Committee A

Provisional Summary Record of the Fourteenth Meeting

Palais des Nations, Geneva
Monday, 26 May 1975, at 3.30 p.m.

Chairman: Dr Marcella Davies (Sierra Leone)

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Note: Corrections to this provisional summary record should reach the Chief, Editorial Services, World Health Organization, 1211 Geneva 27, Switzerland, before 9 July 1975.
WHO publications (programme sector 7.3)

Dr MANUILA (Director, Office of Publications and Translation) said that it was evident from the discussion at the previous meeting that there was some confusion between the WHO programme of health literature services, already introduced, and the programme of WHO publications and translation. In fact, many of the comments and questions already raised concerned the programme of publications.

The programme of health literature services was concerned with the distribution of information produced outside WHO, essentially publications, periodicals, documents and special literature services such as Medline searches.

The programme of publications and translation was concerned with the planning, production and distribution of information produced by WHO itself for health workers, essentially in the form of publications and documents. While WHO publications represented a small proportion of the total body of health literature, that proportion was, or should be, most directly relevant to the needs of Member States. WHO's efforts in biomedical information could be assessed only in terms of whether they corresponded entirely to the needs of Member States.

The Twenty-fifth World Health Assembly in resolution WHA25.26 had expressed the view that "the World Health Organization should assume a leading role in the development, coordination, and improvement of biomedical communications ..." In the same resolution, it had also requested the Director-General to undertake a feasibility study on whether the Organization should prepare and publish basic textbooks for teaching purposes. That resolution placed the publications programme in a new perspective. If it was fully implemented, it would no longer be sufficient to make information available to Member States and the medical and public health professions through its own printed publications; it would be necessary actively to promote the development, coordination, and improvement of biomedical communication in general. That was a difficult commitment because of the totally different facilities for biomedical information in various parts of the world. Systematic collection of information on the needs of Member States was required, as well as an evaluation of the type of assistance needed to improve existing facilities. Efforts in that direction had to be multidisciplinary, involving close cooperation between the programmes of health literature services, publications and translation, health manpower development and possibly others.

Progress, though slow, had already been made in that direction, and he hoped that there would be much more to report to the Twenty-ninth World Health Assembly.

There had been much more significant progress with regard to the production and publication of teaching aids, which had been mentioned by the delegate of Ghana. Preliminary studies had been completed and consultations held on that subject at the Regional Office of Africa. The preliminary studies showed that teaching aids, including textbooks for health personnel at various levels, were a priority need. Such aids produced within the context of local needs and not merely imported from or conceived elsewhere would meet a deep-felt need, which lay at the very basis of health manpower development. The efforts begun would be continued by the Division of Health Manpower Development in cooperation with the Division of Publications and Translation and other services.

There had been several other developments, notably in connexion with the Organization's financial position in relation to publications and the needs of Regional Offices regarding publications, on which, in view of the lack of time, he would defer his report until 1975. Nevertheless, he would mention one other important development which would provide an interim answer to some points raised by the delegates of France, Cameroon, Dahomey, India and Ireland. Because of the current financial crisis, and after 28 years of gradual development of the publications programme, the Director-General felt that the time was ripe for a complete internal reassessment and a possible reorientation of the programme, and was asking the services concerned some very bold and far-reaching questions as well as some specific ones.
An example of the first was whether all that WHO was doing in publications was necessary or whether there was now some dead wood that might be usefully cut to allow new shoots to grow.

An example of a specific question was whether the Bulletin of the World Health Organization was not an over-specialized journal too similar to many others of its kind and of interest to too narrow groups of specialists. The Indian representative might have had that point in mind in making his statement. It might be preferable to Member States to publish the Bulletin in a somewhat modified form six instead of twelve times a year, and divert the remaining financial resources to issuing a quarterly on public health containing information on public health developments in various countries and general articles.

The publications programme could only develop along lines corresponding to the wishes of Member States to the extent that such wishes were made known to the Director-General and his Secretariat. It would therefore be extremely useful if delegates could invite their own services to contact the Secretariat by letter during the coming weeks or months to make their wishes and criticisms known.

Dr GOMAA (Egypt) asked whether the Organization had used means other than publications and laboratories to help overburdened medical schools. Had it considered audiovisual methods for the training of health personnel?

Dr MAFIAMBA (United Republic of Cameroon) congratulated the Organization on the high quality of some of its recent publications, including The rural hospital, Onchocerciasis, Health project management and Manual on radiological protection in hospitals and general practice. Some of the documents issued as well as the WHO Chronicle, were of great importance to the health services of the Third World as a means of continuing education for health workers and health policy makers. The author of The scientific background of the International Sanitary Conferences, recently serialized in the WHO Chronicle, was particularly to be congratulated.

His delegation would like to see the WHO publications programme develop further. In that connexion he asked whether it would be possible to reduce the long delay with which the WHO Chronicle and the International Digest of Health Legislation were received, and whether useful publications such as Health project management could not be issued in both English and French. He looked forward to the publication of an authoritative guide on country health budget programming.

Professor SENNAULT (France) said that there had indeed been some confusion in his mind between documents and publications, and he wondered whether there was not some duplication between the two services. In French at least the idea of documentation covered all printed and published documents.

Dr ORHA (Romania) congratulated WHO on the publications programme, and suggested that it would be useful to collect all possible information on public health, medical and health assistance, medical teaching and research in all Member States to be used in the programme, and also to carry out research on the world situation on medical information with a view to proposing improvements.

Dr MANUIIA (Director, Office of Publications and Translation), replying to the delegate of Egypt, said that audiovisual methods were indeed used in the programme.

In reply to the delegate of Cameroon, he said that the Secretariat would look into the delays, a long-standing problem. The only reason why "Health project management" was not yet available in French was a financial one, but a translation had been made and it was hoped to make it available shortly to interested readers.

He thanked the delegates of France and Romania for their helpful comments.

**Health information of the public (programme sector 7.4)**

Mr TOMICHE (Director, Division of Information) recalled that health information activities, designed to support the Organization's technical units and programmes, covered press, radio, photography and films, and included a large element of public relations.
Press material consisted mainly of the magazine *World Health*, now issued in eight languages, some 250 press releases sent out every year from headquarters and regional offices, of which about 30 dealt with the work of the Health Assembly and Executive Board, educational articles and brochures, and a special information booklet on World Health Day.

The radio unit produced a monthly programme in English, French and Spanish, distributed upon request and broadcast by some 200 stations all over the world every month. Special programmes were devoted to World Health Day and events of special interest, including International Women's Year and the conference on human settlement to be held in Vancouver in 1976. A recent innovation was the press conference on smallpox sent out by satellite and broadcast simultaneously in Washington, New York, Geneva and New Delhi, which had sparked off a series of articles in the world's major newspapers. The radio unit produced some 500 recordings a year and distributed about 3000 copies, which, he stressed, were sent out only on request.

The photo service projected some 40 000 documents a year, black and white photos being distributed free of charge. Requests were increasing, especially from schools and hospitals.

Unfortunately WHO could not make many films because they were so expensive, but instead it tried to stimulate outside producers. In 1975 WHO had produced a film on smallpox in three language versions (English, French and Spanish) which had been well received and had already been televised in 20 countries. Another on the prevention of blindness was in preparation for 1976. There were other activities such as seminars for journalists on special themes, but they were not held regularly; in November 1975 a regional seminar on health, women and development was scheduled to be held in New Delhi for journalists and broadcasters from all the countries of South-East Asia. Exhibitions of photographs were also held to illustrate an important subject or programme.

The programme was facing great difficulties because of inflation and the decline in the value of the dollar. The price of newsprint had increased by 96% between February 1973 and April 1974, and already in 1975 there had been an increase of some 15% in the price of paper and 10% in printing costs. Photographic paper had almost doubled in cost over the last 12 months. To cover the increases, all kinds of economies were being practised. The format of photographs had been reduced by half and colour was no longer used on the inside pages of magazines. The possibility of requesting payment for black and white photographs, which was already the practice in some other United Nations agencies, was being studied. However, it was encouraging to note that earnings from film sales had increased by 75% in 1974, from $16 000 to $28 000.

WHO was trying to carry out as many projects as possible in collaboration with other United Nations bodies and nongovernmental organizations so as to reduce costs. One example was the New Delhi seminar on International Women's Year, which would be financed jointly by UNICEF, CESI and WHO. The possibility of making all the economies that could be made without reducing the quality and efficacy of the service provided was being studied.

Professor SENAUT (France) congratulated the Organization on *World Health*, which with its realistic approach to health education helped to supplement national publications.

**Personnel and general services (programme sector 8.2)**

No comments.

**Budget and finance services (programme sector 8.2)**

Mr GROENENDIJK (Director, Division of Budget and Finance) said that his Division offered services of a housekeeping nature in the payment of salaries and in the administration of the Organization's funds.

It also assisted in the preparation and consolidation of the programme budget and in the provision of budgetary and financial data to programme managers and outside organizations. Moreover, it supported a number of technical operations by providing data processing services through the International Computing Centre facilities.

The scope of its responsibilities had tended to increase with the increase in the financial resources available to the Organization. In particular the extrabudgetary funds of the Organization had expanded substantially in the last few years: the increase from 1969 to 1974 was from $16 to $53.6 million, and extrabudgetary sources now made up about one-third of total funds. In the forthcoming biennium those resources would increase.
The Onchocerciasis Control Programme in the Volta River Basin Area, for instance, had been started in 1974 with funds made available by the World Bank; an amount of $2.7 million was obligated in 1974. During 1975 obligations were expected to increase to about $7 million, rising to between $9 and 10 million for each of the years 1976 and 1977. Increased funds had also recently become available to the Organization through the Voluntary Fund for Health Promotion, where the increase had been from $9.3 million in 1973 to $13.8 million in 1974, the United Nations for Population Activities (from $6.7 million in 1973 to $9 million in 1974) and the United Nations Development Programme (from $14.1 million in 1973 to $16.1 million in 1974).

It was hoped that in the budget and finance area the increased responsibilities could be met without requesting corresponding increases in budgetary resources. Increases in workload were absorbed by keeping under constant review methods and techniques of discharging those responsibilities. For example, a review of the duties and functioning of the Electronic Data Processing Unit had been initiated and a major review of both the budget and finance units was under way with a view to rationalizing existing budget and finance procedures and being able to provide more meaningful budget and financial information. Several similar studies were under way, including a study of the presentation of the Annual Financial Report, already mentioned in Committee B. The budget document itself had been drastically changed in recent years. The actual financial results of a budget document were contained in the Director-General's Annual Financial Report and it was appropriate that that document should also benefit from a thorough review, in an effort to make the data it contained more programme-oriented and more interesting and comprehensible to the non-specialized reader.

**Internal audit services (programme sector 8.3)**

Mr DOUGLAS (Chief, Internal Audit) said that the Service reported directly every year to the Director-General, accounting for the resources allocated to it, the general results of the audits, any significant matters still outstanding, and any other matters of which it thought he should be aware. Moreover, a system of regular discussions with the Director-General every two months had recently been introduced.

The main responsibilities of the office could be divided into three parts. The first part was the traditional function of quality control, involving the review of financial transactions to ensure that they were in conformity with the policies, procedures, rules and regulations of the Organization. The second part was the review of the systems of financial and administrative internal control and checks. The third part was what the External Auditor had called "effectiveness audits", which involved the review of a certain unit or function to see that it was being effectively and efficiently administered or carried out.

He would refer to the address of the External Auditor to the Assembly, since some of the ensuing discussions were relevant to the Internal Audit Service. It had been jointly agreed that the detailed audit of the financial transactions and the checking of the systems of internal control were the basic responsibility of the Internal Audit Unit, and that the External Auditor's work in that respect would depend largely upon the extent and the results of the Service's work. But the trend was towards more emphasis on the system of internal control and upon the effectiveness audits.

Continuous discussions were held with the External Auditor which had been extremely useful and productive. He was satisfied that the audits of both Internal and External Audit supplemented each other, while at the same time that independence of functions which was absolutely essential to effective operation was maintained.

The audits included that of headquarters as well as an annual visit to each of the Regional Offices and the International Agency for Research on Cancer, Lyon, and, where necessary, visits to the WHO representatives' offices and to large projects such as the Onchocerciasis Programme in the Volta River Basin. The involvement of Internal Audit in the work of the WHO representatives' offices might increase, depending upon the findings of the Information Systems Development Working Group which would report in December 1975, and in that connexion the Service was a member of the subgroup involved in project formulation and implementation.
The Service also acted as internal auditors of PAHO in Washington, which involved visits to the larger centres in Latin America such as the Pan American Foot and Mouth Disease Center, the Zoonoses Center, and INCAP, zone offices and country representatives' offices in that region. In addition, it cooperated in Washington with the Management Section and carried out two field visits a year to projects and to other offices. Those visits were not audit visits: the Service participated simply as a member of a management team.

The staffing of the office had not changed since 1961, in spite of the fact that the budget had increased tenfold since that time. In order to cope with the ever-increasing amount of work without increasing staff, and recognizing always the risk factor involved, the Service had, it hoped, managed to maintain adequate control by placing more emphasis on the systems of internal control, by using sampling techniques and phasing certain items of the audit programme over a period of three years instead of doing them each year.

In connexion with the staffing question, an annual meeting of the internal auditors of all the international agencies was held. In 1974 in Vienna a working group was created to try to find out if there was any way of establishing criteria governing the size of the staff of an internal audit service. An exhaustive review had been made by writing to many large industrial firms, professional accounting firms as well as to some governmental institutions. A good percentage of replies to those requests had been received, but not one of them provided any formula or list of criteria that could be used to calculate the proper size of an internal audit service.

Despite the ever increasing cost of travel and per diem, travel costs had been reduced in recent years by changing from a team of two auditors to a single person, by doing more work at headquarters on the Regional Office accounts, by having the records shipped to headquarters and by taking full advantage of excursion fares where they existed. Economies had also been made by combining duty travel with home leave in certain cases. However, the Service believed that an annual visit to each office was the minimum interval.

Legal services (programme sector 8.4)

Mr GUTTERIDGE (Director, Legal Division) said that, since the inclusion of the Health Legislation unit in the Legal Division, endeavours had been made to develop the work and programmes of the Division in such a way as to provide the best possible services to WHO's programme, and particularly its operational programme in the countries and in the regions. That association of the medical and legal disciplines was proving of value in medico-legal matters such as medical ethics and the impact of science and technology on human rights, both of which subjects were being actively discussed in WHO itself, as, for instance, in general in relation to its medical research programme or in relation to such specific matters as the plasmapheresis problem, as well as in the United Nations system as a whole.

As regards health legislation as such, the core activities would continue to be the collection of health legislation, the production of the International Digest of Health Legislation, the preparation of comparative studies, and the provision of advice and counsel, both within and without the Organization, particularly to national health administrations and public health specialists, the demand for those services being on the increase. It was hoped that, following the meeting of consultants to prepare guidelines on the provision of advisory or operational assistance to governments in matters of health legislation, to be held in November that year, it would be possible, in the course of the biennium, to establish better interchange between headquarters and the regions on the delivery and evaluation of such assistance, and a more dynamic approach to the needs of governments, particularly those of newly emerging nations where the fundamental public health legislation dating from the period prior to independence might not be adequate or properly orientated for their future needs for wide-coverage public health systems.

As regards legal matters, it should be realized that the work was directly related to that of the programme and activities of the Organization as a whole. Consequently, the programme description of legal activities as such did not reflect any fundamental change. In recent years, the orientation of legal work had tended away from questions of a formal and administrative nature towards those of an institutional or technical
nature, such as, for example, management structures for large-scale programmes, making available to the public sector drugs and devices associated with WHO's scientific research programmes and related questions of transfer of technology, contracting methods and procedures for programmes carried out through subcontractors, such as in the environmental health programme, and, in general, standard setting and establishment of guidelines. That development was expected to continue through the biennium and should facilitate WHO's programme delivery in important sectors. That had, however, necessitated studies in specialized legal fields and WHO had been an innovator within the United Nations system in that regard. Future work was therefore expected to be of a more specialized and technical nature than hitherto, but arrangements had been made enabling those activities to be pursued during the biennium with the existing staff.

Programme planning and general activities (programme 8.4.1)

No comments.

Constitutional and legal matters (programme 8.4.2)

Dr GOMAA (Egypt) recalled that governments had been requested to express their views on the question of human rights in the light of scientific and technological progress. He asked whether the intention was to place that matter on the agenda of a future session of the World Health Assembly before it was reported upon to the United Nations.

Health legislation (programme 8.4.3)

Dr MATTHEIS (Federal Republic of Germany) stressed the value of the activities being undertaken by WHO in the field of health legislation, particularly in connexion with the International Digest of Health Legislation. Its action in observing whether health legislation in the various countries was in accordance with WHO principles and in promoting the exchange of knowledge about such legislation constituted a means of encouraging cooperation among countries and thereby improving health services for the benefit of the peoples concerned. It was to be hoped, accordingly, that WHO would pursue that aspect of its programme and would intensify the exchange of information.

Dr KRAUSE (German Democratic Republic), on a point of order, said that the status of the previous speaker had been the subject of a statement by the chief delegate of his country in his letter of 14 May 1975, circulated as document A/28/49. Document A/28/53 was also relevant to the issue.

Professor MANGER-KOENIG (Federal Republic of Germany), replying to the point of order, said that the Credentials Committee had found the credentials of the delegation of the Federal Republic of Germany to the Health Assembly in order, and its report, contained in document A/28/47 dated 14 May 1975, had been accepted by the Health Assembly without objection. Dr Mattheis was consequently a fully qualified member of his delegation and, indeed, every Member State of WHO was entitled to compose its delegation as it wished.

Mr GUTTERIDGE (Director, Legal Division) said that the comments made on the health legislation programme had been duly noted. He would ascertain the information requested by the Egyptian delegate and communicate with him privately.

Support to regional programmes

Regional programme planning and general activities (programme 9.1)

Assistance to country programmes (programme 9.2)

Regional general support services (programme 9.3)

Regional common services (programme 9.4)

No comments.
Regional activities

Africa

Dr QUENUM (Regional Director for Africa), presenting the programme budget for the African Region for 1976 and 1977, observed that the present economic crisis would inevitably have repercussions on the implementation of that programme and on the progress of health in Africa. That crisis had, however, stimulated thought on the most effective and economic way in which the scarce resources could be utilized.

A decade of regional health action aimed essentially at training health personnel had enabled numerous countries in the Region to set up a network of qualified national staff, which should now be put to the best use. Future action should be aimed, not at prolonging technical assistance from outside sources indefinitely but rather at setting up for the future permanent machinery that would enable Member States to become self-sufficient in the health field as soon as possible. Concrete proposals in that regard would be submitted to the Regional Committee at its forthcoming session.

The funds available for the African Region in 1976 were all the more inadequate since new needs had arisen as a result of the accession to independence of several countries, the aid being given to national liberation movements, and the assistance rendered to countries suffering from natural disasters such as droughts. Increased efforts should be made to combat increasingly serious problems such as schistosomiasis. The Regional Office would endeavour to pursue and strengthen the results already achieved in order to prevent any deterioration in the health level of the African populations, and hoped that it could count on the determined support of all its Member States in that task.

Dr BANGOURA (Guinea) congratulated the Regional Director on his effective action and laid stress on the important advisory and coordinating role WHO could play, which should take full account of the needs and conditions in the various countries in the Region, as well as the desirable priorities.

WHO should rely increasingly on regional qualified staff within its regional offices, and that was particularly applicable to the African Region. That view should not be taken as implying any lack of satisfaction with WHO staff hitherto - quite the reverse - but the trend towards increasing participation of regional staff was an inherent part of progress; it would commit them to a greater feeling of responsibility, and would also avoid any shortcomings that might arise through inadequate knowledge of local conditions.

Dr MOULAYE (Mauritania) commended the Regional Director on his introduction, and expressed his delegation's full confidence in him.

Dr KONE (Ivory Coast) expressed appreciation to the Regional Director for the effective work he and his staff had accomplished in spite of existing difficulties. His delegation was fully satisfied with the running of the Regional Office.

Dr ANDRIAMANPITHONTO (Madagascar) also congratulated the Regional Director. His country had benefited from the valuable aid extended by the Regional Office in training of medical and paramedical personnel, the provision of fellowships, and supplies of drugs and equipment.

Dr NANGA-BINGUI (Central African Republic) thanked the Regional Director for the support he had given to the development of basic health services in that country. His delegation would reserve its detailed comments until the forthcoming session of the Regional Committee.

Dr AROMASODU (Nigeria) commended the Regional Director on the work being carried out in the Region. Nigeria was most grateful for the help it had received towards the health sector of its national development plan, and hoped that it could continue to count on WHO's support for that plan.
Dr SANGARE (Mali) joined with others in thanking the Regional Director for the sound work he was carrying out in the Region and paid tribute to the spirit in which the action of the Regional Office was being carried on, as well as to the Regional Director personally.

Dr BADDOO (Ghana) associated his delegation with the satisfaction voiced. Most problems existing in the Region centred essentially on such problems as shortage of staff and communicable diseases control, and the need for action could not be over-emphasized. He hoped that the efforts at present being pursued would be maintained so that in time the health level in Africa could be raised to that existing in respect of other regions.

Dr QUENUM (Regional Director for Africa) expressed his deep gratitude for the moral support given to his staff and himself. For his part, he fully appreciated the understanding attitude of Member States in the difficult task facing them all. He had noted the suggestion made by the delegate of Guinea, and the matter could be discussed in detail at the forthcoming session of the Regional Committee. The Regional Office would continue to do its utmost to improve the standard of health of the African populations and thus raise the level of health throughout the world.

The Americas

Dr ACUNA (Regional Director for the Americas), addressing the Health Assembly for the first time in his capacity as Regional Director for the Region of the Americas of WHO and Director of the Pan American Sanitary Bureau, reaffirmed his intention to adapt the action of the Regional Office to present conditions. Strategies would be reoriented with a view to strengthening the aims of the Ten-Year Health Plan for the Americas, to extend coverage of health services and reduce mortality and morbidity due to enteric infections. With a view to achieving the adequate structure which would enable the Regional Office to meet the needs of a region in the process of rapid change, a group of experts on public health had been set up to carry out a thorough study on the organization and functions of the Regional Office, as well as of country and zone offices, and it was hoped that the recommendations to be made by that group would be in keeping with the needs of countries in the region, which were faced with a serious financial crisis as a result of inflation. It was also intended that that group should find ways and means of strengthening the action of the Regional Office at the country level, by such means as investing in the WHO representative and his team a broader measure of responsibility so as to allow for more effective collaboration with governments.

The policies and strategies embodied in the Ten-Year Plan were valid throughout the period of the Sixth General Programme of Work of WHO and related to increased expectancy of life in infants and to the extension of health services to areas where they were lacking, with priority attention to programmes for control and eradication of communicable diseases, maternal and child health, nutrition, and environmental sanitation. With those aims in view, several countries were developing and strengthening the requisite infrastructure through administrative and planning processes, taking into account the improvement in the operational capacity of services and the development of human and technological resources. More effective utilization of existing and potential resources was aimed at by means of improved intersectoral coordination and community cooperation. He had in the past repeatedly emphasized the desirability of involving to the maximum extent the vast human, material and institutional resources existing at the community level. The role of traditional health workers, such as the midwife, should be made increasingly effective and should be incorporated within the formal health structure of each country. For more than forty years past, pilot projects had been carried out in the Americas on the use of auxiliary personnel and on the participation of the community in health programmes, and the time had come for that process to receive general application.

Stress had traditionally been laid in the past in the Region on quality of health services rather than on the extent of coverage, which had been a secondary objective.
It was now proposed to urge governments to give priority to extending health service coverage to the entire population with whatever means they had at their disposal. It was gratifying that a number of countries in the Region had obtained funds from the Inter-American Development Bank and other financing agencies for the strengthening of their health services and extension of coverage to new areas, those programmes covering the whole range of activities from large hospitals to rural health activities. It was to be hoped that that type of programme would be developed throughout the continent, and the Regional Office was ready to provide assistance to all governments requesting it.

Auxiliary health personnel could play an important part also in the control of enteric and parasitic diseases, as well as being a part of the system of epidemiological surveillance, immunization programmes, etc. Enteric diseases presented a long-standing problem and its control was essential if the level of infantile mortality were to be reduced. The community should be involved also in that action by being educated to notify immediately any symptoms to auxiliary workers in the rural areas as part of a total surveillance system; that procedure had already been introduced in Brazil and Cuba. Efforts were also being made to set up epidemiological surveillance on an inter-country or sub-regional basis between areas with common interests. An epidemiological centre for the Caribbean had begun operation in January 1975 in Trinidad and would provide technical assistance with regard to communicable diseases, as well as collaborating with universities in the area, organizing its own training courses in epidemiological surveillance and undertaking research into diseases affecting the Caribbean. The United States Public Health Service was collaborating in the development of that programme. Recent studies in Australia, the United Kingdom and the United States had identified a new virus responsible for up to 73% of cases of acute infantile gastroenteritis which had previously been registered as non-diagnosed. Work was proceeding on that important discovery which might lead to a vaccine for the control of gastroenteric diseases.

Malnutrition had also been identified as one of the associated causes of enteric disease, and increasing importance was therefore being given to practical programmes aimed at ensuring satisfactory nutrition, by such means as production of protein-rich vegetable mixtures, food supplements, nutritional surveillance systems, better distribution as between agricultural and animal products, and training of staff. Such actions went beyond the sole responsibility of health ministries, but they had an important role to play in endeavouring through basic health services to prevent malnutrition.

The successes achieved in the control of smallpox had contributed valuable experience for the control of other diseases, especially those which could be prevented by vaccination. However, the incidence of such diseases as measles and poliomyelitis was increasing, in spite of vaccination campaigns. It was necessary, in that respect, to improve administrative procedures, such as purchasing, distribution and stocking of vaccines, and to take full account of the cost of such campaigns. The possibilities of long-term loans for vaccination campaigns should be explored with financial institutions.

The second meeting of directors of national malaria eradication services, held in Ecuador in April 1975, had emphasized the high priority attention which should be given at the national level to malaria eradication programmes in view of the actual and potential repercussions of that disease on health and on the economy. Moreover, any relaxation of effort could result in serious outbreaks of the disease. The Regional Office had been requested to give a high priority in its own programme to malaria, particularly with regard to research and to training of staff.

The Americas were faced with a twofold problem in that the Region had a high rate of morbidity and mortality from diseases generally associated with developing countries, but suffered also from the degenerative diseases associated with industrialized countries. Indeed, in 1972, cancer and cardiovascular diseases had been listed as among the five principal causes of death in the Americas. It was therefore essential that surveillance systems should also be extended to cover chronic noncommunicable diseases and that a special effort should be made to develop control and prevention programmes, with special emphasis on such risk factors as hypertension, obesity and alcoholism.
He referred to the recently established Pan American Center for Human Ecology and Health in Mexico City, which would promote and undertake studies designed to gain better knowledge of the interaction of human communities and the environment. The effects of pollutants on air, soil and water would be examined and data collected with a view to stimulating research into little known aspects. Technical assistance and training courses would be provided.

The programme budget for the Region, as shown in Official Records No. 220, had been prepared in cooperation with governments and reviewed in detail both by PAHO and by the Regional Committee. It was anticipated that the total budget for the Americas in 1976 would be in the amount of $59.7 million, 19.7% of which related to the regular budget of WHO. The joint revision with governments of the PAHO/WHO budget for 1977 had not yet been completed. However, the budget shown in Official Records No. 220 gave the general picture, although, at an appropriate time and with the approval of national authorities, certain changes would doubtless be introduced in view of the fact that the details of that programme had been planned more than a year previously.

The measures he had described were intended to go some way towards bridging the immense gap between privileged populations and those which were merely surviving.

Dr del CID PERALTA (Guatemala) extended his best wishes to the new Regional Director for success in his task.

As well as such programmes as nutrition and environmental sanitation, which were of great importance for the Americas, he would stress the priority to be given to immunization programmes, particularly against measles, in view of the satisfactory results achieved over recent years. He hoped that PAHO and WHO could assist countries to undertake such campaigns and also advise them on strategy and policy for their maintenance. There was need for a practical and clearly defined policy at the national and international level in the case of smallpox, and efforts should be made to achieve a greater degree of uniformity throughout the world on whether to vaccinate or not and, if so, at what age.

Dr MARCIAL (Mexico) expressed satisfaction with the programme for the Region of the Americas. Mexico was proceeding with its national health plan and he drew special attention to the programme for community doctors. Results in Mexico in respect of training of auxiliary personnel had not proved adequate to meet existing needs. His country would welcome help in that respect from the Regional Office. He pointed to the advantages of a system whereby auxiliary health workers from the rural areas would be trained in urban centres and then return to work in their original localities, thus bringing with them a new outlook as well as new capacities.

With regard to the Pan American Center for Human Ecology and Health, he said that a site was being selected within the Mexico City area and that preliminary planning had begun. It was anticipated that the Center would be operational in some two years' time.

He emphasized the high priority which should be given to the campaign for malaria eradication and control. He would comment on the question of malaria at the appropriate juncture, but wished at the present stage to express concern at the deterioration apparent in the campaign.

Dr AGUILAR (El Salvador) said that the Regional programme was of great benefit to his country, particularly with regard to the control of enteric diseases, which were the main cause of infant morbidity and mortality. The success of the smallpox eradication campaign indicated the need for vaccines to be used against other communicable diseases. There also seemed to be general agreement that the correct strategy for the time being was to extend the coverage of the services rather than improve their quality.

Dr LEON (Argentina) congratulated the Regional Director on his efforts to introduce changes into the structure of the Regional Office in order to make it capable of coping with the Region's rapidly evolving health problems.

Dr SENCER (United States of America) endorsed the Regional Director's proposal to modify priorities and programmes in the light of developments. He was confident that the persons to whom the Regional Director had entrusted the study on structural reorganization would succeed in making the Regional Office more responsive to the Region's needs.
Dr ALENCASTRE (Peru) thought that one of the basic aspects that should be taken into account in the reorganization of the Regional Office was the scope of the zone offices. He supported the structural changes envisaged, which would give greater dynamism to the Regional Office and improve its links with the countries of the Region.

Dr GALEGO (Cuba) welcomed the Regional Director's undertaking to correct the inequalities that still existed in the Region.

Dr DUÑAS (Colombia) also welcomed the proposed reorganization of the Regional Office, which he was confident would be beneficial to the Regional programme. The proposed programme reflected the wishes of the countries concerned and he was confident that it would be possible to combine coverage with quality of service within a regional system properly integrated at all levels. Colombia had recently been assisted to formulate a programme to improve environmental health and nutrition with the support of other national sectors. He felt that other countries might wish to integrate health programmes with development programmes in other sectors.

Dr RODRIGUES (Brazil) said that his delegation was confident that a reorganized administration could carry out satisfactory programmes with the cooperation of the countries concerned.

Dr ACUNA (Regional Director for the Americas), replying to the question of the Mexican delegate about malaria, said that it had been unanimously decided at a meeting in Quito of the heads of the malaria services that priority must be given to the malaria programme in view of the investment that had already been made and was otherwise in danger of being lost. A new approach was being adopted, however, in order to combine greater research with a more rational use of available resources. With regard to the question asked by the Guatemalan delegate about smallpox policy, the disease had been eradicated in the Region four years previously. The Regional Office stressed the need for continued surveillance with vaccination of high-risk groups such as military, medical and paramedical personnel and airport staff. It was hoped that it would be shortly possible to discontinue vaccination as a result of the world smallpox eradication programme.

South-East Asia

Dr GUNARATNE (Regional Director for South-East Asia) said that the twenty-seventh session of the Regional Committee for South-East Asia had undertaken in 1974 an evaluation of the Fifth General Programme of Work together with the updating of regional guidelines for country health programmes for the five-year period commencing 1975. An attempt had been made to establish revised priorities in close consultations with the governments concerned and country health programming exercises had been completed in Nepal and Thailand where operational objectives had been laid down and measures for translating them into action within the available means explored. The next phase, namely project formulation, was currently under implementation and would accelerate the preparation of the next five-year plans in those countries. It was expected that by 1977 most of the governments in the Region would have undertaken such country health programming exercises, which would form a basis for long-term planning. At that point of time WHO assistance and its management would have been realigned to meet the needs of the countries concerned. During 1974, country health programming in Bangladesh had been reviewed and assistance provided in formulating the logistics system for the procurement, storage and distribution of drugs and medical supplies. A national workshop on country health programming had been conducted in Burma to evolve a national methodology for health planning. Assistance previously given to governments in the establishment of health planning units had proved useful in providing an organizational base and follow-up for the country health programming exercise. Health planning units were currently functioning in nearly all the countries in the Region.
During 1974 natural disasters, particularly droughts and floods, had affected large numbers of people in Bangladesh, Burma, India, Maldives, Nepal, Sri Lanka and Thailand. WHO had already provided out of its own funds relief measures to Burma, Bangladesh, Maldives, Sri Lanka and Thailand, in addition to working in close collaboration with the United Nations Disaster Relief Organization, UNICEF, the World Food Programme and other governmental and nongovernmental agencies. WHO was also assisting the Governments of Bangladesh, Nepal, India and Sri Lanka in formulating requests for emergency assistance from various United Nations agencies including the Special Account of the Secretary-General of the United Nations.

Disability and rehabilitation projects had made progress in many countries. The intercountry team on rehabilitation established in Indonesia, which was training health manpower in various aspects of rehabilitation of the disabled, was expected to play an important part in such projects.

Attention was also being given to need-based planning of health manpower development. A study on national health manpower had been completed in Sri Lanka and similar studies were planned in other countries of the Region. Stress was being laid on multipurpose health workers and on the training of middle-level health workers to provide primary health care in rural areas. Medical education was being restructured to make doctors more community-oriented by modifying the curricula and introducing training in field practice areas. The training of nurses was also being directed towards their effective participation in the health services.

It had been suggested, under the WHO Expanded Programme of Immunization, that Member States should organize immunization programmes for those diseases for which there were good and durable immunity-producing antigens. The Regional Office had increased its assistance to governments, particularly with regard to training of personnel and the achievement of self-sufficiency in vaccine production.

Malaria was unfortunately causing great anxiety in the countries of the Region. In 1974 there had been over 3.4 million cases and the situation had deteriorated still further in 1975. The problem had been aggravated by the sharp increase in the price of insecticides and drugs and the development of resistance of vectors to insecticides and of parasites to 4-aminoquinolines. Unless the countries concerned received substantial aid, it would be difficult for them to curb the present increasing trend of the disease. The Regional Office had tried to develop malaria control methodology in a few countries and had been assisting governments to make every effort to mobilize their available resources.

A few countries had given greater attention to programmes for the control of non-communicable diseases such as cancer, cardiovascular and mental diseases. A number of governments had devoted particular attention to the prevention and control of blindness, which was a serious problem in the Region. Special programmes were being developed in Bangladesh, Burma, India and Indonesia against trachoma, xerophthalmia, cataract and glaucoma.

Although considerable progress had been made in preventing death and disease and towards eradicating smallpox, the countries of South-East Asia, inhabited by nearly a quarter of the world's population, were still a long way from attaining the level of health and quality of life that was their legitimate right. Most people were still subject to many preventable communicable and other diseases, lacked safe drinking-water, basic sanitation and adequate nutrition and were exposed to unnecessary suffering owing to lack of essential health care, together with both high infant mortality and an avoidably high birth rate. The resources available to solve those immense health problems were quite inadequate; the situation had been aggravated by natural disasters and international monetary problems which had necessitated drastic cuts in the allocation to the social sectors in the developing countries in the Region. International multilateral and bilateral assistance was in general not sufficient to supplement the local resources available to tackle major public health problems.

Where timely and substantial aid was available, the combined efforts of those concerned could be crowned with success as has been demonstrated by the smallpox eradication programme. Similar assistance would be needed to solve other important problems and for that reason the Regional Committee for South-East Asia had deemed it useful to draft a health charter for Asia that would highlight the priority health needs of Member governments and facilitate the proper channelling of internal and external resources. Donors and recipients would have to become partners in an effort to achieve rapid progress.
The Regional Office had already collected certain basic data and was acquiring other relevant information through the country health programming exercises. It was therefore proposed to place before the next session of the Regional Committee a preliminary draft of the health charter and to approach all Member States and other prospective donors who might be willing to provide the requisite financial assistance to implement it.

Dr DAS (Nepal) expressed his delegation's appreciation of the substantial WHO assistance to his country's health programmes, particularly with regard to country health programming and malaria eradication. He hoped that Nepal would continue to receive assistance with insecticides.

Professor PRAWIRANEGARA (Indonesia) said that in 1974 a document on strengthening the national health services had been signed by the Government of Indonesia and the representative of the Regional Director. The fields affected would be national health planning, accelerated development of the peripheral health services, and research and development. It had been agreed to hold a joint meeting quarterly to evaluate and replan activities in those areas. The Regional Director's action in sending representatives from the Regional Office to the meeting held in May 1975 had been greatly appreciated because it led to better understanding.

Country health programming had started in Indonesia in October 1974; the programme would probably be ready for submission to the National Planning Development Agency in August 1975. A manual on the subject had already been produced. The country health programme would provide the detailed material required for the implementation and budgeting of the third, fourth and fifth year of the Second National Five-Year Development Plan. A WHO consultant had also been requested to further strengthen country health programming.

With regard to malaria, he wished to repeat his country's request to WHO to explore the possibilities of securing supplies of DDT for the developing countries. Suspension of the production of DDT in the developed countries has greatly increased its price.

Dr NONDASUTA (Thailand), in expressing his delegation's gratitude for the assistance which Thailand had received, hoped that the Regional Office would continue to help with the development of health programming and primary health care.

Dr RINCHINDORJ (Mongolia) thanked the Regional Director and his staff for their fruitful work in the Region and in particular for their successful collaboration with his country.

Dr SHRIVASTAV (India) noted with satisfaction that the health charter, with which India had been closely associated, was nearing completion. He was aware that the Regional Director was actively seeking donor sources now that priority areas in the countries concerned and priority zones for development had been identified. He welcomed the establishment in the Regional Office of a small section dealing with health economics which was doing useful work in connexion with the formulation of health planning units; India had always had such units but, like other countries, it appreciated expert advice on the subject.

The Regional Office had also been successful in organizing emergency measures at short notice to assist the countries in the Region that had been affected by natural disasters. The serious situation with regard to malaria required the attention of the entire Organization: the shortage of insecticides combined with the high price of oil had made it impossible to carry out spraying at the appropriate time. He agreed with the Regional Director that the success achieved by teamwork in the smallpox eradication programme, largely due to the mobility of teams, was a lesson for the future.

India was now anxious to implement programmes to control blindness and leprosy. It had introduced resolutions on those two subjects that had been well received.

Finally, he was pleased to note that the number of vacant posts in the Regional Office had now fallen.
Dr RAHMAN (Bangladesh) said that the Regional Office, which had extended assistance to Bangladesh as early as 1973, had recently helped with logistics and with the malaria and smallpox programmes. Although from the epidemiological viewpoint the situation in Bangladesh with regard to malaria was relatively good, 15-20% of the country was contiguous with malarial belts in India and Burma. It must therefore be borne in mind that his Government required DDT and transport in order to keep the remaining part of the country free from malaria.

Dr GUNARATNE (Regional Director for South-East Asia) said that the observations of delegations would be noted. With regard to the problem of malaria, additional funds were required to purchase insecticides and antimalarial drugs to deal with the increased number of cases. During the last few months more high-risk groups, including children, had been affected. It would however be judicious to await the discussion on the subject before taking any decisions. The health charter would be submitted to the members of the Advisory Council in July. He had not referred to leprosy in his report, but he had held a number of discussions with delegations and his position would be strengthened by the resolution on the subject. He could assure the Committee that further action would be taken at the request of the governments concerned.

The meeting rose at 6.05 p.m.

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