

SUMMARY RECORD OF THE SECOND MEETING

Hotel Shilla, Seoul  
Tuesday, 22 September 1981 at 2.30 p.m.

CHAIRMAN: Mr Doo-Ho Rhee (Republic of Korea)

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1. REPORT OF THE REGIONAL DIRECTOR: Item 9 of the Agenda  
(Document WPR/RC32/3) (continued from the first meeting, section 7)

#### Chapter 14: The Regional Committee

There were no comments.

#### Chapter 15: The Regional Structure

Dr CHRISTMAS (New Zealand) asked why some 15% of posts were vacant and what remedial action was being taken.

The REGIONAL DIRECTOR explained that difficulties were being encountered in the recruitment of international staff because many of the candidates proposed under the quota system did not possess the necessary levels of skill and because some countries did not have sufficient manpower to provide WHO with their citizens' services. Language was another barrier. Furthermore, in the past six months some posts had had to be frozen because of the office's budget deficit due to the rapid increase in the inflation rate. In the next budgetary cycle, a special effort would be made to arrive at a more rational recruitment of international staff. The cooperation of Member States would be needed since, for political reasons, the Organization was unable to send staff of certain nationalities to some countries.

Dr TAPA (Tonga) thanked WHO for supplying a liaison officer for Tonga - an improvement which had greatly facilitated technical cooperation between the Organization and his Government.

#### Part II: Review of selected programmes

##### Leprosy control advisory services

Mr TOVADEK (Papua New Guinea) said that leprosy was a significant health problem, not only in his country, and considerable cooperation had already been given by WHO to overcome it. However, much more needed to be done, particularly with regard to training, especially of primary health care workers.

Dr RIDINGS (Samoa) said that the section of the report under consideration covered its respective field very adequately. It was, however, important that there should be proper coordination between the various programmes and activities. That was particularly so in the case of leprosy, where many agencies were involved. He therefore hoped that, in future, careful attention would be given to the question of coordination.

The REGIONAL DIRECTOR replied that the secretariat was very much aware of the importance of coordination. He noted that Samoa was one of the countries where the leprosy and tuberculosis programmes had been integrated. In any case, representatives could rest assured that more efficient coordination would be secured in coming years.

Dr da PAZ (Portugal) congratulated the Regional Director on his very complete report on the leprosy control advisory services.

Dr TAPA (Tonga), commenting on paragraph 4.1, stressed the very important role being played by voluntary organizations, especially the New Zealand Leprosy Trust Board and the Japan Shipbuilding Industry Foundation.

#### Health of adolescents

There were no comments.

Noting that there were no further comments on the report of the Regional Director, the CHAIRMAN invited the Rapporteurs to prepare a suitable draft resolution on the Regional Director's report. (For consideration of the draft resolution, see the third meeting, section 1.1).

#### 2. PROGRAMME BUDGET: Item 7 of the Agenda

##### 2.1 Changes in the programme budget for 1982-1983 (Document WPR/RC32/2 Rev.1)

The REGIONAL DIRECTOR, introducing the item, recalled that at its previous session the Regional Committee had reviewed the 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 1982-1983. 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 1982-1983 programme budget. An attempt was made, in document WPR/RC32/2 Rev.1, to explain the changes of most significance. The explanation was in narrative form and was indicative for each programme as a whole.

Dr RIDINGS (Samoa) said the Regional Director was aware, at least as far as Samoa was concerned, of the difficulties faced by developing countries as a result of massive increases in fuel costs. He therefore recommended that in future an allowance should be made for that factor, since many worthwhile projects were in difficulties owing to the inability to meet operating costs. Furthermore, many island developing countries were experiencing common problems in the fields of transport and communications. Different vehicles and different communications equipment were being used in different countries. It would thus be advisable to ensure some degree of coordination in order to ascertain what vehicles and equipment were most appropriate, with a view to reducing repair and maintenance costs.

Another problem in small countries was the maintenance of electromedical equipment. The current approach was not entirely successful because, under it, just one person was trained at WHO's expense to do the necessary work, only to be lured away when he returned home by the higher

wages paid in private enterprise. One solution would be to have a team of maintenance workers travelling around Member States to carry out repairs, at the same time training local staff gradually so that their services would not be immediately lost to private enterprise.

Dr CHRISTMAS (New Zealand) said that it was not clear from the wording of paragraph 6(3.3) why the allocation for mental health had been reduced.

Dr HAN (Director, Programme Management) agreed that the wording was not very clear and explained that the reduction was due to the review by individual countries of their requirements for mental health. They had either felt that they did not need so much collaboration from WHO or that other programmes had higher priority.

Dr SUNG-WOO LEE (Republic of Korea) endorsed the programme budget changes and relevant explanations set out in document WPR/RC32/2 Rev.1, which he proposed should be approved as it stood.

Dr MINNERS (United States of America) asked if he was correct in assuming that, while the adjustments to the programme budget included both increases and decreases, the overall budget total remained the same.

Commenting on the reference to the development of national, regional and global strategies in paragraph 3 of the report, he believed that the Committee would willingly support the Regional Director's decisions on budget adjustments if they were clearly justified in terms of national priorities for health for all. He noted that the diagram on page 128 of the Regional Director's biennial report showed an upward trend in the commitment of resources. In terms of support from his country, however, that trend was likely to be, at best, level.

The REGIONAL DIRECTOR confirmed that the overall budget total remained unchanged. The Committee's emphasis on the importance of national strategies would be duly reflected in the preparation of the programme budget proposals for 1984-1985. He noted that intercountry teams, although not in favour in some WHO regions, were still important in the Western Pacific, where a mobile team was often the most efficient means of technical cooperation with a number of small island countries.

Mr KAKAR (Director, Support Programme), replying to the representative of Samoa, said that inflation had led to the freezing of certain posts at the Regional Office to balance increased costs. If the Government of Samoa wished, provisions for Samoa under the 1982-1983 regular programme budget could be reprogrammed to cover some of the local costs it was asking WHO to meet.

The problem of maintaining and repairing electromedical equipment was faced by many countries. Indeed, governments frequently lost the staff they trained because of higher wages elsewhere. An attempt would be made to find a solution; for example, the formation of a mobile team to serve a number of countries.

There being no further comments, the CHAIRMAN asked the Rapporteurs to prepare an appropriate draft resolution. (For consideration of the draft resolution, see the third meeting, section 1.2).

3. SUB-COMMITTEE ON TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES:  
Item 10 of the Agenda

3.1 Report of the Sub-Committee: Item 10.1 of the Agenda  
(Document WPR/RC32/4)

Dr ACOSTA (Philippines), member of the Sub-Committee on Technical Cooperation among Developing Countries, introduced the Sub-Committee's report (document WPR/RC32/4) in the absence of its Chairman and its Rapporteur. He said that the Sub-Committee had been requested by the Regional Committee to address the task of strengthening mechanisms for technical cooperation among countries. For that purpose, members of the Sub-Committee had made country visits to Australia, China, Fiji, Japan and the Philippines in April 1981.

The report 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 Sub-Committee had listed under two headings the problems and constraints in implementing TCDC: problems within developing countries; and problems within sponsor countries or agencies. Particular problems included: difficulties in financing the local travel of exchange fellows, together with lack of transportation and of local funds; poor 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 Sub-Committee had made a number of proposals for strengthening mechanisms for TCDC, including the need for more funds, adequate support to collaborating centres, information strengthening, and strengthening of the representation of ministries of health on national TCDC focal groups or committees. It had also made recommendations on the role of WHO.

The Sub-Committee had held an extensive discussion on its role and concluded that, although its title was the Sub-Committee on Technical Cooperation among Developing Countries, in pursuance of resolution WPR/RC28.R2, its responsibilities should also include the wider area of technical cooperation among countries.

Finally, the Sub-Committee had proposed 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".

Dr SHINOZAKI (Japan), welcoming the report, placed particular emphasis on recommendation (5) in section 5, which dealt with the role of WHO in TCDC. During the year, the Japan International Cooperation Agency had formed a joint mission with the Regional Office to explore the possibility of implementing collaborative projects from the viewpoint of technical

cooperation between countries in the Pacific. Coordination of the efforts of multilateral and bilateral agencies could make a valuable contribution to health for all by the year 2000. He supported the Sub-Committee's proposal for the topic of its next review.

Dr WEINSTEIN (United States of America) said that his delegation had reviewed the report against a background of shrinking resources. Technical cooperative ventures were necessary for improvement. For example, collaborating centres could focus responsibilities, act as clearing-houses for information and help to disseminate the experience and successes of countries in the Region. However, before additional resources were enlisted, the resources already available should be better utilized and more fully shared.

Dr SUNG-WOO LEE (Republic of Korea) expressed support for all the report's recommendations and endorsed the Sub-Committee's suggestion for the next topic for review. Recalling two intercountry workshops on primary health care in which his country had participated, he proposed that such workshops should be used increasingly to enhance TCDC in that field in the context of health for all.

Dr EVANS (Australia) said that there was evidently some confusion between technical cooperation among developing countries and technical cooperation in general. TCDC implied the sharing of experience of the development process, and 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.

He noted that country visits were so brief that only limited assessments could be made benefiting neither the countries nor WHO. The possibility of longer visits might be considered.

The REGIONAL DIRECTOR agreed that short visits could not give a full picture of a country's situation. Intensive visits had been made between developing countries or by a group from developing countries to a developed country. Such visits should be more specific and task-oriented.

The Sub-Committee had discussed the interpretation of TCDC, as its report indicated. No doubt it would bear the Australian representative's comments in mind.

With regard to the coordination of technical cooperation to mobilize resources for "health for all", a suitable approach would be to make an in-depth study of selected countries with the participation of multilateral and bilateral agencies and the WHO Health for All Resources Group. The World Bank was showing interest in health, and WHO and the Asian Development Bank might join it in a sectoral review.

Dr TAPA (Tonga), referring to technical cooperation with multilateral agencies, observed that his country had received a soft loan from the Asian Development Bank to build four health centres on the main island, and negotiations were in progress concerning two further health centres. With regard to the proposal on mechanisms for TCDC in section 5, recommendation (5), his Government had recently been visited by a joint WHO/Government of Japan mission to investigate a likely project. He favoured the topic for the next review suggested by the Sub-Committee.

There being no further comments, the CHAIRMAN requested the Rapporteurs to prepare an appropriate draft resolution. (For consideration of the draft resolution, see the third meeting, section 1.3).

4. REPORT OF THE SUB-COMMITTEE ON THE GENERAL PROGRAMME OF WORK:  
Item 11.1 of the Agenda (Document WPR/RC32/5)

The REGIONAL DIRECTOR said that the Sub-Committee had followed the practice, established the previous year, of dividing its report into separate parts, to conform to separate items on the Agenda. Part I referred to the present item, 11.1; Part II to item 12; Part III to item 14; and Part IV to item 15. He hoped the Committee would agree to discuss each Part of the report separately under the relevant agenda item.

If that was the case, it followed that the Sub-Committee on the General Programme of Work would retain its present membership until each part of its report had been presented to the Regional Committee. He therefore suggested that discussion of item 11.2, Membership of the Sub-Committee, should be deferred until after item 15. One of the recommendations of the Sub-Committee, related to an increase in the number of its members, was repeated in more than one part of its report, and he suggested that any recommendation the Regional Committee itself might wish to make on that particular point should be related to the discussion under agenda item 11.2.

Decision: The suggestions made by the Regional Director were adopted.

Dr CHRISTMAS (New Zealand), Chairman of the Sub-Committee on the General Programme of Work, introducing Part I of the report (document WPR/RC32/5) said the Sub-Committee had consisted of representatives from China, Malaysia, New Zealand, Republic of Korea, Samoa, Singapore and Tonga. It had met in March/April, when it had undertaken country visits, and again in June/July in Manila. The representative of Samoa had unfortunately been unable to take part in the country visits or attend the meetings.

The Sub-Committee had faced the formidable task of reviewing the regional strategy for health for all by the year 2000 in terms of the global strategy adopted by the Thirty-fourth World Health Assembly. It had also been required to consider the proposed global and regional plans of action for implementing the strategy, as well as the material for the Seventh General Programme of Work covering the specific period 1984-1989, and the progress achieved in the Region in implementing the plan of action relating to WHO's structures in the light of its functions. Finally, it had been asked to consider its country visits.

It had accordingly been necessary to present the report in four parts. It was to the Sub-Committee's credit that it had managed to complete its deliberations within the limited time available, and he urged that in future the agenda should be rather more restricted, to allow proper consideration of each item.

Part I of the report related to country visits. The Regional Committee had asked the Sub-Committee to consider indicators developed at country level for the implementation, monitoring and evaluation of national strategies. The Sub-Committee had visited Malaysia and Singapore and then divided; the representatives of New Zealand and the Republic of Korea had gone to the Republic of Korea, and the representatives of China, Malaysia, Singapore and Tonga to Australia. Because of the limited time available, a questionnaire and checklist prepared by the secretariat had been used to assess the validity and relevance of the indicators. During the visits, members of the Sub-Committee had had the opportunity of discussions with members of the Ministries of Health of the countries they visited, and he wished to express his appreciation to the host governments concerned.

The report gave only an overview of the situation in regard to indicators, particularly concerning their relationship to programme development and management at country level. The indicators proposed in the regional strategy had been found to be generally appropriate, in particular those relating to morbidity and mortality. Comments on specific indicators were not included in the report, but were reflected in the revised lists of proposed national and regional indicators given in Part II.

There had been general consensus in the Sub-Committee that a working seminar should be conducted, involving not only health planners but also those concerned in the operational aspects of health management, since that would give a more realistic review of health indicators appropriate to the Region.

The Sub-Committee had also been asked to consider activities for the International Drinking-Water Supply and Sanitation Decade. There had only been time to devote brief attention to that subject, but he was again grateful to those government agencies that had given their assistance.

The members of the Sub-Committee had appreciated the opportunity of working closely with the secretariat. He hoped the Sub-Committee would continue in greater strength in the future, because it had an important role to play in developing regional strategies that were relevant to the Region and represented as much as possible the views of Member States.

Dr MINNERS (United States of America) said that the findings and conclusions in sections 2.3 and 2.4 of Annex 1 to document WPR/RC32/5 gave an impression of considerable unevenness in the development and use of indicators and, without wishing to draw comparisons, he felt that some countries would need at least a sketchy outline of where they stood. The last part of section 2.4 brought out the multisectoral character of indicators, and assistance could be sought to standardize contributions to the human resources and information available elsewhere. He, for example, frequently referred to the indicators of countries' economic status published by the World Bank.



Referring to section 2.4, item (4), page 13/14, on exchange of information and experience, he said that it might further be desirable to provide central services at the Regional Office, not only to ensure that such exchange occurred, but also that it was interpreted for the widest use among countries of the Region.

The Western Pacific Advisory Committee on Medical Research (WPACMR), mentioned in section 2.4, item (7), page 13/14, might be able to help in the development of indicators, in view of the uncertainty about progress and about indicators for monitoring it in such a way as to provide a regional picture. A report might then be made in two years on the solution of the problems listed.

Dr CHRISTMAS (New Zealand) was concerned to correct the impression of absence, in some cases, of a national strategy for health for all; it would be more accurate to refer to the absence of a formal or explicit strategy, since health programmes and policies were in such cases often being developed without a formal reshaping of overall strategy. While all countries visited had acknowledged their acceptance of the principle, some had seen no possibility of such a total reshaping of policies.

There being no further comments, the CHAIRMAN asked the Rapporteurs to prepare an appropriate draft resolution. (For consideration of the draft resolution, see the fifth meeting, section 1.1).

5. STRATEGY FOR THE ACHIEVEMENT OF HEALTH FOR ALL BY THE YEAR 2000:  
REVIEW AND UPDATING: Item 12 of the Agenda (Documents WPR/RC32/6, WPR/RC32/6 Add.1, WPR/RC32/6, Add.1 Corr.1, and WPR/RC32/6 Add.2)

The REGIONAL DIRECTOR, introducing the documents at the request of the CHAIRMAN, said that, besides the published Global Strategy for Health for All by the Year 2000<sup>1</sup> particular attention should be given to document WPR/RC32/6 Add.2, Part II of the report of the Sub-Committee, entitled "Strategies for Health for all by the Year 2000", Annex 1 of which gave the review and updating of the Regional Strategy in the light of the Global Strategy, and to the corrigendum to that document in the English language; document WPR/RC32/6 Add.2 contained the draft plans of action for implementing the Global and Regional Strategies.

Dr AHN (Republic of Korea), Rapporteur for Part II of the Sub-Committee's report, further explained Annex 1 to document WPR/RC32/6 Add.1, prepared in accordance with the intention expressed at the previous session of the Regional Committee to update the regional policies and strategies, and with the need to make adjustments following the adoption of the Global Strategy by the Thirty-fourth World Health Assembly.

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<sup>1</sup>"Health for All" Series, No. 3, WHO, Geneva, 1981.

The main improvements were a new Chapter 5 on Development of the health system based on primary health care; revision of section 7.1, on Human resources development, in Chapter 7; the lists of indicators for monitoring, in Chapter 9; and the expansion of Chapter 10 on the role of WHO - particularly the part referring to WHO's collaboration in pursuance of the ten broad objectives of the Regional Strategy.

In the absence of general comment, the CHAIRMAN invited comment on the revised chapter and sections of Annex 1 of document WPR/RC32/6 Add.1.

Dr DONG MO RHIE (Republic of Korea) welcomed the revised text of Chapter 5, and in particular the reference to training in health management and administration in section 5.2(3). He described his country's cooperative activities in that field.

The CHAIRMAN called attention to changes and additions in the remaining chapters of Annex 1, document WPR/RC32/6 Add.1. There were no comments but after Dr HAN, Director, Programme Management, at the request of the representative of the Philippines, Dr ACOSTA, had explained the reasons for the procedure that had been followed, it was decided to allow more time for reflection and to resume discussion of the document at 9.00 a.m. the following morning. (For continuation of discussions, see the third meeting, section 3.)

The meeting rose at 4.45 p.m.