REPORT OF THE REGIONAL COMMITTEE
SUMMARY RECORDS OF THE PLENARY MEETINGS

MANILA
November 1980
The thirty-first session of the Regional Committee for the Western Pacific was held at the WHO Conference Hall, Manila, from 9 to 15 September 1980. Mr. J. Jaminan (Papua New Guinea) was Chairman and Dr. K.W. Ridings (Samoa) Vice-Chairman. Dr. C. Evans (Australia) and Dr. M. Charpin (France) were the Rapporteurs.

The Regional Committee met on 9, 10, 11, 12 and 15 September. The report of the Committee, including the resolutions adopted during the session, will be found in Part I of this document on pages 1-90; the summary records of the plenary meetings in Part II on pages 97-219.

In 1980 the Sub-Committee on the General Programme of Work had met on 18 and 19 June and on 8 September and the Sub-Committee on Technical Cooperation among Developing Countries on 16 and 17 June and on 12 September. The reports of the two Sub-Committees will be found in Part I of this document on pages 65-72 and 79-90 (Annexes 4 and 6 and Appendices 1 and 2) and pages 73-78 (Annex 5).
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PART I

REPORT OF THE REGIONAL COMMITTEE
INTRODUCTION

The thirty-first session of the Regional Committee for the Western Pacific was held in Manila from 9 to 15 September 1980.

The session was attended by the representatives of Australia, China, Democratic Kampuchea, Fiji, Japan, Lao People’s Democratic Republic, Malaysia, New Zealand, Papua New Guinea, Philippines, Republic of Korea, Samoa, Singapore, Tonga and Viet Nam and of Member States responsible for territories or areas in the Region. Observers from the newly independent State of Vanuatu were also present. Representatives of the United Nations Children's Fund, the United Nations Development Programme, the Office of the United Nations High Commissioner for Refugees, the International Labour Organisation, and 26 nongovernmental organisations in official relations with WHO attended the session as well as a representative of the South Pacific Commission. Observers from the Asian Development Bank were present.

The Director-General addressed the Committee on the last day of the session.

The Committee elected the following officers:

Chairman : Mr J. Jaminan (Papua New Guinea)
Vice Chairman : Dr K.W. Ridings (Samoa)

Rapporteurs

in English : Dr C. Evans (Australia)
in French : Dr M. Charpin (France)

Formal statements were made by the Representatives of the United Nations Children’s Fund, the United Nations Development Programme, the Office of the United Nations High Commissioner for Refugees, the International Labour Organisation, the South Pacific Commission and the nongovernmental organizations listed in Annex 1. A statement was also made on behalf of the Asian Development Bank.

The agenda appears as Annex 2 and the list of representatives as Annex 3.

The report of the Regional Committee Sub-Committee on Technical Cooperation among Developing Countries was presented to the Committee at the third plenary meeting (see Part III). The report of the Sub-Committee on the General Programme of Work was divided into three parts, each relating to one of its terms of reference. Part I, on the visits of members to countries or areas to study the impact of WHO’s cooperation in expanded programmes on immunization and diarrhoeal diseases control programmes, was presented at the third plenary meeting. Part II, on the draft regional strategies for achieving health for all by the year 2000, was also presented at the third plenary meeting (see Part IV); and Part III, on WHO’s structures in the light of its functions, at the fourth plenary meeting (see Part V).
The Committee selected the Government of the People's Republic of China to send a representative to meetings of the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases for three years from 1 January 1981, replacing Malaysia whose term as a member of the Joint Coordinating Board was due to expire on 31 December 1980 (see resolution WPR/RC31.R8).

After some deliberation on the basis for establishment of the Health 2000 Resources Group, on whether the Regional Committee itself should elect a member or whether it should be left to the Regional Director to select a member, and on the recommended terms of reference and functions of the Group, the Committee elected Papua New Guinea as the member from the Western Pacific Region; for three years from 1 January 1980, since the representative from Papua New Guinea would attend the meeting of the Group to be held on 5 December 1980 (see resolution WPR/RC31.R17).

The Committee also decided to amend Rule 8(f) of its Rules of Procedure to take into consideration biennial programme budgeting (see resolution WPR/RC31.R7).

The Committee appointed Dr S. Foliaki (Tonga) Moderator of the Technical Presentation on "Community involvement in the development of health services" held during the thirty-first session.

In the course of nine plenary meetings, the Committee adopted 31 resolutions which are set out in Part VII.

PART I. REPORT OF THE REGIONAL DIRECTOR
COVERING THE PERIOD 1 JULY 1979 TO 30 JUNE 1980

The Committee agreed that the past year had proved a most exciting period in the Organization's progress towards its goal of health for all by the year 2000. Efforts towards decentralization of responsibilities from Geneva, such as for research activities, and the greater involvement of the Regions in managerial processes for health development had been accelerating for a number of years. There had occurred a culmination of those efforts, in that the role of the Regions, including the role of the regional committees, had been clarified to a considerable extent, through discussion at global level and through resolutions of the World Health Assembly, such as WHA33.17 on WHO's structures in the light of its functions. It was now up to the Region to take the lead in demonstrating how primary health care could be truly successful in achieving the ultimate goal of health/2000 and how technical cooperation among countries could contribute to that goal. Of all the WHO Regions, the Western Pacific, with its mixture of developed, developing and lesser-developed nations - industrialized, newly-industrialized, industrializing and mainly agricultural - was best suited to take that lead.
The Committee's agenda during the current session was heavy, charged with items resulting from the intensified efforts over the past twelve months to involve the Regional Committee in the work of WHO, and to encourage Member States to use WHO and its resources to the best advantage at the right time and in the right place. That included first using WHO to help to develop management capabilities for health programmes and also using it to help to mobilize extrabudgetary resources. It also involved coordination between national health agencies and all other national agencies whose activities directly or indirectly had an impact on health, as well as the placing of more emphasis on health as part of the New International Economic Order.

The Committee noted that, in July 1979, a working group for strengthening programme management had examined the kind of support that could be given to Member States in developing, implementing and evaluating their national strategies for health/2000. The working group had also studied how WHO could manage its own resources to provide that support, in accordance with the general programme of work established by its Member States through its governing bodies. The outcome of the working group's recommendations had been evolving throughout the year. First a regional health development group had been established within the Regional Office; later the functions of some technical staff of the Regional Office had been reorientated to enable them to respond directly and primarily to the needs of Member States, rather than to form part of the Regional Office infrastructure, which entailed a burden of administrative work. And, of most significance, the concept of multidisciplinary teams had been developed. If a Member State requested cooperation in developing a primary health care approach, a team would visit the country to provide that cooperation, rather than a series of individual experts making independent visits. Such a team might consist of an expert in management, an expert in primary health care and an expert in the technical fields of most relevance; for example, health education, water and sanitation, pharmaceutical supplies or communicable disease control.

Among the most significant achievements towards the strengthening of the primary health care programme had been the results obtained from the research and development project at Tacloban in Leyte, Philippines and the commencement of a training programme in the People's Republic of China. As far as technical cooperation among developing countries was concerned, of particular interest was the creation of a South Pacific joint pharmaceutical service. At the ministerial conference, held in Manila in November 1979, a declaration of intent had been adopted by twelve countries or areas. The declaration called for the creation of the service as soon as possible. Since then, a consultant had made a detailed examination of the most appropriate location for the service, as well as its financing. The report of the consultant was currently being prepared.

Mid-way through the period covered by the Sixth General Programme of Work, the regional trends that could be observed through reviewing the report were increasing emphasis on: (1) managerial processes for health development; (2) a multidisciplinary approach to the development and delivery of primary health care; (3) community involvement in activities
not necessarily directly concerned with health but leading to the promotion of health; (4) the training of health workers so as to reorientate them to the delivery of primary health care and to integrate specific disease control within primary health care; and (5) intersectoral coordination between national health agencies and other agencies whose activities had an impact on health. The Committee was interested to note that WHO was becoming increasingly involved with the pre-investment and investment activities of the Asian Development Bank, in fields such as environmental health, malaria control, nutrition and drug production and distribution. It was hoped that a memorandum of understanding with the Bank would be signed in the near future.

Representatives of eight Member States reiterated their support of WHO in its efforts towards the achievement of its goal for the year 2000, in line with the concepts of primary health care and technical cooperation among developing countries, mentioning the different ways in which their countries were contributing significantly.

The representative of Fiji, while congratulating the Government of the People's Republic of China on the establishment of three primary health care training centres, drew attention to the health problems of the Pacific island nations and the need to have similar centres to cater to their specific needs.

The representatives of the United Kingdom of Great Britain and Northern Ireland and the United States of America placed importance on the diarrhoeal diseases control programme, the latter in relation to Trust Territory of the Pacific Islands where, if extrabudgetary resources were to become available, a more effective programme could be implemented.

The representative of France submitted a report on the situation with regard to filariasis in Wallis and Futuna.

The representative of Democratic Kampuchea hoped that, in 1981, it would be possible for a higher priority to be given to cooperative programmes with his country.

The Committee accepted with pleasure the Government of Australia's offer to make the services of its MEDLARS system available to Members of the Region not possessing such services, as a contribution to health and biomedical systems development in the Western Pacific Region.

PART II. PROGRAMME BUDGET, 1982–83

1. Review of budget performance in 1979

The Committee noted that, in monetary terms, the revised budget for 1979 showed a rate of implementation of the programme under the regular budget of 99.98%, which was slightly higher than the 1978 implementation rate of 99.91%. Reprogramming, mainly requested by countries, accounted for marked differences in implementation rates under individual programmes.
The Committee heard a detailed explanation from the Director, Programme Management of the reasons for those differences. It was true that the Director-General could transfer only 10% of the total provisions under one Appropriation Section to another without the approval of the Executive Board but, although some of the percentages for individual programmes were high, appropriations in toto had not been affected so greatly. The reasons for the reprogramming revealed by the different implementation rates were mostly because of country requests for changes that had become necessary in the two years since the programme budget estimates had first been prepared, necessitating reprogramming and reclassification of activities, and in some cases because of the transfer of research funds to individual programme areas. Delivery of the expanded programme on immunization through the health services development programme, with a consequent transfer of provisions, partially explained the low rate of implementation for the former, though a post of field development officer had been vacant and some provisions for consultants not utilized.

As far as provisions for the Regional Committee were concerned, this could be explained by the growing activities of the two subcommittees of the Regional Committee. Costs connected with the visits of members of the Sub-Committee on the General Programme of Work to countries and their attendance at meetings of the Sub-Committee had been transferred to the Regional Committee allocation and, in one instance, provisions for a meeting of the Sub-Committee on Technical Cooperation among Developing Countries had been reclassified from the cooperative programme for development.

2. Regional Director's Development Programme, 1979 and 1980-81

The Regional Committee noted that US$643,600 had been allocated to the Regional Director's Development Programme for 1980-81. Of that amount, US$123,100 had been transferred to the primary health care programme for the development of strategies for health for all by the year 2000. The balance of US$520,500 would be programmed at a later stage in the biennium.

3. Review of the proposed programme budget estimates for 1982-83

The Committee referred, once again, to the lead that could be taken by Member States of the Western Pacific Region in using the primary health care approach for achieving the goal of health/2000. Within WHO itself, several innovations would provide the support needed to implement the regional strategy and to cooperate with Member States in carrying out national strategies. They included the regional health development group; the redefinition of the functions of some programme managers as intercountry staff, to enable them to cooperate with Member States at the time and in the areas where they were most needed; and the multidisciplinary teams which would be constituted to provide cooperation in developing and delivering primary health care.
It was noted that 1982-83 was the last biennium of the Sixth General Programme of Work and the second in which WHO would implement a fully operational biennial programme budget, in accordance with regional medium-term programmes first developed in 1977. In 1980-81, the first fully operational biennium, the greater flexibility allowed by biennial programme budgeting was enabling reprogramming as countries' needs evolved.

Programme budgeting based on medium-term programming was an interesting concept, difficult to carry out. Much experience was being gained during the present medium-term programming cycle. In 1982, the proposed Seventh General Programme of Work for the period 1984-1989 would be presented to the World Health Assembly. Following acceptance of the Seventh General Programme of Work, medium-term programmes would be developed for the same period. The proposed programme budget for 1982-83 would support the activities which should lay the foundation for planning dynamic and meaningful medium-term programmes which reflected the real priorities in the Region for achieving health/2000.

The Regional Director's programme statement for the biennium 1982-83 attempted to analyze the situation at present and what it was expected health/2000 would mean for the Western Pacific Region. The focus of WHO's resources would be collaboration with Member States in developing and implementing national, regional and global strategies.

At the present stage, not all countries or areas of the Region had completed the development of their national strategies, though it appeared that those who had, had taken them into account in programme budgeting for 1982-83, as illustrated by an upward trend in programme proposals relating to health for all.

A significant trend was a decrease in the allocation to the health services planning and management programme, as opposed to an increase in that to the health manpower development programme, particularly promotion of training. The reduction could be attributed to the expected completion of projects and the phasing out of WHO long-term staff as a result of increasing national expertise through training.

The Committee noted that the country planning figure provided to governments at the time their plans for WHO cooperation were requested should not be regarded as synonymous with, for example, the UNDP indicative planning figure (IPF) which was frequently thought of as "owned" by a country. The WHO provisional planning figure represented only an order of magnitude for programme budgeting guidance. WHO reserved the right to reprogramme and redeploy resources flexibly, not only within a country but also between countries and even between regions, as might be required.

1Document WPR/RC31/4, pages xiv to xix.
In the same way as for 1980-81, the programme budget under consideration provided for flexibility in implementation. At the present stage, governments had not been asked to submit project details, only broad amounts by programme headings. The detailed requirements would be worked out at a later stage when priorities and programme trends and needs became clearer.

The 1982-83 proposed regular budget amounted to US$38 769 000, an increase, in comparison with the provisions for the biennium 1980-81, of US$5 774 000, or approximately 17%. The increase was made up of US$1 060 000, or 3.2%, estimated "real" (programme) increase. The balance of US$4 714 000, or 13.8%, was the estimated cost increase due to inflationary and other factors. At present, the total provisions shown in document WPR/RC31/4 appeared to be lower than the total for 1980-81. That was because only known extrabudgetary resources had been included. When the expected further contributions were received the level of extrabudgetary contributions would equal, if not surpass, the amount received for the biennium 1980-81. A number of programmes, but especially that for primary health care which it was hoped would receive support from UNDP, would receive extrabudgetary funding.

The Committee noted that the WHO programme of cooperation could be implemented at any time during a biennium, though difficulties could be envisaged if all activities were to take place in the first year of the biennium or all left to the second year. Planning called for a more appropriate distribution of activities. At the end of a biennium the unused balance of funds had to be returned to Headquarters for use in future budgets.

At the request of the representative of Australia it was agreed that, in future, the programme budget document would include an explanation of the reasons for substantial variations between the two biennia.

Conscious of the need for careful study of the programme budget estimates before they were transmitted to the Director-General for inclusion in the global programme budget estimates, the Committee noted the following, in reply to specific questions:

3.1 Country allocations

An apparent decrease in provisions for Viet Nam could be explained by the fact that only extrabudgetary resources assured at the time the programme budget was compiled had been included, though much more was expected. Responses to resolutions calling for special support had also resulted in higher provisions in previous years.

3.2 Country health programming

The increase was because of the creation of two new posts of WHO Programme Coordinator with their support costs, an attempt to bring provisions for the WHO Programme Coordinators to a more realistic level, and the increasing functions of WHO Programme Coordinators in country health programming for primary health care.
3.3 Collaboration with multilateral and bilateral programmes

Since, for reasons of comparison, the figures shown for 1980-81 had to be the same as those appearing in Official Records No. 250, it seemed that the provision of US$268,200 under this programme was a total increase, as nothing appeared for 1980-81. In point of fact, however, a post of External Relations Officer and his staff had been created after submission of the 1980-81 programme budget estimates (Official Records No. 250) to the Health Assembly and document WPR/RC30/4, on changes in the programme budget for 1980-81, to the thirtieth session of the Regional Committee.

3.4 Research promotion and development

Comparative figures for research promotion and development activities within the different programme areas, for 1979 and 1980-81, were provided in document WPR/RC31/INF.DOC./4. It would not be possible to provide such figures for 1982-83 until details of the programmes had been developed.

3.5 Primary health care

Despite the decrease in the allocation for health services development, the main reasons for which had been explained earlier (see page 5, paragraph 1), activities related to primary health care were distributed throughout the budget. The Executive Board had on several occasions discussed the difficulties of identifying the various programmes concerned with primary health care if the programme structure of the Sixth General Programme of Work were applied to the budget.

Research and development activities were to be carried out in a number of countries of the Region - Papua New Guinea and the Philippines for example. There would be a mixture of trial and demonstration activities in selected areas, including the testing of new methodologies and approaches, using different types of health personnel. It was hoped that eventually it would be possible to develop national networks for development in about six countries, as part of the strategy for achieving health for all. Three primary health care training centres had been established in the People's Republic of China; it was hoped that they would eventually form a similar network. The research activities would facilitate the development of indicators for evaluation. Reorientation of manpower and strengthening of the management of the health services also formed part of the programme.

3.6 Care of the aged, disability prevention and rehabilitation

Provisions under this programme were mainly to meet requests for cooperation in rehabilitation of the physically handicapped.

3.7 Maternal and child health

Activities in the field of family health had not decreased. Again extrabudgetary resources, mainly from UNFPA, would augment the regular budget provisions.
3.8 Nutrition

High priority was being given to the development of national food and nutrition policies. It was hoped to develop an intersectoral approach, with the cooperation of FAO, UNICEF and other agencies.

3.9 Health education

Health education activities formed a component of every programme with substantial support from extrabudgetary sources.

3.10 Mental health

Since details of programme proposals would be developed by countries nearer the time of implementation, it was not yet apparent how much of the mental health programme would be devoted to drug abuse. An intercountry working group on the prevention and control of drug abuse was planned however.

3.11 Malaria and other parasitic diseases

The Government of Australia considered malaria to be a potential danger in Australia and had therefore set aside a sum for funding a laboratory and ancillary services to monitor malaria and other insect-borne diseases.

3.12 Bacterial, viral and mycotic diseases

At the present stage in the programme budgeting exercise it was not possible to estimate what proportion of the bacterial, viral and mycotic diseases programme would be devoted to activities for the control of diarrhoeal diseases in countries. US$150,800 was being allocated to an intercountry programme for cooperation in the development of national diarrhoeal diseases control programmes within the framework of primary health care, and research into technical, operational and epidemiological problems. Though the intercountry programme would also promote oral rehydration therapy, it was realized that the most effective way of controlling such diseases was to provide basic sanitation and water supplies.

3.13 Basic sanitary measures

A plan for a comprehensive regional programme had been developed for the International Drinking-Water Supply and Sanitation Decade, which included intersectoral coordination and health education, but implementation of which would be beyond the limited resources of the WHO regular budget. A proposal, based on the plan, would be submitted to UNDP for support from its 1982-86 regional programme for Asia and the Pacific (see Section 4 below) and it was anticipated that the international development banks such as the World Bank and the Asian Development Bank would also provide funds for the installation or expansion of water systems.
3.14 Promotion of training

The promotion of training programme, although mainly for fellowships, did contain provisions for other activities connected with the tapping of new sources of health manpower within the community for the delivery of primary health care. There were various reasons for the high allocation for fellowships. Shortage of trained staff was the developing countries' biggest problem. It had been found that programmes launched by consultants and advisers without national counterparts often lapsed. Fellowships were therefore a permanent manpower investment. On the other hand, some countries needed to benefit from advances in science and technology so that they could develop and modernise as quickly as possible. It was true that some countries ought to reexamine their need for fellowships as opposed to direct technical cooperation but past experience had been that, although a large amount was requested for promotion of training when programme proposals were first made, when the time came for implementation countries' strategies for health had evolved and a proportion of the amount budgeted for fellowships could be reprogrammed to other activities.

3.15 Health literature services

A biomedical information centre was being developed in China to deal mainly with literature in Chinese. A report just prepared by two consultants contained recommendations for a regional biomedical information programme. Literature in the French language would continue to be widely disseminated in the Region to those French-speaking countries who needed it. Translation of WHO material, particularly on primary health care, into the vernacular languages was highly desirable and could be supported by WHO to a certain level.

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

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

Preparations had commenced earlier in 1980 when a sectoral analysis had been prepared and sent to New York. Its contents reflected in a very much condensed way the programme statements contained in document WPR/RC31/4. The next step had been the preparation of programme proposals by each WHO Region, followed by discussions with UNDP missions and between representatives of the three WHO Regional Offices. Within WHO, regional proposals that were similar had been identified for amalgamation. The final proposal to UNDP would consist of a number of joint proposals covering the three WHO Regions and a number of so-called "sub-regional"
proposals covering only one WHO Region. Proposals within the consolidated submission would be identified for division by UNDP into the four components mentioned above—regional, ASEAN, South Pacific and least developed countries. By early December 1980 programme proposals would be presented to UNDP and, after agreement as to which proposals were acceptable, detailed project documents, including budgetary requirements, would be formulated by March 1981.

The Committee had before it for review documents WPR/RC31/7 and WPR/RC31/7 Add.1 which contained the proposals developed for the Western Pacific Region, in programme classification structure order, and an indication of the priority it was proposed should be given to each proposal. UNDP had indicated that it would be very helpful if priority could be determined by the Regional Committee. It was, however, possible that, for the proposals that were to be amalgamated, the priority established by the Regional Committee might have to be adjusted to arrive at a common priority which accommodated the priorities accorded by the two other WHO Regions.

Individual representatives had some comments to make with regard to the order of priority. Arriving at a final list of priority would be quite complex, since it would include (i) amalgamated proposals of the three Regions, (ii) sub-regional proposals and (iii) for the Western Pacific Region, proposals specifically for the South Pacific. It was finally agreed that it should be left to the Regional Director to prepare the final submission to UNDP, taking into account the comments on priorities made by representatives. The Committee adopted a resolution to that effect, to which the proposed priority list as it stood was attached as an annex (see resolution WPR/RC31.R3).

In addition, it was noted that, although most of the proposals under review would, if approved, be available to the least developed countries, five programmes specifically for least developed countries had been identified. They were for:

1. appropriate technology in hospitals, such as solar water heaters and biogas digesters;
2. health services research;
3. training of public health administrators in charge of provinces and districts;
4. training of nurse supervisors at provincial and district levels, particularly in Lao People's Democratic Republic; and
5. community control of diabetes and cardiovascular diseases.

Because UNDP had wished to be informed of possibilities for support to least developed countries by August 1980, the five programme areas had already been indicated to it. The Committee agreed that those five proposals could be formulated into specific proposals for submission to UNDP.
PART III. SUB-COMMITTEES OF THE REGIONAL COMMITTEE

1. Sub-Committee on the General Programme of Work

The Committee noted that the Sub-Committee on the General Programme of Work had met twice since the thirtieth session, on 18 and 19 June 1980 and on 8 September 1980.

Because of the complexity of its task during the past year, the report of the meeting on 18 and 19 June 1980 had been divided into three parts:

Part I: Report on the visits of subcommittee members to countries or areas to study the impact of WHO's programme of cooperation in their expanded programmes on immunization and their diarrhoeal diseases control programmes.

Part II: Review of the proposed regional strategy for the achievement of health for all by the year 2000.

Part III: Study of WHO's structures in the light of its functions.

See Parts IV and V for the Regional Committee's report on its review of Parts II and III of the Sub-Committee's report.

On 8 September 1980, the Sub-Committee had made a final review of the regional strategy for health for all by the year 2000 and had considered the implications for the work of the Regional Committee of the proposal to change to biennial World Health Assemblies.

1.1 Report of the Sub-Committee, Part I

Part I of the report on the terms of reference of the Sub-Committee and on the visits made by two groups of members to China, Guam, Papua New Guinea, Philippines and Tonga in March 1980 (see Annex 4) was introduced by the Chairman of the Sub-Committee, the representative of Tonga. The purpose of the visits had been to review WHO's collaboration in expanded programmes on immunization and programmes for the control of diarrhoeal diseases.

With regard to the terms of reference of the Sub-Committee, the Committee noted that, at the time of the thirtieth session, it had been thought that the Sub-Committee's work on the study of WHO's structures in the light of its functions was ended. But, with the adoption of resolutions WHA33.17 and WHA33.19, it had become clear that it would be necessary to ask the Sub-Committee to undertake the work connected with the plan of action for implementation of the Health Assembly's recommendations relating to the study. The Committee therefore agreed that, because of its initial involvement in the study, the terms of reference of the Sub-Committee should be expanded. It adopted a resolution to that effect which also endorsed the report of the Sub-Committee on the country visits (see resolution WPR/RC31.R11).
Later in the session, the terms of reference of the Sub-Committee were further expanded to include work in connexion with the regional contributions to the draft Seventh General Programme of Work (see resolution WPR/RC31.R16).

1.2 Membership of the Sub-Committee

The Committee decided that, from its thirty-first session, the representatives of Malaysia and the Republic of Korea should replace the representatives of Japan and Viet Nam as members of the Sub-Committee for a period of three years (see resolution WPR/RC31.R13).

2. Sub-Committee on Technical Cooperation among Developing Countries

2.1 Report of the Sub-Committee

The Committee noted that the Sub-Committee on Technical Cooperation among Developing Countries had met on 16 and 17 June 1980. The representative of the Philippines, Chairman of the Sub-Committee, introduced the report. The Sub-Committee had discussed the meaning of the term "technical cooperation", in implementation of resolution WPR/RC30.R6 and following discussions at the sixty-fifth session of the Executive Board, using as background document DGO/80.3 "The meaning of technical cooperation in WHO". It had also reviewed activities for technical cooperation among developing countries in the primary health care aspects of communicable disease control, the task assigned to it by the Regional Committee at the thirtieth session in 1979. See Annex 5 for the report of the Sub-Committee.

The Committee agreed that technical cooperation and coordinating functions were the essence of WHO's constitutional role in international health work. It also agreed with the recommendations on the primary health care aspects of communicable disease control contained in the Sub-Committee's report (see resolution WPR/RC31.R9). Some countries were still only paying lip service to the idea of technical cooperation among developing countries. Experience should be shared where action was needed at community level. There was, however, a serious lack of such experience in the Region which could be remedied by developing the exchange of information between countries and communities. It was felt that the role of WHO was to establish channels through which information and experience could be rapidly exchanged. It was essential that community and professional organizations, indeed all the resources of the public and private sectors, should participate. The use of appropriate technology was an important item in research and development activities.

2.2 Membership of the Sub-Committee

The Committee decided that, from its thirty-first session, the representatives of Fiji and Japan should replace the representatives of Papua New Guinea and the Republic of Korea as members of the Sub-Committee for a period of three years (see resolution WPR/RC31.R10).
PART IV. STRATEGIES FOR HEALTH FOR ALL BY THE YEAR 2000

Part II of the report of the Sub-Committee on the General Programme of Work (document WPR/RC31/15) contained, as Annex 2, the proposed regional strategy for health for all by the year 2000, based on national policies, strategies and plans of action. It was introduced by the representative of New Zealand together with a discussion paper on indicators for monitoring progress, prepared in Geneva at the request of the Executive Board. It was recalled that some Member States had already commented in writing on the discussion paper.

The Committee noted that a glossary of the terminology utilized in the regional strategy paper would be prepared and sent to Member States with the final version of the paper (document WPR/RC31/15, Annex 2, Rev.1).1

Several representatives provided amplification of their national policies and strategies for achieving health for all through primary health care.

The Committee was unanimous in adopting the proposed regional strategies, recognizing that they would grow in substance and in strength as countries reached out towards health for all through new knowledge and the application of existing knowledge. It urged Member States to implement, monitor and evaluate their national strategies using the appropriate indicators and to review and update them from time to time (see resolution WPR/RC31.R12). It agreed that commitment at the lower as well as the highest political levels would become of increasing importance. To implement the strategies, managerial expertise would need to be upgraded in areas such as problem-solving, team building, communication and supervision.

There was considerable discussion on the subject of suitable health indicators which, in the present climate of recession, when the health sector was competing with other sectors for scarce resources, needed to be aggressive, to show Member States how improved health could be a positive benefit to the economy. The Committee noted that the Sub-Committee on the General Programme of Work would address itself to the subject of developing indicators during the coming year, taking into consideration the various comments of representatives. It would present its recommendations to the thirty-second session.

PART V. WHO'S STRUCTURES IN THE LIGHT OF ITS FUNCTIONS

Part III of the report of the Sub-Committee on the General Programme of Work (see Annex 6) contained its recommendations with regard to resolution WHA33.17 adopted by the World Health Assembly on WHO's structures in the light of its functions and also with regard to resolution

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1It later became necessary to issue the glossary separately as document WPR/RC31/15, Annex 2, Rev.1 Add.1.
WHA33.19 on the proposal to hold biennial World Health Assemblies. It was introduced by the representative of Singapore, the Sub-Committee Rapporteur for Part III. He also reported verbally on the outcome of the meeting of the Sub-Committee held on 8 September 1980, at which the implications for the Regional Committee of holding biennial health assemblies had been discussed.

The Committee felt very strongly that the Western Pacific Region was not adequately represented on the Executive Board, particularly as it had the highest population of any WHO Region. It realized that the present criteria for electing a Member entitled to designate a person to serve on the Board related to an equitable geographical distribution on the basis of the number of Member States of WHO. Nevertheless, it believed that now the Health Assembly had adopted the principle of health for all, which placed emphasis on the health of the people, it was important to ensure that the Executive Board represented people and not geographical areas.

The Committee also placed emphasis on strengthening the Regional Committee's role in the work of the Organization, as the role of Member States themselves became stronger, by transmitting to the Executive Board and the World Health Assembly reports on regional programmes and suggestions for new priorities; coordinating representation on WHO's governing bodies so that the same people attended the Regional Committee, the Board and the Health Assembly; developing mechanisms for evaluation and endeavouring to ensure that national programmes were consistent with regional and global programmes; utilizing the expertise of the Western Pacific Advisory Committee on Medical Research; and, last but certainly not least, ensuring that the key persons in coordinating the work of Members and WHO, the WHO Programme Coordinators, were of the highest possible calibre, well selected, well trained and well supported. The Committee noted the Sub-Committee's strong recommendation that the title WHO Representative should be reinstated.

The representative of the United Kingdom of Great Britain and Northern Ireland urged caution in altering the basic structure of WHO; in making such a change the morale of the staff needed to be taken into account. He also thought it desirable for the Executive Board to play a stronger executive role with an enhanced monitoring role at global level; it had never been intended to turn the Organization into a federation of six regions.

The Committee adopted a resolution which took into consideration the deliberations recorded above (see resolution WPR/RC31.R4).

On the subject of biennial health assemblies, the Committee endorsed resolution WHA33.19 and, on the initiative of the representative of Australia, urged Member States of the Region to support the proposed amendments to the WHO Constitution when they were presented to the Thirty-fourth World Health Assembly (see resolution WPR/RC31.R15).
16 \textbf{REGIONAL COMMITTEE: THIRTY-FIRST SESSION}

\textbf{PART VI. OTHER MATTERS}

1. \textit{Seventh General Programme of Work covering a specific period (1984-1989) (Documents WPR/RC31/18 and WPR/RC31/18 Add.1)}

The Committee recalled that, at its thirtieth session in 1979, it had briefly discussed the nature, objectives, structure and method of preparation of the Seventh General Programme of Work, as had the Programme Committee of the Executive Board at its meeting in November 1979.

The original timetable had allowed for review of preliminary material by the regional committees in 1980. The Executive Board had decided, however, that work on developing the Programme of Work should continue in 1980 and that proposals on its nature, method of preparation and programme structure should be reviewed by Member States individually, and collectively in the regional committees. This was because, though ideally the delivery and structure of the WHO programme and of national programmes should be the same, opinions on that point had differed among Executive Board members.

Another pertinent problem had been the lack of agreement on the structure of the Seventh Programme. For example, one Executive Board member had urged that the research programme should be a single and separate component, and another had proposed that health manpower development should be identified as a major programme. There had been much debate at the Board on those issues, 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 had been 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 formulation of health-for-all strategies and a global strategy had been developed. It had been decided to examine that strategy before discussing the structure of the Seventh Programme. A proposed outline would be submitted to the sixty-seventh session of the Executive Board in January 1981.

It had to be borne in mind that the general programme of work, being the WHO programme for delivery of technical cooperation, should identify the areas where cooperation could be most effective. Interesting comparisons were to be made between the Sixth General Programme of Work and the preparations for the Seventh. A brief general assessment of the implementation of the Sixth had been prepared, which provided an excellent and succinct review of the problems encountered in its implementation, together with a well-thought-out rationale for proceeding with the Seventh.
The main problem with the Sixth appeared to have been that its programme classification had proved to be a serious obstacle to integrated programming and that the approaches described had not made it sufficiently clear which programmes should deal with infrastructure and which with technical substance. The lesson to be learned for the Seventh 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. The plan for the Seventh General Programme of Work dealt with those problems successfully. The main feature was its obvious relation to the goal of health for all by the year 2000, which could be said to have overtaken the Sixth by setting goals for the next 20 years.

It was suggested that an "executive summary" would be a useful or even necessary feature of the Seventh General Programme of Work.

The effectiveness of the Seventh General Programme of Work would depend primarily on how it was related to budgetary provisions. Without proper financial support, specifically allocated to its purposes, the impact would not be commensurate with the aims.

With regard to the proposed programme structure of the Seventh General Programme of Work the representative of the United States of America felt that discussion on the research element in the programme of WHO during the current session of the Committee had justified the presentation of research as a feature permeating each programme area. It had to be remembered that WHO research was intended not to serve itself but rather to promote health. An integrated overall view of WHO's research efforts was provided in the context of the Advisory Committee on Medical Research. The relevant headings in the Seventh General Programme of Work might usefully follow the tentative classification structure given in document DGO/80.2, section III.2 of which was "Research promotion and development". But it should include an important indicator to training and career patterns to ensure that the training of research workers was reciprocated by countries, through the provision of career opportunities for their research workers.

The representative of the United Kingdom of Great Britain and Northern Ireland referred to the importance of the Regional Committee's views on the subject being presented to the Programme Committee of the Executive Board in November 1980. In view of the fact that the outline of the programme would not be considered until the sixty-seventh session of the Executive Board, however, the Committee agreed that there was little more it could discuss at the present stage, though the issue should not be debated inadequately.

The Committee decided to ask the Sub-Committee on the General Programme of Work to include work in connexion with the regional contributions to the Seventh General Programme of Work as an additional item in its terms of reference (see resolution WPR/RC31.R16).

1Document WPR/RC31/18.
2. Western Pacific Regional Centre for the Promotion of Environmental Planning and Applied Studies (PEPAS): Membership of the Advisory Committee (Document WPR/RC31/6 Rev.1)

The Committee decided to increase the membership of the Advisory Committee to PEPAS to six, giving the Regional Director authority to appoint two members for a period of six years from January 1981 (see resolution WPR/RC31.R5).

The representative of Fiji requested the Regional Director to appoint experts from within the Region who were familiar with the environmental problems there, both in continental countries and on small islands.

3. Reimbursement of travel costs of representatives to regional committees (Document WPR/RC31/8)

The Committee recalled that resolution WPR/RC30.R10 had recommended that WHO should consider financing the cost of travel of a representative from each Member State to sessions of the Regional Committee. Since such a decision had to be made by the World Health Assembly for all regional committees, the resolution had been passed to the Director-General who had submitted it to the Executive Board. The Executive Board had discussed the question at length and had come to the conclusion that the matter should be referred to the other regional committees.

The Committee was in favour of reimbursement by WHO of the cost of travel to sessions of the Regional Committee, excluding per diem, to one representative from each Member State whose contribution was assessed at the minimum rate in the scale of assessment (see resolution WPR/RC31.R14).

It was noted that the representative of France had presented a counter proposal that reimbursement should be limited to representatives from the least developed countries.

4. Real Estate Fund: Accommodation requirements of the Regional Office for the Western Pacific (Document WPR/RC31/9)

The Regional Committee noted that the World Health Assembly had given authority for the accommodation requirements at the Regional Office in Manila up to 1990 to be fulfilled, unless the rate of growth of the programme of the Region increased significantly and it became necessary to reassess them. It adopted a resolution to that effect (see resolution WPR/RC31.R6).

5. Correlation of the work of the World Health Assembly, the Executive Board and the regional committees

5.1 Provisional agenda of the sixty-seventh session of the Executive Board (Document WPR/RC31/19)

The Committee noted with approval the efforts being made to correlate the work of the World Health Assembly, the Executive Board and the regional committees (see resolution WPR/RC31.R18).
5.2 Resolutions of the Thirty-third World Health Assembly (Document WPR/RC31/20)

The Committee considered the following resolutions:

(1) Declaration of global eradication of smallpox (resolution WHA33.3)

(2) Global smallpox eradication (resolution WHA33.4)

(3) 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" (resolution WHA33.20)

(4) Development and coordination of biomedical and health services research (resolution WHA33.25)

(5) Tuberculosis control (resolution WHA33.26)

(6) Action in respect of International Conventions on Narcotic and Psychotropic Substances: Abuse of narcotic and psychotrophic substances (resolution WHA33.27)

(7) Workers' health programme (resolution WHA33.31)

(8) Infant and young child feeding (resolution WHA33.32)

(9) WHO's programme on smoking and health (resolution WHA33.35)

A summary of the implications of the resolutions for the work of the Regional Committee and the comments made on specific resolutions is given below:

5.2.1 Declaration of global eradication of smallpox (resolution WHA33.3) Global smallpox eradication (resolution WHA33.4)

The Committee noted that, 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.
In reply to a question asked by the representative of New Zealand, who spoke to this resolution, it was noted that, since the original isolation of monkey-pox virus appeared to have been made in Malaysia, the orthopoxviruses were of some concern to the Western Pacific Region, though they affected mainly Zaire and West Africa.

5.2.2 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" (resolution WHA33.20)

The Committee noted that 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.

5.2.3 Development and coordination of biomedical and health services research (resolution WHA33.25)

The Committee recalled that it would be discussing the research activities recommended by WPACMR under agenda item 23 (see section 8).

5.2.4 Tuberculosis control (resolution WHA33.26)

The Committee recalled that it would be considering the tuberculosis situation in the Region under agenda item 27 (see section 12).

It noted that a consultant had already visited several Member States to review the operational and epidemiological research activities being carried out and that 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.

5.2.5 Action in respect of International Conventions on Narcotic and Psychotropic Substances: Abuse of narcotic and psychoactive substances (resolution WHA33.27)

The Committee noted that participants in a workshop on psychotropic drugs, which had met in Manila from 7 to 12 August 1980, had discussed ways of collaborating with Member States 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).
5.2.6 **Workers' health programme** (resolution WHA33.31)

The Committee recalled resolutions WHA32.14 and WPR/RC29.R14, both of which related to the provision of health care to working populations. It confirmed that Member States needed to pay special attention to the subject and to ask for WHO cooperation as and when required.

5.2.7 **Infant and young child feeding** (resolution WHA33.32)

The Committee agreed that the subject of infant and young child feeding 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. It was noted with concern that few Member States of the Region had initiated activities. The Committee agreed that 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.

It was further noted that five countries in the Region had made a beginning in implementing resolution WHA27.43 which recommended the encouragement of breastfeeding and resolution WHA32.42 which recommended long-term maternal and child health programmes to meet the health and other needs of mothers, children and the family, two resolutions basic to the attainment of health/2000.

The representatives of Japan and the United States of America spoke to this resolution, both stating the preference of their respective Governments that the proposed code should be adopted as recommendations adaptable to the prevailing situations and the needs of individual countries, in the sense of Article 23 of the WHO Constitution, rather than Articles 21 and 22.

5.2.8 **WHO's programme on smoking and health** (resolution WHA33.35)

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

The representative of Australia spoke to this resolution, warning of the deplorable practice of manufacturers dumping their tobacco products containing an excess of tar and nicotine, condemned as not conforming to government regulations, on markets in other countries of the Region.

6. **United Nations International Year of Disabled Persons, 1981:**

   **Regional programme for disability prevention and rehabilitation**
   (Document WPR/RC31/21)

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 Committee noted that 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.

The representatives of Australia, China, Fiji, Malaysia, Republic of Korea and Viet Nam vouched the support of their governments for the International Year of Disabled Persons, outlining the problems which existed and the services provided in their own countries. The representative of Samoa also referred to the stimulus provided by activities in preparation for the Year in his country.

The representative of Portugal advised the Committee that construction of an up-to-date centre for rehabilitation of the handicapped was to commence in Macao in November 1980.

The Committee agreed that programmes could be effective only through the coordinated efforts of all the agencies involved. The Government of Fiji had established a national rehabilitation council.

A resolution was adopted recommending that Member States should develop programmes, aimed at disability prevention and rehabilitation, by way of primary health care where appropriate, as their contributions to the International Year of Disabled Persons (see resolution WPR/RC31.R20).


The United Nations International Drinking-Water Supply and Sanitation Decade was to commence in 1981. The Committee noted that, 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 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.
It was agreed that, 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. It was noted that 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.

The representatives of China, Lao People's Democratic Republic, Malaysia, New Zealand and the United States of America spoke in support of the Decade.

Another function of WHO and especially the Regional Committee, as noted by the representative of China, could be to facilitate the exchange of information on experience with field studies in Member States, so that, whenever a particular problem had been solved or a good method found, a training course might be held. The representative of China said that his Government would gladly participate in such activities.

It was agreed that primary health care and sanitary engineering services needed to be integrated.

The Committee adopted a resolution emphasizing that clean water supply and sanitary waste disposal were key elements in primary health care and urging Member States to include, as a priority in national development programmes, the extension and improvement of drinking-water supplies and sanitation services particularly for the underserved rural and peripheral urban areas. In so doing, they should place emphasis on multidisciplinary approaches, institutional development, training and continuing education, active community participation in project development and implementation, as well as the use of appropriate technology compatible with social, economic, cultural and environmental conditions (see resolution WPR/RC31.R21).

8. Development of biomedical and health services research (including research strengthening and career structures in tropical countries) (Document WPR/RC31/23)

The Committee reviewed document WPR/RC31/23 which contained information on the use of funds, regular and extrabudgetary, which had become available in 1979 for the implementation of the recommendations of WPACMR endorsed by the Regional Committee, together with a résumé of the action recommended by WPACMR, at its fifth session in April 1980, for a comprehensive programme of research in 1980 and future years.
It was noted that, 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.

During the course of the year, the subcommittees of WPACMR on diarrhoeal diseases and on cardiovascular and metabolic diseases had both met. The subcommittee 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.

The Committee was gratified to hear of the tribute paid to the regional research programme by the Chairman of the global Advisory Committee on Medical 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. Health services research would have to be given priority in developing countries in the Region, some of which had been concentrating on biomedical aspects. Attention should be given to ways of "recycling" the results of research to give maximum benefit with the greatest speed, for which the establishment of guidelines would prove extremely useful.

The Committee also noted with approval the use of the term "health research" which was now taken to include conventional biomedical research, health services research and health behavioural research.

The Committee agreed with the representative of Japan that, as the research programme intensified, further resources would be required. 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.

At the request of the representative of the United Kingdom of Great Britain and Northern Ireland, the Committee was informed of collaborative activities with the International Centre for Diarrhoeal Diseases Research in Dacca, Bangladesh and also of the activities of the intercountry research promotion team at the Institute for Medical Research, Kuala Lumpur one of whose activities was to be the development of population-based studies on endemic diseases in the State of Sabah.

The representative of Fiji advised the Committee that, although the Virus Laboratory in Fiji had not yet sufficiently developed to meet anticipated needs, it was already performing tasks for other countries of the Region in virus diseases research.
The Committee adopted a resolution endorsing the recommendations of WPACMR, made at its fifth session, and in particular those relating to career structures in research. It also requested Member States to establish national health research management mechanisms to enable research activities to relate to well-defined national health development goals and to continue to develop self-reliance in carrying out socially relevant health research (see resolution WPR/RC31.R22).

9. Programme of acute respiratory infections (Document WPR/RC31/24)

The Committee recalled that acute respiratory infections had been the subject of the Technical Presentation at the thirtieth session. Resolution WHA32.33, which had 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.

The representative of New Zealand reiterated the statement he had made during the thirtieth session of the Regional Committee that the National Health Institute of New Zealand would be pleased to collaborate in the programme.

The representative of the Philippines offered the collaboration of her Government in research activities and data collection and processing for the programme and the representative of the United States of America referred to the need for international effort to develop reliable vaccines that could be made available to all countries at a price they could afford.

The Committee adopted a resolution which took into account the discussion recorded above (see resolution WPR/RC31.R23).
10. Development of the regional mental health programme
(Document WPR/RC31/25)

The Committee heard that the first meeting of the Regional Coordinating Group for 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 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. The representatives of the Philippines and Portugal referred to the overall mental health programmes in their countries, the former asking for information on the experience gained by other countries in administering mental health programmes.

Apart from the representatives of those two Member States, however, the majority of the Committee was wholly concerned with the problems of drug dependence and abuse and alcoholism, the representatives of Singapore and the United States of America referring to the former and the representatives of Australia, France and Japan to the latter. Thus the priority within the mental health programme in the Western Pacific Region could be deduced.

The Committee adopted two resolutions. The first was on the development of the regional mental health programme (see resolution WPR/RC31.R24); the second, introduced by the representative of the United States of America, was on the abuse of narcotic and psychoactive substances. It (1) urged Member States more fully to utilize the expertise and resources of WHO in the drug abuse field by defining opportunities to incorporate drug abuse components in their evolving national strategies for health for all and in their biennial national programmes; and (2) requested the Regional Director to prepare periodic progress reports summarizing the status of drug abuse in the Region, describing the current activities of WHO in the Western Pacific Region relating to drug abuse, including sources of funding (both regular and extrabudgetary), and proposing new approaches that Member States might consider for addressing this increasing health problem in their national strategies and in their programme proposals to WHO (see resolution WPR/RC31.R25).

Acceding to the majority in agreeing to the adoption of the resolution, the representative of Australia stated that operative paragraph 3, which is quoted immediately above, was unrealistic, as no country in the Region could provide reliable drug abuse statistics. In fully supporting the resolution the representative of Singapore said that his country could provide such statistics.

The Committee noted that the Region possessed great expertise in drug abuse matters. Alcoholism was the greater problem, however, and control activities would utilize a major portion of the WHO regular budget. It was hoped that the adoption of resolution WPR/RC31.R25 in drug abuse would encourage donors of extrabudgetary funds.
11. Control of malaria in the Western Pacific Region (Document WPR/RC31/26)

The Committee noted that this item had been proposed by the Government of New Zealand because, although the only cases of malaria in New Zealand were imported, mostly by nationals returning from malarious areas abroad, the Government was concerned about the need for a concerted effort to stop the recrudescence of the disease in some countries where the vectors were on the increase, and to control the danger represented by growing traffic between countries. It thanked the Government of New Zealand for its initiative, since greater priority had to be given to antimalaria activities and WHO's guidance was necessary with regard to general prevention and control measures, especially in border areas, and also on chemoprophylaxis. The production of pamphlets on prophylaxis and treatment would be a useful activity.

Countries or areas that did not have a malaria problem were particularly vulnerable because of international air travel and the influx of workers from malarious areas. The Committee commended the introduction of meetings between countries with common borders and stressed the need for surveillance and education of the public. The Ministers of Health of ASEAN had urged the organization of such meetings on all types of health problem. The Committee also discussed the role that could be played in prevention by travel agencies and international airlines, although the former might be reluctant to draw attention to the fact that certain countries were malarious.

The Committee recalled resolution WPR/RC25.R6 on the disinsection of aircraft and heard of WHO's activities in developing suitable aerosols, effective methods of spraying, and vector control at airports and areas where a primary health care network could involve the community in larval control. A resolution was adopted on prevention of an imported vector population, provision of adequate diagnostic and treatment facilities for imported cases of malaria in non-endemic areas, proper advice on malaria prophylaxis to outgoing travellers, coordination of antimalaria operations along common borders, and institution of protective measures against malaria in high risk development projects employing imported manpower (see resolution WPR/RC31.R26). Among several requests made to the Regional Director the Committee asked that he should continue to ensure the regular dissemination of documentation on the global malaria situation, though it was realized that Member States themselves had a responsibility to keep the Regional Director adequately informed.

12. Control of tuberculosis in the Western Pacific Region (Document WPR/RC31/27)

This item also had been proposed by the Government of New Zealand, in an effort to highlight a disease that had been known for centuries but which was still prevalent. Countries that had managed to control the disease still suffered from constant re-infection. Those countries with
more advanced or effective control programmes should work more closely with their neighbours, sharing services and expertise and perhaps instituting a series of sub-regional control programmes. WHO could facilitate such efforts, which would be in keeping with the proposals for world health over the next two decades. Unlike malaria, there was not the problem of a vector; efficient methods of diagnosis and treatment existed, and measures had been introduced via the primary health care network which should make it possible to eradicate the disease as effectively as had been done with smallpox. All Member States of the Region were urged to cooperate in a determined effort to control, if not to eradicate, tuberculosis by the year 2000, by efficient case-finding, treatment and interruption of transmission.

The Committee placed particular emphasis on the health manpower development component of tuberculosis control programmes, particularly in training appropriate categories of workers for delivery at primary health care level. It was noted that the Government of the Philippines expected to implement its tuberculosis control programme at community level in 1981 via the medium of primary health care.

In reply to a question from the representative of Australia, the Committee noted that the BCG trial in Southern India, conducted jointly by the Indian Council for Medical Research, the United States Public Health Service and WHO, had failed to show the effectiveness of BCG in preventing pulmonary tuberculosis. WHO study groups had concluded that the results of the trial reflected an epidemiological situation peculiar to the area, which had a high prevalence of atypical mycobacterial infection - giving some protection and diminishing BCG effectiveness - and low virulence of bacilli, with low incidence of tuberculosis among newly infected persons. Furthermore, the study had not been designed to measure protection against childhood tuberculosis. It had therefore been recommended that the results of the trial should not be extrapolated to other areas, and that WHO should continue to apply the policies recommended by the last Expert Committee on Tuberculosis, adjusting them to the changing epidemiology in individual countries. Accordingly, an internal BCG study group, established by the Regional Director, had reviewed the policies in almost all the countries of the Western Pacific Region and had sent experts to investigate their epidemiological situations in relation to BCG vaccination. The evidence had suggested that it was effective, although some data were weak or inconclusive. An overwhelming majority had believed that BCG was effective, and that the WHO policy should continue to be applied.

Even so, the target age group should be adjusted according to the situation when the prevalence of tuberculosis declined further, and a mechanism should be established for the collection of relevant information on type of disease by age-group in relation to vaccination, on cost, and on serious complications.

The Committee felt that the suggestion of the representative of Fiji that a WHO collaborating centre should be established in the Region merited careful consideration. It was stressed that cooperative programmes between Member States should follow the principles recommended by WHO and be integrated within the general health services, avoiding direct application of the sophisticated methods used in the more developed countries.

The Committee adopted a resolution urging Member States to make continuous efforts to maintain and improve their tuberculosis control services, allocate sufficient funds for the management of national control programmes, make further efforts to convince the medical profession of the effectiveness of the standard control methods recommended by WHO, particularly the correct usage of potent vaccine, case-finding by sputum microscopy, examination of patients with respiratory symptoms, and domiciliary treatment of cases, and to develop, where appropriate, technical cooperative programmes with other Member States to promote more effective control (see resolution WPR/RC31.R27). The Committee noted that the Government of New Zealand would be particularly interested in taking part in the technical cooperative programmes.

13. Selection of topic for the Technical Presentation during the thirty-second session of the Regional Committee (Document WPR/RC31/28)

The Committee selected "Health education and rural water supply and sanitation" as the topic of the Technical Presentation during the thirty-second session of the Regional Committee (see resolution WPR/RC31.R28).

14. Time and place of the thirty-second and thirty-third sessions of the Regional Committee

Expressing its appreciation to the Government of the Republic of Korea for confirming its offer to act as host to the thirty-second session, the Committee confirmed that it would be held in Seoul from 22 to 28 September 1981 (see resolution WPR/RC31.R29). The reservations expressed by the representatives of China and Democratic Kampuchea were noted by the Committee.

The Committee also decided that the thirty-third session should be held at regional headquarters in Manila for five or six continuous working days, from Monday to Friday, or to Saturday if necessary, (see resolution WPR/RC31.R29).

15. Reports received from governments on the progress of their health activities

The Chairman acknowledged the following reports presented to the Committee:

(1) AMERICAN SAMOA - Health system in American Samoa;
(2) AUSTRALIA - National health activities during 1979-1980;
(3) CHINA - Some major points in the health work of the People's Republic of China last year;
(4) DEMOCRATIC KAMPUCHEA - Health situation in Democratic Kampuchea, 1975-1980;

(5) FIJI - Country report;

(6) FRENCH POLYNESIA - The public health service in French Polynesia;

(7) GUAM - Health status report;

(8) HONG KONG - Brief report on progress of health activities in Hong Kong, 1979;

(9) JAPAN - Report on the progress of health activities in Japan (1979);

(10) MALAYSIA - Brief report on the progress of health activities in Malaysia;

(11) NEW CALEDONIA AND DEPENDENCIES - Brief report on the progress of health activities in 1979;

(12) NEW ZEALAND - Brief report on the progress of health activities, 1979-1980;

(13) PAPUA NEW GUINEA - Brief country report on health services in Papua New Guinea;

(14) REPUBLIC OF KOREA - Report on progress of health activities;

(15) SINGAPORE - Brief report on the progress of health activities in Singapore, 1979;

(16) TRUST TERRITORY OF THE PACIFIC ISLANDS - 1979 country health report;

(17) VIET NAM - Brief report on the progress of health activities in the Socialist Republic of Viet Nam, September 1979 to August 1980;

(18) WALLIS AND FUTUNA - Brief report on health activities in 1979.
PART VII. RESOLUTIONS ADOPTED BY THE REGIONAL COMMITTEE

WPR/RC31.R1 REPORT OF THE REGIONAL DIRECTOR

The Regional Committee,

Having reviewed the report of the Regional Director on the work of the World Health Organization in the Western Pacific Region during the period 1 July 1979 to 30 June 1980,\(^1\)

1. NOTES with satisfaction the manner in which the programme was planned and carried out;

2. COMMENDS the Regional Director and his staff for the work accomplished.

Third meeting, 10 September 1980

WPR/RC31.R2 PROPOSED PROGRAMME BUDGET ESTIMATES FOR THE BIENNium 1982-83

The Regional Committee,

Having examined the proposed programme budget estimates for the biennium 1982-1983 to be financed from the regular budget and other sources of funds,\(^2\)

REQUESTS the Regional Director to transmit the proposals to the Director-General for consideration and inclusion in his proposed programme budget for the biennium 1982-1983.

Third meeting, 10 September 1980

WPR/RC31.R3 UNDP REGIONAL PROGRAMME FOR ASIA AND THE PACIFIC, 1982-86

The Regional Committee,

Recalling that the Region for Asia and the Pacific of the United Nations Development Programme is made up of countries in three WHO Regions: the South-East Asian, the Eastern Mediterranean and the Western Pacific;

Noting that the proposal to the United Nations Development Programme for support from the regional programme for Asia and the Pacific during the period 1982-86 is to be presented as one consolidated proposal, in some cases involving amalgamation of three WHO regional programme proposals;

\(^1\)Document WPR/RC31/11.

\(^2\)Documents WPR/RC31/4 and WPR/RC31/4 Corr.1.
Having reviewed the proposals for the Western Pacific Region and noted those which may in due course be amalgamated with the proposals of the other two Regions;

1. ENDORSES the proposals for the Western Pacific Region for submission to the United Nations Development Programme;

2. ACCORDS the order of priority shown in the list attached as Annex 1 to the proposals for the Western Pacific Region;

3. AUTHORIZES the Regional Director, should amalgamation of three WHO regional programme proposals distort that order of priority, to use his judgement in consolidating the final proposal to the United Nations Development Programme, on the understanding that the wishes of the Regional Committee with regard to order of priority in particular, are kept constantly in mind.

Third meeting, 10 September 1980

ANNEX 1

LIST OF PRIORITIES

<table>
<thead>
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<th>Priority</th>
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<tr>
<td>1</td>
<td>Primary health care</td>
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<td>2</td>
<td>International Drinking-Water Supply and Sanitation Decade</td>
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<td>Regional advisory team for the International Drinking-Water Supply and Sanitation Decade</td>
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<td>Environmental health advisory services in the South Pacific</td>
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<td>Regional water and sanitation manpower development</td>
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<td>Strategic resource mobilization analysis for rural water supply and sanitation</td>
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<td></td>
<td>Comprehensive information system for the International Drinking-Water Supply and Sanitation Decade</td>
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<tr>
<td></td>
<td>Marine outfall monitoring in the South Pacific</td>
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1Documents WPR/RC31/7 and WPR/RC31/7 Add.1.
3. Appropriate technology for health
   Information system for appropriate technology for health
   Demonstration programme in water supply and sanitation technology
   Appropriate technology for the construction of health facilities

4. South Pacific Pharmaceutical Service

5. Technical cooperation among ASEAN countries in pharmaceuticals

6. Health care facilities planning, design, management and maintenance

7. Diarrhoeal diseases
   Training and research for the control of diarrhoeal diseases
   Prevention and control of the interaction of diarrhoeal diseases and malnutrition
   Manpower development programme for diarrhoeal disease control through rural water supply and sanitation

8. Services strengthening linked to training for the expanded programme on immunization

9. Manpower training programme in malaria control

10. Communications satellite educational support programme

11. Regional institute for research and training in the use of natural products for medicine

12. Preparedness against outbreaks of arboviral diseases in the Pacific

13. Assistant health inspector training modules

14. South Pacific regional training and research centre for nursing/midwifery

15. Training courses in vector biology and control

16. Control of marine food fish poisoning (ichthyosarcotoxism)
17 Development of a regional network of nutrition centres
18 Health education in support of strategies for health for all through primary health care
19 Action programme on essential drugs

WPR/RC31.R4 WHO'S STRUCTURES IN THE LIGHT OF ITS FUNCTIONS

The Regional Committee,

Recalling resolution WHA33.17, in particular operative paragraph 3, and resolution WHA33.19, adopted by the Thirty-third World Health Assembly;

Having considered Part III of the report of the Sub-Committee on the General Programme of Work;¹

1. NOTES some of the implications for its work of the decisions of the World Health Assembly, including the strengthening of the role of the Regional Committee should the proposal to hold biennial Health Assemblies be adopted;

2. RESOLVES to make every endeavour, through its Sub-Committee on the General Programme of Work and its Sub-Committee on Technical Cooperation among Developing Countries, to intensify its role and continue to take an active part in the work of the Organization;

3. REQUESTS the Regional Director to support it to that end, by monitoring the implementation of relevant sections of the plan of action presented to the current session, by drawing up for its consideration further proposed regional plans of action as necessary, and by reporting progress in implementing the plans of action.

Fourth meeting, 10 September 1980


The Regional Committee,

Recalling resolution WPR/RC28.R13, operative paragraph 7 of which provided for an Advisory Committee to review and give guidance on the technical cooperation programme of PEPAS and authorized the Regional Director to appoint four members;

Referring to a recommendation made by the Advisory Committee at its first meeting, that its membership should be increased to provide broader coverage in reviewing the technical cooperation programme of PEPAS;

¹Document WPR/RC31/16.
1. AUTHORIZES an increase in membership of the Advisory Committee of PEPAS from four to six, with effect from the second meeting of the Committee;

2. REQUESTS the Regional Director to appoint the two additional members.

Fifth meeting, 11 September 1980

WPR/RC31.R6 REAL ESTATE FUND

The Regional Committee,

Having considered the report of the Regional Director on the short- and long-term accommodation requirements of the Regional Office for the Western Pacific,1

1. TAKES NOTE of the report;

2. CONCURS with the assessment of the Regional Director;

3. NOTES that, if the programme activities of the Western Pacific Region expand significantly from their present rate of growth, it will be necessary to reassess the accommodation requirements of the Regional Office.

Fifth meeting, 11 September 1980

WPR/RC31.R7 RULES OF PROCEDURE OF THE REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

The Regional Committee,

Recalling resolution WHA30.20 adopted by the Thirtieth World Health Assembly and the decision that the programme budget of WHO should cover a two-year period and should be reviewed on a two-year basis;

1. CONFIRMS that a change in Rule 8(f) of the Rules of Procedure of the Regional Committee for the Western Pacific is necessary to provide for it also to review the proposed programme budget estimates on a two-year basis;


3. DECIDES FURTHER to amend Rule 8(f) of the Rules of Procedure to read as follows:

"All items pertaining to the programme budget for the current financial period and all items pertaining to the programme budget for the financial period following the current financial period."

Fifth meeting, 11 September 1980

1Document WPR/RC31/9.
WPR/RC31.R8 SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES: JOINT COORDINATING BOARD

The Regional Committee,

Recalling resolution WPR/RC29.R11 and the fact that the period of tenure of the representative of the Government of Malaysia as a member of the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases expires on 31 December 1980,

APPOINITS the Government of the People's Republic of China to send a representative to meetings of the Joint Coordinating Board for a period of three years from 1 January 1981 to 31 December 1983.

Fifth meeting, 11 September 1980

WPR/RC31.R9 TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES

The Regional Committee,

Having considered the report of the Sub-Committee on Technical Cooperation among Developing Countries, 1

1. AGREES with the conclusions of the Sub-Committee with respect to the meaning of the term "technical cooperation" and the mutually supportive role of technical cooperation and coordinating functions, which form the inseparable essence of WHO's unique constitutional role in international health work and are necessary to achieve the goal of health for all by the year 2000;

2. AGREES FURTHER with the recommendations on the primary health care aspects of communicable disease control contained in the report;

3. REQUESTS the Regional Director:

(1) to transmit the conclusions of the Sub-Committee on the meaning of technical cooperation to the Director-General to be included in his presentation to the Programme Committee of the Executive Board in November 1980;

(2) to take appropriate action to put the recommendations of the Sub-Committee into effect;

4. REQUESTS the Sub-Committee, for its work in 1981, to address the subject of strengthening the mechanisms for technical cooperation among countries.

Fifth meeting, 11 September 1980

1Document WPR/RC31/13.
WPR/RC31.R10 MEMBERSHIP OF THE SUB-COMMITTEE ON TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES

The Regional Committee,

Recalling resolution WPR/RC30.R7 on membership of the Sub-Committee on Technical Cooperation among Developing Countries;

Noting that the three-year periods of tenure as members of the Sub-Committee of the representatives of Papua New Guinea and the Republic of Korea end at the thirty-first session of the Regional Committee;

1. DECIDES to appoint the representatives of Fiji and Japan as members of the Sub-Committee for three years from the thirty-first session;

2. THANKS the representatives of Papua New Guinea and the Republic of Korea for their services to the Sub-Committee.

Fifth meeting, 11 September 1980

WPR/RC31.R11 SUB-COMMITTEE ON THE GENERAL PROGRAMME OF WORK

The Regional Committee,

Having considered Part I of the report of the Sub-Committee on the General Programme of Work;¹

Recognizing the need for the Sub-Committee, as the functional arm of the Regional Committee, to become increasingly involved in the work of the Organization;

Accepting the recommendation of the Sub-Committee that, because of its initial involvement in the study of WHO's structures in the light of its functions, its terms of reference should be expanded to include a review of the implications of resolutions WHA33.17 and WHA33.19;

1. ENDORSES the views expressed by members of the Sub-Committee on the impact in countries of WHO's programme of cooperation in expanded programmes of immunization and diarrhoeal diseases control programmes;

2. REQUESTS the Regional Director to take the Sub-Committee's recommendations into consideration in developing future programmes of cooperation;

3. REQUESTS the members of the Sub-Committee to continue to:

   (1) review and analyse the impact of WHO's collaboration with Member States;

   (2) review, monitor and evaluate regional strategies for the achievement of health for all by the year 2000;

¹Document WPR/RC31/14.
4. AMENDS the terms of reference of the Sub-Committee to include work in connexion with the study of WHO's structures in the light of its functions whenever the Sub-Committee itself, at the request of the Regional Director, considers it to be appropriate.

Fifth meeting, 11 September 1980

WPR/RC31.R12 STRATEGIES FOR HEALTH FOR ALL BY THE YEAR 2000

The Regional Committee,

Having considered Part II of the report of the Sub-Committee on the General Programme of Work containing proposals for regional policies and strategies for health for all by the year 2000, based on the reports submitted by Member States on national policies and strategies;¹

Recognizing that health is a prerequisite for socioeconomic development and for raising the quality of human life;

Recognizing also that primary health care, as an integral part of national health systems and of the overall social and economic development of the community, is the key to health for all;

Bearing in mind the role of health in the establishment of the New International Economic Order;

1. THANKS the Sub-Committee on the General Programme of Work for its report;

2. ADOPTS the regional policies and strategies, including the tentative plan for implementation and support mechanisms as considered necessary;

3. RECOGNIZES that such strategies will grow in substance and strength as countries reach out towards health for all through new knowledge and the application of existing knowledge;

4. URGES Member States:

   (1) to implement, monitor and evaluate their national strategies using the appropriate indicators;

   (2) to review and update their national strategies from time to time;

¹Document WPR/RC31/15.
5. RESOLVES to monitor and evaluate implementation of the regional strategies and the manner in which they are supported by regional policies and programmes, through its Sub-Committee on the General Programme of Work, using the indicators recommended by the Sub-Committee and taking into account operative paragraph 3 above;

6. REQUESTS the Regional Director to:

   (1) transmit the report to the Director-General so that he may take it into consideration in developing global policies and strategies;

   (2) continue to support Member States both individually and collectively in the Regional Committee in their efforts to implement and monitor strategies for health for all.

   Fifth meeting, 11 September 1980

WPR/RC31.R13 MEMBERSHIP OF THE SUB-COMMITTEE ON THE GENERAL PROGRAMME OF WORK

The Regional Committee,

Recalling resolution WPR/RC30.R9 on membership of the Sub-Committee on the General Programme of Work;

Noting that the three-year periods of tenure of the representatives of Japan and the Socialist Republic of Viet Nam end at the thirty-first session of the Regional Committee;

1. DECIDES to appoint the representatives of Malaysia and the Republic of Korea as members of the Sub-Committee for three years from the thirty-first session;

2. THANKS the representatives of Japan and the Socialist Republic of Viet Nam for their services to the Sub-Committee.

   Fifth meeting, 11 September 1980

WPR/RC31.R14 REIMBURSEMENT OF TRAVEL COSTS OF REPRESENTATIVES TO REGIONAL COMMITTEES

The Regional Committee,

Recalling resolution WPR/RC30.R10;

Having considered the report of the Regional Director on the cost of travel of representatives to the Regional Committee, including the historical background, the discussion at the sixty-fifth session of the Executive Board and the financial implications for the Region in terms of the total funds available for technical cooperation;¹

¹Document WPR/RC31/8.
RECOMMENDS to the Executive Board and, through it, to the World Health Assembly, that WHO should finance the cost of travel, excluding per diem, of one representative from each Member State whose contribution to WHO is at the minimum rate in the scale of assessment.

Seventh meeting, 12 September 1980

WPR/RC31.R15 BIENNIAL WORLD HEALTH ASSEMBLIES

The Regional Committee,

Taking into account the action at the Thirty-third World Health Assembly concerning the periodicity of World Health Assemblies,

1. ENDORSES resolution WHA33.19 relating to the possible shift from annual to biennial health assemblies;

2. URGES Member States of the Region to support the proposed amendments to the Constitution of the World Health Organization on this subject when presented for a vote at the Thirty-fourth World Health Assembly in 1981;

3. RECOMMENDS to the Executive Board, and through it to the World Health Assembly, that the contents of the present resolution of the Regional Committee for the Western Pacific should be taken into consideration during the discussion on periodicity of health assemblies at its sixty-seventh session.

Seventh meeting, 12 September 1980


The Regional Committee,

Having reviewed and commented on the nature, method and programme structure of the Seventh General Programme of Work covering a specific period (1984-1989),

1. NOTES that the Seventh General Programme of Work is very strongly related to strategies to achieve health for all and should effectively guide the Organization's resources towards this priority objective;

2. REQUESTS the Sub-Committee on the General Programme of Work to include work in connexion with the regional contributions to the draft Seventh General Programme of Work as an additional item in its terms of reference;

3. REQUESTS the Regional Director to transmit its comments to the Director-General for consideration by the Programme Committee of the Executive Board in preparing an outline of the Programme of Work.

Seventh meeting, 12 September 1980

¹Document WPR/RC31/18.
WPR/RC31.R17    HEALTH 2000 RESOURCES GROUP

The Regional Committee,

Having considered the background information provided by the Regional Director on the establishment, terms of reference and membership of the Health 2000 Resources Group,¹

ELECTS Papua New Guinea as the member of the Group from the Western Pacific Region, for a period of three years from 1 January 1980.

Seventh meeting, 12 September 1980


The Regional Committee,

Having considered the main items of the provisional agenda of the sixty-seventh session of the Executive Board,²

NOTES with approval the efforts being made to correlate the work of the Regional Committees, the Executive Board and the World Health Assembly.

Seventh meeting, 12 September 1980

WPR/RC31.R19    RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE THIRTY-THIRD WORLD HEALTH ASSEMBLY

The Regional Committee

TAKES NOTE of the following resolutions adopted by the Thirty-third World Health Assembly

WHA33.3 - Declaration of global eradication of smallpox

WHA33.4 - Global smallpox eradication

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"

¹Documents WPR/RC31/17 and WPR/RC31/17 Add.1.

²Document WPR/RC31/19.
WHA33.25 - Development and coordination of biomedical and health services research

WHA33.26 - Tuberculosis control

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

WHA33.31 - Workers' health programme

WHA33.32 - Infant and young child feeding

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

Seventh meeting, 12 September 1980

WPR/RC31.R20 REGIONAL PROGRAMME FOR DISABILITY PREVENTION AND REHABILITATION

The Regional Committee,

Recalling resolution WHA29.68 and United Nations General Assembly resolutions 31/123, 32/133, 33/170 and 34/154;

Having considered the Regional Director's report on the present situation and the action taken in the Western Pacific Region;

1. RECOMMENDS that Member States should develop programmes, aimed at disability prevention and rehabilitation, by way of primary health care where appropriate, as their contribution to the International Year of Disabled Persons;

2. REQUESTS the Regional Director:

(1) to develop a programme for collective action in the Region on disability prevention and rehabilitation;

(2) to provide support to Member States in the development and implementation of their programmes within the framework of technical cooperation among developing countries;

1Document WPR/RC31/21.
(3) to develop mechanisms to mobilize and coordinate the resources available to various intergovernmental and nongovernmental organizations for the implementation of national and regional programmes.

Seventh meeting, 12 September 1980


The Regional Committee,

Recalling United Nations General Assembly resolution 32/158;

Having considered the report of the Regional Director on the WHO programme in the Western Pacific Region for the United Nations International Drinking-Water Supply and Sanitation Decade, 1981-1990;¹

1. URGES Member States:

(1) to include, as a priority in national development programmes, the extension and improvement of drinking-water supplies and sanitation services, particularly for the underserved rural and peripheral urban areas;

(2) in so doing, to place emphasis on multidisciplinary approaches, institutional development, training and continuing education, active community participation in project development and implementation, as well as the use of appropriate technology compatible with social, economic, cultural and environmental conditions;

2. REQUESTS the Regional Director:

(1) to take the necessary steps to develop and implement a three-phased programme for the United Nations International Drinking-Water Supply and Sanitation Decade, 1981-1990 (IDWSSD), consisting of planning, action and long-term support components, specifically adapted to the needs and circumstances of Member States, with the objective of supporting and enhancing their capabilities to plan, implement and maintain full water supply and sanitation coverage for all citizens;

(2) to explore and mobilize all available extrabudgetary resources in support of the IDWSSD programme and its components.

Seventh meeting, 12 September 1980

¹Document WPR/RC31/22.
The Regional Committee,

Having considered the report of the Regional Director on the development of biomedical and health services research (including research strengthening and career structures),

1. THANKS the Regional Director for his report;

2. NOTES with satisfaction:

(1) the Regional Director's initiative in developing a mechanism to ensure the effective management of health research as an integral part of all WHO technical cooperation programmes, at regional and country levels;

(2) the progress made towards the establishment of a single national focal point within each Member State for the coordination of research, focused on national health priorities;

(3) the discernible impact of the decentralization of the WHO research programme at regional level, which has already been reflected in the increase in research resources at national level;

3. ENDORSES the recommendations of the Western Pacific Advisory Committee on Medical Research made to the Regional Director at its fifth session and in particular those relating to career structures in research;

4. REQUESTS Member States:

(1) to establish national health research management mechanisms to enable research activities to relate to well-defined national health development goals;

(2) to continue to develop national self-reliance in carrying out socially relevant health research;

5. REQUESTS the Regional Director to implement the recommendations of the Western Pacific Advisory Committee on Medical Research.

Seventh meeting, 12 September 1980

1Document WPR/RC31/23.
WPR/RC31.R23  ACUTE RESPIRATORY INFECTIONS

The Regional Committee,

Noting with satisfaction the progress made in developing a region­­wide programme;

Recognizing the compelling reasons for evolving a worldwide strategy for the control of acute respiratory infections, such as the continuing massive morbidity with attendant economic losses, the very high premature mortality from pneumonic- and influenzal-like diseases in many of the less developed countries, and the emerging resistance to antibiotics of bacterial respiratory pathogens;

Recognizing also the need to determine the optimal usage of available vaccines and the prospect of further developments in the area of vaccines and anti­viral substances;

1. URGES Member States:

(1) to give serious consideration to the development of a standardized data recording and reporting system and the establishment of committees to coordinate national control activities;

(2) to give high priority to the reduction of mortality in children as well as the reduction of morbidity, which constitutes an easily demonstrable burden for industrialized countries;

2. REQUESTS the Regional Director:

(1) to continue to implement the regional medium­term programme for the control of acute respiratory infections;

(2) to collaborate with Member States in establishing means to monitor, investigate and control acute respiratory infections in defined populations, using standardized methodology;

(3) to promote methods for intercountry cooperation and collaboration in the surveillance and control of acute respiratory infections.

Seventh meeting, 12 September 1980

WPR/RC31.R24  DEVELOPMENT OF THE REGIONAL MENTAL HEALTH PROGRAMME

The Regional Committee,

Recalling resolutions WHA28.84, WHA29.21, WHA32.13, WPR/RC27.R5 and WPR/RC29.R12, which noted with concern the magnitude and severity of mental health problems and the importance of psychosocial factors in health care;

Recalling further that the International Conference on Primary Health Care held at Alma­Ata recommended that the promotion of mental health should be one of the elements of primary health care;

Considering that mental health and psychosocial development are of central importance in efforts to achieve health for all by the year 2000;
1. URGES Member States:

(1) to strengthen their mental health programmes so as to:

   (a) improve the prevention and care of mental and neurological disorders;

   (b) undertake measures to deal with problems related to alcohol and drug dependence; and

   (c) ensure that the psychosocial aspects of health care and development are given appropriate attention;

(2) to establish coordinating mechanisms within countries which will be vested with sufficient authority and given support to select priorities, reorient resources and implement programmes;

2. REQUESTS the Regional Director to:

(1) initiate or strengthen cooperation with countries in the accelerated development of mental health components within the general health services, using the primary health care approach;

(2) provide training opportunities for the various categories of personnel involved in dealing with psychosocial problems.

Seventh meeting, 12 September 1980

WPR/RC31.R25 ABUSE OF NARCOTIC AND PSYCHOACTIVE SUBSTANCES

The Regional Committee,

Taking into account resolution WHA33.27 adopted by the Thirty-third World Health Assembly concerning greater attention to drug abuse in WHO programmes;

Considering United Nations General Assembly resolution 34/177, calling for increased activity in the implementation of drug abuse prevention and control programmes by the United Nations and its specialized agencies;

Recognizing that the growing abuse of heroin, opiates, cocaine, cannabis and psychoactive drugs knows no national boundaries;

Recognizing further that drug abuse has a particularly detrimental impact on public health and must be addressed at the community level;
Being aware of the multisectoral aspects of the WHO goal of health for all by the year 2000 and the role of primary health care in achieving that goal;

1. CALLS the attention of the Member States of the WHO Western Pacific Region to the aforementioned resolutions and to the relevance of those resolutions to the Member States of the Region;

2. URGES Member States more fully to utilize the expertise and resources of WHO in the drug abuse field by defining opportunities to incorporate drug abuse components in their evolving national strategies for health for all and in their biennial national programmes;

3. REQUESTS the Regional Director to prepare periodic progress reports summarizing the status of drug abuse in the Region, describing the current activities of WHO in the Western Pacific Region relating to drug abuse, including sources of funding (both regular and extrabudgetary), and proposing new approaches that Member States might consider for addressing this increasing health problem in their national strategies and in their programme proposals to WHO.

Seventh meeting, 12 September 1980

WPR/RC31.R26 CONTROL OF MALARIA IN THE WESTERN PACIFIC REGION

The Regional Committee,

Having reviewed the present situation with regard to malaria in the Western Pacific Region, with special reference to the malaria risk for international travellers,1

1. URGES Member States:

(1) to prevent the establishment of an imported vector population through the institution of appropriate anti-mosquito measures at international ports and airports, and the effective disinsection of aircraft on international flights;

(2) to provide adequate diagnostic and treatment facilities for imported cases of malaria in non-endemic areas, and proper advice on malaria prophylaxis to outgoing residents through the medical profession as well as through agencies involved in international travel;

1 Document WPR/RC31/26.
(3) to pursue, within the overall framework of national antimalaria campaigns, the coordination of antimalaria operations along their common borders and, where applicable, the institution of protective measures against malaria in high-risk development projects employing imported manpower;

2. REQUESTS the Regional Director:

(1) to continue to ensure the regular dissemination of documentation on the global malaria situation;

(2) to keep Member States informed:

(i) on the occurrence of drug-resistant malaria;

(ii) on the latest developments in the field of malaria chemotherapy and prophylaxis, and

(iii) on anti-mosquito measures, with emphasis on more effective larval control.

Eighth meeting, 15 September 1980

WPR/RC31.R27 CONTROL OF TUBERCULOSIS IN THE WESTERN PACIFIC REGION

The Regional Committee,

Having reviewed the situation with regard to tuberculosis in the Western Pacific Region;

Realizing that tuberculosis is still one of the major health problems in many developing countries of the Region;

Recognizing that the proper implementation of national tuberculosis control programmes, at optimal cost and in accordance with the guidelines recommended by WHO, is essential for the further reduction of tuberculosis;

1. URGES Member States:

(1) to make continuous efforts to maintain and improve their tuberculosis control services, particularly with respect to quality, priority being given to training, supervision and evaluation;

(2) to allocate sufficient funds for the management of national control programmes, including drugs, personnel, equipment and supplies;

1Document WPR/RC31/27.
(3) to make further efforts to convince the medical profession of the effectiveness of the standard control methods recommended by WHO, particularly the correct usage of potent vaccine, case-finding by sputum microscopy, examination of patients with respiratory symptoms, and domiciliary treatment of cases;

(4) to develop, where appropriate, technical cooperative programmes with other Member States to promote more effective control;

2. REQUESTS the Regional Director to continue to collaborate with Member States in collecting and disseminating information, training health workers of various categories, coordinating basic and clinical research, carrying out epidemiological and operational studies, and evaluating programmes.

Eighth meeting, 15 September 1980

WPR/RC31.R28 TOPIC OF TECHNICAL PRESENTATION IN 1981

The Regional Committee,

Having considered the topics suggested by the Regional Director for the Technical Presentation during the thirty-second session of the Committee,¹

DECIDES that the subject of the Technical Presentation in 1981 shall be "Health education and rural water supply and sanitation".

Eighth meeting, 15 September 1980

WPR/RC31.R29 THIRTY-SECOND AND THIRTY-THIRD SESSIONS OF THE REGIONAL COMMITTEE

The Regional Committee,

Bearing in mind resolution WPR/RC24.R10,

1. EXPRESSES its appreciation to the Government of the Republic of Korea for confirming its offer to act as host to the thirty-second session of the Regional Committee;

¹Document WPR/RC31/28.
2. CONFIRMS that the thirty-second session will be held in Seoul, provided a satisfactory agreement is concluded between the Government and WHO by 31 March 1981;

3. DECIDES that the dates of the thirty-second session shall be 22 to 28 September 1981;

4. DECIDES FURTHER that the thirty-third session of the Regional Committee in 1982 shall be held at regional headquarters in Manila, for five or six continuous working days, from Monday to Friday, or Saturday if necessary.

Eighth meeting, 15 September 1980

WPR/RC31.R30 ADOPTION OF THE REPORT

The Regional Committee,

Having considered the draft report of the thirty-first session of the Regional Committee,¹

ADOPTS the report as amended.

Ninth meeting, 15 September 1980

WPR/RC31.R31 RESOLUTION OF APPRECIATION

The Regional Committee

EXPRESSES its appreciation and thanks to:

(1) the Chairman and other officers of the Committee;

(2) Dr Foliaki for acting as moderator of the Technical Presentation;

(3) the representatives of the United Nations Children's Fund, the United Nations Development Programme, the Office of the United Nations High Commissioner for Refugees, the International Labour Organisation and the nongovernmental organizations for their statements;

(4) the Regional Director and the Secretariat for their work in connexion with the meeting.

Ninth meeting, 15 September 1980

¹Document WPR/RC31/30.
LIST OF NONGOVERNMENTAL ORGANIZATIONS WHOSE REPRESENTATIVES MADE STATEMENTS TO THE REGIONAL COMMITTEE

In addition to the representatives of the United Nations Organizations noted on page one of the report and the Asian Development Bank, representatives of the following nongovernmental organizations made statements to the Committee:

WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS
INTERNATIONAL SOCIETY FOR BURN INJURIES
INTERNATIONAL DENTAL FEDERATION
INTERNATIONAL UNION FOR HEALTH EDUCATION
WORLD FEDERATION FOR MEDICAL EDUCATION
CHRISTIAN MEDICAL COMMISSION
MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION
INTERNATIONAL CONFEDERATION OF MIDWIVES
INTERNATIONAL COMMITTEE FOR CATHOLIC NURSES
INTERNATIONAL COUNCIL OF NURSES
INTERNATIONAL FEDERATION OF OPHTHALMOLOGICAL SOCIETIES
INTERNATIONAL COUNCIL OF SOCIETIES OF PATHOLOGY
INTERNATIONAL PHARMACEUTICAL FEDERATION
WORLD PSYCHIATRIC ASSOCIATION
WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS
LEAGUE OF RED CROSS SOCIETIES
REHABILITATION INTERNATIONAL
AGENDA

1. Opening of the session
2. Address by the retiring Chairman
3. Address by the Director-General
4. Election of new officers: Chairman, Vice-Chairman and Rapporteurs
5. Address by the incoming Chairman
6. Adoption of the agenda
7. Consideration of proposed programme budget estimates
   7.1 Proposed programme budget estimates, 1982-83
   7.2 Recommendation of the Advisory Committee, Western Pacific Regional Centre for the Promotion of Environmental Planning and Applied Studies
   7.3 UNDP Regional Programme for Asia and the Pacific, 1982-86
8. Reimbursement of travel costs of representatives to Regional Committees
9. Real Estate Fund: accommodation requirements of the Regional Office for the Western Pacific
10. Rules of Procedure of the Regional Committee
11. Acknowledgement by the Chairman of brief reports received from governments on the progress of their health activities
12. Report of the Regional Director
13. Special Programme for Research and Training in Tropical Diseases: Joint Coordinating Board
14. Sub-Committee on Technical Cooperation among Developing Countries
   14.1 Report of the Sub-Committee
   14.2 Membership of the Sub-Committee
15. Sub-Committee on the General Programme of Work
   15.1 Report of the Sub-Committee
   15.2 Membership of the Sub-Committee
16. Strategies for health for all by the year 2000: review of progress towards development of national strategies and plans of action and development of regional strategies

17. WHO's structures in the light of its functions

18. Health 2000 Resources Group: election of a Member to send a representative to meetings of the group


20. Correlation of the work of the World Health Assembly, the Executive Board and the regional committees
   20.1 Consideration of the agenda of the sixty-seventh session of the Executive Board
   20.2 Consideration of resolutions of the Thirty-third World Health Assembly and the Executive Board at its sixty-fifth and sixty-sixth sessions


23. Development of biomedical and health services research (including research strengthening and career structures in tropical countries)

24. Programme on acute respiratory infections

25. Development of the regional mental health programme

26. Control of malaria in the Western Pacific Region

27. Control of tuberculosis in the Western Pacific Region

28. Statements by representatives of the United Nations, the Specialized Agencies, and intergovernmental and nongovernmental organizations in official relations with WHO

29. Selection of topic for the Technical Presentation during the thirty-second session of the Regional Committee

30. Time and place of the thirty-second and thirty-third sessions of the Regional Committee

31. Adoption of the report of the Committee

32. Closure of the session
LIST OF REPRESENTATIVES

I. REPRESENTATIVES OF MEMBER STATES

**AUSTRALIA**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position and Details</th>
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<tbody>
<tr>
<td>Dr C. Evans</td>
<td>Deputy Director-General of Health, Department of Health</td>
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<tr>
<td>Mr J.R. Vaughn</td>
<td>Second Secretary, Australian Embassy in Manila</td>
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**CHINA**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position and Details</th>
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<tbody>
<tr>
<td>Dr Xu Shouren (Hsu Shou-jen)</td>
<td>Deputy Director, Foreign Affairs Bureau, Ministry of Public Health</td>
</tr>
<tr>
<td>Dr Wang Jian</td>
<td>Chief, Division for the Control of Chronic Diseases, Medical Services Bureau, Ministry of Public Health</td>
</tr>
<tr>
<td>Dr Liu Xirong</td>
<td>Deputy Chief, Division of International Organizations, Foreign Affairs Bureau, Ministry of Public Health</td>
</tr>
<tr>
<td>Mr Cao Yonglin</td>
<td>Official, Foreign Affairs Bureau, Ministry of Public Health</td>
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**DEMOCRATIC KAMPUCHEA**

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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>M. Pech Bun Ret</td>
<td>Ambassadeur, Représentant permanent du Kampuchea démocratique auprès de la CESAP à Bangkok</td>
</tr>
<tr>
<td>Country</td>
<td>Name</td>
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<tr>
<td>Democratic Kampuchea (continued)</td>
<td>Mme Kho Vani</td>
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<td></td>
<td>Mile Toth Kim Seng</td>
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<tr>
<td>Fiji</td>
<td>Dr J.B. Senilagakali</td>
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<td>France</td>
<td>Dr F. Gentile</td>
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<td></td>
<td>Médecin Général M. Charpin</td>
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<td></td>
<td>Directeur, Service de la Santé et de l'Hygiène publique Nouvelle-Calédonie</td>
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<td></td>
<td>Dr F. Chastel</td>
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<td>M. B. Prunières</td>
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<td>Japan</td>
<td>Dr A. Tanaka</td>
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<td>Dr Y. Kawaguchi</td>
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<td>Dr Y. Hirose</td>
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<td>Mr T. Abe</td>
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LAO PEOPLE'S DEMOCRATIC REPUBLIC
Dr Ponemek Daraloy
Directeur général du Ministère de la Santé publique

Dr Khamkéo Souvannavong
Directeur du Département des Finances et du Plan du Ministère de la Santé publique

MALAYSIA
Haji (Dr) Abdul Talib bin Latiff
Director of Health Services Ministry of Health

Datuk (Dr) Abdul Khalid bin Sahan
Director of Planning and Development Ministry of Health

Mr Abdul Kassim bin Buang
International Section Ministry of Health

NEW ZEALAND
Dr H.J.H. Hiddlestone
Director-General of Health Department of Health

Dr B.W. Christmas
Deputy Director-General of Health (Public Health) Department of Health

PAPUA NEW GUINEA
Mr J. Jaminan
Minister for Health Ministry of Health

Dr A. Tarutia
Secretary for Health Department of Health

Mr D. Mileng
Assistant Secretary Finance/Management Division

Mr P. Patiliai
Executive Officer to the Minister
PHILIPPINES

Dr E.M. Garcia
Minister of Health

Dr A.N. Acosta
Assistant Minister of Health

Dr J. Dizon
Director
Bureau of Health and Medical Services
Ministry of Health

Dr J. Ybañez
Ministry of Health

Dr A. Romualdez
Ministry of Health

Mrs L. Zamora
Ministry of Health

Dr L. Manapsal
Ministry of Health

Dr A. Banzon
Ministry of Health

Dr A. Galvez
Ministry of Health

Dr P. Tablan
Ministry of Health

Mr J.C. Dery
Foreign Service Officer
Ministry of Foreign Affairs

PORTUGAL

Dr J. da Paz
Director of Health Services
Macao

REPUBLIC OF KOREA

Dr Kyong Shik Chang
Director-General
Bureau of Medical Affairs
Ministry of Health and Social Affairs

Mr Hyung-Ki Min
Counsellor
Embassy of the Republic of Korea
in the Philippines
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<tr>
<th>Country</th>
<th>Name</th>
<th>Position and Details</th>
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<tbody>
<tr>
<td>Republic of Korea</td>
<td>Mr Sang Yun Chung</td>
<td>(Alternate) Deputy Director International Affairs Ministry of Health and Social Affairs</td>
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<tr>
<td>Samoa</td>
<td>Dr K.W. Ridings</td>
<td>Director-General of Health Health Department</td>
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<tr>
<td>Singapore</td>
<td>Dr Koh Thong Sam</td>
<td>Director Toa Payoh Hospital</td>
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<tr>
<td>Tonga</td>
<td>Dr S. Foliaki</td>
<td>Director of Health Ministry of Health</td>
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<tr>
<td>United Kingdom of Great</td>
<td>Dr J.A.B. Nicholson</td>
<td>Medical Adviser Overseas Development Administration London</td>
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<td>Britain and Northern</td>
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<td>Ireland</td>
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<tr>
<td>United States of America</td>
<td>Dr H. Minners</td>
<td>(Chief Representative) Deputy Director Office of International Health Department of Health and Human Services</td>
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<td></td>
<td>Mr N.A. Boyer</td>
<td>(Alternate) Director Office of Health and Narcotics Services Bureau of International Organization Affairs Department of State</td>
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<td></td>
<td>Dr F.S. Cruz</td>
<td>(Adviser) Director Public Health and Social Services Guam</td>
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<td></td>
<td>Dr M. Kumangai</td>
<td>(Adviser) Director Bureau of Health Services Trust Territory of the Pacific Islands</td>
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<tr>
<td>Region</td>
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<td><strong>UNITED STATES</strong></td>
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<td><strong>Dr F.T. Palacios</strong></td>
<td><strong>(Adviser)</strong></td>
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<td></td>
<td><strong>Director</strong></td>
<td><strong>Department of Public Health</strong></td>
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<td><strong>Northern Marianas Islands</strong></td>
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<td></td>
<td><strong>Dr J.P. Turner</strong></td>
<td><strong>(Adviser)</strong></td>
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<td></td>
<td><strong>Acting Director</strong></td>
<td><strong>Department of Health</strong></td>
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<td><strong>American Samoa</strong></td>
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<td><strong>VIET NAM</strong></td>
<td><strong>Mr Hoang Hoan Nghinh</strong></td>
<td><strong>(Chief Representative)</strong></td>
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<td></td>
<td><strong>Ambassador of the</strong></td>
<td><strong>Socialist Republic of Viet Nam</strong></td>
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<td><strong>Dr Nguyen Cao Than</strong></td>
<td><strong>(Alternate)</strong></td>
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<td><strong>Chief, Bureau of Planning</strong></td>
<td><strong>Ministry of Health</strong></td>
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<td><strong>Mr Tran Viet Tan</strong></td>
<td><strong>(Adviser)</strong></td>
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<td><strong>Second Secretary</strong></td>
<td><strong>Embassy of the Socialist</strong></td>
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<td><strong>Republic of Viet Nam in Manila</strong></td>
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**II. OBSERVERS FROM NON-MEMBER STATES**

<table>
<thead>
<tr>
<th>Country</th>
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<tr>
<td><strong>VANUATU</strong></td>
<td><strong>Mr G. Worek</strong></td>
<td><strong>Minister of Health</strong></td>
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<td></td>
<td><strong>Dr F. Spooner</strong></td>
<td><strong>Director of Health</strong></td>
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**III. REPRESENTATIVES OF THE UNITED NATIONS AND RELATED ORGANIZATIONS**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Name</th>
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<tbody>
<tr>
<td><strong>UNITED NATIONS CHILDREN'S FUND</strong></td>
<td><strong>Dr Wah Wong</strong></td>
<td><strong>UNICEF Representative</strong></td>
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<td><strong>Manila Area Office</strong></td>
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<tr>
<td><strong>UNITED NATIONS DEVELOPMENT PROGRAMME</strong></td>
<td><strong>Mr B.R. Devarajan</strong></td>
<td><strong>Resident Representative</strong></td>
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<td><strong>of the United Nations Development Programme</strong></td>
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<td><strong>in the Philippines</strong></td>
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OFFICE OF THE UNITED NATIONS
HIGH COMMISSIONER FOR REFUGEES

Mr M. Paefgen
Representative of the
United Nations High
Commissioner for Refugees
in the Republic of the
Philippines

INTERNATIONAL LABOUR ORGANISATION

Mr M.N. Unni-Nayar
Director
ILO Area Office
in the Philippines

IV. REPRESENTATIVES OF OTHER INTERGOVERNMENTAL ORGANIZATIONS

SOUTH PACIFIC COMMISSION

Dr P. Bennett
Epidemiologist
South Pacific Commission

V. REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS

WORLD FEDERATION OF SOCIETIES
OF ANAESTHESIOLOGISTS

Dr M. Silao
Chief
Anaesthesia Section
University of the Philippines
Philippine General Hospital
Medical Center

INTERNATIONAL SOCIETY OF BLOOD TRANSFUSION

Dr G.C. Caridad
Assistant Secretary General
for Operations
Philippine National Red Cross

THE INTERNATIONAL SOCIETY FOR BURN INJURIES

Dr A.T. Ramirez
Department of Surgery
Philippine General Hospital
Medical Center

INTERNATIONAL DENTAL FEDERATION

Dr P.E. Gonzales
Metro Manila

Dr G. Paguia
Philippine Dental Association

INTERNATIONAL UNION FOR HEALTH EDUCATION

Professor T. Tiglao
Institute of Public Health
University of the Philippines
WORLD FEDERATION FOR MEDICAL EDUCATION
Dr J. Cuyegkeng
Vice President
World Federation for Medical Education
Ramon Magsaysay Medical Center

INTERNATIONAL HOSPITAL FEDERATION
Dr J. Caedo, Jr.
Makati Medical Center

CHRISTIAN MEDICAL COMMISSION
Dr S.M. Wale
Silliman University
Philippines

THE WORLD MEDICAL ASSOCIATION
Dr P.D. Chua
Secretary/Treasurer
Confederation of Medical Associations in Asia and Oceania
Manila

MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION
Dr E.I. Cuyegkeng
College of Medicine
University of the East
Manila

INTERNATIONAL CONFEDERATION OF MIDWIVES
Miss J. Reyes
Vice-President
International Confederation of Midwives
Manila

INTERNATIONAL COMMITTEE OF CATHOLIC NURSES
Mrs R.C. Alba
National President
Catholic Nurses' Guild of the Philippines

INTERNATIONAL COUNCIL OF NURSES
Mrs F.M. Valdez
Member
Board of Directors
International Council of Nurses

PERMANENT COMMISSION AND INTERNATIONAL ASSOCIATION ON OCCUPATIONAL HEALTH
Dr B.R. Reverente, Jr.

INTERNATIONAL FEDERATION OF OPHTHALMOLOGICAL SOCIETIES
Dr R.V. Fajardo
Manila Doctors Hospital
INTERNATIONAL COUNCIL OF SOCIETIES OF PATHOLOGY

Dr T.P. Maramba, Jr.
Secretary
Philippine Society of Pathologists

INTERNATIONAL PHARMACEUTICAL FEDERATION

Dr M. Ishidate
Vice-President
Japan Pharmaceutical Association

INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS ASSOCIATIONS

Mr J.P. Cardenas, Jr.
Executive Director
Drug Association of the Philippines, Inc.

WORLD FEDERATION OF PROPRIETARY MEDICINE MANUFACTURERS

Dr K. Naito
Eisai Company, Ltd.
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REPORT OF THE SUB-COMMITTEE OF THE REGIONAL COMMITTEE
ON THE GENERAL PROGRAMME OF WORK

PART I

1. INTRODUCTION

The Sub-Committee on the General Programme of Work of the WHO Regional Committee for the Western Pacific met on 18 and 19 June 1980 to review proposals for a regional strategy for health for all by the year 2000 and make recommendations thereon to the Regional Committee as well as to review the reports of members who had made visits to countries earlier in the year. The purpose of the visits, in March 1980, was to study the impact of WHO cooperation in the expanded programmes on immunization and the diarrhoeal diseases control programmes.

Part I, Section 3, of the Sub-Committee's report contains a report on the country visits made by its members. Part II, prepared separately for presentation to the Regional Committee under item 16 of the provisional agenda, contains its recommendations for a regional strategy for health for all. Part III, also prepared separately for presentation under item 17 of the provisional agenda, contains its comments and recommendations on resolutions WHA33.17 and WHA33.19, adopted by the Thirty-third World Health Assembly on the study of WHO's structures in the light of its functions.

The following members undertook the country visits in March:

Dr Liu Xirong, China
Dr Yuji Kawaguchi, Japan
Dr Bryan Christmas, New Zealand
Dr Solia Fa'aiuaso, Samoa
Dr Koh Thong Sam, Singapore
Dr S. Foliaki, Tonga
Mr Nguyen Van Trong, Viet Nam

The following members were present at the meeting of the Sub-Committee:

Dr Liu Xirong, China
Dr Yuji Kawaguchi, Japan
Dr Bryan Christmas, New Zealand
Dr Solia Fa'aiuaso, Samoa
Dr Koh Thong Sam, Singapore
Dr S. Foliaki, Tonga
Dr Nguyen Quang Cu, Viet Nam

1See this Annex. Part 3.


The meeting was formally opened by Dr S.T. Han, Director, Programme Management, on behalf of the Regional Director. Dr Han welcomed the members from China, Japan, New Zealand, Samoa, Singapore, Tonga and Viet Nam.

In his introductory statement, Dr Han stressed the importance for the Sub-Committee's work of continuity of representation as well as the significance to the Organization's work and to the planning activities of Member States of the issues before the Sub-Committee. He also explained the various issues to be discussed by the Sub-Committee and suggested that the report should be divided into three parts, each dealing with one subject.

Dr S. Foliaki was elected Chairman and Dr Solia Fa'aiuaso, Dr B. Christmas and Dr Koh Thong Sam, Rapporteurs, for each of the subjects dealt with by the Sub-Committee.

2. TERMS OF REFERENCE

For 1980, the terms of reference of the Sub-Committee were as follows:

(1) In relation to its review and analysis of WHO's collaboration with countries, to conduct studies on:

   (i) the diarrhoeal diseases control programme;
   (ii) the expanded programme on immunization.

(2) In connexion with the formulation of strategies for health for all by the year 2000, to review and make recommendations on the draft regional strategy to be considered by the Regional Committee at its thirty-first session.

Although the terms of reference of the Sub-Committee in relation to the study of WHO's structures in the light of its functions, as indicated in its report to the twenty-ninth session of the Regional Committee\(^1\) and confirmed in resolution WPR/RC29.R18, ended with the submission of the final regional report in 1979, it was thought appropriate that the Sub-Committee should undertake a review of the implications of resolutions WHA33.17 and WHA33.19 in view of its initial involvement in the study. The Sub-Committee therefore undertook to recommend to the Regional Committee that its terms of reference should be expanded to include the review.

3. REVIEW AND ANALYSIS OF WHO'S COLLABORATION WITH COUNTRIES

In relation to its review and analysis of WHO's collaboration with countries, the subjects chosen for study were the expanded programme on immunization and the diarrhoeal diseases control programme.

3.1 Country visits

Visits were made by members of the Sub-Committee to China, Guam, Papua New Guinea, Philippines and Tonga in order to gain information on the nature of the programmes at national level.

The visits made were as follows:

China visited by: Dr Liu Xirong, China
                   Dr Bryan Christmas, New Zealand (Rapporteur)
                   Dr Solia Fa'aiuaso, Samoa

Guam and the Philippines visited by: Dr Liu Xirong, China
                                     Dr Bryan Christmas, New Zealand
                                     Dr Solia Fa'aiuaso, Samoa (Rapporteur for Guam)
                                     Dr S. Foliski, Tonga (Rapporteur for Philippines)

Papua New Guinea visited by: Dr Yuji Kawaguchi, Japan (Rapporteur)
                            Dr Koh Thong Sam, Singapore

Tonga visited by: Dr Yuji Kawaguchi, Japan (Rapporteur)
                 Dr Koh Thong Sam, Singapore
                 Mr Nguyen Van Trong, Viet Nam

Reports of the country visits were prepared and submitted to the WHO secretariat.

These reports are summarized as follows:

3.1.1 China

The report of the visit acknowledged the great progress made in developing health services to cover the whole population in an effective manner. With regard to the health situation, there had been a great reduction in the incidence of communicable diseases. Less than 5% of deaths were now due to communicable diseases.
Coverage by the immunization programme ranged from 80 to 90% of the population. Implementation and monitoring of the programme were effected through the peripheral health services under the direction of the anti-epidemic stations. Vaccines were produced at seven institutes, each institute maintaining its own quality control. The diseases included in the programme were diphtheria, pertussis, tetanus, poliomyelitis, measles and tuberculosis.

It was noted that there were inevitably some problems with the cold chain, in view of the size of the country and the distances to be covered. It would be desirable to standardize operational procedures and vaccine production and quality control procedures.

WHO collaboration in the immunization programme had been so far limited to a technical visit undertaken in October 1979. The recommendations made in the report on that visit were endorsed by the Sub-Committee.

It was noted that the diarrhoeal disease control programme was implemented through an integrated preventive and curative approach. The anti-epidemic stations were responsible for surveillance and investigation of diarrhoeal outbreaks, as for all communicable diseases. Great efforts were being made to introduce improved sanitation, especially clean water.

It was recommended that WHO should extend its collaboration in the two programmes in the following areas: cold chain, vaccine production and quality control, use of WHO standards for vaccines, use of oral rehydration salts, and postgraduate training in water supply engineering.

It was also suggested that a great potential existed for collaboration with the research institutes of vaccine and serum and other appropriate technical institutions. The scope for large-scale epidemiological research was of great interest to WHO. The use of fellowships and other means for the exchange of technical information was recommended.

3.1.2 Guam

The report of the visit by members of the Sub-Committee emphasized the high degree of development in Guam and the comprehensiveness of the health services provided. This was the case with both the immunization and diarrhoeal disease control programmes. Morbidity and mortality from infectious diseases were low. Coverage by the immunization services was high and covered the following immunizable diseases: poliomyelitis, diphtheria, pertussis, tetanus, mumps, measles and rubella. BCG was not given. It was planned to expand the use of oral rehydration salts in the diarrhoeal diseases control programme.

It was noted that there was room for closer coordination between the public health authorities and the private sector.
WHO collaboration in the two programmes had been small. It was recommended that WHO collaboration should be considered with respect to the provision of fellowships for medical and nursing staff, and provision of expertise and financial support to further develop communal water supplies and the wastewater disposal scheme. It was also suggested that fellowships should be awarded to engineers and technicians in water technology.

3.1.3 Papua New Guinea

The members of the visiting team reported that both the diarrhoeal disease control programme and the expanded programme on immunization were being vigorously tackled by the Government. High priority was being given to coverage by the health services, particularly in the rural areas. Health services management had been decentralized and provinces enjoyed a high degree of autonomy in health matters. Expenditure on health accounted for 8% of the national budget. The problems of providing health care to a scattered rural population living in geographically inaccessible areas were recognized.

The incidence of communicable diseases was high, particularly respiratory and diarrhoeal diseases and the infectious diseases of childhood.

With WHO collaboration, the Government had introduced an expanded programme on immunization in 1977. A national immunization coordinating committee was in operation. The programme covered five diseases: diphtheria, pertussis, tetanus, poliomyelitis and tuberculosis. Administration of pig bel vaccine had also been added to the programme. Vaccine procurement was no problem at national level. An evaluation of coverage surveys had been carried out.

WHO had collaborated at national level by providing an epidemiologist and a field development officer. Support had been given to cold chain technology. The problems of the cold chain and transport of health personnel were particularly noted.

It was recommended that WHO collaboration in the programme should be directed towards solving problems of the cold chain, transport, and implementation of immunization through primary health care.

A national advisory committee had been formed for diarrhoeal disease control. The programme addressed two main issues: oral rehydration and provision of safe water supply. It was recommended that WHO should collaborate actively in both components of the programme.

3.1.4 Philippines

The report of the visit described the present status of the two programmes.
The expanded programme on immunization had been started in 1976 with the formulation of the National Immunization Committee. The programme was implemented through the network of regional health offices, provincial health offices and rural health units. A twice yearly round system was used to provide triple antigen and BCG vaccines. Poliomyelitis vaccine had recently been added to the programme. Although the programme had made very good progress and a good structure had been created, some managerial and operational problems remained. The lack of a separate budget item for the expanded programme on immunization was noted, as was the difficulty in providing travel allowances for field staff.

WHO had collaborated in the immunization programme since its beginning, and had provided long-term staff, vehicles, vaccines and cold chain equipment. It was recommended that WHO should continue its support as at present but noted in particular that efforts should be made to strengthen health education to enhance community support for the programme.

The diarrhoeal disease control programme was relatively new. Acute diarrhoeal disease in children remained a major health problem. The programme would in future place increased emphasis on oral rehydration, and the production and distribution of oral rehydration salts would be expanded. Basic sanitation, surveillance and improved maternal and child health practices would also form part of the programme.

It was recommended that WHO should collaborate in the development of production capability for oral rehydration salts, training of health personnel in the use of oral rehydration salts, and promotion of their use in hospitals and by the private sector.

3.1.5 Tonga

The report of the team stressed the priority given by the Government to the development of primary health care and the implementation of disease control programmes through primary health care. Despite a strong health infrastructure, the incidence of communicable diseases remained a problem. Tuberculosis and tetanus were mentioned as problems in the immunization programme. Immunization was given against diphtheria, pertussis, poliomyelitis, tetanus and tuberculosis. Measles immunization would be started in 1981. Typhoid immunization was given routinely for those under 40 years of age. Evaluation of coverage showed satisfactory progress.

Enteric infections were one of the major health problems in Tonga, and typhoid was endemic. Control of diarrhoeal diseases was therefore an important programme. It was proposed that oral rehydration, through the use of packaged oral rehydration salts, should be implemented and that health education to improve child-feeding practices and personal hygiene should be strengthened. It was also suggested that, as part of the diarrhoeal disease control programme, the water supply and wastewater disposal programmes should be accelerated and that laboratory services should be strengthened.
WHO collaboration in the two programmes could be directed to the areas of concern mentioned above. Promotion of the use of oral rehydration salts, improvement of water supply and laboratory services, and strengthening of the cold chain could receive special attention.

3.2 General comments and recommendations on WHO's collaboration with countries

As a result of the country visits and the deliberations by the Sub-Committee, the following comments were presented on the nature of WHO's collaboration with countries in the two programmes.

3.2.1 Expanded programme on immunization

(a) Primary health care. The Sub-Committee members had observed in their country visits that, where primary health care had been implemented and good community participation in health activities was ensured, the immunization programme had been successful. The lesson to be learned from that was clear.

(b) Diseases to be included in the programme. Two points were raised. The first was the concern expressed at the diffusion of WHO and national resources in efforts to provide immunization against too many diseases. It was suggested that care should be taken in introducing new vaccines into existing programmes. A limited but very effective programme might be of more value than a broad diffuse approach. Feasibility and epidemiological studies should be carried out before new vaccines were introduced.

The second point concerned the type of diseases to be included. The examples of pig bel in Papua New Guinea and typhoid in Tonga were cited. It was suggested that WHO should retain a flexible policy on this, and that, apart from the six diseases already listed, others could be included in country programmes where there were priority problems.

(c) Vaccine supply. The difficulties in transporting vaccines over long distances from other continents were well known to many governments in the Region. The need to develop regional self-reliance in vaccine supply was stressed. A regional strategy for vaccine production should be developed based on future needs. The proposed South Pacific Pharmaceutical Service would be helpful in solving this problem.

(d) Cold chain. It was recognized that this was still a major concern in most countries and that the Organization's efforts would have to be continued. The peripheral links in the chain, i.e. at field level, were stressed as being in need of special support in many countries.

(e) Disease incidence. It was noted that, despite the fact that certain countries had strong programmes, disease incidence remained high. The need for continuing surveillance and evaluation of performance was emphasized, in order to identify and deal with problems as they arose.

(f) Standardization. Where possible, WHO should encourage the use of standard immunization schedules, as well as WHO vaccine production and quality control standards.
3.2.2 Control of diarrhoeal diseases

(a) The improvement of water supply and wastewater disposal went hand in hand with improvement of food hygiene and personal cleanliness.

(b) The expansion of oral rehydration salts production at national and regional levels needed to be studied. Clearly the demand for oral rehydration salts would rise and needs should be met as far as possible by local production.

(c) There was a lack of understanding of oral rehydration therapy among all categories of health worker, pointing to the great need for training and orientation among all levels of personnel, including specialist physicians and hospital workers.

(d) In view of the importance of the diarrhoeal disease control programme, special consideration should be given by WHO to ensuring its adequate development and funding. It was essential that the programme, in view of its multifaceted character, should be implemented in close coordination with other programmes, while maintaining its singular identity, and that it should receive high priority. The control of diarrhoeal diseases must be an important part of any health for all strategy.
1. INTRODUCTION

The Sub-Committee on Technical Cooperation among Developing Countries held its fifth meeting in Manila on 16 and 17 June 1980. The meeting was opened by Dr S.T. Han, Director, Programme Management on behalf of the Regional Director. The following attended:

Dr D.B. Travers, Australia
Dr N. Tavil, Papua New Guinea
Dr Antonio N. Acosta, Philippines
Mr Moo-Geun Jeon, Republic of Korea

The following members of the Sub-Committee on the General Programme of Work attended as observers:

Dr Liu Xirong, China
Dr Yuji Kawaguchi, Japan
Dr Bryan Christmas, New Zealand
Dr Solia Fa''aiuaso, Samoa
Dr S. Foliaki, Tonga
Dr Nguyen Quang Cu, Viet Nam

Dr Antonio N. Acosta was elected Chairman.

Dr Han expressed his appreciation to the Governments of the members of the Sub-Committee on the General Programme of Work for agreeing to allow them to continue their practice of attending meetings of the Sub-Committee on Technical Cooperation among Developing Countries. He pointed out that WHO attached great importance to the discussion which would take place on the meaning of the term "technical cooperation", since that function and the function of coordination were both essential to the Organization's role in international health work. The primary health care (PHC) aspects of communicable disease control, the other topic to be discussed, was equally important, as communicable diseases were still a major problem in most developing countries and the control of such diseases through a realistic approach such as primary health care would ensure the successful attainment of the goal of health for all by the year 2000.

The Sub-Committee had before it the following background documents:

(1) Document DGO/80.3, entitled "The meaning of technical cooperation in WHO" which had been drafted in preparation for presentation to the Programme Committee of the Executive Board in November 1980. The document traced the evolution of the concept of technical cooperation in the United Nations system and in WHO and demonstrated the difference between technical cooperation and
technical assistance, the mutually supportive relationship between technical cooperation and coordination, and the fact that those two functions formed the inseparable essence of WHO's unique constitutional role in international health work. The conclusion was that the two mutually reinforcing constitutional functions were essential to achievement of the goal of health for all by the year 2000.

(2) A summary of activities undertaken in connexion with the recommendation on health manpower development made by the Sub-Committee on Technical Cooperation among Developing Countries at its fourth meeting on 26 and 27 March 1979.1

(3) A document on the primary health care aspects of communicable disease control which raised certain major issues in applying the principles of primary health care, in particular community involvement in activities directed towards the control of communicable diseases.

2. TECHNICAL COOPERATION

The Sub-Committee underscored the need to emphasize social development as an important component of strategies for the establishment of a New International Economic Order, and observed that the problem of convincing political and economic decision-makers of the importance of health to socioeconomic development remained unchanged. It also noted that, in matters of technical cooperation, while the categorization of countries into developed and developing had served some purpose, a more crucial consideration was the national health and health care status, in order to determine which countries were more in need of technical cooperation, as well as the type and magnitude of such cooperation. Like the developing countries, the so-called developed countries also encountered difficulties in securing appropriate budgetary allocations for health.

The Sub-Committee went on to discuss the distinction between technical assistance and technical cooperation, the mutually supportive roles of the technical cooperation and coordinating functions of WHO, and the role of those two functions in attaining the goal of health/2000. It came to the following conclusions:

(1) Technical cooperation was to be interpreted as an activity, or activities, undertaken by one country in cooperation with another or with an external body, or with both, subject to the following qualifications:

- the country seeking cooperation decided which activities were to be undertaken;

the activities were of high social relevance, in the sense that they addressed priority problems identified within the framework of the national goals and strategies of the countries concerned;

- the activities contributed to self-reliance, in the sense that even if technical cooperation were to cease, they would have contributed towards the establishment, maintenance and continuous growth of national efforts to promote and sustain the health of the people;

- the responsibility for determining, developing, implementing and evaluating the activities remained with the country seeking cooperation while the cooperating country or agency played a supportive role;

- the nature of the cooperation (technical, financial, or provision of capital goods) did not affect the meaning of technical cooperation.

Viewed in the light of the aforementioned qualifications, technical cooperation could be seen to be fundamentally different from previous arrangements, which had been labelled as "technical assistance". Moreover, technical cooperation, with its emphasis on country participation, was more conducive to the propagation of friendship and resulted in mutual benefits to the cooperating parties.

(2) There was no need at present to change the mechanism for implementation of technical cooperation on the part of WHO. Furthermore, technical cooperation should not be regarded as a separate programme but as a basic concept underlying all activities. It was not necessary to have a separate budget for it.

(3) WHO's technical cooperation and coordinating functions were mutually supportive and, together, formed the inseparable essence of the Organization's unique constitutional role in international health work. The two functions were necessary for achievement of the goal of health for all by the year 2000.

3. REPORT ON TCDC ACTIVITIES

The Sub-Committee noted the report of the Secretariat on TCDC activities in the field of health manpower development carried out in response to the recommendations of the Sub-Committee at its fourth meeting. The report did not reflect important TCDC activities in other fields and the Sub-Committee decided that it would be useful to keep itself informed of any such activities, noting that the Regional Office submits a report on TCDC as a contribution to the global focal point towards the end of each year.
4. THE PRIMARY HEALTH CARE ASPECTS OF COMMUNICABLE DISEASE CONTROL

Mobilization of the resources of the community was essential in primary health care. Those resources would include unused manpower. It was necessary to organize, educate and encourage members of the community and this should be done by the government. Knowledge of effective techniques in community organization and education was therefore crucial.

The government had a moral obligation to support community activity in primary health care, which could be in the form of cooperative medical schemes or part of a scheme for total community development. The government provided guidance as well as seed money as needed. The process was very slow in the first few years and might not meet the desires of leaders for immediate results.

Although primary health care was aimed at the underprivileged, observations in some countries showed that the active participants in a number of instances were not the underprivileged, who were too pre-occupied with earning a living to be able to give their services without remuneration for more than a limited period of time. Experience in other countries, however, pointed to a different situation, in which the underprivileged participated as needed as long as it was explained to them what they could expect to gain from the activity, either in terms of health, or food production, or trading opportunities.

Countries regarded primary health care either as an extension of the health care delivery system, or as a joint undertaking of the community and the government.

In discussing the above, specific approaches in the implementation of primary health care were cited. It was mentioned that primary health care in one country was carried out by a network of village health stations with community participation. In another, combination of health work with participation of the masses was stated to be effective, with the government giving more attention and support to remote areas. In another country, women's committees made a major contribution to primary health care and could be considered a part of that country's institution. Specific activities for health, such as contact-tracing and follow-up, were easily carried out through them, underlining the fact that once a community had been organized for action, different activities could easily be considered and implemented. In one country, where the health care system combined free government service and medical insurance, it was noted that fewer young healthy adults were joining the insurance schemes. The experience in another country showed that, as urban areas expanded, the peripheral areas received less attention. As service became more sophisticated, it also became more expensive so that more people turned to self-care.
It was pointed out that although countries might share their experiences with one another, they had to determine for themselves how to approach specific problems.

The Sub-Committee considered that, while immunization, environmental health work, provision of drugs and health education were major activities in the area of communicable diseases control which could be carried out effectively at grassroots level, it was necessary to develop mechanisms to evaluate the impact of community participation and expansion of coverage in reducing communicable diseases. The need for selected indicators for the purpose was emphasized.

Appropriate supportive services for primary health care, such as laboratory services, reporting/notification systems, treatment facilities and supply systems, needed to be developed. Laboratory facilities at the primary health care level should be simple, designed for such diseases as malaria, tuberculosis, diarrhoeal diseases and intestinal parasitic diseases, with the community responsible for screening and referral.

The value of medicinal herbs in treatment was emphasized. It was agreed that extraction of the active principles of such herbs with a view to preparing pills, injectable solutions, etc., would be more scientific, but for them to be available locally and for the population to be able to use them in their natural form was highly desirable and would be more immediately responsive to the needs. The wider use of oral rehydration salts at community or village level was advocated. The astringent effect of some medicinal herbs in the control of diarrhoeal diseases was noted.

So much still needed to be done in the area of water supply. Simple designs for water supply had been adjudged to be still too sophisticated for some developing countries.

In a different context, the provision of essential drugs through the establishment of village pharmacies with the initial financial support of the government was an initiative that deserved further consideration.

The Sub-Committee pointed out that much still remained to be done to change the concept of health commonly held by the community and by political leaders, who generally equated health with the absence of illness, and were more concerned with the provision of clinical services than with public health measures such as water supply and environmental sanitation.

The Sub-Committee also recognized that health workers generally needed more skills in effective communication. It was necessary to develop mechanisms whereby the opinion or advice of people possessing extensive experience in primary health care could be made available to all Member States of the Region. Experience had demonstrated that, in some countries, primary health care programmes should be first developed on a small scale to serve as an example to the rest of the country.
The Sub-Committee concluded that, without adequate managerial support from the higher levels of the health care delivery system, primary health care could not succeed.

In the context of promoting technical cooperation among developing countries, the Sub-Committee recommended the following measures:

(1) Activities should be promoted to develop, with government policy-makers from all relevant sectors, a shared understanding of the importance of primary health care as an indispensable strategy for the control of communicable diseases.

(2) The training and education of all workers engaged in primary health care, both lay and professional, should be encouraged, with particular reference to communication skills and community organization.

(3) Community and other organizations, including professional associations, voluntary service clubs, as well as private medical practitioners, should be encouraged to participate in support of primary health care programmes.

(4) Studies to develop appropriate technology for the control of communicable diseases through primary health care should be supported. For example, studies on the provision of essential drugs, environmental sanitation, development and maintenance of water supply and waste disposal systems, and epidemiological surveillance, with special emphasis on lay reporting.

(5) A system should be established in the Region to facilitate and ensure the pooling of information and experience on disease control activities implemented through primary health care.

(6) Expertise on different aspects of primary health care should be available in order to respond to the expressed needs of Member States as implementation problems were encountered, with special reference to communicable disease control.

(7) Appropriate supportive services for primary health care, such as laboratory services, reporting/notification systems, treatment facilities and supply systems should be further developed.

(8) Suitable indicators should be developed to evaluate the impact on the incidence of communicable diseases of using the primary health care approach and any consequent improvement in the health status.

(9) Support should be provided for research on herbal medicines and development of their appropriate use in primary health care.

* * *

Finally, having taken into consideration the fact that technical cooperation is an important element in strategies towards achievement of the goal of health/2000, the Sub-Committee proposed that the next topic for review should be the strengthening of mechanisms for technical cooperation among countries.
STUDY OF THE ORGANIZATION'S STRUCTURES
IN THE LIGHT OF ITS FUNCTIONS

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

Part III

1. Resolution WHA33.17, Study of the Organization's structures in the
light of its functions

The Sub-Committee reviewed resolution WHA33.17, adopted by the
Thirty-third World Health Assembly, entitled "Study of the Organization's
structures in the light of its functions" (see Appendix 1). In its
deliberations, the Sub-Committee focused its attention on the
recommendations to Member States and the Regional Committees (operative
paragraphs 2 and 3).

1.1 Operative paragraph 2

With regard to the Health Assembly's recommendations directed to
Member States, the Sub-Committee noted that the main emphasis was placed on
couraging them to review the role of their health authorities and to
develop or strengthen mechanisms which will enhance the coordination of
activities and resources aimed at national health work. The resolution
also encouraged Member States to optimize the use of their Organization
through more active participation and the development of the mechanisms
necessary to ensure the effective coordination of national and
international health programmes.

Regarding the development or strengthening of the various mechanisms,
the Sub-Committee recommended that Member States should strengthen existing
national mechanisms which could act as multisectoral councils dealing with
health matters. The possibility of considering the role of ministries of
health as directing and coordinating authorities on national health work as
an item on the agenda of a session of the Regional Committee was also
recommended.

Regarding the implementation of resolution WHA31.27,1 concerning the
role of WHO at country level and in particular the shift from technical
assistance to technical cooperation, the Sub-Committee felt that its own
role and function adequately addressed this need.

1WHO Handbook of Resolutions and Decisions, Vol. II, 3rd ed., 1979,
page 144.
1.2 Operative paragraph 3

The Sub-Committee then turned its attention to the Health Assembly's recommendations directed to the regional committees.

Regarding a more active participation in the work of the Organization, 3(1), the Sub-Committee felt that representatives to the Regional Committee should review the various alternatives available to them for more active involvement in both regional and global health matters. If the Regional Committee was to play a more active role, consideration might have to be given to prolonging the duration of sessions. The possibility of ministers of health attending sessions was also considered.

In considering the establishment or strengthening of appropriate subcommittees to support the work of the Regional Committee, 3(2), the Sub-Committee felt that the need for such mechanisms would become clearer once the Regional Committee had reviewed and approved the regional strategy for achieving health for all by the year 2000, which, in the process of implementation, would need to be continuously reviewed and might require special studies or analyses. It was felt, however, that the two existing subcommittees of the Regional Committee could adequately fulfil such functions. It was recommended that careful consideration should be given to a proper balance of representation on the two subcommittees, the present term of three years being considered appropriate to ensure continuity and effective and productive working relationships.

Regarding the promotion of greater interaction in the Region between the activities of WHO and other bodies concerned, 3(3), the Sub-Committee recommended that the Regional Director should prepare an annotated inventory of regional bodies with which joint undertakings of mutual benefit might be possible in the context of implementing the New International Development Strategy and establishing the New International Economic Order.

The Sub-Committee considered the provision of support for technical cooperation among Member States, 3(4), to be a subject adequately covered by the Sub-Committee on Technical Cooperation among Developing Countries.

Regarding the provision of support for the establishment or strengthening of multisectoral national health councils, 3(5), the Sub-Committee felt it had no further recommendation to make on this topic.

Regarding the channelling of external funds for health into priority activities, 3(6), the Sub-Committee felt that this was an important area for careful consideration. A number of alternatives were considered. Each region and WHO Headquarters could determine well-defined priorities for external funding through the Voluntary Fund for Health Promotion or by direct bilateral or multilateral transfer. The Regional Director could be made responsible for proposing priorities to the Regional Committee and for involving it in reviews of external funding. Consideration might also be given to organizing meetings of donors as an alternative at the regional level. The Sub-Committee proposed that the Regional Director should prepare an analysis of the various options available for future consideration.
Regarding the Regional Committee's involvement in analysis of the implications of Health Assembly and Executive Board resolutions, 3(7), the Sub-Committee noted that for the thirty-first session of the Regional Committee the Regional Director would include such a brief analysis in his oral presentation to the Committee. In subsequent sessions, a written review would be presented.

Regarding the monitoring, control and evaluation functions of the Regional Committee, 3(8), the Sub-Committee felt that the Regional Director could ensure the application of the evaluation process by including in the agenda of future sessions of the Regional Committee a review of the implementation of regional programmes and by providing the members of the Regional Committee with appropriate information for evaluation purposes. The Sub-Committee further clarified its own role in monitoring and assessing the progress achieved in the implementation of regional strategies, using relevant and approved indicators, and its involvement in updating the regional strategies on behalf of the Regional Committee.

2. Resolution WHA33.19, Periodicity of health assemblies

The Sub-Committee reviewed resolution WHA33.19 (Appendix 2) which recommended that Health Assemblies should be held biennially. It was felt that such a change would have widespread implications for the work of the Regional Committee. A clearer picture of the implications was needed to permit more substantive discussion. The Sub-Committee noted that a working paper on the subject was to be prepared for submission to its next meeting on 8 September 1980. Members of the Sub-Committee would receive copies of this paper so that it could be considered by them prior to the meeting.
RESOLUTION OF THE WORLD HEALTH ASSEMBLY

THIRTY-THIRD WORLD HEALTH ASSEMBLY

WHA33.17
21 May 1980

STUDY OF THE ORGANIZATION'S STRUCTURES
IN THE LIGHT OF ITS FUNCTIONS

The Thirty-third World Health Assembly,

Recalling that the main social target of governments and WHO in the coming decades is the attainment by all the people of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life;

Guided by the Declaration and recommendations of the International Conference on Primary Health Care held in Alma-Ata, and by resolution WHA32.30 concerning the formulation of strategies for health for all by the year 2000;

Noting with satisfaction the United Nations General Assembly resolution 34/58 on health as an integral part of development, which reinforces the responsibilities entrusted to WHO in connexion with the attainment of health for all by the year 2000;

Recalling that, in accordance with its Constitution WHO is an organization of Member States cooperating among themselves and with others to promote the health of all people, and that this cooperative action embodies the truly international nature of the Organization;

Mindful of WHO'S constitutional functions of acting as the directing and coordinating authority on international health work and of entering into technical cooperation with its Member States and facilitating technical cooperation among them;

Convinced that through its international health work the Organization can be a powerful instrument in helping to reduce international tension, to overcome racial and social discrimination, and to promote peace;

Realizing that, in consequence of the above, unprecedented efforts will be required in the health and related socioeconomic sectors throughout the world;
1. DECIDES:

(1) to concentrate the Organization's activities over the coming decades, as far as is possible in the light of all its constitutional obligations, on support to national, regional and global strategies for attaining health for all by the year 2000;

(2) to focus the Organization's cooperative activities within the United Nations system on joint efforts to support health as part of development, to devise the New International Development Strategy and to establish the New International Economic Order;

(3) to strengthen the roles of the Organization in promoting action for health in addition to indicating how such action might be carried out, and in developing health technologies that are effective, socially acceptable and economically feasible, and ensuring that they are available to Member States;

(4) to take all possible measures to maintain the unity of the Organization within its complex structures, to harmonize policy and practice throughout the Organization, and to ensure a proper balance between centralized and decentralized activities;

(5) to ensure that the Organization's directing, coordinating and technical cooperation functions are mutually supportive and that the work of the Organization at all levels is properly interrelated;

(6) to influence the channelling of all available health resources, including those of other relevant sectors and nongovernmental organizations, into support for national, regional and global strategies for health for all;

(7) to maintain to the full the Health Assembly's constitutional authority as the supreme organ for determining WHO's policies as well as the other powers vested in it and to increase its monitoring and control functions with respect to the work of the Organization, including the follow-up and review of the implementation of resolutions adopted by it;

(8) to improve further the Health Assembly's work methods and in particular to consider carefully the practicability of resolutions and other policies before adopting them, and to promote greater initiative by the regional committees in proposing resolutions to the Health Assembly;

2. URGES Member States, in the spirit of the policies, principles and programmes they have adopted collectively in WHO:

(1) to review the role of their ministries of health, strengthening them as necessary so that they can fully assume the function of directing and coordinating authority on national health work, and to establish or strengthen multisectoral national health councils;
(2) to mobilize all possible resources in their countries that can contribute to health development, including those of other relevant sectors and nongovernmental organizations;

(3) to tighten their coordinating mechanisms so as to ensure the mutual relevance and support of their own health development strategy on the one hand and their technical cooperation with WHO and with other Member States of WHO on the other;

(4) to ensure that WHO's action in their countries reflects adequately resolution WHA31.27 concerning the conclusions and recommendations of the Executive Board's organizational study on "WHO's role at the country level, particularly the role of WHO representatives", and in particular the shift from technical assistance to technical cooperation;

(5) to consider the possibility of increasing the use of their Organization as an effective agent to facilitate cooperation among them;

(6) to establish or strengthen mechanisms for ensuring continuing dialogue and cooperation with their Organization with a view to making sure that national and international health programmes are well coordinated;

(7) to coordinate their representation at regional committees and the Health Assembly, and to designate representatives to the regional committees and delegates to the Health Assembly who will later be in a position to influence national health policy so as to make it consistent with collective health policy adopted in WHO;

(8) to take into account as far as possible the multidisciplinary nature of health activities when establishing their delegations to the Health Assembly and the regional committees;

(9) to bring their national health policies to the attention of the regional committees;

(10) to coordinate their representation in WHO and in the United Nations and the specialized agencies on all matters relating to health, and particularly the role of health in development;

3. URGES the regional committees:

(1) to take a more active part in the work of the Organization and to submit to the Executive Board their recommendations and concrete proposals on matters of regional and global interest;

(2) to intensify their efforts to develop regional health policies and programmes in support of national, regional and global strategies for health for all, and to consider establishing or strengthening appropriate subcommittees to this end;
(3) to promote greater interaction in the regions between the activities of WHO and those of all other bodies concerned, including bodies of the United Nations system and nongovernmental organizations, in order to stimulate common efforts for attaining health for all by the year 2000;

(4) to support technical cooperation among all Member States, particularly for attaining health for all;

(5) to provide support for the establishment or strengthening of multisectoral national health councils to Member States who so desire;

(6) to foster the channelling of external funds for health into priority activities in the strategies for health for all of the countries most in need;

(7) to extend and deepen their analysis of the interregional, regional and national implications of Health Assembly and Board resolutions, and to provide such analyses to Member States;

(8) to increase their monitoring, control and evaluation functions so as to ensure the proper reflection of national, regional and global health policies in regional programmes and the proper implementation of these programmes, and to include in their programmes of work the review of WHO's action in individual Member States within the regions;

4. REQUESTS the Executive Board:

(1) to strengthen its role in giving effect to the decisions and policies of the Health Assembly and in providing advice to it, particularly with respect to ways of attaining health for all by the year 2000, among other things by ensuring that the Organization's general programmes of work, medium-term programmes, and programme budgets are optimally oriented towards supporting the strategies for health for all of Member States;

(2) to become increasingly active in presenting major issues to the Health Assembly and in responding to the comments of delegates;

(3) to foster the correlation of its work with that of the regional committees and the Health Assembly, among other things by reviewing carefully and drawing conclusions from the policy proposals of the regional committees in matters of worldwide interest, particularly in preparation for the ensuing Health Assembly;

(4) to monitor on behalf of the Health Assembly the way the regional committees reflect the Assembly's policies in their work, and the manner in which the Secretariat provides support to Member States individually, as well as collectively in the regional committees, Executive Board and Health Assembly;
(5) to review regularly measures taken by the relevant bodies of the United Nations system in the areas of health and development, and to ensure the coordination of WHO's activities with the activities of those bodies in order to promote an intersectoral approach to health development, thus facilitating the attainment of the goal of health for all by the year 2000;

5. REQUESTS the Director-General and Regional Directors to act on behalf of the collectivity of Member States in responding favourably to government requests only if these are in conformity with the Organization's policies;

6. REQUESTS the Director-General:

(1) to continue to exercise to the full all the powers entrusted to him by the Constitution in his capacity as chief technical and administrative officer of the Organization, subject to the authority of the Board and the Health Assembly;

(2) to ensure the provision of timely, adequate and consistent Secretariat support to the Organization's Member States, individually and collectively, and to this end to take all the measures within his constitutional prerogatives that he considers necessary;

(3) to expand the engagement of national staff of the country concerned in the execution of collaborative projects, to review the engagement of international WHO field staff, and to take any measures required so that such WHO staff become fully involved with the collaborative national programmes;

(4) to redefine the functions of the regional offices and of headquarters in such a way as to ensure that they provide adequate and consistent support to Member States in their cooperation with WHO and among themselves, and to adapt accordingly the organizational structures and staffing of the regional offices and of headquarters, reporting to the regional committees, the Executive Board and the Health Assembly as appropriate on his projects and plans in conformity with the constitutional functions of these bodies;

(5) to monitor the implementation of the decisions in this resolution and to keep the regional committees, the Executive Board and the Health Assembly fully informed on progress.

Sixteenth plenary meeting, 21 May 1980
A33/VR/16
THIRTY-THIRD WORLD HEALTH ASSEMBLY

PERIODICITY OF HEALTH ASSEMBLIES

The Thirty-third World Health Assembly,

Having considered the Director-General's report on the study of WHO's structures in the light of its functions, prepared in response to resolution WHA31.27, and in particular the Director-General's report on the periodicity of Health Assemblies, and resolution EB65.R12;

Having also considered the Executive Board's review of the periodicity of Health Assemblies, in response to resolution WHA32.26;

Having in mind the need to preserve and strengthen the influence of the Member States in the Organization;

Recognizing that the principle of biennial programming and budgeting has been implemented in WHO;

Understanding that a change from annual to biennial Health Assemblies would necessitate changing the text of Articles 13, 14, 15 and 16 of the Constitution as set out in the Director-General's report;

Considering that action by the Health Assembly to amend the Constitution under Article 73 is not possible until the Members have had at least six months in advance of the Health Assembly to consider the text of any proposed amendment to the Constitution;

Appreciating that many advantages could be obtained by shortening the Assemblies in alternate years;

1. REQUESTS the Director-General, within the provisions of Article 73 of the Constitution, to transmit this resolution, as well as the text of the proposed constitutional amendments, to Member States for their consideration;

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1 Documents A33/2 and EB65/1980/REC/1, Annexes 8-10.
2. URGES Member States to give careful attention over the coming year to the necessary constitutional changes as set out in the Director-General’s report;¹

3. REQUESTS the regional committees to consider the implications for their work of biennial Health Assemblies and report these to the Executive Board at its sixty-seventh session;

4. REQUESTS the Executive Board to examine the consequences of the introduction of biennial Health Assemblies for the work and functioning of all bodies of the Organization, in particular the Executive Board and the regional committees, with the aim of strengthening these, and to make appropriate recommendations to the Thirty-fourth World Health Assembly;

5. RECOMMENDS that the Thirty-fourth World Health Assembly in 1981, under Articles 73 and 60 of the Constitution, and on the basis of recommendations and conclusions of the Executive Board consider amending the texts of Articles 13, 14, 15 and 16 of the Constitution in order to permit the change from annual to biennial Health Assemblies, and at the same time consider taking other decisions relating to the structure;

6. BELIEVES that, as soon as possible, in the meantime 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.

Seventeenth plenary meeting, 23 May 1980
A33/VR/17