

SUMMARY RECORD OF THE SECOND MEETING

WHO Conference Hall, Manila
Monday, 11 September 1995 at 2.30 p.m.

CHAIRMAN: Dr Joseph Williams (Cook Islands)

CONTENTS

	<u>page</u>
1. Health and environmental effects of nuclear weapons	94
2. Report of the Regional Director (continued)	98

1. HEALTH AND ENVIRONMENTAL EFFECTS OF NUCLEAR WEAPONS:
(Supplementary agenda item)

The CHAIRMAN invited representatives to consider the item proposed by Cook Islands on which Dr KOTEKA (Cook Islands) was proposing a draft resolution for adoption by the Regional Committee.

Dr KOTEKA said that his country was closest to the French nuclear testing site at Mururoa in the Pacific. Reports by recent independent missions to the area indicated the presence of artificial radioactivity and fissures and fractures in the atolls caused by repeated underground tests.

The proposed draft resolution, following discussion before the meeting with other representatives concerned on the basis of an earlier draft, and including a further amendment by the representative of Cook Islands, read as follows:

The Regional Committee,

Recognizing the potential threat to human health and ecosystems of any increased exposure to man-made radioactive material;

Recognizing also the large quantities of long-lasting hazardous materials generated by the testing of nuclear weapons;

1. DEPLORES the testing of nuclear weapons anywhere in the world and particularly in the Region; and
2. CALLS UPON those governments intending to test such weapons to desist from doing so immediately.

Dr ADAMS (Australia) strongly supported the draft resolution.

While the deleterious effects of nuclear weapons on the environment were certainly to be deplored, he felt that in the WHO context the health effects should be stressed. It was intolerable that anything should be allowed to increase the amount of man-made radioactive material in the world, and this should be of concern particularly to the Western Pacific Region of WHO.

Dr ENOSA (Samoa) also strongly supported the draft resolution, his island being next closest to the nuclear testing site at Mururoa after Cook Islands. The importance of the matter

could not be too strongly emphasized, given its context in terms of *New horizons in health* and environmental health aspects.

Dr TAUFU (Papua New Guinea) also expressed strong support.

Dr DURHAM (New Zealand) said that her Government was implacably opposed to nuclear testing wherever it occurred and had made its opposition clear in a number of ways: bilaterally, through representations to the Governments of France and China, and multilaterally in various forums. It had sent a naval vessel to Mururoa, both to provide support to the yachts making up the protest flotilla, and to act as a sentinel. It was seeking to reopen the case taken to the International Court of Justice in 1973 on French nuclear testing in the South Pacific.

The Government of New Zealand was particularly concerned about such tests for a number of reasons: the marine environment was fragile; the Region would be affected if there was an accident, which could not be ruled out whatever the precautions taken (there had been no scientific demonstration that there would be no radioactive leakage into the sea); and finally, the testing was against the wishes of the people in the Region. Great offence was caused by the insistence on claims that there was no risk.

For those reasons, New Zealand strongly supported the draft resolution.

Mr SCOTTY (Nauru) also fully supported the draft resolution, noting that WHO promoted health and well-being throughout the world and was well aware of the detrimental environmental effects and health problems caused by radiation; explosions of nuclear devices could have dire consequences, and his Government was a strong advocate of measures to ban them.

Dr OTTO (Republic of Palau) said that his country had one of the few explicit nuclear-free constitutions, which affirmed the Government's position against nuclear testing in any form.

The Government had officially expressed its opposition to the French tests, and the Medical Association had taken a stand to the same effect. The Republic of Palau supported the draft resolution.

Mr LOUECKHOTE (France) said that his country was very sensitive to the fears expressed in the Regional Committee, and particularly by Cook Islands.

He was not a specialist and was unable to give technical replies that would meet the concerns of certain countries. However, representatives were invited to study the reports of

Professor Atkinson of New Zealand and scientists led by Professor Pittman and Helen Garnet of Australia, both of which concluded that the Mururoa tests were quite harmless.

He requested that the word "immediately" at the end of the draft resolution should be deleted.

Dr SIPELI (Niue) supported the draft resolution, as proposed by the representative of Cook Islands, noting that near his island, which was among the closest to Mururoa, an apparently mutant fish had been caught, having the head of a marlin and the body of a tuna. The mutation was thought probably to be due to the effects of radiation.

Dr TEKEE (Kiribati), expressed his total support for the draft resolution, noting that the fragile environment was a cause of concern to his Government. Three million square kilometres of sea might be threatened, which could not be allowed, and anything that affected the sea affected people's health.

Mr BENJAMIN (Federated States of Micronesia) also supported the draft resolution and agreed with the comments of other speakers against nuclear testing.

Dr ZHANG (China) said that his country had carried out an underground nuclear test on 17 August 1995. China had always exercised the utmost restraint in nuclear testing and had conducted an extremely limited number of tests. The country aimed for the complete prohibition and destruction of nuclear weapons; the few it possessed were solely for self-defence and did not pose a threat to any other country.

It had undertaken unilaterally not to be the first to use nuclear weapons and not to use them, or threaten to do so, against any non-nuclear State or nuclear-free zone. Meanwhile it called on other nuclear powers to respond to its initiative by starting negotiations immediately with a view to concluding a treaty on "non-first-use" of nuclear weapons and an agreement on non-use (or threat of use) against a non-nuclear State or nuclear-free zone.

Finally, China had taken an active part in negotiations for a comprehensive test ban treaty, which it hoped to see concluded in 1996. Once the treaty entered into force it would halt nuclear tests.

Mrs HONG TIY (Fiji) said that her country opposed any form of nuclear testing, whether underground or in the atmosphere. She supported the draft resolution.

Mr LUI (Tokelau) also expressed firm support for the draft resolution. Nuclear testing was detrimental to the efforts of WHO, and his country as a staunch supporter of the Organization objected to testing of nuclear weapons in the Pacific and elsewhere.

Mr BOYER (United States of America) said that the Government of the United States regretted the recent testing of nuclear weapons and strongly believed that a comprehensive test ban treaty must be signed by 1996: it hoped that all concerned would cooperate to that effect. It urged all nuclear powers to observe a moratorium on testing until the treaty came into force. He therefore sympathized with the concern expressed in the Regional Committee. However, his delegation was of the opinion that the matter was properly covered by the appropriate committee of the United Nations General Assembly and should not take up the Regional Committee's time, although it would not seek to prevent consensus being reached on the draft resolution. }

Dr RODGERS (Solomon Islands) expressed opposition to the testing of nuclear weapons anywhere in the world and, in particular, in the Western Pacific Region. In answer to the point raised by the previous speaker, in his view, the Regional Committee was indeed the correct forum in which to raise the issue since nuclear tests were currently being conducted in that Region. If such tests were harmless, as claimed, governments insisting on conducting them should do so in their metropolitan territories.

Mr TAKAOKA (Japan) said that, coming from the only country in the world to have suffered a nuclear attack, he supported the draft resolution.

Mr LOUECKHOTE (France) said that he could not accept the resolution as proposed since it represented a formal request to the President of France, who had made the decision to resume tests of nuclear weapons, to cease testing immediately. He suggested that the word "immediately" might be replaced by "dans les meilleurs délais" (at the soonest possible time).

Dr KOTEKA (Cook Islands) replied that removal of the word "immediately" would weaken the proposal. However, in a spirit of cooperation he would be prepared to accept the alternative just suggested.

Mrs HONG TIY (Fiji) expressed the view that there was general agreement to the wording as originally proposed and that it should therefore be possible to adopt the draft resolution by consensus, retaining the word "immediately". France could record its objection to the word "immediately".

Dr ENOSA (Samoa) supported the retention of "immediately". Resolutions adopted by the Regional Committee should clearly express the view of the majority of representatives. It was then up to those at whom they were directed to decide how they wished to respond.

Dr ADAMS (Australia) supported the views of the two previous speakers. The Regional Committee was sufficiently mature to agree to disagree on some issues and, if necessary, the matter should go to a vote.

Mr VIGNES (Legal Counsel) explained that France might wish to agree to the adoption of the draft resolution by consensus, placing on record its opposition to the word "immediately". However, if France could not do so, it would indeed be necessary to proceed to a vote.

Mr BOYER (United States of America) supported the view that a consensus had been reached and that the draft resolution could be adopted on that basis.

Mr LOUECKHOTE (France) reiterated that he could not accept the word "immediately" and therefore there was not a consensus.

The CHAIRMAN said that, as it had not proved possible to follow the traditional practice of adopting resolutions by consensus, he had no option but to invite the Committee to vote by show of hands.

× Decision: The draft resolution was adopted by 24 votes to 1 with 2 abstentions.

2. REPORT OF THE REGIONAL DIRECTOR: Item 7 of the Agenda
(Document WPR/RC46/2) (continued from the first meeting, section 6)

Chapters 1-2 (pages 7-24)

There were no comments.

Chapter 3: Health system development (pages 25-32)

Dr RAMIRO (Philippines) said, with reference to paragraph 3.12, that in its implementation of a local government code, his Government had devolved the peripheral health services, and since the new health managers were unfamiliar with their new task, the Philippines would be needing significant technical support from WHO to improve local managerial practice in the devolved health services.

With reference to paragraph 3.15, he said that the Government of the Philippines had recently passed a national health insurance law to cover the entire population. Implementing such an ambitious programme would require considerable technical input, including that from WHO.

Chapters 4-7 (pages 33-65)

There were no comments.

Chapter 8: General health protection and promotion (pages 67-78)

Dr DURHAM (New Zealand) welcomed the steps taken by the Regional Director in the area of tobacco or health but was concerned to learn from the report that per capita tobacco consumption was still increasing in the Region. Recent information suggested that one in two smokers would die prematurely from tobacco-related disease. She had welcomed the adoption at the Forty-eighth World Health Assembly of resolution WHA48.11 calling for an international strategy for tobacco control, and suggested that the Western Pacific Region should contribute proactively to the development of appropriate instruments in that regard, for example, guidelines, a declaration or an international convention on tobacco control. She requested the Regional Director to implement measures to facilitate that contribution.

Dr ADAMS (Australia) drew attention to a meeting on accident prevention sponsored by WHO to be held in Melbourne, Australia in February 1996, at which it was hoped to focus on activities in the Region in that area. He would be happy to provide further information to anyone interested.

Chapters 9-11 (pages 79-115)

There were no comments.

Chapter 12: Diagnostic, therapeutic and rehabilitative technology (pages 117-133)

Mrs HO (Hong Kong) expressed appreciation to the Regional Director for his support for a regional workshop on traditional medicine to be held in Hong Kong from 13 to 15 November 1995, the first of its kind in the Region.

Chapter 13: Disease prevention and control (pages 135-202)

Dr TAMBISARI (Vanuatu) expressed thanks for the support being given by donor agencies and WHO to Vanuatu's new intensive malaria control programme. He looked forward to continued support for that programme.

Dr RAMIRO (Philippines) said that tuberculosis remained a serious public health problem in the Philippines and his Government intended to give renewed emphasis to its tuberculosis control programme from 1996. He looked forward to increased WHO cooperation in that area.

Dr RASMY (Lao People's Democratic Republic) commended the Regional Director on the successes achieved in the Region and expressed appreciation for WHO support to his country. *New horizons in health* provided a sound basis for future health policy in the Region. He welcomed the two new members of the Regional Committee, Mongolia and the Republic of Palau.

Referring to Table 13.4 of the report, he pointed out that the first case of AIDS in his country had been recorded in 1991, and not before 1988 as indicated.

Chapter 14: Health information support (pages 203-206)

There were no comments.

Chapter 15: Support services (pages 207-213)

Dr DURHAM (New Zealand) welcomed earlier comments by the representative of Tonga concerning the contribution of women to the Regional Committee. Noting from paragraph 15.4 that efforts had been made to meet the 30% target set by the Executive Board for the recruitment of women to professional and higher grade posts by 30 September 1995, she requested information on the success of those efforts, particularly in relation to the 16 posts mentioned in paragraph 15.2. She further requested that in future biennial reports there should be a clear indication of the posts occupied by women and their seniority in the organigram which showed the structure of the Regional Office Secretariat.

The REGIONAL DIRECTOR replied that despite considerable efforts to recruit more women to professional posts in the Region, the proportion had regrettably only reached 17%. However, he was pleased to announce that, subject to the approval of the Director-General, he was proposing the appointment of a woman Director, the first in the Region.

Dr BART (United States of America) said he would like to comment on what was not in the report. In a region where natural disasters were said to occur as often as three times a month, the only reference to the work of WHO related to natural disasters was in paragraph 11.40, and that related to the deterioration of water quality. There was no reference in the report to what WHO had done or might in future do in terms of disaster prevention, preparedness and mitigation. He asked for clarification from the Regional Director.

The REGIONAL DIRECTOR acknowledged that the mention of activities in this area was brief, as it reflected only the activities requested by governments. He noted that paragraph 2.20 referred to various activities regarding disaster relief and voluntary cooperation. Negotiations were currently under way to secure extrabudgetary support for a full-time disaster preparedness and relief officer to be posted either in the Regional Office or close to the disaster-prone areas, and if such a post were obtained he hoped to be able in future to report on its achievements.

Part II, Review of selected programmes (pages 217-249)

Dr RODGERS (Solomon Islands) said it was timely and important that the subject of health systems reform be addressed. As in many other small countries, resources for health in Solomon Islands were limited. The Ministry of Health of Solomon Islands was therefore to conduct a comprehensive review of the country's health services, focusing on the appropriateness of the service, opportunities to increase efficiency, and reducing duplication to a minimum in areas where expenditure could be put to better use.

Dr ADAMS (Australia), referring to Part II of the report, asked if the representative of the Republic of Korea could tell the Committee about the cholera epidemic that had been reported in the international press.

Dr KIM (Republic of Korea) said there had been a small outbreak of cholera in his country five days ago which had come from the People's Democratic Republic of Korea. The Government was not particularly worried about it, and would be able to have it under control within a week or ten days.

Dr TAPA (Tonga) referred to document WPR/RC46/1 Rev.1 (Annotated) where it was stated that the present arrangements for the Regional Director's report were laid down in resolution WPR/RC27.R8, which authorized the Regional Director to issue a short report in even-numbered years covering significant matters and developments from 1 July of the preceding year to 30 June of that year, and in odd-numbered years a comprehensive report on the work of WHO during the preceding two years. That resolution had been adopted by the Regional Committee in

1976, and there was now a need for change in an era which required quick responses and more streamlined procedures. He suggested that the Regional Director should make an annual report to the Regional Committee. The more comprehensive report in odd-numbered years embraced much that had been contained in the short report, and it was therefore not surprising that it was becoming an increasingly bulky document.

The REGIONAL DIRECTOR said that he agreed completely. In accordance with the WHO reform process, recommendations of the Executive Board Working Group on the WHO response to global change required the Director-General to submit an annual world health situation report. The first such report had been presented in 1995 to the World Health Assembly. If the Regional Committee so decided, the Regional Office could follow the global pattern, and the Regional Director would submit annual health situation reports. The decision was left up to the Regional Committee.

From the 1996-1997 biennium onwards, the Regional Office would be developing its proposed collaborative activities based on the proposed programme budget with reference to *New horizons in health*. Also from the 1996-1997 biennium onwards, all Member States would be requested to develop a plan of action, providing not only what they had prepared in the past but also a clear reference to "products". That would enable the Regional Office to focus more clearly on what had been achieved and how it had been achieved. It would also enable the Regional Office to make its report clearer and simpler, thereby perhaps accommodating one of the concerns of the representative of the United States.

The meeting rose at 4.45 p.m.