its last session. Resolution WHA32.33, which had also been drawn to the attention of the Regional Committee at the last session, provided the policy basis of the global programme, to which the regional programme was contributing.

Document WPR/RC31/24 described the regional medium-term programme, which was still relatively young, intensive activity having started only in 1978. The objective of the programme was to establish a feasible scheme for the detection, treatment and prevention of acute respiratory infections and for the collection of valid information. Priority would be given to reducing the very high mortality in children in developing countries. Attention would also be given to reducing morbidity, with its attendant economic loss, an easily demonstrable burden for industrialized countries. The key to that was thought to be the establishment of a network of acute respiratory infections units. One such unit had already been established at the Institute of Medical Research, Goroka, Papua New Guinea, which it was hoped would be linked with similar units being developed in Malaysia and the Philippines.

Despite the plans and the rather specific targets, very limited resources existed in the WHO regular budget to implement the programme. Through the Voluntary Fund for Health Promotion, the Japan Shipbuilding Industry Foundation and the Government of Australia were contributing to it significantly. It was hoped that they would continue to do so and that other sources of funding would become interested in the programme.

Dr CHRISTMAS (New Zealand) said that his delegation fully supported the programme. He noted that, although he had stated at the previous session of the Regional Committee that New Zealand would be pleased to collaborate in the programme, its name had not been included among the countries listed in the document before the Committee. It would be happy for its National Health Institute to be included in the programme.

Dr LINDNER (Regional Adviser in Communicable Diseases) said that the omission of New Zealand from the list was due to the fact that the other countries had indicated their offers of cooperation in writing during the preparation of the medium-term programme.

Mrs ZAMORA (Philippines) said that acute respiratory infections accounted for 52% of the ten leading causes of death in the Philippines. A 400-bed lung centre would be completed by the end of 1980, and would become operational in March 1981. The Philippines would be happy to collaborate in research and data collection and processing for the WHO programme.
Dr PALACIOS (United States of America) said that it would be difficult to achieve success in the programme unless a reliable vaccine was developed and available to all countries at a price they could afford. WHO's assistance in that field was urgently required. He also emphasized the need for action to improve socioeconomic conditions, to which morbidity and mortality rates were directly related.

There being no further comments, the CHAIRMAN requested the Rapporteurs to prepare a draft resolution. (For consideration of the draft resolution, see the seventh meeting, section 1.9).

6. DEVELOPMENT OF THE REGIONAL MENTAL HEALTH PROGRAMME:
   Item 25 of the Agenda (Document WPR/RC31/25)

The REGIONAL DIRECTOR said that the first meeting of the Regional Coordinating Group on the Mental Health Programme had been held from 25 to 30 April 1979. One of its recommendations to the Regional Director had been that he should inform the Regional Committee at the earliest opportunity of the increasing seriousness of the mental health problem in the Region. The problem was described in section 2 of document WPR/RC31/25. Possibilities for effective intervention were also described in the document, together with mechanisms for programme implementation.

The comments of Representatives on the recommendations of the Regional Coordinating Group would be of extreme value in deciding on the priority to be given to mental health in the programme of work in the Region. The integration of mental health into the general health services, using the primary health care approach, the training of mental health manpower and research should contribute to an effective programme.

Dr KOH (Singapore) urged that greater emphasis should be given to the problem of drug dependence and abuse - a serious problem facing both developed and developing countries. Some countries regarded it as a purely health problem, some regarded it as a security threat, and others associated it with religious implications. It was a multifaceted problem, requiring a multidisciplinary and intersectoral approach. The number of cases of drug dependence represented only the tip of the iceberg. Even in countries that boasted successful treatment and rehabilitation programmes, the relapse rate was very high. The problem needed to be viewed in a new perspective. A concerted effort was required from all concerned, at both the global and the regional level. The terms of resolution WHA33.27 should be more fully reflected in the regional programme.

Dr DA PAZ (Portugal) fully supported the programme. A mental health service had been set up during 1980 in Macao, and in September 1981 a congress on mental health would be held in Portugal.

Mr BOYER (United States of America) supported the remarks made by the representative of Singapore; while fully supporting the mental health programme presented, he urged that further emphasis should be given to the problem of drug dependence and abuse. As indicated by the statements of many delegates at the Thirty-third World Health Assembly, it was definitely
a serious problem affecting the developing as well as the developed
countries. He was very pleased to note that the strategy for health for
all in the Region had as one of its specific objectives "The reduction of
the incidence of drug dependence and of the consumption of dependence-
producing drugs for non-medical reasons". On the other hand, comparatively
limited funds had been allocated to that field in the programme budget for
1982-1983. It would seem appropriate to urge Members to pay more attention
to this aspect in the development of their country programmes; the regional
programme in this field would thereby be strengthened. His delegation was
submitting a draft resolution on the subject.

Dr HIROSE (Japan) expressed appreciation of the programme's emphasis
on alcohol-related problems. The WHO Working Group on the Prevention and
Control of Alcohol-related Problems, which had met in Tokyo in May and
June, had recommended that national coordinating bodies should be
established to combat alcohol-related problems - so serious and widespread
in the Region. In Japan, a national alcoholic foundation had recently been
established to promote a nationwide education programme, collect and
disseminate information about the use of alcoholic beverages and the
occurrence, nature and causes of problems of alcoholism. There was also a
national sanatorium which provided training in this field for physicians,
nurses and public health nurses. Alcohol-related problems were common
throughout the Region, and his delegation hoped that WHO would expand its
training programme in that field in the near future.

The CHAIRMAN (speaking as the representative of Papua New Guinea) said
that, until recently, drug dependence and abuse had not been a problem in
his country, and the authorities had been able to control trafficking.

Dr EVANS (Australia) fully supported the remarks made by the
representative of Japan. In Australia, alcohol-related problems were far
more serious than abuse of other drugs, and constituted the greatest public
health problem. He also drew attention to the role of WHO collaborating
centres.

Mrs ZAMORA (Philippines) welcomed the establishment of the Regional
Coordinating Group on the Mental Health Programme, which would be valuable
in facilitating the development and implementation of national mental
health programmes.

Mental health had tended to be accorded low priority in the developing
countries. The adoption of new strategies, such as the integration of
mental health into primary health care, would strengthen countries' mental
health programmes and at the same time increase the effectiveness of
primary health care.

The Philippines would be participating in a WHO collaborative study on
strategies for extending mental health care in a pilot area in Manila,
which it was hoped to extend to rural areas. Her country would be glad to
have information on the experience gained by other countries in
administering mental health programmes.
Dr CHARPIN (France) supported the views expressed by the representatives of Australia and Japan. The report showed that alcohol dependence was the number one problem as far as mental health was concerned. Unfortunately, none of the measures that had recently been taken in New Caledonia to combat alcohol dependence had yet yielded any positive results.

Dr SHINOZAKI (Regional Adviser in Mental Health) appreciated the comments made. In reply to the points raised by the representatives of Australia, France and Philippines, he said that once funds had been obtained from extrabudgetary resources it was planned to hold a training course which aimed to give guidance in discerning, implementing and evaluating alcohol-related problems, and would include the prevention, treatment and social re-integration aspects of control. He would take note of the suggestions made concerning WHO collaboration in the training of health personnel in the field of alcohol-related problems.

Noting that there were no further comments, the CHAIRMAN asked the Rapporteurs to prepare a suitable draft resolution. (For consideration of the draft resolution on the development of the regional mental health programme, see the seventh meeting, section 1.10).

(For consideration of the draft resolution on the abuse of narcotic and psychoactive substances, see the seventh meeting, section 1.12).

The meeting rose at 5.00 p.m.