COMMITTEE ON PROGRAMME AND BUDGET

PROVISIONAL MINUTES OF THE TWELFTH MEETING

Palais des Nations, Geneva
Monday, 21 May 1962, at 9.30 a.m.

CHAIRMAN: Dr W. D. REPISHAUGE (Australia)

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Note: Corrections to these provisional minutes should reach the Chief Editor,
Official Records, World Health Organization, Palais des Nations, Geneva,
Switzerland, before 13 July 1962.
1. PERIODICITY OF MEETINGS OF THE COMMITTEE ON INTERNATIONAL QUARANTINE:  
   Item 2.10.2 of the Agenda (Resolutions WHA12.19 and EB29.R4; 
   Document A15/P&B/4)

Dr KAUL (Assistant Director-General), Secretary, introducing document A15/P&B/4, 
said that it reproduced section 18 of the ninth report of the Committee on 
International Quarantine, which recommended that for an experimental period the 
Committee should be convened every second year after the 1962 meeting and that 
the Director-General be given authority to convene, when necessary, a meeting of 
the Committee at other times. It drew the attention of the Health Assembly to the 
fact that, if those recommendations were accepted, the Regulations for the Committee 
would have to be amended. The Executive Board, in its resolution EB29.R4, had 
recommended that the Fifteenth World Health Assembly approve that recommendation 
of the Committee on International Quarantine.

The Committee had, during the past ten years, been convened every year to review 
the application of the International Sanitary Regulations and to consider questions 
referred to it by the Director-General. Since the introduction of those Regulations 
the procedure for dealing with quarantine matters had been well established and 
had functioned entirely satisfactorily, and it had not proved necessary to convene 
an unscheduled meeting of the Committee until May 1962, when it had met to consider 
the epidemics of El Tor infection. The Director-General felt satisfied that the 
International Sanitary Regulations could be effectively administered with biennial 
meetings of the Committee on International Quarantine, and would take action to 
convene the Committee for any necessary emergency meetings, as had been done in the 
case of El Tor infection.
Should the Committee agree with the recommendations of the Committee on International Quarantine and of the twenty-ninth session of the Executive Board, it might wish to consider the draft resolution contained in page 3 of document A15/P&B/4.

Dr KARUNARATNE (Ceylon) said that, notwithstanding the doubts expressed by the delegations of the United Kingdom and the United States of America when considering the ninth report of the Committee on International Quarantine, he would support the draft resolution before the Committee, bearing in mind Dr Kaul's assurance that such a decision would not preclude the Director-General's summoning the Committee at any time, should the need arise. He therefore formally proposed its adoption.

Dr GODBER (United Kingdom of Great Britain and Northern Ireland) said that, since the operative paragraph 1 of the draft resolution made it quite clear that a meeting of the Committee could be called whenever necessary, his delegation would support the proposal of the delegate of Ceylon.

Professor NAUCK (Federal Republic of Germany) said that his delegation felt strongly that the Committee should again consider the question of smallpox; but if it could be convened for that purpose at an appropriate time he would have no objection to the draft resolution.

Dr KAUL said that the meeting of the Committee on International Quarantine convened by the Director-General in May 1962 had been an unscheduled one to deal with an emergency problem. Its regular meeting was due to be held later in the year, and the points raised in the Committee on Programme and Budget during its discussion on the ninth report of the Committee on International Quarantine would then be brought to the attention of that Committee.
Professor ZHDANOV (Union of Soviet Socialist Republics) supported the draft resolution, but would ask the Director-General to take advantage of his authority by calling an emergency session towards the end of the year on the subject of smallpox, in regard to which the Regulations needed review.

Dr BERNARD (France) considered that meetings should be held every year. Current smallpox problems, and eventual quarantine questions arising in connexion with malaria on completion of eradication programmes, would justify such annual meetings.

Dr WATT (United States of America) asked whether there was in fact any need to amend the Regulations for the Committee on International Quarantine. Such amendment seemed to him unnecessary if the Director-General could call meetings at his discretion.

Dr KAUL said that those Regulations had been established by the Health Assembly, and if the Health Assembly authorized the biennial convening of the Committee on International Quarantine, still leaving the Director-General authority to convene meetings as and when necessary, it would appear necessary to amend accordingly Article 1, paragraph 1(a), of those Regulations, which stated one of the purposes and functions of the Quarantine Committee to be: "to review annually the application of the International Sanitary Regulations and other related legislation". Article 2, paragraph 4, would also need to be amended to provide for the appointment of members to the Committee on International Quarantine for a period of two years.
a consultant to survey the entire area of Asia where El Tor infection had occurred, and the results of his investigation, together with reports from the States and territories concerned with the recent outbreaks, had been considered by the Scientific Group. A scientific reappraisal by the Group indicated that El Tor infection was a disease that could spread internationally. The Group concluded that its past localization in the Celebes had probably been due to the stability of that population. There had been a considerable population movement in that area during the past two years. Increased maritime traffic had also been considered a factor contributing to the spread of the disease.

Although there had been no evidence of differences in the antigenic characteristics or toxicity of the El Tor vibrios isolated before and during the epidemic, the possibility of changes in pathogenicity of the vibrio could not be excluded. The Scientific Group had noted that the pathology and physiology of the infection due to the El Tor vibrio and to classical cholera were indistinguishable, as were also the clinical and other manifestations of the infection. The Scientific Group had therefore been of the opinion, after carefully considering all available evidence concerning the epidemiological and clinical features of the El Tor infection, that the disease should be regarded as essentially identical with classical cholera, and be dealt with as such.

The Scientific Group had also recommended that classical cholera vaccines should be used until evidence was produced, from experimental or field vaccine studies, of the absence of cross-protection between V. _cholerae_ and El Tor vaccines.
The Scientific Group had concluded its work on 6 April 1962, and a special meeting of the Committee on International Quarantine, to consider the question of El Tor infection and its relationship to the International Sanitary Regulations, had taken place on 3 May. The Committee had considered in great detail all aspects of the question, and had come to the conclusion that cholera as defined in Article 1 of the International Sanitary Regulations should include cholera due to the El Tor vibrio.

Should the Committee accept the recommendation contained in the tenth report of the Committee on International Quarantine, the report of that Committee at its fifth meeting, endorsed by the Eleventh World Health Assembly, would have to be amended accordingly.

Dr DUQUE (Philippines) - in a statement read by Dr Villegas - stated that until 1961 cholera had been absent from the Philippines for twenty-five years, and the appearance in neighbouring countries during that year of epidemics due to the El Tor vibrio had caused great concern. During July and August 1961 outbreaks had been reported among the boat population in Sarawak, Macao and Hong Kong. The Philippine Department of Health had immediately instituted measures to prevent entry of the disease, and all quarantine measures provided for under the International Sanitary Regulations had been strictly enforced. Immunization measures had been intensified and health education and improvement of environmental sanitation measures undertaken. In spite of all those measures, cases had appeared in Manila on 22 September 1961, and were immediately detected, diagnosed and isolated in the communicable diseases hospital. The first two cases, although unrelated to each other, occurred simultaneously in a district in Manila, and were characterized by
sudden onset, profuse diarrhoea, vomiting, severe dehydration, muscular cramps and collapse. Both cases were in the low-income group, and in persons who had never been abroad or in contact with any person from outside the Philippines. Cases had continued to appear elsewhere in Manila and neighbouring provinces, involving the areas of Luzon, Visayas and Mindanao. By the middle of March 1962 a total of 14,675 cases and 2,064 deaths had been recorded, for which bacteriological examination had established from the outset that the El Tor vibrio was responsible.

The epidemiological characteristics of the disease as observed in the Philippines were as follows: it affected only the low-income groups and those living under insanitary conditions; cases appeared most often singly in families and unrelated to one another; the sea-coast, lake and river areas were first affected and the disease rarely spread to the interior; morbidity was higher among adults than in the younger age-groups; and there was no definite seasonal incidence.

Two major difficulties had been encountered in efforts to control the infection. The first was that there were insufficient quantities of cholera vaccine available. Five million doses had been needed at the outset and seventeen million later, but in spite of WHO's help in purchasing the vaccine, only a few thousand doses had been obtained, and only 50 per cent. of the population had been immunized to date.

The second difficulty - and one of the main causes of the high mortality rate - had been that there was not enough saline solution for the treatment of cases. Appeals for help had, however, met with a splendid response, and he acknowledged with gratitude the assistance given by the Governments of the United Kingdom, the United States of America, India, China, Japan, Thailand and Indonesia, and by UNICEF and WHO.
Certain aspects of the disease needed investigation to place preventive and control measures on a firm basis. They included determination of the role of the contact carrier in the spread of the disease; of the effectiveness of cholera vaccine in the prevention of El Tor infection; and of whether a nutrition factor was involved as a predisposing cause of the disease. Further investigation was also needed on other characteristics of the organism; on the possibility of strain identification of the vibrio; on the mode of transmission and the role of sea-foods in the spread of infection; and on the reasons for individual susceptibility.

He expressed doubts concerning the effectiveness of some of the provisions of the International Sanitary Regulations in regard to the prevention of the international spread of cholera, and considered that the matter should be referred to the Committee on International Quarantine for review. Many other features of the disease needed investigation, and he recommended that WHO sponsor research and studies on it as soon as possible to prevent international spread and achieve eradication in countries already infected.

Before the outbreak of the disease in other countries, the International Sanitary Regulations had not provided for the inclusion of paracholera due to the El Tor vibrio among the quarantinable diseases, and no safeguards had therefore been applied to limit the area of infection, originally confined to the Celebes. When the disease had appeared in his country not enough attention had been given to it at first because of attitudes guided by the International Sanitary Regulations, and that had resulted in a slight delay in the full implementation of appropriate control measures, and in the rapid spread of the disease in other parts of the country. Its spread in the Western Pacific Region had perhaps been made possible by the fact that no health barriers had been instituted. He was accordingly happy to note that its inclusion among the quarantinable diseases had been recommended, a proposal which his delegation would support.
Dr MORSHED (Iran) strongly supported the proposal that cholera due to the El Tor vibrio infection be considered a quarantinable disease. He stated that, as the Pasteur Institute in his country produced an adequate amount of cholera vaccine, it was always ready to send supplies to neighbouring countries at their request.

Dr YEN (China) said that his delegation had noted the ninth and tenth reports of the Committee on International Quarantine with interest and concern, since some rather confusing issues had arisen during the outbreaks of El Tor vibrio infection in the Western Pacific Region in the past two years. Although there had been no case of cholera in Taiwan since 1947, his country had studied the causative organism in neighbouring countries. Studies of the strains of cultures from Hong Kong, North Borneo, the Philippines and Macao had indicated that they were all identical in belonging to the Ogawa type and possessing haemolytic action. Smooth and rough forms had invariably been shown occurring from a single strain on subculture. In most of them bacteriophages were present. Cholera and El Tor infection in different countries deriving from identical vibrios had therefore caused great confusion, particularly in view of the opinion accepted by the Eleventh World Health Assembly that El Tor vibrio infection should be excluded from the list of internationally quarantinable diseases. His delegation was accordingly pleased to support the recommendation in the tenth report of the Committee on International Quarantine for its inclusion.

He stressed that although animal tests had recently shown adequate protection by the cholera (classical) vaccine against the recent strains of cholera (El Tor), field trials were necessary to prove that there was cross-protection between the two principal types of cholera infection.
He asked that, in co-ordinating the research work of bacteriophage typing on cholera of both the classical and El Tor types, WHO should clarify the terminology: "paracholera El Tor" should perhaps not be used as identical with "cholera El Tor". His delegation would support the use of the term "cholera El Tor" rather than "paracholera" in the list of internationally quarantinable diseases, since the latter included varieties of other conditions that needed further study.

Professor ZHDANOV (Union of Soviet Socialist Republics) supported the opinion of the Committee on International Quarantine. El Tor vibrio infection should, however, be included under a sub-heading, since even though the same prophylactic measures and quarantine were applicable, classical cholera and El Tor vibrio infection remained two different forms of the disease.

He hoped that future reports of the Committee on International Quarantine would not only show cases of quarantinable diseases occurring in various parts of the world, but would give a more detailed analysis of the spread of the diseases from one country to another. Some attempt to do so had been made in Annex III to the ninth report, but he would like every such report to include maps showing the spread of quarantinable diseases. Such a presentation was vital to enable an analysis of the distribution of the disease to be made, and he asked the Secretariat to give effect to that suggestion.

Dr KACPRZAK (Poland) said that his delegation was also in favour of including El Tor cholera as a quarantinable disease. He stated that production of vaccines in Poland was quite developed, and it was ready to assist any country with cholera vaccine, and probably with other vaccines, if needed.
Dr El-BITASH (United Arab Republic) said that he was also in favour of bringing cholera due to the El Tor strain under the International Sanitary Regulations. According to recent studies on the subject, it appeared that, of the two main sub-types of cholera, the first was pathogenic and produced a disease epidemiologically similar to cholera, and should therefore be included with cholera under the terms of Article 1 of the International Sanitary Regulations. The second sub-type was the so-called "zam-zam" sub-type, so far non-pathogenic and not incriminated of producing disease, and he suggested that it should not be included under cholera in the International Sanitary Regulations. He proposed that the amendment to Article 1 of the Regulations should read "Cholera includes paracholera due to the El Tor sub-type. If differentiation of the two sub-types is not possible then cholera includes paracholera due to El Tor vibrio in general".

Dr KAWAKAMI (Japan) said that his Government had welcomed the action taken by the Director-General and the outcome of the tenth meeting of the Committee on International Quarantine, and he would support the acceptance of that Committee's tenth report.

Dr WATT (United States of America) supported the recommendations of the Committee on International Quarantine that El Tor cholera should be included as a quarantinable disease. He stressed the importance of bearing in mind that it was the effect upon human beings that was the real test. Laboratory differentiations were of course necessary as one of the most important ways of tracing the spread of infection, but the real reason for quarantine should not be lost sight of. Its purpose was to enable national health laboratories to provide adequate protection for their people and to alert the control mechanisms at the earliest possible moment. He would therefore strongly support the inclusion of El Tor cholera in the definition of cholera.
Dr CHADHA (India) also endorsed the recommendation of the Committee on International Quarantine. From a scientific and technical point of view, fuller researches on the El Tor vibrio and allied organisms, particularly in relation to their antigenic response, were no doubt necessary. In the meantime, however, available cholera vaccine should continue to be used.

From the practical point of view of public health administration and quarantine, he would mention that in large countries like India, where laboratory facilities were not easily available, it was always advisable to view as cholera all cases with profuse diarrhoea, vomiting and prostration, particularly in the case of explosive outbreaks covering large groups of people. The tendency to label such cases as gastro-enteritis should be discouraged, and instructions had been issued in his country that they should be considered as cholera on clinical grounds, notwithstanding the absence of a bacteriological confirmation. The measures required for the control of such epidemic outbreaks were the same. Even on those grounds alone he would support the recommendation of the Committee on International Quarantine.

Dr YEN (China) said that he would support the Committee's recommendation to include El Tor cholera, but not any proposal to include El Tor paracholera, which might be much wider as a clinical entity.

Dr ALAN (Turkey) said that his delegation would support the recommendation of the Committee on International Quarantine. He would also support the request of the Soviet Union delegation that documents should show the evolution of the epidemiology of quarantinable diseases.
Dr Kaul said that the request for more detailed analyses in future reports of the Committee on International Quarantine would be noted. The report under discussion was, however, part of an emergency measure, and time and opportunity had been lacking. In all future reports adequate information would be given, although it was not possible to include all the scientific data on a particular subject on which the Committee on International Quarantine might have taken a decision.

With regard to the question of terminology, the Scientific Group on Cholera Research, as well as the Committee on International Quarantine had agreed that cholera due to the El Tor vibrio should now be included in the term "cholera", and it would be referred to as cholera El Tor.

The Director-General had recognized that knowledge of classical cholera and its epidemiology, immunology, diagnostic characteristics and control was still inadequate, and that was one of the reasons why he had convened a Scientific Group on Cholera Research for the purpose of reviewing the present knowledge and of making recommendations with regard to future research. When newer information on cholera El Tor became available an appropriate meeting of the Committee on International Quarantine had been convened to consider the relationship of the disease to the International Sanitary Regulations.

With regard to the point raised by the delegate of the United Arab Republic concerning the varieties of El Tor cholera found in the Eastern Mediterranean Region, he stated that the Scientific Group's review had related to all varieties caused by El Tor. The Scientific Group had recommended that the most appropriate test at present to distinguish classical cholera from the El Tor variety was the phage test. A great deal of work had to be undertaken and was in progress. He suggested
that, should the Committee agree with the recommendations of the Committee on International Quarantine for the inclusion of cholera due to the El Tor vibrio under cholera, the question raised by the delegate of the United Arab Republic be referred to a future session of the Committee on International Quarantine for study.

Dr El-BITASH (United Arab Republic) agreed with that suggestion, and said that he would like the point to be included in the resolution of the present Committee.

Dr KAUL said that perhaps it would be less confusing if it were not so included at that stage. Should any recommendations concerning the matter come from the Committee on International Quarantine, then would be the more appropriate time for its inclusion in a resolution. The question would be recorded in the minutes of the present meeting, and would thus not be lost sight of.

The CHAIRMAN invited the Committee to consider the draft resolution on the tenth report of the Committee on International Quarantine, contained in document A15/P&B/WP/18.

Dr MONTALVAN (Ecuador), Rapporteur, read out the text which was as follows:

The Fifteenth World Health Assembly,

Having considered the tenth report of the Committee on International Quarantine on the relationship, under the Regulations, between El Tor infection and classical cholera,

1. THANKS the members of the Committee for their work; and

2. ACCEPTS the recommendation contained in the tenth report that the opinion of the Committee in its fifth report and endorsed by the Eleventh World Health Assembly concerning El Tor infection shall be amended to accord with the opinion expressed in the tenth report of the Committee; and

3. ADOPTS the tenth report of the Committee on International Quarantine.

Decision: The draft resolution was unanimously adopted.
3. PERIODICITY OF MEETINGS OF THE COMMITTEE ON INTERNATIONAL QUARANTINE:
Item 2.10.2 of the Agenda (Resolutions WHA12.19 and EB29.R4; Documents A15/P&B/4 and A15/P&B/WP/19) (resumed)

The CHAIRMAN invited the Committee to consider the amended draft resolution proposed by the delegate of the United States of America, now circulated in document A15/P&B/WP/19, the text of which was as follows:

The Fifteenth World Health Assembly,

Having considered the question of periodicity of meetings of the Committee on International Quarantine, and the resolution of the Executive Board at its twenty-ninth session,

1. AUTHORIZES the Director-General

   (a) to postpone as from 1963, at his discretion, the annual meeting of the Committee on International Quarantine to the following year, provided that the Committee is convened at least every other year;

   (b) to convene a meeting of the Committee at other times when he considers it necessary; this authority being additional to that provided for in Article 9 of the Regulations for the Committee on International Quarantine;

2. DECIDES therefore that no amendment to the Regulations for the Committee is necessary at this time;

3. REQUESTS the Director-General to submit for review to the Committee on International Quarantine in 1966 the question of periodicity of its meetings, and to present the report and recommendation of the Committee to the Twentieth World Health Assembly.

Dr Kaul (Assistant Director-General), Secretary, pointed out that if the Director-General were authorized, under paragraph 1 of the resolution, to convene meetings of the Committee on International Quarantine at intervals of two years instead of one, he would also require authority to appoint members of the Committee for two years instead of one year, and this would require an amendment of the Committee's Regulations. He therefore proposed that paragraph 2 of the resolution should be deleted and paragraph 3 re-numbered 2.
Dr WATT (United States of America) indicated his acceptance of the proposed deletion.

The CHAIRMAN announced that he would put the United States draft resolution to the vote first.

Dr KARUNARATNE (Ceylon) withdrew his formal proposal for the adoption of the resolution on page 3 of document A15/P&B/4, subject to the approval of the seconders.

Dr GODBER (United Kingdom of Great Britain and Northern Ireland) and Dr EL-BITASH (United Arab Republic) signified their concurrence.

Decision: The draft resolution proposed by the United States delegation, as amended, was adopted unanimously.

4. CONSIDERATION OF THE NINTH AND TENTH REPORTS OF THE COMMITTEE ON INTERNATIONAL QUARANTINE: Item 2.10.1 of the Agenda (Resolution EB29.R3; Documents A15/P&B/1 and A15/P&B/WP/5) (resumed)

The CHAIRMAN invited the Committee to consider the draft resolution on the ninth report of the Committee on International Quarantine, contained in document A15/P&B/WP/5.

Dr MONTALVAN (Ecuador), Rapporteur, read out the text, which was as follows:

The Fifteenth World Health Assembly,

Having considered the ninth report of the Committee on International Quarantine,

1. THANKS the members of the Committee for their work;

2. REQUESTS the Director-General to refer to the Committee on International Quarantine at its next meeting
A15/P&B/Min/12

(a) the record of the discussions of the Fifteenth World Health Assembly on the ninth report of the Committee on International Quarantine;

(b) section 74 of the report for reconsideration;

3. ADOPTS, except for section 74, the ninth report of the Committee on International Quarantine.

Dr SCHINDL (Austria) supported the resolution but drew attention to a problem which had been causing difficulty and which he felt should be referred to the Committee on International Quarantine. Paragraph 29 of the Committee's report, dealing with Article 8 of the International Sanitary Regulations, stated:

"The Committee recalls that there is no provision in the Regulations for one health administration to declare a local area outside its own territory as an infected local area and urges States not to persist in such declarations. The Committee is in agreement with the practice of the Organization and especially notes that these declarations are not published by the Organization."

Nevertheless, some governments still persisted in such declarations, and Austrian nationals, for instance, had been asked to present smallpox vaccination certificates, although there had been no case of smallpox in the country for forty years. A particular difficulty was that some health authorities imposed vaccination certificate requirements without prior notification as required by Article 8 of the Regulations. He urged that the Committee on International Quarantine should be asked at a next session to submit proposals for remedying the situation.

The SECRETARY said that the matter had been raised on other occasions. He assured the delegate of Austria that it would be brought to the Committee's attention at its next session.

With regard to the resolution under consideration, he proposed that the following words should be added at the end of the last paragraph: "subject to its resolution on the periodicity of meetings of the Committee".

Decision: The resolution contained in document A15/P&B/WP/5, as amended, was adopted.
5. PRIORITIES IN PROGRAMME: Item 2.12 of the Agenda (Resolutions WHA14.39 and EB29.R6; Official Records No. 115, Annex 5; Document A15/P&B/12)

Dr DOROLLE, Deputy Director-General, introduced document A15/P&B/12, which briefly gave the background of the item and indicated the relevant documents: the Director-General's report to the Executive Board (Official Records No. 115, Annex 5) and resolution EB29.R6.

The question had been submitted to the Committee as a result of resolution WHA14.29, which had requested the Director-General, in consultation with the Executive Board and the regional committees, to reconsider the question of priorities in programme, and to report on them to the present Health Assembly.

In pursuance of that resolution the Director-General had consulted the regional committees (whose resolutions were appended to his report) and had submitted their recommendations, together with summary records of the discussions to the Executive Board. He invited special attention to section 3 of the report (Annex 5 to Official Records No. 115), which set out the guiding principles laid down by the Executive Board at its second session, and the principles and criteria contained in the Third General Programme of Work covering a Specific Period, approved by the Thirteenth World Health Assembly for the period 1962-1965, which introduced certain refinements on the basis of experience.

The original principles, adopted nearly fourteen years previously, had continued to be followed by the Executive Board and the Assembly and were, with the necessary adjustments, embodied in the current general programme of work.

The Director-General's report also described the procedure followed for the preparation and consideration of the annual programme. Delegates were familiar with this procedure.
The recommendations of the regional committees showed that each committee in its own way had come to the conclusion that the existing procedure for establishing programme priorities was satisfactory and needed no modification. The conclusions were summed up as follows in the preamble to resolution EB29.R6:

"Having considered the conclusions of the regional committees that methods and procedures now in use for establishing programme priorities for inclusion in the Director-General's proposed programme and budget estimates are considered to be satisfactory . . ."

The Director-General, in presenting the views of the regional committees to the Executive Board, had stated (paragraph 6 of Annex 5 to Official Records No. 115):

"The Director-General invites the attention of the Board to the fact that the subject of priorities in programme has been under review since the First World Health Assembly; it is in the background of everything that the Organization has done, or that it plans to do."

Resolution EB29.R6 had been adopted after careful examination of the Director-General's report on the subject and the recommendations and views of the regional committees.

Dr ABU SHAMMA (Sudan), representative of the Executive Board, presented the resolution proposed for adoption by the Fifteenth World Health Assembly in paragraph 2 of resolution EB29.R6:

"The Fifteenth World Health Assembly,

Having considered the resolution of the Executive Board and the report of the Director-General on priorities in programme,

1. DECIDES to reaffirm the priorities in programme as outlined in the Third General Programme of Work Covering a Specific Period; and

2. REQUESTS the Director-General to continue to develop his annual programme proposals in accordance with the principles and criteria for the selection of programme activities as they appear in the general programme of work covering a specific period as submitted by the Executive Board and approved by the World Health Assembly from time to time, in accordance with Article 28 (a) of the Constitution."

Decision: The resolution was adopted.

Dr ABU SHAMMA, representative of the Executive Board, said that the item had its origin in resolution WHA13.61, which requested the Executive Board to study the question of co-ordination with the United Nations and the specialized agencies and report to the Fifteenth World Health Assembly. The Board had studied the question at its twenty-seventh, twenty-eighth and twenty-ninth sessions and its report was contained in Annex 19 to Official Records No. 115.

The report defined the problem and indicated the constitutional and legal bases for co-ordination, which were provided by the United Nations Charter, the Constitution of WHO and WHO's agreements with international organizations. The machinery and methods of consultative co-ordination were analysed, with an indication of how they helped WHO to co-ordinate its plans and work with those of the United Nations and the international agencies. In that connexion reference was made to the important role of the Administrative Committee on Co-ordination and the inter-agency consultations of the Technical Assistance Board. The report also examined the arrangements made within WHO for co-ordinating its operational programmes with those of the United Nations, UNICEF, the specialized agencies, and the International Atomic Energy Agency; and described how administrative and financial policies and procedures were co-ordinated with those of the United Nations and other specialized agencies.

Briefly, the report endeavoured to show how the Organization, through its co-ordinating facilities, sought to co-operate with those engaged in assisting countries with their social and economic development programmes, by consultation on plans and policies, combined effort in carrying out those policies, and streamlining of administrative and financial procedures.
Part VI of the report dealt with the development of co-ordination within the United Nations family and reviewed some of the relevant decisions of the Economic and Social Council.

On completion of its report, the Executive Board had adopted resolution EB29.R52 proposing the following resolution for adoption by the Fifteenth World Health Assembly.

The Fifteenth World Health Assembly,

Having considered the organizational study prepared by the Executive Board on co-ordination with the United Nations and the specialized agencies,

1. CONCURS in the satisfaction with the present mechanism for co-ordination expressed by the Board as the result of its study;

2. REQUESTS the Director-General to continue to achieve co-ordination and co-operation with the other international agencies, bearing in mind the constitutional and technical requirements of the Organization and the need for economy and efficiency in co-ordination among the international agencies;

3. REQUESTS the Director-General, should the results of the studies now under way in other bodies call for any significant alteration in the Organization's practice, to report this to the Executive Board; and

4. DECIDES that a review of this subject be undertaken by the Board after a lapse of five years, or before that at the request of the Director-General.

Dr MUNTENDAM (Netherlands) congratulated the Executive Board on its report, which was an excellent introduction to the many and complicated problems involved. There were, however, a number of unanswered questions, and he would mention the most important.

It was unquestionable - as stated in the report - that health was an important element in the social and economic circumstances determining and guiding most human activities, both national and international; but did the promotion of health require at the same time the promotion of social and economic conditions both nationally and internationally?
The report was concerned with international co-ordination and paragraph 1.2 of part IV implied that for the objective to be achieved, amendments would be necessary to the Rules of Procedure of the United Nations General Assembly. The question that preoccupied him was the development of co-ordination on the national level, the importance of which had been recognized by the First World Health Assembly. It was true that such co-ordination was difficult to achieve in operational programmes; indeed paragraph 2.10 of part VI of the report stated: "national policies in different organizations of the United Nations group are not always consistent: the same country may speak with different voices in different places".

At the thirty-second session of the Economic and Social Council the need for closer co-operation between the organizations of the United Nations family in individual countries had been emphasized and attention had been drawn to the key position held by the resident representative of the Technical Assistance Board. He agreed with the Directors-General of FAO, ILO, UNESCO and WHO, who felt that the TAB representative should simply be a member of the team.

It would appear that co-ordination at the national level left much to be desired and he wondered whether WHO could not take the initiative in efforts to improve it. A new recommendation might be sent to governments urging them to make every effort to promote national co-ordination, since without it international co-ordination could not be really successful.

Professor PESONEN (Finland) expressed satisfaction with the comprehensive and informative report submitted by the Executive Board. He agreed with the Board in its approval of the mechanism for co-ordination established by WHO, indicated in paragraph 2 of resolution EB29.R52, but thought there was still room for improvement.
The importance of proper co-ordination and co-operation among international organizations had been stressed by many delegates at World Health Assemblies, and he supported the operative paragraph 2 of the Board's draft resolution, which requested the Director-General to continue his efforts to that end. It was not an easy task, because there were many important international organizations outside the United Nations family, and it really needed a large staff.

An important element was high-level co-operation in the early stages of planning. For example, if WHO wished to help States in the early stages of development to improve their public health services, successful activity would depend on other factors, such as the standard of education of the people. Medical schools, for example, could not easily be set up in isolation from other university faculties (sociology, psychology and genetics, for example); in both cases UNESCO would be involved. Or again, the planning of health services would have to take account of adequate food supplies, which would involve FAO.

Co-operation was also vital in the establishment of national or local organizations to be responsible for continuing the public health services set up by WHO, and in the improvement of economic conditions to enable countries to finance their own health services.

The existing medium for co-ordination among the United Nations and the specialized agencies was the Administrative Committee on Co-ordination. He doubted, however, whether any inter-secretariat body could provide co-ordination of the kind he had described and suggested that WHO might inform the Economic and Social Council of the need for a planning body which could be responsible for co-ordination, without prejudice to the independence of individual organizations.
He was glad to observe from resolution EB29.R52 that an Ad Hoc Committee of the Economic and Social Council was studying co-ordination among international agencies, and awaited the results of the study with interest.

Professor ZHDANOV (Union of Soviet Socialist Republics) had listened with interest to the statement of the delegate of Finland and was basically in agreement with him.

The report and resolution of the Executive Board gave a broad picture of the complex machinery of the United Nations family, with its many ramifications and its wide variety of activities - economic, social, public health, and so on.

At the present juncture co-ordination of efforts was of extreme importance. One instance where it was needed was in the training of local health personnel - a subject which had been discussed in connexion with assistance to newly independent States, and which could not be solved in isolation from the question of general education. No one would deny that the level of medical training in a country depended greatly on the level of primary and secondary education and the extent to which suitable candidates could be found for higher education; and the economic implications of such education were obvious.

Again, environmental sanitation was linked with industrialization, urbanization, housing, and other factors depending on the general economic level of a country. Even such a specialized matter as malaria eradication did not depend only on the use of insecticides: in Africa, South-East Asia and elsewhere success would also depend on the appropriate measures taken in connexion with irrigation, dam construction, etc. Nor could bilharziasis be solved by medical measures alone. In short, he wished to stress the extent to which health services were bound up with the economic and social development of a country, and the consequent need for co-ordination.
As regards the Executive Board's draft resolution, he proposed that in paragraph 4 the words "as a whole" should be inserted after the word "subject"; and that an additional paragraph should be added, asking the Board, during its yearly review of the decisions of the United Nations and the specialized agencies, to give particular attention to specific aspects of the question. He would submit his amendment in writing.

Dr PENIDO (Brazil) said he had found the discussion very interesting. He agreed that co-ordination was desirable, but was concerned lest the efforts to achieve complete co-ordination, with all the complications and difficulties involved, should result in delay in putting programmes into operation. Co-operation should certainly be a fundamental part of all programmes; it should be regarded as a goal to be achieved as soon as possible but not at the expense of immediate projects.

The meeting rose at 12 noon.