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.