PROVISIONAL MINUTES OF THE FOURTH MEETING

Palais des Nations, Geneva
Tuesday, 10 May 1966, at 9.30 a.m.

CHAIRMAN: Dr A. NABULSI (Jordan)

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1. Development of the malaria eradication programme (continued) . . . . 2

Note: Corrections to these provisional minutes should be submitted in writing to the Chief, Records Service, Room A.843, within 48 hours of their distribution.
1. DEVELOPMENT OF THE MALARIA ERADICATION PROGRAMME: Item 2.3 of the Agenda (Resolution EB37.R33; Document A19/P&B/3) (continued)

Dr QUIRÓS (Peru) said there were two points on which he wished to comment, and which had been suggested to him by Map 1 in the report (document A19/P&B/3). The first was that, as the Italian delegate had said on the previous day, there was a vast area in the world where transmission still existed. The second was that the areas where the malaria eradication programme was most advanced and where the disease had been eradicated, were mostly outside the tropical regions and were also areas where ecological conditions were favourable to eradication and where populations were fairly stable.

With the experience of the past ten years it was time to review the programme, lest it become static and never completed. It had been stated when the programme was first launched that it was essential to cover all the malarious areas of the world because of the danger of resistance to insecticides. Today that resistance was fact, though of only relative importance: other more serious problems had arisen. Like the representative of Ceylon, he was convinced that eradication was possible; but it was no use making idealistic and wishful statements and waiting indefinitely for programmes to be started in the vast regions which had still to be covered. The countries whose programmes were in advanced stages must show some concern over the situation in the rest of the world. There was every justification for asking that programmes should be speeded up.
The basic difficulty, which had already been pointed out, was lack of human and material resources. It was for that reason that the Peruvian delegation at the Fourteenth World Health Assembly in 1961 had proposed the adoption of resolution WHA4.38. His delegation had had in mind that it was essential to determine the trends of the malaria eradication programme and see that the best use was made of available resources; it had foreseen, and wished to prevent, the situation today where there was pessimism and insecurity due to failure to face up to economic problems and find out how much the programme was going to cost.

It was essential for the resolution to be carried out, so that the situation could be assessed and an estimate obtained of how much the programme would cost and what funds would be available.

Dr MTAWALI (United Republic of Tanzania), referring to the account of the malaria eradication programme in the islands of Zanzibar and Pemba (pages 52 and 53 of the report), said that the statement that there were no eradication activities on the mainland of Tanzania should not give the impression that his Government did not want a campaign. Malaria was one of the most serious health problems in the country and the Government was anxious for something to be done; but at present there were many obstacles. In the first place, malaria was not the only serious problem facing the country. In the second place, the mainland was vast and sparsely populated; to launch a countrywide eradication
scheme with the current methods that had been successful elsewhere would be such a gigantic task that funds would have to be diverted from maintaining existing health services, which were already burdened by heavy and increasing demands. In the circumstances his Government did not anticipate being able to raise funds in the near future to carry out the provisions of the resolution recommended to the Assembly by the Executive Board in its resolution EE57.R33 and which required governments that had not yet launched eradication schemes to consider doing so as soon as possible.

With regard to the eradication programme in Zanzibar and Pemba, after eight years of spraying with residual insecticides the incidence of malaria had been considerably reduced but the disease had not been eradicated, the failure being attributed in the report to the failure to achieve total coverage. If total coverage could not be achieved in two small parts of the country with reasonably good communications, how could it be achieved, even if funds were available, in the mainland where less than five per cent. of the ten million inhabitants lived in the easily accessible urban areas and the rest were scattered over 360 000 square miles with very poor communications?

In view of the unsatisfactory results in Zanzibar and Pemba a supplementary attack by drug administration had been started in the north of Zanzibar, using amodiaquine and primaquine in a combined tablet. There, the unsatisfactory results were attributed in the report to the failure of the public to continue
taking the tablet. In fact, however, the reluctance to accept the tablet had followed, not unnaturally, on an unfortunate mistake in the early stages of distributing the tablet, through which a number of children had been overdosed.

Since Tanzania could not raise the funds for launching a malaria eradication programme, it had no alternative but to develop a slower scheme as part of the national public health service. The service was now being extended to the rural areas by the establishment of a network of rural health centres from which malaria and other campaigns would be launched in the future. The programme was not mentioned in WHO reports as a malaria pre-eradication scheme because it was intended as a multipurpose health service.

Tanzania was not, he believed, the only country unable to launch a malaria eradication programme through lack of funds. As to what such countries could do, in the circumstances, some of them thought that WHO should give immediate and serious consideration to the possibility of research with a view to developing alternative methods of attack, such as long-acting antimalarial drugs or more effective immunization processes to eliminate the parasite in man. At the same time careful thought should be given to the closer integration of malaria eradication programmes and basic health services. He therefore welcomed the proposed international conference for the African Region in 1967.

Dr RAMADLAN (Indonesia) said that the malaria eradication service, established in 1959 and converted to a malaria operation command in 1962, was distinct from the other branches of the Department of Health. It was directed by the Minister
of Health, assisted by a technical director and an executive director. Priority had been given to Java, which contained two-thirds of the country's population and where rural health services and communications were more developed than in the outer islands. The presidential decree of 17 February 1959 guaranteed the continuity of the programme - in the absence of legislative regulations - and the President had launched the attack phase by spraying a house in a central Javan village on 12 November 1959. That day was now celebrated annually as malaria day.

The eradication programme was to be implemented in four phases: the preparatory phase lasting about three years; the attack phase lasting approximately three years; the consolidation phase lasting approximately one year; and the maintenance phase when the activities would be absorbed into the general public health services. Activities had been carried out progressively in three stages with intervals of one year, starting with four zones covering a population of 6.5 million. By 1963 the whole of Java, the island of Bali and the Province of Lampung in South Sumatra were under complete coverage in the attack phase and an area comprising 42 zones with a population of about 64.5 million was under protection by insecticidal spraying. By the end of 1963 surveillance had been introduced in 33 zones covering a total population of 57 million and only 5040 positive cases had been detected during that year - one case per 10 000 of the population. On the north coast of Java transmission had been interrupted except in certain circumscribed and remote areas where transmission
occurred occasionally on a very low level. There had, however, been several epidemics during 1963, due to Anopheles leucosphyrus, resistance of A. aconitus to dieldrin, and a number of factors such as faulty spraying, incomplete insecticide coverage, inadequate surveillance, vector resistance combined with movement and habits (for example outdoor sleeping) and imported cases. On the subject of vectors, A. sundaicus had shown resistance to DDT on the north coast and to dieldrin on the south coast; A. aconitus was resistant to dieldrin in many inland areas; and in certain places both vectors had shown resistance to both DDT and dieldrin. On the north coast, A. sundaicus had been eliminated by a switch from DDT to dieldrin. As a result of an assessment in the second half of 1963 it had been considered that with the exception of Bali and Madura six zones in Central Java and five in East Java were ready to enter the consolidation phase in 1964.

During 1963 information gathered from pre-investigation activities in the outer islands had been consolidated and extensive and detailed estimates made of all requirements for all phases of an eradication programme. Pre-eradication activities had been planned to start in Kalimantan, and WHO had been asked for assistance in expanding and improving the rural health services of that island. Whereas in 1955 the malaria control campaign had had approximately 1500 staff, with three medical officers and very few trained workers, in 1963 the malaria eradication programme had employed 30 000 trained workers, 29 doctors and 66 health controllers. Most of the staff were young people, trained at national centres, some having received overseas training through international fellowships.
With regard to the present situation, priorities had had to be established because the programme was being undertaken entirely within the resources available to the Indonesian Government. Despite social changes, movements of population and natural disasters such as floods and volcanoes, the programme was progressing satisfactorily in Java. Morale was good and university and medical students were ready to play their part in the rural areas. The national programme for the coming years involved mass migration to the outer islands. Malaria workers were now integrated in the basic health services.

The malaria eradication programme was the largest of Indonesia's national programmes and the third largest in the world, covering sixty million people. He hoped the programme would not be hampered by lack of adequate supplies of insecticides and antimalarial drugs and appealed to WHO to endeavour to help with supplies.

Mr DEDEI (Albania) said that before the liberation Albania had been regarded as the most malarious country in Europe. It was only after being freed from foreign occupation that Albania had started effective measures to combat the disease. With the growth and development of prophylactic and curative health institutions and their extension to the rural areas, the increase in the number of medical personnel, and other measures, the essential conditions had been created for the development of a malaria control programme, which in 1958 had been converted into an eradication programme.
In 1965, 125,413 blood slides had been examined and eighteen cases of malaria had been discovered (compared with sixty cases in 1964). Of the eighteen cases in 1965, fourteen, of *Plasmodium vivax*, had been in areas in the consolidation phase in Central Albania, and came from four foci close to one another. Of the cases in areas in the maintenance phase, three, of *P. malariae*, had resulted from blood transfusion, and one, of *P. vivax*, had been imported from abroad. In view of the particular conditions in Albania, a small country in the process of rapid development, and in view of population movement and other factors, passive case-detection would be pursued in the areas in the maintenance phase until total eradication had been achieved, in order to prevent the reintroduction of malaria into the areas freed from the disease. All malaria cases were hospitalized and given radical treatment. In the infected areas, blood tests were carried out, and mass distribution of pyrimethamine was undertaken, along with house-spraying with DDT.

At the beginning of the 1966 epidemic season the situation of the malaria eradication programme in Albania was favourable and it was hoped that the last area would enter the maintenance phase in 1967.

Dr Kaul, Assistant Director-General, replying on points raised in the discussion, said that the 42 representatives who had spoken had provided valuable information and comments on the progress of the malaria eradication programme. Discussions of the kind that had taken place were vitally important to the
Director-General and the Secretariat in developing the future activities of the Organization and the guidance thus given was invaluable. The national achievements reported during the discussion showed that by and large the programme was making satisfactory, if rather slow, progress. Compared with the successes of the programme, a few setbacks, including slow progress - which was not unexpected - could not be regarded as the causes for alarm that one or two representatives considered them. References had also been made to the benefits that some countries had already derived from the programme, both in health and efficiency and in economic matters. It could definitely be said that the programme was showing good progress.

The question of slow progress had been referred to in three ways. It must, of course, be recognized that the eradication programme was a new biological experiment involving human beings, vectors and malaria parasites, and that developing such a programme without any precedent or experience meant learning and improving methods as work progressed. As many delegates had said, it had been realized at the outset that eradication was not an easy task: it was feasible as a programme objective but it required perfection in operations, total coverage, persistence and action with a time-limit - none of which were easy to achieve. A few difficulties did not indicate anything seriously wrong with the methods being used.
The first way in which slow progress had been referred to was in connexion with the lack of progress in areas where new programmes should have been developed, where populations were still not covered by the eradication programme. That was true, but it applied largely to the African Continent. He could only remind the Committee once more that when the World Health Assembly had approved the malaria eradication programme in 1955, the African Continent had not been included, for two reasons. In the first place, health services in that part of the world were developing and were not adequate for launching a programme. Secondly, in certain areas of tropical Africa - the savannah regions - the methods of interrupting transmission were still being worked out and in the near future WHO would be starting one or two pilot projects in the savannah regions to find out if special measures were required in devising methods for those regions. Existing methods were satisfactory for the rest of Africa: the difficulty now was the shortage of personnel, material resources and money. As he had explained in his introductory statement, the African situation was going to be reviewed by the Expert Committee on Malaria at its meeting later in the year. He hoped that thereafter it would be possible to propose some modifications which might set certain attainable targets concerning the development of a rural network concurrently with a malaria
eradication programme. In the present situation, pre-eradication programmes had no target date for completion and many countries, feeling that there was no urgency, were not giving priority to the programmes and were not earmarking staff or resources.

The second aspect of slow progress related to technical problems. The areas with such problems had not increased nor had any new technical problems emerged. Vector resistance had changed very little. The difficulties of interrupting transmission in certain areas, due to epidemiological, ecological and human conditions, could in some measure be overcome by combining attack measures. Several delegates had said that there was a reversion to old methods, such as the use of larvicides. That was not so: both old and new methods were being used to attack in areas where control was not possible with the residual insecticides which still formed the basic idea of eradication. A combination of insecticides and drugs was also a method increasingly used not only in problem areas but to speed up the response to the attack measures.

The third point in connexion with slow progress was the problem of administrative and financial difficulties at the national level. There, action must be primarily national, and that was why World Health Assembly and Executive Board
resolutions from time to time urged Member countries to continue to give the necessary priority to the operation of the malaria programme. The Organization was willing to give increasing support, within its competence and its available resources, and never hesitated to give all possible assistance when requested. But WHO did not possess large enough material or financial resources: those could be obtained only nationally or bilaterally. In that connexion, he referred to the offers of bilateral and national assistance made by some representatives at the present Assembly, for example the United States delegation's reference to the possibility of increased bilateral support, which was very welcome and might be of very great help to many countries. Valuable help had also been given by UNICEF in carrying out and maintaining the programme in different parts of the world.

Commenting on the specific points raised in the discussion, he recalled that a number of delegations had stressed the need for intensifying research activities. Research into a number of aspects of the problem, including insecticides and chemotherapeutic agents, was already in progress and the Organization was assisting many such activities.

With respect to the need for an independent assessment of the malaria eradication programme to which reference had been made, he said that the Organization had been the first to stimulate such action, which it considered a most valuable technique. The Expert Committee on Malaria that would meet later in the year would give special consideration to the review of the global eradication programme. The methodology and criteria were kept under constant review.
The suggestion had been made that a campaign to eradicate mosquitos might well be undertaken and that was, of course, a most important point. It would be recalled that eradication of Aedes aegypti and Anopheles gambiae had been undertaken in Brazil. The eradication of A. aegypti was progressing in many countries of Latin America and a large part of that continent had been freed of it. A. gambiae had been eradicated in Brazil and in upper Egypt. Both those insects were restricted in their choice of breeding sites, which were always near the residence of human beings. It had been found that while invading A. gambiae could be eradicated, native mosquitos were more persistent. Attempts had been made to eradicate A. gambiae in Cyprus and Sardinia but the insect had reappeared there. Residual insecticides had been used and that method called for considerable expenditure in funds and manpower. Resistance to insecticides constituted a serious problem which the Organization had been studying for some time past. It might be possible to combat that tendency in the future through genetic manipulation and research into that method, in combination with others, was in progress. Experiments, in such methods as irradiation for sterilization of the male mosquito, for example, were under way and small-scale field trials would be started within the following few years. It was accordingly apparent that some basic research was still essential before a mosquito eradication campaign could be implemented.
Reference had been made to the "blocks away" method for disinsection of aircraft, which had been described as ineffective. However, if that method was not being applied, there was little that WHO could do in the matter other than to persist in urging countries to apply it. Work was being carried on in respect of a new method whereby a fumigant insecticide would be applied through a built-in part of the aircraft. That had been considered acceptable by airlines and some experiments were in progress. That process should prove infallible.

WHO was periodically undertaking a critical evaluation and review of the malaria eradication programme. The USSR delegate had requested that a report thereon should be submitted to the Twentieth World Health Assembly. The Director-General would be happy to provide such a report. No reference covering that point was contained in resolution EB37.R33, at present under consideration, but a request to that effect could be included if so agreed.

The CHAIRMAN recalled that the Committee had for its attention an amendment from the delegation of Romania, which proposed adding to the draft resolution contained in resolution EB37.R33 the following words at the end of the fifth operative paragraph: "and, in addition, to intensify assistance for the training of national personnel; and".

Dr AUJOULAT (France) submitted for the consideration of the Committee a proposal to amend the draft resolution contained in resolution EB37.R33 by adding the following words at the end of the fourth operative paragraph:
"and to take all measures to intensify - if need be by transfer of the appropriate financial resources from the funds allocated to this programme - the total work and research carried on, particularly that of an immunological, entomological and chemotherapeutic nature, with a view to making the antimalaria campaign more effective in problem areas or in those where transmission still exists."

It had appeared to his delegation that the considerable funds being set aside for malaria eradication could not be used to their full advantage nor the aim of the programme completely achieved until the still remaining mysteries in the behaviour of the vector had been clarified. The intensification of research was therefore of prime importance.

Dr NOVGORODCEV (Union of Soviet Socialist Republics) submitted for the consideration of the Committee a proposal to amend the draft resolution contained in resolution EB37.R33 by adding at the end of the draft resolution a further operative paragraph reading as follows:

"7. CONSIDERS it advisable to set up a committee of specialists of different countries to analyse the position of the world-wide malaria eradication programme and the lines of its future development and requests the Director-General to take the necessary steps for the establishment and work of that committee."

That proposal was made in a desire to help the Secretariat in reviewing difficulties which had arisen in the malaria eradication programme. The committee suggested would review progress and would indicate how best to achieve further improvements. That committee, taking into account the proposals of the experts
who had visited the various countries, and the position in the different parts of
the world, would make recommendations for the continuation of the work, and also
suggestions for research and for the application of the results of research
already undertaken.

The proposal should in no way be taken as implying any lack of confidence in the
Secretariat, but it was felt that it would help the Secretariat to consider the
problems from the governments' point of view. The Assistant Director-General had
explained that the Expert Committee on Malaria made critical appraisals of all
aspects of the programme, but his delegation considered that it would be preferable
to have a different sort of committee, because members of expert committees were
not government representatives and gave only individual opinions, which would make
it difficult for them to express the views of the governments concerned. If the
Secretariat could arrange for an expert committee to deal with all the problems
that were hampering the Organization's malaria eradication work, then perhaps his
delegation could agree to an expert committee, provided that a report on all
aspects of the progress of the malaria eradication programme were made to the
Twentieth World Health Assembly.

Dr NAYAR (India) said that her delegation would support the proposals to
intensify research and training programmes. She also agreed with the desirability
of evaluation but did not feel that there was any necessity to set up a special
committee for that purpose. Indeed, it would appear perfectly feasible for a subgroup of the Expert Committee on Malaria to be entrusted with the specific task of assessing programmes and giving guidance thereon. The fact that the members of the Expert Committee served as individual experts did not seem to her to present any disadvantages; on the contrary, governments had to be guided on such matters by expert advice and the advice given by any body of specialists in the subject which might be set up would no doubt be the same. Any additional expense which such a special committee would involve could no doubt be better spent on intensifying research and training.

Dr DORMAN (United States of America) strongly supported the amendment proposed by the Romanian delegation, since he was convinced that the use of adequately trained indigenous workers was by far the most satisfactory method.

He would also vote in favour of the amendment suggested by the French delegation pointing to the need for intensification of research.

With regard to the USSR proposal, while he was in agreement that programmes should be kept under review, he was of the opinion that the purpose aimed at by the USSR proposal could be achieved within the present framework of the Expert Committee and the sources available to the Director-General; if necessary, the present structure of the Expert Committee could be somewhat modified to achieve that aim.

Professor CORRADETTI (Italy) supported the amendment proposed by the French delegation.
Dr MONTALVAN CORNEJO (Ecuador) said that he had no objection to the amendment submitted by the Romanian delegation, which reflected the needs experienced by many countries.

He agreed with the substance of the French amendment but suggested that it might be more accurate to amend the final words, in the French text only, to read "encore soumises à la transmission" instead of "encore soumises à la contamination".

He associated himself with the view expressed by the delegates of India and the United States of America with regard to the USSR amendment. It appeared superfluous to add to the existing machinery, particularly as the present system whereby members served as individual experts gave them greater freedom in establishing an objective scientific opinion. He too felt that any additional expenditure should better go towards research.

Professor FERREIRA (Brazil) supported the remarks made by the delegates of India and Ecuador. The essential need was surely for expert opinion on the problems arising in connexion with malaria eradication, and such expert opinion was available within the Expert Committee.

Dr BERNARD, Assistant Director-General, Secretary, suggested that, following the point made by the delegate of Ecuador, the final words of the French amendment should be amended to correspond with the English text: "dans les zones difficiles ou dans celles où la transmission de la maladie existe encore." The English text would remain unchanged.

Dr AUJOULAT (France) accepted that amendment.
The DEPUTY DIRECTOR-GENERAL said that the amendment proposed by the delegate of the USSR aimed at ensuring continuity in the scientific and technical control of the malaria eradication programme. While the need for such control was not disputed, there was some divergence of opinion as to the manner in which it could best be enforced. In that connexion, it might be useful if the Committee received some information regarding the role of the Expert Committee on Malaria.

Since the beginning of the malaria eradication campaign, the Expert Committee on Malaria, which had been established by the Health Assembly, had met seven times. It was composed of either eight or nine experts selected, according to their experience, from all over the world. Many of the experts directed malaria eradication programmes in their own countries; others were entomologists, immunologists, epidemiologists or specialists in chemotherapy. More than once, a general public health administrator had participated in the meeting. Apart from the Expert Committee, two scientific groups on chemotherapy and on the resistance of parasites had met in 1960 and 1964 respectively and a number of conferences had been held - for example, in the Western Pacific and the South-East Asia Regions in 1954, in the Eastern Mediterranean and European Regions in 1956, in Bucharest in 1958, and in Bangkok and Baghdad in 1957. Furthermore, a co-ordination meeting had been held in 1962 and, in 1963, there had been a meeting on malaria eradication in Africa while, in 1965, a co-ordination committee for Central America had been convened. A number of other co-ordination committee meetings had also been convened for neighbouring countries with common problems.
The delegate of the USSR had rightly pointed out that members of the Expert Committee served in their personal capacities and not as representatives of their governments. Where malariology was concerned, there could be no question of government policy but only of scientific knowledge, and if an inter-governmental committee were appointed, it would have also to be composed of people with the highest scientific qualifications.

The problem was to decide whether the committee proposed by the delegate of the USSR would offer any additional advantage over the existing arrangement. In his opinion, it might well lead to duplication of effort and might encumber the existing machinery, which was already complex. Nevertheless, in accordance with Article 18(e) of its Constitution, the Health Assembly had the right to establish such committees as might be considered necessary to carry out the Organization's work. However, the provisions of Article 13 of the Health Assembly's Rules of Procedure required the Director-General to report to the Assembly on the financial implications of any proposal before it was examined in plenary meeting. The proposal of the USSR delegate would have serious financial implications, since no provision in that connexion had been made in the budget either for 1966 or for 1967. The Secretariat should therefore be allowed time to study the financial implications further, but, in any event, the best solution would be to maintain the existing system. There were amongst the delegates participating in the meeting of the Committee on Programme and Budget former chairmen of the Expert Committee who would doubtless be prepared to vouch for the value of its work.
Dr OLGUÍN (Argentina) considered that resolution EB37.R33, on the development of the malaria eradication programme, was of great value. As far as the amendments before the Committee were concerned, he fully agreed with that submitted by the Romanian delegation which stressed the need to train national personnel. Similarly, he supported the amendment proposed by the French delegation calling for an intensification of scientific research.

With regard to the amendment submitted by the USSR, he supported its intent since it was essential that the malaria eradication programme should be adequately evaluated if it were to develop effectively and to meet with ultimate success. However, in his opinion, the existing machinery contained the necessary elements to enable the Organization to achieve its objectives.

Expressing appreciation to the Deputy Director-General for his detailed account of the various scientific meetings which had been convened, he said that, in Latin America, the directors of the various public health services held periodic meetings in which WHO participated. At those meetings, the malaria eradication programme was evaluated and suggestions were formulated with a view to improving its operation.

Dr CONOMBO (Upper Volta) expressed his support for the amendment proposed by the Romanian delegation: it would be pointless to embark upon a malaria eradication programme without an adequate number of trained personnel and the Organization should therefore help countries wishing to undertake such a programme to train their personnel. He also supported the amendment proposed by the French delegation, which stressed the need for research, particularly in the immunological, entomological and chemotherapeutic fields. Such research was
essential in view of the resistance, or differing reactions to certain drugs. Furthermore, if total eradication of malaria were to be achieved and the most beneficial use to be made of the means available, programmes should be drawn up on a regional basis. In that respect, research of the kind envisaged in the amendment proposed by the French delegation would be invaluable.

With regard to the amendment submitted by the delegation of the USSR, he fully agreed with the idea underlying the proposal. However, in considering the possibility of establishing a committee of specialists, the Health Assembly should not overlook those developing countries which, owing to lack of adequate financial resources, had not been included in the malaria eradication plan. Even if such countries were not engaged in an eradication campaign, they had over the years gained a certain amount of experience in the fight against malaria. Since they were familiar with local conditions, their experts should be appointed to the committee of specialists, which should not be restricted to experts of international standing.

If malaria eradication programmes had not been implemented in certain countries, it was not through lack of interest on the part of governments but because of lack of funds and equipment. In that respect, it might be possible for the Organization to render financial and material assistance to certain regional bodies working in that field which could then, in collaboration with a number of governments, implement a campaign to cover an entire region.

Dr BAHRI (Tunisia) expressed his delegation's unreserved support for the Romanian amendment. As far as the amendment proposed by the delegate of France was concerned, the Tunisian delegation supported it in substance, but was nevertheless concerned that it might tend to lessen WHO's assistance to the developing countries. He
therefore proposed the deletion from the amendment of the phrase "if need be by transfer of the appropriate financial resources from the funds allocated to this programme". Such funds could perhaps be provided either under another section of the budget or, alternatively, under WHO's medical research programme.

With regard to the resolution proposed by the delegate of the USSR, while the Tunisian delegation also supported it in substance, it considered that the establishment of a committee of specialists might lead to duplication of work and encumber the already complex machinery of the Organization's malaria service. He therefore supported the Deputy Director-General in urging that time for further reflection on the matter should be allowed.

Dr ALAN (Turkey) said that in his opinion the draft resolution, which the Executive Board in its resolution EB37.R33 had recommended to the Health Assembly for adoption, had great value and dealt with virtually every aspect of the malaria eradication campaign. He had attended the thirty-seventh session of the Executive Board when the resolution had been drafted and it was now his pleasure to support it.

Of the three amendments submitted to the resolution, the first, proposed by the Romanian delegation, stressed the need to train national personnel. The Turkish delegation, which agreed with the majority of previous speakers that such personnel were essential, supported the amendment. The second amendment, submitted by the French delegation, called for intensification of research, particularly with regard to problem areas. In an earlier statement he had declared the support of the Turkish delegation for the Organization's research programme, particularly in the field of chemotherapy. The French amendment would enable the Director-General to increase research in the field of malaria eradication and the Turkish delegation would therefore support it.
With regard to the third amendment, submitted by the delegation of the USSR, while the majority of speakers had expressed their agreement on the substance of the proposal, there was some hesitation with regard to the way in which it could be implemented. The Deputy Director-General had explained that the Organization evaluated the programme's development by means of various expert committees, international conferences and seminars. While fully appreciating the value of the recommendations thus made, he shared the views expressed by the delegate of Upper Volta with regard to the composition of expert committees and wondered whether it was in fact effected on the basis of equitable geographical distribution. There was no doubt as to the value of the experts who participated in those committees: they were all eminent throughout the world but, from the point of view of the practical application of their knowledge, it would be useful if the experts could visit rural regions and problem areas in order to gain a better idea of local conditions. The existing arrangement for the analysis of the programme's development seemed to be somewhat theoretical. He therefore wished to ask whether the delegate of the USSR would agree that the Director-General should be requested to study the question further and to report upon the matter to a later meeting of the Assembly or the Executive Board.

Dr JALLOUL (Lebanon), expressing agreement with the remarks made by the Deputy Director-General, said that his delegation fully supported the amendments proposed by the Romanian and French delegations. With regard to the amendment
submitted by the delegation of the USSR, in his opinion a second committee to
review the development of the malaria eradication programme was unnecessary
since it would only duplicate the work of the Expert Committee on Malaria.

Dr BA (Senegal) said that his delegation supported the amendment proposed
by the delegation of Romania. It further supported the amendment presented
by the French delegation, together with the amendment thereto proposed by the
Tunisian delegation.

With regard to the amendment proposed by the delegation of the USSR, since
there was general recognition of the need for evaluation of the malaria
eradication programme, some consideration should be given to the possibility of
improving existing machinery. He therefore suggested that the French and USSR
amendments should be combined by the addition of the following phrase at the
end of the French amendment: "and to pay special attention to the analysis of
the position of the world-wide malaria eradication programme and to study the
possibilities for its future development". The Director-General could then
decide whether that recommendation was applicable within the existing machinery.
If it were not, he could report to a subsequent meeting of the Executive Board
or Health Assembly.

Professor GOOSSENS (Belgium), on a point of order, moved the closure of the
debate.
Dr BERNARD, Assistant Director-General, Secretary, said that the Committee now had before it, in addition to the amendments submitted by Romania, France and the USSR, two further amendments proposed by Tunisia and Senegal respectively. He suggested that the Secretariat should contact the delegations concerned so that the various texts could be submitted in writing to the Committee at its following meeting.

Dr HAQUE (Pakistan) suggested that the following phrase should be added at the end of paragraph 6 of the draft resolution which the Board, in its resolution 37.33, had recommended to the Assembly for adoption: "and to initiate help to those countries where no such help is presently being given".

The CHAIRMAN asked Dr Haque to submit his amendment in writing.

The meeting rose at 12.00 noon
CORRIGENDA

Page 2, seventh line from bottom

delete representative of Ceylon

insert delegate of Brazil

Page 14, tenth line

delete A. gambiae

insert anopheline mosquitos

Page 22, eleventh line

delete objectives.

insert objectives and he did not therefore favour the setting-up of a new body for control or evaluation.