

**SUMMARY RECORD OF THE FIFTH MEETING**

**WHO Conference Hall, Manila**  
**Thursday, 21 September 1989 at 2.30 p.m.**

**CHAIRMAN: Mr N. Supa (Solomon Islands)**

**CONTENTS**

	<u>page</u>
1. Health information systems and health informatics.....	146
2. Report of the Sub-Committee of the Regional Committee on Programmes and Technical Cooperation, Part II: Collaboration with regional and national nongovernmental organizations in official relations with WHO.....	146
3. Special Programme for Research and Training in Tropical Diseases: Membership of the Joint Coordinating Board.....	148
4. Special Programme of Research, Development and Research Training in Human Reproduction: Membership of the Policy and Coordination Committee .....	149
5. Correlation of the work of the World Health Assembly, the Executive Board and the Regional Committee.....	150
5.1 Consideration of resolutions of the Forty-second World Health Assembly and the Executive Board at its eighty-third and eighty-fourth sessions.....	150
5.2 Consideration of the agenda of the eighty-fifth session of the Executive Board .....	153
5.3 Rescheduling of sessions of the World Health Assembly.....	153
6. Selection of topic for the Technical Discussions in conjunction with the forty-first session of the Regional Committee.....	155
7. Programme of Work .....	159

1. **HEALTH INFORMATION SYSTEMS AND HEALTH INFORMATICS:**  
Item 15 of the Agenda (Document WPR/RC40/11 Rev.1)

The REGIONAL DIRECTOR, introducing the item, said that the topic was becoming increasingly important in the Region because of the rapidly increasing availability of informatics technology and the growing need for health information to support management decision-making.

Health information systems had improved rapidly in the Region in the past few years, particularly in the larger developing countries. Much progress had been made in determining what data were needed, by whom and when. The need to collect, store and retrieve data quickly to meet management needs had underscored the need to link informatics technology with information systems development and management.

In 1988, the Sub-Committee of the Regional Committee on Programmes and Technical Cooperation had visited three countries and submitted its report on the topic. At its thirty-ninth session, the Regional Committee had taken note of the Sub-Committee's report and requested the Regional Director to report to the Regional Committee at its fortieth session on the extent to which the Sub-Committee's recommendations had been implemented.

The report reviewed the progress to date on the recommendations.

Mr CHILIA (Vanuatu) commended the report. For any health programme to be successful, monitoring and evaluation at all levels of implementation were essential. They could only be undertaken once effective health information systems had been established.

Vanuatu had recently reorganized its health administration, and the new structure included technical sub-committees for support, one of which concerned health information. That sub-committee was focusing attention on improving quality of data by means of improving records. Training of field staff in data reporting and processing was proceeding. He expressed Vanuatu's gratitude to WHO, the South Pacific Commission and other agencies for their support in that important area.

2. **REPORT OF THE SUB-COMMITTEE OF THE REGIONAL COMMITTEE  
ON PROGRAMMES AND TECHNICAL COOPERATION, PART II:  
COLLABORATION WITH REGIONAL AND NATIONAL  
NONGOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS  
WITH WHO: Item 17 of the Agenda (Document WPR/RC40/13)**

Mrs SMAIL (New Zealand), as Rapporteur of the Sub-Committee, introduced the report. She recalled that in 1986 the Regional Committee had requested the Regional Director to establish, for a two-year trial period, a mechanism for the development of working relations with selected regional and national nongovernmental organizations, and to report to the Regional Committee at its fortieth session.

At its meeting in July 1989, the Sub-Committee had reviewed a report on activities undertaken by the Regional Office in collaboration with regional and national nongovernmental organizations in the Western Pacific Region.

It had noted that those activities were not significant in number or achievement. Progress in establishing working relations with nongovernmental organizations had been hampered by a lack of clear guidelines at the regional level. The Sub-Committee had therefore developed a set of provisional guiding principles for the establishment of working relations with regional and national nongovernmental organizations, and submitted that work to the Regional Committee for its consideration.

The guiding principles were contained in Annex 1 of document WPR/RC40/13, and included a working definition of a nongovernmental organization, criteria for the establishment of working relations between nongovernmental organizations and the Western Pacific Regional Office, and procedures to be adopted for development of working relations with that Regional Office. They also covered the privileges conferred and responsibilities associated with such relations.

Once guidelines had been adopted, a trial period of three to five years was recommended to evaluate their effectiveness.

She suggested that the Committee might wish to consider delegating to the Sub-Committee the responsibility of reviewing WHO's cooperation with nongovernmental organizations, and to request the Regional Director to report to it on the evaluation. At that time, the Committee might wish to consider formalizing working relations between WHO and certain nongovernmental organizations in the Region.

Mr CAO (China) said that his delegation had studied the Sub-Committee's report with care and endorsed the continued delegation of authority to the Sub-Committee to review the issue.

Nongovernmental organizations, whether national, regional or international, all had particular technical strengths. Full advantage should be taken of those strengths in support of efforts to attain the goal of health for all by the year 2000. Development of relations with nongovernmental organizations should take account of their relations with national health authorities, and of the views of those authorities.

He proposed the addition of the word "membership" to paragraph 3.2 of the provisional guiding principles contained in Annex 1 of document WPR/RC40/13, so that the paragraph would begin with the words "The membership, aims and activities of the NGO".

Dr TAPA (Tonga), welcoming the Sub-Committee's report, said that there was no doubt about the increasingly important role nongovernmental organizations were playing in collaboration with Member States and WHO both in activities at the country level and in WHO regional programmes. Examples included the regional AIDS programme, the Expanded Programme on Immunization, control of diarrhoeal diseases, etc.

He endorsed the provisional guiding principles contained in Annex 1 of the report, together with the amendment proposed by the representative of China.

Mr MANATA (Solomon Islands) said that his delegation endorsed the provisional guiding principles proposed by the Sub-Committee.

Dr TALWAT (Papua New Guinea) expressed his country's appreciation of the work undertaken by nongovernmental organizations in Papua New Guinea. Two organizations in particular had worked side by side with the Government in the provision of health care services. They were the Lifeline of Papua New Guinea and the Family Planning Association of Papua New Guinea, which was affiliated to the International

Planned Parenthood Federation. Papua New Guinea also wished to thank WHO for its initiative in that area. At the present time of financial difficulty, nongovernmental organizations would play a major role in carrying out some of the services that some governments in the Region could not afford to provide. He fully endorsed the work of the Sub-Committee and supported its continued endeavours to clarify the procedures concerning the relations of nongovernmental organizations with WHO.

Dr REODICA (Philippines) said that her Government recognized that the tasks of government were too complex for governments to handle without assistance, and therefore strongly supported WHO's initiatives to establish collaboration with nongovernmental organizations in health activities.

The REGIONAL DIRECTOR said that before deciding whether to accept the amendment proposed by the representative of China, the Committee might wish to recall that in January 1975, at its fifty-fifth session, the Executive Board had discussed membership of nongovernmental organizations and had adopted resolution EB55.R53, which particularly concerned the representation of China in such organizations. The resolution emphasized the right of representatives of the People's Republic of China to be the sole legitimate representatives of China in international nongovernmental organizations. It was his understanding that the Director-General had transmitted that resolution to all international nongovernmental organizations in official relations with WHO. WHO took account of the membership of a nongovernmental organization when considering whether to enter relations with that organization. From the Secretariat's point of view, therefore, the proposed amendment was not essential. However, it was, of course, for the Committee to decide whether it wished to accept the amendment.

Dr TAPA (Tonga) said that in view of the Regional Director's remarks, he would be grateful if the representative of China would repeat the proposed amendment.

Mr CAO (China) said that his proposal was to amend paragraph 3.2 of the provisional guiding principles contained in Annex 1 of document WPR/RC40/13 to read "The membership, aims and activities of the NGO shall be in conformity with the spirit, purposes and principles of WHO and in particular with the health-for-all strategies".

Dr ADAMS (Australia) supported the proposed amendment and Dr TAPA (Tonga) reaffirmed his support.

The amendment was accepted.

The CHAIRMAN requested the Rapporteurs to prepare an appropriate draft resolution, taking into account the amendment made to the provisional guiding principles.

3. SPECIAL PROGRAMME FOR RESEARCH AND TRAINING IN TROPICAL DISEASES: MEMBERSHIP OF THE JOINT COORDINATING BOARD:  
Item 18 of the Agenda (Document WPR/RC40/14)

The REGIONAL DIRECTOR said that paragraph 2.2.2 of the Memorandum of Understanding on the Administrative and Technical Structures of the Special Programme for Research and Training in Tropical Diseases, which was contained in Annex 1 of document WPR/RC40/14, provided for the selection by the WHO regional committees of two Member States from among those directly affected by the diseases dealt with by the Special Programme, or from among those providing technical or scientific support to the Special Programme.

The two Member States of the Western Pacific Region thus selected were currently Fiji and China. Since the three-year period of tenure for Fiji expired on 31 December 1989, the Committee would wish to appoint a Member State to represent the Region from 1 January 1990. It might therefore wish to consider Solomon Islands as a replacement for Fiji.

The dates and place of the 1990 meeting of the Joint Coordinating Board would be conveyed to Member States in due course.

Mr MANATA (Solomon Islands) said that while it was a great honour for Solomon Islands to be nominated as a candidate for membership of the Joint Coordinating Board, he had to say, regretfully, that it could only accept the nomination if WHO would be prepared to meet any costs that membership would incur.

The REGIONAL DIRECTOR said that in accordance with the Rules of Procedure for the Memorandum of Understanding, it was hoped that normally countries would bear the costs of their membership of the Joint Coordinating Board. However, in cases of financial difficulty, it was suggested that the country concerned should write officially to the Special Programme for Research and Training in Tropical Diseases at WHO headquarters, which would usually be prepared to accept the costs.

The CHAIRMAN requested the Rapporteurs to prepare an appropriate draft resolution.

4. SPECIAL PROGRAMME OF RESEARCH, DEVELOPMENT AND RESEARCH TRAINING IN HUMAN REPRODUCTION: MEMBERSHIP OF THE POLICY AND COORDINATION COMMITTEE: Item 19 of the Agenda (Document WPR/RC40/15)

The REGIONAL DIRECTOR said that the Policy and Coordination Committee was the governing body of the Special Programme of Research, Development and Research Training in Human Reproduction. It was composed of four categories of members from the various Member States with a total of 32 members. One of the categories, category (b), had members from 14 Member States, three of which were in the Western Pacific Region. Those Member States were to be selected by the WHO regional committees according to population distribution and regional needs for three-year terms.

The three category (b) members were currently from the Philippines, Tonga and Viet Nam. The period of tenure of the member from Viet Nam was due to expire on 31 December 1989.

In order to maintain full representation of the Western Pacific Region on the Policy and Coordination Committee, the Regional Committee was requested to select one Member State to nominate a member whose three-year term would start on 1 January 1990. The Regional Committee might wish to select Singapore. The Secretariat considered that the place vacated by Viet Nam should be filled by a country located in the northern hemisphere.

The next meeting of the Coordination Committee would be from 20 to 22 June 1990.

Dr KWA (Singapore) noted that Professor Ratnam of Singapore was currently a member of the Committee, but he was not sure in what capacity.

The REGIONAL DIRECTOR explained that his understanding was that Professor Ratnam's membership of the Committee was not as a representative of the Western Pacific Region.

The CHAIRMAN noted that the Committee agreed to nominate the representative of Singapore as a member of the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction, and requested the Rapporteurs to prepare a draft resolution.

5. CORRELATION OF THE WORK OF THE WORLD HEALTH ASSEMBLY, THE EXECUTIVE BOARD AND THE REGIONAL COMMITTEE: Item 20 of the Agenda

5.1 Consideration of resolutions of the Forty-second World Health Assembly and the Executive Board at its eighty-third and eighty-fourth sessions: Item 20.1 of the Agenda (Document WPR/RC40/16)

The REGIONAL DIRECTOR said that document WPR/RC40/16 contained certain resolutions adopted by the Forty-second World Health Assembly which were of significance to the Western Pacific Region. Relevant resolutions were reflected in the Health Assembly resolutions being brought to the attention of the Committee. Other resolutions adopted by the Health Assembly that needed to be brought to the attention of the Committee were related to other items on the agenda, and would be considered as each item was discussed.

Resolution WHA42.1 - the request of Palestine for admission as a Member of the World Health Organization - had not been included in the document because it was a global matter, but if Palestine were admitted it would probably have implications at the regional level. He acknowledged the active involvement of representatives of Member States from the Region who took the initiative which led to a favourable outcome of those discussions at the last Health Assembly.

5.1.1 Resolution WHA42.2 - Second report on monitoring progress in implementing strategies for health for all

The REGIONAL DIRECTOR drew attention to operative paragraphs 1 and 2. Preparation of national information systems should begin so that the evaluation of regional strategies in 1991 could be based on adequate and accurate data.

There were no comments.

5.1.2 Resolution WHA42.3 - Strengthening technical and economic support to countries facing serious economic constraints

The REGIONAL DIRECTOR said Member States should be alerted in particular to the potential side-effects of economic adjustment programmes on poor and disadvantaged population groups. Particular measures were needed to protect such groups.

There were no comments.

5.1.3 Resolution WHA42.19 - Tobacco or Health

The REGIONAL DIRECTOR observed that more and more Member States had initiated tobacco-or-health activities and had requested WHO to support their activities.

There were no comments.

5.1.4 Resolution WHA42.20 - Prevention and control of drug and alcohol abuse

The REGIONAL DIRECTOR drew attention to operative paragraph 1.

There were no comments.

5.1.5 Resolution WHA42.25 - International Drinking Water Supply and Sanitation Decade

The REGIONAL DIRECTOR noted that operative paragraphs 2 and 3 urged Member States and external support agencies to accelerate programmes in water supply and sanitation using new approaches and increasing funding.

There were no comments.

5.1.6 Resolution WHA42.26 - WHO's contribution to the international efforts towards sustainable development

The REGIONAL DIRECTOR drew attention to operative paragraph 3.

There were no comments.

5.1.7 Resolution WHA42.27 - Strengthening nursing and midwifery in support of strategies for health for all

The REGIONAL DIRECTOR said nursing education in the countries of the Western Pacific Region had changed a lot in the last decade but efforts were still needed, especially in making full use of today's better trained nurses.

There were no comments.

5.1.8 Resolution WHA42.28 - Disability prevention and rehabilitation

The REGIONAL DIRECTOR drew attention to operative paragraph 1.

There were no comments.

5.1.9 Resolution WHA42.30 - Malaria control

The REGIONAL DIRECTOR drew attention in particular to the need for technical support in programme development and for strengthening national anti-malaria personnel.

There were no comments.

5.1.10 Resolution WHA42.31 - Control of disease vectors and pests

The REGIONAL DIRECTOR said vector control was a high priority in many countries and areas of the Region, especially where malaria and dengue haemorrhagic fever were endemic.

There were no comments.

5.1.11 Resolution WHA42.35 - Prevention and control of cardiovascular diseases and other chronic noncommunicable diseases

The REGIONAL DIRECTOR drew attention to operative paragraph 2.

There were no comments.

5.1.12 Resolution WHA42.36 - Prevention and control of diabetes mellitus

The REGIONAL DIRECTOR drew attention to operative paragraph 1.

There were no comments.

5.1.13 Resolution WHA42.37 - Encouragement of technical cooperation among developing countries (TCDC) through the promotion of national centres for research and the training of specialists

The REGIONAL DIRECTOR drew attention to operative paragraph 2.

There were no comments.

5.1.14 Resolution WHA42.39 - Oral health

The REGIONAL DIRECTOR said that more concerted efforts were needed in national oral health programmes to place more emphasis on health promotion, disease prevention and appropriate care.

There were no comments.



5.1.15 Resolution WHA42.40 - Prevention and control of salmonellosis

The REGIONAL DIRECTOR drew attention to operative paragraph 1.

There were no comments.

5.1.16 Resolution WHA42.41 - the health of youth

The REGIONAL DIRECTOR said that health education programmes for adolescents were being strengthened in most of the countries and areas of the Region and they would probably need increasing attention in the future.

There were no comments.

5.1.17 Resolution WHA42.43 - Traditional medicine and modern health care

The REGIONAL DIRECTOR drew attention to operative paragraph 1.

There were no comments.

5.1.18 Resolution WHA42.44 - Health promotion, public information and education for health

The REGIONAL DIRECTOR drew attention to operative paragraph 1.

There were no comments.

5.2 Consideration of the agenda of the eighty-fifth session of the Executive Board: Item 20.2 of the Agenda (Document WPR/RC40/17 Rev.2)

The REGIONAL DIRECTOR said that the correlation between the work of the Regional Committee, the Executive Board and its Programme Committee, and the World Health Assembly had been reported on each year to the Regional Committee for several years.

At the current session, the Regional Committee had discussed a number of issues - the regional fellowship programme, the Expanded Programme on Immunization, and health information systems and health informatics - prior to their debate at global level.

There were no comments.

5.3 Rescheduling of sessions of the World Health Assembly: Item 20.3 of the Agenda (Document WPR/RC40/18)

The REGIONAL DIRECTOR said that document WPR/RC40/18 had been prepared by Headquarters, and sought the Committee's views on four alternative proposals for rescheduling the various sessions of WHO's governing bodies. It was requested to give careful consideration to those proposals and their implications and summarize its conclusions so that the Director-General might be advised of its views and comments.

Unfortunately, the background document had been received rather late from Headquarters, so that it had not been possible to forward it to Member States in the suggested format.

In the document the Director-General expressed his preference with regard to the options proposed: option 3, followed by option 4. His own preference was the same.

With regard to rescheduling the sessions of the Regional Committee, he would like to see a shift of dates to January or February. That time would best suit the Secretariat, and the cooler, drier weather of that season would also allow representatives a more comfortable stay during sessions in Manila.

As he had already mentioned, a crisis had been averted at the last Health Assembly largely thanks to several Member States from the Western Pacific Region, who had encouraged the adoption of an interim conciliatory approach in the form of a resolution. The recurrence of such incidents must be avoided at all costs, and the alternatives should be studied.

He drew attention to the questions raised in section 10.2 of document WPR/RC40/18 - regarding the rescheduling of the Health Assembly to some time in September or October, the long session of the Executive Board to May or June, and the regional committees to January or February. Option 4 (in section 5.1) was to reschedule all the governing bodies (i.e. the same as in option 3) except that PAHO would organize the schedule of the sessions of its governing bodies as necessary.

He suggested that the representatives of all Member States express their views, so as to enable him to reflect the views of all Member States of the Region when he reported to the Executive Board in January 1990.

Mr CHILIA (Vanuatu), Mrs SMAIL (New Zealand), Professor NGUYEN (Viet Nam), Dr ADAMS (Australia), Mr CAO (China), Dr TEARIKI (Cook Islands), Dr VAREA (Fiji), Mr DROLLET (France), Dr TAITAI (Kiribati), Professor RAJPHO (Lao People's Democratic Republic), Dr REODICA (Philippines), Dr PEREIRA (Portugal), Mr FOSI (Samoa), Mr SUPA (Solomon Islands), and Dr TAPA (Tonga) supported option 3. The representatives of France, the Lao People's Democratic Republic, Malaysia, Samoa, Tonga, the United States of America, Vanuatu and Viet Nam urged that the rescheduling be made as from 1990.

Pengiran Dato Yassin MOMIN (Brunei Darussalam) and Dr TALWAT (Papua New Guinea) favoured option 3, and option 4 as their second choice.

Dr SHIMAO (Japan) said he had attended the Forty-second World Health Assembly and the July meeting of the Executive Board's Programme Committee. WHO was a technical organization dealing exclusively with health, and the intrusion of political matters - which limited the time for discussion on other matters and threatened the solidarity and unity of the Organization - should be avoided as far as possible.

Regarding question (a) in section 10.2 of the document (the practical implications for Member States of rescheduling the Health Assembly from May to October/November, particularly for attendance of Ministers of Health), the Parliament of Japan held its regular session from January to May, and no regular session in autumn. The rescheduling of the Health Assembly would thus facilitate matters for Japan. Nor did Japan have any particular problem regarding the rescheduling of the long session of the Executive Board from January to May/June (question (b)), or the rescheduling of regional committees to January/February/March (question (c)).

He strongly supported option 3, but PAHO's decision (to be taken the following week) would have to be taken into account.

Dr ABDULLAH (Malaysia) supported option 3, although Malaysia would experience some difficulties, since the long sitting of Parliament, at which the country's budget was discussed, was held from October to December. That meant, in addition, that the Minister of Health might not be able to attend the Health Assembly.

Dr CHO (Republic of Korea) said that since the Parliament of the Republic of Korea met from the beginning of September to the end of December, and the country's budget and political questions were discussed during that session, the Republic of Korea preferred the current procedure.

Dr KWA (Singapore) preferred option 3, and would prefer the Regional Committee to be held in January or February rather than in March, if possible.

Dr LEE (United Kingdom of Great Britain and Northern Ireland) supported option 3, and preferred January for the Regional Committee meeting, if possible.

Dr MANLEY (United States of America) supported option 3, effective in 1990. However, she also wished to ensure that the Health Assembly and regional committee meetings were timed to ensure the participation of the maximum possible number of Ministers of Health - which was essential for the vitality of WHO. She hoped that all Member States would give full consideration to that aspect.

The CHAIRMAN said that the Regional Director would ensure that the Committee's comments would be transmitted to Headquarters.

6. SELECTION OF TOPIC FOR THE TECHNICAL DISCUSSIONS IN CONJUNCTION WITH THE FORTY-FIRST SESSION OF THE REGIONAL COMMITTEE: Item 21 of the Agenda (Document WPR/RC40/19)

The REGIONAL DIRECTOR said that after the closure of the session, the Technical Discussions would be held on the topic "Tobacco or health".

In the meantime, the Committee should select a topic for the Technical Discussions in 1990. Document WPR/RC40/19 contained three proposals for consideration. Those were: (1) Health legislation; (2) Health aspects of emergency preparedness and response; (3) Leprosy.

The Committee, however, was free to propose alternative topics.

The last paragraph of document WPR/RC40/19, pointed out that the subject of the Technical Discussions at the Forty-third World Health Assembly in 1990 would be "The role of health research in the Strategy for Health for All by the Year 2000".

Dr TAPA (Tonga) preferred topic (2), health aspects of emergency preparedness and response, because natural and man-made disasters were increasing throughout the world. Specific examples were typhoons and hurricanes. In view of the misery and suffering caused by such disasters, he preferred topic (2). In addition, the United Nations General Assembly had declared the 1990s the decade for natural disaster reduction, and he believed the Director-General of WHO was setting up a unit for emergency rehabilitation at Headquarters.

Health legislation was mainly a matter for administrators, who could hold a workshop to discuss the subject. Leprosy had been dealt with as an agenda item in previous sessions of the Regional Committee and there had been workshops on multidrug therapy.

Mrs SMAIL (New Zealand) suggested "Sexually transmitted diseases" as an alternative topic for the technical discussions. It was a continuing priority, relevant to all Member States, and was closely linked to AIDS.

Pengiran Dato Yassin MOMIN (Brunei Darussalam) said that the most relevant topic for Brunei would be topic (1), health legislation. The development of health legislation was a high priority in the Ministry, but efforts to revise and update their legislation in the field had been hampered by factors beyond their control. However, he added that one afternoon might be too little time to do justice to such a complex subject. In that case, his delegation would opt for topic (2), health aspects of emergency preparedness and response, which was also an area in which his country wanted to develop a programme.

Dr ABDULLAH (Malaysia) said that all three topics were equally important, but leprosy was the most important disease in his country, as it was endemic. Malaysia had had a leprosy control programme for many years; there was now greater knowledge about the prevention and treatment of that disease, so it was necessary to discuss the matter and exchange views and experience. Malaysia therefore preferred topic (3), leprosy. However, if other members of the Committee selected topic (1) or (2), Malaysia would not object, as they were also important subjects for his country.

Dr TAITAI (Kiribati) said that topic (1), health legislation, was the most important issue for Kiribati. The current health legislation in the country dated from colonial days and had not been revised. It was a difficult issue and he would welcome hearing the views of other Member States regarding the problems they had encountered and their solutions. Furthermore, country representatives would be instrumental in changing the health legislation in their countries and that would be important in achieving the goal of health for all. However, he would go along with the general consensus if one of the other topics were selected, as they were also important.

Dr LEE (United Kingdom of Great Britain and Northern Ireland) proposed topic (3), health legislation, for two reasons: first, new legislation had to be introduced to deal with new diseases such as AIDS. Suggestions had already been made concerning legislation for AIDS. That topic would therefore allow Member States to review legislation for new diseases. Second, legislation for the prevention of spread of diseases needed to be reviewed in the light of new technology. An example was quarantine measures to prevent the introduction of dangerous communicable diseases.

He therefore preferred topic (1), health legislation. However, his country would go along with the majority if a different topic was selected.

Mr CHILIA (Vanuatu) supported all three topics submitted by the Regional Director.

Dr TALWAT (Papua New Guinea) joined with other speakers in supporting topic (1), health legislation, because it was constantly evolving. It needed to be reviewed to accommodate progress in certain areas. Topic (2) was also an important issue but many workshops and activities were being held on that subject. Leprosy was an ongoing

problem. However, the purpose of the technical discussion was to accommodate changes that were taking place in line with the target of health for all by the year 2000. Therefore, Papua New Guinea supported topic (1).

Mr MANATA (Solomon Islands) said that his country had not developed any firm policy with regard to tobacco or smoking. Each of the three subjects suggested had equal priority in the Solomon Islands, so that he could accept any of them.

Mr DROLLET (France) said that all three topics were important but his own preference was for leprosy. The second choice would be health aspects of emergency preparedness and response, since French Polynesia suffered greatly from typhoons. However, he understood the concern felt by representative of New Zealand about sexually transmitted disease. Nevertheless, he would also like to suggest another topic, cancer, as a subject for the Technical Discussions; in French Polynesia, it came second among the causes of death, after cardiovascular diseases.

Dr TEARIKI (Cook Islands) thought that the additional subjects suggested by the representatives of New Zealand and France were quite reasonable ones. His preference was for health legislation, and then for emergency preparedness and response. Health legislation was not important just for small island states. It was a difficult subject and experts on it were in short supply. Much health legislation was out of date; that was also true of his country, which had sought WHO assistance on it for the last two or three years, but without success.

Dr PEREIRA (Portugal) also preferred health legislation.

Mr FOSI (Samoa) thought that all three proposed topics were relevant; he would accept whatever subject was chosen by the Committee.

Dr ADAMS (Australia) pointed out that health legislation could subsume all the other subjects mentioned. Thus there was an obvious need to modernize the old legislation on venereal diseases that was still in force; that was also true of leprosy, where the quarantine regulations needed to be brought up to date. With regard to cancer, useful legislation was being brought in to restrict the availability and advertising of cigarettes, together with environmental legislation aimed at reducing discharges of toxic and carcinogenic substances. Legislation on emergencies also existed.

Mr CAO (China) said that the three topics recommended were all important but he believed that health legislation would be the most appropriate. The Government's basic obligation was to provide health services to the population. However, some health laws and regulations still in use were obsolete, and his country was proposing to introduce legislation on that subject. All Member States would gain from a discussion of health legislation. China would therefore prefer that topic. However, if there was a consensus in favour of another topic, his delegation would accept it.

Mrs SMAIL (New Zealand) said that the majority preference appeared to be for health legislation, which her delegation would also support; however, it could also accept any of the others.

Professor NGUYEN (Viet Nam) said that all three topics were of great interest, but his preference was for health legislation, since that was absolutely essential for the health services. The support of health legislation was essential for the implementation of health for all in Viet Nam.

Dr TALWAT (Papua New Guinea) said that the representative of Australia had touched on the key issue, namely that health legislation covered all the other subjects that had been suggested. In addition, it was a subject that had not been dealt with in any regional discussion in the past.

Dr SHIMAO (Japan) said that his delegation had no objection to any of the topics. However, a medical team had been created in Japan for disaster relief because countries and areas of the Region had experienced so many disasters, and his delegation therefore considered that emergency preparedness and response might be a good topic. Nevertheless, since most representatives preferred health legislation, it would not object to it.

Dr TAPA (Tonga) said that he was also prepared to go along with the majority and would therefore accept health legislation, particularly in the light of the suggestion made by the representative of Australia that the other topics would come up under it.

THE REGIONAL DIRECTOR proposed that health legislation should be the topic for the Technical Discussions. Health aspects of emergency preparedness and response could then become one of the agenda items in 1990. Cancer could be dealt with by the Sub-Committee when it was looking into noncommunicable diseases through country visits, and their report could be discussed by the Regional Committee. Sexually transmitted diseases could be considered together with AIDS, on which a report had to be made to the Committee every year. Leprosy, as he had mentioned in his introduction to his report, should eventually be better covered by multidrug therapy, so that in two years time a clearer picture would become available, and it would be possible to see much more clearly the direction to take. For that reason, if the Committee agreed, leprosy could be an agenda item at the forty-second session. All representatives' views would then be accommodated.

Dr REODICA (Philippines) thought that the Committee was not faced with an either/or situation since all the subjects were equally important. However, she would support health legislation, since it was necessary to educate political leaders and there was a need to change legislation that ran counter to the health for all strategy. Her second choice would be for emergency preparedness and response, since her country was prone to disasters, both natural and man-made.

Pengiran Dato Yassin MOMIN (Brunei Darussalam) supported the Regional Director's proposal.

Dr TALWAT (Papua New Guinea) said that it was clear that nearly all representatives preferred health legislation. It should be adopted, and the Secretariat left to accommodate the others, as the Regional Director had suggested.

Mr DROLLET (France) and Dr TAPA (Tonga) both supported the Regional Director's proposal.

The CHAIRMAN said that he took it that health legislation had been chosen as the topic for the Technical Discussions in conjunction with the forty-first session of the Regional Committee. He therefore requested the Rapporteurs to prepare a suitable draft resolution. He also took it that the Committee accepted the Regional Director's suggestion that the other two topics should be included as agenda items at the two subsequent sessions of the Regional Committee.

## 7. PROGRAMME OF WORK

The CHAIRMAN said that the Regional Committee would have the whole of the following day for the discussion of the planning and managing of finances for health. For that reason, he proposed that the discussion should be organized somewhat differently from usual. During the morning session, representatives could present country reports, while in the afternoon the discussion should be more interactive and concentrate on only three or four priority issues so as to make the best use of the time available.

The meeting rose at 4.40 p.m.