



Date: November 1989

Classification: Health (8/89)

Serial No. 135

**TWELFTH REGIONAL CONFERENCE OF PERMANENT HEADS  
OF HEALTH SERVICES  
(Saipan, Commonwealth of the Northern Mariana Islands, 3 - 7 July 1989)**

**SUMMARY OF PROCEEDINGS**

The Twelfth Regional Conference of Permanent Heads of Health Services was held in Saipan in the Northern Mariana Islands from 3 to 7 July, 1989. This conference is held every 2 - 3 years by the South Pacific Commission and includes participants representing health departments from the Pacific Island countries and observers from WHO and other regional organisations. The Conference is an unique opportunity for the countries to discuss the priority public health issues in the Pacific and to make recommendations to the SPC to address these issues.

The Conference was called to order by Dr Jose Villagomez, Director of Health for the Commonwealth of the Northern Mariana Islands, Chairman of the Conference in 1986. The Governor of Saipan, the Hon. Pedro P. Tenorio, gave the opening address. Dr Masao Kumangai from Palau was elected as Conference Chairman and Dr Falesene Salesa from Tuvalu as Vice-Chairman. The SPC Secretariat was headed by Mrs Hélène Courte, the SPC Deputy Director of Programmes. Dr François Bach, SPC Epidemiologist, served as Conference Director. All programmes of the SPC Community Health Services represented were at the conference.



TWELFTH REGIONAL CONFERENCE OF PERMANENT  
HEADS OF HEALTH SERVICES  
SAIPAN 3-7 JULY 1989

The conference covered an impressive breadth of topics, summarised below.

## HEALTH INFORMATION

Dr Stephen Weinstein, Pathologist at the Commonwealth Health Center in Saipan, gave a presentation on the use of *on-line computer medical information systems* (Medline) in CNMI. This paper was combined with a presentation of the SPC library services and databases. On-line information systems allow health personnel in small, isolated island countries to have access to over 3000 health journals by simply touching a keyboard, thus avoiding the need to build an extensive and costly medical research library. The relatively low costs involved in setting up and maintaining such a system were emphasised.

Dr John Mackenzie, editor of the *Virus Information Exchange Newsletter*, presented a paper on this unique Asian/Pacific region publication which gives up-to-date information on all aspects of viral diseases. The newsletter, published since 1984 by the WHO Collaborating Centre for the Collection and Dissemination of Data on Viral Diseases at the University of Western Australia, provides information from virologists throughout the region that is unavailable elsewhere, and is distributed free of charge to over 900 individuals and organisations in the region representing a broad range of health and related fields.

The SPC Epidemiologist discussed the *SPC's recent health publications*. The provision of health information is an important part of the SPC Health programme and SPC plans to publish a health newsletter in the near future.

The follow-up discussion emphasised the need to share health information between island countries more fully. An example would be a system through which countries can be informed of unpublished documents, the 'grey area' (including research findings) produced by island countries. Participants also stressed the need for health departments to submit articles to regional medical journals so that relevant information and data produced in island countries are not lost and can be available to health professionals throughout the region.

## INTERNATIONAL CO-OPERATION IN HEALTH RESEARCH

Dr James Hodge, Director of the New Zealand Medical Research Council (NZMRC), presented a paper on this topic, stressing the need for countries to plan their research activities. The advantages of establishing national health research councils or similar bodies were presented. These included research planning, setting research priorities and setting scientific and ethical standards for research. The NZMRC is currently active in assisting countries in setting up and maintaining such bodies. In addition, the NZMRC promotes increased international co-operation and information-sharing in the area of health research, by encouraging the establishment of health research networks between Pacific Island countries.

The Representative of French Polynesia outlined the major health research activities conducted in French Polynesia through the Malardé Institute. These activities include the three major areas of clinical trials and patient care management, utilisation of health services, and the development of health status indicators specific to French Polynesia. The need for evaluating health research activities was stressed.

During the discussion, the SPC Secretariat emphasised the need for countries to set up research councils to protect themselves, citing examples of unethical practices that have occurred in the past in the region. Also stressed was the need for these bodies to have decision-making powers. Several past attempts to establish research councils in Pacific Island countries have failed due to their lack of authority or independence. Issues of particular concern to the delegates in this area were:

- the need for manpower training in health research;

- the need for health departments and institutes in the region to increase their research collaboration;
- the need for technical assistance to fully exploit data collected through health research activities.

## **DENGUE EPIDEMICS, SURVEILLANCE AND CONTROL**

The session was opened by Dr. Pierre Fauran from the Pasteur Institute, who presented a paper on dengue in the South Pacific. Dr. Fauran described a number of epidemics during and after World War Two that had led to the identification of the four immunotypes of the dengue virus. He noted that in the absence of a vaccine and a specific medication, dengue prevention relies exclusively on the elimination of the vector mosquitoes. He highlighted the importance of surveillance systems to detect imported dengue through diagnosis of suspect cases. Research is being carried out to develop a test that can be applied in the field to identify the virus. Dr. Fauran concluded with a number of suggestions to assist member countries in planning dengue control strategies.

The Representative of French Polynesia reported on the control programme implemented in his Territory from December 1988 to the end of April 1989. The immunotype responsible for the epidemic was Type I, and the estimated number of suspected clinical cases was around 25,000 in the Windward Isles. A network of 'sentinel' physicians maintained intensive surveillance over an 18 week period. While the epidemic has declined, monitoring through serological surveys will continue due to the potential risk of re-introduction of the Type III virus.

The Representative of Wallis and Futuna noted that there had been three epidemics of dengue since 1975; the most recent began in April. Recent epidemics in other countries had alerted health staff and dengue Type III was confirmed from the samples sent to the Pasteur Institute in Noumea. Control methods were implemented as soon as the first few cases were detected. These methods involved the destruction of breeding grounds and community education, with traditional leaders playing a major role. In June there were 90 hospital cases of dengue fever, with one-third having haemorrhagic symptoms. In Futuna, the epidemic has died out, while Wallis was still reporting 60 cases per week by the end of June.

Ms Manola Laille of the Pasteur Institute reported that there had been a small epidemic in New Caledonia in 1988. In February 1989 a large epidemic began, reaching its peak in March with 286 isolates of Type III identified. Sentinel surveillance and control measures were also presented. The methods used for the identification of dengue viruses were presented.

In the discussion following these presentations many delegates stated that spraying should be a last resort for prevention and control. This was because of the risk to human health from insecticides, their high cost, and the possible development of vector resistant strains. Instead, the need for continual community education and improved surveillance and control at ports of entry was stressed. It was suggested that information on the spraying and use of residual insecticides on aeroplanes could be obtained from Australia and New Zealand. Mr Paul Sommers from UNICEF raised the question that if home gardens of taro and bananas were considered as breeding places for mosquitoes, this could have adverse effects on food production. Dr Fauran suggested that biological control would be the best solution in this case; there is a bacillus which destroys only the larvae.

The question of what resources were available within the region to fight dengue fever was raised. It was noted that while the SPC no longer had a special dengue team, it had used the consultancy services of Dr. Fauran during the past several years. Regular telex updates had been sent to all member countries to keep them informed of the progress of epidemics in the South Pacific. It was acknowledged that diagnosis was a major difficulty, with sera often arriving at an overseas laboratory in an unsatisfactory condition. Until field diagnosis kits are available, South Pacific countries will continue to rely on overseas laboratories. Delegates suggested that other existing

resources for surveillance and education be used, including health environment workers, primary health care networks, women's groups, agronomists and customary leaders. It was noted that control programmes for dengue will also help to prevent filariasis and malaria.

## **REVIEW OF THE SPC HEALTH WORK PROGRAMME**

The SPC Deputy Director of Programmes explained that the Twelfth Conference of Permanent Heads of Health had been delayed because funding for the meeting had not been found earlier. Unfortunately, this delay prevented the Directors from discussing and commenting on the Pearson report of the Health Programme evaluation before it was submitted to the Committee of Representatives of Governments and Administrations (CRGA). Mrs Courte emphasised that since the mandate for the SPC programmes comes from the member countries, the Secretariat needs to know what activities Directors of Health would like the SPC to carry out. Delegates were invited to comment on what had been done, but even more importantly, to guide the SPC staff on their future activities.

### **Health Education**

The SPC Health Education Specialist, Mr David Rosario, summarised the activities of the health education programme since the last Conference of Permanent Heads of Health Services in 1986. One of the main activities noted was the production and distribution of numerous health education materials, including posters, slide/tape shows, video programmes, and booklets. Another major activity of the Health Education Programme has been provision of advisory services to many member countries and in-country workshops on health education techniques.

It was noted that the Pearson report recommended that the SPC should work as closely as possible with WHO, FAO, UNDP, UNICEF and USP in developing health education materials, and in training and education activities. As yet there had been no meetings between these organisations regarding this co-operation.

Concern was expressed by several delegates that the involvement of the Health Education Programme in the Drug Identification and Concealment Training Courses may be inappropriate and not the best possible use of scarce health education resources. The Secretariat acknowledged that this involvement required a considerable time commitment for the Health Education Specialist and noted that most of the funding required came from the United Nations anti-drug programme. This activity was much in demand by member countries, and should be organised by a consultant. Some delegates also emphasised that, in their countries' experience, the close liaison between police, customs and health authorities was a decided advantage.

Some delegates expressed a need for visits by the SPC Regional Media Centre's graphic arts staff to assist with the development of national health education materials. While the SPC has received approval for a graphic artist position, no funds are as yet available to fill the post. The Representative of the United States offered the services of the Guam graphic artist for individual requests at times when the artist would not be required in Guam.

The Representative of Australia offered the recently produced Australian database of health education materials (HEARS), if member countries or SPC wished to avail themselves of this facility. Also available on request were reports on the use of new drugs.

### **Community Health (Epidemiology)**

The activities of the Epidemiology Section over the past three years were presented by Dr François Bach (Epidemiologist), Mr Steve Terrell-Perica (Health Surveys Epidemiologist) and Ms Denise DeRoeck (Health Data Analyst). These activities involved surveillance of non-communicable diseases as well as risk factor studies; the South Pacific Epidemiological and Health

Information Services (SPEHIS), which includes a regular notifiable disease reporting system, an early-warning system of infectious disease outbreaks, the distribution of health information on topical public issues and vital statistics surveys; training in epidemiology and health statistics; the management of a regional cancer registry; hepatitis B prevention and control programmes; and a project on dengue and other insect-borne diseases.

The Secretariat concluded that all the recommendations from the Eleventh Conference on training, education, information distribution and research activities had been thoroughly implemented in the very extensive work programme of this section. The matters of practical concern to member countries were being dealt with effectively. There was a strong desire within the SPC Epidemiology Section to identify their priorities.

It was also noted that in past years, much valuable survey work had been carried out by the Epidemiology Programme. The thrust of the programme now is follow-up of survey findings to implement prevention and control programmes against non-communicable diseases.

It was felt that the early warning system of disease outbreaks is a very important service; suggestions were made to improve the system through the input of more countries and improved feed-back.

### **Regional Media Centre**

The SPC Video Officer, Dale Hermanson, summarised the activities of the SPC Regional Media Centre and described its work in providing training in video, radio and graphic arts. Some delegates expressed the need for further training in media, in particular for more in-country training programmes. These were thought to be very effective in being able to train a larger number of staff in a particular country and to generate interest and enthusiasm in audio-visual production. It was noted that more resources will be required to produce multiple copies of SPC video programmes and that will be essential to develop an effective distribution and promotion system for these videos. UNICEF and SPC have begun production of a series of seven nutrition videos; it is hoped that these will be ready by the end of the year. Narration in local languages will be possible for these videos.

### **Nutrition**

The Nutrition activities of SPC were presented by Ms Mele'ofa Malolo, Nutrition Education and Training Officer. The programme activities fall into three broad categories:

- (a) the Women and Child Health Nutrition Project, through which nutrition and dietary assessments have been carried out or are being planned in a number of member countries. This project also includes providing assistance in developing school nutrition education programmes and curriculum;
- (b) the Community Nutrition Education and Training Project which includes the development and production of a variety of nutrition education and audio-visual materials;
- (c) the Pacific Islands Food Composition Project.

Ms Malolo emphasised the importance of raising the level of knowledge on nutrition amongst Pacific Islanders. This will allow them to be able to make a better choice of the foods they eat in the face of rapid changes in lifestyles and economic development.

The programme is heading towards more involvement in integrated nutrition-related activities (e.g. agriculture, health, education, etc.); the development of food and dietary guidelines to prevent diseases such as under-nutrition, vitamin deficiencies, diabetes, gout and obesity; guidelines on assessing nutritional status; and the carrying out of smaller, more specific nutrition surveys (e.g. those targeted towards specific high-risk groups).

In the discussion which followed, Mr Paul Sommers of UNICEF stressed the long history of collaboration between UNICEF, SPC and other agencies on nutrition-related activities in the region, mentioning in particular the production of nutrition educational materials, and training in production of videos.

Ms Cecily Dignan, the recently appointed SPC Nutritionist, presented the Pacific Island Food Composition Project (PIFCP). She stressed the practical uses of precise information on the components of Pacific Island foods, which is a cornerstone in providing sound nutritional and dietary advice and in formulating nutrition policies in Pacific island countries. This was illustrated with examples on how a lack of knowledge of the nutritional components of specific regional foods can lead to false or misleading dietary recommendations. The activities of the project include the analysis of Pacific foods in regional laboratories, the training and support of laboratory staff, the regular dissemination of information (through a food composition newsletter and other documents) and the carrying out of a mail survey of potential users to elicit their requirements for information that the project will produce. This project has been funded for two years by USAID, but future funding is uncertain.

During the follow-up discussion, many, although not all, delegates voiced their strong support for the Food Composition Project. Support was also expressed for the linkage of agricultural development policy and programmes with non-communicable disease control and nutrition programmes.

Some delegates also expressed a need for the development of more appropriate height and weight standards for South Pacific populations, to determine nutritional status. The Epidemiologist noted that the NCHS/WHO growth standards for under-five-year-olds were recognised world-wide as appropriate to use for all countries, especially since it is difficult to establish accurate standards in small populations. It is extremely useful to use a recognised international standard for comparisons between countries. The Secretariat also mentioned that more research was required to correlate overweight indices, such as body mass index, and morbidity in order to establish more appropriate guidelines for assessing nutritional status in adults.

### **Rural Health and Sanitation Programme**

This programme, described by Mr. David Clarkson, the in-coming Public Health Engineer, has in the past three years been mainly involved in a project to provide water supply and sanitation systems to small islands communities. This project relied heavily on volunteer assistance and the involvement and training of the community in planning, constructing and maintaining these systems. These activities ended in 1988 with the end of the USAID grant.

The Rural Health and Sanitation Programme also provides advisory services and training in food hygiene and meat inspection, occupational health and other areas of environmental health. The programme is now renamed Environmental Health Programme and will co-ordinate closely with the South Pacific Regional Environmental Programme (SPREP).

Several delegates described their continuing need for funding and materials to support their water supply and sanitation programmes. To avoid duplication among the various agencies working in this domain, a high level of co-ordination between agencies is required. A WHO meeting was held recently in Suva to improve the co-ordination of water and sanitation activities between WHO, UNDP, SPC and other agencies in the region. Several delegates, mainly those from countries facing rapid development, voiced their need for technical assistance in determining aims and in

setting priorities in the broad area of environmental health. A recommendation was also made for SPC to work with medical training programmes in the region to provide their students with training on environmental health.

### **Dental Health Programme**

This programme managed by the SPC Dental Health Officer, began in the early 1970s and was suspended in 1985. During the evaluation of the SPC Health Programme, and at recent South Pacific Conferences and CRGA meetings, several countries expressed a strong desire to have this programme continued. As a result, the Twenty-eighth South Pacific Conference in 1988 requested SPC to conduct a dental health needs assessment throughout the region. This assessment would use an outside consultant and include a regional conference of dental health officers to discuss regional needs and to propose a plan of action.

Several delegates expressed their support for the re-establishment of this programme and the appointment of a new Dental Health Officer. The major need expressed by a large number of delegates was for the establishment of training programmes for dental personnel, as there currently exists no dental school in the region. Some delegates therefore recommended that assistance to set up a programme in the region be made a top priority of the future Dental Health Officer (if this post is re-established). The Representative of Guam, which has a dental assistant training programme, also mentioned that her government would be willing to accept students for its programme from other Pacific Island countries.

### **Re-organisation of the SPC Health Programme**

Mrs Hélène Courte, Deputy Director of Programmes, presented a paper on the proposed re-organisation of the Health Programme, resulting from the Health Programme evaluation conducted in 1988 and the resolutions of the Twenty-eighth South Pacific Conference. The SPC is proposing to restructure the programme from a series of rather separate health entities (health education, nutrition, etc.) to a more integrated and co-ordinated community health programme. This will result in the reduction in the number of items in the health work programme from nearly 40 to 17. Other major changes to the existing programme include the creation of a new post of Health Co-ordinator, the creation of an AIDS project and the addition of a Non-communicable Diseases Specialist and a Health Promotion Officer. At present, the Epidemiologist is also acting as the Health Co-ordinator, pending approval of this new post at the Twenty-ninth South Pacific Conference in October 1989. If approval is granted, the position will be funded for a period of one year through extra-budgetary sources, followed by funding through the core budget (starting in 1991).

Discussion on the paper focused on the proposed AIDS project. Several delegates voiced concern that the new project should not duplicate the extensive efforts by WHO and other agencies in AIDS prevention and control. In response, the SPC Secretariat stressed that the project would work in close collaboration with WHO's Global Programme on AIDS, and would in fact complement WHO's current activities. The SPC AIDS project would focus on educating women, youth and other community people, using SPC's extensive contacts with these groups through its Pacific Women's Resource Bureau and Youth Programme. The point was also made that the project proposal was developed in response to recommendations from the Fourth Regional Women's Conference in September 1988 and the results of a mail survey to SPC member countries, which revealed a desire among health department staff for training in STD and AIDS education methods.

Overall, delegates agreed that all possible efforts should be made to prevent AIDS through the education of the public and that all possible resources should be dedicated to this objective as long as it complements current activities of the Global Programme on AIDS in the region. Some delegates also suggested incorporating AIDS education activities under the existing SPC Health Education Programme, instead of creating a separate project.

## **MAJOR THEME OF CONFERENCE: NON-COMMUNICABLE DISEASE (NCD) CONTROL**

### **Introduction**

In introducing this topic, the Secretariat stressed the fact that this Conference, given the impressive number of experts present, provided an important opportunity to formulate strategies for regional co-operation in the control of non-communicable diseases. Trends in causes of morbidity and mortality in the Pacific Island region were highlighted, especially the dramatic increase in diabetes, high blood pressure and other non-communicable diseases in many countries, largely due to changes in lifestyle and increased urban immigration.

Delegates from each country then made brief presentations outlining their major activities in the prevention and control of NCDs. Countries making presentations included American Samoa, Australia, Cook Islands, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, France, French Polynesia, Guam, Marshall Islands, Nauru, New Zealand, Niue, Palau, Tuvalu and Wallis and Futuna.

Dr Margaret Cornelius presented the activities of the *Fiji National Diabetes Centre*, including dissemination of information to the public and health professions; on-going training of health professionals regarding diabetes; and evaluation of the effectiveness of the programme and Centre.

Mr Philip Mills described a *drug and alcohol abuse intervention programme in Aboriginal communities in the Northern Territory of Australia*. This programme evolved in such a way as to enable greater participation of Aboriginal people in the development of educational materials (e.g posters, videos, television advertisements, and a health promotion manual). The use of workshops, which involves empowerment and control, was considered to be as important as the actual materials produced.

Following these presentations, the delegates divided into small groups, each focusing on one aspect of NCD prevention and control, to come up with recommendations for national and regional strategies.

**Perspectives for programme implementation:** The Secretariat presented a proposal for the development of prevention and control programmes for diabetes, cancer, cardio-vascular and other non-communicable diseases. The activities proposed were grouped into four major areas: programme planning and implementation, training, production of training and educational materials, and research and evaluation.

The Secretariat also presented a paper which highlighted the need for more specific preventive programmes on diet to control NCDs in the Pacific. A background to the current dietary problems in the Pacific was presented, followed by a summary of some obstacles to successful preventive measures, such as limited training in the area of nutrition amongst Pacific Island health professionals.

**Health manpower training in the Pacific:** Dr Ian Lewis, Head of the Fiji School of Medicine, outlined a proposed innovative training programme for the School. The training programme will involve a completely new curriculum based on problem solving techniques. All disciplines will be integrated to help students to learn how to investigate and manage medical problems. The programme will be based on the health needs of the Pacific region and will be community-oriented, with an emphasis on prevention and health promotion.



**Health education perspectives for the 1990s:** The Secretariat highlighted the influence of mass media in effectively conveying concepts of disease prevention as well as the importance of early detection and prompt treatment. The Representative of French Polynesia explained that in past years media had been widely used in health promotion in French Polynesia, but without much effect on health-related behaviour. For this reason, the approach into the 1990s would be more intersectoral, using small groups and social organisations. In response to these papers, it was suggested that all approaches to health promotion need to be explored and various combinations used.

**Health learning materials centre (HLMC):** Dr Romualdez of the World Health Organisation explained that the HLMC programme initiative had come from the health manpower section of WHO, which envisages a network of centres throughout the Western Pacific with two 'nodes', one in Manila, and the other in Fiji. These centres would provide health education facilities for the public, and for health professionals. The Fiji centre will most likely be established within the Ministry of Health.

**Morbidity and mortality reporting:** The Secretariat introduced a proposal to modify the existing disease reporting system to the SPC (SPEHIS) in an effort to standardise and improve the reliability and accuracy of reporting in the Pacific island region. The modifications consist mainly of: having separate reporting forms for cases diagnosed clinically (in health centres and dispensaries) and for those diagnosed through laboratory testing; reducing the number of diseases to be reported on a monthly basis (from over 40 to 17); and adding age-specific information for certain diseases plus the inclusion of a new item: under-nutrition.

It is hoped that these modifications, together with monthly feedback, will lead to greater participation and interest among countries in the SPEHIS reporting system. Several delegates expressed their support for the idea of modifying the current disease reporting system, and were particularly in favor of having separate forms for clinically diagnosed and laboratory-confirmed cases. This dual system was recognised as a way for countries to quickly pick up problems and trends and to enable countries to evaluate their own disease reporting system, by comparing data from the two systems.

**Hepatitis B vaccine procurement:** Mr. Stephen Bice of the United States Public Health Services outlined ways in which countries can obtain Hepatitis B vaccine for the vaccination programmes of newborns, including: receiving donations from drug companies; participating in plasma exchange programmes, such as the WHO programme; and tendering a bid for the entire region to buy the vaccine at the lowest possible price. Mr. Bice concluded that the third option is perhaps the best in the long run for this region, and suggested that WHO and SPC co-ordinate such a pooled procurement plan.

**Tuberculosis control:** Several delegates described the high prevalence of tuberculosis in their countries, and the dramatic increase in prevalence in recent years, due largely to infected persons from South-east Asia migrating to island countries. The inadequate pre-screening for T.B. of immigrants to some of these countries was seen as a major problem. Several countries now have a policy of rescreening all immigrants upon arrival to their country.

**AIDS:** Delegates expressed an interest in receiving AIDS surveillance data from other Pacific island countries on a periodic basis. The best example is French Polynesia, which has been regularly reporting the number of AIDS and HIV-positive cases, including demographic information on cases. Each country representative gave an update during the session on the number of cases and seropositives in his or her country, and the status of their HIV screening programmes and policies regarding who they test for the virus.

**Recommendations:** The conference presented comprehensive recommendations on all topics of discussion. A copy of these recommendations is available from the SPC Community Health Programme upon request.

Produced by the South Pacific Commission Community Health Services

---

© Copyright South Pacific Commission, 1989  
The South Pacific Commission authorises the reproduction of this material, whole or in part,  
in any form, provided appropriate acknowledgement is given.

Original text: English

## LIST OF PAPERS PRESENTED AT THE CONFERENCE

### Working Papers

- |                         |  |
|-------------------------|--|
| <b>SPC/12 CDH/WP. 1</b> | International co-operation in health research and technology transfer<br>- Secretariat   |
| <b>WP. 2</b>            | The SPC Dental Health Programme - current situation and projects<br>- Secretariat  |
| <b>WP. 3</b>            | Evaluation and re-organisation of the SPC health services<br>- Secretariat   |
| <b>WP. 4</b>            | Bibliography of publications prepared with assistance of SPC community health services 1982-89<br>- Secretariat  |
| <b>WP. 5</b>            | The Pacific Island Food Composition Programme<br>- Secretariat   |
| <b>WP. 6</b>            | Report on Health Education Programme<br>- Secretariat  |
| <b>WP. 7</b>            | Report on the Regional Media Centre's role in providing media training for health professionals<br>- Secretariat   |
| <b>WP. 8</b>            | Guidelines for the monitoring of morbidity and mortality in the Pacific Island countries<br>- Secretariat  |
| <b>WP. 9</b>            | Report of the Community Health (Epidemiology) Work Programme for 1986 to 1988<br>- Secretariat   |
| <b>WP. 10</b>           | Proposal for the development of prevention and control programmes for diabetes, cancer, cardio-vascular and other non-communicable diseases<br>- Secretariat |
| <b>WP. 11</b>           | Report of the South Pacific Commission Nutrition Programme<br>- Secretariat  |
| <b>WP. 12</b>           | Health education and the media perspective for the future (1990's)<br>- Secretariat  |
| <b>WP. 13</b>           | Report on the Rural Health and Sanitation Programme<br>- Secretariat   |
| <b>WP. 14</b>           | Country statement - Commonwealth of the Northern Mariana Islands<br>- presented by Dr Jose Villagomez  |

- WP. 15** Country statement - Federated States of Micronesia  
- presented by Mr Jeff Benjamin
- WP. 16** Country statement - French Polynesia  
- presented by Dr François Laudon
- WP. 17** Use of morbidity data from communicable disease in French Polynesia  
- presented by Dr François Laudon
- WP. 18** Country statement - Guam  
- presented by Mrs Karen Cruz
- WP. 19** South Pacific Commission library and health information  
- Secretariat
- WP. 20** Dietary materials for prevention and control of non-communicable diseases  
- Secretariat
- WP. 21** Dengue in the South Pacific - learning from the past - looking into the future  
- presented by Dr Pierre Fauran
- WP. 22** Country statement - American Samoa  
- presented by Dr Tofiga Liaga
- WP. 23** Country statement - France  
- presented by Dr Bernard Montaville
- WP. 24** Country statement - Wallis and Futuna  
- presented by Dr Raymond Labrousse
- WP. 25** Country statement - Palau  
- presented by Dr Masao Kumangai
- WP. 26** Country statement - Australia  
- presented by Dr Tony Adams
- WP. 27** Country statement - Niue  
- presented by Dr Arbutus Mitikulena
- WP. 28** Country statement - Tuvalu  
- presented by Dr Falesene Salesa
- WP. 29** Country statement - Marshall Islands  
- presented by Ms Marie Maddison
- WP. 30** Country statement - Papua New Guinea

### **Information Papers**

**SPC/12CDH/ INF. P/1**

Proposed 3 years integrated 1990-92 Community Health Services Work Programme and Budget  
- Secretariat

- INF. P/2** On-line medical information systems (Medline) in CHC experience  
- Secretariat
- INF. P/3** Report on the dengue fever control programme implemented in French Polynesia from 22 December 1988 to April 1986  
- presented by Dr François Laudon
- INF. P/4** Health education in French Polynesia, perspective for the 1990s  
- presented by Dr François Laudon
- INF. P/5** Prospect for the development of scientific research benefiting French Polynesia  
- presented by Dr François Laudon
- INF. P/6** Virus information exchange newsletter  
- presented by Dr John McKenzie
- INF. P/7** Dengue on the Territory of Wallis and Futuna  
- presented by Dr Raymond Labrousse
- INF. P/8** Dengue fever in New Caledonia  
- presented by Ms Manola Laille, Institut Pasteur
- INF. P/9** Non-communicable diseases - a bi-cultural approach to health promotion  
- presented by Philip Mills
- INF. P/10** The greenhouse effect  
- presented by Dr Tony Adams
- INF. P/11** Diabetes prevention and control measures - the Fiji National Diabetes Centre Experience.  
- presented by Dr Margaret Cornelius
- INF. P/12** Community program in the prevention and control of NCD's - Cook Islands  
- presented by Ms Natali Ngapoko Short
- INF. P/13** Statement on the development of human resources for health in the Pacific towards the 21st Century  
- presented by Dr Ian Lewis
- INF. P/14** Procurement of hepatitis B vaccines  
- presented by Mr Steven Bice

