



**REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU RÉGIONAL DU PACIFIQUE OCCIDENTAL**

REGIONAL COMMITTEE

WPR/RC45/19

**Forty-fifth session
Kuala Lumpur
19-23 September 1994**

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Provisional agenda item 21

**SELECTION OF TOPIC FOR THE
TECHNICAL DISCUSSIONS IN CONJUNCTION WITH
THE FORTY-SIXTH SESSION OF THE REGIONAL COMMITTEE**

In this document the Regional Director presents possible topics for the Technical Discussions to be held in conjunction with the forty-sixth session of the Regional Committee in 1995. Representatives may, of course, wish to suggest other topics for the Regional Committee to consider.

Attention is also drawn to the decision of the Executive Board at its ninety-fourth session in May 1994, "that from the Forty-ninth World Health Assembly in May 1996, and on a trial basis, Technical Discussions will be replaced by a limited number of well organized technical briefings and by informal forums for dialogue" (resolution EB94.R2).

The Regional Committee, at its thirty-third session in 1982, decided that technical discussions should be held in conjunction with sessions of the Regional Committee.¹

"Drug quality assurance" is the topic of the Technical Discussions to be held in conjunction with the forty-fifth session.

The Committee may wish to consider the following suggestions for the topic of the Technical Discussions to be held in conjunction with the forty-sixth session in 1995.

1. ASSESSMENT OF HEALTHY LIFESTYLE CAMPAIGNS

The increase in lifestyle-related diseases has prompted many Member States in the Western Pacific Region to support the development of lifestyles conducive to health. These public information and education campaigns promote healthy behaviours such as regular exercise and stress management in conjunction with balanced diets and no-smoking.

The complexity of such behaviours makes it difficult to measure change. These patterns are an integral part of the way people live their lives. It is equally difficult to monitor and evaluate the progress of programmes which seek to support such qualitative changes. The circumstances which influence or shape the development of lifestyles are constantly evolving. Past conditions are reflected, as are the current state of the environment or the habits of the particular community. Changes in lifestyles can be directed or influenced by the individual's potential to develop, and by the factors enabling or preventing this.

Although some valuable work has been done on creating qualitative indicators, there is, so far, no set of tested and reliable measurements for these behaviours. Efforts are being made to develop such indicators, aiming to evaluate progress made by the healthy lifestyle campaign.

¹See resolution WPR/RC33.R20, *Handbook of Resolutions and Decisions of the Regional Committee for the Western Pacific*, Vol. II (1976-1985), 5th ed. Manila: World Health Organization, 1986. p. 161.

2. OCCUPATIONAL HEALTH RISKS IN THE WORKPLACE

Rapid socioeconomic development in the countries of the Region, particularly in the industrial sector, has meant increased exposure of workers to occupational health risks. These include risks from working in poorly-designed factories, dangers associated with both heavy and light machinery, exposure to industrial chemicals and wastes, as well as to occupational and other stress. In particular, the increase in small-scale enterprises and cottage industries in the Region's developing economies presents an emerging problem of monitoring and control, as these are not adequately covered by occupational safety and health inspectors at present. This is also an area where the especially vulnerable groups of workers are found, such as children, adolescents and women. Agricultural activities increasingly provide risk exposure to chemical fertilizers, pesticides and herbicides. In most developing countries, over half of the workforce are employed in small-scale enterprises, mining and agriculture.

Discussion of these risks and what measures can be taken will draw attention to the preventive activities that can minimize or eliminate risks in the workplace. Legislation, and the implementation of occupational and safety regulations, have contributed to reduced prevalences of occupational diseases and the number of industrial accidents in countries such as Australia, Japan, New Zealand and Singapore. Such measures still need to be further developed in the newly industrialized and the developing countries in the Region. Systems to monitor their implementation also need to be established. Although health promotion in the workplace is still relatively uncommon in the Region as a whole, some large industries and state-controlled enterprises have instigated healthy work environments, which include facilities such as creches. In return, these enterprises have seen increased productivity, reduced absenteeism and improved work practices. There is a growing interest in training for workplace health promotion.

3. MANAGEMENT OF VECTORBORNE DISEASE CONTROL: NEW APPROACHES

The Region is seeing large numbers of tourists and overseas workers; these mobile populations carry their parasites and viruses with them across international borders into receptive urban and rural populations in most Member States. Dengue, dengue haemorrhagic fever,

filariasis, Japanese encephalitis, malaria and schistosomiasis are all potential vectorborne problems for large population groups.

With continuing rapid economic growth, high levels of population movement and continuing widespread ignorance of these diseases, it is time to discuss their management through approaches which recognize the part to be played by individuals and communities as well as by governments. These are diseases of ignorance, poverty and uncontrolled development. When outbreaks or epidemics occur, the public expects health services to respond rapidly when, in fact, the public itself is frequently responsible for the situation. Government commitment to find solutions to vectorborne disease control through shared approaches is essential. Health promotion, education and the environmental aspects of the problem all need to be addressed if the routine control programmes are to be made more effective. In addition, such measures will support greater understanding of what is required for contingency planning in the control of these diseases.

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As decided by the Executive Board at its ninety-fourth session in May 1994, "from the Forty-ninth World Health Assembly in May 1996, and on a trial basis, Technical Discussions will be replaced by a limited number of well organized technical briefings and by informal forums for dialogue" (see resolution EB94.R2, attached).



世界衛生大會 決議

قوة جمعية الصحة العالمية

RESOLUTION OF THE WORLD HEALTH ASSEMBLY
RÉSOLUTION DE L'ASSEMBLÉE MONDIALE DE LA SANTÉ
РЕЗОЛЮЦИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ
RESOLUCION DE LA ASAMBLEA MUNDIAL DE LA SALUD

Ninety-fourth Session

EB94.R2

Agenda item 11

14 May 1994

Technical Discussions

The Executive Board,

Noting the report of the Director-General on Technical Discussions at the Forty-ninth World Health Assembly (1996),¹

RECOMMENDS to the Forty-eighth World Health Assembly the adoption of the following draft resolution:

The Forty-eighth World Health Assembly,

Having considered the report of the Director-General on Technical Discussions at the Forty-ninth World Health Assembly (1996);¹

Recalling the recommendations of the Executive Board Working Group on the WHO Response to Global Change and the report by the Director-General on implementation of the Working Group recommendations on methods of work of the World Health Assembly;²

Acknowledging the need to further streamline and improve methods of work of the Health Assembly as well as the desirability of providing Member States with technical briefings focusing on important health problems in a flexible and innovative manner,

1. DECIDES that, from the Forty-ninth World Health Assembly in May 1996, and on a trial basis, Technical Discussions will be replaced by a limited number of well organized technical briefings and by informal forums for dialogue;

2. REQUESTS the Director-General to continue to review methods of work of the Health Assembly with a view to further savings.

Third meeting, 14 May 1994
EB94/SR/3

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¹ Document EB94/8.

² Document EB93/1994/REC/1, Annex 1, Part 2, section IV.