Page 4, third paragraph: For "Dr Choib" read "Dr Shoib"

Page 8, sixth line from bottom of page
Delete  "The part played by UNICEF was also of decisive importance, and ..."
Insert  "Hitherto the part played by UNICEF had been of decisive importance in the countries of Central America, and ..."

Page 13, ninth line from bottom of page
Delete  from "Obviously ..." to the end of the page
Insert  "It was clear that to deal satisfactorily with the nutritional difficulties met with in certain countries, the first requirement was to solve the agricultural, economic and educational problems, many of which were outside the province of WHO. Nevertheless, the Organization could play an essential part where governments were concerned, not only by helping them to train staff for surveys and campaigns, but also by giving advice on the determination of the various population groups whose diet should be supplemented and on the choice of products to be developed, bearing in mind any nutritional deficiencies or lack of balance observed, and by assessing the results obtained in improving the physical and moral well-being of the peoples concerned.

"Dr Garcin stressed that, thanks to the joint efforts of WHO, UNICEF and other specialized agencies concerned, the search for a solution to nutritional problems was now proceeding on the right lines and that this was a guarantee of eventual success."

Page 14, fourth line from bottom of page
Delete  "was widespread in Indonesia: it"
Page 14, third line from bottom of page

Delete  "population of"
Insert  "children of pre-school age in"

Page 15, eighth line

Delete  "1954"
Insert  "1924"

Page 15, last two lines of text

Delete  "a central water"
Insert  "village water supplies which could later be improved into a"
COMMITTEE ON PROGRAMME AND BUDGET

PROVISIONAL MINUTES OF THE SECOND MEETING

University City, Mexico, D.F.,
Monday, 16 May 1955, at 9.45 a.m.

CHAIRMAN: Professor G.A. CANAPIERIA (Italy)

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Note: Corrections to these provisional minutes should be submitted in writing to the Chief, Records Service, Room 302, within 48 hours of their distribution.
1. REVIEW OF WORK DURING 1954: ANNUAL REPORT OF THE DIRECTOR-GENERAL: Item 7.3 of the Agenda (Official Records No. 59) (continued)

Chapter 1: Communicable Diseases (continued)

Dr LAKSHMANAN (India), referring to the chapter under consideration, said he hoped that tuberculosis control would remain one of WHO's most important activities. In India the incidence of tuberculosis was very high and, since the number of beds in hospitals and sanatoria was far from sufficient to satisfy requirements, it was necessary to provide tuberculosis patients with domiciliary treatment by means of the new drugs; the Indian authorities would welcome advice about such treatment.

There was a need for field investigations to determine the best methods of trachoma control, especially amongst the younger age-groups; he hoped that WHO would support such investigations.

Professor FERREIRA (Brazil) welcomed the fact that the Director-General had laid special emphasis on the problem of malaria. The incidence of the disease had greatly diminished as a result of the international and national efforts which had been made; but WHO's campaign against malaria could not be conducted on the same footing as its campaigns against other diseases: the appearance in anopheline vectors of resistance to residual insecticides made the time factor all important. If eradication was not achieved before such resistance developed, the chance to wipe out malaria might be lost.

Dr MOCHTAR (Indonesia) said he would like to take the present opportunity to express the gratitude of the people of his country to WHO, and also to UNICEF, for the help obtained from those organizations. The mortality rate in Indonesia was steadily diminishing; but alarm was being caused by the fact that malaria vectors were
becoming increasingly resistant to DDT in some areas of Indonesia. In regard to
the BCG campaign, the relations between the WHO experts and the Indonesian
authorities were extremely good; the recommendations made by the former had been
generally adopted, and a plan covering the whole country was shortly to be put
into effect.

Dr HURTADO (Cuba) said he thought that the very firm statement on malaria made
by the Director-General at the third plenary meeting might, by persuading Members
to adopt a policy of malaria eradication rather than malaria control, lead to the
most important development of the Eighth World Health Assembly. The eradication
of malaria should be made a crusade, which should be conducted with utmost urgency
so that the disease would be eradicated before malaria vectors become completely
resistant to the weapons employed against them. Perhaps new insecticides would be
the means of finally defeating the disease; he had been informed that final tests
were being carried out in the United States of America on a new insecticide,
effective against both the larva and the adult mosquito, and which being more power-
ful than DDT would not give the malaria vector time to build up a resistance.

He would like to congratulate the World Health Organization on the success it
had achieved in regard to tuberculosis control; those results were largely due to
the use of BCG but modern developments in chemotherapy also made the future hopeful.

But most of all in his comments on communicable diseases he wished to refer to
poliomyelitis. The World Health Assembly should make a pronouncement on the
important new development regarding the use of vaccine against that disease. He
himself believed that the development would mark the beginning of a new era in the
control of poliomyelitis. While the Health Assembly could not undertake a detailed study of the subject, he would like to suggest that it appoint a small group of experts to prepare a general statement which would show that the World Health Organization was not indifferent to an event of world-wide importance.

The CHAIRMAN said he thought that all present realized the importance of vaccination against poliomyelitis; research on the subject was still in progress. He would ask the Cuban representative to defer making a definite proposal regarding a statement by the Health Assembly until the Committee came to discuss the future programme of the Organization.

Dr CHOIB (Egypt) said that, as a result of mass dusting with insecticides, the incidence of typhus had been reduced to insignificant proportions in Egypt; but recently it had again increased, presumably owing to the vectors acquiring resistance.

He would welcome information from the Regional Office for Europe on the results of the antityphoid campaign in Yugoslavia, since typhoid was very prevalent in Egypt. The Egyptian authorities, however, were not entirely convinced of the effectiveness of mass vaccination in dealing with the disease.

Dr GARCÍA CAPURRO (Uruguay) expressed the satisfaction of his Government with the work of the Organization in regard to communicable diseases. He warmly supported the Cuban representative's suggestion that the World Health Assembly should make a pronouncement on the subject of vaccination against poliomyelitis, especially in view of the confusion that had arisen from the fact that most of the information at present available had been published by the press rather than by authoritative medical circles.

Dr STAMPAR (Yugoslavia) congratulated the Organization in particular on its work in veterinary public health and the zoonoses. Campaigns against certain communicable
diseases could be really successful only if public-health measures for human beings and veterinary measures were combined. He hoped that WHO would make recommendations on that subject, particularly on the extent to which physicians and veterinary surgeons should have a common curriculum.

Referring to the remarks made by the delegate of Egypt, he said that it was true that the Yugoslav authorities were conducting an interesting experiment in typhoid vaccination, but it was still too early for him to be able to give any definite information on the subject. He hoped a complete report would be ready by the end of the year.

Dr KARABUDA (Turkey) welcomed the fact that eradication was the leit-motiv of the discussion on malaria; but he would like to point out that complete eradication was not possible in any country without the co-operation of the authorities of adjacent countries and that such co-operation could be achieved only through WHO. He hoped that WHO would do all it could in this direction.

Dr LE ROUX (Union of South Africa) associated himself with the Cuban delegate's suggestion that the World Health Assembly should make a pronouncement on the subject of poliomyelitis vaccination, adding that in view of the wild statements being made on the subject, such a pronouncement was needed both for the guidance of the medical profession and for the enlightenment of the general public.

Referring to the Indian representative's remarks about the domiciliary treatment of tuberculosis patients, he expressed the opinion that such treatment answered many tuberculosis problems in countries such as South Africa and India, but that it should be combined with hospital treatment.
Dr BAUJI (Lebanon) said that the antimalaria campaign which had been started in the Lebanon with the help of WHO experts was being continued. In two regions in the north of the country signs of resistance had been observed; an investigation into that was to be made later in the year.

Cases of typhoid and paratyphoid were occurring in the Lebanon, but only in areas of poor sanitation. His country had asked for expert assistance from WHO, and it was hoped to set up a model health centre to demonstrate refuse disposal, food protection, etc., in rural areas. As was always the case with environmental sanitation projects, the financial difficulties were considerable; progress was, however, being made in the Lebanon with health education of the public.

Dr DIBA (Iran), wished to thank the Director-General for the interesting chapter on communicable diseases in his report.

The Iranian Government had been conducting a campaign against malaria since 1950; so far no resistance had been observed amongst vectors, but, as a previous speaker had pointed out, complete eradication was not possible unless the disease was also eradicated concurrently in adjacent countries.

As regards tuberculosis, his Government had drawn up a seven-year plan, under which tuberculosis patients were being isolated; the use of anti-tuberculosis vaccine had proved very effective. He might mention that the Iranian authorities took advantage of people's attendance at health centres for tuberculosis vaccination to inoculate them against smallpox at the same time.

Dr GARCÍA SÁNCHEZ (Mexico) said that, with the help promised by WHO, the Mexican authorities hoped to extend their antimalaria campaign so as to cover the whole country within the next few years.

They had conducted an intensive smallpox vaccination campaign, and there had been no registered cases of smallpox in the country for four years. The Mexican
Government would like to see efforts made to ensure that the disease would disappear completely throughout the Americas.

Dr AL-WAHHBI (Iraq) associated himself with the remarks of the Turkish delegate regarding the eradication of malaria. In July 1954 the Government of Iraq had changed its policy of malaria control for one directed towards the complete eradication of the disease, and for this, as the delegate of Turkey had made clear, the co-operation of adjacent countries was required. Since 1953 one-quarter of the entire population of the country had been covered by the Government's anti-malaria campaign.

Communicable diseases as a whole constituted a very serious problem. He was glad to see that there were four pages on the subject of tuberculosis in the Director-General's report, because there was a danger that some outstanding achievement - such as that regarding poliomyelitis - might detract attention from diseases such as tuberculosis, bilharziasis and intestinal parasitic infections. He did, however, agree with the delegate of Cuba that the World Health Assembly should make a statement on poliomyelitis vaccination.

Dr LE-VAN-KHAI (Viet Nam) urged that malaria programmes should be closely co-ordinated with environmental sanitation programmes, since no malaria campaign had been successful without attention being paid to environmental sanitation.

Dr CASTILLO (Nicaragua) said that the Nicaraguan authorities had been conducting a very intensive campaign against malaria with the help of the Pan American Sanitary Bureau; the malaria mortality rate had fallen considerably, and indeed it could be said that malaria had lost its grip on his country. No resistance to DDT had been noted.

As regards tuberculosis, the Nicaraguan authorities had been using BCG for two years, and with help from Brazil it had been possible to give 3,000 children BCG
treatment every month. They hoped to obtain help with that campaign from WHO. There had not been a single case of smallpox in Nicaragua since 1930.

Dr ELIOT (United States of America) said that it was evident that considerable progress had been made by WHO regarding the control of communicable diseases. The United States authorities had taken note of the way in which WHO was collaborating with UNICEF and various bilateral organizations where such diseases were concerned.

Referring to the statement made by the Cuban representative, she said that arrangements had been made for the Surgeon-General of the United States Public Health Service to make a statement on vaccination against poliomyelitis sometime during the present World Health Assembly.

Dr ALLWOOD PAREDES (El Salvador) welcomes the suggestion that the United States delegation be asked to make a statement on the poliomyelitis vaccination campaign under way in that country, to dispel the confusion resulting from press reports, and to provide guidance for the Assembly.

International co-operation was as important in that field as it had proved to be in the campaign to eradicate malaria. The way had already been paved for concerted action towards that latter goal in the region of Central America. The interdependence of the countries in that area must be borne in mind if that action was to prove successful. WHO had a major role to play and should give top priority to the problem of eradicating malaria. The part played by UNICEF was also of decisive importance, and his delegation wished to pay a tribute to that organization for its valuable assistance.

Dr KARABUDA (Turkey) thanked the delegate of Iraq for the encouraging information he had given regarding malaria control in his country. The standardization and synchronization of efforts to control the disease were the principal means of eradicating it.
Dr BTSEH (Israel) was gratified by the assurance given regarding co-operation with neighbouring States in the eradication of malaria on a regional basis. The disease could have been stamped out in Israel long ago if such co-operation had been forthcoming. As matters stood, malaria had disappeared in Israel except for a small border area. He hoped that the Committee’s discussion would open the way for its total eradication.

The co-operation of neighbouring States could also help to solve the problem of rabies control in Israel. While there had been no case of human rabies in the past five years, a resurgence of the disease had taken place in the past few months. It was true that the authorities had recently relaxed the measures for dog vaccination, but the reappearance of the disease was due rather to stray dogs crossing the frontier. The situation could be effectively controlled if Israel secured the co-operation of its neighbours.

Dr UREÑA HERNANDEZ (Dominican Republic) commended the Director-General upon his excellent report and paid a tribute to WHO and to UNICEF for their valuable work in improving public health throughout the world. His country had initiated a drastic campaign to eradicate malaria, but the co-operation of neighbouring countries was essential to ensure total success.

The CHAIRMAN, summarizing the debate, reviewed the points which would be taken up again in connexion with the programme for 1956. They included co-ordination between neighbouring countries in regional plans to eradicate malaria, and a report by the United States delegation on that country’s poliomyelitis vaccination campaign. Smallpox campaigns would be discussed under agenda item 7.12.
Chapter 2: Public-Health Services

Dr. BUURMAN (Federal Republic of Germany) expressed his delegation's full approval of WHO's policy of strengthening national health services by means of field projects and demonstration of integrated health services. The system of group study tours in different fields of public health was a particularly useful means of strengthening health services. Germany had benefited by the visit of the travelling study group on public-health administration in 1954, and hoped those activities would be expanded on a regional and inter-regional scale.

The Committee should give close attention to the report of the fourth session of the Joint FAO/WHO Expert Committee on Nutrition, in particular to its chapter on chemical additives to food. Ways and means should be found to create uniformity in national legislative measures in the field of food control, and a conference on food additives should be convened by WHO by 1956 at the latest. The Expert Committee should also consider the objections raised to the enrichment of food with vitamins, and study the possibility of determining the vitamin doses which might be considered tolerable in various circumstances.

Germany was especially interested in the influence of nutrition on the development of degenerative diseases and the related problem of the nutrition of old people. The recommendation of the Expert Committee on Mental Health regarding the provision of mental health services for old people was also important. The steps already taken by the Regional Office for Europe to set up study groups and expert committees on those subjects were encouraging, and WHO should further expand its activities along these lines.
In addition to WHO activities affecting the health problems of the aging population, his country was keenly interested in the reports of the various expert committees on mental health and alcoholism, nursing, midwifery training and the hygiene of seafarers. It welcomed the plans for a meeting of an expert committee in 1956 on the organization of medical care, and for a new study by the Executive Board on programme planning with emphasis on the integration of preventive and curative services.

Mr Lazarte (Peru) emphasized that WHO's continuing efforts to strengthen public-health services were of major importance for the integration of urban and rural health programmes in Peru. That country's limited economic and medical resources made it essential that health programmes should be continuous and co-ordinated. Maternal and child health activities were valueless, for example, unless they were co-ordinated with efforts to improve health in the home. The free distribution of milk by UNICEF had to be linked with a health education programme to teach mothers the necessity for proper nutrition. It was encouraging to find that UNICEF, in addition to expanding its maternal and child health programme, was co-operating in improving environmental sanitation in Peru.

Dr Tottie (Sweden), recalling that his country had participated in the consultant group convened to consider the main problems in dental health, expressed satisfaction with the WHO programme on the subject.

Dr Eliot (United States of America) commended WHO upon its efforts to improve, strengthen and integrate national health services. She attributed special importance to the integration of those services at the local level, and had been gratified by
the co-operation between WHO and other international organizations such as FAO, ILO, UNESCO and UNICEF, in that respect. Reviewing the three main categories of methods adopted by WHO (Official Records No. 59, pp. 18-19), she attached great significance to the travelling study group on public-health administration which had visited several countries of Europe.

With regard to nutrition, she had been greatly interested by WHO's emphasis on protein deficiency, and on social conditions creating protein malnutrition. The exchange of scientific information through WHO among nutrition experts in various parts of the world was most valuable.

The monograph, Maternal Care and Mental Health, was another significant document which had been read by thousands of persons in the United States.

The active co-operation between WHO and UNICEF in the field of maternal and child health constituted one of the outstanding contributions of the two international organizations. The health education programme being developed by WHO in a number of countries in connexion with the provision of health services for children of school age and handicapped children was also very important. It was gratifying to note the emphasis placed by the Director-General on the cultural factors related to the health education of the people.

The United States was also concerned with dental health within the framework of general health programmes. It noted with satisfaction that WHO had begun to develop a programme to advise countries on that phase of health. Progress would necessarily be slow owing to the high costs involved.
Mrs OHLSON (United States of America) stressed the need for more trained nursing staff and for the preparation of nurses for teaching and administration. If concerted action was to be taken on the problem during the technical discussions planned for 1956, more intensive preliminary study appeared necessary.

Dr GARCIN (France) had been pleased to note the emphasis placed by the Director-General on nutrition, a problem growing in urgency with the increasing population in many countries. It should be approached not by attempting to compensate for the lack of certain foodstuffs by importing them at great cost from abroad, but by developing the production of local foods and educating the people to use them. The import of food was at best a temporary solution designed to meet emergencies. Obviously agricultural, economic and educational factors, some of them outside the province of WHO, were involved in bringing about a satisfactory nutritional situation in a given country. However, WHO could usefully advise governments regarding the nutritional value of certain foodstuffs and substitute crops that might be grown in emergencies, and could train staff to evaluate the effects of certain foods on the physical and moral well-being of the people concerned.

He recognized that a good start had already been made in tackling the problem of nutrition through the combined efforts of WHO and UNICEF, and hoped those efforts would be continued.
Dr STAMPAR (Yugoslavia) said that WHO's assistance to governments in developing integrated national health services represented a significant step forward. Similarly, the change of emphasis from health propaganda to health education of the public based on scientific information and the historical and cultural background of particular areas was highly gratifying. The cooperation of UNICEF in maternal and child health programmes should be sustained. Yugoslavia was especially grateful to WHO and UNICEF for the establishment of a series of health institutes dealing with maternal and child health. He endorsed the remarks of the United States delegate regarding the importance of proper education for nurses; Yugoslavia had attached nursing schools to its schools of medicine in order to prepare nurses for full collaboration with doctors on a footing of equality. He was pleased that technical discussions on nurses' training and the position of nurses in public-health programmes would be held in 1956.

Dr MOCHTAR (Indonesia) said that one of the major health problems of his country was to interest doctors in public-health service in rural areas. Indigenous doctors, acquainted with the cultural background of the people, were better equipped than foreign doctors to cope with the multitude of sanitation and health difficulties common to the villages.

Malnutrition was widespread in Indonesia; it affected 40 per cent of the population of Jakarta, for example. It should be overcome by the provision of animal protein, in particular milk. Some 9,000 litres of milk were required daily in Jakarta alone. An attempt was being made to meet the situation by importing
Holstein cows from the Netherlands and cross-breeding them with Indonesian cows to produce a stronger milk-yielding breed. In rural areas, the people were being urged to use milk from goats, sheep and even the buffalo.

In co-operation with UNICEF, progress was being made among the rural population in educating mothers regarding the proper feeding of their children. However, the feeding of pregnant women had not received adequate attention, since they also required milk as a staple part of their diet.

Health education in Indonesia had been initiated in 1954, mainly in the rural areas. It was being combined with a programme of rural sanitation in demonstration areas. Substantial progress had already been made in developing a central water supply for groups of villages.

The meeting rose at 12.15 p.m.