

SUMMARY RECORD OF THE FIFTH MEETING

WHO Conference Hall  
Thursday, 23 September 1971 at 9.00 a.m.

CHAIRMAN: Dr So Satta (Khmer Republic)

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Fifth MeetingThursday, 23 September 1971 at 9.00 a.m.

## PRESENT

I. Representatives of Member States

AUSTRALIA	Dr H.M. Franklands Dr E.F. Thomson Dr A. Tarutia
CHINA	Dr C.H. Yen Dr K.P. Chen
JAPAN	Dr H. Kasuga Mr K. Watanabe Mr M. Takahashi
KHMER REPUBLIC	Dr So Satta Dr Pruoeh Vann
LAOS	Dr Khamphai Abhay Dr Phouy Phouthasak Dr Tiao Jaisvasd Visouthiphongs
MALAYSIA	Dato (Dr) Abdul Majid bin Ismail Mr Onn bin Kayat
NEW ZEALAND	Dr C.N. Derek Taylor
PHILIPPINES	Dr C.S. Gatmaitan Dr T.A. Gomez Mr M. Difuntorum Dr A.N. Acosta
PORTUGAL	Dr D.H. Silva Ferreira
REPUBLIC OF KOREA	Dr Myung Hwa Lee Mr Sae Hoon Ahn
SINGAPORE	Dr V. Sundararajan
UNITED KINGDOM	Dr G.H. Choa Dr K.L. Thong

UNITED STATES OF AMERICA	Dr S.P. Ehrlich, Jr. Dr James King Mr F.S. Cruz
VIET-NAM	Dr Truong-Minh-Cac Dr Nguyen-Xuan-Trinh
WESTERN SAMOA	Dr J.C. Thieme

II. Representatives of the United Nations and Specialized Agencies

INTERNATIONAL LABOUR ORGANIZATION	Dr G. El Samra
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III. Representatives of non-governmental organizations

INTERNATIONAL UNION FOR HEALTH EDUCATION	Mrs Luisa A. Alvarez
INTERNATIONAL DENTAL FEDERATION	Dr F.M. Herbosa
INTERNATIONAL FEDERATION OF GYNAECOLOGY AND OBSTETRICS	Professor J.R. Villanueva
CHRISTIAN MEDICAL COMMISSION	Dr E. Villegas
INTERNATIONAL COMMITTEE OF CATHOLIC NURSES	Mrs M.R. Ordoñez Mrs L. Bautista
INTERNATIONAL PLANNED PARENTHOOD FEDERATION	Dr J. Catindig
WORLD PSYCHIATRIC ASSOCIATION	Professor G.L. Gamez
LEAGUE OF RED CROSS SOCIETIES	Dr V. Galvez
WORLD MEDICAL ASSOCIATION, INC.	Dr E.T. Caparas
MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION	Dr I. Yatco-Zalamea

IV. WHO SecretariatREPRESENTATIVE OF  
THE DIRECTOR-GENERALDr H.T. Mahler  
Assistant Director-General

SECRETARY

Dr Francisco J. Dy  
Regional Director

At this meeting Dr SO SATTÀ (Khmer Republic), Vice-Chairman, took the Chair.

1 CONSIDERATION OF DRAFT RESOLUTIONS

The Committee considered the following draft resolutions:

1.1 Malaria (Document WPR/RC22/WP/5)

Dr EHRLICH (United States of America) referred to the discussions on the malaria problem during the Regional Committee's review of the Regional Director's Annual Report. The proposed resolution was offered as a means of reflecting what was believed to be the view of the Committee with respect to this problem and, if adopted, would provide the necessary assistance that governments might need to further progress in this field.

Decision: There being no comments, the draft resolution was adopted (see resolution WPR/RC22.R5).

1.2 Disinsection of Aircraft (Document WPR/RC22/WP/6)

Dr FRANKLANDS (Australia) endorsed the resolution proposed by the Representative of New Zealand. It appeared that information in regard to activities in this field in other areas was not generally known in detail and the proposed resolution would bring it to light.

Dr GATMAITAN (Philippines) said that, despite the somewhat dissenting view he had expressed during earlier discussions on the subject, his delegation now wished to endorse the proposal that the matter should be discussed further next year.

Decision: There being no further comments, the draft resolution was adopted (see resolution WPR/RC22.R6).

1.3 Drug Dependence (Document WPR/RC22/WP/7)

Dr EHRLICH (United States of America) proposed the insertion of the word "of" after "abuse" in the second preambulatory paragraph, the corrected paragraph to read: "NOTES with concern that the abuse of and addiction to narcotic and non-narcotic dependence producing drugs have become a major health problem throughout the world".

He also suggested the addition of the following operative paragraph: "REQUESTS the Regional Director to provide all possible assistance to Member governments in their development of plans and programmes to meet this problem."

Decision: The draft resolution, as amended, was adopted (see resolution WPR/RC22.R7).

1.4 Resolutions of Regional Interest adopted by the Twenty-fourth World Health Assembly (Document WPR/RC22/WP/8)

Decision: The resolution was adopted as presented (see resolution WPR/RC22.R8).

1.5 Health Consequences of Smoking (Document WPR/RC22/WP/9)

Dr FRANKLANDS (Australia) suggested that the last paragraph of the draft resolution be amended to read as follows:

"ENDORSES that resolution and requests the Regional Director to take action to keep this opinion prominently in front of those persons attending the Western Pacific Regional Office for any purpose."

The resolution as it stood referred only to persons present at the Regional Committee Meeting. He felt that if this matter was one of sufficient importance, which it was, this viewpoint should be kept prominently in front of those people who visited the building. He saw no reason why the notices in the Conference Hall should not be posted in other parts of the building, too.

The REGIONAL DIRECTOR pointed out that the resolutions of the Executive Board and the World Health Assembly in Geneva did not prohibit smoking outside of the rooms where such meetings were held, as there were people who might find it extremely difficult to cut out smoking entirely.

He wondered whether the proposed amendment would not impose a considerable pressure and tension on those visitors who visited the office from time to time and suggested that the change might be made gradually. He then quoted the following paragraphs from resolution EB45.R9 of the Executive Board.

"Recognizing that the individual must decide for himself whether he will risk endangering his health by smoking cigarettes, but should also have regard to the influence on others of his example;

"Believing that no organization devoted to the promotion of health can be neutral in this matter,

"REQUESTS those attending its meetings to refrain from smoking in the room where such meetings are held;"

He was of the opinion that the Board felt that it was for the individual himself to decide whether he should risk endangering his health by smoking.

Dr FRANKLANDS (Australia) explained that he had not intended that notices should be put up prohibiting smoking but merely that people should be requested to refrain from doing so. Each individual should be free to decide what was best for his own health.

Dr EHRLICH (United States of America) assumed that it was the intention of the resolution to extend the limitation on smoking beyond the period covered by the actual meeting. He proposed to modify the operative paragraph by inserting the word "official" before "meetings" since that would include all meetings held at the Regional Office. He further proposed to add a second operative paragraph to read:

"2. REQUESTS the Regional Director to study ways in which governments may take action to reduce the health consequences of smoking and to report his recommendations to the twenty-third session of the Regional Committee."

That would expand the meaning of the resolution and be more consistent with the action taken by the Regional Committee.

Dr FRANKLANDS (Australia) considered that the proposed amendment took some of the sting out of his own, but it still limited the proposition by applying the restriction on smoking to rooms in which meetings were held, whereas, in his opinion, such notices should be shown to all persons entering the WHO Regional Office.

Dr GATMAITAN (Philippines) supported the amendments proposed by the United States Representative, particularly the second operative paragraph. His own Ministry of Health had taken such action by issuing circulars on the subject and also by holding seminars on smoking, drug addiction and alcoholism.

Dr EHRLICH (United States of America) suggested that, in order to give the idea that notices were continually displayed, the following words might be added to the first operative paragraph after the word "held": "and that this policy be prominently displayed within the regional office building."

The CHAIRMAN, speaking as representative of Viet-Nam, hoped that the resolution would have the normal impact of a WHO resolution, namely that it would be a recommendation and not a regulation. In his country, officials were asked to restrict their smoking habits and some very encouraging results had been obtained.

Dato (Dr) ABDUL MAJID BIN ISMAIL (Malaysia) suggested that, with a view to reconciling the different views expressed, there should be two operative paragraphs to read as follows:

"1. DECIDES that all those present at meetings of the WHO Regional Committee for the Western Pacific be requested to refrain from smoking in rooms where such meetings are held and any other action which the Regional Director considers necessary to keep this opinion prominently in front of persons visiting the Regional Office for any purpose;

"2. REQUESTS the Regional Director to study ways and means in which Member Governments may take action to reduce the consequences of smoking and to report to the Twenty-third Meeting of the Regional Committee."

The REGIONAL DIRECTOR suggested that the Committee might consider a rewording of the two operative paragraphs cited above:

"1. DECIDES that all those present at official meetings of the WHO Regional Office for the Western Pacific be requested to refrain from smoking in rooms where such meetings are held and that this policy be prominently displayed within the regional office building;

"2. REQUESTS the Regional Director to study ways in which governments may take action to reduce the health consequences of smoking and to report his recommendations to the twenty-third session of the Regional Committee."

Dr YEN (China) suggested that a small working group might be set up to study the proposed amendments. He would accept the Regional Director's version although it did not seem sufficiently positive. He wished to call attention to the need for crop substitution in tobacco-producing areas since some countries whose economies were largely dependent on the world consumption of tobacco would be adversely affected by such a decision. It was one thing to tackle the health risks involved in smoking but the effects on the production side should also be considered.

Dr FRANKLANDS (Australia) said he had no objection to the resolution as read out by the Regional Director.

Decision: The draft resolution, as amended, was adopted (see resolution WPR/RC22.R9).

The meeting was suspended for a few moments while the ash-trays were collected and "No Smoking" notices put up.

In reply to the Representative of China, Dr MAHLER, Representative of the Director-General, said that the question of crop substitution came within the competence of FAO. The Director-General had been

informed by FAO last July that it was ready to undertake some action in regard to crop substitution if governments expressed the desire for assistance in carrying out studies on the subject. FAO had promised to keep WHO in the picture concerning future developments.

Dr EHRLICH (United States of America) pointed out that the main purpose of the resolution was to express the concern felt by WHO to reduce the incidence of diseases caused by smoking, and to show its desire to improve health within the Region.

2 LONG-TERM FINANCIAL INDICATORS: (resolution WPR/RC21.R10)  
Item 14 of the Agenda (Document WPR/RC22/7)

The REGIONAL DIRECTOR stated that the document under study summarized the background of the item. He also drew attention to document WPR/RC22/P&B/5 which contained a tentative projection of estimates for the programme year 1974. This was based on indications from governments as to their needs for assistance in that year. The Committee would also note the suggestion that the subject should be titled "Long-term Planning in the Field of Health, including Long-term Financial Indicators", as financial indicators could not be considered in isolation but must be recognized as an integral part of the overall effort to introduce long-term planning.

The long-term programmes and projections of the Organization should faithfully reflect the ascertained needs of governments for international assistance for their national health development plans, since the Constitution provided that one of the functions of the Organization was "to assist Governments, upon request, in strengthening health services". There was need to emphasize that the health of the people in the Region was not only expected to be improved by economic and social development but that good health was also a part of the infrastructure necessary to development.

In order to make longer term projections and forecasts, he would have to consult governments on their national health development plans, priorities and objectives for the 1974-1978 period, so that the consolidated information obtained would provide the broad basis for determining the various levels of programme growth that were desirable. This was needed to ensure that WHO activities developed as international inputs to meet national needs. It was also hoped to collect data for the preparation of long-term projections and forecasts in the various programme fields in the countries of the Region, which would take into account government forecasts and allocations, as well as the policies of WHO in providing assistance to governments at their request.

Dr TRUONG-MINH-CAC (Viet-Nam) said that his Government intended to start a long-term programme of national development as soon as conditions permitted. There would, however, have to be an interim period during which the economy was switched over from war to peace. The immediate

concern of the authorities was to draw up a plan to cover the transitional period from 1972 to 1975. In the special situation in which Viet-Nam found itself, it was impossible to look further than 1975. Any further long-term planning would be unrealistic.

Dr FRANKLANDS (Australia) said that the whole subject was very complex and could be fully understood only by accountants or financial experts. He had, however, found the attachments to the document most informative as the principles of long-term planning and financial indicators were very clearly explained.

Dr GATMAITAN (Philippines) stated that his Government would be grateful for advice from the Regional Office as to how the collection of data for making long-term projections and establishing plans could be facilitated. His country lacked qualified technical personnel, especially statisticians, to revise data in the Department of Public Health. Without adequate statistical data, national planning on a long-term basis became impossible.

Dato (Dr) ABDUL MAJID BIN ISMAIL (Malaysia) informed the Committee that programmes in Malaysia were phased for different periods than those specified in the document (1974-1978). They ran from 1971 to 1975 and the health programme had been projected only for that period. It was therefore impossible for his country to provide the data requested as they could not go outside the planned period. There were perhaps one or two projects - malaria and operational research which extended beyond 1975 - where it might be possible to comply with the request contained in the document.

Dr MAHLER, Representative of the Director-General, said that the comments being made were essential to WHO in the sense that in the past people, at both national and international levels, had tended to be resource-oriented rather than programme-oriented; the reverse was now happening. The intention of the financial indicator was that it should be subservient to the programme goals and not a criterion in itself. In the past, sums of money had been made available for carrying out programmes but now, if governments were asked what type of programme they wanted and what it would cost, they would look at the alternatives in terms of resources and thereby establish financial indicators. WHO had to provide such indicators and, in doing so, must be guided by what governments could forecast concerning their own programmes in relation to WHO's general programme of work. Such forecasts had their imperfections but it was nevertheless an important step forward towards programme orientation.

At its next meeting, the Director-General would be informing the Executive Board that, for the general programme of work from 1974 to 1978, he would be increasingly making programme forecasts in the light of information received from individual governments and that he would then relate financial indicators to this programme orientation and,

sometimes, even to programme objectives. The discussion on the budget would thus be more logical since it would better reflect country needs. That did not necessarily imply that the budget would be increased, but it would show in which direction countries were moving and, if they were given adequate financial assistance from outside, they could move on from one objective to the other within a given time. It would also enable the Organization to look outside its regular budget resources to find ways and means of supporting national programme objectives. No miracles were expected from this type of exercise but it would undoubtedly have an impact on budgetary and programme processes within the Organization. A great deal depended on what happened at the national level because WHO must reflect events at that level.

Dr GATMAITAN (Philippines) stated that his Government would be glad to submit whatever data it had relevant to that needed. Their development programme was open to scrutiny, but it was based on a four-year plan and patterned after their political structural changes, so it might not coincide with the requirement of the resolution. He reiterated his request for assistance from WHO.

The REGIONAL DIRECTOR stated that the Regional Office would be glad to provide such assistance as might be requested not only by the Philippine Government but by other countries as well in connexion with the subject.

Dr THIEME (Western Samoa) expressed scepticism about the exercise. He referred to the budget ceiling established by WHO Headquarters which placed a limit on requests that could be accommodated, and to cuts which the World Health Assembly had made on programme proposals based on government requests and planning. He wondered to what extent the development programmes could be accepted by the Organization and, if not accepted, whether they could be integrated within the Government's budget or department request. He favoured the continuation of five-year planning, similar to that proposed by the Vietnamese delegation.

Dr MAHLER, Representative of the Director-General, realized that there would appear to be some kind of conflict. Those who had pressed for this resolution might be the same ones making arbitrary cuts in the WHO budget and would thereby find themselves in a serious intellectual dilemma. However, the main objective was to encourage governments to bring forward their long-term plans and to state the kind of international assistance required to achieve those objectives. He believed that by approaching this matter pragmatically and slowly, and by increasingly relating the development processes to the financial resources required over a longer period of time, the Organization would not only adjust its own budget to the most critical areas of change at the national level but would be in a position to mobilize resources in a more rational fashion than in the past.

There being no further comments, the CHAIRMAN asked the Rapporteurs to prepare an appropriate draft resolution. (For consideration of draft resolution, see minutes of the sixth meeting, section 1.4.)

3 TRAINING OF NATIONAL HEALTH PERSONNEL (resolution WPR/RC21.R11)  
Item 15 of the Agenda (Document WPR/RC22/8, Corr.1 and 2)

The REGIONAL DIRECTOR stated that the document under study summarized the replies received to a questionnaire sent out to countries and territories following the last session of the Regional Committee. The report contained information on the health manpower situation in countries of the Region, on health manpower supply and demand projections, the difficulties encountered in health manpower development and training, and the areas for international co-operation in these fields. It recorded perhaps the first attempt to make a region-wide assessment of national health manpower needs and training and offered baseline data for future efforts - provided the study's present limitations were taken into account - and in this context, the results would be helpful in the formulation of WHO assistance to health manpower planning and training in the Region. He invited the Representatives to give their views on the approach employed and the findings obtained.

Dr SO SATTÀ (Khmer Republic), speaking on behalf of his delegation, said that in view of the previous health policy, which was not adapted to realities, his was one of the countries in the Region most badly affected in the field of health manpower. If the old traditions were followed it would not be possible to attain their goals even within a ten-year period. An attempt was therefore being made to modify the situation, by making a critical analysis of the teaching methods used in the training of physicians, nurses and midwives. More teaching staff was needed and, although the problem was not completely solved, he wished to thank the Regional Director for all the help which had been extended in the field of medical teaching. He hoped that with new methods it would be possible to train more people. This year there were a greater number of students in the Faculty of Medicine and School of Nursing, but many material, technical and financial difficulties had still to be overcome. Apart from the actual training aspects, there was also the question of specialization - post-graduate studies, scholarships and study leave. A five-year programme had been drawn up for this purpose.

Dr ABDUL MAJID BIN TAN SRI ABDUL AZIZ (Malaysia) congratulated the Regional Director for the clear and concise document on this very important subject. Despite the measures taken to improve training of health personnel, his country was unable to keep pace with the ever-expanding demand of health services. He was particularly grateful to WHO for its assistance in developing health manpower in his country. He supported the proposal to organize teacher training centres and hoped that these programmes would be expanded in order to have training centres in as many countries as possible.

Dr THIEME (Western Samoa) congratulated the Regional Director on the excellent document before the Committee. His country was grateful to have had the visit of an expert to study manpower requirements. The consultant's report was being closely studied and would be of considerable help in identifying the problems.

Dr PHOUTTHASAK (Laos) informed the Committee that until 1969 his country had only trained auxiliary staff - nurses, laboratory personnel, etc. Since 1969 they had been able to train doctors at the Royal School of Medicine and courses had been started for nurses. This programme was now in its third year. His country was still far from its objective and he requested WHO to continue to assist in the training of health personnel.

Dr FERREIRA (Portugal) said that the problem with which many health authorities were concerned was that of medical assistance to rural populations. His Government had taken measures to attract physicians to the rural areas by increased salaries and other supplementary benefits. In addition, nearly all health centres had been improved, re-equipped and staffed with a minimum number of personnel necessary for the development of preventive and curative health activities. Universities had been established in two major provinces and it was hoped to train a sufficient number of medical staff. Unfortunately, few of them were planning to work in a rural setting, most preferred to make a career in education or in medical specialities since they would not find in the rural areas the working conditions for which they had been prepared and trained. Unless some measures were taken, medical assistance to rural areas would continue to be dependent upon the contingencies of socio-economic development. The situation could not be improved without the continuous assistance of local health centres. WHO had been studying these questions in expert committees and seminars for more than 20 years. Amongst their conclusions the need for medical training to be appropriate for local conditions had always been emphasized. Universities persisted in the belief that if a student received a good medical training such as that acquired in well-known medical and scientific centres in Europe or in America he would be fully capable of dealing with any health problem of the nation wherever it might arise. Co-operation was needed between universities and health departments and it was hoped that the universities would come to realize that unless physicians were fully aware of the problems existing in their own country and were able to effectively deal with them, the health programme would suffer.

The CHAIRMAN requested the Rapporteurs to prepare a draft resolution for submission to the Committee. (For consideration of draft resolution, see minutes of the sixth meeting, section 1.5.)

4 REGIONAL ACTIVITIES IN ENVIRONMENTAL POLLUTION CONTROL: Item 16 of the Agenda (Document WPR/RC22/9)

The REGIONAL DIRECTOR stated that the report summarized the action taken in connexion with resolution WPR/RC21.R12, adopted by the Committee

at its last session. The terms of reference of the environmental pollution control team were given on page two with information on the countries to be visited. It was planned that the team's work, together with the preliminary work already done at the Regional Office, would lead to the formulation of guidelines for a regional programme in environmental pollution control. Provision had been made in the Proposed Programme and Budget Estimates for 1973 for a regional seminar on environmental pollution. The topic of this seminar would be air pollution control.

Representatives might wish to make statements on current national programmes in environmental pollution control and on the WHO-assisted activities already carried out or under planning in this field.

Dr FRANKLANDS (Australia) said that his government had recognized the importance of pollution in all its aspects. Early this year an Office of the Environment had been established with the intention of discussing the formation of a national advisory council on the environment responsible for providing advice to the various states. Good results were anticipated.

Dr KASUGA (Japan) said that the high rate of economic growth had had a great impact on people's health and, consequently, there was much concern about questions of the human environment. Determined efforts were being made to seek solutions to this complex problem. Legislation had been improved and the administrative machinery strengthened. An Environment Agency had been established this year. This agency aimed at unifying the Government's environmental pollution control measures which had previously been implemented by various ministries and agencies. The points to receive particular attention were: exchange of information, collection of basic data on environmental contamination, and the establishment of a monitoring and surveillance system.

Dr TRUONG-MINH-CAC (Viet-Nam) said that an inter-ministerial committee had been entrusted with the preparation of studies on air pollution problems, particularly in cities, and on the consequences of environmental pollution on the health of the population. This was a new situation as far as Viet-Nam was concerned and he hoped that WHO would give favourable consideration to its request for assistance in establishing an air pollution control programme.

Dr GATMAITAN (Philippines) said that he was appreciative of the visit of the WHO pollution specialists, who had had a series of dialogues with experts in this field and he looked forward to hearing the outcome of these dialogues in due course. He was glad to note a regional seminar on air pollution would be held in 1973 although he had hoped that it might have been possible to hold this at an earlier date. In the Philippines, the public was becoming air pollution conscious. He felt that the seminar would be most useful in bringing to the fore the real situation and problems. He also took note of the guidelines for a regional programme

in environmental pollution covering a ten-year period. This in itself showed the concern of the Regional Office and of the countries in the Region regarding the importance of tackling this particular health problem.

He stated that in his country various governmental agencies were interested in this problem at national, regional and local levels. Agencies in the Department of Health which were concerned with the problem were the Air Sanitation and Pollution Control Unit under the Office of the Secretary of Health and the Divisions of Environmental Sanitation and Industrial Hygiene in the Bureau of Health Services. The National Air and Water Pollution Control Commission in the Office of the President was another agency deeply involved in this field. Activities covered surveillance, surveys, complaint handling, supervision, referrals of public information, etc., and not only pollution. The Government was trying to decentralize this activity but could not in some cases because of lack of adequately trained personnel and laboratory equipment. He hoped that with the technical co-operation and guidance of WHO and other agencies they could achieve this objective.

Mr ONN BIN KAYAT (Malaysia) said that the Ministry of Health was providing the necessary leadership in environmental pollution control. Committees had been formed with the objective of keeping up to date with the growing environmental problems in the country so they could be tackled on a priority basis. The main environmental pollution problems confronting the country were connected with air and water supply. The first committee formed was the Technical Committee on Water Pollution Control, which had already brought out an amendment to the Water Enactment to take care of water pollution. Since water is a state subject, this amendment had to be enacted by the state. To date four states had enacted legislation and others were studying it with the intention of taking action to amend the existing Enactment on Water. Other committees included the Interim Pollution Study Committee, which advised state governments on the waste treatment facilities to be constructed in respect of new industries and the location of factory sites. Two committees had also been formed to deal with the environmental pollution caused by motor vehicles and industrial plants. Activities were, however, hampered by the great shortage of technical and scientific manpower, both at professional and sub-professional level, Malaysia was grateful to WHO for sending a team of consultants to advise the Government on how to tackle the pollution problem. It was hoped that the report of the team would be available soon so that the recommendations could be studied and implemented if possible.

Dr EHRLICH (United States of America) commended the Regional Director and his staff for the expeditious action in fielding a well qualified team of consultants in response to the resolution passed at the Regional Committee meeting last year. However, in referring to document WPR/RC22/9, it was not clear to him how the Regional Director was planning to utilize the report from the team of consultants. It was mentioned in the document that it would constitute valuable information for WHO in connexion with the United Nations Conference on the Human Environment scheduled to take

place in Stockholm in 1972. He assumed that it would also be used to modify the programme plan that was reviewed in last year's meeting. Secondly, the resolution last year had recommended the need to consider co-ordination with other international organizations. Mention was made in the report that FAO's participation had not materialized. He asked the Regional Director for his views on the advantages that could be derived from co-operation with FAO, ILO, the World Meteorological Organization or other organizations which had interest and concern in this field. Thirdly, the document reviewed last year pointed to the need for an integrated approach to the protection of the environment in programmes, training and the like. In the long-term programme plan it was not clear how this integrated approach would be accomplished in such areas that were standard to all environmental problems, such as the standard of surveillance, monitoring and other integrated activities related to the problem of maintaining and improving human environment.

Mr TOMASSI, Regional Adviser on Environmental Health, said that the consultants' report had two main functions: firstly, to advise the Regional Director on the regional programme to be carried out by the Regional Office and secondly, to indicate to governments the common problems in the Region, their trends and areas where additional assistance and actual effort at governmental level were required. The primary purpose of the report was distribution to governments but some delay should be expected, owing to a change in the timetable for the visits. The report was expected to be available in final form by the end of the year. This particular report was not expected to be included in the basic papers which WHO at Headquarters level was preparing for the United Nations Conference on Human Environment but would provide Headquarters with more information on the problems of environmental pollution in the Region. It would give a broad overview of the situation, starting with the nature of the problems, institutional framework, legislation, available manpower, training programmes available in the countries themselves or available in other countries of the Region for personnel from less developed countries. And, contrary to the belief of the Representative of the Philippines, the report was not meant to give recommendations to specific governments but rather to generate interest and requests from governments in specific fields. Consultants would then be sent to examine these fields for periods longer than one or two weeks (which was all the 1971 team could afford) and agreements could possibly be reached with governments regarding the formulation of some kind of programme of action.

Referring to the second query: co-ordination with other agencies - Mr TOMASSI explained that this was part of the terms of reference of the consultants, who would cover not only co-ordination with international but co-ordination also with governmental agencies. In implementing this part of the terms of reference the consultants were requested to visit whenever possible the Resident Representative of the United Nations Development Programme in the various countries. Co-ordination in its broader context was the function of Headquarters since there was a continuous dialogue at headquarters level with the headquarters of the other organizations involved. The Regional Office could only look at it from the standpoint of country approach.

The question regarding the integrated approach for standards, surveillance and monitoring was again a matter for Headquarters. A comprehensive report on the problems of human environment and a proposed long-term programme in environmental health had already been prepared at Headquarters. Guidelines from Headquarters had also been received and the Regional Office was prepared to implement them. For problems on research it was obvious that the Regional Office had to work closely with Headquarters and depend on the international reference networks which had been established to cover several environmental health aspects.

Dr EHRLICH (United States of America) thanked the Regional Director and his staff for the response to his queries, particularly to the last one which dealt with environmental problems in an integrated way and which he recognized as being difficult. Attempts should be made, to the extent possible, to use an integrated approach to deal with the problem and also to work with Geneva in attempting to identify the responsibilities for developing global systems of an integrated nature as opposed to only those at country level within the Region.

(For consideration of draft resolution, see minutes of the sixth meeting, section 1.6.)

#### 5 ANNOUNCEMENT

The CHAIRMAN thanked the Regional Director for the clear introduction of the various items which had been discussed. This afternoon's session of the Sub-Committee on Programme and Budget would take place at 2.30 with the following Members of the Committee in attendance: Australia, China, France, Japan, New Zealand, Republic of Korea, Republic of Viet-Nam and the United Kingdom. The other Members who might wish to attend the session may do so.

The meeting rose at 11.56 a.m.