WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ
TWENTY-SECOND WORLD HEALTH ASSEMBLY

COMMITTEE ON PROGRAMME AND BUDGET

PROVISIONAL SUMMARY RECORD OF THE TENTH MEETING

Sheraton-Boston Hotel, Boston, Massachusetts
Saturday 19 July 1969, at 11 a.m.

CHAIRMAN: Professor B. REXED (Sweden)

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Note: Corrections to this provisional summary record should be submitted in writing to the Chief, Records Service, Room 326, within 48 hours of its distribution.
1. ELECTION OF NEW RAPPORTEUR

The Chairman announced that the Rapporteur of the Committee, Dr Daly of Tunisia, had returned to his country; he regretted the fact, as co-operation with the Rapporteur had been very good. The Committee would need to elect a new Rapporteur, under Rule 42 of the Rules of Procedure.

Dr ANOUTI (Lebanon) proposed Dr Aashi of Saudi Arabia. Dr DIBA (Iran) and Dr AL-AWADI (Kuwait) seconded the proposal.

Decision: Dr Aashi was unanimously elected Rapporteur.

2. FLUORIDATION AND DENTAL HEALTH: Item 2.7 of the Agenda (Resolution EB43.R10; Document A22/P&B/7) (continued)

The CHAIRMAN announced that, as no decision had been taken by the plenary meeting on the 1970 budget ceiling, the Committee would not be able to proceed with item 2.2.3, but would instead resume discussion of item 2.7, on fluoridation and dental health.

The Committee had before it a draft resolution proposed by the delegation of the United Kingdom of Great Britain and Northern Ireland and co-sponsored by the following delegations: Argentina, Australia, Brazil, Canada, Ceylon, Chile, Czechoslovakia, Federal Republic of Germany, Ireland, Jamaica, Japan, Mexico, Netherlands, New Zealand, Norway, Panama, Poland, Romania, Sierra Leone, Singapore, Sweden, Switzerland, Uganda, Union of Soviet Socialist Republics, United Arab Republic, United Republic of Tanzania, United States of America, Venezuela and Yugoslavia. It read:

The Twenty-second World Health Assembly,

Having considered the report of the Director-General on the fluoridation of water supplies presented in accordance with resolution EB43.R10;

Bearing in mind that dental caries is a widespread disease in many populations, and is becoming increasingly prevalent in many others;

Recalling that studies in several countries have consistently shown the prevalence of this disease to be markedly low whenever an optimal concentration of fluoride occurs naturally in water supplies;

Accepting the reports now coming from countries with experience of the procedure indicating that the adjustment of the fluoride content of water supplies to an optimal level is a practicable, safe and efficient public health measure;

Noting that other equally effective means are not available for conferring on whole populations the beneficial effects of fluoride on dental health;

Emphasizing that in the extensive scientific literature on the subject no valid evidence has been forthcoming of any ill effects on human health from the use of water supplies with an optimal concentration of fluoride; and

Recognizing that several authoritative and independent enquiries conducted in a number of countries have all reached similar conclusions to the above,

1. THANKS the Director-General for his comprehensive report;
2. RECOMMENDS Member States to take steps wherever it is practicable to introduce fluoridation of those community water supplies with fluoride contents below optimal levels as a proven public health measure; and

3. REQUESTS the Director-General to bring this resolution to the attention of all Member States.

Dr EL-BITASH (United Arab Republic) said his country had been experimenting with fluoridation for almost ten years, and considered it useful as a preventive measure against dental caries. He expressed his support for the report by the Director-General.

Dr ORLOV (Union of Soviet Socialist Republics) expressed his delegation's gratification at the attention devoted by WHO to dental health.

In his country much had been done to improve dental health. The number of dentists had doubled over the past ten years and there were now approximately 80,000. More than 8000 stomatologists and dentists graduated every year. However, in spite of the increase in specialists and dental institutes, the problem of providing dental care to the population remained a complicated one, because of the high prevalence of dental diseases, including dental caries. The etiology and pathogenesis of caries were being studied and methods of prophylaxis and treatment were being evolved and tried out. Both individual and mass prophylaxis was undertaken and research was being carried out on the connexion between dental caries and other diseases, diet and metabolism.

Fluoridation of water had been found to be the best presently available method of preventing caries. Fluoridation had first been introduced in 1960. After seven years, investigations had shown that dental caries in seven-year-old children had dropped by 43 per cent. and in eight-year-old children by 33 per cent.

By the beginning of 1969, fluoridation of the public water supply had been introduced in twenty-four towns, including Leningrad, which had a population of three million. Thirteen million people were at present benefiting from fluoridated water supplies.

From data provided by the central stomatological research institute, there was reason to expect that fluoridation would result in a 40 per cent. reduction in dental treatment and a 20 to 30 per cent. reduction in the need for prostheses, thus releasing personnel and resources for other needs of stomatology.

His delegation considered that, in the light of the experience obtained and the research carried out in many countries, the Health Assembly was fully justified in recommending fluoridation of water for mass prevention of caries, and supported the draft resolution before the Committee.

Dr JOYCE (Ireland) said that water fluoridation had been mandatory on local water authorities in his country since 1964. In 1963 there had been a celebrated legal case which had lasted sixty-five days in the High Court and seven days in the Supreme Court but in both instances judgment had been given in favour of the State. At present there was no controversy on the subject of fluoridation.

His country had a population of 2.9 million. Out of 1.75 million people provided with a piped water supply, 1.2 million benefited from fluoridation. Attempts were now being made to provide fluoridation by other means, such as local application and mouth rinses for the scattered population that had no piped water supply.
He supported the resolution of the United Kingdom delegation.

Professor NANU (Romania) said his delegation considered the report on fluoridation and dental health of great scientific value: not only was it a working document, but it would be of lasting use to those dealing with the technical problems of fluoridation. For some years now fluoridation of the water supply had been undertaken in Romania in a town with 100,000 inhabitants as a preventive measure against dental caries; simple and economical machinery had been employed, and the fluoride used was sodium fluorosilicate. His delegation was very interested in the elaboration of water fluoridation programmes as a preventive measure, and the solutions recommended by WHO, which was a synthesis of world experience in this matter, would be of the greatest use to them in implementing such programmes in their country. They fully supported the United Kingdom resolution, of which they had the honour to be co-sponsors.

Dr BAUHOFER (Austria) said the report was a most comprehensive one, which would be very useful in combating the doubts still existing in his country in connexion with fluoridation. Since in Austria the water supply served widely dispersed communities, fluoridation had not so far proved practicable. Fluoride tablets had, however, been distributed on a nationwide scale to approximately 900,000 children over a certain number of years, and a reduction in dental caries of approximately 30 per cent. had been observed. A cost benefit analysis had still to be made. More beneficial measures might exist, but so far that was the only measure within his country's possibilities.

Dr BRZEZINSKI (Poland) said that the report was very comprehensive. Fluoridation of the community water supply was an example of the successful application of large-scale measures to protect dental health. In his country a fluoridation programme had been started several years ago. The first city where it had been introduced was Wroclaw, with a population of 500,000 inhabitants; the next was to be Warsaw, with a population of 1,300,000.

Fluoridation was a new and inexpensive method of preventing dental caries, and the Polish Ministry of Health and Social Welfare was therefore encouraging the local authorities of towns where the fluoride content of water was low to introduce that method.

In view of the experience of many countries, including his own, which showed that the adjustment of the fluoride content of water supplies to an optimal level was a practicable, safe and efficient public health measure, the Polish delegation supported the resolution proposed by the United Kingdom delegation.

Dr OJALA (Finland) said that, based on the experience of his own and other countries, the Finnish National Board of Health had recently passed a recommendation to local authorities containing guidelines on the use of fluorides for the prevention of dental caries.

His delegation supported the United Kingdom resolution.

Dr WINTON (Australia) said that the introduction of fluoride into public water supplies in Australia had started only in 1954. At present 4,159,000 people, i.e. 34 per cent. of the population, were using fluoridated water.

Fluoridation had been first introduced in 1964 in the Australian Capital Territory, in which Canberra was situated, and which had a population of 120,000. It had had the full support of the National Health and Medical Council of Australia from the beginning, as a reasonable and safe measure likely to ensure a significant reduction in the incidence of dental caries.
The results in Canberra had been gratifying. The dental health of children in that city had been annually assessed on a regional basis since 1964 and in all regions improvements had been noted. During 1964-1968 the incidence of decayed permanent teeth in children aged six to twelve had dropped from 1.61 to 1.05, a mean reduction of 34.7 per cent. Over the same period, the incidence of decayed, missing and filled teeth had dropped from 3.66 to 3.15, a mean reduction of 17.5 per cent. The second category showed a slighter improvement, because it included dental defects existing before fluoridation. Some 6000 children had been covered by the Canberra investigation which was one of the most extensive investigations into the effects of fluoridation carried out in the world.

In each case fluoridation of water supplies had been introduced only after careful examination of the matter by the competent authorities. The most recent and notable examination of fluoridation had been that carried out by a Royal Commission appointed by the Government of the State of Tasmania. In 1968 the Commission had reported - after careful and prolonged examination of evidence for and against fluoridation - unequivocally in its favour. He then quoted the following passage from the report:

The decision whether or not fluoridation, as a measure of public health designed to protect the dental health of the young, should be put into force in this State (Tasmania) should not be left to local authorities. It is a matter for the decision of Parliament. A referendum as a means of arriving at this decision is not only without constitutional warrant but is highly unsuitable as well. It follows, consistently with the views I have expressed, that to refer the matter to a forum both technically incompetent and constitutionally incapable would constitute an abrogation of Parliament's responsibility.

Dr GATMAITAN (Philippines) said he had little information to impart, as fluoridation has not yet been introduced in his country. Over the last ten years, surveys had been carried out with a view to implementing a national dental health programme. The Philippine Department of Health had put forward proposals to fluoridate municipal water supplies; a pilot scheme was in progress, but as yet no data was available.

In 1963 the Philippine Dental Association had assisted on the introduction of a Bill for fluoridation of the water supplies, with an appropriation of 400 million Philippine pesos, of Manila. The project could not, however, be implemented for lack of funds. The Philippine Health Administration and the Dental Association both agreed that fluoridation reduced dental caries and were convinced that it was the cheapest and most effective method of ensuring dental health. His delegation consequently supported the United Kingdom resolution.

Dr URATA (Japan) said that his delegation concurred in the view put forward in the Director-General's report that fluoridation of water supplies was beneficial to dental health.

In his country, the water supply authorities in Kyoto had carried out an experiment from 1952 to 1965 with the co-operation of the University of Kyoto. It had covered an area with a population of some 11 500, and the results showed that the incidence of dental caries had been reduced by about 30 per cent. Similar experiments were currently being conducted in three other areas, each with a population of about 3000. A number of problems had come to light, e.g. the fees to be charged to the consumers, methods and equipment, the form of fluoridation, its cost and the possible effects on other parts of the body. With regard to the last problem however, no negative or positive proof had yet been obtained.

In 1964, the Ministry of Health and Welfare had sponsored studies on the dental health programme. While the benefits of fluoridation had clearly been recognized, the conclusions of the studies had not encouraged the Ministry to take a firm stand on the question, and the
Central Government was therefore unable to pass the necessary legislation which would enforce the dental health programme. He would, on returning to his country, continue to work with other scientists in the hope of achieving that aim. In spite of that somewhat uncertain situation, his delegation would nevertheless support the draft resolution.

Dr LANDAETA (Venezuela) congratulated the Director-General on his report and the extensive bibliography it contained.

In Venezuela, public water supplies were the responsibility of the National Institute of Sanitary Engineering for communities with a population of more than 5000, and of the Ministry of Health and Social Welfare for communities of less than 5000. In 1968, 1555 water supply lines had been installed to serve a rural population of 1 800 000, a figure representing 60 per cent. of the country's total rural population. Fluoridation had been introduced in thirty-seven rural communities with the help of easy-to-run fluoridator units supplied by the Ministry; fluoridation in urban areas was being carried out by the National Institute of Sanitary Engineering. The programmes in the rural areas were integrated with other programmes in which the supply of healthy drinking-water was essential, e.g. environmental health and the control of intestinal parasitic diseases.

Dr DORJJABANDA (Mongolia) said that during the last few years a number of studies had been carried out in his country on dental caries in the population, and especially in children. Results had shown that dental caries was on the increase, particularly in school children and children of pre-school age living in the towns. It was becoming one of the major public health problems and would require intensive study by the dental health services with the aim of devising preventive measures.

In his country the dental health services had achieved considerable successes in recent years. Special dispensaries had been set up, as well as mobile teams; a stomatological department had been established in the medical institute and a section for dental technicians in the medical technicum. The question of fluoridation of water - in Ulan Bator in the first instance - was being studied. In view of the importance of the problem, his Government was considering requesting WHO's assistance in the study of dental caries and its prevention.

His delegation fully supported the views of the delegates of Czechoslovakia, the United Kingdom, the USSR and others. Although fluoridation of water was undoubtedly an important factor in the prevention of dental caries, nevertheless other factors, of a medico-geographical, social and economic nature, should be taken into consideration.

Dr GONZALEZ GALVEZ (Panama) associated his delegation with the congratulations extended to the Director-General on his report.

Dental caries was undoubtedly a serious public health problem and it was clear that fluoridation of public water supplies was the most effective method presently available for reducing the incidence of that disease. In Panama, a fluoridation programme had been in operation since 1950, serving approximately 40 per cent. of the country's population. In addition, the sale of toothpastes containing fluoride was authorized, and private dentists used fluoride solutions for direct application to the teeth. His delegation would fully support the draft resolution.
Dr DIBA (Iran) commended the Director-General on his excellent report. His delegation was delighted to note that WHO had given serious attention in recent years to dental health, this being an important aspect of public health in general.

Dental health was considered to be of primary importance in his country, where a school of dentistry had been in operation for three years. A second school was under consideration and it was hoped to open others in the provinces under future health programmes. Surveys carried out in control areas clearly showed that wherever the fluoride content of water was high the incidence of dental caries was correspondingly lower. Moreover, the fluoridation of water supplies was neither a difficult nor an expensive undertaking. For that reason the Ministry of Health had recommended to the Ministry of Water and Electricity Supplies that it should be introduced in all areas where the fluoride content of water was low.

His delegation would not only support the draft resolution but would like it to include a request to the Director-General to pursue the studies on the subject.

Dr MARTÍNEZ (Cuba) expressed appreciation of the Director-General's report and associated his delegation with the statements made in favour of fluoridation. The necessary steps had been taken in his country to include fluoridation of water supplies in future health programmes. To that end, a seminar had been organized with the help of WHO, and a pilot project had been initiated in a community with a high proportion of children of school age. His delegation would vote in favour of the draft resolution presented.

Dr THOMAS (Sierra Leone) said that fluoridation had not yet been introduced in his country but had been under consideration for some time. Fears of its possible harmful effects had now been allayed. His delegation therefore greatly appreciated the Director-General's report and would vote in favour of the draft resolution.

Dr TAYLOR (New Zealand) said that the authorities of his country had been promoting fluoridation for many years. To date, over 60 per cent. of the population was served by community water supplies. In addition to the expected improvement in children's teeth, a recent survey in a community that had received fluoridated supplies for some years showed that one dental nurse could care for more than 700 children, as compared with 400 children in communities where the water supply was not fluoridated.

His delegation was glad to support the draft resolution.

Dr SUMBUNG (Indonesia) commended the Director-General on his comprehensive and convincing report, and expressed his delegation's satisfaction at the inclusion of dental health as a special item on the agenda of the present Health Assembly.

In Indonesia, where a directorate of dental health had been set up in the Ministry of Health, a survey of schoolchildren had revealed that 80 per cent. needed dental treatment.

The vast requirements in specialized and qualified personnel, equipment, and other facilities to deal with the growing problem of dental health were obviously beyond the resources of most of the developing countries. His delegation therefore was strongly in favour of the preventive measure of fluoridation of community water supply. It accordingly supported the draft resolution proposed by the delegate of the United Kingdom, and suggested that the Director-General should be requested to continue to give high priority to dental health, primarily by helping the countries whose dental services needed strengthening.
Dr AL-AWADI (Kuwait) said that he supported the idea of fluoridation of water supplies, a project which would not be difficult to implement in Kuwait, since it produced its own drinking water. There were, however, some pockets of population in his country whose water supply came from wells with a high fluoride content, and the incidence of fluorosis and osteosclerosis showed the damage which might be done by an excessive amount of fluoride. Noting that section 3.2 of the Director-General's report (document A22/P&B/7) indicated that some doubt existed about the possible relationship of osteosclerosis to fluoride ingestion, he asked the Secretariat for fuller information on the matter, since he had always understood that there was a clearcut relationship between the two.

He reserved his delegation's right to introduce an amendment to the draft resolution on fluoridation and dental health after hearing the reply to his question.

Dr SAENZ-SANGUINETTI (Uruguay) said that dental caries, which was a public health problem of the first magnitude, was not unknown in Uruguay. While preliminary experiments in fluoridation were being carried out, in a country the size of Uruguay the actual supplying of drinking-water was the first priority, particularly in the agricultural areas of the interior. Water was supplied by an independent body to the capital of Montevideo and to some of the provincial capitals, and there was a particular supply problem in the case of the summer resort of Punta del Este, whose population showed a seasonal change from 20 000 to 200 000 inhabitants. In view of the importance of the subject, his delegation supported the draft resolution before the Committee.

Dr ALAN (Turkey) noted that the majority of delegations were interested in the problem of dental health and was glad to see the increasing importance attached by WHO to the subject.

His delegation would support the draft resolution before the meeting but wished to propose an amendment to it. Operative paragraph 2 of the draft resolution spoke merely of fluoridation of community water supplies but did not mention other methods of administration of fluoride such as those referred to by the delegate of Switzerland. At its fifteenth session, the Regional Committee for Europe, meeting in Istanbul, had adopted a resolution on child dental hygiene in Europe which mentioned the use of other methods of fluoridation. He therefore proposed the addition of the following words at the end of operative paragraph 2 of the draft resolution: "... and, where fluoridation of community water supplies is not practicable, to study other methods of using fluorides for the protection of dental health."

Professor PENSO (Italy) said that his delegation could not support the draft resolution on fluoridation and dental health because it was by no means convinced of the desirability of fluoridation of water. He did not at that stage wish to discuss whether the presence of one part per million of fluoride in water could or could not prevent dental caries. If the results so far obtained from fluoridation experiments were studied scientifically, it would be seen that they were not really statistically valid. But the point with which he was really taking issue was the present-day mania for putting additives in everything.

In Italy, there was a great deal of fluorosis due to excessive natural fluoride content in water and fluoride was considered almost an enemy of public health. It must also be remembered that fluoride was present in the air in areas subject to atmospheric pollution. He had been astonished to learn that in Switzerland fluoride was added to milk and to salt. Would it now be necessary to check Swiss cheese for fluoride content?
He urged the Committee not to accept with enthusiasm every proposal placed before it, and warned it that substances such as fluoride might have far-reaching, long-term effects that were as yet unknown. Further research must be carried out into the long-term effects which fluoride might have on organs other than the teeth. In the meantime, his delegation would vote against the draft resolution.

Dr Wynne Griffith (United Kingdom of Great Britain and Northern Ireland) said that the amendments to the draft resolution proposed by the delegates of Iran and Turkey would be acceptable to his delegation. Referring to the statement just made by the Italian delegate, he said that he would be glad to supply him with information on the fluoride content of Italian wines.

Dr Ferreira (Brazil) said that he was bound to state, in answer to the Italian delegate's remarks, that in Brazil serious statistical studies had been carried out on fluoridation, not only as regards its prophylactic value, but also from the point of view of economic and technical evaluation. Fluorosis was a well-known condition; so was iodosis, but that did not prevent the addition of iodine to prevent goitre. In his view, there was no danger in fluoridation when carried out in the correct way.

Each year a public water supply was laid on for more than 100 villages in Brazil; and in his view governments should be given an incentive to introduce the system of water fluoridation since experience in Brazil had shown that in regions where fluoridation had been introduced the incidence of dental caries had fallen by 60 per cent. and no fluorosis had been observed.

Dr Sauter (Switzerland) regretted that the Italian delegate had not understood the statement he had made at the seventh meeting of the Committee, when he had explained that large-scale experiments on fluoridation of milk in Switzerland had given promising results, and had described the exact method of administration. Such administration was entirely voluntary and was a matter requiring disciplined co-operation from the mothers of families; there had never been any question of fluoridated milk being distributed from creameries or used in the manufacture of cheese.

Dr N'Diaye (Senegal) said that he had followed the discussion with particular interest because of the growing importance of the problem of dental caries in his country, as a result of which his Government had asked WHO for assistance in establishing a dental institute at Dakar.

It had been his intention on returning home to take up with the public health authorities the question of fluoridation of water supplies, but the statement just made by the Italian delegate had given him pause. The matter was of particular concern, since there was a region in Senegal where from an early age all children had brownish tartar on their teeth and that constituted such a hazard that girls born in that area had difficulty in finding husbands. It had been suggested that that phenomenon was due to the high fluoride content in the water. He would therefore like further information on the consequences of the ingestion of large quantities of fluoride.

Dr Siderius (Netherlands) said that his delegation agreed with the conclusions of the comprehensive review in the Director-General's report on fluoridation and dental health. At the present time about 20 per cent. of water in the Netherlands was fluoridated. While, however, comparative studies in his country on the reduction of the prevalence of dental caries had produced results similar to those obtained elsewhere, it had been realized that fluoridation was not the complete solution to the problem of dental caries, and that a restricted intake of carbohydrates and the promotion of oral hygiene techniques were equally important.
In connexion with the Swiss delegate's comments on other methods of fluoridation, he wondered whether that delegation could inform the Secretariat of the results of those methods, for the information of the Twenty-third Health Assembly.

His delegation strongly supported the United Kingdom resolution.

Dr LEKIE (Democratic Republic of the Congo) said that he felt some uncertainty regarding fluoridation. The subject had not as yet been studied in his country. It was true that dental caries was on the increase, chiefly among the town dwellers, who comprised about 25 to 30 per cent. of the population; but it could not be considered as a major problem in comparison with the numerous other public health problems of the country. In any case, for a country like his own, where the maintenance of pure water supplies was a problem, fluoridation would only add to the difficulties. He would like an assurance that it would be comparatively easy to control fluoridation and avoid the dangers referred to by some representatives.

Dr ELOM (Cameroon) said that, in view of the conflicting opinions on fluoridation, and the heavy cost of the equipment and personnel involved, his delegation was not in a position to support the proposed resolution - particularly as his country was still trying to overcome difficulties with a programme for providing iodized salt for regions with endemic goitre. His delegation felt that it would be better to wait for the results of further studies on fluoridation before recommending its introduction generally.

Dr KNUTSON (United States of America) said that each of the eighty-seven references in Annex V of the report was based on 100 references, so that the analysis contained in the report was based on nearly 10 000 different documents on the dental and biological effects of fluoridation.

He described extensive tests which had been carried out in the United States of America, where there were now 4 000 communities supplied with the optimum amount of fluoride, without any problem of adjustment. The oldest was at Grand Rapids, Michigan, where fluoridation had existed for twenty-five years.

Professor PENSO (Italy), thanking the delegate of the United States for his clarification, said that he was familiar with the literature on fluoridation in that country, but wondered whether the United States delegate knew the Italian literature on the subject.

The question he had raised, and which had not been answered, was that of the danger of adding fluoride to water supplies when there was already an intake of natural fluoride from certain foods, from meat and vine, and in certain regions from the air. Man was gradually being moved from his natural environment into an artificial environment of chloride, fluoride, pesticides and other additives. Was the fluoridation of water really necessary? Might it not in the long run be harmful to the people?

He was not opposed to further study and research; but it would be premature to recommend all Member governments to introduce water fluoridation. It would be better for WHO to wait and be sure of the facts before taking the responsibility for such a recommendation.

Mr GLOKPOR (Togo) commended the Organization on its efforts to improve dental hygiene. For his own country, however, although dental caries was on the increase, it was not a major problem: the most important problem was the water supply, particularly in the dry season. It would therefore be impossible at the present time to implement the United Kingdom resolution in Togo.

Nevertheless, he hoped that the Director-General would continue his studies of the fluoridation problem in order to allay the doubts expressed by certain delegations. It would be interesting, for example, if information could be obtained on the state of the teeth of children born in regions already subjected to fluoridation.
Dr Wynne GRIFFITH (United Kingdom of Great Britain and Northern Ireland), said that he fully appreciated the situation of countries such as Cameroon, the Democratic Republic of the Congo and Togo. He hoped, however, that they would not allow their difficulties to prevent the adoption of the proposed resolution. In that connexion, he pointed out that operative paragraph 2 recommended the introduction of fluoridation "wherever it is practicable".

He also pointed out that the word "optimal" was used throughout the resolution, to take account of the conditions in different countries. He hoped that that word might meet some of the difficulties of the Italian representative. Obviously natural levels of fluoride would be taken into account in deciding optimal levels.

He recalled that the delegate of Turkey had proposed the addition of the following words at the end of operative paragraph 2: "where fluoridation of community water supplies is not practicable, to study other methods of using fluorides for the protection of dental health".

To meet the point raised by the delegate of Iran, he would propose the addition of the following operative paragraph 3, the existing one to be re-numbered paragraph 4:

REQUESTS the Director-General to continue to encourage research in this field and to bring the relevant information to the attention of governments.

Dr TEOUME-LESSAN (Ethiopia) said that, after listening to the discussion, he felt that the report lacked an important element, namely, the point of view of those who did not believe in the universal benefits of fluoridation. If the proposed resolution were adopted at the present Health Assembly, some authorities might introduce fluoridation without knowing the full implications, and when it was not really a priority.

He suggested that the question should be postponed to the Twenty-third World Health Assembly, and that both sides of the case should be presented so that delegates would be clear as to the benefits and the ill effects. At the present stage, the only countries which could implement the resolution would be those already using fluoridation. Fresh documentation would help the other countries to reach a decision.

The meeting rose at 1 p.m.