COMMITTEE ON PROGRAMME AND BUDGET

PROVISIONAL MINUTES OF THE THIRTEENTH MEETING

Palais des Nations, Geneva
Tuesday, 17 May 1966, at 9.0 a.m.

CHAIRMAN: Dr A. NABULSI (Jordan)

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Note: Corrections to these provisional minutes should reach the Chief Editor, Official Records, World Health Organization, Avenue Appia, 1211 Geneva, Switzerland, before 11 July 1966.
1. REVIEW AND APPROVAL OF THE PROGRAMME AND BUDGET ESTIMATES FOR 1967:
   Item 2.2 of the Agenda (Resolution EB37.R19, Official Records Nos. 146
   and 149; Documents A19/P&B/10 and A19/P&B/17) (continued)

Detailed Review of the Operating Programme: Item 2.2.3 of the Agenda (continued)

Western Pacific (continued)

Dr HSU (China) expressed his delegation's satisfaction with the programmes
proposed for 1967. The Regional Committee had discussed them, and had found that
they covered every part of the Region and would be capable of meeting the needs
of Member countries in the fields in which they required assistance from WHO.
Thanks were due to the Regional Director for his well-prepared proposals. His
only criticism was that the budget provision of $ 2000 a year for the travelling
expenses of regional advisers was inadequate.

Before the establishment of the Regional Office in 1950, the Western Pacific
Region had been devastated by war and the health situation had been very bad.
Malaria had perhaps been responsible for more deaths than the war itself, and
cholera, smallpox and other communicable diseases had been prevalent. There had
been few medical and health institutions or trained personnel in the Region.

During the past sixteen years, the efforts of the Regional Office in helping
Member countries to undertake campaigns against communicable diseases, and to
initiate intensive malaria eradication programmes and the programmes of education
and training of national staff that were essential for strengthening the health
services, had made possible a great advance in every Member country of the Region.
There were at present no reported cases of smallpox in the Region, and the eradica-
tion of malaria was in sight. There were now both a network of health organiza-
tions and a considerable number of trained health personnel.
He expressed his Government's thanks for those achievements of the Regional Office under the leadership of Dr Fang, a native of his own country, who would be retiring from his post as Regional Director in July 1966 after having served the Organization effectively and successfully for fifteen years. His country was also most grateful to the governments of other Member countries, and to the Director-General and his staff at headquarters, for the support they had given to the Regional Director.

His delegation wished to extend a hearty welcome to Dr F. Dy, who was to succeed Dr Fang as Regional Director, and to pledge him its full support, not only because Dr Dy had helped his Government in malaria eradication and many other programmes, but also because of his academic qualifications, his excellent ability and leadership, his long experience with WHO (which went back to 1951) and his amiable attitude in working with Member countries. The Regional Committee had shown wisdom and thought in selecting him as Regional Director.

He gave his Government's assurance that it would continue to support the Regional Office under Dr Dy's leadership as it had done in the past.

Dr KENNEDY (New Zealand) said that his delegation wished not only to congratulate Dr Fang on his excellent report but particularly to thank him for his leadership as Regional Director. He was indeed sorry to say farewell to Dr Fang, who could carry with him the thanks of the New Zealand delegation and its best wishes to Mrs Fang and himself for a long, joyful and well-earned retirement at the conclusion of forty years' active service in public health.

He also wished to associate himself with the welcome that had been expressed to Dr Dy.
Dr CHONG (Malaysia) congratulated the Regional Director on his realistic programme for 1967, and said that his delegation looked forward confidently to a year of success. He associated himself with the two previous speakers in thanking Dr Fang for his long years of patient guidance at the helm of the Western Pacific Region, and wished him and Mrs Fang many years of happy retirement. He doubted, however, whether one with the ability, energy and experience of Dr Fang would be permitted to take long holidays; he was sure that there would be many more calls for his talents.

Malaysia - a small country with a population of only nine million - was fortunate in having been able to forge ahead with economic development, its progress in that respect being, in the Asian part of the Region, second only to that of Japan. WHO had contributed a great deal towards that development. The emphasis in the country's five-year plan was on rural improvement, and in that connexion the Organization had given considerable assistance in rural health schemes as well as in malaria eradication, training of personnel, maternal and child health and other projects.

Before the start of the malaria eradication campaign in Sarawak, the annual morbidity rate for that disease had been 40 000. In spite of a rapid increase in population it had now fallen to 2000, and but for circumstances beyond his Government's control eradication would have been completed by 1968. He wished to thank those countries who had given bilateral aid, in particular the countries of the Colombo Plan group: the United Kingdom of Great Britain and Northern Ireland, Australia, New Zealand and Canada.
Criticism had been voiced to the effect that the WHO programmes in his area could have achieved better results than they had done. While that was no doubt true, it should be acknowledged that that was often the fault of countries themselves – for example, their inability to absorb the aid that was given them or to provide counterparts for the WHO experts assigned to them.

He welcomed Dr Dy, who had been associated with the Region for many years. Congratulating him on his well-deserved election as Regional Director, he offered him the co-operation of the Malaysian delegation, and pledged its support.

Dr SAYCOCIE (Laos) expressed his satisfaction with the programme that had been presented by the Regional Director as it concerned the various projects being carried out in Laos. He was particularly pleased to see that the seven projects for that country had been kept in the 1967 budget. The programmes that had so far been carried out had been accomplished to his Government's satisfaction, and he would take the opportunity to express its thanks for the spirit of understanding that had been shown by the Regional Director. Dr Fang could be proud of the work he had done, since it was thanks to his support and untiring effort that Laos had been able to carry out its work in the public health field. As the Regional Director would soon be taking his well-deserved retirement, he would take the opportunity of extending to him the best wishes of the Government of Laos. Welcoming his successor, Dr Dy, he congratulated him on his election, wished him every success, and expressed the hope that under his direction Laos would continue to enjoy the maximum the valuable assistance of WHO. His Government for its part would continue to offer the same support and co-operation as it had done in the past.
Dr Pardo (Philippines) associated himself with previous speakers in expressing the best wishes of his delegation to Dr Fang on his retirement. Dr Fang had made many friends in Manila who would wish him well. The present occasion would not be the only one on which Members of the Region would say their farewells; Dr Fang would be returning to Manila, and he himself would reserve part of his farewell for a later occasion.

His delegation very much appreciated the excellent report presented by the Regional Director, and had read the Director-General's report carefully. He drew attention to the adverse statement that had been made in connexion with malaria eradication in the Philippines. That programme had been one of the first to be launched after the Health Assembly had approved the world-wide eradication programme. At that time malaria control in his country had already enjoyed considerable success. A difficult situation had, however, subsequently developed, and some problems still existed.

He observed that the budget for the regional malaria programme had been whittled down to about 50 per cent. compared with the previous year. Greater efforts were now being made by the new administration that had taken over his Government in January 1966. A new secretary of health had been appointed, whose main preoccupation was malaria eradication. In the light of that new situation, which promised the maximum effort on the part of his country, he expressed the hope that the provision for malaria in the budget for the Region might be increased sufficiently to meet one important need in connexion with malaria eradication - that of training. It could be seen from page 237 of Official Records No. 146 that the appropriation for fellowships was only £10,000. That provision was insufficient,
and he hoped that the savings that might accrue under other heads might be used to increase it, so that full advantage could be taken of the training facilities afforded by the malaria eradication training centre in Manila. The demand for training had increased owing to the need for improving and strengthening the supervisory staff of the programme.

He wished to thank Dr Fang for his wise and discerning leadership in the many programmes that the Region had successfully carried out.

Mr SAITO (Japan) said that since joining WHO in 1951 his country had benefited greatly from the Organization's services and programmes. Japan had availed itself of the opportunities provided in the form of seminars, training courses, fellowships and consultancies. It had sent out on a short-term basis many fellows who had observed specialized aspects of health and medical care services of the more developed countries, and on whose return the Japanese health administration had endeavoured to put to use what they had studied abroad.

Thanks to the assistance of WHO, together with the country's own constant efforts, the average life expectancy in Japan had in 1965 reached sixty-eight years for men and seventy-three for women. Having thus benefited from the services of WHO, his Government would in its turn wish to co-operate in the day-to-day advance of the Organization's programme for the worthy cause of raising the level of health of all peoples of the world.

His delegation wished to associate itself with previous speakers in paying tribute to the work of the Regional Director and his staff. It was very thankful for the leadership Dr Fang had provided for the benefit of the countries of the Region, and hoped that he and Mrs Fang would enjoy their retirement. He also joined in congratulating Dr Dy, and pledged him his Government's support.
Professor FERREIRA (Brazil) said that on an occasion of such importance he would go beyond regionalization and think in terms of universality. He was an old admirer of Dr Fang, after whose life of dedication to the Organization not only delegates from his Region but those from the other side of the world would wish to say how much they had appreciated his long career and the enormous amount of work he had done.

Dr FANG, Regional Director for the Western Pacific, referring to the remarks of the delegate of China concerning the meagre amounts that had been allocated for travelling expenses of regional advisers, said that the subject was one that had been of great concern to the Regional Office, bearing in mind the vast area of the Region, much of it covered by sea. From its headquarters in Manila to Sydney it was a journey of 5000 miles; from there on to New Zealand another 2000 miles; and to French Polynesia still further. An adviser making one trip to Australia and French Polynesia would exhaust almost all the money allocated for the year. Again, when headquarters requested an adviser to come to Geneva for a meeting, his allocation would be exhausted and the work of the Region would suffer. It was therefore for a very good reason that the Regional Office had sometimes told headquarters that it was unable to send advisers to attend meetings in Geneva.

In order to economise because of the shortage of travel funds the Region had mobile teams, one in the South Pacific, and one, for tuberculosis, covering most of the Region. It was thus hoped to avoid the need for numerous trips on the part of advisers. It could not be denied, however, that there was too little money for that purpose, and he hoped that his successor would meet with success in obtaining more.
He thanked those delegates who had paid tribute to his services, and thanked also all governments in the Western Pacific Region for their unfailing kindness and courtesy. His work had been made easier by their co-operation, support and understanding. Anything that had been achieved in the Western Pacific Region was in no small part due to the guidance and support of the Director-General and his staff, and to the dedication and loyalty of the Regional Office staff. It was a great privilege to have been connected with WHO, and he was proud to have had the experience.

The CHAIRMAN said that it was his privilege to be the last speaker to comment on the excellent report that had been presented on the Organization's activities in the Western Pacific Region. Throughout the period since the establishment of the Regional Office, the Regional Director had received constant assurances of confidence and of the friendly esteem in which he was held not only by the delegations of the countries he had served but by all those taking part in the Health Assembly. He would renew those tokens of esteem in wishing him a happy and active retirement. In saying goodbye, he would express the hope that their paths might cross again. Dr Fang deserved well of the Organization and could be proud of having been one of its most brilliant and efficient servants.

The Committee paid tribute to Dr Fang by acclamation.

Inter-Regional and Other Programme Activities

Dr BABUDIERI (Italy) said that he wished to comment on the question of drug testing, which had not been included as a separate item in the agenda for the Nineteenth Assembly. His Government was anxious that there should be adequate control of the possible oncogenic and teratogenic effects of new synthetic drugs
Professor CORRADETTI (Italy) said that research into the epidemiology of leishmaniasis, with special reference to the role of domestic and wild animals as reservoirs thereof, should be encouraged and extended as widely as possible. Cutaneous and internal leishmaniasis were increasing in various parts of the world. Knowledge of the epidemiology of the disease in various parts of the world was insufficient and any effort WHO could undertake in the matter would be most welcome.

Dr GONZÁLEZ (Venezuela) said he appreciated the need and justification for the inter-regional activities described on pages 247-265 of Official Records No. 146. He wished, however, to draw attention to the fact that, as shown in the table on page 458, the credits allocated for those activities were tending to increase; in 1965 they had amounted to $4,400,000 and in 1967 would amount to approximately $5,250,000. He asked whether it would not be possible to identify those activities more specifically and to allocate them to the region to which they belonged. The project on Integrated Public Health, for instance, consisted of an advisory service to countries in which thirteen officials were at the disposal of governments requesting their services. As the advisory services concerned were of long duration, would it not be possible to place them under the region to which they were actually provided?

His delegation was also interested in project PHA1, described on page 257 of Official Records No. 146. That was a very important matter dealing with the establishment of indicators for programme evaluation. His country was greatly interested in the use of indicators in programme evaluation and wished to know who was carrying out the work, started in 1965, and what results were expected.
Dr NAYAR (India) stressed the importance of inter-regional co-operation. Many problems and programmes were common to several regions. The regional approach to health questions was undoubtedly valuable, but it should be combined with an inter-regional approach, particularly in such matters as medical education, public health education and administration, maternal and child health and water pollution. Her delegation hoped that increasing emphasis would be placed on the need for inter-regional co-operation.

Dr HAMDI (Iraq) said his delegation was pleased that, as stated on page 248 of Official Records No. 146, there would be a seminar on leishmaniasis, and hoped that attention would be paid to the visceral form of the disease. So far as veterinary public health was concerned, his Government hoped that WHO would organize a seminar on hydatidosis, several cases of which had been reported in the Region and in his country. Epidemiological studies were necessary, particularly on the reservoirs of infection.

Dr NOZARI (Iran) observed that no provision was made in the inter-regional programmes for maternal and child health, one of the most important fields of public health particularly in the developing countries. Maternal and child health activities should be included in future inter-regional programmes.

The DEPUTY DIRECTOR-GENERAL said that the comments and wishes of various delegations had been noted by the Secretariat. The delegate of Venezuela had referred to the table on page 458 and had said that the credits allocated for inter-regional programmes were tending to increase. It should be noted, in that connexion, that the table in question related to three parts of the programme.
the Committee was discussing, namely inter-regional activities proper, assistance to research and other technical services and collaboration with other organizations. The delegate had also expressed the wish that the region or regions to which inter-regional programmes applied be more clearly identified. In future the Secretariat would endeavour to comply with that request as far as possible.

Inter-regional project 156 to which the delegate had referred consisted of a pool of public health experts recruited in advance of actual needs in order to avoid the long delays that had been experienced in filling posts under certain circumstances.

Dr BTESH, Director, Division of Research Planning and Co-ordination, said that in 1960 an expert committee on health indicators had been set up. It had reviewed the health indicators in use, suggested new ones and concluded that still other indicators were necessary. It had therefore recommended that WHO should study the whole question of the application of health indicators. In 1965, therefore, it was decided to carry out a pilot project on the application of health indicators. A community of 100 000 persons in Northern Ireland had been selected. The purpose of the project was to obtain information on methodology. The study had just been completed and the material obtained was being analysed. It was hoped that the lessons learnt would enable the Organization to apply a certain methodology to the developing areas.

Dr ALDEA (Romania) said that he wished to comment on the item on collaboration with other organizations, particularly with IAEA and ILO. The collaboration of WHO with those organizations constituted a very useful means of tackling the health problems posed by the large-scale application of ionizing radiations. The fact that the three organizations had in recent years jointly tackled very important
problems testified to the constant development of their collaboration and made it possible to deal with the question of protection against ionizing radiations in a more complex manner. Another aspect of that collaboration was demonstrated by the joint elaboration, in 1965, of new standards of protection against radiation. Health matters could not but benefit from such collaboration. Attention should, however, be paid to certain problems which WHO had not yet tackled in collaboration with IAEA or which were not of direct concern to the latter Organization. At present, the medical irradiation of populations represented the greatest source of artificial irradiation of leukemogenic and genetic importance. The United Nations Committee on the Effects of Atomic Radiation had undertaken wide-scale action to assemble statistical data on medical irradiation. Those data were, however, based on studies effected in accordance with a very varied methodology and on inadequate statistical samples and did not, therefore, permit an accurate evaluation of medical radiation. It was, therefore, up to WHO to take the initiative in establishing an expert committee which would formulate methodological indications for the study of population irradiations. Such indications should relate to the statistical sample to be used for an accurate evaluation of medical irradiation, the methods for measuring permissible dosages to the gonads and the bone marrow and the manner in which statistical data should be prepared. It would also be useful to undertake, under WHO management, certain pilot studies on the evaluation of the possible effects of medical irradiation on populations and comparative studies on the increase in irradiation produced in the various countries during radio-diagnostic examinations. A WHO expert group might also analyse the problem of tackling limits of radiological diagnosis and of diagnosis by radioactive isotopes, as well as the indications and highest permissible dosages of X-rays, gamma radiations,
An attempt might be made to standardize certain diagnostic and therapeutic techniques. The pathological aspects of changes in the level of natural radioactivity as a result of continuous changes in methods of work and life, particularly those which produced long-term effects or which could affect future generations, were increasingly important. In order to make an accurate evaluation on the basis of data obtained by uniform methods of the natural irradiation of populations, the Organization should organize, on a large scale and with the assistance of Member States, an appropriate research programme. Information about natural irradiation would also contribute to determining the effect of that environmental factor on the health of the population. The increasing use of powerful radioactive substances meant that research workers in certain sectors of industry were liable to radioactive contamination and irradiation sickness, for the diagnosis and treatment of which doctors should be prepared. IAEA was preparing a plan for national organizations which could provide assistance at national or international level in case of accident. WHO had discussed the problem of acute irradiation accidents and had analysed the main accidents which had occurred up to 1962. An expert group had also discussed the question of the medical control of persons exposed, by their profession, to radiation. Further progress could be made by drawing up a research programme in the field of early diagnosis of radiation and internal contamination and in clinical, therapeutic and prophylactic problems. On the basis of that programme certain forms of local, regional and universal collaboration could be effected at a later date.
Dr VASSILOPOULOS (Cyprus), referring to the prevalence of hydatidosis in his country, supported the Iraqi delegate's request that WHO should organize a seminar on the disease. He wished officially to request the Director-General and the Regional Director to find ways and means of assisting his country to eradicate hydatidosis.

The DEPUTY DIRECTOR-GENERAL said that the remarks made by the delegate of Cyprus had been noted. The important intervention by the delegate of Romania raised the question of the whole radiation programme of the Organization, both its programme proper and its programme of co-operation with the International Atomic Energy Agency. It was impossible in the short time available to reply in detail to all the questions raised. The Romanian delegate could be assured however that everything possible was being done to ensure efficacious and close co-operation with the International Atomic Energy Agency. It was no secret that the terms of reference of the International Atomic Energy Agency with respect to the health aspects of atomic energy and the terms of reference of WHO with respect to radiation and health overlapped and that it was necessary to institute a system of extremely close co-operation. That had recently led the two organizations to exchange liaison officers. There was at WHO headquarters a technical official acting as liaison officer of the Atomic Energy Agency and WHO had appointed a technical official to act as liaison officer at Vienna. The points raised by the delegate of Romania related mainly to the problem of the effect of radiation from use in medical practice. That was a subject which had been studied by the Organization since it had first started dealing with the subject of radiation, because it had soon been observed that one of the largest
sources of increased radiation was due to medical action such as the use of X-rays in systematic mass examinations. The Organization had attempted to ensure standardization both of methods of use and of protection devices for radiological equipment. It worked in very close collaboration with the International Commission on Radiological Protection and with the International Commission on Radiological Units and Measurements. In Official Records No. 186, page 260, section 18, there was described a series of studies relating to a certain number of points raised by the delegate of Romania. The study of the effects of high levels of natural radiation referred to by the delegate of Romania related to the study carried out - with WHO's assistance in South India where it was possible to study the possible genetic and somatic effects in a fairly stable population exposed for generations to a high level of radiation. Further details could be given to the delegate of Romania if he so wished. In any case, his remarks had been noted and would be studied very attentively by the Secretariat when reflecting on the Organization's programme in radiation and isotopes.

Dr SHARIF, United Nations Relief and Works Agency, speaking at the invitation of the Chairman, said that over a million and a quarter Palestine Arab refugees resided over a geographical area covering the territories of Jordan, Lebanon, the Syrian Arab Republic and the Gaza Strip in the United Arab Republic. Among the services provided by UNRWA to the refugees was a health programme operated with WHO co-operation and assistance. An UNRWA/WHO agreement was first approved by the Third World Health Assembly in its resolution WHA3.71.4, and had been renewed from time to time. During the sixteen years in which UNRWA had been assisting the refugees, the health services had, under the technical guidance and supervision of WHO, steadily developed into a comprehensive health programme covering all aspects of curative and preventive medicine.
The Agency provided general clinical services at 122 points to approximately 1,200,000 refugees. The service included out-patients, professional consultations, dispensing of medicines, injections, surgical dressings, eye treatments and, to a limited extent, dental treatment. Appropriate specialist consultations, laboratory services and hospitalizations were obtained from government voluntary agencies or private institutes, generally through a system of financial subsidies.

It had to be noted that 40 per cent. of the refugees were children in the age-group nought to sixteen years and that 17 per cent. of the total refugee population was below the age of six years. There was a population increase of nearly 3 per cent. per annum. Maternal and infant health care was provided at eighty maternal and child health centres. Childbirth usually took place at home, although a certain number of normal deliveries were conducted in the maternity centres operated by the Agency. Cases of abnormal labour were, of course, sent to hospital. Infants and a selected number of children of three years old also attended the infant health centres for routine health checks.

Fifteen daytime rehydration/nutrition centres had been established at focal points and had substantially contributed to saving the lives of children. Special diet menus were provided at those centres as well as at the Agency's supplementary feeding establishments.

Through a programme of regular infant and child immunizations and of periodic mass campaigns, protection was provided against smallpox, tetanus, diphtheria, pertussis, poliomyelitis and the typhoid group of fevers. Immunization campaigns were conducted in co-ordination with host government programmes. Tuberculosis control was usually carried out jointly with the host governments and it was intended soon to introduce BCG vaccinations as a regular programme for the newborn and school entrants.
A recent analysis had shown a steady and sustained downward trend in the incidence of malaria, tuberculosis, typhoid fever, diphtheria, pertussis and tetanus neonatorum. There had also been a marked decline in the incidence of trachoma and communicable eye diseases and in poliomyelitis. Apart from one recent case of relapsing fever, no case of that or any other quarantinable disease had occurred for several years.

Adult diarrhoea and infantile gastroenteritis continued to present a major epidemiological problem, while infectious hepatitis was showing an upward trend. Measles, chickenpox and mumps continued to prevail according to their usual cyclical variations. UNRWA was indebted to WHO for arranging a large donation of killed measles vaccine which would enable the Agency to embark on a campaign against that disease.

UNRWA nursing services continued to make a valuable contribution to the refugee health programme.

Forty per cent. of the refugee population was accommodated in UNRWA administered camps. Essential sanitation services were fully provided in the camps and any problems that arose were tackled by enlisting the co-operation of the municipalities concerned.

During the previous year, the health education effort had been stepped up by the observance of a weekly health promotion day and by monthly health education drives on a different topic each month.

A school health service was provided and increased emphasis was given to health education in schools. In 1965, health education was introduced as a subject in the syllabus in one of the Agency's teacher training institutes. It was hoped that during the next scholastic year that would be extended to all other UNRWA teacher training establishments.
The basic daily rations issued to the refugees provided each person with 1500 calories in summer and 1600 in winter. Animal protein or fresh foodstuffs were not included. A programme of milk distribution and supplementary feeding was operated in order to protect the vulnerable groups from nutritional deficiencies. A whole/skim milk mixture was provided for infants between six months and one year and for non-breast-fed babies under six months old, and milk in liquid form was distributed to children between the ages of one and fifteen. A milk programme was also operated for schoolchildren during the scholastic year. A nutritionally balanced hot midday meal was served for children below six years of age and for others on medical selection. Extra rations were provided for expectant and nursing mothers and to tuberculosis patients under domiciliary treatment. Vitamin A and D capsules were issued to persons attending supplementary feeding centres and to children in UNRWA elementary schools.

UNRWA provided university scholarships and courses to refugees for training as doctors, dentists, nurses, veterinarians, public health inspectors, laboratory technicians, pharmacists and radiographers. In order to maintain and advance professional knowledge and skills, in-service training programmes were carried out by the department of health for Agency-employed doctors, nurses and other health personnel. Every care was taken to keep costs as low as possible; the expenditure on health services was little more than one cent per person per day. With the natural increase in population and the growing awareness and appreciation among the refugees there was an ever-increasing demand on the Agency's health services.
Recently UNRWA had been facing a growing budgetary deficit and the shortfall in 1966 was expected to amount to 4.2 million dollars. Intensive appeals by the Agency had, however, aroused hope and some improvement in the financial situation was expected that year. UNRWA expressed the hope that during the coming years of its mandate sufficient funds would be made available to enable it to maintain the health services at an adequate level.

He extended UNRWA's sincere gratitude in anticipation for the Assembly's approval of the extension of the UNRWA/WHO agreement up to 30 June 1969 to coincide with UNRWA's own mandate as extended by the United Nations General Assembly at its last session. That would enable UNRWA to continue its existing excellent co-operation with WHO and further to enjoy the benefits of WHO's assistance, expert guidance and advice.

UNRWA took the opportunity of expressing its sincere thanks to the host governments of Jordan, Lebanon, the Syrian Arab Republic and the United Arab Republic for their most cordial co-operation, assistance and unfailing support of its programmes. It also thanked the various other governments, voluntary agencies, philanthropic societies and individuals which continued to provide extra support to the Agency's health programme.

The CHAIRMAN speaking as a member of the Jordanian delegation, congratulated Dr Sharif on the health services provided by UNRWA. He hoped that the collaboration between Jordan and the Agency would continue.

Dr BERNARD, Assistant Director-General, Secretary, said that some copies of the report on UNRWA health services were available for distribution to delegates.
Voluntary Fund for Health Promotion

The SECRETARY read out the text of the draft resolution that the Executive Board had recommended to the Assembly for approval in its resolution EB37.R19.

Decision: The draft resolution contained in resolution EB37.R19 was approved.

Additional Projects requested by Governments and not included in the proposed Programme and Budget Estimates

There were no comments on Annex 4.

Second Report of the Committee on Administration, Finance and Legal Matters to the Committee on Programme and Budget (Document A19/P&B/17)

The SECRETARY said that the figures to be included under Appropriation Sections 4, 5 and 6 of Part II of the Appropriation Resolution were $41,614,190, $4,903,633 and $262,000, respectively. The resolution was submitted to the Committee for approval.

Decision: The Appropriation Resolution was approved.

2. FORM OF PRESENTATION OF THE PROGRAMME AND BUDGET ESTIMATES: Item 2.2.4 of the Agenda (Resolution EB37.R29; Official Records Nos. 146, 148 and 149)

The CHAIRMAN invited the representative of the Executive Board to introduce the item.

Dr EVANG, representative of the Executive Board, recalled that at the Seventeenth World Health Assembly several delegates had expressed the wish that the programme and budget estimates be presented in such a way as to make easily identifiable the total commitments of WHO with regard to particular fields of activity.
Accordingly the Seventeenth World Health Assembly, in resolution WHA17.21, requested the Director-General and the Executive Board to consider the possibility of progressively presenting future programmes and budgets in a functional form and in a way that would permit the total activities in a particular field to be seen comprehensively. The Director-General had submitted a report to the Executive Board at its thirty-seventh session in which he had discussed the steps to be taken to introduce possible improvements. That report was contained in Annex 15 of Official Records No. 148. The Director-General had also submitted to the Executive Board at that session illustrative programme statements describing in broad terms the activities of WHO in two fields and taking into account the suggestions and recommendations made during the discussion of the subject by the Standing Committee on Administration and Finance and the Executive Board at its thirty-fifth session.

Following the review of those statements, which appeared in Appendix 5 of Official Records No. 149, and after consideration of the Director-General's report, the Board had finally adopted resolution EB37.R29, recommending that the Nineteenth World Health Assembly adopt a draft resolution operative paragraph 2 of which requested the Director-General "to include in the Official Records volumes containing the proposed programme and budget estimates for 1968 and future years selected programme statements on the same lines as the illustrative programme statements submitted by the Director-General to the Executive Board in connexion with the proposed programme and budget estimates for 1967".

The CHAIRMAN invited the representative of the United Nations Children's Fund to address the Committee.
Sir Herbert BROADLEY, United Nations Children's Fund, said that he was pleased with arrangements made for showing in WHO's programme and budget estimates the amounts to be contributed by UNICEF to projects of interest to Members of WHO. Attempts had been made in the past to give estimates of forthcoming UNICEF appropriations for inclusion in the WHO estimates, but that method had led to some embarrassment in the Executive Board of UNICEF, which met after the preparation of the WHO programme. In future the information on UNICEF allocations contained in the programme and budget estimates would relate only to allocations already approved by the Executive Board of UNICEF. That might cause misunderstandings concerning the figure for the third year in the WHO estimates, because the full amount to be inserted in the columns for that year did not become available until after the meeting of the Executive Board of UNICEF, which normally took place after the World Health Assembly.

He hoped it would not be assumed when future estimates appeared that there was misunderstanding on the extent of UNICEF's co-operation with WHO. In 1965, seventy-five per cent. of allocations in the UNICEF budget were to health and nutrition projects, and there could be no doubt that co-operation would continue at least on the same lines.

He thanked the members of the Committee who had expressed appreciation of UNICEF's co-operation in fields already discussed in the Committee. Their remarks would be conveyed to the Executive Director of UNICEF and to its headquarters in New York.

Dr AL WAHBI (Iraq) said that UNICEF's work in many countries was much appreciated, and particularly in his own. But he had one remark which he hoped would be conveyed to UNICEF headquarters: earlier in the meeting comments had been
made by the delegates of Pakistan and Lebanon on the size of the part of the budget for the Eastern Mediterranean Region as it appeared in Official Records No. 146; they had mentioned that that part of the budget had decreased by comparison with the regular budget as a whole. He wanted to point out that the decrease was not in the regular budget but in "other extra-budgetary funds", which had dwindled by nearly half a million dollars. The major part of those funds came from UNICEF. The decrease in UNICEF assistance was therefore quite noticeable in the Eastern Mediterranean Region.

He did not wish to question the policy of UNICEF, but he noted that there appeared to be less assistance in health activities, although in education it was increasing. He appealed for continued assistance from UNICEF for health activities; health was the basis of development in all countries, and was of paramount importance in any activity affecting children.

The CHAIRMAN said he wished to be associated with the remarks of the previous speaker.

Dr GALAKHOV (Union of Soviet Socialist Republics) suggested that the method observed in the part of the programme and budget estimates for 1967 regarding the Voluntary Fund for Health Promotion, which started on page 479 of Official Records No. 146, where the tables followed the part of the text to which they referred, should be applied in the other parts of the publication, in particular in Annex 2, on Regional Activities, starting on page 107. The summary tables for the regions, which would otherwise remain suspended as it were in the air, could perhaps be inserted among the tables in the pages with roman numbers, or before the text for the African Region.
He would also favour a similar presentation for the part of the volume dealing with headquarters - i.e., to follow the text for section 4, Programme Activities, by the relevant tables, and then to continue with the text and tables for Administrative Services.

Those changes would make not only the reading but also the publication of the volume simpler.

Dr Sushila NAYAR (India) said that it was not only in the part of the budget for the Eastern Mediterranean Region that there appeared to be a decrease; a decrease of nearly $3,500,000 in that for the South-East Asia Region, perhaps due to a decrease in UNICEF assistance, emerged from the summary table for that region on page 351 of Official Records No. 146. She hoped that the tendency there manifested would not be allowed to continue.

The DIRECTOR-GENERAL said that, while WHO presented the detailed cost estimates of UNICEF assistance to projects as approved by its Executive Board, it also made a forecast of such assistance as might be expected to be received in the budget year. However, UNICEF, because of its different budget cycle, was prevented from giving the Organization a detailed forecast of such assistance, so that the figures for projects assisted by UNICEF in the third year covered in the budget volume were only provisional. There was now an arrangement between the two organizations to the effect that a global figure for the budget year would be obtained in future, so that in the estimates for 1968 the summaries would show a total figure representing UNICEF's forecast of its assistance to health activities. But it would not be possible to show detailed estimates until the Executive Board of UNICEF had approved specific project allocations.
The comments of the delegates of Iraq and India were explained by the fact that complete UNICEF figures were not included in the estimates for the budget year. In view of the long-standing co-operation between UNICEF and WHO in the field of health, it could be assumed that the same approximate level of UNICEF assistance to WHO projects would continue to be maintained.

The suggestion made by the delegate of the Soviet Union would receive due consideration, but what he suggested had in fact been done before. The present method of presentation had been adopted to increase the speed of publication of the volume in question. The result of a further study of that matter would be reported to the Executive Board and the World Health Assembly.

The CHAIRMAN invited delegates to vote on the draft resolution contained in resolution EB37.R29.

Decision: The draft resolution was approved unanimously.

3. ADOPTION OF THE DRAFT FIFTH REPORT OF THE COMMITTEE (Document A19/P&В/2).

Professor FERREIRA (Brazil), Rapporteur, introduced the draft fifth report of the Committee on Programme and Budget.

Decision: The draft fifth report of the Committee on Programme and Budget was adopted unanimously.

4. PROGRAMME ACTIVITIES IN THE HEALTH ASPECTS OF WORLD POPULATION WHICH MIGHT BE DEVELOPED BY WHO: Item 2.15 of the Agenda (Resolution WHA18.49; Document A19/P&В/19)

The CHAIRMAN invited the Director-General to introduce the item.
The DIRECTOR-GENERAL drew attention to the sections of document A19/P&B/19. The relevant resolution of the Eighteenth World Health Assembly was reproduced for easy reference on pages 1 and 2 of the document. Part I was an introduction describing, in its section 1, the work of WHO in the health aspects of world population since the Eighteenth World Health Assembly, referring in particular to the consideration by the Advisory Committee on Medical Research of the reports of various scientific groups on subjects closely connected with the subject. The Advisory Committee on Medical Research had also considered the health aspects of population dynamics with particular regard to the biological and social factors influencing population dynamics, and the relationship of health services to population growth, making various suggestions for research subjects and recommending co-operation with national governments and organizations. Section 2 of the Introduction dealt with the relevant activities of the United Nations over the same period, referring to the discussion of the subject by the Economic and Social Council and the consideration of the Council's report on the subject by the General Assembly together with a report of the Second World Population Conference held in Belgrade in September 1965. Decision on a draft resolution had been postponed by the General Assembly until its twenty-first session. Section 2 of the document continued with a description of the activities of UNICEF and UNICEF's relations with WHO with regard to the health aspects of world population.

Part II of document A19/P&B/19 referred to the scientific groups that had met since the Eighteenth World Health Assembly. The report of the Scientific Group on the Immunological Aspects of Human Reproduction contained the opinion that immunological research could give rise to the detection of ovulation, and possibly its anticipation, in sub-human primates and in women. The report of
the Scientific Group on the Chemistry and Physiology of the Gametes gave particular importance to the many possibilities for research on the development of male germ cells and the secretion of the generative apparatus. The Scientific Group on the Clinical Aspects of Oral Gestogens, in its report, carefully surveyed all available valid data relative to the use of orally active steroids and the side-effects and contra-indications. The Scientific Group on the Basic and Clinical Aspects of Intra-Uterine Devices noted that some 29 per cent. of the two million women so far observed could not, for various reasons, use an intra-uterine device. The reports of all those scientific groups were already printed in the Technical Report Series of the Organization, and were available to delegates.

Three other scientific groups were expected to meet in 1966; one on the ovulation cycle, to consider all aspects of the menstrual cycle in women, including basal body temperature changes and other indications of ovulation; another on the clinical aspects of oral gestogens, which was to meet every year to consider new knowledge in the field; and a third, also to meet every year, on the basic and clinical aspects of intra-uterine devices.

As in previous years, a group of temporary advisers would meet to consider the priority to be given to and means of implementing recommendations made by the scientific groups.

Section 2 of Part II referred to research activities including the establishment of collections of human pituitaries, in which Poland, India and Yugoslavia had already co-operated. The Director-General believed that the programme would be important in the development of research by the Organization and hoped that other
countries would also co-operate. Section 2 also described how the WHO Library would serve as a documentation centre for human reproduction material, and referred to an inventory of research institutions and scientists working on human reproduction, a bibliography of ethnic and geographical variations in human reproduction, completed late in 1965, and a critical review of the bibliography. It was hoped that the review would be published by early 1967. The introduction of new animals into laboratory research with the aim of studying the possible use of various species of carnivores showing delayed implantation and fertilization, and studies on immuno-pathological mechanisms, were further subjects enumerated under the section on Service to Research. Section 3 dealt with Research Grants to Individual Investigators, section 4 with Research Training and Exchange of Research Workers' Grants; and section 5, on Advisory Services to Governments, stated that WHO had provided, upon request, information on the several aspects of human reproduction. Section 6 enumerated the meetings on the subjects related to human reproduction at which WHO had been represented.

Part III described the future programme of WHO. It was hoped that there would be further expansion in all aspects of the programme as outlined in Part II, including WHO's advisory services to governments. Part III referred to the Director-General's Report to the Eighteenth World Health Assembly, particularly with regard to WHO's advisory services. It was believed that WHO should advise governments, upon request, with due regard to the clear policy statements made by the Assembly in the consideration of its resolution WHA18.49, and to present knowledge on human reproduction. Countries' programmes should include activities.
in the medical aspects both of sterility and of family planning as part of the over-all functions of the local health services, particularly maternal and child health services, special attention being paid to the training of professional and non-professional staff.

He had tried to give an adequate summary of the evolution of the programme since the Eighteenth World Health Assembly, and to indicate how the Secretariat saw the future development of the programme.

Mrs REITTE, International Planned Parenthood Federation, emphasized the relationship between family planning and maternal and child health, and the need for the World Health Organization to play a major role in co-ordinating activities in that field.

The Federation welcomed the action of WHO in convening scientific groups to study contraceptive methods, and it regarded the programme of research into human reproduction and fertility control as most important.

Many countries throughout the world had adopted positive policies on family planning based on medical, economic and demographic data. Some governments were becoming increasingly aware that successful economic planning was closely related to rates of population growth. It was being realized that such positive policies could best be promoted by providing the necessary knowledge, advice and practical help to parents as part of general health services, and were most likely to be successful where they were closely related to maternal and child health programmes. The United Nations agencies and other bodies, such as the foundations and the International Planned Parenthood Federation, should therefore take concerted action to assist governments to improve maternal and child health services, which should
always include advice and assistance in family planning. WHO could provide the leadership in that field as it had done in the eradication and control of major diseases and the building up of health services, which in so many areas had led to the sharp reduction of infant mortality and increased expectation of life for the adult community. The Federation stressed that although there was a constant need to intensify mass disease control programmes, they must be balanced by progress in individual care which would foster health education and responsibilities. In that context there was a need for increased cytology training and testing throughout the world. WHO should establish standards designed to raise the level of maternal and child health services in Member countries, and to ensure that family planning had a place in those services related to its importance for the physical, mental and social well-being of mothers and children.

There was an acute shortage of trained personnel in all countries that had adopted family planning programmes. WHO could play an important role in the provision of adequate national training facilities for doctors and nurse/midwives. The Health Assembly's attention was also drawn to the report of the United Nations Advisory Mission on Family Planning in India, which stated that no student should graduate from medical school without having received training in modern methods of contraception. Member governments of WHO should be encouraged to provide adequate training facilities and steps should be taken to ensure that medical students from developing countries who studied abroad were instructed in family planning.
Finally, the Federation wished to draw the attention of the Health Assembly to the growing number of international governmental and non-governmental organizations engaged in the field of family planning. Those organizations had generally welcomed the decision of the Eighteenth World Health Assembly to provide, at the request of governments, advice on the medical aspects of family planning and the place such services should have in the community. The Federation would welcome the extension of the scope of WHO's responsibility in that field, and considered that attention should be given to the desirability of further co-ordinating the work of various United Nations agencies and other interested bodies.

Dr WEDDERBURN (Jamaica) said that it was generally accepted in emerging countries that their only hope of economic development was to control their ever-increasing population. In order to do so, the public must be informed about the need to limit their families. In many developing countries it was firmly believed among the less literate that a woman must prove her femininity and a man his virility by having a certain number of children, which gave some indication of the extent of the programme of public education which must be undertaken if the development of the intra-uterine device and oral contraceptives was to be successful. All sectors of the population must be reached. Clinics had been established throughout Jamaica, where any woman who required it could be fitted with the intra-uterine device free of cost. Private physicians were also given the loops free of charge by the Ministry of Health for use in their private practice. All that was required of them was to keep records and to send them to the Ministry of Health; their fees for the service must also be moderate. They were at that stage concentrating on the loops since it was felt that faster progress could be made than by the use of other methods. The Government proposed that all approved methods of contraception should be available in due course.
It was the view of his delegation that WHO's role should be to disseminate information on what had been achieved and to encourage research on the development of simple and effective contraceptive methods; to provide consultants for countries which desired to undertake family limitation programmes; and to provide funds and materials to Member countries to strengthen their programmes, if requested to do so.

Dr NAYAR (India) said that the importance of the subject was well recognized as was apparent from the Director-General's report, the resolutions he had quoted, and the statement by the representative of the International Planned Parenthood Federation. The rate at which the world population was growing must cause concern. Between 1900 and 1920 there had been an increase of some 212 million. In the next decade alone the increase had been 208 million; from 1930 to 1940 it was 225 million; and in the ten years from 1950 to 1960 it had been 473 million. It was expected that the rate would continue to increase and that between 1970 and 1980 about 700 million people would be added to the population of the world, almost the same figure as the total population of the world in 1750, which had been only 750 million.

In the developing countries the problem was particularly acute. WHO had done a very good job in reducing mortality. In India there had been one hundred million cases of malaria each year with two and a half million deaths as a result. Last year there had been about five thousand cases in the border areas and there had been no deaths from malaria for several years. Maternal mortality had been reduced to one-tenth of the previous figure; infant mortality had gone down; mortality from smallpox had greatly decreased and would soon disappear. If the birth-rate maintained its existing level the resulting increase in population must cause
concern which could be readily understood. The rate of population growth, which had been about 1.1 twenty years ago, had risen in the 1950-1960 census to 2.1, and between 1960 and 1965 it was estimated at 2.3. The population of India, therefore, was increasing by about 12 million every year.

If it was their responsibility to see that the people of the world did not die of disease, it was equally their responsibility to see that they got the better standard of living desired by all peoples. To ensure the economic and social development which would enable every parent to give to his children what they needed for a happy childhood and normal growth and development, it was very necessary that the rate of growth of the world population must be slowed down, especially in the developing countries.

Studies had shown that in India, 70 per cent. of married couples, both in urban and rural areas, did want assistance in reducing the number of children born to them. The legal age of marriage was still rather low - sixteen years - and the average number of children born to a woman in India was six to seven. Studies showed that women in different countries wanted a small number of children: in Japan 2.8; in Ceylon 3.2; in Thailand 3.8; and 4 in India and Korea. The Government of India was popularizing the idea of a small family and the people were told in general not to have more than three children.

The family planning movement had become very strong as an integral part of the maternal and child health and welfare programme. It appealed to parents since everyone wanted happiness and health for his own family whether or not he was interested in economic development. There were over 20 000 clinics in India where services were available to those couples who wished to use them. More than 18 000 of the clinics were in rural areas; in the urban areas all the hospitals, maternity homes and nursing homes gave advice and services. All possible methods
of contraception were being used: conventional methods of contraception, sterilization, and intra-uterine contraceptive devices. In that connexion, she noted, in paragraph 1 (d) of Part II of the Director-General's report (document A19/P&B/19), it had been found that some twenty-nine per cent. of two million women observed could not use an intra-uterine device. Experience in India had been somewhat different and there might perhaps be some confusion in regard to the figures. About twenty-nine or thirty per cent. of all women who came to out-patient departments or clinics in India were not suited to the intra-uterine device because they were pregnant or had a local infection, or due to some other cause. Among those women who had been given the device, numbering almost one million, the expulsion rate was not more than 1.5 per cent.; removal necessitated by bleeding or cramps was not generally more than 3.5 per cent. and the pregnancy rate was about 0.5 per cent. The total failure rate was therefore closer to five or six per cent. than to twenty-nine per cent. Even a ninety per cent. success rate would be very substantial, and much emphasis was being given to the use of intra-uterine contraceptive devices.

Had any study been made by WHO of the total number of women who started taking the pill and the number who continued to take it without any intermission throughout the year? It had been found extremely difficult for women to take the pill regularly throughout the reproductive period. If they missed it two or three times in the month, the effect of the pill disappeared.

With regard to sterilization, more women had come forward in the beginning but as the programme developed more men were coming forward, and the proportion of males was now over three-quarters. Orientation camps were held in which perhaps fifty or sixty people gathered for a weekend. After talks and discussions, film shows and the use of seminar techniques, those who desired services might receive them from a team of doctors.
Family planning services in India had been integrated into the basic health services. It was hoped that WHO would give a clear directive, both within the Organization and to the agencies it advised and guided, so that those countries which desired to go ahead with family planning might be given all possible assistance to push forward a programme as an integral part of their basic health services and a most important part of the maternal and child welfare programme. Those countries which had no wish to have assistance might follow their own programmes but for countries like India, WHO assistance in family planning was a basic need for the health and welfare of mothers and children.

Mention had been made of the need to promote intensified programmes of cytology examinations. Her delegation wholeheartedly supported such programmes and considered that an intra-uterine contraceptive device programme could be easily linked to cancer detection and control programmes through the organization of cytology clinics and the examination of smears collected. Agencies such as UNICEF with a primary interest in the welfare of mothers and children should give their wholehearted support to such programmes.

WHO should study the extent of abortions, the damage done by them and ways of overcoming the problem. Although abortion was against the law in India, illegal abortions went on, as they did in many other countries which were not thinking of family planning programmes. They caused substantial mortality and morbidity. The free availability of family planning techniques might reduce the menace of widespread abortions and their evil effects.

The meeting rose at 12.30 p.m.