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University of Malaya  
Thursday, 15 September 1955, at 2:30 p.m.

CHAIRMAN: Dr. R. H. Bland

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Fourth Meeting

Thursday, 15 September 1955 at 2:30 a.m.

I Representatives of Member States

AUSTRALIA	Dr. J. T. Gunther Mr. C. G. Woodard
CAMBODIA	Dr. Ma-m-Komsann Dr. Leng Pao
CHINA (TAIWAN)	Dr. J. Heng Liu Dr. C. H. Yen Dr. T. C. Hsu
FRANCE	Dr. M. Demange
JAPAN	Dr. Masayoshi Yamaguchi Mr. Takao Matsuo Mr. Akira Saita
KOREA	Mr. Young Kee Kim Dr. Eung Soo Han
LAOS	Dr. Oudom Souvannavong Dr. Thongphet
NETHERLANDS	Dr. J. Bierdrager
NEW ZEALAND	Dr. H. B. Turbott
PHILIPPINES	Dr. Jose N. Rodriguez Dr. Clemente Gatmaitan
PORTUGAL	Dr. Abel Simoes de Carvalho
UNITED KINGDOM	Dr. R. H. Bland Dr. K. C. Yeo Dr. E. C. Vardy
UNITED STATES	Dr. A. S. Osborne Dr. Richard K. C. Lee
VIETNAM	Dr. Le van Khai Dr. Nguyen van Hong

Secretary: Dr. I. C. Fang, Regional Director

II Representatives of the United Nations and Specialized AgenciesFOOD AND AGRICULTURE ORGANIZATION  
OF THE UNITED NATIONS

Dr. S. S. De

UNITED NATIONS TECHNICAL  
ASSISTANCE BOARD

Sir Alexander MacFarquhar

III Representatives of Non-Governmental Organizations in official relations with WHO

AMERICAN COLLEGE OF CHEST PHYSICIANS

Dr. Narayan C. Sen-Gupta

INTERNATIONAL COMMITTEE OF MILITARY  
MEDICINE AND PHARMACY

Brigadier D. Bluett

INTERNATIONAL COMMITTEE OF ROMAN  
CATHOLIC NURSES AND MEDICO-SOCIAL  
WORKERSSister W. de Cruz  
Nurse Jean Woodford

INTERNATIONAL COUNCIL OF NURSES

Madame Nooi Ah Kuan

INTERNATIONAL DENTAL FEDERATION

Dr. F. A. C. Oehlers

LEAGUE OF RED CROSS SOCIETIES

Dr. R. H. Bland

WORLD FEDERATION FOR MENTAL HEALTH

Dr. H. B. M. Murphy

WORLD FEDERATION OF UNITED  
NATIONS ASSOCIATIONS

Mr. P. K. Hernon

IV Others

ROCKFELLER FOUNDATION

Dr. Richmond K. Anderson

SOUTH PACIFIC COMMISSION

Dr. Guy Loison

1 CONSIDERATION OF THE DRAFT RESOLUTION PROPOSED BY THE REPRESENTATIVE FROM THE NETHERLANDS IN REGARD TO THE STAFFING AND FUND ALLOCATION FOR THE REGIONAL OFFICE.

The Committee considered the draft resolution proposed by Dr. J. BIERDRAGER (Netherlands) in regard to the staffing and fund allocation of the Regional Office. Mr. A. SAITA (Japan) asked whether the Regional Director was authorized to increase his staff according to the workload or whether he had to have an allocation from Headquarters. The Secretary stated that the staff pattern was approved by the Director-General and any changes had to have his approval. Mr. Saita then asked whether the Regional Director had to have the approval of the Regional Committee before he requested an increase in the allocation and was informed by the Secretary that the staff pattern was a purely domestic matter, and instructions concerning it would be received from the Director-General. Mr. Saita replied that in the circumstances his delegation could not support the resolution but felt that it was better to rely on the wise judgment of the Regional Director as to whether an increase in staff was warranted or not. Dr. LE VAN KHAI (Vietnam) spoke in support of the resolution although he felt that, as the allocation to the Regional Office had been decided by the Assembly, the Committee could probably ask no more than a modification of the budget already approved.

Dr. J. N. RODRIGUEZ (Philippines) agreed with the opinion of the representative from Japan. Dr. J. T. GUNTHER (Australia) suggested that the resolution was redundant, the faith of the Committee in the Regional Director had been evidenced by his re-nomination and, as the Director-General had heard the opinions expressed he would give to the Regional Director the staff he required. Dr. J. BIERDRAGER (Netherlands) stated that the idea behind last year's resolution was that the composition of the Regional Office should be small, and it seemed as though the Regional Director was handicapped by the resolution which should, therefore, be reconsidered.

The Director-General felt that the resolution needed to be re-worded as the Regional Committee could not resolve but only recommend to the Assembly that in 1956 and in future years the level of staffing and fund allocation

/for the Regional

for the Regional Office should be in accordance with the activities and output of work in every respect. Similarly the following paragraph authorizing the Regional Director to take action accordingly would have to be re-worded as the action suggested concerned the transfer of funds between two different sections of the appropriation resolution which could only be done by the Executive Board.

The resolution was put to the meeting and defeated by 9 votes to 3, with 2 abstentions.

## 2 ACCOMMODATION FOR THE REGIONAL OFFICE

The following draft resolution presented by Mr. A. SAITA (Japan) was considered:

"The Regional Committee,

Having studied the report of the Regional Director (WP/RC6/18) on office accommodation;

Appreciating the action which has been taken by the Philippine Government to provide a new office for the Regional Office;

Recognizing the operational difficulties of having the office away from Manila;

Realizing that the need for better accommodation is of great urgency;

Expresses the hope that a suitable site will be provided centrally and

REQUESTS the Regional Director to continue negotiations with the Host Government and keep the Member States informed of the progress made."

Dr. J. N. RODRIGUEZ (Philippines) informed the Committee that two sites were under consideration for the Regional Office. The government departments concerned, however, had discovered that there was already a priority to build on one of the sites, so it was not possible to take any decision at that time. He assured the Committee of the keen personal interest taken in the matter by the Secretary of Health and felt confident that a suitable site would be selected. The Secretary drew the attention of the Committee to the resolution approved by the Executive Board in regard to the location of the Regional Office and stated that any other suggestion made would be subject to approval not only from the Executive Board but also in agreement with the United Nations.

/The resolution was

The resolution was then put to the meeting and carried unanimously.

3 ESTIMATED GOVERNMENT EXPENDITURES IN RESPECT OF WHO-ASSISTED ACTIVITIES

The Secretary stated that this item had been placed on the agenda to clear up any misunderstanding on the part of governments in regard to their contributions to WHO-assisted projects. Dr. J. T. GUNTHER (Australia) moved that the draft resolution contained in the document be adopted. This was put to the meeting and carried unanimously.

4 GUIDING PRINCIPLES CONCERNING PROJECTS TO BE FINANCED WITH REGULAR FUNDS

The Secretary said that this item had been placed on the agenda in accordance with resolution WP/RC5/R.9 passed during the fifth session of the Committee, and document WP/RC6/7 gave full details of projects suitable for implementation under the regular programme and the Technical Assistance programme. Mr. A. SAITA (Japan) asked for clarification on the division of projects on page 2, items 1.3 and 1.4, as he felt that item (a) of 1.3 would contribute to the economic development of a country and might therefore be acceptable. The Secretary replied that in the past this type of programme had been rejected by the Technical Assistance Board.

Sir ALEXANDER MACFARQUHAR (Regional Representative of the Technical Assistance Board) said he wished to comment on the paper which was an excellent presentation of the situation, but it must be remembered that all these things were relative. The only point of importance not mentioned was that the Technical Assistance programme was dependent on the request of the governments and it was what the governments wanted that was put, as nearly as possible, into the programme. Mr. A. SAITA (Japan) asked for further explanation on the general principles of the Technical Assistance Programme. Sir ALEXANDER replied that their task was to relate a limited sum of money to the largest possible impact of economic development. Some projects, such as malaria, were obviously of economic value. However, the immediate answer to the question was that there should be the closest possible relations between the Ministries of Health and WHO as the Regional Offices were in the best position to advise on technicalities and the usefulness of particular projects. If a programme put forward by a country was agreed as technically sound by WHO, it

/was doubtful whether

was doubtful whether its classification in any of the excluded classes would prevent the Technical Assistance Board from accepting it.

The Secretary asked whether the Board would accept a request for assistance in a mental health project. Sir ALEXANDER replied that it might be accepted if the government, as opposed to the Ministry of Health, requested it.

The Director-General reminded the meeting that under the new arrangements TAC gave the overall approval to the programme. He added that the amount of money available at any given time naturally affected the number and kind of projects to which approval was given.

Mr. A. SAITA (Japan) stated that it seemed from Sir Alexander's answers that any project endorsed by WHO would be acceptable to the Technical Assistance programme.

Sir ALEXANDER replied that he had intended to reserve his remarks until the discussions on the budget, but it might be useful to make them at this point. The first was that the Technical Assistance Board and WHO were not aliens to one another as WHO was a full member of the Board and therefore had a voice in deciding the programme. Another important point was that, although there had been a recent change in programming, there had been no change in the relations between the Technical Assistance Board and the countries. What had changed was the relation between WHO and the countries in relation to the Technical Assistance programme. Previously, if WHO convinced a Health Ministry that a project was good it could go into the programme on the request of the government because the money was in the WHO budget. If the Ministry or the Government did not want the project, then the country as a whole got less technical assistance because the money was still in the WHO purse and so transferred to some other country which wanted more health and less of something else. Now, the situation was that it was a Ministry of Health which said what it wanted and how it wanted it, then persuaded the government to support it, and usually the ministries were represented on the deciding committees. If a government included a project for its Ministry of Health in the programme, this had usually been worked out technically with WHO so the Board knew it was getting soundly based projects. It was too early to

/judge the new

judge the new programming as it was largely experimental but it seemed important to get long-term campaigns fitted into precise objectives which a development-minded government could appreciate. There should be stronger rather than less technical liaison between the Ministries of Health and WHO so that at any time a country was ready and knew its own mind on future programmes. Reference to the budget figures for the Region showed that in regular programmes for field activities there were \$555,000 of WHO money which attracted \$447,000 of extra-budgetary funds. In the Technical Assistance budget there were approximately \$789,000 attracting another \$248,000 of extra-budgetary funds. Roughly, the amount WHO could contribute to field activities in the Western Pacific was doubled by the presence of technical assistance. ECOSOC had prescribed that under the new system no agency's programme could be reduced below 85% of its previous year's expenditures. If there were any changes, they would be gradual. In terminating, Sir Alexander stated that it would be a great service if the Regional Committee were to advise on regional projects and inter-country or inter-regional projects where there was no definite individual country request.

Dr. C. GATMAITAN (Philippines) suggested that, in view of Sir Alexander's remarks, the draft of the guiding principles presented might be revised.

The Secretary drew the attention of the Committee to the fact that the document related to guiding principles for the allocation of regular funds. In order to make the situation clear, it had been necessary to refer to the criteria established for Technical Assistance Funds. The deletion of paragraphs 1.3 and 1.4 might lead to serious trouble later on, while if they remained the position in regard to regular funds would be unchanged.

Mr. A. SAITA (Japan) suggested that the paper should be accepted and that the Regional Director should be requested to continue the study and follow developments in the months to come.

The Secretary proposed that the following phrase might be added to the last paragraph of the resolution " . . . and to clarify items 1.3 and 1.4 with the Technical Assistance Board or WHO Headquarters and inform the governments accordingly . . . "

/DR. J. T. GUNTHER



Dr. J. T. GUNTHER (Australia) asked whether, in view of the fact that the document referred to regular funds, the following phrase might not be inserted: ". . . and to continue to examine the question of a more positive definition of guiding principles."

After some further discussion the resolution, amended in accordance with Dr. Gunther's suggestion, was put to the vote: eleven countries voted in favour and there were three abstentions.

5 ADDRESS BY DR. C. MANI (REGIONAL DIRECTOR, SOUTH-EAST ASIA)

Dr. MANI stated that the public health problems in South-East Asia were very similar to those in the Western Pacific Region, except that the populations were so excessive that the magnitude of problems numerically became somewhat staggering. The same type of communicable diseases existed, such as malaria, tuberculosis and yaws; there was the same lack of environmental sanitation facilities, urban and rural, the same shortage of trained staff in all categories. Assistance had been concentrated on malaria and tuberculosis demonstration and training projects, on mass campaigns against yaws which had now reached the point where their consolidation into the general public health services was being considered; work in the field of environmental sanitation was only just beginning but support was being given to the creation of environmental sanitation divisions in departments of health and to pilot projects. The scope of inter-country activities was being increased.

As far as their last regional committee meeting was concerned, there were three subjects which might be of interest to the Committee. Use had been made of a programme subcommittee to examine the programme and budget; this had been, however, a subcommittee of the whole, but after seeing the way in which the Western Pacific subcommittee had functioned, Dr. Mani felt that the South-East Asia Region might profit from this example. Active technical discussions had taken place on tuberculosis control, but the subject had been so wide that it had not been possible to do justice to it. Recommendations had, however, been made on the type of training needed, the place of chemotherapy in tuberculosis control programmes, place of centres and clinics, the role of BCG programmes and their consolidation. The third

/point of interest

point of interest was malaria eradication. As there were different levels of development in the field of malaria control, the Regional Committee had decided that assistance should be concentrated on the provision of short-term consultants, the convening of meetings of the chiefs of malaria services within the Region. The Regional Director had also been asked to organize special teams to assist governments in eradication programmes or in assessing the results of previous programmes. In closing, Dr. Mani thanked the Committee for having invited him to speak and extended the warmest wishes of the South-East Asia Region.

6 INTEGRATION OF FIELD PROJECTS IN LONG-TERM HEALTH PLANNING OF MEMBERS OF THE REGION

Dr. H. B. TURBOTT (New Zealand), in introducing this item, stated that in the discussions at the Executive Board it was apparent that in strengthening health services the method of integration was not often given due attention. Assistance was spread over too many activities and therefore the best use was not made of the country's resources. Each item of assistance should lead to the next logical step in the growth of the country's health programme and should be timed so that it fell into place in the country's planning and could be absorbed at the time it was given. This was not, however, the case. Assistance should not be planned beyond a country's means, as too ambitious project assistance meant non-integration, disappointment and frustration. The types of breakdown of integration were: (a) international advisers, consultants and technicians made available in the first stage of the project. At the same time, a nucleus of technical personnel must be built up within the country to take over ultimately. This preparation often started too late; (b) technical experts should not be sent to a country unless and until that country could produce counterpart officers; (c) counterpart officers should not be provided by the country by transferring them from the existing work which is part of the national programme; (d) supervisory staff were not always strengthened to keep pace with the expansion of new programmes; (e) insufficient attention was paid to the question of trained personnel and the technicians needed. There was delay in the timing of training and too many activities were carried on which could not be continued as staff were transferred to other tasks; (f) failure to plan refresher courses for field workers

/involved in expanding

involved in expanding programmes in the new skills required for the new work; (g) aid was often accepted when the projects wanted by some of the country's specialists were really too expensive for the country.

The responsibility for integration should not be thrown entirely on WHO. Before asking for aid, governments should have carried out long-term health planning which should be outlined briefly when a request for assistance was submitted.

Without such long-term health planning on a national level, integration was not feasible. National long-term planning made it easier to help governments, the national co-ordination of health activities (internationally aided) within a country resulted in more work being done; national evaluation was needed to encourage specific action. WHO was giving priority to the promotion and strengthening of public-health programmes which, in turn, involved the professional and technical education of national health personnel. This objective could be achieved best when a stable long-term health programme was planned by the country. Because long-term planning was important, including the establishment of country priorities within these long-term plans, and because countries might not have the skilled personnel or too few personnel for such long-range planning, Dr. Turbott stated that he wished to propose that the Regional Director might offer to countries, on request, the services of his staff to assist in such planning. If such an activity called for the strengthening of the staff at the Regional Office, this should be a priority matter in budgetting for the Regional Director for the ultimate approval of the Assembly. This proposal for long-range planning stimulation was being made for the reason that national health administrations would need help in persuading governments to allow their health programmes to get a due and proper share of Technical Assistance funds. Unless there was active help and stimulation from WHO, activities other than health were likely to receive priority by governments.

At this point, the Chairman proposed that, as it was 5.10 p.m. the discussion should be continued on the following day.

This was agreed and the meeting adjourned at 5.10 p.m.