1. INTRODUCTION

The Nineteenth World Health Assembly in resolution WHA19.48 considered that "additional efforts should be made to improve health services for seafarers in large ports." In paragraph 3 of this resolution the Director-General was requested:

"(1) to explore the possibilities of establishing in different regions, in cooperation with the countries concerned, at least two pilot health centres for seafarers, estimating the amount of additional annual expenditure that would be entailed in putting such centres into operation;

(2) to invite Member States to make available to seafarers in each port services where the necessary specialized medical care can be provided; and

(3) to report to the thirty-ninth session of the Executive Board and to the Twentieth World Health Assembly thereon."

Accordingly, the Director-General submitted progress reports to the Executive Board at its thirty-ninth session, to the Twentieth World Health Assembly, to the forty-first session of the Executive Board and to the Twenty-first World Health Assembly. The last-mentioned document listed, both in broad and specific terms, the recommended main aims and objectives of a pilot health centre for seafarers; these involve preventive, curative and administrative activities which, in some respects, may have to be modified in the light of national circumstances and local needs. The same document briefly reported on the facilities already available for seafarers in the ports of Auckland (New Zealand), Manila (Philippines), Singapore, Colombo (Ceylon), Karachi (Pakistan), Gdynia (Poland), Rotterdam (Netherlands) and Lagos (Nigeria). All of the above-mentioned ports, with the exception of Lagos, were visited by a WHO consultant; Lagos was visited by a member of the WHO Secretariat.

Resolution WHA21.23 requested the Director-General to continue the study with a view to:

"(a) finalizing the selection of at least two ports for the establishment of pilot centres for the health of seafarers;

(b) consulting with the proper authorities in the countries concerned and developing definite proposals for the operation of the pilot centres, including financial arrangements; and

(c) presenting a report with specific recommendations to the forty-third session of the Executive Board and to the Twenty-second World Health Assembly."
2. PORTS VISITED IN LATIN AMERICA

Towards the end of 1968, the consultant visited some countries in Latin America which had also shown interest in the possible establishment of such pilot health centres for seafarers; these ports are Santos (Brazil), Buenos Aires (Argentina), Valparaiso (Chile) and Buenaventura (Colombia).

A short description of the facilities available for seafarers in the above ports is contained in Appendix I.

In finalizing the selection of ports for the possible establishment of pilot health centres, consideration was given to important factors such as their present and potential size, the nature and volume of shipping, the extent and nature of the existing medical facilities and, where appropriate, the possibility and practicability of developing the existing medical services into a service which, in general, could undertake the previously referred to functions and activities. In making recommendations, it was considered that the following prerequisites were also of major importance.

(i) The need for such a centre.

(ii) The national authorities, including the appointed representatives of the shipping industry, seafarers and the medical profession should be in favour.

(iii) Any location(s) finally decided upon should be such that a pilot health centre could be established comparatively quickly and, where necessary, financial support made readily available. Therefore, in general, those ports which already have a well developed medical service, or where there is already a building which could easily be suitably adapted, have certain advantages.

3. SUGGESTIONS FOR THE SELECTION OF PILOT HEALTH CENTRES

3.1 Centres suggested

Bearing the above in mind, of the 12 ports visited, the following, listed in alphabetical order, are recommended for the consideration of the Executive Board, as the most suitable ports for the establishment of pilot health centres: Auckland (New Zealand), Buenaventura (Colombia), Gdynia (Poland), Karachi (Pakistan) and Lagos (Nigeria).

It is stressed, however, that this selection does not necessarily imply the unsuitability of the other ports visited from the long-term point of view.

In the ports listed, it is considered that health facilities for seafarers should preferably be combined with the health facilities for dockers for the following reasons.

(i) The number of seafarers who would use the centre is not large enough, from an economic point of view, to justify a centre for seafarers alone.

(ii) The need in the majority of ports for a modern health service for dock workers.

In addition to providing health services for seafarers and dock workers it is considered that, in certain ports, it would probably be necessary, because of local custom, to provide health services for the dependants of the seafarers and dock workers.

It is considered that in the case of Auckland, Gdynia, Karachi and Lagos there is sufficient data now available to enable further negotiations to proceed immediately. In the case of Buenaventura, although at present there is a paucity of medical facilities, the health authorities are keenly interested in establishing such a centre in the new hospital. It is therefore considered that negotiations could be proceeded with immediately.
The detailed reasons why these five ports have been selected are given below; it should be emphasized that not all of the administrative problems have been finalized.

In the other seven ports it is considered that further discussion at local level is necessary before any definite decisions are made. These might cover such matters as staff required, running costs, acceptability by the industry and the local practitioners who are at present providing medical services.

Appendix II details data concerning the size and nature of all the ports visited.

3.2 Detailed reasons for suggestions

Auckland

On the waterfront there is no clinic, or centre, which deals specifically with seafarers. The main function of the modern, well equipped Queen's Wharf Clinic is the treatment of sickness or injury among dock workers; there is also a strong preventive component to this clinic's activities which is in accordance with the over-all activities of the New Zealand Department of Health. The expense of running this clinic is met, on an equal basis, by the New Zealand Waterfront Industry Commission, Auckland, and the Ministry of Health.

There is wide acceptance of the idea of a pilot health centre, not only by the industry but also by Government officials; this has been confirmed in separate discussions with the Director-General of Health. It appears that land could be made available either for the construction of a separate health centre for seafarers or to extend the existing clinic for dock workers. The latter is considered the more preferable course of action.

Consideration has been given to what modifications to the present structure and functions of the Clinic would be in keeping with those envisaged for a centre for seafarers. These are:

(i) the provision of additional accommodation, including a consulting room, and offering its use to those general practitioners who at present have individual arrangements with shipping companies; in this way it is hoped to concentrate all medical services in the centre within a relatively short period of time;

(ii) employing the services of a medical officer on a part-time basis and obtaining a full-time nurse;

(iii) the institution of medical records for seamen;

(iv) making arrangements for the medical attention of urgent cases outside the normal opening hours of the clinic; the amount of activity in the port during the night does not warrant a 24-hour coverage.

It is estimated that the building alterations would cost approximately US$ 3360 and additional equipment about US$ 560. It is considered that the running costs and staff salaries would amount respectively to US$ 6720 and US$ 6048 yearly. No provision has been made for future salary increases. It should be noted that against the estimated annual running cost, eventually there might be offset the recovery of fees for medical examinations. No estimate of this amount can currently be given.
Buenaventura

There is no health centre solely for the use of seafarers.

A new hospital, which will provide 220 beds, is under construction and will be completed by 1970. It will also provide dental services. The Ministry of Health officials are enthusiastic about a health centre for seafarers which, to advantage, could be incorporated into the new hospital. The cost would be minimal and would be assimilated into the running costs of the new hospital. The idea to develop such a health centre is also keenly supported by the largest shipping company in Colombia, by the Seamen’s Union and by the medical profession.

Gdynia

At this port there is an excellent ambulatory and polyclinic for seafarers and dock workers. Certain types of hospital treatment are also available. Further improvements and expansion of the services at the polyclinic - including the establishment of a separate general out-patient clinic for foreign seafarers, strengthening of staff for the specialized clinics, and the establishment of a parasitological laboratory - are planned to be effective in 1970. The Government officials expressed keen interest in the possible selection of Gdynia.

It is apparent that this centre is one which could be regarded as a model and which medical personnel from countries where it is intended to organize a health service for seafarers could, to advantage, visit to gain experience. The Government has indicated its willingness to accept WHO fellows in this regard. It has also indicated that collaboration with the Institute of Maritime Medicine of Gdynia would also be possible and that the pilot centre could participate with such centres established elsewhere in research activities concerning evaluation of the health status of seafarers in the setting up of standards for sanitary conditions on the boats and in the ports and in establishing methods of health protection and prevention for seafarers. Should the Organization be interested in having this research carried out by the centre the Government would expect WHO to assist with the provision of some standardized medical diagnostic equipment.

Karachi

At this compact port, the port health authority has organized a small dispensary where seamen, not on articles, awaiting ships are given free medical attention. Apart from this there is no clinic, or centre, which provides specialized health services for all seafarers. There are good hospital facilities available.

The Government officials and shipping industry representatives interviewed were keen that this port should be favourably considered. The Seamen’s Union intimated that it would be prepared not only to make land available, where a clinic could be built, but also to allocate, subject to Governmental approval, substantial funds to start the scheme.

WHO has been informed that, subject to Committee approval, land measuring 3200 square yards belonging to the Karachi Port and Dock Workers’ Welfare Fund Committee would be made available. Although, at this stage, no architectural plans exist, building costs are estimated to be around US$ 60 000–65 000, and would be met, as far as their funds permit, by contributions mainly from the All Pakistan Confederation of Labour, the West Pakistan Federation of Trade Unions and the Karachi Stevedores Association.

Should it be decided to construct a building, the Government would be approached with regard to the provision of necessary equipment. It is also envisaged, however, that WHO would be asked for assistance in this respect. The cost of the medical and non-medical equipment has been provisionally estimated, assuming it is admitted free from customs duty, at US$ 32 000.
Recurring annual expenditure, including the cost of medicines, salaries and maintenance, would be met by fixed contributions from the agencies benefiting from the centre. This has been estimated to be approximately:

(i) salaries and allowances - US$ 21 000
(ii) medicines and drugs - US$ 30 500
(iii) electricity, water, maintenance, equipment, telephone, etc. - US$ 10 000.

Lagos

A meeting of interested personnel, including representatives of the medical profession, was held; all were in general agreement with the functions and aims of such centres and, in expressing the hope that Lagos would be favourably considered, stated that their co-operation could be counted upon.

At Lagos, a port currently being expanded in size, the Federal Ministry of Health has a Port Health Office which undertakes a wide range of activities. The health station in the Apapa port area is a two-storeyed solidly constructed modern concrete veranda building of approximately 3000 ft². Not all of this is needed by the Port Health Service. The Government has indicated that part of this building could be used as a pilot health centre and that the necessary alterations could be made for approximately US$ 8500. They have also indicated the need for additional equipment and an ambulance, amounting to US$ 12 000. The Government expects WHO to cover these capital expenditures. However, they also expect WHO, for a five-year period, to cover the salaries of a number of the staff (one physician, six nurses and three non-medical personnel) and necessary drugs amounting to approximately US$ 26 000 per annum. The Federal Government on its side, in addition to making available the existing building estimated as worth US$ 33 500, will provide the services of the Medical Director of the centre and other professional and auxiliary staff, the salaries of whom are estimated at approximately US$ 30 500 per annum.

4. WHO ASSISTANCE

4.1 Consultants and fellowships

Should the Executive Board wish to recommend to the World Health Assembly the selection of any or all of the ports proposed for the establishment of a centre, it would be necessary for a consultant to be made available for Buenaventura, Karachi and Lagos, whereas it is considered unlikely that this would be necessary for Auckland or Gdynia. The consultant appointed would:

(i) visit the proposed centre as soon as possible, for a period of approximately one month, to evaluate, in detail, circumstances and requirements and advise on the organizational planning;

(ii) be available for advice during the first three months of the centre's operation and perhaps, subsequently for a further period.

It is also considered that the doctor appointed as Director of the centre should preferably have had public health and/or occupational health experience. It may therefore be necessary to provide some of them with a WHO fellowship to proceed abroad to study organizational patterns and operations of existing medical facilities for seamen. Additional fellowships may also be necessary for some of these centres.
4.2 Financial implications

It will be noted from the report that in all the ports being put forward for consideration by the Executive Board for the establishment of a centre, the Government will be facing both capital expenditure for building and equipment and recurrent expenditure for staffing and running costs.

In the documents presented in the past by the Director-General on this subject for discussion by the Executive Board and the World Health Assembly it was not envisaged that the World Health Organization would assist these centres with capital or recurrent expenditures. Only the possibility of the Organization providing such assistance as consultants or fellowships was implied.

From the present document it can be seen that in two cases WHO is being requested, to a varying degree, to provide assistance for capital and/or recurrent expenditure.

With respect to Auckland and Gdynia\(^1\) no capital or recurrent expenditure is requested from the Organization for the setting up and running of the centre.

In the case of Buenaventura, assistance with capital expenditure is not envisaged, neither was any indication given to the consultant that WHO might be asked to cover some of the recurrent expenditure.

In regard to Karachi, the Government expect WHO to contribute equipment to the extent of US$ 25 200 out of the US$ 32 000 which is anticipated will be necessary.

With respect to Lagos, the Government have indicated that they expect WHO to cover the capital expenditures needed for adapting the building, as well as for the basic equipment and an ambulance, amounting to US$ 20 500. Furthermore, the Government would expect the Organization to provide, for a period of five years, funds for the salaries of some of the staff as well as for the necessary drugs, which would amount to an expenditure of approximately US$ 26 000 per annum. The contributions requested from WHO would be matched by US$ 33 604 for capital expenditure and US$ 30 444 for recurrent expenditure by the Federal Government of Nigeria.

\(^1\)The Government of Poland would expect WHO to contribute some funds for equipment only if requested to carry out research.
Facilities available for seafarers in the ports of Valparaiso, Buenos Aires, Santos and Buenaventura visited by the consultant, together with some suggestions for the further development of these services in these ports.

Valparaiso

All seafarers are required to have a pre-entry medical examination and a yearly periodic examination. This is carried out by Government doctors. General practitioners provide certain medical services as and when required by the shipping agencies. There is no clinic which deals specifically with seamen.

Medical services are available for dock workers but there is no plan to extend these services to seafarers.

Buenos Aires

All Argentinian seafarers have a pre-entry medical examination which includes an X-ray of the chest. Periodic examinations may be carried out but this depends upon the policy of the company. There is no centre in the port which deals only with sailors. However, there are three organizations which provide facilities both for foreign-going and for coastal seafarers. Two of these have excellent polyclinics where seafarers can be examined and treated. There is no hospital which deals exclusively with seafarers. General practitioners provide certain medical services as and when required by the shipping agents.

All dock workers have a pre-entry medical examination which includes an X-ray of the chest. Some dock workers have a periodic medical examination. There is no plan to provide a combined health centre for seafarers and dock workers.

Santos

All Brazilian seafarers have a pre-entry examination. They also have a free periodic examination every two years; these are carried out by Government doctors. Whilst there is no centre solely for the use of seafarers, there are three ambulatories for the general public to which the former are sent for treatment. One of these provides a 24-hour service.

General practitioners provide certain medical services as and when required by the shipping agents.

No statistics are available. Medical facilities are available for dock workers. There is no plan to provide a combined health service for seafarers and dock workers.

Buenaventura

All Colombian seafarers have a pre-entry and a periodic medical examination. The latter are carried out yearly. General practitioners provide medical services as and when required by the shipping agents. There is no special centre, or hospital, for seafarers.

No statistical data are available.

All dock workers have a pre-entry medical examination but not periodic examinations. There are no first-aid posts in the dock area. The Dock Company has a free medical service for all dock workers and stevedores which also covers dependants.

Up to the present visit there was no plan to provide a combined health service for seafarers and dock workers.

1 The facilities at the ports of Auckland, Manila, Singapore, Colombo, Karachi, Gdynia and Rotterdam are described in document A21/P&B/7.
<table>
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*This figure includes Brazilian ships from overseas.*