COMMITTEE ON PROGRAMME AND BUDGET

PROVISIONAL MINUTES OF THE SIXTH MEETING

CORRIGENDA

Page 5, tenth line:

For "specialized" read "specialist"
For "A medical" read "The medical"

eleventh line:

For "has" read "had"
COMMITTEE ON PROGRAMME AND BUDGET

PROVISIONAL MINUTES OF THE SIXTH MEETING

Palais des Nations, Geneva
Wednesday, 15 May 1957, at 10.30 a.m.

CHAIRMAN: Dr B. M. CLARK (Union of South Africa)

CONTENTS

Review of work during 1956: Annual Report of the Director-General .... 2

Chapter 11: African-Region (continued) .......... 2

Chapter 12: Region of the Americas . . . . . . . . . . 12

Note: Corrections to these provisional minutes should be submitted in writing to the Chief, Records Service, Room A.571, within 48 hours of their distribution.
Chapter 11: African Region

Dr DUREN (Belgium) thanked the Director of the Regional Office for Africa and his staff for their work.

He particularly thanked the Regional Office for the provision of fellowships for the technical training of staff of various kinds – personnel working on malaria, the study of viruses and problems of maternal and child health. His delegation had listened with interest to Professor Cambournac’s account of the particular problems of tropical Africa, for instance, those of malaria, training of medical staff, maternal and child health and finally the tremendous problem of leprosy. In connexion with leprosy, the Regional Director had seen fit to pay tribute to the work in progress in the Belgian Congo. He wished to thank Professor Cambournac for that tribute and assured him that the government of the Belgian Congo would continue its efforts in the years to come.

Referring to Professor Cambournac’s mention of the necessity of studying local conditions and setting up pilot zones in the campaign against malaria, he pointed out that such pilot zones already existed on Belgian territory and that the knowledge and experience acquired would be made available on request to all territories and countries of Africa and, of course, to the Regional Office of WHO.

Dr TOGBA (Liberia) joined the delegate of Belgium in his appreciation of the report of the Regional Director. Although good work had been done much still remained, Africa, with the greatest health problems of the world, happened to be perhaps the only
region where help had to be obtained from outside rather than from the Region's own resources. He regretted that Africa should be the only region where no high ranking member of the Regional Office staff was a national of any of the countries in the African Region. He also regretted that the technicians sent to assist the governments on health work had not always been of the highest quality. He had already seen signs that efforts were being made to improve the quality of such technicians and suggested that WHO headquarters or the Regional Office should screen technicians more thoroughly.

Médecin-Colonel BERNARD (France) joined the previous speakers in thanking the Regional Director not only for his interesting statement but for the work of the Regional Office for Africa as a whole. Professor Cambournac had spoken of the scale on which the campaign against leprosy was being carried on in the French territories in Africa. For the past two years there had existed mobile teams in French Equatorial Africa, in addition to the centres for the treatment of leprosy. Mobile teams were at present treating 100,000 patients. A similar scheme was being prepared for French West Africa; it was due to begin during 1957 and to treat 300,000 patients in the first year and 500,000 patients at an early date. Another similar campaign was being prepared in the French Cameroons.

As regards the treponematoses, there were no technical difficulties, the only remaining obstacle being the co-ordination of campaigns between the various countries having common frontiers. The Regional Office was working hard to bring about adequate co-ordination.

He had heard with pleasure that the Regional Office, with the help of experts such as Professor Macdonald, was working on the conditions of malaria in Africa and considering the various possible methods of malaria control.
Sir Samuel MANWA (Nigeria) said that the work of WHO in Africa was impressive and that his delegation wished to thank Professor Cambournac and his deputy, Dr Evans for their part in it. Their thanks were also due to the French Government for making the premises in the Cité du D'joué available to the Regional Office.

The government of Nigeria believed that regionalization was a good thing provided that it was not carried too far and a correct balance was preserved. WHO had provided a very good example and his delegation would welcome any measure which would further improve the efficiency of the Regional Office. In that connexion he hoped that it would soon be possible to replace the Western Area public health officer. The post had been unfilled for more than a year and he had raised the question at the Ninth World Health Assembly.

He shared Dr Togba's views on the desirability of recruiting Africans for posts in the Regional Office whenever possible.

Referring to pages 111 and 112 of the Director-General's report, he said that Nigeria was one of the main beneficiaries in Africa of WHO and UNICEF aid. He referred delegates to the brief progress reports on yaws and leprosy control campaigns. As regards the malaria control project, he added that the unfortunate setback mentioned had proved the importance of an extensive study of all local conditions before initiating campaigns. It would be recalled that the Second African Malaria Conference held in Lagos in 1955, had recommended the temporary exclusion of Africa south of the Sahara from the general proposals on the eradication of malaria (resolution WHA8.30) for similar reasons. The trend of events seemed to indicate that the best and perhaps only way of eradicating malaria from tropical
Africa was by vigorous campaigns using both insecticides and prophylactic drugs. He therefore supported Dr Togba in his appeal, at a previous meeting, for funds for the control of that disease - the greatest single cause of mortality and morbidity in Africa. The struggle would be long, arduous and expensive. He had, therefore, read with surprise the statement on page 11 of the Director-General's report that "with the exception of Africa every Regional Office has a regional malaria adviser or a staff member with those functions". He was glad to hear that such an adviser had since been appointed.

In connexion with vital and health statistics, Nigeria was one of the few countries to employ a full-time specialized medical statistician. A medical statistician has also recently been appointed to the WHO Expert Committee on Health Statistics. On page 57 of the Director-General's Report, there appeared the statement that "a sound statistical system is necessary for the development of a good general system of public health". The Government of Nigeria had found that statement true from its own experience. His Government had welcomed the Seminar on Vital and Health Statistics, jointly convened in 1956 at Brazzaville, by the Commission for Technical Co-operation in Africa south of the Sahara (CCTA) and the WHO Regional Office staff. He hoped that another seminar would soon be held on the subject.

In the matter of vaccines, he thought that delegates would be interested to hear that WHO had approved for international use the 17D yellow-fever vaccine manufactured in Lagos. Nigeria was the seventh country to have its yellow-fever vaccine so approved. A thermo-stable dry smallpox vaccine had also been prepared in
Nigeria by the Collier method recommended by WHO. That vaccine had already retained potency for one year in tropical room temperatures.

In conclusion he stated that his own delegation - and he understood some others also - had not received the Annual Report of the Director-General before leaving for Geneva. He therefore suggested that, in addition to the copy normally forwarded to the appropriate territorial ministry, a further copy should be sent directly to the Chief Medical Officer of the country concerned, since that officer was often either the chief delegate to the Health Assembly or chief technical adviser to the delegation.

Dr. JANZ (Portugal) noted with interest that studies had begun on the relationship between malnutrition and certain parasitic diseases, a field which was destined to become of the greatest importance for the overall improvement of the health of Africa peoples. His delegation would also welcome studies of the capacity for work as a function of the level of nutrition in a tropical environment. Present methods of appreciating the nutritional level of those populations cast little light on the subject, especially where there existed an almost physiological adaptation to sub-normal living conditions. The studies he had in mind should aim to elucidate the relations between diet, parasitic diseases and the capacity for work. Those relations were the more important as in many countries populations depended on their own capacity for work for their food.
Close co-operation, as it existed, between WHO, F.I.O, UNICEF and the CCTA, would be extremely useful in Africa in that it would lead to a better co-ordination of campaigns in the field. His government wished to thank WHO for the valuable assistance it had given in granting fellowships which had not only led to an improvement in health services but had made it possible to set up co-ordinating and research bodies in charge of nutrition problems in Portuguese overseas territories.

The CHAIRMAN said that Dr Manuwa's suggestion would be dealt with in due course.

Dr ELAIR (Rhodesia and Nyasaland), referring to the exclusion of Africa south of the Sahara from the malaria eradication campaign, said that he hoped that the operative word was "temporary" and that as a result of recent research into the problem, Africa would soon be able to be brought into the eradication campaign. It was unfortunate that the exclusion was framed in such general terms, because it might not be generally realized that in several territories south of the Sahara eradication had been achieved, sometimes at costs lower than in the rest of the world. He noted with pleasure that the Regional Office had not been discouraged and was preparing for the day when wider campaigns were possible. The policy of WHO as regards Africa south of the Sahara had certainly discouraged national administrations and it was alarming that, in the territories which he represented where a high degree of control had been achieved seven years previously, no further guidance had been forthcoming on malaria work.

The question was how important was the distinction between malaria eradication and malaria control. He had noted a considerable desire to achieve ideal eradication, presumably by the eradication of vectors and of parasitism in the human host. If
that was to be the aim, eradication would prove costly and difficult. The sooner eradication was to be achieved, the more costly would be the process. He wondered whether continued control would not in the end lead to eradication, but he had no information on how far mosquitoes could be allowed to persist and what level of human parasitism was acceptable.

However, his government was not concerned with the scientific niceties of complete eradication; he merely wished to know whether the continent would have to reckon with malaria as a problem in its future economic development. If malaria and the other tropical scourges were not eradicated, development would be costly and slow.

The delegate of Nigeria had referred to the use of prophylactic drugs, together with insecticides. He felt that French work in Madagascar deserved wider recognition and thought that more work should be done in experimenting on combinations of drugs with a view to achieving single-dose prophylaxis for the sterilization of malaria parasites in man. He felt that, with modern drugs, it might be possible to eradicate at least *plasmodium falciparum*, which was one of the most common forms of malaria and accounted for up to 99% of cases in large areas of Africa. Single-dose prophylaxis would be particularly useful in the treatment of migrant and scattered populations.

In conclusion, he congratulated Professor Cambournac and his staff at the Regional Office and in the field on their work and paid tribute to the willing, kindly and efficient way in which they dealt with urgent requests from territories. It was extremely comforting in distant countries to be able to count on such competent, efficient service.
Professor CAMBOURNAC, Regional Director, thanked delegates for their tributes and assured them that the Regional Office for Africa was doing, and would continue to do, its utmost to improve its work. He was very grateful to the various governments for their help and interest.

In reply to the delegate of Belgium, he said that the results of work in the Belgian Congo pilot zones would be of great value particularly to medical and auxiliary personnel. He wished to pay special tribute to the Government of the Belgian Congo for the substantial assistance it was providing in the organisation of a malaria course to be held in Leopoldville, in September 1957.

He assured Dr Togba that the Regional Office was doing all it could to recruit Africans to the higher posts, but governments were inclined to employ all the first class personnel available. Determined efforts were also being made to improve the quality of technicians.

In reply to the delegates of France, Nigeria and Rhodesia and Nyasaland, he said that constant efforts were being made to improve methods of malaria eradication. In his Report to the Sixth Regional Committee meeting, he had already stressed the importance of expanding programmes and intensifying research into methods of malaria control and eradication. He was aware of the almost complete eradication of malaria in certain areas of the southern part of Africa and in certain islands in the Indian Ocean where progress had been encouraging. Unfortunately, such good results had not been made in the western tropical areas of Africa, especially in equatorial areas. There, stress was being laid on the improvement of methods and the investigation of the combined use of drugs and insecticides as insecticides alone were not enough in certain areas. Studies were in progress on the special type of resistance shown by Anopheles gambiae in certain areas of northern Nigeria. Fortunately this resistance had not been found in other areas of Africa and an endeavour was being made to
delineate the area where such resistance was likely to occur. The *A. gambiae* advisory and research team was also taking the matter into consideration. In the paper on new methods of approach to the problem of malaria control, to which he had referred in his introduction to the work in Africa, he had stressed the importance of employing full-time highly qualified personnel in malaria control campaigns. For, it was only by employing the best personnel and the latest methods with the greatest thoroughness that success could be achieved.

He explained, in response to the delegate of Nigeria, that the delay in appointing a Western Area Public Health Officer was due to the difficulty of finding a highly qualified person well acquainted with that extensive area. However, the Regional Office was doing all it could to find a suitable person as soon as possible.

In connection with work in Nigeria, he thanked the Government of that country for its help not only in organizing various conferences and seminars held in Nigeria, but also in the development of campaigns. The leprosy and yaws control projects, to mention only two of the biggest, had made magnificent progress. The Regional Office was therefore contemplating convening another co-ordination meeting similar to that held in 1956 but on the eastern part of West Africa.

The malaria adviser had been appointed after some delay due to the difficulty of finding a suitable person and it was expected that his presence would be of great assistance in future work.

In connexion with the points raised by the delegate of Portugal, he expressed his interest in the relations between parasitic diseases and nutrition. The Regional Office was developing programmes in co-operation with FAO and UNICEF and it was gratifying to see how rapidly they had expanded during the past two years.
The Regional Office was most grateful to the Government of Uganda for the facilities it had offered for the nutrition course to be held in 1957.

He thanked the delegate of Rhodesia and Nyasaland for his encouraging remarks on the progress made in some areas in the south of the Continent. The aim of WHO was the ultimate eradication of malaria from the entire continent and the Regional Office would spare no effort to achieve it.

Dr TOGBA (Liberia) thanked the Regional Director for his answers to points raised by members of the Committee. One question he had himself forgotten to raise was that of local costs borne by governments receiving assistance. The requirements were so heavy that recipient governments were often deterred from submitting further requests. In Liberia, for example, there were many health problems on which assistance would be desirable, but it was found cheaper to engage outside help than to apply to WHO. He therefore asked the Director-General's representative whether arrangements could not be made whereby the poorer governments, which were also those whose needs were greatest, would not be discouraged from requesting the services offered by the Organization.

He had been gratified to hear from the Regional Director that, although Africa had been temporarily excluded from the world-wide campaign for malaria eradication, the long-term plan was still to work towards the possibility of making a mass attack on the disease, which had always been Africa's main public-health problem.
Dr. DOROLLÉ, Deputy Director-General, stated that the problem of local costs to which Dr. Togba had referred existed only with reference to the Technical Assistance Programme, since under the Organization's regular programme no local costs were payable by recipient governments. At its nineteenth session the Executive Board, recording its belief that local costs should be financed under the Technical Assistance Programme in the same manner as under the regular programme of the World Health Organization, had requested the Director-General again to convey that opinion to the Technical Assistance Board and also to the Technical Assistance Committee. The Director-General had complied with that request, and the matter would presumably be discussed by the Technical Assistance Committee at its meeting in the summer of the present year. If, nevertheless, it was felt desirable that the present Health Assembly should take further action, the question could be most conveniently raised under item 6.5 of the agenda.

Sir Samuel MANUWA (Nigeria) remarked that no comment had been made on his suggestion regarding the distribution of the Director-General's Annual Report.

The CHAIRMAN said the Secretariat would investigate the problem and see what could be done to improve the position.

Chapter 12: Region of the Americas

Dr. SOPER, Regional Director for the Americas, remarked that Chapter 12 of the Report, and the part of the project list contained on pages 115-34, did not give a full picture of international health work in the Region of the Americas or even a
true measure of WHO's activities there. The budget of the Pan-American Sanitary Organization (PASO) in 1956 had amounted to $2,200,000, which closely approximated the amounts available from WHO and from the United Nations Technical Assistance Programme. In the allocation of funds to individual countries it had not been possible to separate the three sources so as to give an equal distribution, with the result that the part of the total programme carried out in certain countries was financed to a disproportionate degree either from WHO Regular or Technical Assistance funds or from the funds of PASO.

He would begin by referring to the last part of the Chapter, namely the section on "Future Trends"; in which the six main lines of action provided for in the Region's general programme for the period 1957-60 were set forth. They were as follows: completion of the inventory of national health conditions and resources; preparation of national health plans; establishment of national professional career services with full-time employment and adequate salary; intensification of regional and national programmes for eradicating communicable diseases; extension of the principle of border and area health agreements to meet common problems of neighbouring countries; and concentration of national and international work to eliminate major health hazards, particularly those due to environmental conditions.

In the Americas during the past year there had been an increasing emphasis on regional organization. In connexion with the programme of the Organization of American States, the President of the United States of America had suggested during 1956 at a meeting of the presidents of participating countries an intensification of regional activities, and PASO had been requested to present recommendations for
appropriate action. The report of the final meeting of presidents' representatives, which had been due to take place the previous week in Washington, was not yet available, but it would almost certainly contain a unanimous recommendation for continent-wide support of the malaria eradication campaign - not only support for international activities in the field but also support in the form of funds and facilities from individual States. He would say no more on malaria eradication as it was to be discussed under a separate item of the agenda.

Yellow fever was an eternal problem in the Americas. In 1956 the appearance of yellow fever in Central America had been identified as part of the movement of the virus from Panama towards the north and west. It would be remembered that in 1955 yellow fever had apparently died out in the area and there had been some reason to believe that its march had been arrested but after 16 months' apparent quiescence, cases had occurred in monkeys and mortality had been considerable. Fortunately there had been no human cases, but field surveys showed that the disease was still moving northwards and westwards.

The campaign for the eradication of Aedes aegypti was being continued and expanded. There were still problems to be faced, but no further invasions of towns or cities by yellow fever had occurred in 1956, so that it could still be stated that only one town had been invaded since 1942 and only one port town since 1929.

During 1956 the representatives of countries preoccupied by the yellow-fever problem in other regions visited the Central American area. It had been hoped that their anxiety over yellow fever, as long as it was confined to the jungle, would be lessened by the experience, and the worst imaginable possibilities had therefore
been presented to them with complete frankness. He was not sure whether that purpose had been achieved, but at least he was certain that the visit had resulted in a better understanding of the real situation. In that connexion he would point out that since 1929, when an outbreak of yellow fever transmitted by *Aedes aegypti* had occurred in Rio de Janeiro, there had been not a single example of international movement of a case of yellow fever by sea or air transport.

The yaws eradication programme in Haiti - the first programme for the eradication of that disease to be initiated in any country - had encountered many difficulties, but it was now in the final stages of organized treatment. The rate of infection was nowhere above 0.3 per cent., and in a few months the campaign was to be decentralized to a search for such individual cases as remained.

In contradiction of the statement on page 63 of the report, that "as the techniques of eradication gain increased recognition and support they will be applied to other diseases such as smallpox and yaws", he would point out that since 1950 the Region of the Americas had been committed to a campaign for the eradication of smallpox. He was gratified at the remarks made in the Committee on the importance of developing dried vaccines, since practice in the Americas had been based since 1949 on support from the Regional Office for the development of improved vaccines, including dried vaccines, and of permanent programmes for smallpox eradication. Looking at the history of smallpox, one saw that too often an epidemic of the disease was followed by an epidemic of vaccination, but that no action was taken in the intervals. That was why the Regional Office had been encouraging the establishment of laboratories equipped and staffed for the production of dried vaccines so as to make possible a permanent organization for the routine vaccination of populations.
1956 had been the last year of a five-year programme in which PASO, the National Institutes of Health of the United States Public Health Service, and the Brazilian Government had collaborated on tests of molluscicides for the control of bilharziasis, with a view to adapting them to the particular conditions prevailing in Brazil. Highly satisfactory results had been obtained in some areas and the Brazilian Government had launched a large-scale programme.

He wished to refer to one matter which had already been mentioned in the Health Assembly, namely the special form of international collaboration developed in the Institute of Nutrition of Central America and Panama (INCAP). Six countries had come together to create the Institute, and each was contributing a sum greater than its total contributions to WHO and PASO. The creation of INCAP had been possible largely through the existence of PASO, and the support of the Kellogg Foundation which could act as administrative agency and stimulate that type of organization without the need for a separate mechanism through which governments could work. In the few years of its existence the Institute had made a great contribution to scientific knowledge in the field of nutrition and was now recognized as one of the world's leading centres for training in tropical nutrition.

INCAP was an experiment whose success could have great significance for WHO in its approach to other problems with which it was faced. For example, work had recently begun on the organization of a zoonosis centre in Argentina. It had originally been planned that the centre should be financed from funds provided by the Organization of American States. These funds had not been forthcoming, so after several years delay the programme was now being financed by the Argentine
Government and with United Nations Technical Assistance funds. However, in view of the magnitude of the problems of brucellosis, hydatidosis, rabies, bovine tuberculosis and other zoonoses in Latin America the needs were far greater than could be met from these sources. Tentative plans had therefore been made to convene in the present year a meeting of representatives of the Ministries of Health and Agriculture of the interested countries with a view to converting the centre into something organized on the same lines as INCAP. Its programme could then be based on long-term planning, with groups of experts on both human and animal health in each of the interested countries working in collaboration with a central training and research centre which could co-ordinate both laboratory and field work.

Again, during recent years great interest has been shown in international collaboration on the standardization, registration and classification of drugs and therapeutic substances. There too he felt that the INCAP pattern could be the basis for activities, of special value to the smaller countries that could not individually develop the type of organization existing in large countries.

In the Region there had been for some years an interest in dental public health. It had not been possible to obtain budgetary approval for a programme as early as 1949, but a few years ago the Kellogg Foundation had given its support for the initial training and assignment to the regional office staff of a dental health officer. His initial survey had been completed in 1956 and his report is considered to be an outstanding document.

Since 1954 the Region had taken particular interest in control of infantile diarrhoea, which was of course closely linked with activities in epidemiology and
health statistics. A centre had been created in Caracas for the international registration of statistics in that field for the Spanish-speaking countries.

He had some further remarks to make, but since the time had come for the meeting to be adjourned he would make them after delegates had commented on the report.

The meeting rose at 12 noon.