COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE SIXTH MEETING

Palais des Nations, Geneva
Thursday, 17 May 1973, at 3 p.m.

CHAIRMAN: Dr S. PHONG AKSARA (Thailand)

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Note: Corrections to this provisional summary record should be submitted in writing to the Chief, Records Service, Room A225, within 48 hours of its distribution.
1. DRAFT FIRST REPORT OF COMMITTEE A (Document A28/A/2)

Dr GURMUKH SINGH (Malaysia), Rapporteur, read out the first draft report of Committee A.

Decision: The report was adopted.

2. WHO's ROLE IN THE DEVELOPMENT AND COORDINATION OF BIOMEDICAL RESEARCH: Item 2.5 of the agenda (Resolutions WHA25.60 and EB51.R12; Document A26/9) (continued)

Professor RUDOWSKI (Poland) said that WHO's role in the development and coordination of biomedical research was a complex one requiring vision and a realistic approach. It was unnecessary to stress the importance of biomedical research in WHO activities. The Director-General's report (document A26/9) contained much information about scientific developments in many fields of health, but the Polish delegation agreed with the delegations of the Union of Soviet Socialist Republics and India that serious consideration should be given to research priorities. Recent WHO programmes had included investigations ranging from the molecular to the clinical, epidemiological and operational level and covering identification of the most important health problems; and they demonstrated WHO's role as an international coordinating body in research.

He could not support the Belgian delegate's proposal at the fifth meeting that an ad hoc committee of the Assembly should be set up to consider research priorities. The Advisory Committee for Medical Research and the various WHO expert committees and groups laid down adequate guidelines for WHO research policy and the evaluation of completed research, its effectiveness, and its practical application. Research on health problems in large agglomerations, the biology of human reproduction, food and nutrition, and the development of basic health services could therefore be expected to be intensified, and should not be limited by the financial difficulties of WHO, as his delegation had stressed at the Twenty-fifth World Health Assembly. He suggested that research funds should be increased in future WHO budgets in order to support wider research in selected fields of health and to provide grants for scientists and for the training of research workers.

Professor TIGYI (Hungary) emphasized the importance of biomedical research and of WHO's role in coordinating and supporting it. Research needed to be increased if the rapid development of basic biology was to be followed up.

Hungary, as a small country, was especially interested in fostering international scientific cooperation, and much of its long-term programme for the period 1971-1985, in which experts of the Academy of Sciences and the Ministry of Health participated involved links with WHO. Hungary took part in BCG vaccine control and salmonella, shigella and rubella surveillance programmes coordinated by WHO, and cooperated with the World Influenza Centre. Its oncological research programme and that of WHO were closely connected, and help had been given and received in connexion with cancer epidemiology and the examination of carcinogenic substances.

The Hungarian delegation considered that the coordination by WHO of biomedical research was one of the most important tasks of the Organization, and it therefore supported the proposal that the problem should be placed on the agenda of the fifty-third session of the Executive Board and also on that of the Twenty-seventh World Health Assembly.

Dr KLIVAROVA (Czechoslovakia) said that, as the interrelationship of the biomedical and natural sciences increased, it became essential to integrate biomedical research policy into overall scientific and technological planning. Biomedical research, moreover, should be developed according to the requirements of public health and the most important scientific disciplines.

Czechoslovakia was one of the most highly developed countries as regards the organization of medical care. The economic and cultural development of the country made the intensive development of science, including medical science, and technology not only possible but imperative. Biomedical research was an effective factor in the improvement of the quality of medical practice and her country devoted large sums to it.

The Czechoslovak delegation considered that WHO's authority could be used even more effectively in the development of coordinated worldwide medical research without the need for
additional funds. Most Member States were willing to supply WHO free of charge with the results of their research and to accept its coordinating role. WHO should, however, develop its contacts with national institutes, consult with them, advise them - particularly as regards methodology - provide them with the information they required, and assess their efforts to improve international coordination. The transmission to WHO of the results of medical research was in fact one of the ways in which Member States made voluntary contributions to the Organization. The Czechoslovak health authorities were ready to provide such information on request.

Her delegation considered that the development of biomedical research could be one of the most important responsibilities of WHO headquarters; however, the regional offices should also have responsibilities in that field.

With regard to the interim report, her delegation considered that too large a part was devoted to the historical background. It would like the Director-General to formulate an overall WHO policy and to determine the subjects of research on which attention should be concentrated, the ways in which WHO could provide assistance, how national research centres could be associated with the work, how coordination could be achieved, how the evaluation of results could be carried out, and how the relevant information could be communicated to Member States. It was hoped that all those points would be covered in the Director-General's next report.

She supported the proposal of the Belgian delegate for the establishment of a committee of the Health Assembly to consider the role of WHO in the development and coordination of biomedical research. That committee would be able to work out guidelines for the programme, determine priorities, and draw up recommendations for implementation of the programme within the limits of the regular budget.

Dr RACOVEANU (Romania) said that most countries were making considerable efforts in medical research; in his own country there were about 6000 research workers, either full-time or part-time. WHO should be in a position to assimilate the results of national research and utilize them on an international scale. Consequently, WHO should in the first place continue and develop its help to national research on priority problems in public health. With a little support from WHO, certain countries, such as Romania, could make useful contributions to research in a number of fields.

In the second place, WHO should seek to improve the dissemination of information on research and on results achieved in Member States, thus helping to prevent duplication of work and enabling countries to reorientate their research efforts. Consideration might be given to the institution of a special section in the Bulletin of the World Health Organization providing a review of research results of special importance to public health obtained from all over the world.

In the third place, WHO's contacts with national research coordinating bodies should be expanded by organizing an exchange of information with them. Finally, the national, regional and international reference centre network should be developed so that the results of research could be applied at the regional and national level.

WHO publications bringing together the results of research, such as Health hazards of the human environment, were very useful for the future orientation of WHO's activities, and he hoped that syntheses of medical research would be given an important place in the future. They would be valuable to Member States in the development of their research activities and would expand the role of WHO in helping scientific and technological progress.

Dr SOUPIKIAN (Iran) said that progress in the theory and practice of medicine depended on research. In the past there had been a tendency to distinguish between fundamental medical research and applied or clinical medical research. It was probably truer to say at present that there were four types of biomedical research; molecular or microscopic research, the unit of study being far smaller than the living organism and often smaller than the cell; clinical research, the unit of study being normally one person; epidemiological research, the unit of study being usually one disease (or a group of diseases) in its community setting; and systematic operational research, dealing with whole communities and the whole mosaic of sources of morbidity, mortality and disability and employing time projections over shorter or longer periods. Much unutilized knowledge existed on the last of those types of research, and he urged WHO to give it high priority because of its vital importance for the health of the masses of the people.
Professor RENGER (German Democratic Republic) considered it most important that WHO should prepare a long-term programme of biomedical research. The starting points for the planning of that programme should be international tendencies in the development of biomedical research, the results already achieved by WHO, and worldwide priority tasks for preserving and promoting health. In addressing itself to those tasks WHO should work with existing international scientific centres, agencies and associations. It would thus be possible to interest leading scientists in working out effective and feasible long-term programmes and in taking part in them.

His delegation considered that available manpower and funds should be concentrated, with a higher degree of international division of labour and cooperation, on the following fields: infectious and parasitic diseases; demographic development, in particular family planning, infant mortality, mother and child health and the health of adolescents; environmental influences on health; and cardiovascular diseases and cancer. Research training, international cooperation in establishing effective science and health information systems, and national health service development were fields of special importance. A programme covering those fields would enable WHO to work towards higher-quality and more effective solutions to internationally important problems.

His country had many thousands of scientists, physicians, and technical staff working in seven biomedical institutes of the Academy of Sciences, 14 institutes of the Ministry of Health, and nine medical schools, all of which were capable of acting as WHO reference centres in their respective fields. Medical research in his country was supervised by the Ministry of Health, and particular attention was devoted to the immediate introduction of the results of research into medical practice. The German Democratic Republic was prepared to put all its experience at the Organization's disposal for the development of biomedical research.

Dr DHARAM SINGH (Fiji) felt that, in view of the financial position of the Organization, the biomedical research programme should continue at the present level.

By granting small sums to individual scientists working on subjects of interest to the Organization, a large number of fields were covered. Averaging the expenditure did not reflect the true cost of the project concerned or necessarily bear a direct relationship to the results obtained, the stimulus being more important than the sum involved. In his opinion, collaborative research should be concentrated on those fields requiring multinational effort that WHO was particularly well placed to sponsor and encourage.

The current arrangements for advising the Director-General on medicine research policy - the Advisory Committee on Medical Research and the expert committees and other groups - seemed satisfactory, though they might need review. To superimpose an ad hoc committee of the Health Assembly might prove an unwieldy solution and defeat the intentions of the Health Assembly.

Sir John BROTHERSTON (United Kingdom of Great Britain and Northern Ireland) said that the WHO biomedical research programme was important for many reasons, and not least for the increasing support and understanding that it had elicited from the international community of research workers. All delegates should help mobilize interest in the WHO programme among their colleagues working in biomedical research.

The Advisory Committee on Medical Research might be regarded as representing the international community of scientists and its function was to advise the Director-General directly. It might however be useful if those promoting support for WHO among research workers in Member States could be more directly informed of the Advisory Committee's work. That would be achieved if its reports could be made available regularly to the Executive Board and the Health Assembly.

At a time when the scale and impact of medical research had been developing at such a rate that established traditional arrangements for its support and control were under critical review in many Member States, the arrangements that had served well at earlier stages in WHO might also need review and strengthening to meet the considerable responsibilities outlined in the interim report.

Professor CORRADETTI (Italy) said that the Director-General's report showed how difficult it was for WHO, in the face of so many requirements, to make the best possible use of its limited funds. During the discussions in the Executive Board, Professor Aujauleu had expressed the view that the Organization had entered so many fields of research that priorities
were no longer clear. Dr Venediktov had agreed with him, and in the Committee there had been a measure of support for that view. There were two main views about research - that of the developing countries, which advocated research on communicable diseases, and that of the developed countries, which advocated research on noncommunicable diseases; but they were not necessarily conflicting if priority was given to urgent problems and to problems such as malaria and parasitic diseases that would probably otherwise be neglected. As even the urgent fields of research could not all be explored at the same time, WHO should draw up a list of those requiring immediate attention.

His delegation opposed any major centralization in the planning, conduct and control of research, since that would entail bureaucratic management and divert funds from research proper. Also, research workers needed their freedom.

In view of the small WHO budget for biomedical research, the Organization could only stimulate research. By means of small grants to individual workers, that purpose had been achieved over the years. Unless the funds available to WHO were greatly increased there need be no change in that policy and attention could be concentrated on determining priorities.

Dr AUJOULAT (France) said that no decisions were possible on the basis of the interim report, only a fruitful exchange of views. From the diverging opinions expressed during the discussion so far, it would seem premature at present to try to determine priorities or propose structural innovations.

He stressed the importance of remembering how limited were the funds available to WHO - a fact that seemed to have been overlooked at times - and the consequent importance of carefully chosen priorities. He would also like to be sure that all members of the Committee fully appreciated the role played by the Advisory Committee on Medical Research ever since it had been established by the Twelfth World Health Assembly. In his opinion it had functioned so well that it was impossible to say that WHO's work in biomedical research had been conducted in a manner that the Health Assembly would not approve.

As regards general policy, he felt that clinical and basic research should not be undertaken, or research that existing national or international bodies could undertake. In that connexion, he fully supported the principles formulated by the Director-General at the fifth meeting, particularly that the WHO research programme should be linked with the Organization's aims. It was the essential function of WHO to stimulate research in fields that might otherwise be neglected, paying special attention to the needs - often for research on communicable diseases or public health or operational problems - of countries unable to carry out their own research.

Dr ELOM (Cameroon) said that Member States, and especially the developing countries, were looking to biomedical research, both basic and applied, for solutions to the many problems facing their public health services. Programmes being implemented in the developing countries could achieve success only if new knowledge became available. The fields of greatest concern were the communicable diseases and genetic, nutritional and neoplastic diseases. Problems of the environment, of vector ecology, and the organization of public health services deserved attention, as also studies of traditional local remedies, which might save some importation of drugs. The list was by no means exhaustive.

In relation to the role of WHO in the development and coordination of biomedical research, the interim report reflected priorities in the developing countries. Those countries would particularly welcome a strengthening of the system of grants to individual research workers and small units in university or public health laboratories. They could carry out valuable research and had the advantage of being available for priority work at the national level, whereas the major centres - all situated in the developed countries - had other priorities. That situation would continue to prevail for some time.

He wondered what assistance was contemplated in the training of research workers and in the form of supplies and equipment, and how it could be obtained. His country would be glad to receive assistance for such organizations and institutions as the Yaoundé University Faculty of Science and the University Centre for Health Sciences.

His delegation expressed the hope that the activities planned would be carried out with increased vigour and determination, since they were on the right lines.
Dr SPAANDER (Netherlands) stressed the importance of coordination of research. All members of the Committee who had been engaged in research would be aware of the waste of time, energy and money that could occur through ignorance of what was being done elsewhere. WHO could do, and in fact already did, much useful information work and that should be continued. He would commend for priority attention the cardio-vascular diseases, which had reached epidemic proportions.

He agreed with the Director-General that WHO should support only projects which could not, or would not, be carried out otherwise. In that connexion, he would agree that WHO should also promote training in experimental medicine and biomedical research.

Referring to the paragraph on the moral and ethical implications of medical research (document A26/9, Annex 1, page 6), he said that in modern medical and surgical practice it was most important that general humanitarian principles should always clearly apply, especially where experiments on human subjects were concerned. He was convinced that members of the medical profession would never forget that there were certain ethical rules that must not be overlooked; WHO had however a clear role in keeping those principles in the foreground of medical preoccupations.

Dr LEKIE (Zaire) emphasized that some countries had considerable wealth and material resources and could allocate those resources according to their needs; but others, whose needs were even greater, had almost no wealth or resources at their disposal. He urged WHO to reorientate its programme so that research was concentrated on areas where the developing countries were facing immense problems, e.g. the problem of communicable diseases, which they were unable to resolve on their own.

He fully supported the remarks made by the Director-General at the previous meeting.

Dr ARTEAGA (Honduras) suggested that in developing countries WHO should encourage joint committees of the health authorities and the universities in the matter of biomedical research. Research was costly, and it was wasteful of resources for it to be pursued separately by different institutions using different methods and aiming at different objectives. It was evident from what had been said by previous speakers that coordination of the various research institutions was easier to achieve in the socialist countries, but in many Latin American countries it was difficult to attain since the academic institutions were willing to allow any eroding of their authority. WHO could therefore play a very useful role in this area. For those working in public health it was a matter of concern to see major efforts being devoted to research projects that bore no relation to the main health needs of the country. He recognized that WHO had limited funds available for research on its own account. It could, however, play a valuable role in advising on the integration of research activities being carried out in member countries.

Professor REXED (Sweden) said that guidance in the task of evaluating and strengthening the research activities of WHO was provided by a number of resolutions adopted by earlier Health Assemblies and Executive Boards. As far back as the Second World Health Assembly, it had been stated in resolution WHA2.19 that: (1) research and coordination of research were essential functions of the Organization; (2) first priority should be given to research directly related to the programmes of the Organization; (3) research should be supported in existing institutions and should form part of the duties of field teams supported by WHO; and (4) that WHO should not consider the establishment under its own auspices of international research institutions. Those principles were as valid today as when they had first been enunciated and, together with the more elaborate principles laid down in 1958 and 1959 and the comprehensive resolution WHA25.60 adopted in 1972, provided excellent guidelines for future work.

Although all members of the Committee would agree that research should be one of WHO's first priorities, they should remember that there were considerable limitations on WHO's possibilities for carrying out research. Since there were no prospects of increasing the Organization's research budget for some years to come, a way must be found to make the best possible use of what was available. It was important to recognize that there were certain things that WHO could not do. It could not take on the role of a global medical research council, since it had neither the resources nor the individual expertise to fulfil such a
role. Nor could it hope to be a kind of universal coordinating agency for all kinds of research; experience had shown it was difficult enough to direct and coordinate research within a single institution.

However, WHO could define priorities for research that were closely related to its work programme; it could identify the areas where there was a real need for research, and then try to coordinate the work done in those areas. An example of such a priority was research on epidemiology and communications science - the next item on the Committee's agenda. Although WHO itself could not do all the work required, the report it had prepared (document A26/10) would be useful reading for countries that wished to carry out such research.

WHO had also a coordinating role to play in specific and limited areas where research was seen to be required. When an area had been defined, WHO could establish collaborative research and promote research by national institutions and groups. Once coordination work had started, then it would be easier to obtain financial support for specific types of research from individual countries or aid-giving institutions. An example of that kind of approach was the Expanded Programme of Research, Development and Research Training in Human Reproduction, to which countries had contributed generously once the priority need for it had been established by WHO. It would be useful to examine the methodology of coordination that had been used in this type of programme, so that the experience gained could be used in other areas where WHO had identified a high priority need.

Another useful role for WHO would be to develop research centres in countries where little research was as yet being done. As had been pointed out by the delegate of Zaire, many countries needed to build up their research work but did not have the resources to develop the necessary institutions themselves. WHO could help by obtaining specific support from agencies in other countries, perhaps by persuading universities and research institutes to accept special responsibility for building up research centres in countries where they were needed. For the coordination of research, the setting up of a planned system of reference, research and training centres was a method that had proved its worth and should be continued.

He felt that the Advisory Committee on Medical Research needed to find more effective ways of advising the Organization so that the fullest possible use could be made of the help it had to give.

There was no need to establish any new machinery within WHO for the directing and supporting of research. The machinery already established should however be re-evaluated, so that it could perform its work more efficiently and flexibly than hitherto.

Dr LEAVITT (United States of America) believed that WHO should focus attention on the need for a more sophisticated analysis of the programmes of the Organization. It should take a more realistic look at its current research priorities, particularly as they related to the international research efforts of Member countries. And it should do more to promote an interchange of information on national research interests, budgets, and health priorities, so that Member countries could see their own work programmes in better perspective.

The United States had already begun an intensive campaign against cancer and cardiovascular diseases which were the two major killer diseases among its population. It was also supporting research in communicable diseases, infant mortality, environmental diseases, arthritis, metabolic diseases, and other important areas. His Government would continue to examine its objectives in terms of its research priorities, and to make the necessary adjustments in its support structure. One of the most important factors to be taken into account in making such adjustments would be the research being undertaken by other Member countries, and also by international organizations such as WHO, whose coordinating role was of such importance.

WHO should take the lead in defining the principles on which the scientific investigation of biomedical problems should be based. Methodologies could then be developed by the specialized units which would facilitate the exchange of scientific data and enable national authorities to take action to protect human health and safety. He agreed with the delegate of the USSR that international agreement on basic scientific principles and on standard methodologies would help to avoid needless and expensive duplication and hasten the solution of health problems throughout the world.
He fully supported a more comprehensive definition of the term "biomedical research", since a wider interpretation would encourage WHO to increase its efforts to apply research methodology to the problems of the planning, training and utilization of health manpower in both the economically advanced and the developing countries of the world.

One of the chief obstacles to the provision of essential health care services was the shortage, maldistribution, high cost and inefficient use of trained health manpower. In most countries, the approach to that problem had been based on traditional attitudes, an empirical approach, or the transfer of costly and elaborate systems from one country to another without any scientific testing of fundamental hypotheses or use of evaluation methods.

New scientific techniques for manpower planning, educational research, task analysis and manpower development were now being developed, and WHO should be in the forefront of such research. The Organization had a notable record in sponsoring health manpower research but it should be given higher priority within the total WHO research programme.

He endorsed the remarks made by the Netherlands delegate regarding the need for WHO to play a leading role in considering the ethical and legal issues involved in biomedical research. The United States was greatly concerned with those issues, and would be ready to collaborate closely with WHO in helping to define them.

The Advisory Committee on Medical Research had performed a useful role since its establishment in 1959. During the past 14 years, however, the research interests of the Organization had greatly expanded and its operations had become more complex. It was therefore doubtful whether a single meeting of the Committee in the course of a year was sufficient to meet WHO's need for advice on its overall programme of biomedical research. He suggested that the Committee should hold more frequent meetings, or alternatively that it should create working subcommittees to consider specific problems in depth. He did not think that an ad hoc group appointed by the Health Assembly would suffice for the purpose.

Dr GÜZMÁN OROZCO (Mexico) said that, as a developing country, Mexico had greater need of research than had the developed countries, and for this it needed not only researchers but research institutes. Under the programme of the Regional Office for the Americas, a number of centres had been established for research into the major problems of the Region, centres such as the Institute of Nutrition of Central America and Panama, the Pan American Zoonoses Centre and the Pan American Centre for Foot and Mouth Disease; a Pan American Centre on Human Ecology was also planned. Those institutes showed the value not only of coordinating research but of uniting the resources of several countries at regional level to carry out research on the problems of greatest importance to the region.

Biomedical research was of the greatest importance to developing countries, and help from WHO was essential to ensure that resources from other countries or from private institutions were properly channelled; and that manpower trained abroad could return to the developing countries to apply their knowledge of research techniques.

Dr KAPLAN, Director, Office of Science and Technology, said that the comments and suggestions made by members of the Committee would be taken into account in WHO's continuing study on the subject, which was to be submitted to the Executive Board at its fifty-third session, and to the Twenty-seventh World Health Assembly.

3. RESEARCH ON EPIDEMIOLOGY AND COMMUNICATIONS SCIENCE: Item 2.6 of the Agenda (Resolution WHA25.48; Document A26/10)

The CHAIRMAN recalled that resolution WHA25.48 had requested the Director-General to report to the Twenty-sixth World Health Assembly on WHO's research activities concerning epidemiology and communications science and on the medium and long-term programmes envisaged in that field.

Dr MAHLER, Assistant Director-General, introduced the report (document A26/10), the first part of which was concerned with major developments in WHO's programme in epidemiology and communications science and the lines along which the programme was developing, while the second contained brief accounts of specific research projects.

Epidemiology had undergone a process of rapid development affecting its focus, scope and methodology. From being initially concerned with specific diseases and with their
causation and distribution, it was now focused on multidisease patterns and on health in the total ecological context. That concern with the quality of human life had meant that epidemiology now involved the social sciences, systems analysis, operational research, economics, and computer technology.

As a consequence of that continuous evolution, a data-processing group had been set up at WHO headquarters in 1963, and had been provided with computing facilities in 1966. A resource group in epidemiology and communications science had been established in 1967 and a project analysis group in 1969. The purpose of the resource group was to accelerate the existing trend and to act as a catalyst in the development of new trends and new ideas, in the introduction and testing of new methods, and in promoting the multidisciplinary approach. The groups had helped to introduce modern concepts into most WHO programmes.

Research should be orientated towards the solution of problems; that was in line with the structural changes going on in WHO, and the Director-General had made it possible to create greater flexibility in the mobilization of resources in those programme areas where it was most needed. There was a continuing interest in the identification of new methods so as to improve research endeavours and routine programmes. All efforts would converge on the basic aim of delivering more effective health care to more people.

Epidemiological research should provide the necessary input for the development of information systems that had significance for the health programmes of countries. Epidemiological research, from the simplest to the most sophisticated, was justified, if it was geared to the provision of information that would enable the decision-maker to make better decisions. Decision-makers must, of course, be motivated to use such information. They would then be motivated to make greater use of objective, rather than impressionistic, evidence.

Even in routine or so-called "research" activities, the collection of information was not always guided by any clear statement of objectives; or it had objectives unrelated to the needs of the consumers; or its implementation was out of proportion to available resources or responded to traditional or obsolete schemes that nobody had had the courage to change. The question to be asked was "what for?" rather than "what?" And the need was for action rather than for bureaucratic self-defense. That was the way in which the priority areas in epidemiological research had been developed in WHO.

Dr IMAM (Sudan) said that a new area of concern for his country was the development of health services for workers. A reference was made in document A26/10, page 12 (fifth paragraph), to research on health problems in small-scale industries and in agricultural work. He would be interested to hear what results had been obtained.

Dr HEMACHUDHA (Thailand) was particularly interested in field research of an operational nature that would lead to the solution of problems. He too was interested in the research mentioned by the delegate of Sudan, and would be glad to hear what results had been obtained.

Dr JEANES (Canada) also expressed his interest in the results of the research mentioned on page 12 of document A26/10.

Dr DAIMER (Austria) said that the Austrian health services had to deal with problems arising from modern technology and modern ways of life. These included the deterioration of the environment, health hazards from industry and new chemical products, health hazards due to food, drug consumption, population movement, the increase in morbidity and mortality from cardiovascular diseases and cancer, and road accidents. There was also the growing problem of the elderly. The key issues in providing health care were (1) the great shortage of nurses, and (2) the tremendous increase in the cost of delivering health services without, it seemed, a corresponding increase in efficiency and effectiveness.

The Austrian Government had reacted to this situation by establishing, in 1972, a Ministry of Health and Environmental Protection, and by setting up in January 1973, a Federal Institute of Public Health, the tasks of which were in accordance to WHO's research programme, especially as regards epidemiology and communications science. The Ministry hoped to receive support in developing and improving its health information systems and in promoting research and training in public health. It also knew that it could receive support and advice from the accumulated experience and knowledge available in WHO, and from the numerous research projects that WHO had carried out or promoted.
The WHO research programme for the period 1969-1972 covered many of the problems that Austria faced in operating its health system, and in developing strategies to meet the needs of both the sick and the healthy.

Dr ANSARI (Pakistan) said that he was speaking for a developing country that would be only too eager to use scientific methods in its health services, since its financial resources were limited and must therefore be used to obtain maximum benefit for the people.

He asked whether there could be a common data-processing system, proposed by WHO, that could be computerized. He also referred to the resources wasted on the training of doctors who then left the country. He would be glad to have suggestions as to how this brain drain could be dealt with.

Dr RADOVANOVIĆ (Yugoslavia) reported the good results obtained thanks to a research programme similar to that of WHO in the eradication of endemic syphilis, malaria, and trachoma, and the progress made in finding better methods of eradicating typhus. Because of the unknown etiology of endemic nephritis, he suggested that this problem should be included in future research.

It was in the interest of the developing countries that the communicable diseases should not be forgotten in the WHO research programme, and that efforts should be made to increase the efficacy of vaccines, sera and chemoprophylaxis. In this connexion, he hoped that Yugoslavia would make a good contribution by its work on an effective vaccine against dysentery. In the field of non-communicable diseases, he hoped that future research would deal with the early diagnosis and control of diabetes; in Yugoslavia, in the Vojvodina, in particular, a diagnostic method for this disease had been tested on the entire population. With the above-mentioned suggestions, therefore, his delegation accepted the epidemiological research programme of WHO as being extremely useful for the developing countries.

The meeting rose at 5.30 p.m.