WORLD HEALTH ORGANIZATION
REGIONAL COMMITTEE FOR THE WESTERN PACIFIC
THIRTY-SECOND SESSION
Seoul, 22-28 September 1981

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REPORT OF THE REGIONAL COMMITTEE
SUMMARY RECORDS OF THE plenary meetings

MANILA
November 1981
WORLD HEALTH ORGANIZATION
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SUMMARY RECORDS OF THE PLENARY MEETINGS

MANILA
November 1981
The thirty-second session of the Regional Committee for the Western Pacific was held in Seoul, Republic of Korea from 22 to 28 September 1981. Mr Doo-Ho Rhee (Republic of Korea) was Chairman and Dr J. da Paz (Portugal) Vice Chairman. Dr Abdul Talib bin Latiff (Malaysia) and Dr F. Chastel (France) were the Rapporteurs.

The Regional Committee met on 22, 23, 24, 25 and 28 September. The report of the Committee will be found in Part I of this document on pages 1-50; the summary records of the plenary meetings in Part II on pages 57-152.
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PART I

REPORT OF THE REGIONAL COMMITTEE
INTRODUCTION

The thirty-second session of the Regional Committee for the Western Pacific was held in Seoul, Republic of Korea from 22 to 28 September 1981. The formal opening took place on Tuesday, 22 September 1981. It was attended by His Excellency, the Prime Minister of the Republic of Korea, who welcomed the Committee to his country, the Honourable Minister of Health and Social Affairs and the Honourable Chairman, Committee on Health and Social Affairs of the National Assembly.

The session was attended by the representatives of Australia, Fiji, Japan, Malaysia, New Zealand, Papua New Guinea, Philippines, Republic of Korea, Samoa, Singapore and Tonga and of Member States responsible for territories or areas in the Region. Representatives from the United Nations Children’s Fund and the United Nations Development Programme and 17 nongovernmental organizations in official relations with WHO attended the session.

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

The Committee elected the following officers:

Chairman : Mr Doo-Ho Rhee (Republic of Korea)
Vice-Chairman : Dr J. da Paz (Portugal)

Rapporteurs

in English : Dr Abdul Talib bin Latiff (Malaysia)
in French : Dr F. Chastel (France)

Formal statements were made by the Representatives of the United Nations Children's Fund, the United Nations Development Programme and the nongovernmental organizations listed in Annex 1.

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

The report of the Sub-Committee on Technical Cooperation among Developing Countries was presented to the Committee at the second plenary meeting (see Part III). The report of the Sub-Committee on the General Programme of Work was divided into four parts, each relating to one of its terms of reference. Part I was on the visits of members to countries or areas in March/April 1981, to review: (1) the indicators used or being developed at country level for the implementation, monitoring and evaluation of national strategies for health for all by the year 2000; and (2) activities being conducted at country level in the context of the International Drinking Water Supply and Sanitation Decade. It was presented to the Committee at the second plenary meeting (see Part III). Part II, on: (1) the review and updating of regional strategies for health for all by
the year 2000; and (2) the draft plans of action for implementing the
global and regional strategies, was discussed at the second, third and
fourth plenary meetings (see Part IV). Part III, on WHO's structures in the
light of its functions, was discussed at the fourth and fifth plenary
meetings (see Part V). Part IV, on the Sub-Committee's review of material
for preparation of the Seventh General Programme of Work covering a specific
period (1984-1989 inclusive), was presented at the fifth plenary meeting
(see Part VI).

The Committee appointed Dr A.N. Acosta (Philippines) Moderator of the
Technical Presentation on "Health education and rural water supply and
sanitation" held during the thirty-second session.

In the course of eight plenary meetings, the Committee adopted 21
resolutions, which are set out in Part VIII.

PART I. REPORT OF THE REGIONAL DIRECTOR
COVERING THE PERIOD 1 JULY 1979
TO 30 JUNE 1981

The Committee referred to the intensified effort, in 1980 and 1981, in
formulating policies, strategies and plans of action for the achievement of
health for all by the year 2000. Offshoots of that basic effort had been
the Regional Director's activities to enlist support at the highest
political level, to encourage those responsible to stand by the commitments
they had made at the World Health Assembly and to start the necessary
reorientation for achieving the health/2000 goal. This had also involved
WHO, in redefining and restructuring its own functions within the Region,
and in guiding both WHO and national staff in the new policies of the
Organization and in the managerial process for health development. The role
of the Committee itself, especially through its two subcommittees, was
strengthening considerably. It was noted that an information document was
being distributed at the current session, entitled "The managerial process
for WHO's programme development" on which representatives' comments had been
invited.

Using the primary health care approach, some progress had been made
during the biennium with the Expanded Programme on Immunization and with the
diarrhoeal disease control programme. With the launching of the
International Drinking-Water Supply and Sanitation Decade, much was being
done to strike at the root of the diarrhoeal diseases problem, which lay in
sanitation and water supply. Training was also an important component of
the diarrhoeal disease control programme, as was the introduction of oral
rehydration salt production facilities, in an effort to promote regional
self-reliance.

It was noted that research activities had now become integral parts of
individual technical programmes, and that emphasis was turning to
strengthening of national capability for carrying out research.
The Committee noted that, with the dissemination, in 1979, of a list of essential drugs, national essential drug lists had been developed by most Member States in the South Pacific. With regard to the South Pacific Pharmaceutical Service, progress had been necessarily slow, because of the legal intricacies involved, but arrangements would be completed in the near future so that a meeting of ministers of the countries involved could formally launch the Service. A draft agreement, which had recently been despatched to the countries for information and comment, would be finalized during a visit of Regional Office staff in October 1981.

In reviewing the report chapter by chapter the Committee welcomed the clear emphasis on the need for political commitment to the goal of health for all by the year 2000 and reiterated its support of the Declaration of Alma-Ata, translation of the principle of primary health care into action being the major challenge facing Member States and WHO.

Individual representatives commented on specific activities as follows:

Chapter 5: Mental health

The representatives of Japan and New Zealand both referred to alcohol and drug abuse as an increasing problem, meriting a regional control programme, particularly in view of 1981 having been declared the International Year of Disabled Persons.

The representative of the Republic of Korea said that, with WHO's cooperation in related planning, his country would include activities for the promotion of mental health in its Fifth Development Plan.

Chapter 7: Communicable disease prevention and control

The Committee supported the representative of the United Kingdom of Great Britain and Northern Ireland in expressing concern at the deterioration of the malaria situation in the Region, which was aggravated by the development of resistance to chloroquine in the parasite. Not only was there resistance to chloroquine, but also resistance to "Fansidar" was now appearing in some Member States. The changes in behaviour of Anopheles sinensis and Anopheles balabacensis were also posing problems. It was noted that WHO was changing its malaria control policy and strategy, not only from the health viewpoint but also from the social and economic viewpoints. In spraying, for example, directives from central government to the periphery could not always achieve successful results, and the participation of the community was being strongly encouraged. Efforts were being made to convince those governments that still considered malaria control a vertical, rather than a horizontal, exercise of the need for population participation to achieve success. Malaria control should be one of the major components in primary health care activity.

In Samoa, as its representative had stated, successful results had been achieved in experimental filariasis control activities, based on mass medication. If such activities were to be further expanded in the Region, large amounts of money would be needed to buy drugs. The Committee noted the Regional Director's appeal to those Member States that were contributing in cash and in kind to assist the less developed countries by providing pharmaceuticals as well as insecticides.
With regard to Japanese encephalitis, the representative of the Republic of Korea called for the institution of specific control activities, not only through research, but also treatment and particularly the refinement of vaccines. It was noted that one strategy was mass vaccination, but unfortunately the cost of the vaccine was too high for most developing countries to afford. A change in methods of vaccine production was being encouraged, from using tissue culture to cell culture, and efforts were being made to improve the stability of the vaccine. However, it was not yet sure whether such a change would also mean a reduction in cost. The problem was not only that of the vector; in countries other than Japan, it was not known which animal was the intermediate host so that it was not yet certain that methods applied successfully in Japan could be used in tropical developing countries. That problem was now being studied.

Chapter 8: Noncommunicable disease prevention and control

The representative of Samoa asked for WHO cooperation in starting a control programme and for advice from other national authorities, particularly on how to convince people to eat less or to eat the proper food.

Chapter 10: Health manpower development

The representative of the Philippines mentioned the increasing need for support in training activities, not only within the health sector but in other related sectors, as countries became more involved in the implementation of primary health care programmes.

The representative of Tonga, in emphasizing the importance of the health manpower development programme, referred to the particularly successful health training centre in his country, which had been established with cooperation from WHO and which was used not only for the training of medical assistants but as a resource base for courses.

The increasing importance being attached to training as part of national strategies for health for all was welcomed by the representative of the United States of America. Such strategies were not fixed and unchanging. As the concept of health for all was translated into practical terms, training should therefore be adapted to meet particular needs and prominence should be given to the training of primary health care workers. The Committee welcomed the Regional Director's initiative in proposing to involve WHO Programme Coordinators to a greater extent in the selection of fellows and in designing training programmes.

In response to questions raised by the representatives of the Philippines, Singapore and the United States of America, the Committee noted that just under 40% of all fellowships were funded from sources other than the regular budget for health manpower development, such as the Special Programme for Research, Development and Research Training in Human Reproduction and the Special Programme for Research and Training in Tropical Diseases and that the graphs in the report did not reflect group training activities for the control of diarrhoeal diseases. Endeavours were being made to solve the problem of higher costs for training and to see that as many fellows as possible were trained within the Region. The appeal of the Regional Director to host countries within the Region to intensify their support to fellowship schemes was also noted.
Chapter 11: Health information

The Committee noted that the formal agreement with the Government of Australia making MEDLARS searches and photocopies available to developing countries of the Region had been concluded. It was hoped that all such countries would respond to the Government of Australia's generosity by making full use of the arrangement.

The representative of Malaysia referred to the requirements of policy-makers for information on the resources being used to provide health care, in order to coordinate resource allocation, resource utilization and the assignment of priorities, and for monitoring purposes.

Chapter 12: External coordination for health and socioeconomic development

The representatives of Samoa and the United States of America both referred to the need for international agencies and nongovernmental organizations to avoid duplication of effort.

Chapter 13: Staff development and training

The representatives of France and Tonga regarded the development of WHO's human resources, which was complementary to the health manpower development programme, as being of particular importance.

The arrangements that could be made to train or retrain Ministry of Health personnel through short programmes at the Regional Office in Manila, with a view to achieving health for all by the year 2000, were noted by the Committee.

Chapter 15: The regional structure

The Committee heard an explanation from the Regional Director as to why approximately 15% of the posts in the Region remained vacant.

Review of selected programmes: leprosy control advisory services

The importance of training in leprosy control was stressed by the representative of Papua New Guinea, and of the role played by various voluntary organizations, by the representatives of Samoa and Tonga; the number of organizations involved particularly in leprosy control activities made the coordination of activities essential.
PART II. CHANGES IN THE PROGRAMME BUDGET, 1982-83

The Committee recalled that, at its thirty-first session, it had reviewed the 1982-83 programme budget proposals for the Region and had requested the Regional Director to transmit them to the Director-General for inclusion in the global programme budget proposals. In May 1981, the Thirty-fourth World Health Assembly had approved the global programme budget estimates for the biennium 1982-83. Preparation of the regional programme budget estimates had had to start at the end of 1979. Since then, Member States, in consultation with WHO Programme Coordinators, had been involved in intensified discussion and activity for the development of policies, strategies and plans of action to achieve health for all by the year 2000. That intensified discussion had led to a deeper understanding of the meaning of "health for all" and of the activities and cooperation necessary to achieve it. As a result there had been some changes in the approved 1982-83 programme budget. An explanation in narrative form of the changes of most significance was reviewed by the Committee.

The Committee noted the changes, after having been assured that the Regional Director's decisions on programme budget adjustments reflected national priorities for the achievement of health for all by the year 2000.

The attention of the Committee was drawn by the representative of Samoa to the difficulties faced by developing countries as a result of massive increases in fuel costs; many worthwhile projects were in difficulties owing to their inability to meet operating costs. Island developing countries were also experiencing common problems in the fields of transport and communications. Different vehicles and different communications equipment were being used in different countries. Some degree of coordination was felt to be advisable, to ascertain what vehicles and equipment were most appropriate, with a view to reducing repair and maintenance costs.

The Committee was informed that, if the governments of island developing countries wished, consideration could be given to reprogramming provisions under the 1982-83 regular programme budget to cover some of the local costs involved in implementing cooperative programmes. An attempt would also be made to find a solution to the problem of coordinating the types of vehicles and equipment used by such countries and their repair and maintenance.

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 thirty-first session, on 23 March 1981 when its members had assembled in Singapore for country visits, and from 29 June to 3 July 1981. It had followed the practice, established in 1980, of dividing its report into separate parts to conform to separate items on the Agenda:
Part I : Report on the visits of subcommittee members to countries of the Region (Australia, Malaysia, Republic of Korea and Singapore): (1) to review the indicators used or being developed at country level for the implementation, monitoring and evaluation of national strategies for health for all by the year 2000; (2) to make a preliminary review of activities being conducted at country level in the context of the International Drinking-Water Supply and Sanitation Decade.

Part II : (1) Review and updating of the Regional Strategy for health for all by the year 2000 in the light of the Global Strategy; (2) review of the draft plans of action for implementing the Global and Regional Strategies.

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


1.1 Report of the Sub-Committee, Part I

Part I of the report of the Sub-Committee on the General Programme of Work was introduced by its Chairman, the representative of New Zealand. The Regional Committee requested the Regional Director to take the views, conclusions and recommendations of the Sub-Committee into consideration in developing future programmes of cooperation. It also requested members of the Sub-Committee to continue to: (1) review and analyze the impact of WHO's collaboration with Member States; (2) review, monitor and evaluate implementation of strategies for health for all by the year 2000; and (3) review progress in implementing the recommendations resulting from the study of WHO's structures in the light of its functions, in accordance with the established plans of action (see resolution WPR/RC32.R4).

1.2 Membership of the Sub-Committee

The Regional Committee decided that, in view of the future heavy responsibilities of the Sub-Committee on the General Programme of Work for monitoring the implementation of strategies for health for all by the year 2000, its membership should be increased from seven to eight.

From the thirty-second session of the Regional Committee, the representatives of Papua New Guinea and Viet Nam should replace the representatives of New Zealand and Tonga as members of the Sub-Committee and the representative of Australia should be the eighth member, all for a period of three years (see resolution WPR/RC32.R9).

1Document WPR/RC32/5.
2. Sub-Committee on Technical Cooperation among Developing Countries

2.1 Report of the Sub-Committee

The Regional Committee noted that, for the first time, members of the Sub-Committee on Technical Cooperation among Developing Countries had visited countries in April 1981. All had visited the Philippines and, subsequently, the members from Australia and Fiji had visited China and Japan, and the members from Japan and the Philippines had visited Australia and Fiji. The Sub-Committee had met twice since the thirty-first session, on 31 March 1981 to make final arrangements for the country visits, and on 25 and 26 June 1981.

The representative of the Philippines, a member of the Sub-Committee, in the absence of the Chairman and the Rapporteur, introduced the report, which described the findings of the Sub-Committee on mechanisms of collaboration in the countries visited and the problems or constraints noted. On the basis of those findings, the Sub-Committee had made proposals for strengthening the mechanisms for technical cooperation among developing countries (TCDC), including recommendations on the role of WHO.

The problems and constraints in implementing TCDC had been listed under two headings: problems within developing countries and problems within sponsor countries or agencies. Particular problems included: difficulties of financing the local travel of exchange fellows, together with lack of transport and of local funds; lack of communication between collaborating centres because of lack of information concerning similar centres in other countries; inadequate information, in requesting countries, on available resources in donor countries; and the relatively low priority accorded to TCDC in health matters.

The Committee agreed with the Sub-Committee's recommendations and its proposals for strengthening mechanisms for TCDC. Such mechanisms included the allocation of more funds to facilitate exchanges of visits and fellowships and the provision of adequate support to collaborating centres. For example, collaborating centres could focus responsibilities, act as clearing houses for information and help to disseminate the experiences of countries in the Region. Other mechanisms included information strengthening and assurance that ministries of health were well represented on national TCDC focal groups or committees. Particular emphasis was placed on the role of WHO in promoting the coordination of efforts of multilateral and bilateral agencies.

The representative of Australia expressed a reservation, stating that there was evidently confusion between technical cooperation among developing countries and technical cooperation in general. TCDC implied the sharing of experience gained in the development process. It was distinguished from other technical cooperation by the fact that the inputs all came from the

developing countries themselves. The interpretation of TCDC could not include activities undertaken with countries from other groups or with external bodies, because that would not recognize the principle of mutual benefit.

With regard to country visits, the Committee agreed that consideration might be given to making them of longer duration, since only limited assessments could be made during the short visits made in 1981, benefiting neither the countries nor WHO.

The Committee agreed with the Sub-Committee's recommendation that the next topic for review should be "The role of WHO collaborating centres in promoting technical cooperation among countries, in relation to the special needs of developing countries".

PART IV. STRATEGIES FOR HEALTH FOR ALL BY THE YEAR 2000

The Regional Committee recalled that, at its thirty-first session in 1980, it had adopted a regional strategy for health for all by the year 2000. Part II of the report of the Sub-Committee on the General Programme of Work was introduced by the Rapporteur for that Part, the representative of the Republic of Korea. It contained proposed revisions to the Regional Strategy after it had been reviewed by the Sub-Committee and updated in the light of the Global Strategy for Health for All by the Year 2000 adopted by the World Health Assembly in May 1981.1 It also contained, as a combined document, a draft plan of action for implementing the Global Strategy and a proposed plan of action for implementing the Regional Strategy.

1. Regional Strategy for Health for All by the Year 2000

In reviewing the proposed revisions to the Regional Strategy,2 the Committee noted that reference to a regional development advisory council had been deleted because it had been felt by some members of the Sub-Committee that it would be subservient to overall planning by the Regional Committee and was therefore unnecessary.


In relation to paragraph 7.2(2) the Committee referred to the recommendation of the Sub-Committee on Technical Cooperation among Developing Countries that health ministries should endeavour to strengthen their influence in government bodies in charge of bilateral and multilateral programmes, since donor agencies responded to formal government requests and whether assistance was channelled into the health sector depended on how much influence the health ministry had. WHO could act as catalyst, endeavouring to orient donor-recipient relations more towards health and social objectives.

In relation to queries raised by both the Sub-Committee and the Regional Committee on the revised list of indicators for national, regional and global strategies, contained in Chapter 9, the Committee noted that the list of indicators proposed was not intended to be definitive, but should rather be seen as a kind of shopping list, from which Member States could select, according to their appropriateness for generating the necessary data at national level. It had been felt that child mortality (the number of deaths per year per 1000 children in the age-group 1-4) was a more sensitive indicator of social and economic development in a community than infant mortality, since, whereas the infant mortality rate might be 100 times higher in lesser developed than in developed countries, the child mortality rate might be 250 times higher. Perinatal, neonatal and post neonatal mortality had been included because of their usefulness for the in-depth study of antenatal and post-natal care, and would be applicable chiefly to the developed countries.

Endorsement "at the highest official level" meant that there should be a policy statement in favour of health for all at the highest level of authority (Head of State, Cabinet, Party Committee, etc.). "Involving people" meant community involvement, though that indicator was one which was very difficult to quantify, and might need more research. As to the phrase "resources are equitably distributed", averages of resources utilized were less useful than figures showing actual distribution of resources as between, for example, urban and rural areas, and showing what proportion of the health budget went to primary health care by region, province or district. A "well-defined" strategy meant well-defined according to such principles as those set out on page 15 of the publication "Formulating Strategies for Health for All by the Year 2000" as well as the principles defined in the Alma-Ata Declaration on Primary Health Care and in the "Global Strategy for Health for All by the Year 2000".

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1. Formulating Strategies for Health for All by the Year 2000, WHO, Geneva, 1979 ("Health For All" Series No. 2).
The criterion of at least 5% of gross national product to be spent on health had been arrived at in the following way: if world economic growth trends continued, it could be expected that even the least developed country would eventually be able to reach a level of US$500 Gross National Product. A rough estimate, based on projections for the various elements of primary health care and its supporting components, had therefore been made that a minimum of US$25 per head should be spent on health by the year 2000, which was around 5% of US$500.

With some requests for adjustment which are recorded below, the Committee adopted the revised Regional Strategy, including the proposed indicators for monitoring its implementation:

Chapter 3: Conceptual framework for action

The proposed additional phrase regarding the downward trend of population growth should not be added.

Chapter 5: Development of the health system based on primary health care

In the first paragraph - 5.1 Modification of health care delivery systems - the phrase "and consistent with the country health programme" should be added after "Chapter 3" in line 4.

Chapter 9: Monitoring and evaluation

With regard to the third indicator under 9.3.1(b) - Health status indicators - the term "toddler mortality" was to be changed so that, in both the English and the French languages, it was clear that what was meant was mortality among children aged 1-4.

2. Plans of action for implementing the Global and Regional Strategies for Health for All by the Year 2000

In resolution WHA34.36, the World Health Assembly had requested the Executive Board to prepare a draft plan of action to implement the Global Strategy, which would be reviewed by the regional committees at their 1981 sessions, finalized by the Executive Board in January 1982 and submitted to the Health Assembly in May 1982. That plan of action had been prepared and had been used by the Sub-Committee to develop a proposed plan of action for the Regional Strategy.1

The Committee noted with approval the proposed plan of action for monitoring and evaluating implementation of the Global Strategy.

With regard to the Regional Strategy, the Committee: (1) agreed with the Sub-Committee's recommendation that there would be no advantage for the Western Pacific Region in adopting a regional health charter, since the

1Document WPR/RC32/6 Add.2.
Regional Strategy contained in much greater detail all the elements that might be incorporated (paragraph 17(1)); (2) felt that the Regional Strategy should be promoted not only among geopolitical groupings of countries in the Region but among all Member States (paragraph 17(2)); (3) noted the role that could be played by WHO, with its extensive knowledge of the particular requirements of small countries in the South Pacific area, in initiating dialogue between those countries and donor agencies (paragraph 29); (4) noted also that joint WHO/UNICEF proposals, referred to as "noted projects" but for which UNICEF funds were not readily available, were approved by the UNICEF Executive Board for forwarding to interested donor governments (paragraph 29).

The proposed plan of action was accepted with the modification referred to under (2) above.

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 contained details of the action taken up to the present to implement operative paragraphs of resolution WHA33.17.\(^1\) It was introduced by the representative of New Zealand as Chairman of the Sub-Committee.

The Regional Committee accepted the Sub-Committee's comment that, despite its recommendation to the thirty-first session of the Regional Committee that the role of ministries of health as directing and coordinating authorities on national health work should be included on the agenda of the Regional Committee, a more suitable forum for discussion first of all might be a meeting of the Sub-Committee itself.

The Committee felt that the Western Pacific Region had been particularly successful in implementing many of the measures that were identified as themes of the study of WHO's structures in the light of its functions, and in the way that it had maintained unity and correlated its work with the World Health Assembly and the Executive Board. Indeed the Region had the opportunity to provide substantial leadership in the governing bodies of WHO, since others were not so far advanced. Despite this, however, it wished to achieve an even deeper relationship with the two governing bodies and it recommended that the Regional Director should include on the agenda of a future session of the Regional Committee a review of mechanisms for improving interrelationship between the Regional Committee, the Executive Board and the World Health Assembly (see resolution WPR/RC32.R7).

So that the Regional Committee could more fully benefit from the experience of those representatives who attended sessions of the Regional

\(^1\)Document WPR/RC32/8.
Committee and who were also members of the Executive Board, the Committee included as an operative paragraph in its resolution on WHO's structures in the light of its functions an invitation to them to comment, as appropriate, on issues of special interest for regional activities (see resolution WPR/RC32.R7). Conversely, Executive Board members from the Region who had attended the sessions of the Regional Committee could make sure that the Board fully understood the reasons for its proposals; in a sense they had a quasi-representational function.

The Committee referred once again to the question of the number of Members from the Western Pacific Region entitled to designate a person to serve on the Executive Board. It drew attention to the fact that the Region had the highest population of any WHO Region and, although aware of the present criteria, felt that it should continue its efforts to bring its views to the attention of the Executive Board and the World Health Assembly. It recommended to the Executive Board that consideration should be given to devising a means of increasing the number of Members from the Western Pacific Region (see resolution WPR/RC32.R7).

**PART VI. SEVENTH GENERAL PROGRAMME OF WORK COVERING A SPECIFIC PERIOD (1984-1989 INCLUSIVE)**

Part IV of the report of the Sub-Committee on the General Programme of Work contained its recommendations with regard to the material for preparation of the Seventh General Programme of Work covering a specific period (1984-1989 inclusive) (document DGO/81.2 Rev.1). It was introduced by the representative of New Zealand, Chairman of the Sub-Committee. It also contained comments made by the Sub-Committee in relation to implementation of the Programme of Work in the Western Pacific Region.

In reviewing the report of the Sub-Committee, the Regional Committee also took into consideration document DGO/81.2 Rev.1 Corr.1 which contained Chapter 5 revised after further reflection on the part of the Director-General.

The Committee agreed that the Seventh General Programme of Work might well be the most important of all those leading up to the year 2000. In the description of targets and the approaches for each activity the improvement over the Sixth Programme was most evident. It was made plain that the document could not stand alone but must be synchronized with the strategies at various levels for health for all and the evolution of WHO's structures in the light of its functions. The decision that there must be concurrent medium-term planning of all programmes of the Organization was an important step forward.

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It was felt that a shortcoming of the document was that it seemed in places to assign to WHO the role of directing national programmes or determining the needs of governments, whereas in fact it should act as coordinator. The language of the document was at times difficult to understand.

Otherwise, the committee endorsed the views expressed by the Sub-Committee on the material for the Seventh General Programmes of Work and its comments in relation to implementation in the Region (see resolution WPR/RC32.8).

PART VII. OTHER MATTERS

1. Health systems support for primary health care (Document WPR/RC32/7)

The Regional Committee heard that health systems support for primary health care had been the subject of the Technical Discussions during the Thirty-fourth World Health Assembly. Ideally, the subject should have been discussed by the Regional Committee prior to the Health Assembly, either as an item on the agenda or at its own Technical Presentation during the thirty-first session, but for various reasons it had not. Nevertheless, since a number of representatives present at the current session of the Regional Committee had taken part in the Technical Discussions during the Health Assembly and since it was considered important to discuss the subject from a regional point of view, the item had been included on the agenda. It was, of course, closely related to strategies for health for all by the year 2000.

The Committee agreed that:

(1) primary health care was the basis upon which the health system was developed and that in no way could it be considered a separate programme. The programme classification in the proposed Seventh General Programme of Work was consistent with that view;

(2) the idea of primary health care had to be well understood by the entire health sector, by health-related sectors and by political decision-makers at all levels of administration; it was important also to ensure that procedures and methods were agreed by all concerned;

(3) ministries of health had to be strengthened in order to act as the prime movers for primary health care, identifying depressed or underserved areas, and carefully assessing needs and the feasibility of introducing change. Preventable diseases and conditions that contributed most heavily to early mortality and unnecessary morbidity should be given the highest priority in such efforts;

(4) acknowledgement of the principles of self-reliance and community participation did not mean that governments could abandon responsibility for health care. It did mean, however, that the overall returns from investment in health would be greater;
(5) health education was an essential tool in supporting the primary health care approach. Since life-style and habits took so long to change, increasing attention was being given to health education in schools, particularly in primary schools.

The Committee urged Member States, as part of their national strategies for health for all: (1) to launch systematic campaigns to promote better understanding of primary health care among political leaders, members of the health sector and members of related sectors, and to secure their cooperation through the establishment of mechanisms for effective coordination; (2) to strengthen their health planning mechanisms and to reorient and develop their health infrastructures in support of primary health care, including provision of the necessary facilities, transport, equipment, supplies, and referral mechanisms; (3) to study and develop effective means for community involvement in health development; (4) increasingly to orient the planning and the development of health manpower programmes in support of primary health care; (5) to consider means of increasing resources for health, including the study of alternative means of financing and improvement of programme budgeting and analysis, as well as means of containing the rising cost of health care and of ensuring greater efficiency in the use of resources; (6) to improve their managerial and supervisory capabilities (see resolution WPR/RC32.R6).

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

2.1 Provisional agenda of the sixty-ninth session of the Executive Board (Document WPR/RC32/10)

The Committee noted with satisfaction the efforts being made to correlate the work of the Regional Committee, the Executive Board and the World Health Assembly (see resolution WPR/RC32.R10), the representative of the United States of America remarking that it was to be hoped the increasing rationalization of work would be a move towards shorter Health Assemblies. As has been noted in Part V, above, the Committee asked the Regional Director to include a review of mechanisms to correlate the work of the three bodies on the agenda of a future session of the Regional Committee.

2.2 Resolutions of the Thirty-fourth World Health Assembly (Document WPR/RC32/11)

The Committee considered the following resolutions:

(1) Reimbursement of travel costs of representatives to regional committees (resolution WHA34.4)

(2) Organizational study on the role of WHO in training in public health and health programme management including the use of country health programming (resolution WHA34.14)

(3) Nutritional value and safety of products specifically intended for infant and young child feeding (resolution WHA34.23)
(4) International drinking-water supply and sanitation decade (resolution WHA34.25)

(5) Promotion of prevention of adverse health effects of disasters and emergencies through preparedness (resolution WHA34.26)

(6) Periodicity and duration of health assemblies (resolution WHA34.28)

(7) Collaboration with the United Nations system - International Year of Disabled Persons, 1981: WHO's cooperative activities within the United Nations system for disability prevention and rehabilitation (resolution WHA34.30)

An innovation, in pursuance of operative paragraph 3(7) of resolution WHA33.17 on WHO’s structures in the light of its functions, was the inclusion, in document WPR/RC32/11, of narrative on the implications of each resolution, for Member States and for WHO’s programme of cooperation in the Region. For certain resolutions the implications for the Regional Committee were also included.

A summary of the comments made on specific resolutions is given below:

2.2.1 Reimbursement of travel costs of representatives to regional committees (resolution WHA34.4)

The representative of Tonga spoke to this resolution expressing his Government's appreciation for financing the attendance of one representative.

2.2.2 Organizational study on the role of WHO in training in public health and health programme management including the use of country health programming (resolution WHA34.14)

The representative of the Republic of Korea spoke to this resolution. Referring to operative paragraph 3, he said a health development institute had been established in his country in 1976 to provide the sort of training that was the object of the resolution. The activities of the former Institute of Family Planning had recently been consolidated with those for primary health care, development of information systems, and maternal and child health care in the new Korean Institute for Population and Health, to which it was hoped WHO would extend its collaboration.

The representative of Tonga, requesting information on the implications for countries of the South Pacific of the regional health development network, through which it was envisaged WHO would respond to the requirements of Member States, was advised that the establishment of such networks was still at the planning stage. The centre for the South Pacific would be one of six in the Region as a whole. Its establishment awaited the reaching of consensus as to its location, and what type of institution it should be - whether the health administration or universities should be responsible. A proposal for funding had been submitted to UNDP but it was thought the final decision on establishment might take another year.
2.2.3 **International drinking-water supply and sanitation decade**

(resolution WHA34.25)

The representative of the Republic of Korea spoke to this resolution, informing the Committee that his Government would comply with the resolution.

2.2.4 **Periodicity and duration of health assemblies** (resolution WHA34.28)

The representative of Samoa, supported by the representative of Singapore, spoke to this resolution, commenting on the general feeling at both the Executive Board and the committee stage of the World Health Assembly, and recalling that members and delegates from the Western Pacific Region had been proponents of biennial health assemblies but had been outvoted by those in favour of annual health assemblies. There was certainly a possibility that biennial health assemblies could be attained at a later stage. The first stage had been to shorten alternate health assemblies, and members should continue their advocacy of biennial health assemblies in the future.

3. **International Code of Marketing of Breast-milk Substitutes**

(Document WPR/RC32/11 Add.1)

The Committee's attention was drawn to two resolutions of the World Health Assembly, resolution WHA34.22 and resolution WHA33.32. Both resolutions called for progress reports in 1982 and 1983.

During the discussion on the International Code of Marketing of Breast-milk Substitutes at the Health Assembly and the Executive Board, several speakers had asked that guiding principles should be prepared, which would aid Member States in carrying out their responsibilities for implementing and monitoring the Code at country level. The guiding principles had been prepared, and were before the Committee as document WPR/RC32/11 Add.1. It was requested to review them from the point of view of representatives' own national situations, to suggest modifications as necessary, and finally to indicate whether it was willing to accept them. It was anticipated that they would be used not only in implementing the follow-up action urged in the operative paragraphs of resolutions WHA33.32 and WHA34.22 but also by Member States in formulating the reports called for in 1982 and 1983. The Regional Committee was to play a vital role in promoting appropriate follow-up by Member States and supporting them in their efforts.

Led by the representative of the Philippines, the representatives of Australia, Fiji, Japan, Malaysia, Papua New Guinea, Republic of Korea, Samoa, Singapore and Tonga, indicated that they accepted the Guiding Principles. At national level they would have to be translated into more detailed operational terms, and indicators would have to be selected locally in the light of information available. The representative of Australia saw no difficulty in reporting as indicated in the Guiding Principles. It was felt by some representatives, notably the representative of the United States of America, however, that the information required of governments was much more detailed than was customary or necessary. Some countries would...
have difficulty in responding. The language of the Principles was academic and complicated, so that Members would understand them differently. It was suggested that the proposals might be simplified and also that, where it appeared, the word "required" should be replaced by "requested" since the International Code of Marketing of Breast-milk Substitutes had been adopted in the form of a recommendation.

The Committee noted that WHO would be glad to assist, upon request, in the drafting of legislation relating to national codes. It also noted that, as reporting was to begin in May 1982, submission of reports should be completed by the end of January 1982. With regard to the penultimate sub-paragraph of section 2.5 of the Guiding Principles, it was felt that it would be better to wait until late 1982, or 1983, to make proposals for revision of the Code, so that comments could be based on experience. The Committee adopted a resolution accepting the Guiding Principles and urging Member States to make appropriate use of them (see resolution WPR/RC32.R11).

4. Evaluation of the regional fellowship programme (Document WPR/RC32/12)

The Committee recalled that, starting in 1977, when the representative of New Zealand had presented a paper on "Changing trends in training", the regional fellowship programme had been the subject of continuous review. The Committee had adopted resolutions in 1977 and in 1979.

Evaluation of the regional fellowship programme had been constantly encouraged. As a result, it was probably true to say that its administration and management had improved considerably, both within WHO and at national level. The present evaluation had been undertaken with a view to contributing to the review of the use of fellowships as part of the health manpower development programme, which would be carried out by the Executive Board in January 1982.

It was agreed that fellowships were integral components in the development of health manpower, to meet the requirements of national health systems, geared towards the achievement of health for all by the year 2000. Member States should programme their requests for fellowships accordingly, and each fellowship should have clear objectives and, above all, be timely. It was hoped that the trend would be for fellowships to be tied to specific programme activities and to the priority goals of the Organization, and that fewer would be granted for unspecified purposes. The fellowship programme was not really intended to train nurses, doctors and other health professionals simply because a certain country had insufficient numbers of them; it had to be related to specific health priorities.

In general, the Committee was satisfied with the results of the evaluation, though the report did not sufficiently clearly address the issue of how valuable the fellowships had proved to be, or how many fellows returned to their countries. As 6% of the respondents had not answered the latter question, losses could be as high as 8%. Before the report was submitted to Geneva to form part of the global report to the Executive Board in 1982, an investigation of the usefulness of training could be carried out among trainees and employing authorities, using both written and verbal reports. Measures to increase the efficiency of the programme deserved particular support, and some of the various difficulties encountered were noted with a view to making an attempt to solve them.
The Committee urged Member States to consider the fellowship programme an integral part of the health manpower development process, linked with national health plans and health manpower policies, to meet the requirements of the health systems being evolved to realize the goal of health for all by the year 2000, and to formulate their requests accordingly. It also urged them to continue their efforts to accept as many fellows as possible, in recognition of the need for training within the Region (see resolution WPR/RC32.R13).

5. Development of health research (Document WPR/RC32/13)

The Committee endorsed the recommendations of the Western Pacific Advisory Committee on Medical Research, made to the Regional Director at its sixth session. It noted the keen interest, generated in some Member States, in establishing a national focal point for the effective management and coordination of health research, as part of the managerial process for national health development; and the gradual increase in national research resources, including trained research manpower. It requested Member States to strengthen national health research management processes in order to orient research activities more towards the long-term goal of health for all by the year 2000; and to continue to develop national self-reliance in carrying out health research directly relevant to the health problems of society (see resolution WPR/RC32.R14).

6. Care of the elderly (Document WPR/RC32/14)

The Committee noted that, although the WHO global programme on health care of the elderly had been active for some time, the programme in the Western Pacific Region was only just gathering momentum. In August 1981 a working group had been organized which made some recommendations with regard to development of the programme. The report of the working group was not yet available but its recommendations related to issues such as the need to rouse public and professional awareness in relation to the scope of the problems of the elderly and to encourage positive and, most important, realistic attitudes. Unfortunately, even in developing countries, where the extended family still existed, not all families were able to care for their elderly. Identified at an early stage, however, many potential health and social problems of old age could be controlled or even avoided. Education and training, manpower development, services development and research should all be undertaken, in order to provide for continuous surveillance of the elderly population at primary health care level, for means of answering health care needs, for rehabilitation where disability was unavoidable, as well as for ways of maintaining certain levels of functional ability after rehabilitation.

The report presented by the Regional Director was felt to be timely, reflecting the problems inherent in the increasing proportion of elderly persons among populations throughout the world. It was of utmost importance not merely to care for the elderly but to find ways and means of enabling them to maintain their independence and dignity. Member States were urged to support regional activities in preparation for the 1982 World Assembly on Aging and to promote increased awareness of the problems of the elderly through epidemiological, sociological and biomedical research and the
introduction or strengthening of the teaching of geriatrics and gerontology in schools preparing all categories of health personnel. They were also urged to formulate, or revise as necessary, policies and programmes on health care of the elderly as part of their overall health plans (see resolution WPR/RC32.R15).

7. Regional policies on BCG vaccination (Document WPR/RC32/15)

The Committee recalled the results of the trial of BCG vaccination carried out in south India in 1968 which had pointed to a failure of BCG vaccine to protect against bacillary pulmonary tuberculosis. In the light of the favourable results from earlier trials and after an extended review of BCG vaccination, the WHO Study Group on BCG Vaccination Policies, which met in June 1980, had come to the conclusion that the results of the south India trial should not be regarded as applying automatically to other parts of the world. Other factors could have affected the results of the south India trial. Moreover, it was not designed to observe the effect of vaccination in infants and children.

Because of the recommendations of the WHO Study Group and in order to review the magnitude and nature of the tuberculosis problem in the Region and recommend BCG vaccination policies, a regional study group had been established within the Regional Office. The study group had met during 1980. Its conclusions and recommendations were set out in part 4 of document WPR/RC32/15.

Three representatives stated that their governments would continue to advocate BCG vaccination and the Committee urged Member States to maintain the current policy, to periodically adjust their policies and to establish mechanisms for collecting the necessary information (see resolution WPR/RC32.R16).

To combat adverse publicity in the press as a result of the negative outcome of the south India trial it was agreed that a press release should be issued by WHO in the Western Pacific Region specifically supporting BCG vaccination.

8. Action programme on essential drugs (Document WPR/RC32/16)

The Committee was informed that the Action Programme on Essential Drugs had been developed as a result of resolutions adopted by the World Health Assembly, aimed at providing solutions to drug procurement and distribution, as well as the quality control problems of developing countries. At an interregional working group held in New Delhi in December 1980 a global strategy had been proposed. During the course of 1981, the strategy had been reviewed within WHO and a draft plan of action prepared, which would be submitted to the Executive Board in January 1982. The present situation in the Region and the action taken was outlined in document WPR/RC32/16.

The most serious difficulty facing the development of the programme was that, while most Member States now acknowledged the importance of formulating national drug policies, few had as yet actually done so. Over the three years since the matter had first been raised, the feelings of
acrimony between Member States and the major drug companies had undergone a remarkable transformation; a great deal of misunderstanding had been removed, and much cooperation achieved. Many large drug manufacturers were now prepared to assist countries which, for economic reasons, needed help; but it was difficult to establish from the countries concerned what their actual needs were. National drug policies were thus essential if progress was to be made with the programme. Member States were urged to make political decisions and commitments with respect to the formulation and implementation of national drug policies in order to improve the supply of essential drugs, taking into consideration national health needs and available resources (see resolution WPR/RC32.R17).

9. **Selection of topic for the Technical Presentation during the thirty-third session of the Regional Committee (Document WPR/RC32/17)**

The Committee selected "New policies for health education and information in support of health for all by the year 2000" as the topic of the Technical Presentation during the thirty-third session of the Regional Committee (see resolution WPR/RC32.R18).

10. **Time and place of the thirty-third and thirty-fourth sessions of the Regional Committee**

The Committee decided that the thirty-third session of the Regional Committee should be held in Manila from 20 to 24 September 1982. The dates were agreed to after some discussion on the duration of the session and the timing of the Technical Presentation since some representatives felt that the Committee's deliberations could be concluded within three or four days and that the Technical Presentation was of no benefit. It was finally decided that the session should close at mid-day on 24 September 1982 and that the Technical Presentation should be held during the afternoon of 24 September. Under Rules 19 and 20 of the Rules of Procedure of the Regional Committee for the Western Pacific those summary records and resolutions that had not been documented by the closure of the session would, together with the draft report, be transmitted to representatives, Members of the Region and the Director-General as soon as possible thereafter.

The Committee agreed that the Regional Director should be requested to include on the agenda of the thirty-third session of the Regional Committee an item on whether or not the practice of arranging Technical Presentations during sessions of the Regional Committee should be continued.

With regard to the thirty-fourth session, the resolution adopted by the Committee contained an operative paragraph which authorized the Regional Director to accept, on its behalf, any invitation which might be extended to hold its session outside Manila and to inform all Member States of the Region before the thirty-third session, the dates and place to be confirmed at that session. The Committee also decided that if no invitation was received, the thirty-fourth session could be held at regional headquarters in Manila (see resolution WPR/RC32.R19).
11. **Reports received from governments on the progress of their health activities**

The Chairman acknowledged the following reports presented to the Committee:

2. FRENCH POLYNESIA - Brief report on health activities in French Polynesia, 1980;
3. GUAM - 1980 Country health report for the Territory of Guam;
4. JAPAN - Report on the progress of health activities in Japan (1980);
5. MACAO - Brief report on the progress of health activities in Macao - 1980-1981;
6. MALAYSIA - Brief report on the progress of health activities in Malaysia;
8. PHILIPPINES - Brief report on the state of health in the Philippines 1980;
9. REPUBLIC OF KOREA - Progress report on national health situation;
10. SAMOA - Samoa country statement;
WPR/RC32.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 1981,

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, 23 September 1981

WPR/RC32.R2  CHANGES IN THE PROGRAMME BUDGET FOR 1982-1983

The Regional Committee,

Having reviewed the report of the Regional Director on significant changes in the programme budget for the biennium 1982-1983,

NOTES the report.

Third meeting, 23 September 1981

WPR/RC32.R3  TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES

The Regional Committee,

Recalling resolution WHA34.24 on the meaning of WHO's international health work through coordination and technical cooperation;

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

1. AGREES with the conclusion of the Sub-Committee that, although it is designated the "Sub-Committee on Technical Cooperation among Developing Countries" in pursuance of resolution WPR/RC28.R2, its responsibilities should include the wider area of technical cooperation among countries;

2. NOTES the problems encountered in implementing activities in relation to technical cooperation among countries;

3. AGREES with the proposals for strengthening the mechanisms for technical cooperation among countries;

4. AGREES FURTHER with the recommendations of the Sub-Committee on the role of WHO, based on its constitutional function as the directing and coordinating authority on international health work;

5. REQUESTS the Regional Director to take appropriate action to implement the recommendations of the Sub-Committee;

6. REQUESTS the Sub-Committee, for its work in 1982, to address the subject of the role of WHO collaborating centres in promoting technical cooperation among countries, in relation to the special needs of developing countries.

Third meeting, 23 September 1981

WPR/RC32.R4 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

1. NOTES the recommendations of the Sub-Committee with regard to indicators at country level for the implementation, monitoring and evaluation of national strategies for health for all by the year 2000;

2. NOTES FURTHER the views expressed by members of the Sub-Committee after their preliminary review of activities at country level relating to the International Drinking-Water Supply and Sanitation Decade;

3. REQUESTS the Regional Director to take the Sub-Committee's views, conclusions and recommendations into consideration in developing future programmes of cooperation;

4. 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 implementation of strategies for health for all by the year 2000;

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1Document WPR/RC32/5.
(3) review progress in implementing the recommendations of the study of WHO's structures in the light of its functions, in accordance with the established plans of action.

Fifth meeting, 24 September 1981

WPR/RC32.R5 STRATEGIES FOR HEALTH FOR ALL BY THE YEAR 2000

The Regional Committee,

Having reviewed the Regional Strategy for Health for All by the Year 2000, revised and updated in the light of the Global Strategy for Health for All by the Year 2000;¹

Having considered the draft plan of action for implementing the Global Strategy and the draft plan of action for implementing the Regional Strategy;

Recalling resolutions WPR/RC31.R12, WHA34.14, WHA34.36 and WHA34.37;

Reiterating its conviction that strategies will grow in substance and strength as countries reach out towards health for all through new knowledge and the application of existing knowledge;

Recognizing that strategies therefore need to be adjusted as progress is made;

1. ADOPTS the revised Regional Strategy for Health for All by the Year 2000, including the proposed indicators to monitor its implementation;

2. RESOLVES to monitor and evaluate implementation of the Regional Strategy at regular intervals, through its Sub-Committee on the General Programme of Work;

3. NOTES with approval the proposed plan of action for monitoring and evaluating implementation of the Global Strategy for Health for All by the Year 2000;

4. ACCEPTS the plan of action for monitoring and evaluating implementation of the Regional Strategy;

5. URGES Member States:

(1) to formulate, strengthen, and revise their national strategies for health for all, as necessary, and to monitor and evaluate them as indicated in the plan of action, using relevant indicators at national level selected from those proposed in the Regional Strategy;

¹Document WPR/RC32/6 Add.1, Annex 1.
(2) to provide progress reports upon request, which will include the information necessary for monitoring and evaluation at regional level, as provided for in the Regional Strategy;

6. REQUESTS the Regional Director:

(1) to continue to support Member States in their efforts to implement, monitor and evaluate their strategies for health for all, in accordance with the provisions of the plan of action;

(2) to take the necessary steps to promote the Regional Strategy among Member States in the Region.

Fifth meeting, 24 September 1981

WPR/RC32.R6 HEALTH SYSTEMS SUPPORT FOR PRIMARY HEALTH CARE

The Regional Committee,

Having considered the document presented by the Regional Director on health systems support for primary health care;¹

Taking into account the salient provisions of the Global and Regional Strategies for Health for All by the Year 2000 pertaining to the development of health systems based on primary health care;

Recalling the declaration made at the International Conference on Primary Health Care in Alma-Ata that primary health care must be an integral part of the health system rather than a separate entity;

Realizing that there must be continuous effort, sustained at a high level, to promote, develop and implement primary health care;

1. URGES Member States, as part of their national strategies for health for all:

(1) to launch systematic campaigns to promote better understanding of primary health care among political leaders, members of the health sector and of related sectors, and to secure their cooperation through the establishment of mechanisms for effective coordination;

(2) to strengthen their health planning mechanisms and to reorient and develop their health infrastructures in support of primary health care, including provision of the necessary facilities, transport, equipment, supplies, and referral mechanisms;

(3) to study and develop effective means for community involvement in health development;

¹Document WPR/RC32/7.
(4) increasingly to orient the planning and the development of health manpower programmes in support of primary health care;

(5) to consider means of increasing resources for health, including the study of alternative means of financing and improvement of programme budgeting and analysis, as well as means of containing the rising cost of health care and of ensuring greater efficiency in the use of resources;

(6) to improve their managerial and supervisory capabilities;

2. REQUESTS the Regional Director:

(1) to provide technical, research, and information support to Member States in their efforts to promote and implement primary health care as the basis of the health system;

(2) to generate political and financial support; and

(3) to monitor, within the Region, progress in attaining the objectives of this resolution.

Fifth meeting, 24 September 1981

WPR/RC32.R7 WHO'S STRUCTURES IN THE LIGHT OF ITS FUNCTIONS

The Regional Committee,

Having considered Part III of the report of the Sub-Committee on the General Programme of Work on WHO's structures in the light of its functions;¹

I

Noting the progress made in the Western Pacific in implementing the operative paragraphs of resolution WHA33.17;

1. ENDORSES the action taken and the proposals for future action, as well as the comments of the Sub-Committee;

2. REQUESTS the Sub-Committee, under its mandate to review, monitor and evaluate implementation of strategies for health for all by the year 2000, to review ways of intensifying the development of regional health policies and programmes in support of national, regional and global strategies;

3. WELCOMES the improved communication which is developing between the Regional Committee and the Executive Board;

4. INVITES members of the Executive Board who attend sessions of the Regional Committee as representatives of Member States to comment, as appropriate, on issues of special interest for regional activities;

5. REQUESTS the Regional Director to include on the agenda of a future session of the Regional Committee, a review of mechanisms for improving interrelationship between the Regional Committee, the Executive Board and the World Health Assembly;

II

Recalling the principle that health for all by the year 2000 means health through the people;

Drawing attention to the fact that the Western Pacific Region has the highest population of any WHO Region;

Aware of the present criteria for electing a Member entitled to designate a person to serve on the Executive Board;

RECOMMENDS to the Executive Board, and through it to the World Health Assembly, that consideration should be given to devising a means of increasing the number of Members from the Western Pacific Region entitled to designate a member of the Board.

Seventh meeting, 25 September 1981


The Regional Committee,

Having considered Part IV of the report of the Sub-Committee on the General Programme of Work on the material for preparation of the Seventh General Programme of Work covering a specific period (1984-1989 inclusive);

Noting that preparation of the material involved consultations with Member States and took into consideration the comments of the Regional Committee at its thirtieth and thirty-first sessions;

Noting also that, while experience in implementing the Sixth General Programme of Work covering a specific period (1978-1983 inclusive) has been taken into consideration, the proposed Seventh General Programme of Work is based on the Global Strategy for Health for All by the Year 2000, and is designed to support the strengthening of health systems based on primary health care which make use of appropriate technology and have a high degree of community involvement;

1. ENDORSES the views expressed by members of the Sub-Committee on the General Programme of Work;

2. NOTES the comments of the Sub-Committee in relation to implementation of the Seventh General Programme of Work in the Western Pacific Region;

3. REQUESTS the Regional Director:

   (1) to transmit to the Director-General, for consideration in preparing material for the Executive Board, the comments of the Sub-Committee on chapter 7 of the proposed Seventh General Programme of Work and the subsequent comments of the Regional Committee;

   (2) to take into consideration the comments of the Sub-Committee when implementing the Seventh General Programme of Work in the Western Pacific Region.

Seventh meeting, 25 September 1981

WPR/RC32.R9 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;

Having considered the Report of the Sub-Committee on the General Programme of Work;¹

Noting that the three-year periods of tenure of the representatives of New Zealand and Tonga end at the thirty-second session;

1. THANKS the representatives of New Zealand and Tonga for their contribution to the work of the Sub-Committee;

2. ACCEPTS the Sub-Committee's recommendation that the number of its members should be increased from seven to eight;

3. DECIDES to appoint the representatives of Australia, Papua New Guinea and Viet Nam as members of the Sub-Committee for three years from the thirty-second session.

Seventh meeting, 25 September 1981

¹Documents WPR/RC32/5 and WPR/RC32/8.
The Regional Committee,

Having considered the main items of the provisional agenda of the sixty-ninth session of the Executive Board,¹

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

Seventh meeting, 25 September 1981

The Regional Committee,

Recalling resolutions WHA33.32 and WHA34.22 adopted by the Thirty-third and Thirty-fourth World Health Assemblies;

Noting that follow-up to and review of the implementation of operative paragraphs of the two resolutions are to be undertaken by the regional committees in order to promote appropriate follow-up by Member States and support them in their efforts;

Noting also that, by resolutions WHA33.32 and WHA34.22, Member States are requested to report periodically on steps being taken to improve infant and young child health and nutrition, and, by Article 11.6 of the International Code of Marketing of Breast-milk Substitutes, on action taken to give effect to the Code's principles and aims;

Having considered the Guiding Principles for reporting by Member States on action taken in the field of infant and young child feeding;

1. ACCEPTS the Guiding Principles;

2. URGES Member States:

   (1) to give full and unanimous support to implementing operative paragraphs of resolutions WHA33.32 and WHA34.22;

   (2) to make appropriate use of the Guiding Principles in carrying out the action recommended in the two resolutions and in reporting on the action taken;

3. DECIDES to follow-up and review implementation of the present resolution at future sessions;

¹Document WPR/RC32/10.
4. REQUESTS the Regional Director to support Member States, as and when requested, in implementing the Code and other measures required to protect healthy practices related to infant and young child feeding.

Seventh meeting, 25 September 1981

WPR/RC32.R12 RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE THIRTY-FOURTH WORLD HEALTH ASSEMBLY

The Regional Committee,

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

WHA34.4 - Reimbursement of travel costs of representatives to regional committees
WHA34.14 - Organizational study on the role of WHO in training in public health and health programme management including the use of country health programming
WHA34.23 - Nutritional value and safety of products specifically intended for infant and young child feeding
WHA34.25 - International drinking-water supply and sanitation decade
WHA34.26 - Promotion of prevention of adverse health effects of disasters and emergencies through preparedness
WHA34.28 - Periodicity and duration of health assemblies
WHA34.30 - Collaboration with the United Nations system - International Year of Disabled Persons, 1981: WHO's cooperative activities within the United Nations system for disability prevention and rehabilitation

Seventh meeting, 25 September 1981

WPR/RC32.R13 THE WHO FELLOWSHIP PROGRAMME

The Regional Committee,

Having reviewed the report presented by the Regional Director on the WHO fellowship programme;¹

Considering that the WHO fellowship programme has been satisfactorily utilized by Member States to support priority health programmes and to strengthen national training institutions;

¹Document WPR/RC32/12.
Noting that a number of recommendations, made by the representatives of Member States at the Conference on Regional Cooperation in the WHO Fellowship Programme in 1979 and endorsed by resolution WPR/RC30.R17, have been implemented;

Recalling that the aforementioned resolution, WPR/RC30.R17, requested the Regional Director to continue evaluation of the fellowship programme, particularly of the utilization of former fellows on return to their home countries;

Firmly believing that increased effectiveness of the fellowship programme will be achieved through its integration with other national health manpower planning processes;

1. COMMENDS the activities carried out by the Regional Director to improve the fellowship programme;

2. URGES Member States:

   (1) to consider the fellowship programme an integral part of the health manpower development process, linked with national health plans and health manpower policies, to meet the requirements of the health systems being evolved to realize the goal of health for all by the year 2000, and to formulate their requests accordingly;

   (2) to continue their efforts to accept as many fellows as possible, in recognition of the need for training within the Region;

3. REQUESTS the Regional Director to continue to cooperate with Member States in implementing, evaluating and improving the fellowship programme.

Seventh meeting, 25 September 1981

WPR/RC32.R14 DEVELOPMENT OF HEALTH RESEARCH

The Regional Committee,

Having considered the report of the Regional Director on the development of health research,1

1. NOTES with satisfaction:

   (1) the Regional Director's initiative in developing awareness of the importance of research and its relevance to the long-term goal of health for all by the year 2000;

   (2) the keen interest, generated in some Member States, in establishing a national focal point for the effective management and coordination of health research, as part of the managerial process for national health development;

REPORT OF THE REGIONAL COMMITTEE

(3) the gradual increase in national research resources, including trained research manpower;

2. ENDORSES the recommendations of the Western Pacific Advisory Committee on Medical Research made to the Regional Director at its sixth session;

3. REQUESTS Member States:
   (1) to strengthen national health research management processes in order to orient research activities more towards the long-term goal of health for all by the year 2000;
   (2) to continue to develop national self-reliance in carrying out health research that is directly relevant to the health problems of society;

4. REQUESTS the Regional Director to implement the above-mentioned recommendations of the Western Pacific Advisory Committee on Medical Research.

Seventh meeting, 25 September 1981

WPR/RC32.R15 CARE OF THE ELDERLY

The Regional Committee,

Recalling resolution 33/52 adopted at the thirty-third session of the United Nations General Assembly, in which it was decided to organize a World Assembly on Aging in 1982, and resolution WHA32.25;

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

Recognizing the potential problems of the elderly as a population group and the need to ensure that national and regional programmes for the elderly are socially and culturally relevant;

1. URGES Member States:
   (1) to continue to support the regional activities being carried out in preparation for the 1982 World Assembly on Aging;
   (2) to promote increased awareness of the problems of the elderly through:
      (a) epidemiological, sociological and biomedical research to determine the nature, extent and magnitude of the health and related problems of the elderly;

(b) introduction or strengthening of the teaching of geriatrics and gerontology in schools preparing all categories of health personnel;

(3) to formulate, or revise as necessary, policies and programmes on health care of the elderly as part of their overall health plans, with emphasis on community-based services which promote self-reliance and enhance dignity;

2. REQUESTS the Regional Director to support Member States in establishing programmes or strengthening existing programmes on health care of the elderly.

Seventh meeting, 25 September 1981

WPR/RC32.R16 REGIONAL POLICIES ON BCG VACCINATION

The Regional Committee,

Having reviewed the document presented by the Regional Director on regional policies on BCG vaccination;¹

Noting that, although the trial of BCG vaccines in south India showed a failure to protect against bacillary pulmonary tuberculosis, there is sufficient evidence from many countries of the effectiveness of BCG vaccination;

Noting also that local epidemiological and environmental factors may determine the effectiveness of BCG vaccination, and that the trial in south India was not designed to measure the effectiveness of BCG vaccination against childhood tuberculosis;

1. URGES Member States:

(1) to maintain the current policy that BCG vaccination should continue, particularly in relation to infants and young children;

(2) to periodically adjust their policies, particularly with respect to the target age groups, taking into account the epidemiological trends in each country as the prevalence of tuberculosis declines;

(3) to establish mechanisms for collecting the information necessary for the adjustment of BCG policies, such as the incidence of tuberculosis by type of disease, age of onset, relationship of each case to previous history of BCG vaccination, occurrence among the vaccinated of serious complications, and the estimated costs of vaccination;

(4) to make every effort to maintain the coverage of BCG vaccination and the high quality of the vaccine, which involves care of the vaccine and the technique of vaccination; and

¹Document WPR/RC32/15.
(5) to promote studies on the effectiveness of BCG vaccination among infants and young children;

2. REQUESTS the Regional Director:

(1) to provide technical cooperation with respect to:

(a) collection of the epidemiological data necessary for the adjustment of BCG policies in order to take into account the changing trends of tuberculosis;

(b) the training of health workers in the organization and assessment of BCG vaccination, care of the vaccine, and the technique of vaccination, in order to improve and maintain the coverage and high quality;

(2) to promote studies on the effectiveness of BCG vaccination among infants and young children.

Seventh meeting, 25 September 1981

WPR/RC32.R17 ACTION PROGRAMME ON ESSENTIAL DRUGS

The Regional Committee,

Having considered the Regional Director's report on the present situation and the action taken with regard to the Action Programme on Essential Drugs in the Western Pacific Region;¹

Recalling resolutions WHA28.66, EB61.R17, WHA31.32 and WHA32.41;

1. NOTES the approaches which will form WHO's plan of action in implementing the Action Programme on Essential Drugs;

2. URGES Member States to make political decisions and commitments with respect to the formulation and implementation of national drug policies in order to improve the supply of essential drugs, taking into consideration national health needs and available resources;

3. REQUESTS the Regional Director:

(1) to cooperate in developing and implementing the Action Programme on Essential Drugs, through such measures as the formulation of national drug policies, the revision of national lists of essential drugs and the improvement of storage and distribution facilities;

(2) to cooperate in strengthening national capability for drug quality assurance, manpower development and local production;

(3) to cooperate with countries or areas of the South Pacific in establishing the South Pacific Pharmaceutical Service;

¹Document WPR/RC32/16.
(4) to encourage technical cooperation among countries of the Association of South-East Asian Nations in the field of pharmaceuticals;

(5) to seek the collaboration of other United Nations agencies, agencies providing bilateral economic and technical cooperation, international and regional financial institutions and the pharmaceutical industry, in supporting the implementation of the programme.

Eighth meeting, 28 September 1981

WPR/RC32.R18  TOPIC OF TECHNICAL PRESENTATION IN 1982

The Regional Committee,

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

1. DECIDES that the subject of the Technical Presentation in 1982 shall be "New policies for health education and information in support of health for all by the year 2000";

2. REQUESTS the Regional Director to include on the agenda of the thirty-third session of the Regional Committee a review of whether technical presentations should be held in conjunction with sessions of the Regional Committee.

Eighth meeting, 28 September 1981

WPR/RC32.R19  THIRTY-THIRD AND THIRTY-FOURTH SESSIONS OF THE REGIONAL COMMITTEE

The Regional Committee

1. CONFIRMS its decision to hold the thirty-third session of the Regional Committee at regional headquarters in Manila;

2. DECIDES that the dates of the thirty-third session shall be from 20 to 24 September 1982;

3. NOTES that no invitation has been received for the thirty-fourth session;

4. AUTHORIZES the Regional Director to accept, on behalf of the Regional Committee, any such invitation which may be extended and to inform all Member States of the Region before the thirty-third session of the Regional Committee, the dates and place to be confirmed at that session;

5. DECIDES that if no invitation is received, the thirty-fourth session of the Regional Committee will be held at regional headquarters in Manila.

Eighth meeting, 28 September 1981

¹Document WPR/RC32/17.
REPORT OF THE REGIONAL COMMITTEE 37/38

WPR/RC32.R20 ADOPTION OF THE REPORT

The Regional Committee

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

ADOPTS the report as amended.

Eighth meeting, 28 September 1981

WPR/RC32.R21 RESOLUTION OF APPRECIATION

The Regional Committee

EXPRESSES its appreciation and thanks to:

(1) the Government and people of the Republic of Korea for:
   (a) having invited the Regional Committee to hold its thirty-second session in Seoul;
   (b) the excellent arrangements and facilities provided; and
   (c) the generous hospitality received;

(2) His Excellency the Prime Minister of the Republic of Korea for having addressed the formal opening of the thirty-second session of the Regional Committee;

(3) The Honourable Minister of Health and Social Affairs and the Honourable Chairman, Committee on Health and Social Affairs of the National Assembly for having attended the opening ceremony;

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

(5) Dr A.N. Acosta, for having acted as moderator of the Technical Presentation;

(6) the representatives of the United Nations Children's Fund, the United Nations Development Programme and the nongovernmental organizations for their statements;

(7) the Regional Director and the Secretariat for their work in connexion with the session.

Eighth meeting, 28 September 1981

¹Document WPR/RC32/19.
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, representatives of the following nongovernmental organizations made statements to the Committee:

INTERNATIONAL DENTAL FEDERATION
INTERNATIONAL FEDERATION OF HEALTH RECORDS ORGANIZATIONS
INTERNATIONAL HOSPITAL FEDERATION
INTERNATIONAL COMMITTEE OF CATHOLIC NURSES
INTERNATIONAL COUNCIL OF NURSES
INTERNATIONAL FEDERATION OF OPHTHALMOLOGICAL SOCIETIES
INTERNATIONAL PLANNED PARENTHOOD FEDERATION
INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS ASSOCIATION
REHABILITATION INTERNATIONAL
INTERNATIONAL COLLEGE OF SURGEONS
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 incoming Chairman
6. Adoption of the agenda
7. Programme budget
   7.1 Changes in the programme budget for 1982-1983
8. Acknowledgement by the Chairman of brief reports received from governments on the progress of their health activities
9. Report of the Regional Director
10. Sub-Committee on Technical Cooperation among Developing Countries
   10.1 Report of the Sub-Committee
11. Sub-Committee on the General Programme of Work
   11.1 Report of the Sub-Committee
   11.2 Membership of the Sub-Committee
12. Strategy for the achievement of health for all by the year 2000: review and updating
13. Health systems support for primary health care
14. WHO's structures in the light of its functions
15. Seventh General Programme of Work covering a specific period (1984-1989 inclusive)
16. Correlation of the work of the World Health Assembly, the Executive Board and the regional committees
   16.1 Consideration of the agenda of the sixty-ninth session of the Executive Board
   16.2 Consideration of resolutions of the Thirty-fourth World Health Assembly

17. Evaluation of the regional fellowship programme

18. Development of health research

19. Care of the elderly

20. Regional policies on BCG vaccination

21. Action programme on essential drugs

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

23. Selection of topic for the Technical Presentation during the thirty-third session of the Regional Committee

24. Time and place of the thirty-third and thirty-fourth sessions of the Regional Committee

25. Adoption of the report of the Committee

26. Closure of the session
LIST OF REPRESENTATIVES

I. REPRESENTATIVE OF THE EXECUTIVE BOARD

Dr H.J.H. Hiddlestone (Chairman)
Director-General of Health
New Zealand

II. REPRESENTATIVES OF MEMBER STATES

AUSTRALIA
The Honourable Mr M.J.R. MacKellar, MP
Minister for Health
(Chief Representative)¹

Dr G. Howells
Director-General of Health
Department of Health
(Chief Representative)²

Dr C. Evans
Deputy Director-General of Health
Department of Health
(Alternate)

Mr J. Campbell
Counsellor
Australian Embassy in Seoul
(Adviser)

Mr John Short
Private Secretary to the Minister

FIJI
Dr T.M. Biumaiwai
Permanent Secretary for Health

¹On 22 September 1981.

²From 23 to 28 September 1981.
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<th>Region</th>
<th>Name</th>
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<tr>
<td>FRANCE</td>
<td>Dr F. Gentile</td>
<td>Inspecteur général des Affaires sociales</td>
<td>Paris</td>
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<td>Dr F. Chastel</td>
<td>Directeur de la Santé publique en Polynésie française</td>
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<td>Dr J.E. Noirot</td>
<td>Directeur des Services de Santé de Nouvelle-Calédonie</td>
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<td>JAPAN</td>
<td>Dr A. Tanaka</td>
<td>Director-General</td>
<td>Medical Affairs Bureau</td>
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<td>Dr H. Shinozaki</td>
<td>Deputy Director</td>
<td>Community Service Division</td>
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<td>Dr Y. Hirose</td>
<td>First Secretary</td>
<td>Embassy of Japan in the Republic of the Philippines</td>
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<td>Mr R. Eda</td>
<td>Attaché</td>
<td>Embassy of Japan in the Republic of Korea</td>
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<td>MALAYSIA</td>
<td>Haji (Dr) Abdul Talib bin Latiff</td>
<td>Director-General</td>
<td>Medical and Health Services</td>
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<td>Dr Gopal Prathap</td>
<td>Consultant Chest Physician</td>
<td>National Tuberculosis Centre</td>
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<td>Dr Lim Keow Khang</td>
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<td>The Honourable Mr M. Tovadek, MP</td>
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<td>Mr D. Mileng</td>
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<td>Dr A.N. Acosta</td>
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<td><strong>PORTUGAL</strong></td>
<td>Dr J. da Paz</td>
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<td><strong>REPUBLIC OF KOREA</strong></td>
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<td>Ministry of Health and Social Affairs</td>
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<td>Mr Doo-Ho Rhee</td>
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Mr Young-Man Kim  
Director  
Public Health Bureau  
Seoul Metropolitan Government

Mr Hyo-Hun Shin  
Director  
International Organizations Division I  
Ministry of Foreign Affairs

Mr Kang-Hee Lee  
Director  
International Education Division  
Ministry of Education

Dr Dong-Mo Rhie  
Director  
Division of Medical Affairs I  
Social Affairs

Mr Jong-Chul Kyung  
Director  
Multilateral Cooperation Division  
Ministry of Science and Technology

Mr In-Hwan Kim  
Director  
Overall Planning Division  
Office of Environment

Mr Jiu-Hoo Seok  
Director  
Bureau of Health and Social Affairs  
Gyeongbug Province

Mr Kyong-Ho Kim  
Deputy-Director  
Sanitation Control Division  
Ministry of Health and Social Affairs

Dr Sung-Kyu Ahn  
Director  
Health Services Research Division  
Korea Institute for Population and Health

Dr K.W. Ridings  
Director-General of Health
III. REPRESENTATIVES OF THE UNITED NATIONS
AND RELATED ORGANIZATIONS

UNITED NATIONS CHILDREN'S FUND

Mr S.H. Umemoto
UNICEF Representative
in the Philippines

Mr A.A. Hidalgo
UNICEF Representative
in the Republic of Korea

UNITED NATIONS DEVELOPMENT PROGRAMME

Mr R. Ragde
Resident Representative
of the United Nations
Development Programme
in the Republic of Korea
IV. REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS

WORLD COUNCIL FOR THE WELFARE OF THE BLIND

Dr Mary S. Lee
President
Korean Society for the Welfare of the Visually Handicapped
Seoul

INTERNATIONAL DENTAL FEDERATION

Dr Heun-Taik Jhee
Korean Dental Association
Seoul

INTERNATIONAL FEDERATION OF HEALTH RECORDS ORGANIZATIONS

Sister Mary Daniel Park, OSB
President
Korean Medical Record Association
Seoul

THE WORLD MEDICAL ASSOCIATION, INC.

Dr Tai Joon Moon
President
Korean Medical Association
Seoul

MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION

Dr Chung-Hie Oh
Department of Rehabilitation of Medicine
University Hospital
Seoul

INTERNATIONAL COMMITTEE OF CATHOLIC NURSES

Sister John Kim
Holy Family Sisters
Seoul

INTERNATIONAL COUNCIL OF NURSES

Dr Mo-Im Kim
Member of the ICN Board of Directors
President of the Korean Nurses Association
Seoul

INTERNATIONAL FEDERATION OF OPHTHALMOLOGICAL SOCIETIES

Professor Bon Sool Koo
Department of Ophthalmology
Sung Sim Hospital
Choong Ang University
Medical School
Seoul
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<th>Organization</th>
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<tr>
<td><strong>INTERNATIONAL PAEDIATRIC ASSOCIATION</strong></td>
<td>Dr. Chong Moo Park  &lt;br&gt;Pediatric Association  &lt;br&gt;Hanyang University  &lt;br&gt;Seoul</td>
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<td><strong>INTERNATIONAL PLANNED PARENTHOOD FEDERATION</strong></td>
<td>Professor Jae Mo Yang  &lt;br&gt;President  &lt;br&gt;Planned Parenthood Federation of Korea  &lt;br&gt;Seoul</td>
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<td><strong>INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS ASSOCIATIONS</strong></td>
<td>Mr. Yong Huh  &lt;br&gt;Vice-President  &lt;br&gt;Korean Pharmaceutical Industry Association  &lt;br&gt;Seoul  &lt;br&gt;Mr. Sim Hong Chang  &lt;br&gt;Seoul  &lt;br&gt;Dr. Kyung Sup Chung  &lt;br&gt;Director  &lt;br&gt;National Medical Center</td>
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<td><strong>WORLD FEDERATION OF PROPRIETARY MEDICINE MANUFACTURERS</strong></td>
<td>Dr. K. Naito  &lt;br&gt;Senior Managing Director  &lt;br&gt;Eisai Company, Ltd.  &lt;br&gt;Overseas Operations  &lt;br&gt;Tokyo</td>
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<td><strong>REHABILITATION INTERNATIONAL</strong></td>
<td>Dr. P.K. Moon  &lt;br&gt;President  &lt;br&gt;Korean Society for Rehabilitation of the Disabled  &lt;br&gt;Seoul</td>
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<td><strong>INTERNATIONAL COLLEGE OF SURGEONS</strong></td>
<td>Dr. Yong Kak Lee  &lt;br&gt;Department of Surgery  &lt;br&gt;Catholic Medical Center  &lt;br&gt;Seoul</td>
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<tr>
<td><strong>WORLD FEDERATION OF UNITED NATIONS ASSOCIATIONS</strong></td>
<td>Dr. Sang-Joon Kim  &lt;br&gt;Secretary-General  &lt;br&gt;United Nations Association of Korea  &lt;br&gt;Seoul</td>
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WORLD VETERANS FEDERATION

Mr Sun Il Yoon
WVF Council Member for Korea
Korean Disabled
Veterans Association
Seoul

INTERNATIONAL COUNCIL OF WOMEN

Dr Mo-Im Kim
Vice Convener
International Council
of Women
International Standing
Committee on Health
Seoul