COMMITTEE ON PROGRAMME AND BUDGET

PROVISIONAL MINUTES OF THE SIXTH MEETING

Palais des Nations, Geneva
Wednesday, 16 May 1956, at 2.30 p.m.

CHAIRMAN: Dr M. JAFAR (Pakistan)

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Note: Corrections to these provisional minutes should be submitted in writing to  
the Chief, Records Service, Room A.571, within 48 hours of their  
distribution.
1. CARDIOVASCULAR DISEASES AND HYPERTENSION (ITEM PROPOSED BY THE GOVERNMENT OF INDIA): Item 6.13 of the Agenda (Document A9/P&B/4 and Add.1)

Dr LAKSHMANAN (India), introducing the document, said cardiovascular diseases were an important factor in mortality and morbidity all over the world. Of the nine etiological groups listed on the first page of document A9/P&B/4, the rheumatic, hypertensive and coronary groups were the most important as they included the majority of cases of heart disease. He would not go into the figures on the etiology and incidence of cardiovascular diseases. It would suffice to say that they were on the increase. In 1950 an International Society of Cardiology had been established but although it had stimulated some co-operative research, there had yet been no organized attempt to deal with the problem from the public health point of view. In view of the incidence of those diseases and their increasingly deleterious effects on national economies, his delegation felt that they were a suitable subject for WHO, which was being asked to make a world-wide study of the situation, stimulate research and co-ordinate results. The Committee might wish to consider the convening of an expert committee on cardiovascular diseases.

Professor PESONI (Finland) warmly supported the Indian proposal. Cardiovascular diseases were becoming a very important public health problem and in many countries, including his own, they had even become the leading cause of death. Taking 100 as a median rate for 13 European countries, it had been found that the mortality rate for both sexes from cardiovascular diseases was below that figure in Switzerland, the Federal Republic of Germany, France, Sweden, the Netherlands and Norway but above the median rate in England, Italy, Portugal, Scotland, Ireland and Finland. Finland had the highest male mortality rate in all Europe for cardiovascular diseases.
Moreover, as communicable diseases become less serious as a cause of death, cardiovascular diseases tended to take their place. However, the increase had been not only relative but absolute. The present trend would no doubt continue as the population aged.

He agreed with the delegate of India on the economic aspects. Recent research had however given some hope that it might be possible, in the near future, to prevent some of the cardiovascular diseases and mitigate their crippling effects. The present was therefore a particularly appropriate time for WHO to take the steps advocated by the Indian delegation.

Dr DJORDJEVIC (Yugoslavia) agreed with Dr Posonen on the increasing importance of cardiovascular diseases by comparison with communicable diseases. Heart diseases were world-wide; no trade or profession was spared and more and more cases were being found among the younger age-groups. Research had made great progress and clear diagnosis had become possible, but the number of cases was increasing constantly. There were, in Yugoslavia, as many cases of heart disease as of tuberculosis and twice as many as cases of infectious and parasitic diseases. For those reasons, he heartily approved of the proposal before the Committee.

Dr CLARK (Union of South Africa) strongly supported the Indian proposal. He felt sure that figures more recent than those on page 4 of the document would be still more impressive, particularly those for the coronary and hypertensive groups. He agreed with the delegates of Yugoslavia and Finland on the general statistics and age-groups concerned. The problem deserved to receive the attention of WHO at an early date.
Dr SPLAUDE (Netherlands), referring to the last paragraph of the document, suggested that although research had given some useful results not enough was known for "control" to be possible. He would support point 1 of the "suggested programme" (page 3 of document A9/P&B/4) but would prefer to have the report of the expert committee before the other six points of the programme were dealt with.

Dr SUAREZ (Chile) suggested that the document might usefully have included mention of the interrelationship of communicable diseases and hypertension.

Dr YAMAGUCHI (Japan) also supported the Indian proposal because vascular diseases had become first in the list of causes of death in his country and heart diseases fourth.

Dr ANWAR (Indonesia) said that his country's Government and public health services were heavily committed in campaigns against communicable diseases. But the growing importance of cardiovascular diseases was steadily being recognized in hospitals and in private practice. An institute had been set up in 1955 and more and more work was being done on the subject. He therefore supported the proposed programme for WHO, which would be of use even to under-developed countries in the near future.

Dr TOGBA (Liberia) supported the Indian proposal. He requested, however, that the word "civilized" in the opening paragraph of document A9/P&B/4 should be dropped and that the phrase should read: "... in many countries of the world".

It was so agreed.
Dr ENGEL (Sweden) thought it significant that the proposal came from a part of the world where cardiovascular diseases might have been expected to be less important than others as causes of death.

The suggested programme was tremendous and still not exhaustive. He reminded the Committee of his previous remarks on excess mortality from cardiovascular diseases among Swedish male dental and medical practitioners between 45 and 75 years of age and generally speaking excess mortality in big cities, less evident in towns and non-existent in small towns. The excess mortality in big cities was one of the main health problems of modern life. He suggested that WHO should compare vital statistics from selected countries on cardiovascular diseases as causes of death and further relate the figures for urban and rural districts, devoting its activities to the collection and classification of the results of research rather than its organization.

Dr SYMAN (Israel) agreed that the problem was one of the first magnitude and one on which WHO could well work. He approved of most of the suggested programmes of action set out in document A9/P&B/4, page 3, but agreed with the delegate of the Netherlands that it would be best to limit the Committee’s recommendation to the setting up of an expert committee.

Mental and physical stress was known to bring about a predisposition to cardiovascular diseases but he wondered whether ethnic factors (perhaps based on dietetic considerations) might not also play a part. Israel’s experience of the incidence of those diseases among Jewish immigrants certainly seemed to point to that conclusion. Certain biochemical factors were also thought relevant. It might be useful for the expert committee to classify the results of research into the incidence of cardiovascular diseases in the various race-groups.
Dr AUJALEU (France) drew the Committee's attention to the fact that the Study Group on Atherosclerosis and Ischaemic Heart Diseases, which had included specialists from the Americas, Asia and Europe, had dealt with the point under discussion in November 1955. The report, with provisional conclusions and recommendations, was about to be published. It would be wise in his opinion to wait for its publication so that it could be used as a basis for similar work on cardiovascular diseases.

Dr GRASSET (Switzerland) asked for information on the work of the Study Group. Switzerland had set up a number of centres for the treatment of heart disease and was devoting more and more attention to the influence of sport on the heart. His delegation was particularly interested in the prophylaxis and medico-social aspects of cardiovascular diseases, which deserved the full attention of WHO.

Dr ACOSTA (Venezuela), supporting the proposal, said that not until about five years ago had the cardiovascular diseases become one of the five main causes of death in his country. As the communicable diseases hitherto the most important were gradually controlled, their places were being taken by cardiovascular diseases, cancer and pneumonia. Accordingly the Ministry of Health and Social Assistance had organized a special department for research into the cardiovascular diseases, using all the services at present available, both preventive and curative, in order to reach a better understanding of their incidence.

Dr SUTTER (Assistant Director-General, Advisory Services), Secretary, informed the Committee that the following WHO meetings had dealt with various aspects of cardiovascular diseases;
(1) Expert Committee on Rheumatic Diseases, first session, 1953, touched on the question of rheumatism as an etiological factor in cardiovascular diseases and its second session to be held in 1957 would deal with rheumatic diseases as a public health problem;

(2) Study Group on Atherosclerosis and Ischaemic Heart Diseases, Geneva, November 1955 (report in preparation) reviewed present knowledge of the etiology of coronary diseases and hypertension in relation to coronary diseases. The report stressed the need for further research and suggested forms of assistance which WHO might supply. The Study Group had devoted much time to the question of what surveys could be usefully conducted in countries where the incidence of the disease was particularly high and what assistance WHO could offer. The report stressed the need for the standardization of clinical diagnoses, description of post-mortem material and laboratory procedures and suggested that WHO should assist in the training of personnel and provide consultants on request. The report concluded that not enough was known for the recommendation of preventive measures to be possible at time of writing although there might be a change in the near future.

(3) Joint FAO/WHO Expert Committee on Nutrition, fourth session, October-November 1954 (WHO Technical Report Series No. 97). The relevant recommendation was to be found on page 44.

The CHAIRMAN suggested that the Committee express its views on the proposal of the delegate of the Netherlands that an expert committee be set up as a first step. He put forward for its consideration the following draft resolution:
The Ninth World Health Assembly,
Noting the proposals submitted by the Government of India;
Noting that it is intended to hold in 1957 a meeting of the Expert Committee on Rheumatic Diseases,
REQUESTS the Director-General to give consideration to the proposal put forward by the Government of India subject to the availability of funds, and to continue the work being done in this field.

In reply to Dr TOGBA (Liberia), Dr LAKSHMANAN (India) explained that his delegation intended the Expert Committee to deal with cardiovascular diseases and hypertension in general and not with rheumatic diseases in particular.

The CHAIRMAN asked whether in view of the meeting in 1957 of the Expert Committee on Rheumatic Diseases, the Committee wished to set up a separate expert committee on cardiovascular diseases.

Professor AUJALEU (France), considering that cardiovascular diseases in the adult and hypertension were a subject quite apart from the heart diseases of rheumatic origin, urged the Committee to set up a separate expert committee.

Sir Eric PRIDIE (United Kingdom of Great Britain and Northern Ireland) shared the views of the delegate of France.

Dr TOGBA (Liberia) wondered whether it might not be possible to add cardiovascular diseases to the terms of reference of the Expert Committee on Rheumatic Diseases, giving cardiovascular diseases priority.
Professor GRASSET (Switzerland) suggested that the Secretariat decide whether to recommend the constitution of a separate expert committee in the light of the discussion and the financial resources available.

Dr van de CALSEYDE (Belgium) supported Professor Grasset's suggestion. The French proposal seemed to him more restrictive than the original Indian proposal, which had been much more general.

Dr MacCORMACK (Ireland) shared the views of the delegates of France and the United Kingdom of Great Britain and Northern Ireland.

Dr SPAANDER (Netherlands) explained that the sense of the Netherlands proposal had been to have an expert committee set up, as a first step, to deal with etiological groups 1-9 as listed in document A9/P&B/5, page 1.

The CHAIRMAN read the amended resolution as follows:

The Ninth World Health Assembly,

Noting the proposals submitted by the Government of India,

REQUESTS the Director-General to give consideration to the proposals put forward by the Government of India and to appoint an expert committee, subject to the availability of funds, on this subject.

Decision: The Committee unanimously adopted the resolution as thus amended.
2. FIXATION OF MINIMUM UNIFORM EDUCATIONAL STANDARDS ON AN INTERNATIONAL BASIS FOR DOCTORS (Item proposed by the Government of India): Item 6.4 of the Agenda (Document A9/P&B/5)

Sir ARCOT MUDALIAR (India) explained that his delegation's object in submitting the proposal was not to arrive at a detailed and stereotyped list of what doctors should know but only that there should be a broad understanding of what minimum standards should be reached by doctors and what minimum facilities were necessary for their training. He thought that WHO's advice on general qualifications, professional training, the emphasis to be placed on certain aspects of training, better correlation of preventive and social aspects of medicine, and the field training required, for instance, would be most valuable.

He took the opportunity of thanking WHO for the assistance provided in the form of fellowships, teams to work with existing professorial staffs, equipment and post-graduate scholarships, all of which showed WHO's interests in the maintenance and improvement of the standards of training in the medical profession.

He drew attention to proposals contained in the report on the first session of the Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel (document WHO/EDUC/10, Rev. 1). To that report was annexed a "tentative outline for a long term programme in professional and technical education" and he read to the meeting the section dealing with "Anticipated achievements over five year period" and mentioned one of the projects - working out international minimal standards of training. The same annex contained in a section on "working means" a list of suggested topics for surveys. The second of the two meetings to which he had referred was the second session of the Expert Committee on Professional and
Technical Education of Medical and Auxiliary Personnel which in its conclusions found that each country or region should have adequate medical facilities to provide itself with high quality general practitioners to serve its own needs and considered that to accomplish such tasks effectively medical schools should not accept a number of students beyond that for which their capacity enabled them to provide a good education. (World Health Organization Technical Report Series No. 69).

It had seemed to his delegation from the more limited recommendations and observations of the above meetings that an international survey of the kind indicated in document A9/P&B/5 would be useful at a time when the rapidly expanding medical services of many countries were exercising pressure on the limited training facilities available in such countries.

He suggested that WHO might publish a brochure on the subject.

At the suggestion of Dr MacCormack (Ireland) Sir Arcot Mudaliar (India) agreed that the word "qualifications" in the title could more appropriately be replaced by "educational standards". The change would be an improvement and he was glad to accept Dr MacCormack's suggestion.

Dr REULING (United States of America) shared the views of the delegate of India. Many students arrived in the United States of America for post-graduate training and were unable to benefit from it because the standard which they had reached was insufficient. Four national organizations were now elaborating a joint programme whereby foreign medical graduates would in future be screened in their countries of origin to avoid waste of time and money. Those successful at such tests would be assured of suitable posts on arrival in the United States of America.
Professor FORD (Australia) said that his Government had studied the Indian proposal with great interest and, while supporting it in principle, would like to draw attention to some of the difficulties which would be met with in its implementation.

Different standards of medical teaching in countries arose from the special needs of each country, the equipment and teachers available, and its traditions and customs. In Australia, for example, there was one doctor per 900 of the population but there were countries that had only one doctor per 50,000. He thought, therefore, that in the countries where there was a shortage of qualified doctors, it was desirable to make use of trained medical aides, provided that such aides worked only under the close supervision of a qualified doctor.

The Australian Government agreed with the recommendations of the Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel and had already given effect to some of them. It had given a sum of £36,000,000 under the Colombo Plan to help in the training of personnel from less developed countries and a steady flow of Australian doctors went abroad to keep in touch with the latest trends and developments.

With regard to the difficulties met with in connexion with the diversity of qualifications of personnel from different countries, he recalled that reciprocal agreements were made between governments for mutual recognition of qualifications. Such reciprocal agreements could and should be made between more countries. For that purpose, representatives of governments should meet to agree on a common solution and to agree where standards of acceptance should be lowered and where raised. WHO was the obvious body to call for such inter-governmental negotiations.
He agreed with the delegate of India that if full reciprocity was not possible, basic standards should be laid down after governmental negotiations.

Dr DAELEN (Federal Republic of Germany) stated that her Government was in agreement with the basic principles of the Indian proposal and was convinced that implementation could only be through international co-operation and meetings.

Her Government also agreed on the wisdom of laying down uniform standards, which it did not consider would be too difficult a task to achieve. The suggestions of the Expert Committee with regard to the minimum essentials in undergraduate education corresponded very closely to the ideas being followed in German medical schools.

In her opinion, at the world conference on medical education held in 1953, too many technical discussions had taken place on individual questions. She thought that in such conferences technical discussions should be limited to fundamental questions of great significance.

In conclusion, she suggested that any meetings held for the purpose of formulating international standards should include not only medical experts but also government representatives who could advise as to the particular social and economic conditions existing in their countries.

The CHAIRMAN said that he still had a number of names on his list of speakers but, as the meeting of the Sub-Committee on International Quarantine had been called for 4.30 p.m., suggested that the meeting should be adjourned and discussion on the item continued at a later meeting.

It was so agreed.

The meeting rose at 3.55 p.m.